Iowa Balance of State Continuum of Care Governance Charter

iaboscoc.org

Previous Board Approvals: 3.11.21, 12.9.21, 1.12.23

Overview

Background - Continuum of Care Structure under S. 896 HEARTH Act of 2009 and 24 CFR 578 Continuum of Care Program Interim Rule.

The Iowa Balance of State Continuum of Care (hereinafter referred to as the "IA BoS CoC") is composed of representatives of relevant organizations that are organized to plan for and provide a system of outreach, engagement, assessment, emergency shelter, rapid re-housing, transitional housing, permanent housing, and prevention strategies to address the various needs of homeless or at risk of homelessness persons within the 96 counties that make up the IA BoS CoC jurisdiction. This group is the recognized decision-making body for this jurisdiction.

HUD encourages locally recognized jurisdictions to design their Continuum of Care to:
- Promote a continuum-wide commitment to the goal of ending homelessness.
- Provide funding for efforts for rapidly re-housing homeless individuals and families.
- Promote access to and effective use of mainstream programs.
- Optimize self-sufficiency among individuals and families experiencing homelessness.

History

The body primarily responsible for planning and advocacy around homelessness for the State of Iowa is the Iowa Council on Homelessness (hereinafter referred to as the "Iowa Council"). This organization was established in Iowa Code 16.00A in 2008 and is now governed by Iowa Code Chapter 16.2D. Until January 2020, the Iowa Council served as the primary decision-making body for the IA BoS CoC.

In January 2020, the Iowa Council elected to reorganize its governance structure and separate the duties of the Continuum of Care (CoC) from the Iowa Council. In its place, the Iowa Council approved an Interim CoC Board to assume responsibilities as the primary decision-making body for the CoC on a time limited basis. The separation of duties became effective on April 1, 2020. A full transition of the permanent CoC Board took place in April 2021.

This charter is a living document that will be updated annually as decisions about the new governance structure are made.

Mission & Purpose

Mission: The Iowa Balance of State Continuum of Care is dedicated to ending homelessness through community collaborations, data-driven strategies, and best practice housing interventions.

Vision: End homelessness in the Balance of State.

The CoC Board serves as the HUD-designated primary decision-making group and oversight Board of the Iowa Balance of State (hereinafter referred to as the "geographic area") Continuum of Care for the Homeless (IA-501). The CoC Board acts on behalf of the CoC and has no responsibilities except those

designated/authorized in this governance charter. The Board is a subset of the CoC, part of the whole being representative for all.

As the oversight Board of the CoC, the CoC Board and its members:

- Ensure that the CoC is meeting all the responsibilities assigned to it by HUD regulations (see below).
- Represent the relevant organizations and projects serving homeless subpopulations; support persons experiencing homelessness in their movement from homelessness to economic stability and affordable permanent housing within a supportive community.
- Ensure that the CoC is inclusive of all needs of the IA BoS CoC's homeless population, including the special service and housing needs of homeless subpopulations.
- Facilitate responses to issues and concerns that affect the agencies funded by the CoC that are beyond those addressed in the annual CoC application process.

Responsibilities of the Continuum of Care Board (per Federal Interim Rule 24 CFR 578)

As the designated Board of the CoC for the geographic area, the CoC Board works with the CoC Lead Agency/Collaborative Applicant (Institute for Community Alliances) to fulfill three major duties:

1. Operate the CoC, which must include:

   i.   Holding meetings of the full CoC membership, with published agendas, at least semi-annually.
  ii.   Making an invitation for new members to join, publicly available within the geographic area at least annually.
 iii.   Adopting and following a written process to select CoC Board members to act on behalf of the CoC. The process must be reviewed, updated, and approved by the CoC membership at least once every 5 years.
  iv.   Appointing Task Groups, sub-Task Groups, or workgroups as may be deemed necessary.
   v.   Consulting with the Lead Agency/Collaborative Applicant, and the HMIS Lead, to develop, follow, and update annually a governance charter, which will include all procedures and policies to comply with subpart B of 24 CFR 578, and with HMIS requirements as prescribed by HUD; and a code of conduct and recusal process for the Board, its chair, and any person acting on behalf of the Board.
  vi.   Consulting with recipients and subrecipients of CoC funding to establish performance targets appropriate for population and program type, monitor recipient and subrecipient performance, evaluate outcomes, and act against poor performers. This work includes:
        - Identify performance standards for agencies and programs providing services to Iowans who are experiencing homelessness or are near homeless that are consistent with Federal and State requirements.
        - Establish benchmarks that will allow effective evaluation of these performance standards on an ongoing basis over time.
        - Determine and implement policies and procedures to deal with poor performing agencies.
 vii.   Consulting with the Iowa Finance Authority on evaluation of outcomes of projects funded under the Iowa Balance of State Emergency Solutions Grants program (hereinafter referred to as "ESG") and the CoC program, and report to HUD as needed.

viii. Consulting with the Lead Agency/Collaborative Applicant, the HMIS Lead, and recipients of ESG funds, establish and operate a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. This work includes:

- Develop and implement a Coordinated Entry system for the IA BoS CoC. This continues to be led by the Coordinated Service Regions Task Group.
- Develop and approve a CoC-wide standard assessment tool (the currently approved tool is the Vulnerability Index-Service Prioritization Decision Assistance Tool Version 2.0 (VI-SPDAT)).
- Ensure responsiveness to the needs of those fleeing domestic violence.
- Develop support and structure for a regional approach to Coordinated Entry through all 96 counties of the IA BoS CoC.
- Coordinate with the HMIS Lead for the CoC to incorporate HMIS tools into Coordinated Entry, where appropriate, and where standards of confidentiality are a first priority.

ix. In consultation with the Iowa Finance Authority (ESG grantee), establish and consistently follow written standards for providing ESG assistance. Please note the CoC utilizes the following documents The Iowa Quality Standards Resources, CoC Written Standards, and Equal Access to Housing in HUD Programs. The CoC Written Standards are provided in Appendix D. At a minimum, these written standards must include:

- Policies and procedures for evaluating individuals' and families' eligibility for CoC assistance.
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance.
- Standards for determining what percentage or amount of rent each program participant must pay while receiving rapid rehousing assistance.
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and
- When the CoC is designated a high-performing community, policies, and procedures for determining and prioritizing which eligible individuals and families will receive Homelessness Prevention Assistance.

2. Designate and oversee a Homeless Management Information System (HMIS):

i. Designate a single HMIS for the geographic area.
ii. Designate an eligible applicant to manage the CoC's HMIS, which will be known as the HMIS Lead.
iii. Review, revise, and approve a privacy plan, security plan, and data quality plan for the HMIS.
iv. Ensure consistent participation of recipients and subrecipients of CoC and ESG funding in the HMIS.
v. Ensure the HMIS is administered in compliance with requirements prescribed by HUD.
vi. Ensure there is a comparable database available for domestic violence programs to utilize for reporting and Coordinated Entry requirements of the CoC.

3. Continuum of Care Planning: The CoC must develop a plan that includes:

i. Coordinating the implementation of a housing and service system within its geographic area that meets the needs of homeless individuals (including unaccompanied youth) and families. At a minimum, such system will encompass the following:

- Outreach, engagement, and assessment;
- Shelter, housing, and supportive services;
- Prevention strategies.

ii. Planning for and conducting, at least biennially, a point-in-time count of homeless persons within the geographic area that meets the following requirements:

- Homeless persons who are living in a place not designed or ordinarily used as a regular sleeping accommodation for humans must be counted as unsheltered homeless persons.
- Persons living in emergency shelters and transitional housing projects must be counted as sheltered homeless persons.
- Annual Housing Inventory Count
- Other requirements established by HUD by Notice.

iii. Conducting an annual gaps analysis of the homeless needs and services available within the geographic area:

- Providing information required to complete the Consolidated Plan(s) within the CoC's geographic area; Consulting with state and local government ESG program recipients for allocating ESG funds and reporting on and evaluating the performance of ESG recipients and sub recipients.

Iowa Balance of State Continuum of Care Membership

The membership of the Continuum of Care is defined as those persons and organizations participating in the work of the CoC through Task Group or workgroup service, planning, other relevant community partners; or those who are experiencing homelessness. (24 CFR Subpart B 578.5)

Membership in the IA BoS CoC is open to all community partners who are interested in preventing and ending homelessness in the 96-county jurisdiction of the CoC and willing to engage in and support the work of the IA BoS CoC. Community partners include non-profit homeless assistance providers, victim service providers, faith-based organizations, government entities, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve veterans and homeless and formerly homeless individuals. The CoC will hold semi-annual meetings that serve as meetings of the full CoC membership (May-Annual Meeting, November-Membership Board Meeting). All CoC board meetings are open to the public and full CoC unless prior designation as a closed meeting by the Executive Task Group.

See Organization Structure in Appendix A.

Iowa Balance of State Continuum of Care Board Membership

The success of the IA BoS CoC depends in part on strong leadership by a group of invested individuals representing a variety of stakeholder interests. The CoC Board acts as the primary decision-making body for the CoC and helps to guide the CoC's efforts to prevent and end homelessness.

To ensure cohesion and promote efficiency, the IA BoS CoC Board consists of 11 - 15 voting members. The Board is representative of the relevant community partners involved in preventing and ending homelessness within the CoC and includes at least one homeless or formerly homeless individual. Given the broad geographic area of the IA BoS CoC, special attention is paid to ensure that Board membership includes community partners from across Iowa representing the Coordinated Service Regions and the seats reserved as listed below. To see a list of the Coordinated Service Regions please see Appendix C. Seats on the CoC Board are reserved, as follows:

- Homeless or Formerly Homeless Individual (1 seat)
- Government (up to 2 seats)
- Subpopulations
    - Veterans (1 seat)
    - Youth (1 seat)
    - Survivors of Domestic Violence (1 seat)
    - LGBT (1 seat)
- Health and/or Disability Services (1 seat)
- Mental Health (1 seat)
- Substance Abuse (1 seat)
- Education (1 seat)
- Criminal Justice (1 seat)
- Other funders (up to 2 seats)
- Faith-based community (1 seat)

Board members may fill more than one representative role (e.g., one person may simultaneously be the representative for a CoC Region and a representative for youth homeless organizations).

Board Selection Process

An open invitation for Board membership will be done annually to prepare to fill terms set to expire in March for an April 1st term start date. The CoC Board shall be composed of an uneven number of directors with staggered terms and must include representatives of the public and private sectors. At least one director must be a homeless or formerly homeless individual.

Interested applicants must complete a Board Application and provide a cover letter by the designated due date to the Membership Task Group. Through the nominating and selection process, the Board will pay particular attention to approving Board membership with an uneven total membership with staggered terms. Board members will serve three (3) year terms with a two (2) consecutive term limit, in total being able to serve six (6) years. Board members are eligible to be re-nominated after a year off the Board and may continue to serve on Task Groups.

This process for selecting CoC Board members is reviewed, updated, and approved by the CoC Board at least once every five (5) years.

Continuum of Care Board Officers

The Officer composition of the CoC Board will be Chairperson and Vice-Chairperson. The Board's Executive Task Group will be comprised of the Board Officers, and the Chairs of the CoC's essential Task Groups.

Chair- will manage operations of the IA BoS CoC, lead Board meetings, and coordinate meeting agendas with IA BoS CoC staff. The Chair is responsible for knowledge of HUD's CoC program rules and guidelines and must stay abreast of changes in HUD rules and guidelines. The Chair can appoint the Chairs of Task Groups, if needed, and will serve as Chair of the Executive Task Group.

Vice-Chair- will serve as support and back up of IA BoS CoC Chair. The Vice-Chair will work in tandem with the Chair and IA BoS CoC staff to manage operations of the IA BoS CoC. The Vice-Chair is responsible for being knowledgeable of HUD's CoC Program rules and guidelines and must stay abreast of changes in HUD's rules and guidelines. Vice-Chair will serve on and act as the Vice-Chair of the Executive Task Group and serve as the Chair of the Membership Task Group.

CoC Staff- will record minutes and motions, 2nds, and votes. The CoC staff will provide Board and CoC meeting notices as required by law and the Governance Charter and perform other duties as assigned.

Board Officer(s) Term of Office and Eligibility:
The IA BoS CoC Chair and Vice-Chair must be current members of the Board of Directors. The Chair will be replaced by the Vice-Chair, the Vice-Chair will be elected annually. A member may not serve in a single officer role for more than two consecutive years.

Elections of officers will be solicited from the Board of Directors at least two (2) months in advance of the meeting. Nomination documentation of potential candidates must be submitted to the Membership Task Group via e-mail by the assigned due date. Any IA BoS CoC member may nominate a current Board member or self-nominate. If no nominations are provided in time for the April Board meeting, nominations will be taken from the floor.

Nominees must provide a professional cover letter and a completed nomination form approved by IA BoS CoC. All documents shall be submitted by the due date provided on the nomination form to the IA BoS CoC staff. CoC staff will share-all cover letters from interested members for officer positions with the entire IA BoS CoC Membership one week prior to the April Board meeting. Each nominee will provide brief comments at the annual meeting describing their qualifications and desire to be Vice-Chair. Elections will take place by the CoC Board.

Removal of Officer(s), Board Members, and Vacancy of Role:
An Officer may be removed by a majority closed ballot vote of the Board of Directors. If an Officer is removed an election will be held at the next Board of Directors meeting to complete the remainder of the term.

An Officer may elect to vacate a role before the end of the term. This is done by notifying, in writing, the Executive Committee with an official date of resignation no sooner than sixty days following notification. If an Officer's position is vacated, an election will be held at the Board of Director's meeting following the date of resignation to complete the remainder of the term.

A Board Member may elect to vacate a role before the end of the term. This is done by notifying, in writing, the Membership Task Group with an official date of resignation no sooner than sixty days following notification. If a Board Member's position is vacated, a recommendation will be made by the Membership Task Group and presented at the next Board of Director's meeting to complete the remainder of the term.

Meeting Frequency and Structure

The CoC Board will meet on the second Thursday of each month to ensure that it meets its responsibilities. Meetings may also be held at the call of the Chairperson or whenever a majority of the members so request. Interested parties are encouraged to attend and participate in CoC Board meetings where feasible.

Most meetings may be joined by conference call or webinar/online meeting. Information for each meeting is published in advance. From time to time, the Board will meet in person at a pre-determined location. Information for each meeting is published in advance.

It is expected that Board Members make every effort to attend Board and Task Group meetings. Participation by telephone in case of emergency or illness is acceptable. If Board Members find they are unable to participate to the extent necessary, they should consider resigning from the Board. The Membership Task Group will consult with individual Board Members as needed.

The IA BoS CoC Board of Directors developed this written policy to set a clear shared expectation for meeting attendance that we will hold ourselves accountable to:

- IA BoS CoC Board members are expected to attend at least 75% of all regularly scheduled meetings. Board members are expected to defend regular meeting times in their personal calendars, and to avoid scheduling other meetings during that time.
- Board members occasionally miss meetings due to circumstances beyond their control such as illness, travel schedules, jury duty, or holidays. These will generally be considered "excused" absences. In all cases, Board members are expected to notify the Board of meetings they know they will miss. "Silent failure" (i.e., missing a meeting without notification) is unacceptable.
- Attendance rate will be measured at the yearly anniversary of becoming a member of the Board. If a Board member is not meeting the required rate throughout the year, an unofficial inquiry may be made regarding said attendance by the CoC Director. Additional follow-up may come from the Board chair or the Membership Task Group.
- If a Board member does not maintain a 75% attendance rate or has more than one "silent failure", they will be notified of non-compliance of their Commitment Form.
- If a Board member reaches three consecutive silent failures, the Executive Task Group will review their continued presence on the board at their next meeting.
- If a member has been removed for attendance, they will be eligible to reapply to a new term in the future. In order to be considered, they must demonstrate a renewed dedication and ability to attend meetings regularly.
- To make the Board more accountable internally and to the communities we serve, we will institute the following "transparency" measures:
  - All minutes (with attendance and excused/unexcused absences) will be documented.
  - Board attendance percentage will be reported when Board members stand for re-election (e.g., Jon attended 95% of scheduled meetings this year).

Regular attendance is expected of a CoC Board member as long as they remain active and engaged in the field or the constituency represented. If the Board member ceases to represent the constituency category to which he or she was selected, they shall tender his or her resignation to the CoC Board.

Written Agendas and Minutes

All CoC Board meetings will follow written agendas. Agendas will be made available in advance to both members and the public. Agendas will be posted online here: www.iaboscoc.org. Generally, agendas and other meeting resources will be posted online at least 24 hours in advance of each meeting. Meeting minutes are posted online afterwards to the same location as agendas.

Decision Making Quorum/Rules of Order

A majority of the CoC Board members shall constitute a quorum at all meetings thereof. Any action taken by the CoC Board must be adopted by an affirmative vote of a majority of its membership. The CoC Board will utilize the Democratic Rules of Order to govern their business.

Email Voting

The Iowa Nonprofit Act does not expressly address email voting. Still, a Board can use email communication for purposes of complying with the written consent requirements of the Iowa Nonprofit Act. This means that each Board member needs to consent to the proposed course of action. An email vote in which not all the Board members vote in the affirmative is not effective under the Iowa Nonprofit Act. It needs to be unanimous, and each member must "sign" their final vote.

Motions driving a Board decision will be requested to be conducted via email. Email voting on motions will be the exception, not the norm.

1. The Chair (Board or Task Group Chair) shall develop the time frame for the e-vote. A minimum of 24-hour notice shall be provided to all participants via email by the CoC staff or Chair. Such notice shall include the motion and supporting documentation for the e-vote.
2. A second is not necessary for the motion to be considered.
3. The Chair or CoC staff shall assign a number to the motion and shall include the number in the subject line. (Example: Motion 1.)
   a. The subject line must include the word "Motion."
   b. The first line of the message must begin with "It is moved to (or that)…" If the motion comes from a specific officer or Task Group member "(name of officer) moves to (or that)…"
4. Members shall use "Reply All" in all messages and may respond at will, that is, without seeking recognition from the Chair.
5. Motion amendments will be given a letter designation in the subject line by the Chair or CoC staff. (For example: The main motion is given the number 1. There is a motion to amend. The amendment is given the designation "a." In the subject line the amendment will be designated "Motion 1-a".)
6. The Chair or CoC staff will close debate and will put the question to a vote by restating the pending question and requesting the members to vote now. The word "vote" will be in the subject line (Example: Motion 1-a Vote) and the email body will include the time frame/deadline for the vote.

7. Members shall state, "I vote yes," or "I vote no" in the first line of the response and use "Reply All."
8. The CoC staff shall tally the votes and report the result of the vote to the participants, including the number of votes cast for and against the motion.
9. The Chair or CoC staff will announce the results of the vote.
10. The Chair or CoC staff will declare the thread on "Motion (number)" closed. The CoC staff will compile and maintain the complete thread of the motion.

Code of Conduct/Conflict of Interest
See Code of Conduct Policy, approved by the CoC Board, Appendix B to Governance Charter.

Members of the CoC Board are responsible for following the CoC Board Code of Conduct Policy and Conflict of Interest.

- No CoC Board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.
- Any individual participating in or influencing decision making must identify actual or perceived conflicts of interest as they arise and comply with the letter and spirit of this policy. Disclosure should occur at the earliest possible time and if possible, prior to the discussion of any such issue.
- Individuals with a conflict of interest should abstain from voting on any issue in which they may have a conflict. An individual with a conflict of interest, who is the Task Group chair, shall yield that position during discussion and abstain from voting on the item.
- Completed disclosure statements will be submitted by each CoC Board member at the commencement of their term and at any time afterwards when there are changes to the member's actual or perceived conflicts of interest. Members should not participate until the statement has been submitted to the CoC Board.
- The CoC Board will also strictly adhere to the conflict-of-interest regulatory requirements of the Federal Continuum of Care Program – 24 CFR 578.95.
- A statement is read before voting, either by Task Group or Board, regarding the recommendation and approval of Priority Ranking List(s) and funding allocations for any Continuum of Care funding, including special funding opportunities.
  - Task Group: To strengthen our CoC and focus on our mission to prevent and end homelessness, we utilize every task group member's knowledge, background, and experience in discussion of all CoC processes. To ensure integrity across CoC processes, the Task Group has practices in place focused on conflict of interest and voting procedures. Our practice requires any Task Group member who is associated with an organization, in any way, that has applied for funding must abstain from voting on the recommendation of the CoC competition priority ranking list.
  - Board: To strengthen our CoC and focus on our mission to prevent and end homelessness, we utilize every Board member's knowledge, background, and experience in discussion of all CoC processes. To ensure integrity across CoC processes, the Board has practices in place focused on conflict of interest and voting procedures. Our practice requires any Board member who is associated with an organization, in any way, that has applied for funding must abstain from voting on the approval of the CoC competition priority ranking list.

Iowa Balance of State Continuum of Care Task Groups

CoC Task Groups are either permanent or ad hoc Task Groups to coordinate oversight of discrete activities and provide recommendations to the CoC Board for approval.

The CoC Board has the authority to create CoC Task Groups based on CoC need and by a majority vote. Task Group responsibilities and subject matter are assigned to each Task Group by the CoC Board per a written assignment of responsibilities.

Standing Task Groups

The standing Task Groups, and their respective responsibilities, of the IA BoS CoC include:

- Executive
- Membership
- CoC Grant Competition
- Coordinated Service Regions
- Strategic Planning
- Equity & Diversity
- Youth Action Board
- Data/HMIS

Executive:

The Board's Executive Task Group will be comprised of the Board Officers, and the Chair of the CoC's essential Task Groups. Any action taken by this group requires final approval of the IA BoS CoC Board of Directors. This group does not make final level decisions during their meetings but provides recommendations to the Board of Directors when appropriate, where action may be taken. This group is responsible for annually creating the Memorandum of Understanding with the selected Collaborative Applicant and working collaboratively with and supporting the advocacy of the Iowa Council and other CoC's.

Membership:

This group will establish and annually review membership process/application for the IA BOS CoC. Additionally, this group is responsible for slating Officers, Board of Director members and Task Group nominations, while ensuring diversity, balanced stakeholder representation and institutional memory. The group provides information to new members that orients them to the Board of Directors and its role within the IA BoS CoC, including the Governance Charter, current Board roster, and membership responsibilities.

Continuum of Care Grant Competition:

The Continuum of Care group is responsible for overseeing and continuously developing the project monitoring process and the development of the annual HUD CoC Program local application and scorecards. They will also develop the project application evaluation process that is used to evaluate, score, and rank CoC projects (renewal and new as directed by the Board of Directors). The group also facilitates funding recommendations for projects included in the annual CoC consolidated application.

Coordinated Service Regions:

They are responsible for developing and implementing a coordinated entry process for the entire CoC region, which works to meet the needs of clients from all regions. This group is also responsible for

evaluating, updating, and recommending training for the IA BoS CoC Coordinated Entry Policy. This group will strive to have representation from each region within the CoC.

Strategic Planning:

The Strategic Planning group assists the Board with its responsibilities for mission, vision, and strategic direction. Specific responsibilities of the Strategic Planning group include:

- Making recommendations to the full Board related to the mission, vision, strategic initiatives, major programs, and services.
- Help identify critical strategic issues facing the Board. Assisting in analysis of alternative strategic options.
- Ensuring the Board has established an effective strategic planning process, including development of a three to five-year strategic plan with measurable goals and time targets.
- Understanding homelessness. Keeping up to date on HUD rules and guidelines local data and trends, BoS needs, and other opportunities to improve the scope, cost effectiveness and quality of services provided.
- Periodically reviewing the mission, vision, and recommending changes to the Board.
- Annually reviewing the strategic plan and recommending updates as needed based on changes in the community needs, and other factors.
- Reviewing and forwarding to the Board strategic plans of subsidiary CoC's to assure they are aligned with the system's strategic direction and goals.
- Reviewing new programs and services.
- Monitoring the Board's performance against measurable targets or progress points.

Equity & Diversity:

The Equity Task Group is responsible for helping develop and implement strategies to help our CoC address racial disparities and advance equity. They will also develop and implement a training plan regarding equity and diversity for CoC Funded Projects within the IA BoS CoC.

Youth Action Board:

The BoS Youth Action Board (YAB) is focused on its mission of ending youth homelessness involving youth voices and input. This is done at both the local community level and the CoC level. The YAB will implement youth voices into decision-making by engaging with and empowering youth across the BoS.

Data/HMIS:

In process.

Task Group Membership

CoC Task Group membership is based upon experience and familiarity with the relevant subject matter, as determined by the CoC Board. As much as possible, the individual Task Groups incorporate regional diversity into their membership. Each standing Task Group, outside of the Executive Task Group, may be Chaired by a non CoC Board member, as approved by the Board of Directors through the nomination process by the Membership Task Group. Broader task force make-up is open to non CoC Board members who meet the criteria of relevant community partner organizations within the CoC.

Decision-Making

Task Groups make recommendations to the CoC Board for final approval. Task Groups do not make final decisions, except where specifically delegated authority to do so by the CoC Board.

Ad Hoc Task Groups

The CoC Board shall establish additional Task Groups or informal working groups from time to time as needed to fulfill its goals and obligations and to disband such Task Groups when no longer needed.

Task Group Meetings

Standing Task Groups of the CoC may establish their own meeting schedule, while meeting the required meeting notifications standards and must report to the CoC Board on their work planning and progress.

Responsibilities of the Collaborative Applicant and Lead Agency: Institute for Community Alliances (ICA)

As a CoC Lead Agency, ICA will be primarily responsible for providing professional support to the CoC Board and the CoC, as directed by the CoC Board through a written assignment of responsibilities. For more detailed information on the Collaborative Applicant's responsibilities, please see Appendix G.

- **Administrative Functions**

  Provide staff support for scheduling meetings, collecting, and distributing minutes, and leading communication efforts for the CoC.

  The collaborative applicant shall design a collaborative process for the development of an application for the annual CoC grant competition.

- **Continuum of Care Program (CoC) Grant**

  The Collaborative Applicant shall design a collaborative process for the development and submission of the Consolidated Application for the annual CoC grant competition, and coordinate with the IA BoS CoC to evaluate applications submitted and determine CoC grant awards.

  The Collaborative Applicant will also provide administration to support the CoC completion of the registration process and composition and submission of the CoC's Grant Inventory Worksheet, and other related competition requirements.

  The Collaborative Applicant will also prepare and submit the CoC Planning Grant.

Responsibilities of the HMIS Lead: Institute for Community Alliances

The Institute for Community Alliances (ICA) will operate all aspects of the Homeless Management Information System for the IA BoS CoC.

- **Data and Technical Standards Compliance**
  ICA will ensure that this operation will be in compliance with the current HMIS Data Standards. ICA will review this compliance on an annual basis and report to the Collaborative Applicant and the IA BoS CoC on the review results with any corrective action if it is required.

- **HMIS Policies/Procedures**

ICA will maintain comprehensive HMIS operational policies and procedures, including but not limited to: privacy plan, security plan and data quality plan. These policies and procedures will be reviewed by ICA for any needed updates annually.

- **Contributing Homeless Organization Memorandum of Understanding**
  ICA will execute a participation memorandum of understanding (MOU) with each agency/program that contributes data to the State of Iowa HMIS network. These MOUs will be renewed annually. ICA will review the content of the MOU annually and recommend any changes to the document if they are required to the IA BoS CoC.

- **Training and Technical Assistance**
  ICA will provide regular and ongoing training and technical assistance and support to all homeless system agencies engaged in use of the HMIS network.

- **Monitor System Participation/Data Quality Performance**
  ICA will regularly monitor the number of homeless system agencies utilizing the network and report the percentages to the IA BoS CoC. ICA will work collaboratively with the IA BoS CoC to develop a plan to address low participation rates if it becomes necessary to do so. ICA will support the efforts of the IA BoS CoC to ensure the fullest HMIS participation possible.

- **Data Quality Plan Reporting (CoC Wide/ Individual Program)**
  ICA will ensure data quality, timeliness, and accuracy by promoting and implementing the IA BoS CoC's Data Quality Plan. ICA will coordinate with IA BoS CoC staff to share quarterly performance outcome reports to the Executive Task Group and will provide regular training and technical assistance to support homeless system agencies that fall below CoC performance standards.

- **Longitudinal System Analysis**
  ICA will manage the collection of all data elements required for the Longitudinal System Analysis (LSA) and produce and upload the data as required into the HUD Homeless Data Exchange on behalf of the CoC. ICA will provide a report of the data to the next full CoC Board meeting following final submission to HUD.

- **System Performance Measures**
  ICA will manage the collection of all data elements required for the System Performance Measures (SPMs) and produce and upload the data as required into the HUD Homeless Data Exchange on behalf of the CoC. ICA will provide a report of the data to the next full CoC Board meeting following final submission to HUD.

- **Required Program Reports**
  CoC – Annual Performance Report
  PATH – Annual Performance Report
  HOPWA – Consolidated Annual Performance & Evaluation Report
  ESG – To be determined performance outcomes reports
  SSVF - Regular data uploads to VA data registry

- **Point-In-Time Count**
  As the HMIS lead, ICA will manage the collection of HMIS point in time related data collection, street count collection training and coordinate final reporting of required data into the Homeless

Data Exchange to HUD. ICA will report to the IA BoS CoC on the results of the count at the next full CoC Board meeting following the final submission to HUD.

- **Housing Inventory Count Report**
  ICA will coordinate and collect all housing inventory data on behalf of the IA BoS CoC and enter the relevant data into HUD's Homeless Data Exchange. ICA will report to the IA BoS CoC on the current inventory at the next full CoC Board meeting following the final submission to HUD. ICA will also provide a quarterly update on any changes to the inventory and provide information to the IA BoS CoC on HMIS bed coverage.

Iowa Balance of State Coordinated Service Regions

The IA BoS CoC covers 96 of Iowa's 99 counties, excluding Polk, Pottawattamie, and Woodbury counties. To help facilitate the planning for Coordinated Entry, the CoC worked to organize the various counties within the CoC into Coordinated Service Regions. These Coordinated Service Regions will also serve as the basis for the CoC Regions for governance purposes. The CoC Board retains the right to consolidate or break apart certain Regions, with or without the consent of the areas in question, if doing so would improve geographic contiguity or compactness, commonality of interests, and/or improve the capacity of the Region.

See the Coordinated Service Regions in Appendix C.

Coordinated Entry Responsibilities

Each region will design and implement a Coordinated Service Region (CSR) within the parameters of the system standards provided. The standards give each region a supportive framework to use when implementing local systems as well as standardized assessment tools that will be uniform across the BoS CoC. These tools include Homeless Prevention Assessment Tool, and all versions of the VI-SPDAT Screening Tool. The IA BoS CoC Coordinated Entry Policies & Procedures Manual describes these assessments in the definitions section and demonstrates their use throughout the document.

See the IA BoS CoC Coordinated Entry Policies & Procedures in Appendix C.

Governance Responsibilities

Each Region functions as a CoC-in-miniature for its area and is separately managed by a representative entity or body that is responsible to both the IA BoS CoC Board and local community partners. Each Region is responsible for the following duties:

- Regional planning of homeless housing and services and implementation of both regional and CoC Board decisions, including operation of the coordinated entry system.
- Advocating for regional interests to the CoC Board and providing a single point of contact for local organizations and/or jurisdictions seeking to address homelessness within their geographic area; and
- Other duties as assigned by the CoC Board.

Iowa Balance of State Continuum of Care Governance Charter

Approved by:

HMIS Lead: Institute for Community Alliances

_____

Signature of Authorized Representative

_____

Name and Title of Authorized Representative

_____

Date Signed

CoC Board: CoC Board

_____

Signature of Authorized Representative

_____

Name and Title of Authorized Representative

_____

Date Signed

CoC Collaborative Applicant: Institute for Community Alliances

_____

Signature of Authorized Representative

_____

Name and Title of Authorized Representative

_____

Date Signed

Appendix A: Organization Structure

Iowa Balance of State Continuum of Care General Membership

Iowa Balance of State Continuum of Care Board of Directors

Governance & Structure

System Coordination, Gaps Analysis, Point in Time

CoC Charter

Submission of CoC Application

HMIS

Completes Memorandum of Understanding on assigned CoC Tasks

Leadership & Direction

Collaborative Applicant: (CA)

Task Groups/Work Groups

Provides support, data, and assistance to groups

Executive | Membership | CoC Grant Competition | Strategic Planning | Equity & Diversity | Coordinated Service Regions | Youth Action Board | Data/HMIS

Appendix B: Conflict of Interest & Code of Conduct
IOWA BALANCE OF STATE CONTINUUM OF CARE
CONFLICT OF INTEREST STATEMENT AND
CODE OF ETHICAL PRINCIPLES AND BEHAVIOR FOR
BOARD MEMBERS, TASK GROUP MEMBERS, AND COC VOLUNTEERS

The Iowa Balance of State Continuum of Care (IA BOS COC) Board of Directors and Task Group Members aspire to:

- Perform duties with integrity, honesty, truthfulness, and adherence to the public trust.
- Act according to the highest ethical standards.
- Place the mission and vision of the Iowa Balance of State Continuum of Care as a priority.
- Improve knowledge and skills to better serve persons in need.
- Recognize cultural diversity as strength in our communities and to treat all people with respect, dignity and fully support safe participation in all activities.
- Exercise our best judgment, independently of our association with any other organization or personal concern.

Conflict of Interest Statement: A conflict of interest exists when:

1. Any Board member, Task Group member or any relative (by blood or marriage) or any business partner of the IA BOS COC has a private, economic, or personal interest sufficient to influence or appear to influence the outcome of a decision made by the Board from which he/she may gain personally, professionally, or financially in the pursuits of his/her own special interest.

2. Any member of the Board or Task Group member who is associated as a member of the Board, on a Task Group, or has an employment or consulting relationship with an organization receiving money through the IA BOS COC.

3. Other Examples of a conflict of interest may include but are not limited to the following:

   ▪ Self-dealing: This is defined as using your position to secure a contract or other benefit for your business or board.

   ▪ Influence peddling: This is defined as soliciting benefits in exchange for using your influence to unfairly advance the interest of a particular party.

   ▪ Accepting cash or non-cash benefits: This is defined as bribery and non-token gifts from a supplier or other individual or entity seeking to do business with IA BOS COC.

   ▪ Using confidential information to further your personal interests or advancing the cause of another organization.

Board Approved 2.8.24

Determining a Conflict of Interest: It is the responsibility of each Board or Task Group member to determine if a real or apparent conflict of interest exists and once determined declare the conflict that is influencing his/her decision-making ability and dismiss him or herself from the deciding vote.

Conflict of interest may be declared by one of two methods:

1. Personal Financial Gain: If it may appear that there is a conflict where the individual or his or her relative would have personal gain, they should abstain from the vote.

2. Organizational Gain: If it may appear that there is a conflict of interest because the individual serves on a Board, or on a Task Group of an organization, or has a family, employment, consulting, or other relationship with an organization whose funding places the organization in the position of compliance review by the IA BOS COC, but there is no personal financial gain, the individual should abstain from the vote.

▪ If any Board member or Task Group member believes that another Board member or Task Group member has not declared a real or apparent conflict of interest, he/she may request that the other individual provide a clarification regarding the other individual's potential personal financial gain or association with any other organization. Requests for clarification may go to the Board chairperson, or a member of the Executive Task Group. The Executive Task Group will follow through with the request on clarification with the specified Board member or Task Group member and provide follow-up to the requestor.

▪ If a Board of Director's vote has been taken and any board member believes that the undeclared real or apparent conflict of interest existed at the time of the discussion or vote, the board member may contact the chairperson or a member of the executive Task Group. The executive Task Group, at its next meeting, shall determine if a re-vote should be held at the next board meeting.

Violations of These Principles:
A Board member or Task Group member who is found to be in violation of the principles outlined in this policy shall be subject to corrective action up to and including removal from the Board or Task Group. Corrective action for the same or different offenses shall progress in the following manner, subject to IA BOS COC's discretion:
1. *Verbal warning.* Verbal statement to Board or Task Group member that he/she has violated this policy, or any policies/practices found in the IA BOS COC Governing documents and policies that such violation may not continue.
2. *Written reprimand.* Formal notification in writing to Board or Task Group member that he/she has violated this policy.
3. *Suspension.* For IA BOS COC Board or Task Group members this may mean suspension of voting rights for CoC business for a minimum of one board/Task Group meeting.
4. *Discharge.* The term of service of the Board or Task Group member in violation is terminated.
5. *Financial Action.* For IA BoS CoC Board or Task Group members not declaring a real and apparent conflict, appropriate corrective action may be taken against the individual to remedy an involuntary reallocation of HUD CoC funds or other financial ramification to IA BOS COC.

<div align="center">

Potential Conflict of Interest Declaration
For Directors and Task Group Members
Iowa Balance of State Continuum of Care

</div>

In accordance with IA BOS CoC policy "Conflict of Interest Statement and Code of Ethical Principles and Behavior for Board and Task Group Members" any member of the Board, any Task Group member of the IA BOS CoC shall identify his or her affiliation with any other such agency or agencies in which there may be a real or apparent conflict of interest.

I am a board member, a Task Group member, or an employee of the following organizations, or have a family member or business partner who is:

Organization: **Conflict:**
_____
_____
_____
_____
_____

This is to certify that I, except as described, am not now nor at any time during the past year have been: 1) A participant, directly or indirectly, in any arrangement, agreement, investment, employment or contract relationship, or other activity with any organization doing business with the IA BOS COC which has resulted or could result in personal benefit to me, a family member, business partner, employer, or other third party I have a relationship with 2) A recipient, directly or indirectly, of any salary payment or loans or gift of any kind or any free service or discounts or other fees from or on behalf of any person or organization engaged in any transaction with the IA BOS COC.

_____
Printed Name of Board, Task Group Member

_____
Signature of Board, Task Group Member, Date

This form will be executed at the commencement of the IA BoS CoC volunteer service and must be reviewed and updated as needed or no less than annually each calendar year.

Appendix C: Coordinated Service Regions

The CoC Coordinated Service Regions are broken down as follows:

- Balance of Counties- Audubon, Cass, Fremont, Harrison, Mills, Montgomery, Page & Shelby Counties.
- Black Hawk/Grundy/Tama- Black Hawk, Grundy, & Tama Counties.
- Eastern Iowa- Clinton, Delaware, Dubuque, & Jackson Counties.
- Johnson/Washington- Johnson & Washington Counties.
- Linn/Benton/Jones- Benton, Jones, & Linn Counties.
- North Central Iowa- Cerro Gordo, Floyd, Franklin, Hancock, Kossuth, Mitchell, & Winnebago Counties.
- Northeast Iowa- Allamakee, Bremer, Buchanan, Butler, Chickasaw, Clayton, Fayette, Howard, & Winneshiek Counties.
- Northwest Iowa- Carroll, Cherokee, Crawford, Ida, Lyon, Monona, O'Brien, Osceola, Plymouth, & Sioux Counties.
- Quad Cities Bi-State- Scott County in Iowa & Rock Island County in Illinois.
- Rolling Hills- Appanoose, Davis, Iowa, Jasper, Jefferson, Keokuk, Lucas, Mahaska, Marion, Monroe, Poweshiek, Van Buren, Wapello, Warren, & Wayne Counties.
- South Central/West- Adair, Adams, Clarke, Dallas, Decatur, Guthrie, Madison, Ringgold, Taylor, & Union Counties.
- Southeast Iowa- Cedar, Des Moines, Henry, Lee, Louisa, & Muscatine Counties.
- Two Rivers- Boone, Greene, Hardin, Marshall, & Story Counties.
- Upper Des Moines- Buena Vista, Calhoun, Clay, Dickinson, Emmet, Hamilton, Humboldt, Palo Alto, Pocahontas, Sac, Webster, & Wright Counties.

Coordinated Entry Checklist for Requesting Changes

Changes to Coordinated Entry Regions

When a region or agency proposes a change to the Coordinated Entry System structure in their area, the following process should take place:

1. A meeting with the Coordinated Entry Leadership Team to discuss the proposed changes.
2. The Coordinated Entry Change Request Checklist form should be used to ensure all necessary steps are taken prior to the change going into effect.
3. A transition plan is created by the agency/region to determine the exact changes that need to happen.
4. Any policy and procedure edits are drafted and approved by the region providers.
5. Once the necessary changes are drafted/determined, the proposal is approved by the Coordinated Entry Leadership Team.
6. The proposal is then made to the Coordinated Entry Committee for the Iowa Balance of State Continuum of Care for an approval vote.
7. If the proposal is approved by the Committee, it is then proposed for final vote to the Iowa Balance of State Continuum of Care Board.
   a. If the Board votes to approve the transition, the agency will work with the Coordinated Entry Leadership Team to implement necessary changes.
   b. If the Board denies the transition, the agency can appeal the denial and/or work with the Coordinated Entry Leadership Team to determine other options.

The following change requests should utilize the above procedure:

- Change in Designated Lead Agency (DLA)
- Change in Region service area
- Change in Region name
- Changes mandated by the CE Committee or CoC Board
- Other changes as deemed necessary by the CE Leadership Team

If an agency does not feel that the current DLA is executing its role fully, a grievance may be made according to the CE Grievance Policy.

If an agency is not sure if their complaint constitutes a formal grievance, they may discuss the concerns with the CE Leadership Team to determine how to address the concern.

Please fill out individual form for each change

For a significant change to a Coordinated Entry Region or Provider role, the requirements on this form must be met. After these are met, the change will be proposed to the Coordinated Entry Committee for a vote. If the proposed change is approved by the committee, the proposal then goes to the Iowa Continuum of Care Board for a final vote.

Designated Lead Agency Change
_____ Request Description/Transition Plan
_____ Draft of Policy Updates for Region
_____ Voting member changes (if applicable)
_____ Required Trainings completed
_____ Regional Approval
_____ TA/Leadership Approval
_____ Coordinated Entry Committee Approval
_____ Board Approval

Region Area Change
_____ Request Description/Transition Plan
_____ Draft of Policy updates for Region
_____ Regional Approval
_____ TA/Leadership Approval
_____ Coordinated Entry Committee Approval
_____ Board Approval

Mandatory Change (as deemed by Coordinated Entry Committee)
_____ Request Description/Transition Plan
_____ Draft of Policy updates
_____ TA/Leadership Approval
_____ Coordinated Entry Committee Approval
_____ Board Approval

Agency Representative Signature _____
Date _____

TA/Leadership Representative Signature _____
Date _____

Coordinated Entry Chair/Co-Chair Signature _____
Date _____

Board Approved 2.8.24

Board Chair/Co-Chair Signature _____
Date _____

Agency Representative Signature _____

Date _____

Iowa Coordinated Entry Regions

Coordinated Entry

iaboscoc.org
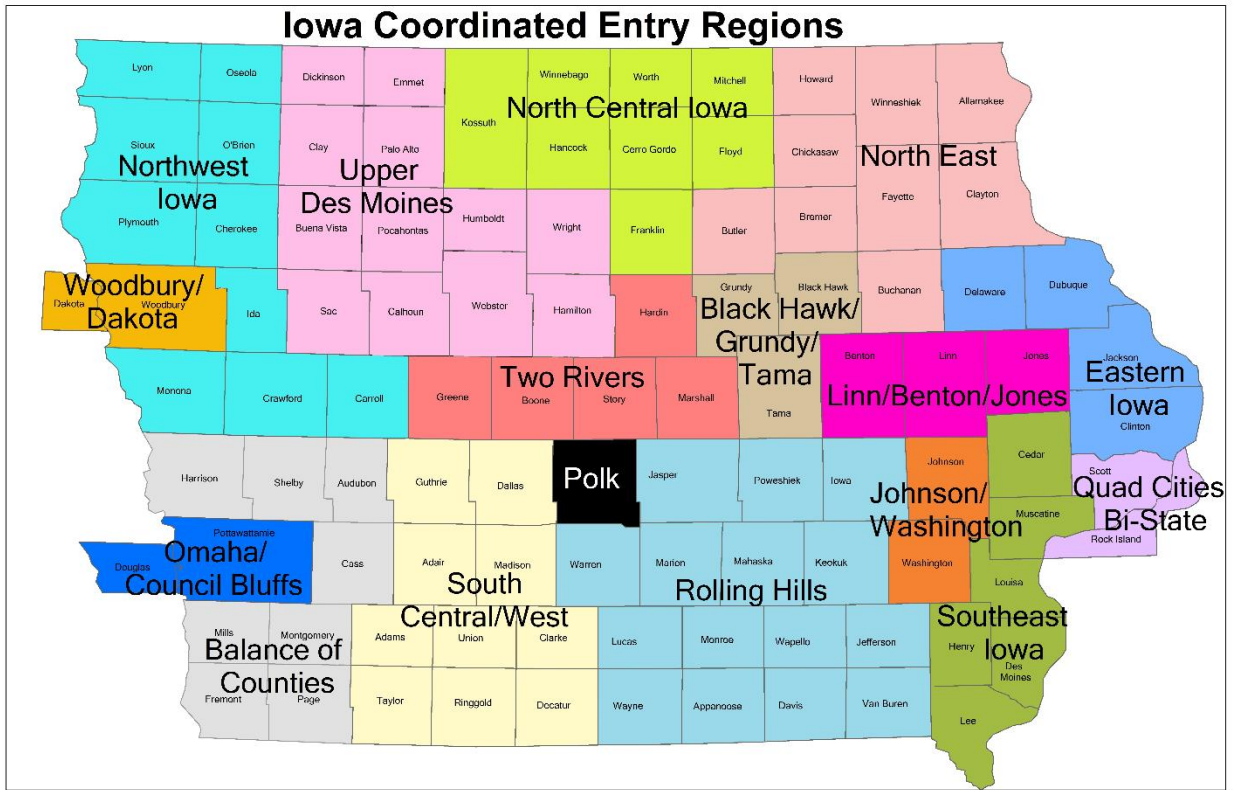
IOWA BALANCE OF STATE

Iowa Balance of State Continuum of Care Updated January 2024

Board Approved 2.8.24

OVERVIEW

OVERVIEW OF COORDINATED ENTRY

Coordinated Entry is considered one of the many interventions in a community's united effort to end and prevent homelessness. The process works best and provides the greatest value if it is driven by "What does the client need" rather than by provider eligibility. Coordinated entry refers to the process used to assess and assist in meeting the housing needs of people at-risk of homelessness and people experiencing homelessness. Key elements of coordinated entry include:

- A designated set of coordinated entry locations, access points, and staff members.
- Uniformly trained staff across the Balance of State.
- Standardized assessment tools to assess client needs.
- Referrals, based on the results of the assessment tools, to homelessness assistance programs (and other related programs when appropriate).
- Data collection and management for housing assessment and referrals in a Homeless Management Information System (HMIS); and
- Client prioritization and housing service alignment based upon presenting needs and available services.

The implementation of coordinated entry is considered national best practice. When implemented effectively, coordinated entry can:

- Reduce the amount of research and the number of phone calls people experiencing homelessness must make before finding crisis housing or services;
- Decrease new entries into homelessness through coordinated system-wide diversion and prevention efforts.
- Prevent people experiencing homelessness from entering and exiting multiple programs before getting their needs met;
- Reduce or erase entirely the need for individual provider wait lists for services;
- Foster increased collaboration between homelessness assistance providers; and
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and making progress on ending homelessness.

RESPONSIBILITIES OF THE CONTINUUM OF CARE

Coordinated Entry (CE) is important in ensuring the success of homeless assistance and homeless prevention programs in communities. In particular, the CE process helps communities systematically assess the needs of program consumers and effectively match each individual or family with the most appropriate resources available to address that individual or family's particular needs.

The Continuum of Care (CoC) Interim Rule defines several responsibilities of the Continuum of Care (*578.7 (a) (8)*). One of these responsibilities is to establish and operate either a centralized or coordinated entry, in consultation with recipients of the Emergency Solutions Grants (ESG) program funds within the geographic area. It is encouraged to incorporate Shelter Assistance Funding (SAF) recipients, along with other projects and funders within the geographic area in this

process as well. Coordinated Entry provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of coordinated entry on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. This system must comply with any requirements established by HUD (Housing and Urban Development) by Notice. The Coordinated Entry System is overseen by the Iowa Balance of State Continuum of Care Board and the Coordinated Service Region Task Group of the CoC Board.

Another responsibility of the CoC, in consultation with recipients of ESG funds (and potentially SAF) within the geographic area, is to establish and consistently follow written standards for providing CoC assistance. Written standards for Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) projects have been established by the Iowa Balance of State Continuum of Care Board. These standards can be found at https://iaboscoc.orb/board-of-directors#header3. These standards include:

- Policies and procedures for evaluating individuals' and families' eligibility for assistance under this part;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive transitional housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance;
- Policies and procedures for coordination among emergency shelters, transitional housing programs, essential service providers, homelessness prevention programs, rapid rehousing programs, and permanent supportive housing programs;
- Standards for determining what percentage or amount of rent each program client must pay while receiving rapid re-housing assistance;
- Policies and procedures for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance; and
- Definitions for participation in the CoC's Homelessness Management Information System (or comparable database for domestic violence or victims' service programs).

GEOGRAPHIC AREA/REGIONS

The Iowa Balance of State Continuum of Care covers 96 of Iowa's 99 counties, excluding Polk, Pottawattamie and Woodbury counties. The population for the continuum is 2.5 million and it covers an area of 53,879 square miles. This geographic area includes urban, suburban, and rural areas. Identified regions include:
- Balance of Counties-covering Audubon, Cass, Fremont, Harrison, Mills, Montgomery, Page, and Shelby
- Black Hawk, Grundy, Tama Region
- Eastern Iowa Region-covering Dubuque, Clinton, Delaware, and Jackson
- Johnson/Washington Region
- Linn, Benton, Jones Coordinated Services Region
- North Central Region- covering Cerro Gordo, Floyd, Franklin, Hamilton, Hancock, Kossuth, Mitchell, Winnebago, Worth, and Wright

- Northeast Iowa Region-covering Bremer, Allamakee, Buchanan, Butler, Chickasaw, Clayton, Fayette, Howard, and Winneshiek
- Northwest Iowa- covering Sioux, Carroll, Cherokee, Crawford, Ida, Lyon, Monona, O'Brien, Osceola, and Plymouth
- Quad Cities Bi-State Region- covering **Scott** County
- Rolling Hills- covering Appanoose, Davis, Iowa, Jasper, Jefferson, Keokuk, Lucas, Mahaska, Marion, Monroe, Poweshiek, Van Buren, Wapello, Warren, and Wayne
- South Central West- covering Adair, Adams, Clarke, Dallas, Decatur, Guthrie, Madison, Ringgold, Taylor, and Union Counties
- Southeast Iowa Coordinating Region- covering Des Moines, Cedar, Henry, Lee, Louisa, and Muscatine
- Two Rivers Region- covering Story, Greene, Boone, Marshall, and Hardin
- Upper Des Moines Region – covering Buena Vista, Calhoun, Clay, Dickinson, Emmet, Humboldt, Palo Alto, Pocahontas, Sac, and Webster.
- Woodbury County- Woodbury County CoC will also participate in CE with the BoS (Balance of State) CoC.

Each region will design and implement a Coordinated Service Region (CSR) within the parameters of the system standards provided. The standards give each region a supportive framework to use when implementing local systems as well as standardized assessment tools that will be uniform across the BoS CoC. These tools include Prevention/Diversion Screening Tool, all versions of the VI-SPDAT Screening Tool, and a Homeless Prevention Assessment Tool. This document describes these assessments in the definitions section and demonstrates their use throughout the document. Regional policies can be found at [Iowa BoS CE Documents](#).

GOALS

Most communities lack the resources needed to meet all the needs of people experiencing homelessness. This, combined with the lack of well-developed coordinated entry processes, has resulted in severe hardships for people experiencing homelessness. They often face long waiting times to receive assistance or are screened out of needed assistance. A Coordinated Entry System (CES) helps communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. The CES also provides information about service needs and gaps to help communities plan their assistance and identify needed resources.

The CES is intended to increase and streamline access to housing and services for households experiencing homelessness, match appropriate levels of housing and services based on their needs, and prioritize persons with severe service needs for the most intensive interventions.

HUD's primary goals for coordinated entry processes are:
1. Assistance will be allocated as effectively as possible; and
2. Assistance is easily accessible no matter where or how people present.

The Iowa Balance of State Continuum of Care identified the following goals for the CES:
1. Create a standardized model that allows for some local flexibility;
2. System accountability to individuals and families experiencing homelessness, specifically populations at greater risk of with the longest histories of homelessness;

3. System compliance with HUD.
4. Consistency across Coordinated Service Regions (CSRs); and
5. Adequate staff competence and training, specific to the target population served.

GUIDING PRINCIPLES

The goal of Coordinated Entry is to provide each client with adequate services and supports to meet their housing needs, with a focus on returning them to housing as quickly as possible. Below are the guiding principles that will help the Iowa Balance of State meet these goals.

- **Adopt Statewide Standards** that allow flexibility for local customization beyond baseline standard.
- **Client Choice**: Consumers will be given information about the programs available to them and have some degree of choice about which programs they want to participate in. They will also be engaged as key and valued partners in the implementation and evaluation of coordinated entry through forums, surveys, and other methods designed to obtain their thoughts on the effectiveness of the coordinated entry process.
- **Promote Client-Centered Practices**: Every person experiencing homelessness should be treated with dignity, offered at least minimal assistance, and participate in their own housing plan. Provide ongoing opportunities for consumers' participation in the development, oversight, and evaluation of coordinated entry/assessment. Consumers should be offered choice whenever possible.
- **Prioritize Most Vulnerable** as the primary factor among many considerations. Limited resources should be directed first to persons and families who are most vulnerable. Less vulnerable persons and families will be assisted as resources allow.
- **Collaboration**: Because coordinated entry is being implemented across 96 counties, it requires a great deal of collaboration between the CoC's providers, mainstream assistance agencies (i.e. Department of Human Services, hospitals, jails), funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong governing committee (the Coordinated Entry Committee), consistently scheduled meetings between partners, and consistent reporting on the performance of the coordinated entry/assessment process.
- **Accurate Data**: Data collection on people experiencing homelessness is a key component of the coordinated entry process. Data from this process reveals what resources consumers need the most and will be used to assist with reallocation of funds and other funding decisions. To capture this data accurately, all staff and providers participating in CE must enter data into HMIS (except for some special populations and other cases, outlined later in this document) in a timely fashion. Consumers' rights around data will always be made explicit to them, and no consumer will be denied services for refusing to share their data.
- **Performance-Driven Decision Making**: Decisions about and modifications to CE will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing new entries into homelessness, increasing exits into permanent housing, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of waiting time for an assessment.
- **Housing First**: The most successful model for housing people who experience chronic homelessness is permanent supportive housing using a "Housing First" approach, which is

a consumer-driven strategy the provides immediate access to housing without requiring participation in psychiatric treatment, treatment for sobriety, or other service participation requirements. After settling into housing, consumers are offered a wide range of supportive services that focus primarily on helping them maintain their housing. Coordinated entry will support a Housing First approach and will thus work to connect households with the appropriate permanent housing opportunity, as well as any necessary supportive services, as quickly as possible.

- **Transparency**: Make thoughtful decisions and communicate directives openly and clearly.

GOVERNANCE

General Structure

Coordinated Services Regions will design and administer coordinated entry in their regions with standards and governance provided by the Coordinated Entry Committee (CEC) of the Iowa BoS Continuum of Care. The CEC will approve new regional plans and significant ongoing changes, along with annual reviews of regional policies and procedures. Coordinated Services Regions are responsible to submit regional policies and procedures to the HMIS provider and the Coordinated Entry funded agency for approval. The CEC will have representatives from across the BoS and other state-level experts.

ROLE OF COORDINATED ENTRY COMMITTEE

The CEC provides oversight of the full BoS CoC's coordinated entry to ensure regional coordinated entry plans meet the standards set forth in this document. The CEC approves significant plan changes and provides ongoing oversight of the full system to meet HUD's priorities and mandates. Voting members of the Coordinated Entry Committee consist of representatives from each Coordinated Service Region based on the following guidelines:

- Each Coordinated Services Region will identify 1 voting member to represent their region.
- An alternate member may be identified if the identified member is unable to attend.
- Voting members are expected to have a clear understanding of the regional policies, be actively involved in regional pull meetings, and be able to provide feedback on the regional coordinated entry system. They are also expected to attend and actively participate in the monthly CEC meetings.
- To ensure a strong partnership with Veteran's Affairs, the VA offices will also have 1 voting seat.
- Additional voting members will include the CE Project Staff. There will be 1 designee representing the data lead, 1 representing the call center, and 1 representing the technical assistance lead.

ROLE OF COORDINATED SERVICE REGIONS

Each Coordinated Service Region (CSR) will implement a local coordinated entry system within the parameters of the system standards provided. The standards give CSRs a supportive framework to use when implementing local systems as well as standardized assessment tools that will be uniform across the Balance of State CoC. These tools include the Prevention/Diversion

Screening Tool, the different versions of the VI- SPDAT Screening tools, and the Homeless Prevention Assessment Tool. This document describes these assessments in the definitions section and demonstrates their use throughout the document.

HUD funded programs may be limited or non-existent in the local region. Therefore, it is the responsibility of the CSR to work collaboratively with local housing providers and community resources to determine how to best meet the housing needs of people experiencing homelessness within the region.

TARGET POPULATION

This process is intended to serve individuals and families experiencing homelessness and those who are in imminent risk of homelessness. Homelessness and imminent risk of homelessness will be defined in accordance with the HUD definition of homelessness.

THIS DOCUMENT

These policies and procedures will govern the implementation, governance, and evaluation of the Iowa Balance of State CoC Coordinated Entry. This is a living document and will be reviewed annually in accordance with the Iowa Balance of State CoC Governance Charter. Changes can be made based on the information gathered through the evaluation process.

BASIC DEFINITIONS
Terms used throughout this document are found in Appendix A.

GOVERNING DOCUMENTS

COC INTERIM RULE

https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf

578.7 (a) (8) In consultation with recipients of Emergency Solutions Grants program funds within the geographic area, establish, and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the centralized or coordinated assessment system on how its system will address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. This system must comply with any requirements established by HUD by Notice.

ESG INTERIM RULE

https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendm ents.pdf

576.400 (d) Centralized or coordinated assessment. Once the Continuum of Care has developed a centralized assessment system or a coordinated assessment system in accordance with

requirements to be established by HUD, each ESG-funded program or project within the Continuum of Care's area must use that assessment system. The recipient and subrecipient must work with the Continuum of Care to ensure the screening, assessment and referral of program participants are consistent with the written standards required by paragraph € of this section. A victim service provider may choose not to use the Continuum of Care's centralized or coordinated assessment system.

HUD NOTICE CPD 17-01 ESTABLISHING ADDITIONAL REQUIREMENTS
Appendix B and at https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing- Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf

HUD COORDINATED ENTRY POLICY BRIEF
Appendix C and at https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf

HMIS POLICIES AND PROCEDURES
Found in the CoC Governance Charter

REGIONAL POLICIES AND PROCEDURES
Found in Coordinated Entry shared Google Drive at https://drive.google.com/drive/folders/1L4AnNH4ZhTKhQ3jhXFvF_KEMB7PiUSq_?usp=sharing.

IOWA BoS CoC GOVERNANCE CHARTER

COORDINATED ENTRY PROCEDURES

The process of Coordinated Entry can be implemented regardless of geography, housing stock, service availability, or unique community makeup. Almost any model of Coordinated Entry can be applied to any community or situation, and with patience, persistence, testing, and tweaking, can be successful.

Coordinated Entry, when implemented correctly, can help to prioritize individuals and family who need housing the most across communities. Beyond program confinement, and beyond silos, Coordinated Entry can create a collaborative, objective environment across a community that can provide an informed way to target housing and supportive services to:
1. Divert people away from the system who can solve their own homelessness;
2. Quickly move people from literal homelessness to permanent housing;
3. Create a more defined and effective role for emergency shelters and transitional housing;
4. Create an environment of less time, effort, and frustration on the part of case managers by targeting efforts; and
5. End homelessness across communities, versus program by program.

Traditionally, the system of entry and referral to housing and service supports was based on a "first-come, first served" basis and some places still conduct business that way. But years of research, re-thinking, and a commitment to moving away from the linear approach to housing

placement and moving toward quickly placing people into appropriate housing, has shifted the way homeless programs provide services.

Efforts were made by the Coordinated Entry and Progressive Engagement Committee of the Iowa Council on Homelessness towards developing a coordinated entry process over the past several years. This has set a path for establishing the system-wide coordinated entry/assessment system. Iowa Finance Authority (IFA) and Institute for Community Alliances (ICA) serve two main roles in Coordinated Entry.

First, ICA is the current Collaborative Applicant for the Iowa Balance of State CoC. In this role, ICA applies to HUD each year for the CoC Planning Grant on behalf of the CoC. Beginning in late 2016, IFA used the first allocation of these funds to launch a system of new "Coordinated Services Regions" for homelessness planning. These regions are also intended to serve as Coordinated Entry regional hubs. ICA administers small regional allocations that can support some Coordinated Entry and other planning activities. Funds are not generally used for direct services or outreach related to Coordinated Entry but may support system planning and development.

Second, IFA is the direct HUD recipient managing the State of Iowa allocation of the Emergency Solutions Grant (ESG), plus the administrator of the state-funded Shelter Assistance Fund (SAF) grant. For ESG, HUD requires all subrecipients to participate in the CoC's approved Coordinated Entry system. IFA is obligated to ensure subrecipients are meeting all of HUD's grant requirements, which includes Coordinated Entry. For SAF, IFA uses a portion of SAF funds each year to offset HUD's matching contribution requirements for ESG, instead of requiring all ESG subrecipients to produce the entire matching requirements on their own. This means that many SAF recipients must follow the same general requirements as ESG. As of 2017, SAF subrecipients are highly encouraged to participate in Coordinated Entry, and it is anticipated that this may soon become a program requirement.

The agencies that will oversee the implementation of Coordinated Entry across the Balance of State are Waypoint Services and the Institute for Community Alliances (ICA). Waypoint Services operates the call center for Coordinated Entry and ICA operates the Prioritization List in HMIS and DVIMS for CSRs.

When fully implemented, this system will include:
- Information about available services and programs for persons experiencing a housing or homeless crisis;
- Uniform intake, assessment and screening tools and processes.
- Real-time knowledge about program inventories and capacity.
- Coordinated referrals to receive prevention, housing, or related services; and
- Enrollment prioritization and waitlist management for housing programs.

This section outlines and defines the key components of the CES and how the coordinated entry process will work.

ESTABLISHING A DESIGNATED LEAD AGENCY

Each region will choose a Designated Lead Agency (DLA) to manage the HMIS Prioritization List and to serve as the point of contact for the Coordinated Entry Committee. The DLA will ensure that all agencies participating in the CSR have the appropriate contact information to access the HMIS Prioritization List in a timely manner.

The DLA is responsible for communicating any changes in contact information to the Chair of the Coordinated Entry Committee. The DLA is also responsible to ensure that all parties involved in participating in the CSR Prioritization List Review meetings have signed a Memorandums of Understanding (MOU) to discuss client's confidential information obtained through the Coordinated Entry Assessment process. The MOU allows agencies to enter an "Interagency Data Sharing and Coordinated Services Agreement" with additional confidentiality requirements for agencies not operating in HMIS. A full list of MOU submissions will be maintained by ICA staff.

If a DLA is unable to continue in this role for the region, the DLA needs to develop a proposal on the plan to transfer responsibilities to another willing entity, update the regional Policies and Procedures to reflect this change, and provide these to the Coordinated Entry Committee for review and approval. If approved, the Coordinated Entry Committee will forward the approved request to the Iowa BoS Continuum of Care Board. The Coordinated Entry Change Request form must be submitted to the committee prior to any changes being approved.

ACCESSING COORDINATED ENTRY

Because of the diversity and size of the Balance of State CoC, it is recommended that CSR planning groups follow one or some combination of the identified approaches to access point systems presented in the HUD Notice CPD-17-01. This includes both physical and virtual access points to ensure access across the Balance of State.
The principles of any approach should include:

- Coordinated Entry is easily accessible by individuals and families seeking housing assistance or services.
- A consumer can seek housing assistance through any of the participating housing providers and will receive integrated services.
- Consumers should have equal access to information and advice 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.
- Consumers that are included in more than one subpopulation (i.e. a parenting unaccompanied youth who is fleeing domestic violence) can be served at all the access points or which they qualify as a target population.
- Participating providers have a responsibility to respond to the range of consumer needs pertaining to homelessness and housing, and act as the primary contact for consumers who apply for assistance through their service unless or until another provider assumes that role.
- Participating providers will guide the consumer in applying for assistance or accessing services from another provider regardless of whether the original provider delivers the specific housing services required by a presenting consumer.

- Participating providers 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 consumers, particularly for those with high, complex, or urgent needs.
- Physical locations need to be accessible to individuals with disabilities, including accessible locations for individuals who use wheelchairs as well as people in the CoC who are least likely to access homeless assistance.
- Each CSR will develop local policies and procedures to document steps taken to ensure effective communication with individuals with disabilities, such as using auxiliary aides and services (Braille, audio, large type, assistive listening devices, and sign language interpreters.
- Access points will take reasonable steps to offer CE process materials and participant instruction in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency.

Each DLA will be responsible to submit written local policies and procedures detailing how these principles are incorporated into the CSR. Some CSRs may have to utilize one of the many entry models available, such as: "No Wrong Door", triage, centralized intake, or 211/Hotlines, depending on the available resources and geographical make up. Regardless of what entry model is chosen by the CSR, consumers must be presented with the information on how to access the CE through any provider/community partner in the region, thus ensuring a "No Wrong Door" approach to informing consumers on accessing the system. Each CSR will have to detail their specific entry method policies and procedures to ensure they are compliant with both HUD guidelines and the Iowa BoS Coordinated Entry. These policies and procedures will be reviewed annually in April by the Coordinated Entry Committee and will be included as addendums to this document.

Fair and equal access

All CoC's will ensure fair and equal access to coordinated entry, supportive services, and housing for all consumers regardless of actual or perceived race, color, religion, national origin, age, biological sex, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, sexual orientation, or people who are least likely to apply in the absence of special outreach. This also includes but is not limited to people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence/sexual assault. To ensure fair access by individuals with disabilities, physical and communication accessibility barriers must be addressed by appropriate accommodation within each CSR. Each CSR's written policies and procedures must establish protocols for fair and equal access to CoC housing and services.

Given the increased occurrence of discrimination affecting transgender and gender nonconforming residents, HUD-funded projects must take precautions to ensure a project is free of discrimination and inform residents of their fair housing rights. Likewise, if a resident encounters discrimination, a clear protocol must be in place for addressing discriminatory behavior towards transgender and gender-nonconforming residents and intervening to address and prevent harassment, including trauma-informed interventions that prioritize survivor safety.

HUD recognizes a difference may exist between an individual's gender identity and their sex assigned at birth. HUD has established that providers may not deny access to a program or facility

because the provider possesses identity documents indicating a sex different than the gender with which the resident or potential client identifies.

A provider may not consider the resident or potential resident ineligible for housing services because their appearance or behavior does not conform to gender stereotypes.

A provider may not ask questions or otherwise seek information or documentation concerning a person's anatomy or medical history related to their gender identity or expression.

The Iowa BoS CoC CES will not use data collected from the assessment process to discriminate or prioritize households for housing and services based on actual or perceived membership in a protected class. The CoC will monitor the CE process and applicable individual projects for compliance with these laws and requirements.

If an individual's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate and responsive to the individual needs.

Staff and volunteers should be trained in inclusivity and equal access and given support to think through the most equitable way to handle situations they may need guidance in addressing using this framework.

Non-discrimination
The Iowa Balance of State Continuum of Care (IA-501) is required to develop and operate a coordinated entry process that permits recipients of Federal and state funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a), including, but not limited to the following:

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status;
- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance; and
- Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

In addition, HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC

Program, ESG Program, and HOPWA (Housing Opportunities for Persons With AIDS) Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

The CoC Program interim rule at 24 CFR 578.93(c) also requires recipients of CoC Program funds to affirmatively market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach and maintain records of those marketing activities. Housing assisted by HUD and made available through the CoC must also be made available to individuals and families without regard to actual or perceived sexual orientation, gender identity, or marital status in accordance with 24 CFR 5.105 (a)(2). Nondiscrimination and affirmative outreach requirements for the ESG program are located at 24 CFR § 576.407(a) and (b).

Policy

The policy of the Iowa Balance of State Continuum of Care (IA-501) is to provide equal opportunity and equal consideration to all peoples without regard to race, religion, ancestry, national origin, color, creed, sex, age, physical disability, marital status, sexual orientation, or public assistance status.

Delivery of Services

Iowa Balance of State Continuum of Care, its member agencies, its recipients of CoC, ESG, or HOPWA funds, and its Coordinated Entry System agents and partners shall not discriminate or treat unequally or unfairly in the delivery of services any person because of race, religion, ancestry, national origin, sexual orientation, or sex; and will comply with all federal, state and local anti-discrimination laws.

Affirmative Marketing and Outreach

Iowa Balance of State Continuum of Care, its member agencies, its recipients of CoC, ESG, or HOPWA funds, and its Coordinated Entry System agents and partners shall affirmatively market access Coordinated Entry (and as a result to the housing and services available through Coordinated Entry) to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities.

Obligation to Inform

Iowa Balance of State Continuum of Care, its member agencies, its recipients of CoC, ESG, or HOPWA funds, and its Coordinated Entry System agents and partners shall inform in plain writing all persons seeking services of these policies and the process for filing a nondiscrimination complaint.

Reporting a Nondiscrimination Complaint

At any time during the coordinated entry process, applicants for housing or services have the right to file a complaint, should they feel that the non-discrimination principle has been violated.

All Applicants, whether individuals or families, will be provided with the process for filing a complaint. All complaints will be addressed and resolved in a timely and fair manner.

The following three contacts will be provided to address discrimination or grievance related concerns:

- For nondiscrimination complaints, contact the:
  - Department of Housing & Urban Development, Des Moines Field Office: 515-284-4512 or https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint
  - Iowa Civil Rights Commission: 515-281-4121, toll free: 1-800-457-4416
- For complaints with Coordinated Entry policies or procedures in the Iowa Balance of State Continuum of Care, contact any Access Site. Access sites are listed at https://iaboscoc.org/regions#header1
  - For housing program related complaints, grievances will be directed to the appropriate housing provider for resolution.

Retaliation

Iowa Balance of State Continuum of Care policy is that the Continuum of Care, its member agencies and its Coordinated Entry System agents and partners shall not retaliate against a person who files a charge of discrimination, participates in a discrimination proceeding, or otherwise opposes an unlawful practice.

Emergency Services

Defined access points must provide direct, or make arrangements through other means, universal access to crisis response services for consumers seeking emergency assistance at all hours of the day and all days of the year.
Each CSR must document their planned after-hours emergency services approach. After hours crisis response access may include telephone crisis hotline access, coordination with police or emergency medical care.

Safety Planning

Each CSR must provide necessary safety and security protections for persons fleeing or attempting to flee domestic violence, family violence, stalking, dating violence, sexual assault, human trafficking, or other domestic violence situations. At minimum, people fleeing or attempting to flee will have safe and confidential access to the CE process and victim services, including access to the comparable process used by victim services providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter.
Domestic violence training focused on safety, trauma-informed care, and cultural sensitivity will be completed at least once every three years for all providers involved in the CES. Training will be conducted in a uniformed manner to ensure consistency across the entire BoS.

Veteran Access

Veterans may access Coordinated Entry through any access point in their region. In turn, the VA should be making veterans aware of the Coordinated Entry lead for each region. In an effort to assist veteran households as soon as possible, veterans can get entered into SSVF programs (if

eligible) to start working on housing resources prior to them actually receiving a move-in date. This will satisfy the VA technical requirement to not delay services to eligible veterans.

However, the veteran should NOT be marked as referred to SSVF in HMIS until AFTER the regional pull meeting to ensure the veteran shows up on the list for all eligible programs, including PSH programs, guaranteeing full client choice and meeting the obligation of the core tenets of Coordinated Entry at the same time. After the pull meeting, if the veteran is determined to only be eligible for SSVF, a referral may be recorded in HMIS at that time for the SSVF program which had initially entered the client. If the veteran is determined to be eligible and a better fit for another intervention such as PSH, then the client can still receive case management through SSVF while working with the other providers in coordination with each other.

Mainstream Services

The CoC's must implement a screening protocol to assess each client's potential eligibility for the following mainstream resources or services:
- Housing, including Public Housing Authorities
- Medical benefits
- Nutrition assistance
- Income supports
- Veteran Assistance Programs

ASSESSMENT

The CE process may collect and document participants' membership in Civil Rights protected classes but will not consider membership in a protected class as justification for restricting, limiting, or steering participants to particular referral options. All defined access point providers must administer the Iowa Balance of State Coordinated Entry guidelines as defined by the Iowa BoS Continuum of Care. If access points or assessment processes are conducted or managed by providers who do not receive HUD funding, those providers must still abide by assessment standards and protocols defined by the CoC. Coordinated entry will operate using a strength-based, trauma-informed, client-centered approach, allowing consumers to freely refuse to answer assessment questions and/or refuse referrals without retribution.

The CE utilizes a standardized assessment tool, the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT, VI-F-SPDAT, TAY-VI-SPDAT, PR-VI-SPDAT and JD-VI-SPDAT) for literally homeless individuals. If an individual is seeking homeless prevention, they will be assessed using the standardized Homeless Prevention Assessment Tool. These tools assist the provider in consistently evaluating the level of need of individuals and families accessing services to achieve fair, equitable, and equal access to services within the CoC. The standardized assessment tools are used to prohibit the CES from screening people out of the process due to perceived barriers to housing or services, including but not limited to: too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

The assessment can be conducted by any provider who has been trained on the tool through a half hour training video provided by the Coordinated Entry Leadership Team. The Coordinated Entry committee will provide updates and distribute information as needed.

- When an individual or family contacts a service provider for housing assistance, a Prevention/Diversion Screening Form is completed as an initial screen to determine basic eligibility. This form can be completed in person or over the phone. Whether diversion or prevention is achieved, the information is entered into HMIS. Guiding principles for this process:
- The Prevention/Diversion Screening tool will be the same regardless of access point;
- If the program that is screening is also a service provider, the Prevention/Diversion Screening tool can be combined with the VI-SPDAT;
- The Prevention/Diversion Screening tool is meant to shelter or divert an individual or family experiencing or at-risk of homelessness; and
- The Prevention/Diversion Screening tool may be administered differently based on region (i.e. centralized, phone, no wrong door, multiple door approach) and may include additional information if needed for specific regions' initial emergency placement.
- If the individual or family is currently experiencing homelessness, the appropriate version of the VI- SPDAT is completed either in person or over the phone (refer to the VI-SPDAT definition for guidance on the appropriate VI-SPDAT to use). Guidelines for the administration of the VI-SPDAT are as follows:
    - If the individual or family is seeking homeless prevention, a Homeless Prevention Assessment Tool should be completed to prioritize them for prevention assistance if a CSR has adequate prevention services for it to warrant prioritization.
    - If the individual or family is currently living in a place not meant for human habitation, the appropriate VI-SPDAT should be completed at initial point of contact.
    - If the individual or family is currently in emergency shelter, the appropriate VI-SPDAT must be completed after 7 days of entering shelter and must be completed in person. It is recommended to wait 14 days before administering the VI-SPDAT to give the individual or family time to resolve their housing situation on their own.
    - If the individual or family is applying for transitional housing, rapid re-housing, or permanent supportive housing, and a VI-SPDAT has not been previously completed, it will be completed at the initial meeting/assessment for placement on the prioritization list.
    - If the individual is currently in an institutional setting (e.g. jail, substance abuse treatment facility, hospital, etc.), the VI-SPDAT may be administered if their current stay is less than 90 days and they met the definition of literally homeless immediately before their stay in the institution began.
    - If the individual or family refuses to answer questions on the VI-SPDAT, they still have the right to access emergency sheltering services and should still be placed on the Prioritization List. The individual or family will be placed on the bottom of the Prioritization List with a score of "O" and should be made aware of the placement on the list.

- For overflow and/or night by night shelters, the CSR must develop policies on when to administer the appropriate VI-SPDAT to ensure consistency across the region.
- If the individual or family meets the threshold for acuity the BoS Coordinated Entry Assessment is completed, the Iowa Balance of State Coordinated Services Network Client Informed Consent and Release of Information is signed, and the information is placed on the Prioritization List via HMIS.

Whether the VI-SPDAT/Homeless Prevention Tool is first conducted on paper or directly input into HMIS, all assessments must be recorded in either the HMIS Prioritization List or the local non-prioritization list within 48 hours of when the information was first collected. As stated above, an individual or family may choose to not provide any information, this does not deny them access to Coordinated Entry, but will cause them to rank at the bottom of the Prioritization List.

If the individual/family is not prioritized for any interventions, the provider administering the assessment tool should explain why and what other services will be available to them (i.e. shelter case management, connection to mainstream resources, help connecting with family or friends). The consumer should be referred to the appropriate emergency shelter or other housing crisis resource, if needed, where they will receive case management and other services to help them access housing. The assessment process ends for the consumer at this point.

Initial Screen of Domestic Violence Survivors

The Domestic Violence Victim Service Providers (DVVSP) in the Balance of State must administer the VI-SPDAT/Homeless Prevention Tool for their consumers who are seeking services from other housing service providers through the coordinated entry process.

The DVVSP will follow this procedure:
- The appropriate version of the assessment tool is completed either in person or over the phone.
- DVVSP will generate the parallel Prioritization List for their consumers with de-identified names either manually via excel file or via the DVIMS system.
- The DVVSP brings their agency lists to the Regional Coordinated Entry Prioritization meetings to discuss their consumers and where they rank in comparison to the main BoS Prioritization List.
- Agencies need only to divulge the assessment score and will only need to discuss additional data elements for tie breaking purposes.
- DVVSP will work with housing providers at the prioritization meeting to determine the best placement and referral for the consumer.
- The domestic violence service provider will advise the consumer and relay the information that the service is available and ask the consumer if they would like to receive the service. The DVVSP then communicates the consumer's intentions to the housing provider. The DVVSP will need a signed release of information and waiver of non-disclosure in order to share the consumer's name with the housing provider for cases in which the consumer intends to use the housing provider's service.
- Since DVVSPs (Domestic Violence Victim Service Providers) are limited in the ability to share consumer data, they must actively communicate with other regions about the

consumers on their Prioritization List that are willing/wanting to relocate, whether they are fleeing an abusive situation or not. If a consumer wishes to relocate, the DVVSP must work with the consumer to identify which regions the consumer is wanting to relocate to and actively communicate with the CSR Lead in that region(s) to get the consumer included and prioritized for services. This also includes regions where the DVVSP are the CSR Leads, meaning that if the DVVSP is entering all referrals (regardless of DV status) into the DVIMS system for CE, they will have to communicate with all regions for consumers willing to relocate to assure their region is providing the same level of opportunity and services as other CSR's for their consumers.

PRIORITIZATION

Prioritization of persons with the highest acuity, the presence of the largest number of severe needs, is perhaps the most important aspect of Coordinated Entry. Outreach, or concerted efforts to find the highest need people to prioritize for housing is critical. People with the highest need for housing are least likely to walk into an office or avail themselves of resources and opportunities. These resources and opportunities must be taken to them.

When regions are prioritizing, they make a commitment to making things work faster. The path from literally homeless to permanent housing should be clear, transparent, and as rapid as possible. When prioritization is coupled with programs that operate from a Housing First philosophy, homelessness can be ended quickly and effectively.

It is imperative to note that prioritization is not to be used for services such as entry into emergency shelter, allowing for an immediate crisis response, and people fleeing domestic violence/sexual assault that are seeking safe shelter. Prioritization is used to identify the next step after accessing emergency services, such as transitional housing, rapid re-housing, and/or permanent supportive housing.

Additionally, permanent supportive housing projects choose how they will provide units/beds specifically for those experiencing homelessness by providing a 100% Dedicated or a DedicatedPLUS process.

100% Dedicated is a PSH project that commits 100% of its beds to chronically homeless individuals and families.

DedicatedPLUS is a PSH project where 100% of the beds are dedicated to serving individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum meet one of the following criteria: (1) experiencing chronic homelessness (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the TH project (3) residing in a place not meant for human habitation, emergency shelter, or safe have; but the individual or families experiencing chronic homelessness had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement (4) residing in a transitional housing funded by a joint TH-RRH project and who were experiencing chronic homelessness priority to entering the project (5) residing

and has resided in a place not meant for human habitation, a safe haven, or emergency shelter.

When there are no chronically homeless individuals/families, projects will follow the order priority as listed for PSH projects not dedicated or prioritized for serving chronically homeless individuals/families.

- First priority- Homeless individuals/families with a disability with long periods of episodic homelessness and severe needs.
- Second priority- Homeless individuals/families with a Disability with severe service needs.
- Third priority- Homeless individuals/families with a disability coming from places not meant for human habitation, safe haven, or emergency shelter with severe service needs.
- Fourth priority- Homeless individuals/families with a disability coming from Transitional Housing.

The matching process and eventual referral linkage process will consider a set of prioritization criteria for each project type. The order of referral priority on the Prioritization List will under no circumstances be based on disability type or diagnosis. Prioritization will be based on VI-SPDAT score, chronic homelessness status, length of time homeless or on the streets, currently fleeing domestic violence, Veteran status, and family/youth status (if the youth is not being served by a youth provider).

Homelessness Prevention services are also available to be prioritized based on the Homeless Prevention Assessment score for need based on current available resources and supports as opposed to a first come first served basis.

The HMIS Lead will work with all participating agencies to create one Prioritization List for each CSR. Agencies that use ServicePoint will be able to make referrals using the BoS Coordinated Entry Assessment. Anyone in a participating agency with a ServicePoint user license can make a referral to the Prioritization List. Individuals and families being referred to the Prioritization Lists do not need to be enrolled in a program at the agency making the referral.

Agencies making referrals to the Prioritization List will be responsible for following up with the individuals and families they refer to determine whether the individual or family is still in need of housing assistance. Follow-up contact must occur every 90 days at a minimum. If the individual or family is still in need of housing, the agency should update contact information, if necessary. If the individual or family is no longer in need of housing, the agency can complete the removal process in the BoS Coordinated Entry Assessment to remove the individual or family from the Prioritization List. Providers that contact a referred household to offer services and find out the household is no longer in need, can also complete a Prioritization List removal in ServicePoint, even if that provider did not make the referral.

In some cases, resources in a CSR are insufficient in meeting the level of need for a particular type of housing or supportive service. In other cases, no resources are available and such projects need to be developed. Regardless, the coordinated entry process still should focus on prioritizing the highest need people for whatever resources are available and on developing alternative referral strategies until new resources are added. Coordinated entry can play a critical role in helping to document these gaps in the crisis response system and justify increased funding to meet the need.

People in a housing crisis who are not likely to be rapidly housed by a project should not be put on the waiting list and told that it is the resource they are waiting for that will end their homelessness. Instead, CSRs should work with people on alternative housing plans, including applying for affordable housing in the community, increasing income from employment and benefits, and exploring other housing opportunities available through the person's personal support network. Alternatively, if a person is prioritized for PSH but only RRH resources are available, coordinated entry should have that person access RRH as a bridge or temporary placement, without it negatively affecting their PSH eligibility.

Data collected during the assessment process cannot be used to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Individual programs may use disability status or other protected class information to limit enrollment, but only if Federal or State statute explicitly allows the limitation (i.e. HOPWA-funded programs may only serve participants who are HIV+/AIDS).

Emergency Prioritization Changes

When the State Governor, Iowa Department of Public Health, or other government entity has declared a state of emergency due to a public health crisis, natural disaster, or other crisis (whether statewide, regional, or local) that requires the necessity to move clients out of congregate living as soon as possible, the Balance of State Coordinated Entry process can move to temporarily suspend dynamic prioritization. Housing the most vulnerable is still preferable, but regions can shift to housing those who are able to attain and sustain housing quickly based on income and consultation with case managers. Depending on the type of emergency, prioritization populations may look different. However, people at high risk of being directly impacted by the crisis, such as those 65+ or those with underlying medical conditions should be prioritized due to being a vulnerable class. Providers should also consider the compounding effect of the crisis and systemic inequities that affect people of color and marginalized populations. For example, housing barriers such as criminal records, poor credit history, and history of eviction – all of which disproportionately impact people of color and contribute to difficulties accessing and maintaining housing.

When resources and funding allow large numbers of people experiencing the crisis to be moved into permanent housing, then dynamic prioritization may be unnecessary, and can be suspended.

The emergency prioritization policy may be enacted on state or regional levels. If a region is facing a crisis, they should notify the Coordinated Entry Committee to request the ability to suspend dynamic prioritization for a period of up to three months, which can be extended if necessary.

Regions will determine the specifics in implementing the change, whether that be scheduling more pull meetings or allowing agencies to pull households between meetings.

This change will be in place only during a state of emergency, or when approved by the Coordinated Entry Committee.

HMIS and Prioritization

1. Rehousing Prioritization
    1. If the individual or family is literally homeless or fleeing domestic violence, is encountered in shelter, on the streets, by phone, or other access point, the proper VI-SPDAT is performed at the appropriate time and then recorded in HMIS immediately (see the VI-SPDAT definition to determine which VI-SPDAT to complete).
    2. Individuals and families can be assessed via the VI-SPDAT, even if they are not actually entered in a program. No project entry is required for referrals to the Prioritization List in HMIS. Individuals and families will be placed on the Prioritization List based on the initial score obtained at the original point of contact.
    3. Regions ideally meet once per week, with all housing providers and DVVSP around the table, and house people by acuity and eligibility. Reminder that the DLA is responsible to ensure that all parties involved in participating in the CSR Prioritization List Review meetings have signed a Memorandums of Understanding (MOU) to discuss consumer's confidential information. MOU's will be between the DLA and other community members not covered by the HMIS Client Informed Consent and Release of Information form. Scoring based on the VI-SPDAT and the next steps are:
        1. Score of 0-3 on the VI-SPDAT or the VI-F-SPDAT, it is recommended the individual or family be diverted and not entered into a program.
        2. Score of 4-7 on the VI-SPDAT or 4-8 on the VI-F-SPDAT, the individual or family should be housed in a Rapid Re-Housing Program, if available. This includes SSVF programs for eligible Veterans.
        3. Score of 8+ on the VI-SPDAT or 9+ on the VI-F-SPDAT, the individual or family should be housed in Permanent Supportive Housing (PSH), if available. This includes HUD VASH programs for eligible Veterans.
        4. If PSH programs are not available, regions should consider placing people scoring 8-12 on the VI- SPDAT or 9-13 on the VI-F-SPADAT in a Transitional Housing Program, if available.
        5. Tie breakers are used for identical scores and are as follows: Chronic Status, Length of Time Homeless or on the Streets, Currently fleeing DV, Veterans, Youth. When all is equal, those on the list longer will take priority.
        6. Programs using the TAY-SPDAT are encouraged to follow the above listed scores as closely as possible when looking at housing placements.
        7. Programs using the JD-VI-SPDAT should enter the score as the single VI-SPDAT in HMIS as the scoring results are the same.
2. Prevention Prioritization
    1. The goal of prevention assistance is to prevent people from losing their housing and needing to enter shelter. limited resources exist as financial assistance to households at imminent risk of homelessness. To improve the chances of success for households served, services are offered to assist in maximizing whatever income households have, including linking them with additional benefits they qualify for and referring them to education and employment programs. Households should receive the minimum amount of assistance necessary to stabilize in housing and keep from becoming literally homeless.
    2. There are currently no tiebreakers built into the Homeless Prevention prioritization system. Due to this, it is imperative that providers add comprehensive notes regarding the client's current situation, and what interventions/assistance is needed. This allows for

provide clients from the prioritization list based not only on assessment score, but on the urgency of a situation.

3. Households receiving assistance will meet HUD's criteria for defining "At Risk of Homelessness." Funding decisions will be based on the following:
    1. Prioritization score; and
    2. Urgency of housing crisis; and
    3. Housing can be safely preserved with an immediate financial intervention; or
    4. Household can be immediately relocated and stabilized with an immediate financial intervention.

4. For Prevention Screening, utilization of the Homeless Prevention Tool and recommendations of services provided are as follows:
    1. Score of 0-15: No assistance provided. Programs may however provide referrals to mainstream resources.
    2. Score of 16-23: assistance is provided as resources allow. It is important to consider financial and/or case management support.
    3. Score of 24-31: It is recommended that financial and/or case management supports be provided.
    4. Score of 32+: Strong recommendation for financial AND case management supports.

3. DVVSPs will bring their own agency prioritization lists for comparison and placement in conjunction with the official Prioritization List from HMIS, only divulging assessment scores and tie-breaker information as needed.

4. If the programming options that best meet the consumer's needs are not available in the region, the next best housing option should still be offered to the consumer. Reminder it is the consumer's choice as to which program they go into, despite what they may qualify for. Also, not all permanent supportive housing programs can accept a consumer currently in a transitional housing program. Be sure each DLA is aware of the guidelines of local housing programs.

5. Those families or individuals that refuse to provide any assessment information can still be placed on the Prioritization List with a score of zero (0) as they cannot be ranked above consumers with a valid assessment score. Consumers that refused certain questions in the assessment may amend their answers at a later time and their score can be updated to reflect the more complete assessment.

6. Families and individuals ought to be reassessed per new episode of homelessness. Reassessments may also occur if the families or individuals present with significant changes that may impact overall score (i.e. changes in family size).

7. If a family or individual is continuously literally homeless, CSR's can opt to re-evaluate the family or individual's needs at 90 days to determine if the overall score changes.

8. If a family or individual scores within a specific programmatic range and has either been unsuccessful with that intervention previously, and/or is struggling with securing housing after 180 days, CSR's can re- evaluate at 6 months to determine if the overall score changes.

PULL MEETING GUIDANCE

Regions will hold meetings on a regular basis to pull households off the Prioritization List and into housing programs. These meetings should be held at the same time each week and should

ensure access for outside agencies via conference call or other conferencing technology. Due to the statewide nature of the Coordinated Entry process, each region across the Balance of State must meet at a different time so that agencies who have clients that wish to relocate may participate in another region's pull meeting to advocate for their client, especially DVVSP who have private lists.

Some regions may not have the need to meet every week due to a limited number of housing opportunities in their region, but the region should still hold that time and meet at least every other week to discuss clients on the list and other housing opportunities that may be available.

All agencies and community partners present at the pull meetings must have an MOU on file with the lead agency/and ICA and have been disclosed to ICA to be included on the Coordinated Services Network Release of Information Participating Agencies addendum. If that process has yet to be completed those individuals/agencies must be asked to leave prior to the names being discussed on the Prioritization List.

All CoC, ESG, and ERA2 funded programs will use the CES Prioritization List as the only referral source from which to fill vacancies in housing and/or services funded by CoC and ESG programs. At each weekly pull meeting agencies will discuss the Prioritization List, starting with the highest scoring clients and moving down. If a household scores within the range of one type of project but there is no space in programs of that type, the next best housing option should be used. If the programming options that best meet the client's needs are not available in the region, the next best housing option should still be offered to the client. The household scoring highest that meets all eligibility criteria for a program should be pulled into that program (ex: must be a Veteran for SSVF, must identify as having HIV/AIDS for HOPWA programs, etc.) While regions may focus on those households currently presenting in their region, care should be taken to ensure that the meetings work as a statewide system and regions are pulling from the top of the Prioritization List for each housing opening regardless of that household's region.

In addition to the Iowa Balance of State CoC Coordinated Entry Policies and Procedures, the following are recommendations from the CSR Committee Support Workgroup for regional pull meeting operations:

1. Pull meetings should be held once every two weeks at minimum.
2. All attendees must have an MOU on file with ICA to remain in the meeting. If there is an attendee without a recorded MOU, they will be asked to leave the meeting or removed from the meeting.
   a. The list of agencies with current MOU's on file can be found here: https://iowainstitute.sharepoint.com/:x:/s/IABOSCE/EfLC0W-HUKFJlyYbLdK5CPsByM3NweixlR4pzRjJPzes-Q?rtime=Nixb2kOM2kg
3. The prioritization list should be shared with pull meeting participants both via email prior to the meeting, and during the meeting via screen share.
   a. HMIS prioritization lists should be password protected before being sent to other entities.
   b. DVIMS prioritization lists do not need to be password protected since they do not include identifying information.

4. Case conferencing should regularly occur to discuss clients that may have changes in their situation, or clients that have been pulled but are unable to be contacted.
   a. These discussions should focus on the clients housing need, community collaboration (e.g., wrap-around services), and contact information if needed.
5. Discuss specialized agency openings first, to ensure clients who qualify for those programs are given the opportunity to receive specific services.
   a. For example, if a client is a DV survivor they would probably be best served by a DV agency. If the DV agency is unable to pull the client, then they should be pulled for any openings with general population programs. This guidance also applies to veteran programs, youth, and any other population specific openings.
6. When discussing client situations, only information relevant to housing or current needs should be provided. The CE ROI for clients only covers things directly related to housing. If there is additional information being shared about the client, staff should stop the conversation and move forward with the meeting.
7. If there is a potential for safety concern, that information should be provided privately to the agency pulling the client after the pull meeting.
8. Clients should only be pulled from the list if there are available program openings.
9. Participants should review the minutes from the previous pull meeting.
10. Review of the full regional prioritization list (without filtered referrals) should happen at least quarterly to ensure the list is up to date and clients are still receiving services or still in need of services.
    a. This list should also be sent out to pull meeting participants and be password protected. Reviewing the full list will help with list management, data quality, and streamlining services.

Emergency Pull Guidance:

Emergency Pulls are defined as a situation where a client will immediately lose their housing if they must wait until the next regional pull meeting to be referred to services. Most of these situations revolve around homeless prevention clients, and unless a payment is received immediately/within a few days the client will be evicted. The guidance of the Support Workgroup is to try to make emergency pulls as rarely as possible. However, if you have a situation where you may need to do this, the following are recommendations:

1. Try to ensure the program the client is being pulled for is the best fit for them.
2. If there are multiple clients on the prioritization list with the same score as the emergency client, then staff should review the clients' situations and determine if those factors may constitute an emergency need.
3. When making an emergency pull, you should email the other pull meeting attendees to notify them. In this email, please include information about the client (client ID, score, etc.), information about the need for the emergency pull, and how you determined the client should be pulled immediately.
4. If other participants in the region feel this client should not be pulled, the situation should be discussed at the next regular pull meeting.

If you have any questions about these recommendations, please reach out to the Coordinated Entry Manager, Cassandra Kramer, at Cassandra.kramer@icalliances.org.

Defining "Active" Participation

For an agency to be considered an active participant in the Coordinated Entry System, the following should occur:

1. Attendance at local regional pull meetings should be no less than 75%. If staff cannot attend a meeting due to scheduling conflicts, notifying the DLA of the absence, and providing any updates *prior* to the scheduled meeting will count as attendance.
2. If an agency has a change in the point of contact for pull meeting information or referrals, that information should be provided to the DLA to ensure a representative is included on invitations and minutes.

Maximum participation by an agency would include high attendance percentages, active discussion of clients, consistently "pulling" clients into services, and consistently adding clients into the CES. Understanding that some agencies serve a smaller population than others, the CE Participation Report should be used to determine actual client counts.

Statewide List

Regions should be pulling the statewide list of clients (those in their region as well as those who want to relocate) regularly. Agencies that complete an assessment for a household that wishes to relocate to an area where a DV agency is the lead (currently North Central, Northeast, Northwest and South Central/West regions) must contact the lead agency in that region to notify them of the client who wishes to relocate. Every attempt should be made for the assessment agency to be on the call for the regional pull meeting for the region the client wants to relocate to.

Transfers

The Permanent Supportive Housing (PSH) Transfer Request Form is centered around Housing First and client-choice practices. The Coordinated Entry Transfer Request Form does not cover:

- Transfer requests due to fleeing/experiencing domestic violence, dating violence, sexual assault, staking, and/or human trafficking. Please utilize the Emergency Transfer Planning process for these requests.
- Transferring clients when a HUD CoC-funded project is closing. When CoC-funded projects close, the CoC staff will work with the applicable agency to develop a plan of action to ensure that, to the extent possible, no participants return to homelessness.

Internal Transfers: Participants can request an internal transfer between PSH projects within the same agency. The housing provider must complete the Transfer Request Form, which includes the reason for transfer.

External Transfers: Participants can request a transfer to another PSH program with a different agency, if the participant meets eligibility. The current housing provider must complete the Transfer Request Form and submit it to the potential new housing provider.

In all cases, a release of information must be obtained to share across projects and providers to ensure client confidentiality. All requested information must be kept within the client file in all project locations. Requests will be approved on the condition that appropriate housing is available, and the transfer is warranted. A written response determination will be provided to the requesting program which will include the rationale for denials. If a client is denied, the current housing program will continue to assist the client with their housing situation.

Reason for the transfer request.

- Conflict & Safety Concern- Space has become unsafe for household, but does not qualify under VAWA housing protection, such as someone has taken over the unit and household can no longer live there, violence taking place in the apartment building, or tenants in building harassing client. (Not crime within the neighborhood that is not specifically targeting household or building.)
- Reasonable Accommodation and/or Modifications- Household is unable to live in home due to accommodations that cannot be made such as requiring an elevator or large door frame for wheelchair in building without these features, larger units due to medical equipment or needing an additional room for a live-in aid. (Should not include items that can be put into current projects such as grab bars or lift.)
- Change in Household Composition- Family size changes so household requires a smaller or larger unit. (Not a desire for a larger unit, has not be based on household size.)
- Client Choice- Household would be able to reach employment and education goal, or not have their health jeopardized living in a different location that cannot be obtained by the current program such as needing to be located closer to a medical facility for necessary service such as dialysis. (Not geographic preference that in unrelated to these noted areas.)

REFERRAL PROCESS

The CE process includes uniform and coordinated referral process for all beds, units, and services available at participating projects. Each program will establish and make publicly available the specific eligibility criteria the project uses to make enrollment determinations. It is up to the DLA in each CSR to collect this information from all participating programs. All CoC, ESG, and ERA2 funded programs will use the CES Prioritization List as the only referral source from which to fill vacancies in housing and/or services funded by CoC and ESG programs. CSRs will hold regular meetings to review the Prioritization List. It is recommended the meetings happen on a weekly basis, or at a minimum of every other week. At each CSR meeting agencies will discuss the Prioritization List, starting with the highest scoring consumers and moving down. If any community partners attend these Prioritization List meetings, a signed MOU must be on record with ICA to be included on the Coordinated Services Network Release of Information participating agencies addendum. If that process has yet to be completed those individuals/agencies must be asked to leave prior to the names being discussed on the Prioritization List.

If any physical copies of the Prioritization List are generated for these meetings, they must be kept confidential and destroyed securely upon completion.

Providers will review consumers on the Prioritization List for possible project entry. Additional information may be needed, either from the consumer, through follow-up from the referring agency, or through the consumer's current case manager, to ensure specific project eligibility requirements are met.

Consumers may be placed on the Referral List on the Prioritization List by completing the "Coordinated Entry Event" section of the Coordinated Entry Assessment in ServicePoint. If it is determined later that the client does not meet the minimum requirements for the specific project entry they were referred to, the referral may be closed out as a "client rejection or a program rejection" depending on the situation. Once closed out, the client can be referred to another housing program during the next pull meeting. Closing out a referral does not remove a client from the prioritization list or affect their placement on the list. Providers will work to ensure that the least number of referrals are open at any one time, and the referrals should be up to date by pull meetings to ensure the most accurate information is being presented.

Assign with Consumer Choice Process

Sometimes potential program participants might feel strongly that they want to be referred to one type of project, but their assessment results suggest a different type. Similarly, assessment protocols might send provider referrals it does not feel able or well suited to accommodate. Coordinated entry requires the referral system to include a mechanism for addressing such incompatibility concerns.

Programs will provide safe, affordable housing meeting consumers' needs in accordance with the coordinated entry process, based on acuity and eligibility. Programs will provide rapid and successful entry into permanent housing for each eligible household, by acuity, with as few barriers as possible. Coordinated Services Regions will focus their attention on the ability of all consumers in the region to access the appropriate housing intervention.

Steps:
1. In providing or arranging for housing, programs consider the specific household needs of the individual or family experiencing homelessness.
2. Programs assist households in finding suitable housing quickly and effectively and do so guided by consumer input and choice.
3. Programs agree to only accept referrals through the coordinated entry system, closing all side doors to permanent housing placement.

Consumer choice should remain at the center of any referral and placement, with the consumer being completely informed of the steps and processes necessary to move from homelessness to permanent housing. CSRs decide how the referral process will work in their region. However, the process should include, whenever possible, a warm hand-off of the consumer to the referred agency, which could include either a phone call or email with a method for transmitting intake materials including the completed Prevention/Diversion Screening Tool and/or the VI-SPDAT/Homeless Prevention Assessment Tool. Regions should take into consideration resources for transportation to get consumers from screening site to referred agency, if applicable. Policies

developed at the regional level will be submitted to the CEC and added as an addendum to this document.

Reminder that consumers have the option to refuse the housing option recommended for them. If the consumer refuses the recommended housing option and chooses another available housing option, their name will stay on the Prioritization List until an opening is available, and as long as the consumer remains homeless. It is up to the CSR on how many times a consumer can attempt a specific housing intervention before the consumer's choice is more limited to ensure success in housing based on available resources.

Relocation

When completing the initial Coordinated Entry assessment with a client or household, the survey asks if the client is willing and able to relocate to a different region. If the client says yes, then the access point staff should engage the client in conversation around where they want to relocate. As this is a serious conversation about where the client wants to live, the access point staff should record notes about this conversation, specifically around areas where they are willing to relocate or any places they are not willing to relocate. These should be documented in the Client Prioritization Notes section of the assessment. These notes will pull as a separate tab on the Iowa Balance of State Prioritization List and will help regions to assess whether a client from another region would be willing to relocate to their region when housing is available. While the notes section is not a required data element to enter in HMIS, it is imperative that this is completed to make the statewide Coordinated Entry process work.

The notes section can also be utilized for clients who may be assessed in one region and then move to another region for temporary housing. In this situation, it is important to remember that a client should not be added to the Prioritization List more than once, so in presenting for services in another region, that region should edit the original addition to the Prioritization List with the new region and any changes since the original assessment.

If a client does not authorize the access point to share their personal information (i.e. their HMIS record is locked down), then the region must have someone represent that household at the regional pull meetings in the regions the household wants to relocate to. This includes DV agencies who assess households through the CE process but are unable to share their information due to confidentiality concerns. Updated information about call in numbers and the times of the meetings can be found on the shared Google Drive in the Coordinated Entry folder. The only information shared about the clients willing to relocate should be assessment scores and family size, with tiebreaker information ready to share if needed. No client names should be disclosed without permission.

Rapid Rehousing to Permanent Supportive Housing Transition Policy

This policy is to assist with the transition of clients in a Rapid Rehousing (RRH) program to a Permanent Supportive Housing (PSH) program when the current program is not sustainable. It is not a guarantee of Permanent Supportive Housing for those in Rapid Rehousing but is an option on a case-by-case basis.

Process when there is a PSH opening:

- Providers should email the regional pull meeting list to ensure agencies are aware there is an opening and are prepared to discuss clients if necessary.
- During the pull meeting, review the prioritization list and pull any clients directly from the list for PSH openings based on score and eligibility.
- If there are no clients on the prioritization list scoring in the PSH range, the following should happen:
  - Clients actively enrolled in a Rapid Rehousing program who meet PSH eligibility criteria (chronic homelessness status) and who originally scored within the PSH range on the VI-SPDAT should be reassessed using the VI-SPDAT or VI-F-SPDAT to have an updated score. If the client scores within the PSH range on the updated assessment, they should be referred for the opening.
  - The agency working with the client through RRH should provide documentation of chronicity and disability to the PSH agency prior to the referral for services.
- If there are no clients referred from the above process, the next client on the list meeting eligibility, regardless of score range, should be pulled.

Multiple clients available for transition:

- Review the updated VI-SPDAT/VI-F-SPDAT scores to determine priority. Discussions may still take place for clients whose scores do not accurately reflect their need on a case-by-case basis.
- Clients under 30 days should not be recommended for transition.

Defining Chronic Homelessness

In 2015, HUD published the Defining Chronically Homeless Final Rule clarifying the definition of chronic homelessness, which applies to all program participants admitted after January 2016.

HUD encourages CoCs to prioritize funding for projects serving households with the highest level of need, including those that may be chronically homeless. However, only projects that serve individuals and families defined as chronically homeless must document chronic status for HUD.

In order to be eligible for housing restricted to chronically homeless individuals or families under the CoC program, participants must me the definition of chronically homeless. The definition of chronically homeless is:

- A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:
  - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, **and**
  - Has been homeless and living as described for at least 12 months* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness

separating the occasions included at least 7 consecutive nights of not living as described.

- An individual who has been residing in an institutional care facility for less, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility**; **or**
- A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

*A "break" in homeless is considered to be 7 or more nights.

**An individual residing in an institutional care facility does not constitute a break in homelessness.

Documentation Requirements can be found here: https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness/recordkeeping-requirements/

Defining Documented Disability

In the Defining "Chronically Homeless" Final Rule (2015) disability is defined as one or more of the following:

- Physical, mental, or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, brain injury or a chronic physical illness that:
  - o Is expected to be long-continuing or of indefinite duration; and
  - o Substantially impedes the person's ability to live independently; and
  - o Could be improved by more suitable housing.
- Developmental Disability: Defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000. Means a severe, chronic disability that:
  - o Is attributable to a mental or physical impairment or combination; **and**
  - o Is manifested before age 22; **and**
  - o Is likely to continue indefinitely; **and**
  - o Results in substantial limitations in three or more major life activities, **and**
    - Self-care
    - Receptive and expressive language
    - Learning
    - Mobility
    - Self-direction
    - Capacity for independent living
    - Economic self-sufficiency
- Reflects need for:

- A combination and sequence of special, interdisciplinary, or generic services; **or**
- Individualized supports; **or**
- Other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

*Many programs have specific requirements for documented disability. Work with local PSH programs to make sure you are aware of those requirements.

REMOVAL PROCESS

Only when the consumer has been housed by said agency will the accepting agency complete the Prioritization List removal section of the Coordinated Entry Assessment via HMIS to remove the consumer from the list. Through that process the agency will report what project type the consumer is being entered into and ultimately their permanent housing date (for RRH and PSH projects only). For TH projects, the CSR will determine when a referral will be removed from the Prioritization List. Factors to consider may include but are not limited to the type of TH program (scattered-site vs. cluster-site, for specific population only, additional available housing resources). The CSR must include the local procedure for removal from the Prioritization List for TH programs to the CEC for approval.

Consumers may also be removed from the Prioritization List without being housed by an agency due to self- resolution or no longer being able to be found and contacted. The CSR entity that adds consumers to the Prioritization List are responsible for regular check-ins with consumers to make sure they are still in need and available for housing. If a consumer cannot be located or contacted after 90 days they will be removed from the prioritization list via HMIS by the agency that added them and select the appropriate reason for their removal without placement.

For regions utilizing the Balance of State Call Center to create 24-hour access to the Coordinated Entry System, it is the responsibility of the Designated Lead Agency to monitor these clients for referrals made to an agency outside of the Coordinated Entry system, as well as provide check-ins with clients and remove clients from the Prioritization List when necessary.

COORDINATED ENTRY POLICIES

This section outlines and defines the policies governing Coordinated Entry.

JOINING COORDINATED ENTRY

All programs that receive CoC, ESG, or ERA2 funding are required by their funders to participate in coordinated entry. Programs that receive SAF funding are strongly encouraged to participate in the coordinated entry process as well. Other programs are encouraged and welcome to join coordinated entry. Programs that are not required by their funder to participate in CE will sign a Memorandum of Understanding agreeing to participate in the system for a minimum of six months.

SYSTEM ADVERTISEMENT AND OUTREACH

Outreach and Community Education

Each CSR is **tasked with** contacting private and public agencies including those in the CoC, 211, VA, social service agencies, and state and/or local government agencies to educate and provide information on available programs. Outreach activities are **expected** to be done a minimum of once per year. These activities can be done in conjunction with the Point in Time Count or at another time as determined by the CSR. Each CSR is **expected** to coordinate with existing street outreach programs as well as private and public agencies, social service organizations, etc. for referrals, so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through Coordinated Entry.

Each CSR is **encouraged** to provide resources/information about Coordinated Entry to 24-hour establishments, restaurants, hospitals, hot meal programs, churches, schools, check cashing locations, and other places known to be frequented by the target population. In addition, each CSR is **encouraged** to explore various outreach activities such as hosting a booth at a local community event, resource fairs, festivals, and county fairs to provide information and resources.

Community education may include posting flyers at the locations stated above (as allowed), newspaper ads, radio, websites, etc., to generate referrals and client applications. The education topics should focus on people experiencing housing instability and should also clearly state eligibility requirements. Information about Coordinated Entry will also be available on the Iowa BoS CoC website located at http://iaboscoc.org/task-group.

DATA COLLECTION

Data will be collected on everyone that is assessed through Coordinated Entry. This section, in addition to instructions embedded within the assessment tool, will detail when and how data about consumers going through Coordinated Entry will be collected.

Once the Prevention/Diversion Screening Tool has been completed and the consumer is deemed eligible to be assessed, the staff member will review the Iowa Balance of State Coordinated Services Network Client Informed Consent and Release of Information with the consumer. The staff member will explain what data will be requested, how and with whom it will be shared, and what the consumer's rights are regarding the use of their data. The staff member will be responsible for ensuring consumers understand the Release of Information and their rights regarding data confidentiality. If they sign the form or verbally consent, the staff member will begin the appropriate version of the VI-SPDAT/Homeless Prevention Assessment Tool, either in ServicePoint or on paper, with relevant data entered into the data fields in HMIS within 48 business hours. *Please note that shelter guests are given a minimum of one week to resolve their homeless situation on their own before the assessment is completed.*

Some consumers should never be entered into ServicePoint. These include:
- Consumers who want domestic violence specific services should never have information entered into HMIS (ServicePoint). The assessment should be done on a paper form, the score recorded, and the form shredded. If the consumer is being served by a DVVSP, that agency may enter their information into a HMIS-comparable database.
- Consumers who do not consent to data sharing may still be entered into HMIS for their shelter stay. The agency must follow the correct procedure for locking the consumer

record but should not be entered into the Coordinated Entry Prioritization List. Those consumers not willing to share will have to be manually represented by the agency at the CSR meetings.

- Consumers under age of 18 without parental/guardian to sign the Iowa Balance of State Coordinated Service Release of Information consent can be added to the HMIS system, but cannot have their information shared, therefore they cannot be part of CE. Exceptions can be made for those individuals under 18 that have been emancipated by the courts.

Data collected during the assessment process cannot require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

DECLINED REFERRALS AND GRIEVANCE PROCEDURES

There will be times when programs will not accept a referral after interviewing the individual or family. Refusals are acceptable only in certain situations, including:

- The referred individual/family does not meet the program's eligibility criteria.
- The referred individual/family would be a danger to others or themselves if allowed to stay at this particular housing program.

If a housing program declines a referral, this will result in a case conference with the Coordinated Services Region to discuss the issue that caused the decline.

If a program is consistently declining referrals (more than 2 out of every 4) that are not the result of failures to meet project entry requirements, they will need to meet with the chair of the Coordinated Entry Committee and the Governance Task Group of the Iowa BoS Continuum of Care s to discuss the issue(s) that is causing the declines.

Individual Declines Referral

Individuals or families being referred have the right to refuse acceptance into any program. These individuals/families will remain on ServicePoint as open under Coordinated Entry. There will not be a limit to the amount of times a referred individual/family can refuse to enter into programs.

If the referred individual/family has gone through a program or does not want to work with the program/agency, the housing program can still contact the referred individual/family by phone and the individual/family is able to decline the interview. Immediately upon working with any individual or family, staff must provide the individual or family with the Coordinated Entry Grievance Policy. All individual's or family's concerns and grievances must be resolved promptly and fairly, in the most informative and appropriate manner. Agencies and providers shall inform individuals and families of the process listed below for filing a grievance.

The individual/family will remain on the Prioritization List and if the housing program, as a result, needs another individual/family to contact, the housing program will follow-up with the next name on the Prioritization List that meets criteria.

Client Grievances

All households served by the Iowa Balance of State CoC have the right to file a complaint or grievance if they feel they have been treated unjustly by the Coordinated Entry System (CES) or by any program or agency within the Iowa Balance of State CoC.

Iowa Balance of State CoC expects that all agencies and programs in the Continuum of Care homeless response system will use their agency's grievance process to ensure that client/participant complaints are dealt with quickly and fairly. Agency and program level grievance procedures are considered an informal grievance process for the CoC. As such, agencies and programs in the CoC are responsible to provide information and assistance to file a formal grievance with the CoC when issues cannot be resolved at the agency or program level.

Informal Grievance Procedure - Client

The Iowa Balance of State homeless response system has a participant grievance procedure to ensure that participants' complaints are dealt with quickly and fairly. Participants in programs and participants in CES are given a copy of this grievance procedure and a Grievance Form when the grievance is identified. Staff at homeless-designated housing and/or service programs as well as CES access and assessment sites should explain participants' rights to them and how the grievance procedure works, including that a staff member will help them complete the form and file the grievance if asked.

Steps in informal grievance resolution process:

1. Participant discusses grievance with whomever grievance is against (i.e., service provider agency) and works to resolve grievance informally between the parties involved. When the grievance is about CES, the CES lead staff for the agency should be involved in the conversation if possible.
2. If the grievance is not resolved through this informal process, the participant should file a formal grievance following the agency's grievance process.
3. If the grievance is still not resolved through the agency's formal process, the participant should submit a formal grievance to the Coordinated Entry Committee Chairperson following the process outlined on the next page.

Formal Grievance Procedure - Client

For grievances that cannot be resolved informally as described in the previous section, participants may submit a formal grievance to the CoC.

Steps in formal grievance resolution process:

1. Participant completes Grievance Form and submits to Coordinated Entry Committee Chairperson. The lead program or CES staff at the agency serving the participant is responsible for assisting the participant with the form if asked by the participant.
2. Coordinated Entry Review Committee reviews the grievance, attempts to substantiate the claims.

3. The committee then works to resolve the grievance with the participant. The committee will confer with the CES Lead Agency, CoC Lead Agency, and other CoC partners as necessary.
4. Committee facilitator will then provide a written response to the grievance within ten (10) business days of the review. Copies of the response will be forwarded to the CoC Lead Agency within ten (10) business.
5. If the participant is not satisfied with response to grievance, participant will be invited to participate in a case conference with staff from CoC Lead Agency, Grievance Review Committee, and other CoC partners as necessary.
6. If the participant is not satisfied with results of the case conference, the participant can then file a grievance with the Iowa Balance of State Continuum of Care Board for review.

If the grievance is against the Coordinated Entry Committee Chairperson, the Grievance Form should be submitted to the Coordinated Entry Committee Co-Chairperson to follow the resolution process above.

Agency/Program Grievances

All agencies and programs participating in the Iowa Balance of State CoC have the right to file a complaint or grievance if they feel they have been treated unjustly by the CoC or by another program or agency within the Iowa Balance of State CoC.

The Iowa Balance of State CoC expects that all agencies and programs in the CoC homeless response system will follow CoC expectations for conduct of agencies and programs. Expectations are outlined in CoC policies and procedures (including the Governance Charter, CoC Policy, CoC Member Agreement, CoC Coordinated Entry Partner Agreement, CoC Grantee MOU, etc.), and in funding agreements and any other policy or guide created by the CoC or an applicable program funder for the purposes of ensuring a transparent, fair, and effective homeless response system in the region.

Iowa Balance of State CoC also expects that, because the CoC is a community-led entity, most disagreements between agencies and the CoC or between agencies within the CoC should be addressed through either 1) peer-to-peer professional engagement as partners in the same homeless response system or 2) regular CoC decision-making processes for policies and priority-setting.

As such, the Grievance Policy for agencies and programs is limited to resolving the following types of issues:

● Verified conflict of interest violations
● Breach of Iowa Balance of State CoC-established policies and procedures
● Technical breach of regulations established by HUD or other applicable funding sources
● Technical error in procedures that is repeated and/or has material impact on agency/program ability to function
● Denial of right to participate in a reasonable manner in CoC decision-making processes
● Violation of client confidentiality requirements

Informal Grievance Procedure - Agency

The Iowa Balance of State CoC has a grievance procedure to ensure that agency/program complaints are dealt with quickly and fairly. This grievance procedure and a Grievance Form are posted on the CoC website and are accessible to all CoC agency/program participants. Agencies/programs will be directed to this process when the grievance is identified.

Steps for informal grievance resolution:

1. Agency/program staff person discusses grievance with whomever grievance is against (i.e., service provider agency) and works to resolve grievance informally between the parties involved. When the grievance is about CES, the CES lead staff for the agency(ies) should be involved in the conversation if possible.
2. If the grievance is not resolved through this informal process, the aggrieved agency/program should submit a formal grievance to the Coordinated Entry Committee Chairperson following the process outlined below and inform the other agency's staff and director or other lead contact of the grievance to be filed.

Formal Grievance Procedure - Agency

For grievances that cannot be resolved informally as described in the previous section, participants may submit a formal grievance to the CoC.

Steps in formal grievance resolution process:

1. Agency/program completes grievance form and submits to Coordinated Entry Committee Chairperson.
2. Coordinated Entry Review Committee reviews the grievance, attempts to substantiate the claims.
3. The committee then works to resolve the grievance with the agency/program. The committee will confer with the CES Lead Agency, CoC Lead Agency, and other CoC partners, as necessary.
4. Committee facilitator will then provide a written response to the grievance within ten (10) business days of the review. Copies of the response will be forwarded to the CoC Lead Agency within ten (10) business.
5. If the program/agency is not satisfied with response to grievance, agency/program will be invited to participate in a case conference with staff from CoC Lead Agency, Grievance Review Committee, and other CoC partners as necessary.
6. If the agency/program is not satisfied with results of the case conference, the agency/program can then file a grievance with the Iowa Balance of State Continuum of Care Board for review.

If the grievance is against the CoC Lead Agency, the Grievance Form should be submitted to the Coordinated Entry Committee Co-Chairperson to follow the resolution process above.

All grievances received will be recorded and maintained in CoC files along with details of resolution.

- If the grievance is related to discrimination of fair housing; contact: Local Civil Rights Commissions, if applicable, or the State of Iowa Civil Rights Commission at https://icrc.iowa.gov/ or via phone at 1-800- 457-4416.
- To file a formal fair housing complaint, contact: U.S. Department of Housing and Urban Development
  https://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp
- File a complaint online:
  https://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/online-complaint Or contact HUD regional office at 800-743-5323 or the main office at 800-233-3247 TTY (800) 300-7525.

Anti-Retaliation Policy

The Iowa Balance of State CoC provides agencies and participants who wish to file a grievance the opportunity to do so without retaliation from the party accused or any representative associated. Retaliation includes, but is not limited to harassment, intimidation, violence, program dismissal, refusing to provide services, use of profane or derogatory language to or in reference to the complainant, or breach of contract.

The Iowa Balance of State CoC will take immediate steps to stop retaliation and prevent its recurrence. These steps may include, but are not limited to:

- Technical Assistance
- Implementing a Corrective Action Plan
- Written report of grievance and retaliation to program funder(s)
- Discontinuing CoC Funding (Decision made at the discretion of the CoC Board)

The Coordinated Entry Committee Chairperson will request supporting documentation from the alleged victim of retaliation to substantiate the claims. Supporting documents may include police reports, emails, and eye-witness statements. If the Coordinated Entry Committee Chairperson is the accused party, the Coordinated Entry Committee Co-Chairperson will fulfill this role.

MONITORING AND REPORTING OF CE

All CSRs must adhere to the Iowa BoS Continuum of Care approved CE Monitoring and Reporting Plan. The CE Monitoring and Reporting Plan will include requirements for reports on performance objectives related to CE utilization, efficiency, and effectiveness. The specific CE Monitory and Reporting Plan will be published by the Iowa Council on Homelessness and updated on an annual basis.

The Iowa Balance of State CE Monitoring and Reporting Plan will include the following narrative and management report sections to be submitted annually by each CSR:

1. Narrative: A narrative description of the status of CE implementation during the reporting period. The narrative must be no longer than 1-page in length and identify the CoC's experience of barriers and challenges related to the implementation and management of Coordinated Entry and identify plans for expansion and improvements in the upcoming reporting period.

2. CE Management Report. An HMIS-generated CE management report covering the 12-month period coinciding with the State's fiscal year (i.e., July 1 to June 30). The CE Management Report will include the following performance indicators related to both the literally homeless list and the homeless prevention list:
   a. Number of individuals and households completing Coordinated Entry Assessment that were then added to the Prioritization List.
   b. Number of individuals and households by assessment score added to the prioritization list.
   c. Length of time from placement on Prioritization List to program entry.
      1. Average length of time from addition to list to referral to housing services.
      2. Average length of time waiting on Prioritization List until exit.
      3. Average length of time from Prioritization List addition to permanent housing date if entering project.
   d. Number of consumers removed from the Prioritization List
   e. Destination of individuals and households to each service strategy as a result of CE after Prioritization List removal:
      1. Rapid Re-housing
      2. Transitional Housing
      3. Permanent Supportive Housing
      4. Return to Homelessness
      5. All other/No exit interview conducted.

The following schedule identifies specific CoC reporting requirements, including required data, report structure, and submission deadlines:

CoC CE Evaluation Component	Format	Reporting Period	Due Date
CoC Annual Report (DLA/Region tasked with submission)	Narrative **AND** CE Management Report	July 1- June 30	August 30
CoC Quarterly Report (ICA Staff tasked with submission to Report Workgroup and DLA)	CE Management Report	I. July 1- September 30 II. October 1- December 31 III. January 1- March 31 IV. April 1- June 30	I. October 31 II. January 31 III. April 30 IV. July 31
CoC Stakeholder Feedback - Providers	Narrative report incorporating data from Participating Agencies Survey	July 1- June 30	August 30

CoC Stakeholder Feedback – Clients	Narrative report incorporating data from Client Survey	I. January 1- March 1 II. July 1- September 1	I. April 30 II. October 31

EVALUATION

Once Coordinated Entry is implemented, the system must regularly evaluate its effectiveness. CSRs and the CEC should use the lessons derived from these evaluations to further improve their systems.

The Coordinated Entry Committee will evaluate the system primarily by CSR but will also consider aggregate data. This section includes potential questions to be used for evaluation purposes and the types of data that may be gathered to evaluate the functioning and success of CE.

Questions for Participating Agencies
- How educated is the community regarding the Coordinated Entry System?
- Is there a clear understanding of how CE operates by providers in your region?
- What is done to ensure equal access for all clients seeking CE assistance?
- How are clients referred to Coordinated Entry?
- Are there organizations in your region that do not participate in CE but do their own intake or assessment? If so, how does this affect the CES?
- What trends are you noticing through the CES in your region?
- What barriers in accessibility and implementation exist in your region?
- What are providers doing to address current barriers in your region?
- Are there participating programs that do not take a low barrier approach/housing first approach to assisting clients? What additional barriers are being caused?
- How effective is the DLA in operating the region?
- How effective are the access points in the region regarding region support and participation?
- Do you fully understand the role and responsibilities of your agency in the Coordinated Entry System?
- What have been the challenges in operating coordinated entry, and how can the CEC help to address them?
- What trainings would benefit your agency/region?
- Do you have any additional feedback?

Questions for Consumers

This survey will be completed twice per year, during the months of January and July for any clients that are engaged in CE during those months. The January survey will focus on clients entering the CES and the July survey will focus on clients exiting the CES.
- Entering CES:
  - Was Coordinated Entry explained to you
    - Yes/No
  - Where did you hear about Coordinated Entry?

- Local Agency
  - Which agency?
- Advertisement
- Friend/Family
- Other
  - List other
- Which agency did you first reach out to when you became homeless?
  - Short Answer
- How did you complete the Coordinated Entry Assessment?
  - By Phone
  - Walk-In (in person)
  - Scheduled Appointment (in person)
  - With Outreach Worker (in person)
  - Other
    - Short Answer
- How long did you have to wait to complete the Coordinated Entry Assessment?
  - 24 Hours
  - 2-4 Days
  - Less than a week
  - 1-2 weeks
  - Less than a month
  - A month or longer
- What could have PREVENTED you from becoming homeless? (Check all that apply)
  - Rental Assistance
  - Other Financial Assistance
  - Landlord Mediation/Negotiation
  - Help finding a job
  - Substance Use Treatment
  - Health Care
  - Help finding an Apartment
  - Mental Health Treatment
  - Help with Budgeting
  - Case Management
  - Other
    - Short Answer
- Do you have any recommendations for the Coordinated Entry system that would make it easier for people in need of services to get the help they need?
- Demographics:
  - Household: single, household with kids, adults only
  - Age: 18-24; 25 or older
  - Gender
  - Race
  - Ethnicity

- Exiting CES
  - Was Coordinated Entry explained to you? (Yes/No)
  - Where did you hear about Coordinated Entry?
    - Local provider
      - Which agency?
    - Advertisement
    - Friend/Family
  - Did you understand the process of the Coordinated Entry system? (Yes/No)
    - If no, what was/is unclear about the process?
  - How did you complete the Coordinated Entry assessment?
    - By phone
    - Walk-in (in person)
    - Scheduled an appointment (in person)
    - With outreach worker (in person)
    - Other:
  - In which county were you when you first asked for services?
  - Chose for range between "Strongly Agree" to "Strongly Disagree"
    - It was easy for me to find services to help me when I became homeless.
    - I felt that the services I received while homeless were focused on helping me get into permanent housing as quickly as possible.
      - If strongly disagree, why was it not helpful/easy
  - How long were you waiting to get assistance from a housing provider?
  - Were you referred to any programs to help you find housing? (Yes/No)
  - How many programs were you referred to? (0-10)
  - Did you find housing through any program that you were referred to? (Yes/No)
  - How many homeless assistance organizations or programs did you have to work with before you got into permanent housing?
  - If you worked with multiple agencies, did the referral process go smoothly? (Yes/No)
    - If answered no, please explain.
  - Do you have any recommendations for the Coordinated Entry system that would make it easier for people in need of services to get the help they need?
  - Demographics:
    - Household: single, household with kids, adults only
    - Age: 18-24; 25 or older
    - Gender
    - Race
    - Ethnicity

TRAINING

Each CoC must develop and implement an annual CE training plan to ensure all participating CE partners are knowledgeable of CoC-specific CE participation and performance expectations, are following statewide guidelines and protocols for CE operations, and strive to achieve promising approaches for the most effective coordinated entry. Needs or gaps in training effectiveness will be assessed annually as part of each CoC's evaluation of CE processes.

TRAINING PLAN

The following trainings are required of all access points throughout the Balance of State once and updated when changes are made:

- The Coordinated Entry Process (15-minute recording)
  - What is Coordinated Entry?
  - Coordinated Entry Policies & Procedures
  - General eligibility requirements
  - Housing First
  - CE access points and access protocols
  - Data collection/management/sharing
  - Prioritization Process
- VI-SPDAT

Trainings to complete yearly:

- Diversion
- Point in Time Unsheltered Count (this training is for regions to train potential volunteers and new staff about how to conduct a PIT (Point In Time) unsheltered count and may be in addition to the trainings provided by ICA regarding data collection)

Trainings to complete at least once every three years:

- Equal Access
- Trauma Informed Care
- Domestic violence 101
- Statewide guidelines have been established of what should be included in this training, though this will be led by local domestic violence agencies to ensure locally accurate information is distributed. Employees who are certified DV advocates do not need to go through this training.
- Requirements for this training can be found at: https://drive.google.com/drive/folders/1MonpsL7o99doJKqMEq7rxC6RCvC8pdBg.

The BOS (Balance of State) training system is available through an online learning platform that allows access points to view trainings on their own time instead of one day each year. By use of this training platform, regions have the autonomy to choose the training they would like their access points to complete from the library of options that are available to them. Every access point within a region will complete the same training. Equal Access, Trauma Informed Care, and Domestic Violence 101 will be held annually on a rotating schedule (one per year). These sessions will be held live and also recorded for those who cannot attend.

Regions are required to complete 4 hours of training each year in addition to the yearly training requirements. These hours can include any of the every three year required trainings or alternative options including:

- Confidentiality and Fair Housing Laws
- Effective client engagement techniques for challenging, difficult to engage consumers
- Motivational Interviewing
- Co-occurring disorders
- Information specific to immigrant/refugee and undocumented populations
- Maintaining high quality data collection and reporting practices
- Strategies for maintaining client confidentiality and privacy while coordinating care among multiple CoC partners

- ACES
- Best practices for emergency shelter and housing programs
- Ethics and Confidentiality

CE Intake and Assessment staff are expected to submit proof of training annually to ensure requirements are being fulfilled.

ANNUAL CE INTAKE ASSESSOR CERTIFICATION PROCESS

To ensure equal access and standardization of the Iowa BoS CoC Coordinated Entry system, any staff conducting Coordinated Entry assessments and intakes must be an ICA Certified Assessor starting January 2023. To become a Certified Assessor, staff must complete the following:

New Staff:

For staff completing assessments/intakes via paper forms, you must complete the following courses:

> Iowa Balance of State Paperwork Course

> Iowa Balance of State Access Point Course

*To enroll staff in these courses, please complete the training request form, located here, and select both "Paper Forms Only" and "Coordinated Entry" options:

DVIMS: https://ica.formstack.com/forms/dvims_training_lms

HMIS: https://ica.formstack.com/forms/hmis_training_lms

*If you do not select the Coordinated Entry Course, staff will not automatically be enrolled in it.

For staff completing assessments/intakes *and* entering the data into HMIS or DVIMS, you must complete the following courses:

> Iowa Balance of State New User Training

> Iowa Balance of State Access Point Course

> Iowa Balance of State Coordinated Entry Course

*To enroll staff in these courses, please complete the respective training request form below, and select either "New User/License" or "Existing User" (depending on if they are already a database user, **and** "Coordinated Entry":

DVIMS: https://ica.formstack.com/forms/dvims_training_lms

HMIS: https://ica.formstack.com/forms/hmis_training_lms

*If you do not select the Coordinated Entry Course, staff will not automatically be enrolled in it.

For staff that have completed the "New Staff" courses within the last calendar year, you will only need to upload your proof of completion to be issued a certification for the upcoming year.

Existing Staff and Renewals:

Coordinated Entry Assessment Staff are required to complete four hours of training annually to renew their certification. These hours can include any trainings provided by the CoC, ESG, or HUD regarding (but not limited to) housing services, equity and diversity, confidentiality, ethics, best practices for housing programs, and case management.

The Iowa BoS CoC or the ICA Coordinated Entry Team host a minimum of two statewide trainings per year covering these topics.

Statewide Diversion training is held annually and does not count towards the total hours required.

Each year either Equal Access, Trauma Informed Care, or DV 101 training is hosted for free. Attendance at one of these training opportunities counts towards the total four hours required for renewal. Staff are also required to attend these topics at least every three years to ensure they are aware of best practices.

What documentation is required?

You will need to attach proof of attendance for Diversion Training, for either Equal Access, Trauma Informed Care, or DV 101 Training, and for any additional hours of training needed to reach the required four total hours. If you do not have proof of attendance, you will need to provide the date, length, and location of the training(s), as well as who facilitated the training(s).

To request a certificate renewal, please complete the online request form located here:

https://ICA.formstack.com/forms/annual_ce_certification_request

The training renewal request process opens on November 1st of each year, and submissions are due no later than December 15th. If your request is approved, you will receive an email with your certificate towards the end of December. This certificate is valid for the following year. If your request is denied, you will be contacted to discuss what is needed to renew.

By January 15th, agencies and DLA's will receive a list of staff that have been certified. Those who have not been certified for the upcoming calendar year should no longer be completing Coordinated Entry Assessments and Intakes with clients.

If you have any questions about this process, please contact the Iowa Coordinated Entry Team at iowace@icalliances.org, or the Coordinated Entry Manager, Cassandra Kramer, at Cassandra.kramer@icalliances.org.

APPENDICES

APPENDIX A: DEFINITIONS

- At-risk of Homelessness- An individual or family who has income below 30% of area median family income for the area, as defined by HUD, and who does not have sufficient resources or support networks immediately available to prevent them from moving into an emergency shelter or other place described in the "homeless" definition.
- Case Conferencing- Local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication.
- Coordinated Entry (CE)- A coordinated process designed to coordinate program participant intake, assessment, the provision of referrals, and assist in the prioritization of referrals for housing assistance. A coordinated entry covers the entire geographic area covered by the Balance of State, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. This definition establishes basic minimum requirements for the Continuum's coordinated entry (*CoC Interim Rule*).
- Chronically Homeless-
  - An individual who:
    - Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; **AND**
    - Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years where those occasions also cumulatively total at least 12 months; **AND**
    - Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post- traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;
- An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all the criteria in paragraph 1 of this definition [as described in Section 1.D.1. (a) of this notice] prior to entering that facility;
- A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all the criteria of paragraph 1 of this definition [as

described in Section 1.D.1. (a) of this notice], including a family whose composition has fluctuated while the head of household has been homeless. (*24 CFR 578.3*)

- Consumer- Individual or family who accesses the Coordinated Entry
- Continuum of Care (CoC)– A group composed of representatives of relevant organizations, which generally includes nonprofit homeless providers; victim service providers; faith-based organizations; governments; businesses; advocates; public housing agencies; school districts; social services providers; mental health agencies; hospitals; universities; affordable housing developers; law enforcement; organizations that serve homeless and formerly homeless veterans, and homeless or formerly homeless persons that are organized to plan for and provide a system of outreach, engagement, and assessment; emergency shelter; rapid re-housing; transitional housing; permanent housing; and prevention strategies to address the various needs of homeless persons and persons at risk of homelessness for a specific geographic area.
- Designated Lead Agency- Agency chosen by the Coordinated Services Region to manage the Prioritization List and serve as the point of contact for the Coordinated Entry Committee.
- Developmental Disability – Defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000, and means a severe, chronic disability that is attributable to a mental or physical impairment or combination, and is manifested before age 22, and is likely to continue indefinitely. It must result in substantial limitations in 3 or more major life activities (self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency) AND reflects need for special services or individualized support, or other form of assistance this is lifelong or extended duration.
- Disabling Condition – A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury, which is expected to be of long- continued and indefinite duration, substantially impedes the person's ability to live independently, and is of such a nature that such ability could be improved with more suitable housing conditions; a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 200; or Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired Immunodeficiency Syndrome, including infection with the Human Immunodeficiency Virus (HIV).
- Emergency Shelter – Any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.
- Emergency Solutions Grant (ESG) Program – HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly re-house homeless individuals and families; and (6) prevent families and individuals from becoming homeless.
- Fair Market Rent – Means the rents published in the Federal Register annually by HUD
- Families – Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the followings: (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) A group of persons residing together, and such group includes, but is not limited to (a) A family with our without children (a child who is temporarily

away from the home because of placement in foster care is considered a member of the family); (b) An elderly family; (c) A near-elderly family; (d) A disabled family; (e) A displaced family; and (f) The remaining member of a tenant family.

- Homeless- There are 3 categories within the definition of homelessness, as defined under the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) that are actively used within the Iowa Balance of State:
    - Literally Homeless (HUD Homeless Definition Category 1) – An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
        - An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground (aka "unsheltered");
        - An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); **OR**
        - An individual who is exiting an institution where he/she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution (*24 CFR 578.3*)
    - Imminently at Risk of Homelessness (HUD Homeless Definition Category 2) – An individual or family who will imminently lose their primary nighttime residence, provided that:
        - The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
        - No subsequent residence has been identified; **AND**
        - The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing (*24CFR 578.3*)
    - Fleeing domestic abuse or violence (HUD Homeless Definition Category 4) – Any individual or family who:
        - Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
        - Has no other residence; **AND**
        - Lacks the resources or support networks, e.g., family, faith-based or other social networks, to obtain other permanent housing (*24 CFR 578.3*)
- Homeless Management Information System (HMIS) – The information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD. The HMIS used in Iowa Balance of State is Service Point.
- Homeless Prevention Assessment Tool - the standardized instrument for determining homeless prevention assistance used in the Coordinated Entry System.

- HMIS Lead – The entity designated by the Continuum of Care to operate the Continuum's HMIS on its behalf. The Institute from Community Alliances (ICA) is the HMIS Lead for the Iowa Balance of State.
- Homeless Prevention – A program targeted to individuals and families at risk of homelessness. Specifically, this includes those that meet the criteria under the "at risk of homelessness" definition at 576.2, as well as those who meet the criteria in Category 2, 3, and 4 of the "homeless definition and have an annual income below 30% of family median income for the area.
- Housing Interventions – Housing programs and subsidies; these include transitional housing, rapid re- housing, and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g., Housing Choice Vouchers).
- Housing First – An approach to connect individuals and families experiencing homelessness quickly and successfully to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.
- Permanent Housing – Community-based housing without a designated length of stay, and includes both Permanent Supportive Housing and Rapid Re-housing.
- Permanent Supportive Housing – Permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently.
- Physical, Mental or Emotional Impairment – Expected to be long-continuing or of indefinite duration; substantially impedes the person's ability to live independently, and could be improved by more suitable housing.
- Program – A specific set of services or a housing intervention offered by a provider.
- Provider – Organization that provides services or housing to people experiencing or at-risk of homelessness.
  - Example: The Emergency Residence Project (Provider) has Emergency Shelter (Program) and Transitional Housing (Program).
- Public Housing Authority – Local entity that administers public housing and Housing Choice Vouchers (HCV) (aka Section 8 vouchers).
- Rapid Re-housing – Housing relocation and stabilization services and short- or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing. Assistance may be provided for up to 24 months during any 3-year period, and may include rental arrear for up to six months, to eligible persons who qualify as homeless under Category 1 and 4 of the "homeless" definition.
- Release of Information (ROI) – Written documentation signed by a participant to release his/her personal information to authorized partners.
- Rent Reasonableness – A process conducted by the recipient or sub-recipient to determine if the rent charge for the unit receiving rental assistance is reasonable in relation to rents being charged for comparable unassisted units, considering the location, size, type, qualify, amenities, facilities, and management and maintenance of each unit. Reasonable rent must not exceed rents currently being charge by for comparable unassisted units.
- Street Outreach – The act of reaching out to unsheltered homeless people; connecting them with emergency shelter, housing or critical services; and provide urgent, non-

facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

- Transitional Housing – Facilitates the movement of homeless individuals and families to permanent housing within 24 months
- Victim Service Provider – A private nonprofit organization whose primary mission is to provide services to victims and survivors of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, emergency safe shelters, domestic violence transitional housing programs, and other programs.
- VI-SPDAT; VI-F-SPDAT; TAY-VI-SPDAT; PR-VI-SPDAT and JD-VI-SPDAT– *Vulnerability Index-Service Prioritization Decision Assistance Tool; Vulnerability Index-Service Prioritization Decision Assistance Tool for Families; Transition Age Youth- Vulnerability Index-Service Prioritization Decision Assistance Tool*; *Prevention-Rehousing Vulnerability Index-Service Prioritization Decision Assistance Tool; and Justice- Discharge Vulnerability Index-Service Prioritization Decision Assistance Tool* are the standardized assessment tools for literally homeless or those fleeing domestic violence used in Coordinated Entry. The tools are pre-screening, or triage tools that are designed to be used by all providers within Coordinated Entry to quickly assess the health and social needs of people experiencing homelessness and match them with the most appropriate support and housing interventions that are available. There are different versions of the VI-SPDAT, depending on the situation of the individual or family seeking assistance. It is best practice to ask referrals (if the household has more than one person) how they would like to complete the assessment. It is recommended the different versions be utilized as stated below:
  - TAY-VI-SPDAT: will be completed with all single youth ages 17-24
    - If the transitional age youth has a child (i.e. 22-year-old with a 4-year-old), a VI-F-SPDAT will be used
    - Adults:
      - Couples: Adults will be screened separately and do individual VI-SPDAT's, enter each score into HMIS. The higher score will be the one used on the Prioritization List. This will also assist in the ability for the referral to disclose any safety concerns to the staff completing the assessment.
      - Families: If a household of 2 or more people identify themselves as a family, complete the VI-F-SPDAT

Appendix D- Governing Documents and Policies

Mission, Visions, and Values

Mission:

The Iowa Balance of State Continuum of Care is dedicated to ending homelessness through community collaborations, data-driven strategies, and best practice housing interventions.

Vision:

End homelessness in the Balance of State

Values:

- Housing First and Person-Centered
- Diversity, Equity, and Inclusion
- Collaboration across the Continuum
- Data Informed and Results Based Decision Making
- Continuous Improvement

Purpose:

1. Provide leadership to the Continuum with the purpose of ending homelessness in the Balance of State Geographic area;
2. Ensure the efficient and effective delivery of data driven strategies and best practice housing interventions to all people experiencing homelessness;
3. Coordinate the planning, implementation, and enhancement of a housing service system that uplifts all people experiencing homelessness;
4. Allocate funding for efforts by nonprofit providers and local governments to re-house all people experiencing homelessness rapidly while minimizing the trauma and dislocation caused to individuals and families experiencing homelessness as well as communities as a consequence of homelessness;
5. Promote access to and effective use of mainstream programs to all people experiencing homelessness;
6. Meet the educational needs of our community partners;
7. Advocate for system changes and leveraging of resources to benefit those we serve;

The responsibilities of the Corporation include, but are not limited to:

1. Those responsibilities outlined and defined by relevant federal law;
2. Coordinate, or be involved in the coordination of, all CoC funded housing interventions for persons experiencing homelessness within the Continuum's geographic area;
3. Designate and oversee the HMIS within the Corporation's geographic area;
4. Establish and operate, or designate, the centralized and coordinated assessment to be used within the Continuum's geographic area.

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CoC Board Member Compensation Policy

Purpose:

This policy ensures those with lived experience serving on the Iowa Balance of State Continuum of Care (IA BoS CoC) Board receive compensation for their dedicated time to the Board of Directors.

Policy:

Board members with lived experience of homelessness, including transition-age youth, may be compensated for their time spent participating in CoC Board and Task Group meetings. Compensation is provided as an hourly rate indexed to the value of a volunteer hour as determined by the Independent Sector (current rate is $31.80 as of April 2023). This rate is the same value as donated board hours that are used for match for the Planning Grant. Board members getting paid by the CoC for their expertise can be paid for meeting preparation, attendance (which includes both board and task group) and may be reimbursed for expenses incurred while performing duties including travel and lodging. Travel expenses can cover bus passes, rideshare costs, or mileage. *Travel and lodging expenses can only be reimbursed to board members that have lived experience*.

While the actual amount may vary from month to month, it is anticipated that lived experience board members will average 10 hours per month. Submission of reimbursement forms will be due by the end of each month to CoC Director to receive compensation. Connect with CoC staff to access the reimbursement forms. Annually, at the beginning of the new Board member terms, CoC staff will ensure Board members with lived experience, including transition-age youth, can receive compensation and will discuss the amount budgeted for their compensation throughout the year. All compensation is subject to the budget of the CoC and the ability to support the work of the lived experience board members. Periodically, the CoC Director will inform lived experience board members about the status of the budgeted funds.

Individuals receiving a compensation payment are considered independent contractors and a W-9 form must be completed and submitted to receive payment. An IRS form 1099 will be issued for payments over $600 made in any given year and mailed to the address on file with the organization. The organization should be notified by the contract or any address changes. Payments will not be made if the board member with lived experience does not participate in the required project meetings.

Board members with lived experience, including transition-age youth, may choose to waive receiving compensation for their board service if it infringes upon their quality of living. If the Board member chooses to waive the compensation, they must initial and sign below stating they understand this decision.

All other IA BoS CoC Board members shall not receive compensation for their service but are requested to submit documentation on a monthly basis for in-kind and match documentation. This documentation can be accessed here.

_____ I understand this policy and choose to waive receiving compensation as a Board member for the Iowa Balance of State Continuum of Care.

_____   _____   _____

Board Member Signature   Board Member Printed Name   Date

_____   _____

CoC Staff Signature   Date

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Board Mentoring Policy

Board Member Mentoring Program

The purpose of the IA BoS CoC Board Member Mentoring program is to help prepare new board members for full participation in the work of the board, develop a pipeline of future board leadership and offer opportunities to strengthen the board with learnings from other boards in the community.

New Board Member Mentorship

Board members will be asked to volunteer as a mentor each year and will be matched with new board members by the Membership Task Group and CoC staff.

- It is recommended that Mentors meet the following criteria:
- Served on the board a minimum of two years
- Have a good understanding of the strategic priorities of the organization
- Open to varying points of view
- Ability to provide constructive feedback
- Experience in leadership
- Willingness to commit the time to be a mentor.

Responsibilities of Mentors will be:

1. Welcome Mentees and acclimate them to the other board members.
2. Attend applicable parts of New Board Orientation, and review Board Member materials. It is recommended that a Board Member Manual is established and integrated into Board Orientation and Board Meetings.
3. Meet with their mentee at least once before each Board Meeting throughout the mentee's first year on the board.
4. The Board Member Mentoring Checklist will serve as a guide of topics to discuss and must be completed by both the mentor and the mentee by the third board meeting of the year.
5. At each mentoring session, check in with mentees to determine any questions about issues raised at each board meeting.
6. Provide opportunities for the mentee to ask questions and clarify understanding of the workings of the IA BoS CoC.

Responsibilities of Mentees will be:

1. Take the lead on scheduling meetings
2. Ask questions
3. Be a good listener
4. Try to attend IA BoS CoC meetings and events with your mentor, when appropriate.

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Evaluation

CoC staff will conduct an evaluation of the mentoring program with direction from the Membership Task Group. The evaluation, which will occur 9-12 months after board mentorship matches are made, will ask about what parts of the program were helpful, which were not, and suggestions for improvement. Any questions, concerns, or feedback about board membership or the mentoring program can be made at any time by reaching out to Courtney Guntly, CoC Director by email or phone.

Do's and Don'ts of the Mentoring Program

- Do establish points of connection early in the relationship. Don't assume because you serve together that you know each other.
- Do be sensitive to the day-to-day needs of your partner. Don't forget to find out what else is on your partner's plate.
- Do identify and utilize multiple venues for communication. Don't rely on face-to-face interaction alone.
- Do set a regular contact schedule, but don't be inflexible.
- Do check regularly on the effectiveness of communication. Don't assume that the messages you are sending are being received or understood.
- Do talk about the effectiveness of the mentoring process. Don't forget to evaluate learning progress.
    - *from Mentor Your Way to Board Development by Lois J. Zachery, BoardSource 2022*

Board Member Mentoring Checklist/Topics

1. Provide your previous experiences and history with the IA BoS CoC board and other boards. Discuss your understanding of how things are done on the board and within the organization. This should include a review of the Governance Charter and expectations of board members to ensure full understanding of their commitment to the board.
2. Discuss the organization's vision, mission, and values, how they were developed and how they are implemented. Review the strategic plan, goals and objectives and how the board monitors success of the plan.
3. Provide feedback to mentee on board task groups and the process of joining a task group. Help mentee identify which task group best suits their interests and skills.
4. Provide information about the HUD funding process and funding priorities. Schedule a meeting with CoC staff to discuss the local competition and funding goals of the CoC.
5. Discuss with the mentee the importance of data to inform the work of the CoC. Schedule a meeting with HMIS staff to discuss required CoC reporting and the role of HMIS in the CoC.
6. Throughout the Mentorship year share articles, books, and websites relative to the issue of homelessness/housing insecurity and the work of the IA BoS CoC and its board, and for first-time board members, topics on serving on a board.

Bridge Housing Policy

Purpose:

The purpose of this policy is to establish guidelines to determine who is considered for bridge housing and prioritization for available housing.

Definitions:

Bridge Housing- Model used as short-term stay when eligible participant has been offered and accepted a permanent housing intervention, but access to that permanent housing is still being arranged.

Permanent Supportive Housing (PSH)- is targeted to individuals and families with chronic illnesses, disabilities, mental health issues, or substance use disorders who have experienced long-term or repeated homelessness. It provides long-term, if not permanent, rental assistance through Housing Choice Vouchers and supportive services and is proven to be highly effective in helping the chronically homeless to successfully maintain housing and overtime improve their health and well-being and indeed even save lives.

Rapid Rehousing (RRH)- is based on Housing First principles and is considered a subset of the Housing First approach. Rapid Re-Housing differs primarily in that it is time limited with regard to support services and short-term rent subsidies (generally 3–6 months), after which the tenant either pays rent without a subsidy or has access to a Section 8 Housing Choice voucher.

Policy:

The IA BoS CoC understands once a household/individual has been determined eligible and accepted into a PSH program, a unit is not always immediately available. During this time, unless they have other options such as temporarily living with friends or family, the household/individual will generally continue to reside in an emergency shelter or on the streets, prolonging their period of homelessness. After a household/individual has been accepted into a program, but before an appropriate unit has been identified, the household/individual may:

- Stay with a friend or family in a hotel or motel without losing their eligibility for the PSH program in which they have already been accepted.
   OR
- The household/individual may be temporarily housing in an available RRH unit while a PSH unit is identified.

Bridge Housing acts as a safety net and/or creates increased housing flow by ensuring housing stability for those who may not be successful in housing programs or who may not need housing case management/subsidy assistance and can be transferred to appropriate interventions that ensure housing stability.

Bridge Housing options are not exclusive to the Continuum of Care or Coordinated Entry, meaning that any successful Bridge Housing intervention should be considered and pursued. Generally, Bridge Housing is used to move participants from Rapid Rehousing programs to other, longer-term housing programs including Permanent Supportive Housing, Housing Choice Vouchers, Mainstream Vouchers, subsidized units, group homes, assisted living and other housing options. A CoC Bridge Housing opportunity is always Permanent Supportive Housing.

Bridge Housing should be considered to support participants who:

- Will not be able to maintain rental/utility payments when program subsidy ends;
- No longer require case management and/or subsidy support to maintain housing; or
- Do not have the supports necessary to thrive in the current housing program and require more or different support not able to be provided by the current housing program.

While working with participants in the Bridge Housing process, providers must follow:

- Housing First- Since the participant has been accepted into a PSH program, the current housing provider cannot place any requirements on the participant, including requiring a program participant to participate in additional services as a condition of occupancy or requiring the program participant to meet sobriety requirements.
- Active Housing Search- The PSH providers must be actively assisting the participant to identify a unit as quickly as possible and must be able to document attempts at locating a unit in the participants case file. Under no circumstance should the placement in RRH slow down placement into permanent housing. This means placing a program participant into a permanent housing unit should not take any longer than the time it would normally take to place someone in permanent housing who is residing on the streets or in an emergency shelter.
- No duplication of services- There cannot be duplication in billing for the participant. For example, both programs cannot provide and then seek reimbursement from HUD for housing search or other services. The PSH provider and the RRH provider must coordinate to ensure that the appropriate services are provided, and the same services are not being paid for out of both grants.

Who should be considered for Bridge Housing:

Rapid Rehousing case managers should review every participant who is matched to their program to determine if they will qualify for a CoC Bridge Housing opportunity. Participants must have proof of homelessness before lease signing in the Rapid Rehousing program to ensure qualification for additional programs, and specifically Permanent Supportive Housing programs.

Case Managers will inform the Coordinated Entry Specialist for the region or the Designation Lead Agency (DLA) when they have participants in need of PSH Bridge Housing opportunities. The Coordinated Entry Specialist or DLA will track and manage CoC housing matches for all qualified and potential bridge housing candidates and will also review all Rapid Rehousing matches for Bridge Housing eligibility.

Prioritization for Available Housing:

When a PSH program has openings, determining who is prioritized for those openings will be conducted in the following way:

- When a PSH Project Based Voucher is available: those currently experiencing literal homelessness will be matched.
- When a PSH Scattered Site/Tenant-Based Voucher is available: Clients verified as qualified for CoC Bridge Housing will be matched and will take priority over those experiencing literal homelessness.
- The housing opportunity the person bridged from will then be assigned another client, based on dynamic prioritization.

In the event of multiple qualified clients needing bridge at the same time, the Continuum of Care will determine who is matched in the following way:

- The qualified bridge participant who will be exiting the current housing program/subsidy support soonest will receive bridge priority.
- In the instance of a tie when current housing program/subsidy support ends for participants, case managers of the participants will engage in the CoC Coordinated Entry Tie breaker process to determine which participant receives priority for available housing.
  - Tie breakers are used for identical scores and are as follows: Chronic Status, Length of Time Homeless or on the Streets, currently fleeing DV, Veterans, Youth.

Education Policy for Children & Youth Experiencing Homelessness

Purpose:

The purpose of this policy is to ensure agencies awarded Continuum of Care (CoC) funding within the Iowa Balance of State CoC (IA BoS CoC) inform program participants of eligibility for education services and ensure access to those services, which is outlined under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act (Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH)).

Definitions:

Subtitle VII-B of The McKinney-Vento Homeless Assistance Act authorizes the federal Education for Homeless Children and Youth (EHCY) Program and is the primary piece of federal legislation related to the education of children and youth experiencing homelessness. It was reauthorized in December 2015 by Title IX, Part A, of the Every Student Succeeds Act (ESSA).

As outlined in EHCY CFDA 84.196, the rights of eligible children and youth are:

- Immediate school enrollment, even when records are not present.
- Remain in the school of origin, if in the student's best interest.
- Receive transportation to and from the school of origin.
- Receive support for academic success.
  - *Please note, if your project serves individuals, not including youth, participants will need to be provided with the choice of education services they are eligible for with the support and assistance from project staff.*

The HUD CoC Interim Rule (24 CFR 578.23) states:

- Subrecipients will establish policies and practices that are consistent with, and do not restrict, the exercise of rights provided by subtitle B of title VII of the Act and other laws relating to the provision of educational and related services to individuals and families experiencing homelessness;
- In the case of projects that provide housing or services to families, that recipients and subrecipients will designate a staff person to be responsible for ensuring that children being served in the program are enrolled in school and connected to appropriate services in the community, including early childhood programs such as Head Start, part C of the Individuals with Disabilities Education Act, and programs authorized under subtitle B of title VII of the Act; and
- To take the educational needs of children into account when families are placed in housing and will, to the maximum extent practicable, place families with children as close as possible to their school of origin so as not to disrupt such children's education.

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Approach to Services:

Agencies within the IA BoS CoC that receive CoC funds must demonstrate collaboration with local school districts to identify families experiencing homelessness and inform families and youth experiencing homelessness of their eligibility for McKinney-Vento education services. Upon intake or enrollment, the funded agency must collect information regarding child(ren) in the household. This information includes:

- Name and age of child(ren);
- Grade of the child(ren);
- School the child(ren) is attending or last attended;
- Transportation method to get to and from school;
- Identify needs to participate in school appropriately (i.e., school supplies, clothing, etc.);
- Determine whether the child(ren) are currently a part of the school's McKinney-Vento program;
- Indication that school-based services were discussed.

Agencies must ensure that information is provided to families explaining their rights under McKinney-Vento. To ensure collaboration between the school(s) and the homeless response system, a release of information is obtained with the program participant and the homeless provider. With release approval, the agency notifies the homeless liaison at the school of origin and the school in the district of family and/or youth's situation.

Agencies must demonstrate that it is considering the education needs of youth when families enter the housing program and are, to the maximum extent practicable, placing families with children as close to possible to their school of origin so as not to disrupt the children's education. This includes agencies notifying families that:

- Child(ren) may attend the school of their choosing in coordination with school district/early education program policies.
- Ability of school districts to provide transportation to keep the child(ren) in their school of origin and assist in coordinating this service for the child(ren) as appropriate.

Agencies must ensure their programs are establishing policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of education and related services to individual and families experiencing homelessness. Agencies should identify ways to support youth in school activities and allow flexibility for these activities.

Agencies must ensure their programs providing housing or services to families has a designated staff person to ensure that children are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start, as noted in Part C of the Individuals with Disabilities Education Act and McKinney-Vento education services.

Every CoC-funded agency must assign at least one employee (1 FTE) as the designated contact for local district liaisons. This must be included in the job description and staff designated will be the contact for school districts/early childhood education programs if any issues, concerns, or changes occur. Designated staff will provide the school districts/early childhood education program with contact information and connection to coordinated entry.

Agencies within the IA BoS CoC that receive CoC funds and work with individuals will implement policies and procedures for client enrollment into educational opportunities. This will include:

- Identify and implement strategies for successfully enrolling persons in educational opportunities.
- Identify and implement methods for providing information and education on educational opportunities to those experiencing homelessness in a clear, concise, culturally competent manner.
- Identify and describe the agency's role in assisting clients to make appointments, arrange for transportation and access to appropriate educational opportunities.

HUD CoC-funded projects and sub-recipients have the responsibility to record and document progress with participants and to abide by assurance and create policies and procedures that align with this policy. IA BoS CoC will ensure compliance through monitoring.

Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking

Emergency Transfers

IA BoS CoC is concerned about the safety of its housing providers (HP) tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),1 HP allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.2 The ability of HP to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether HP has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that IA BoS CoC Housing Providers are in compliance with VAWA.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify HP's management office and submit a written request for a transfer to the HP office mailing address, which will be provided with intake paperwork and as requested by tenants. HP will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under HP's program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

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Confidentiality

HP will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives HP written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about HP's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

HP cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. HP will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. HP may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If HP has no safe and available units for which a tenant who needs an emergency is eligible, HP will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, HP will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at https://ohl.rainn.org/online/.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at https://www.victimsofcrime.org/our-programs/stalking-resource-center.

Attachment: Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking.

Involuntary Separation and Non-Discrimination Policy

Purpose:

The purpose of this policy is to serve a family, or any group of persons identifying as a family (with or without children under the age of 18) without discrimination or involuntary separation. This policy is intended to supplement, but not replace, any applicable state and federal laws governing conflicts of interest relevant to nonprofit and charitable organizations. All CoC-funded housing projects that serve families must adhere to this policy.

Definitions:

As defined in [Rule FR-5359 Equal Access Rule](#) family includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status as the following:

- A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family).
- An elderly family.
- A near-elderly family.
- A disabled family.
- A displaced family.
- The remaining member of a tenant family.

To comply with Rule FR-5359, a project shall not discriminate based on family composition.

In compliance with [CoC Program Interim Rule 24 CFR 578.93(e)](#) involuntary separation is prohibited in projects funded through CoC dollars. CoC funded projects may not deny admission to any household on the basis of:

- Age or gender of children under 18.
- Gender of a parent or parents.
- Marital status of the parent or parents.

Approach to Services:

Agencies within the IA BoS CoC that receive CoC funds must demonstrate the following:

- There can be no inquiry, documentation required, or "proof" related to family status, gender identification and/or sexual orientation. The prohibition on inquiries or documentation does not prohibit inquiries related to individuals gender identity for the limited purpose of determining placement in temporary, singles-only emergency shelters which are limited to one sex because they have shared bedrooms or bathrooms, or for determining the number of bedrooms to which a household may be entitled.
- Projects that serve individuals must follow the Rule FR-5359 Equal Access Rule. The only time a CoC-funded project is permitted to serve a single sex is when they are serving adults only (no minors) and/or have a physical configuration such that privacy is a concern, such as shared living space.
- **Prohibition against involuntary family separation.** The age of the child under age 18 may not be used as a basis for denying any family's admission to an emergency shelter that uses Emergency Solutions Grants (ESG) funding or services and provides shelter to families with children under the age of 18.

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- o The age of a child under 18 must not be used as a basis for denying any family's admission to a program which uses CoC dollars if those programs serve families with children under the age of 18.
- Agencies must allow for a grievance process for families who feel they have been involuntarily separated or have experienced discrimination.
- Projects that serve individuals must follow the Rule FR-5359 Equal Access Rule. The only time a CoC-funded project is permitted to serve a single sex is when they are serving adults only (no minors) and/or have a physical configuration such that privacy is a concern, such as shared living space.

HUD CoC-funded projects and subrecipients have the responsibility to record and document progress with participants by creating internal housing policies and procedures that align with this policy. IA BoS CoC will ensure compliance through monitoring and technical assistance is available if needed.

Letter of Support (LOS) and Memorandum of Understanding (MOU) Policy

It is the policy set forth through the IA BoS CoC that any requests for a Letter of Support or Memorandum of Understanding for a project within the CoC that pertains to at-risk and/or homeless individuals and families follow the prescribed procedure to assure the timeliest response to the request. It is the expectation of the IA BoS CoC that the agency requesting the LOS or MOU will be an active member of the CoC (being a member, participating in CoC Board and Task Group meetings, participating in the Point in Time Count), participate in Coordinated Entry, and utilize the Homeless Management Information System (HMIS) or a comparable database (DVIMS) whenever possible.

- All requests for a LOS or MOU from the CoC should be filled out through this [form](#).
  - For CoC or ESG-funded organizations, the request should be submitted no later than 7 days before the grant application is due, or MOU is needed to ensure adequate response time.
  - For non-CoC or ESG-funded organizations, the request should be submitted no later than 7 days before the monthly IA BoS CoC Board meeting. Organizations must be prepared to present their letter of request to the Board of Directors for approval.

The following information must be included in the request:

1. Completed Letter of Support and Memorandum of Understanding Request form

2. Sample LOS or MOU (A sample is available on the request form for organization to utilize.)

- For CoC or ESG-funded organizations, the CoC Director can provide a letter of support and place a copy of the letter in the monthly Board packet, if the organization is in good standing.
- For non-CoC or ESG-funded organizations, the Collaborative Applicant will review the request and include it with the monthly IA BoS CoC Board Packet. Requesting organizations will present their request to Board members, and a vote will occur to approve or deny the letter or request. If approved the CoC Director will sign the LOS or MOU and return it to the agency. If the requesting organization does not attend to present the request, the request will be denied.

Eligibility & Appeals

There are certain conditions in which a LOS or MOU may not be given. The following situations will be reviewed on an individual basis.

Examples of Eligible Request (not all-inclusive list):

- Promotion and support of creation of new housing project if project aligns with HUD priorities.
- Promotion and support of current housing project, if in good standing with CoC and ESG and aligns with HUD priorities.
- Promotion and support of regional coordinated entry process, if aligned with coordinated entry policies and procedures.
- Promotion and support for use of HMIS services, if aligned with CoC and HUD priorities.

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Examples of Ineligible Requests (not all-inclusive list):

- If a request is made less than 7 days before the grant application or MOU due date or misses the submission timeframe for the monthly Board packet.
- If the agency has lost funding through the CoC or ESG programs for poor performance.
- If the project is for a population with which the CoC has no experience or is not a HUD priority.
- If the agency refuses to follow CoC policies, including the Governance Charter, HMIS and Coordinated Entry.

Appeal: If the BoS CoC does not provide a LOS or MOU, the requesting entity may request an appeal. The appeal will go to the full Board of Directors for review.

Mainstream Benefits Policy

Purpose:

The purpose of this policy is to reiterate already existing HUD requirements for CoC funded projects to provide assistance to program participants in accessing and using mainstream benefits for which they are eligible and to ensure CoC funded projects are:

- Educating and assisting all people experiencing homelessness with access to and use of mainstream benefits (i.e., Social Security, Disability, Health Insurance, etc.).
- Ensuring all CoC-funded projects working with people experiencing homelessness have written policies and procedures addressing access to and education on mainstream benefits.

This policy is intended to supplement, but not replace, any applicable state and federal laws requiring assistance with mainstream benefits enrollment or access.

Definitions:

Mainstream Housing: Housing Choice Vouchers and Public Housing- These benefits are administered by Public Housing Authorities (PHAs) and are two of the largest sources of federal housing for low-income households.

Medicaid- Health insurance coverage for low-income populations, including those experiencing homelessness. Youth transitioning from foster care can also access this benefit until the age of 26. This benefit covers required services like primary care, medical services and behavioral health treatment.

Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) Benefits- SSI and SSDI provide income, access to health coverage, and help with workforce reconnection through work incentives and services.

Temporary Assistance for Needy Families (TANF)- provides help to low-income families and those experiencing homelessness during transition to employment.

Approach to Services:

Agencies within the IA BoS CoC that receive CoC funds will implement policies and procedures for client enrollment into mainstream benefits. This will include:

- Identify and describe the agency's role and function of assessing household mainstream benefit enrollment.
- Identify and implement strategies for successfully enrolling persons in mainstream benefits.
- Identify and implement methods for providing information and education on mainstream benefits to those experiencing homelessness in a clear, concise, culturally competent manner to promote client understanding, motivation, empowerment, and positive health behavior change.
- Identify and describe the agency role in assisting clients to make appointments, arrange for transportation and access to appropriate mainstream benefits.

Violations of this policy may result in a finding, negatively impacting the agency's standing with BoS and/or ability to participate in upcoming CoC competition for funds.

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HUD CoC-funded projects and subrecipients have the responsibility to record and document progress with participants and to abide by assurance and create policies and procedures that align with this policy. IA BoS CoC will ensure compliance through monitoring.

Monitoring Policy and Guide

This policy outlines the monitoring process for the Iowa Balance of State Continuum of Care (IA BoS CoC).

Purpose of Monitoring

The HUD CoC Interim Rule (24 CFR 578.7) states that Continuums of Care (CoC) are responsible for monitoring recipients. Monitoring provides information to assure that recipients are using CoC funding efficiently and effectively in accordance with federal law, HUD guidelines and standards established by the CoC. IA BoS CoC will conduct monitoring to aid on performance and technical areas in the delivery of services to the homeless population in their communities. Monitoring gives an opportunity to identify possible fraud, waste, and abuse to make certain federal funds are being used as intended, but most importantly ensures the most vulnerable in our communities seeking services are receiving the best services possible. Additionally, project providers are required to monitor their own performance on a regular basis to ensure that they are meeting the goals established by the CoC.

Recipients and subrecipients should institute regular self-monitoring to check for compliance with all requirements. Self-monitoring should include monitoring for performance and assessing compliance with policies, including file review to verify appropriate documentation is being maintained. Self-monitoring can identify potential issues and allow the recipient or subrecipient to make corrections proactively in advance of external monitoring. Recipients and subrecipients may request assistance from the CoC and/or a peer project to resolve any self-identified issues.

Please note that all documents shared for monitoring purposes will be confidential and only CoC staff will have access to these documents. Any documents uploaded to a shared drive for Desk Monitoring can be deleted after the monitoring process is completed if requested by the project.

Definitions

Concern- A deficiency in program performance not based on statutory, regulatory, or other program requirements. Sanctions or corrective action are not authorized for concerns. However, IA BoS CoC will bring the concern to the organization's attention and, if appropriate, may *recommend* (but cannot require) actions to address concerns and/or provide technical assistance.

Finding- A deficiency in program performance based on statutory, regulatory, or program requirement for which sanctions or other corrective actions are authorized.

On-Site Monitoring- Monitoring that is conducted at the organization location. This monitoring includes review of forms, client files, and supporting documentation along with staff reviews.

Approach to Monitoring

It is the intent of the IA BoS CoC to conduct monitoring for every organization that has a CoC funded project, annually; this includes new projects that are in their first grant cycle. The monitoring process is intended to provide guidance and assistance along with observing progress and quality of services. The monitoring process should have open communication and on-going evaluation to make the process successful.

The overall goal of monitoring is to determine compliance, prevent/identify deficiencies, and design corrective actions to improve or reinforce project performance. We want to acknowledge the best practices that organizations have and share with others in the IA BoS CoC to increase success for all organizations and communities within our 96-County continuum.

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Due to the Institute for Community Alliances (ICA) being the Collaborative Applicant (CA), the Homeless Management Information System (HMIS) and Coordinated Entry (CE) projects will be monitored with a CoC Board Member present.

Should CoC staff become aware of potential deficiencies in a program, a partial or full monitoring will be scheduled to address concerns before their scheduled quarter.

Agencies and their respective CoC programs will be reviewed on seven areas to align with HUD and CoC priorities to better serve the homeless population in the Iowa Balance of State CoC. *Additional information is found in Appendix A.*

- Housing First practices
- Involving people with lived experience (PLE)
- Landlord and local government engagement
- Community partnerships (healthcare, access to mainstream resources, training collaboration, etc)
- DEI strategies and implementation – furthering agency and community initiatives to address disparities in homeless services for vulnerable populations (BIPOC, individuals with disabilities, LGBTQIA+, youth and young adults, and aging Iowans)
- HMIS and DVIMS Data – completeness, accuracy, and timeliness
- Financial management – eligibility of program expenditures

Monitoring Timeline

The IA BoS CoC monitoring schedule will follow a quarterly pattern (for the calendar year) and all CoC grantees will be notified at the beginning of the year which quarter they can expect their visit. Once notices have been sent at the beginning of the year, the IA BoS CoC monitoring schedule will be listed on the website here. CoC staff will send reminders at the beginning of each quarter and then schedule a meeting with the grantee to determine the best date for monitoring and any preparation questions that they may have.

Written Notification	1. Confirm date(s), length of review, and scope of the monitoring (emailed at least 30 days prior to visit). 2. Provide Monitoring Policy and Guide. 3. Specify which documents are needed ***before*** the visit.
Pre-Visit Review	1. CoC and program leadership will work together to schedule the staff interview(s) and discuss final preparations and questions for the visit. 2. CoC staff will review HMIS data including 2 random client IDs, APR for program year, and DQP submissions. 3. CoC staff will review the prior year monitoring results and the steps taken to improve areas of concern or findings. 4. CoC staff will review grant agreement and e-snaps application of project.
Entrance Conference	1. Meet on-site with the pre-determined agency and program personnel. 2. Receive files and policies listed under the **Documents** section of this policy. 3. Clarify purpose, scope, and daily schedule of the visit. 4. Discussion focused on agency, program, and CoC policies.
Staff Interview	1. Meet with pre-determined program staff. 2. Review program policies and best practices through questions and discussion.

Document Review On-Site	1. CoC staff will review 2 physical client files chosen at random. 2. CoC staff will review program policies and financials for compliance. 3. CoC staff will finalize HMIS review (2 random client IDs, DQP submissions, and APR for grant year)
Exit Conference	1. Highlight grantee's areas of compliance, agency strengths, innovative or commendable practices. 2. Present areas of concern and/or findings for the program(s) and request follow-up information. 3. Provide an opportunity for the grantee to discuss any misconceptions or misunderstandings. 4. Reminders on upcoming trainings, Networking Forums, and other CoC/HUD events. 5. Determine follow up date for additional documentation.
Follow-up Monitoring Letter (within 30 days of visit)	1. Recognize positive areas and/or areas of significant improvement. 2. Identify fully every finding or concern. 3. Specify recommendations or corrective actions for concerns. 4. Notify agency the need for a Performance Improvement Plan (PIP) if applicable.

Documents Used for Monitoring

The following documents are **due to CoC staff at least 7 days *prior*** to the on-site visit.
- □ HMIS list of client IDs (includes current and exited participants). CoC staff will choose 2 at random to review.
- □ Program staff list
- □ Grant agreement (and amendments if applicable) for the grant year being monitored
- □ E-snaps application for the grant year being monitored

The following documents are ***due to CoC staff upon arrival*** or may be uploaded to SharePoint folder before visit.
- □ Organization chart
- □ People with Lived Experience (PLE) participation – roster of Board of Directors and/or decision-making entities within agency. This roster can also include the number of staff or volunteers with lived experience.
- □ Agency DEI policy
- □ 2 client files
- □ HUD Single Audit letter, if applicable and/or recent report/findings from independent audit
- □ General communications with HUD including last audit summary or findings
- □ Subrecipient agreements/procurement contracts, if applicable
- □ Financial policies and procedures – should include maintaining fiscal control, accounting procedures, ensuring CoC program funds are used in accordance with requirements, and communicating noncompliance
- □ Match documentation - should include source, in-kind tracking and MOUs, and supporting documentation if cash is used as match in supportive services
- □ 2 eLOCCS drawdown screenshots for each budget line item
- □ Supporting documentation for the provided eLOCCs drawdowns. Examples include:
  - o Leasing and rental assistance – copies of leases and landlord agreements, rent tracking forms, payments for rent, rent payment requests, monthly statement showing amount requested, etc.

- o Supportive Services – timesheets for direct service employees, payroll records, employee benefits, mileage tracking if requested transportation, monthly statement showing amount for supportive services requested, etc.
  - o Administration – timesheet and payroll records, employee benefits explanations, documentation for expenditures from multiple funding sources, month statement mirrors the payment request, etc.
  - o Operating expenses (PSH and TH with Leasing dollars) - receipts, invoices or bills for costs to utilities, maintenance and repair, furniture, building security, and insurance. Include receipts, invoices, monthly statement of revenue and expenses for line-item expense, etc.
  - o HMIS – Staff time, operations and office space expenses, equipment services, and software.
- ☐ Housing program manual and/or other standard operating policies and procedures including:
  - o Program intake, operation, and determining homelessness status
  - o Housing First policy
  - o Program termination policy
  - o CoC policies including Education Policy, Emergency Transfer Plan, Involuntary Separation & Non-Discrimination Policy, and Mainstream Benefits Policy

In addition, **HMIS grantees** will submit the following at time of arrival.
- ☐ HMIS user agreements – 2 random projects will be reviewed during the visit
- ☐ HMIS Policies and Procedures
- ☐ Training list – what has been provided to end users in the last grant year

In addition, **SSO-CE grantees** will submit the following at time of arrival.
- ☐ 2 random regional MOUs
- ☐ Most recent evaluations and survey results of the Coordinated Entry system
- ☐ List of most recent regions identified for remediation and corresponding plans
- ☐ Training list – what has been provided to end users in the last grant year

Monitoring Outcomes

CoC staff will use the combination of staff interviews, client files, HMIS data, agency and program policies, and financial documentation to answer program questions as listed in the CoC's Monitoring Tool as well as HUD's Housing First Assessment. The Monitoring Tool has been created by CoC staff to incorporate several HUD program regulations as well as CoC specific policies and priorities set forth by the CoC Grant Competition Task Group and the CoC Board of Directors. After the monitoring visit CoC staff will review the responses in all documents (staff interviews, Housing First Assessment, and Monitoring Tool) to determine the areas of program strength, areas of concern, and findings. The final determinations will be included in a Monitoring Report and Letter within 30 days of the site visit and shared with the Grant Competition Task Group in the next quarterly report out.

Programs that receive findings or have many areas of concern that are not being addressed or remediated, will be considered "projects of concern" and will be required to develop a 12-month action plan for improving performance. For more details on Performance Improvement Plans, please see the Performance Improvement Plan Policy.

Technical Assistance

Technical assistance is available in a variety of formats and from multiple partners. It is encouraged that program staff reach out to the IA BoS CoC Grantee Support Specialist to determine the best course of action and sources for assistance. Technical Assistance can be requested at any time, it is not dependent on monitoring outcomes.

Technical Assistance is not a one-style fits most approach and will be adapted to meet the needs of the agency, their staff, and program type. *See Appendix B for resources and links to technical assistance that can be used in conjunction with CoC staff and the HUD Field Officer.*

Appendix A
Approach to monitoring

Agencies and their respective CoC programs will be reviewed on seven areas to align with HUD and CoC priorities to better serve the homeless population in the Iowa Balance of State CoC**.** The following is a list of what CoC staff will use to determine program compliance.

- **Housing First** – Client file review, staff interviews, and program policy review.
  - CoC staff will use the Housing First tool designed by HUD to determine if the agency is Housing Staff by "saying it", "documenting it", and "doing it". Housing First Tool can be found here [housing-first-assessment-tool-1.xlsm (sharepoint.com).](housing-first-assessment-tool-1.xlsm) Housing First score to be reviewed during the Exit Conference.
- **Involving People with Lived Experience (PLE)** - Agency rosters and staff interviews.
  - The HUD requirement is that agencies have at least 1 individual with lived experience on the BOD. CoC staff will determine if the requirement is met while also gathering best practices for how agencies are going above and beyond this requirement in hiring practices, volunteer opportunities and encouraging peer advisory groups.
- **Landlord and local government engagement** – Leadership/Entrance conference and program staff interviews.
  - CoC staff will use interviews to gather best practices on how the agency is communicating with local landlords, law enforcement, and local governments to increase awareness around Housing First and increase access to affordable housing.
- **Community Partnerships** – Entrance/Leadership Conference, staff interviews, client files, and program policies.
  - CoC staff will gauge the level of partnership with local healthcare resources and mainstream benefit providers while gathering best practices and brainstorming topics for future training opportunities.
- **DEI strategies and implementation –** Leadership/Entrance Conference and staff interviews
  - Discussion with leadership team on what internal and external DEI strategies are in place or planned for the year.
  - Discussion with program staff on providing flexible and culturally appropriate services for clients.
  - Housing First assessment
- **HMIS and DVIMS Data –** Client ID list, Data Quality Plan (DQP) submissions, program APR, and EVA
  - CoC staff will check data for completeness, accuracy, and timeliness. CoC staff will choose two random clients to review in WellSky or DVIMs while also looking at the APR and DQP submissions for areas of improvement on performance measures.
- **Financial Management** – eLOCCs screenshots, supporting financial documents, agency fiscal policies and procedures, grant applications and contracts, and leadership interviews.
  - CoC staff will review the eligible expenses for the program by first reviewing the program e-snaps applications, grant agreement and grant amendments (if applicable). Next, supporting financial documentation and receipts will be compared to the eLOCCS draws provided.
  - Match documentation will be reviewed against the application and contract making sure match was from eligible non-CoC sources and that in-kind was calculated properly.
  - Discussion of Single Audit requirements.

Appendix B

CoC program staff are encouraged to work with the IA BoS CoC Grantee Support Specialist with or without a PIP. Should an agency need to develop a PIP, as outlined in this document, CoC staff will work with program staff to develop areas of assistance that best suit their needs. In the meantime, this section references helpful links and resources to common needs between TA sessions.

- Iowa Balance of State CoC website
- IA BoS CoC Governing documents (Including policies and program standards)
- ICA's Iowa HMIS website and HMIS FAQ here.
- HMIS/DVIMS New User Training, IA BoS CE Program, DQP, and Iowa Reports courses are always available in the LMS.
- HMIS Monthly updates and newsletters are always posted in the **System News** tab on HMIS/DVIMS Home pages.
- CE information can be found on the IA BoS CoC website as well as ICA's Coordinated Services Network Page.
- HUD AAQ
- HUD Continuum of Care Program Guides

Performance Improvement Plan

Process Overview:

The Iowa Balance of State Continuum of Care (IA BoS CoC) has developed and implemented the Performance Improvement Plan to take an intentional and systematic approach to improving CoC program performance. Performance Improvement Plans (PIPs) are used to address a variety of project issues found in monitoring visits or discovered through technical assistance calls or conversations. All PIP progress, or lack thereof, will be shared with the Grant Competition Task Group in quarterly meetings and PIP updates provided by the CoC Grantee Support Specialist. For any questions regarding this process contact Rachel Falahpour, Grantee Support Specialist at rachel.falahpour@icalliances.org.

Development and Implementation:

When needed, grantees must develop a PIP with the CoC Grantee Support Specialist that is one year in length and addresses every identified finding from the annual project monitoring or technical assistance conversations. Grantees will be given the opportunity to receive individualized technical assistance as they begin implementing their PIPs. Grantees must participate in monthly reviews, unless otherwise noted, to track progress in implementing activities outlined in the PIP. At the end of the 12-month period of the PIP, CoC staff will then evaluate the improvement and decide about PIP termination, continuation, or other action.

Technical assistance is available in a variety of formats and from multiple partners. It is encouraged that program staff reach out to the IA BoS CoC Grantee Support Specialist to determine the best course of action and sources for assistance. For example, HMIS issues and corrections may be accomplished by utilizing WellSky workflow videos in Institute for Community Alliance's (ICA) Learning Management System (LMS) or connecting with HMIS staff and training specialists. Coordinated Entry (CE) questions or concerns can be addressed with an ICA regional CE Specialist or CE Manager. Concerns or findings pertaining to program performance, documentation, or financials may be addressed with CoC staff but may also include assistance from HUD AAQs, Field Reps, or HUD TA providers.

Technical Assistance is not a one-style fits most approach and will be adapted to meet the needs of the agency, their staff, and program type. *See Appendix A for resources and links to technical assistance that can be used in conjunction with CoC staff and the HUD Field Officer.*

Terminating or Continuing PIP:

The IA BoS CoC and CoC Staff will evaluate the extent to which the PIP grantees satisfactorily improved performance in targeted areas. If all identified PIP goals have been achieved, then the PIP will be terminated upon completion of the one-year period. Achievement of PIP goals is not necessarily the only condition that could lead to successful PIP termination. Grantees who can clearly demonstrate significant progress towards meeting their performance goals and have participated in their monthly reviews may also have their PIP successfully terminated.

If the IA BoS CoC Grant Competition Task Group and CoC Staff determine the grantee has not made adequate improvement during the PIP process, the grantee may be required to complete a second year of PIP implementation. As the second PIP termination date nears, the grantee will be evaluated again on the extent to which they were successful on the items listed. If the IA BoS CoC Grant Competition Task Group and CoC staff determine their PIP failed for a second consecutive year, the grantee may be at risk of losing renewal HUD CoC funding, if applicable.

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Impact of PIP on Local CoC Competition:

Renewal CoC Applications

Grantees with a current first year or second year PIP in place at the time of the annual HUD CoC Competition may have their project evaluation score and/or project ranking impacted.

New CoC Applications

Grantees with a current first-year PIP can submit a new CoC project application. However, new project applications will be scored, in part, on the applicant's required PIP participation, implementation, and program improvement.

Grantees in their second year of a PIP may not apply for a new CoC project.

Template of PIP

<table>
<tr><td colspan="2" align="center">IA BoS CoC
Performance Improvement Plan</td></tr>
<tr><td>Agency Name

Project

</td><td>Start Date

Target End Date

</td></tr>
<tr><td>Contacts for CoC Program</td><td>Contacts for CoC and ICA
Rachel Falahpour
rachel.falahpour@icalliances.org
Courtney Guntly courtney.guntly@icalliances.org
Jess Bleile jessica.bleile@icalliances.org
HMIS questions send to Support@icalliances.org
CE - Cassandra Kramer
cassandra.kramer@icalliances.org</td></tr>
<tr><td>Quarterly review dates
(agency leadership required to attend):</td><td>Monthly Check-in dates

Join on your computer, mobile app or room device <mark>(link their meeting room</mark>)</td></tr>
<tr><td colspan="2" align="center">Areas of Concern
Discussed with staff on</td></tr>
<tr><td colspan="2">1)Example - Documentation</td></tr>
<tr><td colspan="2">2)</td></tr>
<tr><td colspan="2">3)</td></tr>
<tr><td colspan="2">4)</td></tr>
</table>

5)

Benchmarks for Success
Goal date(s) for compliance per concern
1) Example - CoC Grantee Support Specialist will review the provided client files, templates, and agency policies and procedures for compliance. **Benchmark date for compliance by** <mark>xx.xx.xxxx</mark>
2)
3)
4)
5)

As representatives of <mark>**Insert Agency Name**</mark> we understand that the <mark>**Name of Project**</mark> program is placed under this **Performance Improvement Plan** to aid in compliance with CoC standards and HUD regulations. Project performance impacts the clients served, the region, and the CoC as a whole. We understand that not complying, or not making progress on our PIP, could impact future funding from the CoC. Lack of attendance at CoC meetings and trainings could also impact progress on our PIP. We understand that technical assistance is available at any time from our local HUD field officer, IA BoS CoC staff, and the ICA HMIS and CE teams.

Agency Signature/Date	**IA BoS CoC Grantee Support Specialist Signature/Date**

PIP Quarterly Progress – Quarter 1 of PIP (timeframe)
Notes will include steps the agency has taken to address or correct each compliance issue

Date of quarterly review:	**Agency staff/CoC staff attending:**

1) Example - Progress on Documentation compliance
2)
3)
4)
5)

There is satisfactory improvement on the following concerns:	Follow up is needed on the following concerns: **Next Quarterly Meeting:**
Additional notes or signature statements depending on quarterly review	
Agency Signature/Date	**IA BoS CoC Grantee Support Specialist Signature/Date**

PIP Quarterly Progress – Quarter 2 of PIP (timeframe here) **Notes will include steps the agency has taken to address or correct each compliance issue**	
Date of quarterly review:	**Agency staff/CoC staff attending:**
1) Documentation	
2)	
3)	
4)	
5)	
Additional notes or signature statements depending on quarterly review	
Agency Signature/Date	**IA BoS CoC Grantee Support Specialist Signature/Date**

PIP Termination (Successful Implementation and completion of PIP on all findings)	
Follow up items addressed:	**Notes:**

Successful Completion:

_____(agency name)_____ has successfully completed the necessary steps in the PIP for _____(project name)_____, resolving findings from the _____(Date)_____ monitoring. The agency has participated in their PIP implementation and successfully fulfilled the training and performance improvement requirements as addressed by IA BoS CoC and CoC staff.

CoC Grantee Support Specialist signature: _____ Date: _____

CoC Director Signature: _____

Agency Signature: _____ Date: _____
Date provided to Grant Competition Task Group:

Unsuccessful:
The agency and project staff have NOT shown progress on the areas of their PIP listed below. It is my recommendation that the PIP be extended into a second year. The Grant Competition Task Group will be notified as a second year could warrant an impact on renewal or new application funding.

CoC Grantee Support Specialist signature: _____ Date: _____

CoC Director Signature: _____

Agency Signature: _____ Date: _____

Date provided to Grant Competition Task Group:

Appendix A

CoC program staff are encouraged to work with the IA BoS CoC Grantee Support Specialist with or without a PIP. Should an agency need to develop a PIP, as outlined in this document, CoC staff will work with program staff to develop areas of assistance that best suit their needs. In the meantime, this section references helpful links and resources to common needs between TA sessions.

- Iowa Balance of State CoC website
- IA BoS CoC Governing documents (Including policies and program standards)
- ICA's Iowa HMIS website and HMIS FAQ here.
- HMIS/DVIMS New User Training, IA BoS CE Program, DQP, and Iowa Reports courses are always available in the LMS.

- HMIS Monthly updates and newsletters are always posted in the **System News** tab on HMIS/DVIMS Home pages.
- CE information can be found on the IA BoS CoC website as well as ICA's Coordinated Services Network Page.
- HUD AAQ
- HUD Continuum of Care Program Guides

Procurement Policies & Procedures

Purpose:

The purpose of this policy is to outline the specific circumstances under which the Iowa Balance of State Continuum of Care (IA BoS CoC) will issue Requests for Proposals (RFP) to address a service need. This policy is designed to meet the following goals: develop a pool of qualified applicants, ensure cost effectiveness, ensure there is equal opportunity to apply and bring consistency to contracting efforts. All goods and services will be purchased with considerations of priorities: Physical Requirements, Service Requirements, Business Requirements, Skills/Abilities/Experience, Pricing. The Iowa Balance of State staff are the only authorized personnel to issue an RFP on behalf of the IA BoS CoC. Any proposal for goods or services must utilize the RFP Task Group Questionnaire template.

Policy:

IA BoS CoC will issue RFPs at various times to address unmet needs. Submitted proposals for goods or services using federal funds must be reviewed by the IA BoS CoC to ensure conformance with proposed work and ensure the awarded vendor is not on any federal or state excluded, suspended, or debarred list (https://www.sam.gov/SAM/). Care will also be taken to ensure that small and medium-sized enterprises, not-for-profit, minority-owned businesses, women-owned businesses, and/or disability-inclusive supplies are not excluded from the process and due consideration will be given to communicate and reach this specific audience. The IA BoS CoC will maintain a copy of the contract with procurement terms and conditions. Distribution will occur through outreach to vendors directly, these vendors will be searched online and through personal referrals.

Please see the table below on breakout of goods and services values with required process.

Goods and Services Value	Required Process
$0-$10,000	No formal quote or bid required
$10,001-$25,000	Two formal quotes required
$25,001-$50,000	Three formal quotes required
>$50,000	Formal RFP process required**
Iowa Balance of State staff must be included in all discussions and follow through on purchases of any goods or services. Ensure all documentation is given to IA BoS CoC Staff to keep for documentation or recording purposes	

When the RFP process is not required, all goods and services will be purchased with consideration of these priorities:

- Features and quality that meets the technical standards of the IA BoS CoC work;
- Willingness and ability to meet billing, delivery, and service needs of the IA BoS CoC;
- Competitive price.

RFP evaluation:

Utilize the RFP Requesting Task Group template to create a draft of the RFP needed and use the RFP score card template for evaluation. Evaluations will be completed by the Task Group involved with the RFP or the IA BoS CoC Board of Directors. Any member providing evaluation will complete a conflict-of-interest form to ensure transparency in the RFP process.

Copies of all responses to the RFP and RFP Questionnaire will be sent to the evaluating Task Group along with the evaluation score cards. The scoring will be based on a point system of 0-5, with 0 being the lowest score and 5 being the highest. Some members of the group can volunteer or may be tasked with contacting references listed in the proposals and a Vendor Referenced Questionnaire form will be provided. Information is reported to the entire Task Group on references.

In determining the best value, the following will be considered:

- Physical requirements: How well does a proposal meet a project's physical requirements for hardware and/or software?
- Service requirements: How well does a proposal address the requirements stated in RFP?
- Business requirements: How well does a proposal set out a solution to core business problems that also meets business requirements?
- Skills, abilities, and experience: Does a vendor have the ability to deliver on their proposal, and do they have any experience with a project like this?
- Pricing (if included): Does a proposed solution stay within the budget, and how does it compare to the other proposals received?

Scoring System:

- 5 points: Meets all RFP requirements
- 4 points: Meets almost all RFP requirements
- 3 points: Meets many of RFP requirements, but requires some compromises
- 2 points: Meets some of RFP requirements
- 1 point: Does not meet RFP requirements.

Priorities:

After scoring all the proposals, the project's requirements carry more weight than others, where there may be room for compromise, and where we cannot compromise.

Weight or a priority ranking is assigned to each of the evaluation criteria identified at the start of the review process.

- High priority ranking: criteria that do not permit any compromise.
- Moderate priority ranking: criteria that permit some compromise.
- Low priority ranking: criteria that can be flexible.

Upon completion of scoring, results will be tabulated and identify top rated applicants. The total points will be tabulated by taking the average of the Task Group score.

Award Phase:

After responses have been evaluated and tabulated IA BoS CoC staff shall notify the awarded vendor with a Notice of Contract Award and proceed with preparing a contract/agreement, if applicable.

Glossary:

IA BoS CoC: Iowa Balance of State Continuum of Care- Regional/Local planning body that coordinates housing and services funding for homeless families and individuals, in Iowa covering 96 counties excluding Polk, Pottawattamie, and Woodbury counties.

Goods and Services: Goods are tangible products. Services are activities provided by others.

Procurement: The process of finding and agreeing to terms, and acquiring goods, services or works from an external source, often a tendering or competitive bidding process.

RFP: Request for Proposal- A business document that announces and provides details about a project, as well as solicits bids from contractors who will help complete the project.

Task Group: Group of individuals brought together to accomplish a specific action or produce a product.

Vendor: A person or company that is a supplier of goods or services.

Public Comment & Public Presentation Policy

Audience participation at Iowa Balance of State Continuum of Care (IA BoS CoC) Board meetings is limited to the portion of the meeting designated for that purpose. At all other times during an IA BoS CoC Board meeting, the audience shall not enter into discussion or debate on matters being considered by the Board, unless recognized by the presiding officer.

At regular meetings, the Board shall allot a limited amount of time to hear persons who desire to make comments to the Board. Every agenda will be published and posted on the IA BoS CoC website at least 3 business days in advance.

Public Comment

The agenda of every IA BoS CoC board meeting shall include public comment, where each member of the public will receive no more than two (2) minutes to make their thoughts heard. The Public Comment period shall not exceed fifteen (15) minutes in total, subject to waiver by the Board or Chair action. At the discretion of the Board Chair, public comments may end if a conversation is not productive or if comments include discrimination or other hate speech. No action shall be taken on any item not appearing on the agenda.

Public Presentation

Persons who wish to participate with a presentation on a relevant topic in the Public Comment portion of the meeting shall sign up with the CoC Director, Courtney Guntly no later than five (5) minutes before the announced time of the meeting and shall indicate the topic about which they wish to speak. No action shall be taken on any item not appearing on the agenda.

The Public Comment period shall not exceed fifteen (15) minutes in total, subject to waiver by the Board or Chair action. No presentation shall exceed ten (10) minutes. Delegations of more than five (5) persons shall appoint one (1) person to present their views before the Board. At the discretion of the Board Chair, public comments may end if a conversation is not productive or if comments include discrimination or other hate speech.

Board's Response

Specific factual information or recitation of existing policy may be furnished in response to all inquiries shared during the public comment period. However, the Board will only deliberate or decide on subjects that have gone through the appropriate process in notifying the CoC Director prior to the start of the meeting.

If the topic is not on the agenda, the Board may decide to put the matter on the agenda of a subsequent meeting or shall direct the presiding officer or board member designated by the presiding officer to respond on behalf of the Board during the interim.

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Addressing Agenda Items

A person who wishes to speak about an item on the scheduled agenda shall sign up no later than five (5) minutes before the announced time of the meeting. The person shall list their full name, identify any group being represented, and identify the agenda item to be discussed. When that item on the agenda is called by the Chair, the person shall be given no more than five (5) minutes to speak.

Members of the public are encouraged to join the Task Groups of the IA BoS CoC, as a majority of the work of the IA BoS CoC occurs through the Task Group meetings and comes to the Board for final approval.

Complaints and Concerns

The Chair or Designee shall determine whether a person addressing the Board has attempted to solve a matter administratively through resolution channels established by policy.

Rapid Rehousing to Permanent Supportive Housing Transition Policy

This policy is to assist with the transition of clients in a Rapid Rehousing (RRH) program to a Permanent Supportive Housing (PSH) program when the current program is not sustainable. It is not a guarantee of Permanent Supportive Housing for those in Rapid Rehousing but is an option on a case-by-case basis.

Process when there is a PSH opening:

- Providers should email the regional pull meeting list to ensure agencies are aware there is an opening and are prepared to discuss clients if necessary.
- During the pull meeting, review the prioritization list and pull any clients directly from the list for PSH openings based on score and eligibility.
- If there are no clients on the prioritization list scoring in the PSH range, the following should happen:
  - Clients actively enrolled in a Rapid Rehousing program who meet PSH eligibility criteria (chronic homelessness status) and who originally scored within the PSH range on the VI-SPDAT should be reassessed using the VI-SPDAT or VI-F-SPDAT to have an updated score. If the client scores within the PSH range on the updated assessment, they should be referred for the opening.
  - The agency working with the client through RRH should provide documentation of chronicity and disability to the PSH agency prior to the referral for services.
- If there are no clients referred from the above process, the next client on the list meeting eligibility, regardless of score range, should be pulled.

Multiple clients available for transition:

- Review the updated VI-SPDAT/VI-F-SPDAT scores to determine priority. Discussions may still take place for clients whose scores do not accurately reflect their need on a case-by-case basis.
- Clients under 30 days should not be recommended for transition.

Defining Chronic Homelessness

In 2015, HUD published the Defining Chronically Homeless Final Rule clarifying the definition of chronic homelessness, which applies to all program participants admitted after January 2016.

HUD encourages CoCs to prioritize funding for projects serving households with the highest level of need, including those that may be chronically homeless. However, only projects that serve individuals and families defined as chronically homeless must document chronic status for HUD.

In order to be eligible for housing restricted to chronically homeless individuals or families under the CoC program, participants must me the definition of chronically homeless. The definition of chronically homeless is:

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- A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:
  - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and
  - Has been homeless and living as described for at least 12 months* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described.
- An individual who has been residing in an institutional care facility for less, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility**; or
- A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

*A "break" in homeless is considered to be 7 or more nights.

**An individual residing in an institutional care facility does not constitute a break in homelessness.

Documentation Requirements can be found here: https://www.hudexchange.info/homelessness-assistance/coc-esg-virtual-binders/coc-esg-homeless-eligibility/definition-of-chronic-homelessness/recordkeeping-requirements/

Defining Documented Disability

In the Defining "Chronically Homeless" Final Rule (2015) disability is defined as one or more of the following:

- Physical, mental, or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, brain injury or a chronic physical illness that:
  - Is expected to be long-continuing or of indefinite duration; and
  - Substantially impedes the person's ability to live independently; and
  - Could be improved by more suitable housing.
- Developmental Disability: Defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000. Means a severe, chronic disability that:
  - Is attributable to a mental or physical impairment or combination; and
  - Is manifested before age 22; and
  - Is likely to continue indefinitely; and
  - Results in substantial limitations in three or more major life activities, and
    - Self-care
    - Receptive and expressive language
    - Learning
    - Mobility
    - Self-direction
    - Capacity for independent living
    - Economic self-sufficiency
- Reflects need for:
  - A combination and sequence of special, interdisciplinary, or generic services; or
  - Individualized supports; or

- Other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

*Many programs have specific requirements for documented disability. Work with local PSH programs to make sure you are aware of those requirements.

Youth Action Board Compensation and Reimbursement Policy

Compensation Policy

The Iowa Balance of State CoC (IA BoS CoC) Youth Action Board Compensation Policy applies to youth and young adults participating in a local or regional level Youth Action Board, other IA BoS CoC Task Groups, and the IA BoS CoC Board meetings. Eligible individuals include those ages 14 to 24 with or without lived homeless experience and will be compensated regardless of their YAB membership status. The rate of compensation is $15/hour and will be in the form of electronic transfer via PayPal or through a check mailed directly to the attendee.

YAB attendees receiving at least $400 in compensation during the calendar year will be responsible for filing this as income on their taxes. YAB facilitators will track earnings and will report year-to-date (YTD) totals to attendees during the November meeting(s). YAB attendees can request their YTD totals at any time. Those receiving compensation payments equal to, or greater than $600/year, are considered independent contractors therefore a W-9 tax form must be completed and submitted to the IA BoS CoC staff. An IRS Form 1099 will then be issued and mailed to the address on file for the individual. YAB attendees may receive food or other amenities while attending a YAB meeting, these will not be considered compensation but instead part of the engagement process.

The IA BoS CoC Planning grant will be the initial source of funding for this policy until other discretionary funds such as donations and foundation grants can be obtained. The Institute for Community Alliances will be the fiscal administrator for YAB compensation and expense reimbursements.

Reimbursement Policy

YAB members and attendees may also receive reimbursement for travel expenses resulting from YAB and CoC engagement in other regions. These expenses can include, but are not limited to, mileage, lodging, food, rideshare, taxi, and parking. IA BoS CoC staff will work with the youth on the U.S. General Services Administration (GSA) per diem guidelines for travel.

Mileage can be reimbursed starting at 30 miles in a round trip. For example, if you attend a meeting in-person that is 15 miles away from your residence, you can submit this for reimbursement. Mileage will be paid at the IRS standard business travel rate.

**All travel related expenses must be pre-approved by CoC staff and not to exceed $400/year.

YAB Member Responsibility

All YAB attendees must complete the [Iowa Balance of State CoC Youth Action Board Meeting Compensation](#) form to receive compensation and/or reimbursement for their time spent in YAB and CoC activities. For time and mileage, this form will serve as supporting documentation. **All other travel expenses must be pre-approved by CoC staff** and copies of all receipts must be emailed to iaboscoc@icalliances.org. To be reimbursed for mileage, a valid driver's license, and insurance card must be on file. ***YAB members receiving compensation or reimbursement by their employers to attend CoC activities cannot be paid out of CoC funds.*

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IA BoS CoC Responsibility

CoC staff will make the compensation forms available at all YAB and CoC meetings so that they can be submitted at the time of the event. Regardless of the preferred payment method, the CoC commits to having all compensation processed within 4 business days.

Forms and receipts for travel-related expenses will be reviewed by CoC staff and reimbursed within 7 business days of submission. If there is an issue or delay, CoC staff will notify the attendee.

Board of Directors & Task Group Match Documentation

Overview:

The Balance of State Board of Directors are responsible for recording and collecting match documentation to support the match obligation for the Planning Grant administered by the IA BoS CoC. Match documents are sent out in an email each month. Please contact the CoC Director, Courtney Guntly with any questions about the match.

Board of Director Match

- As a board member, please document your match contribution monthly by using and submitting:
- the Formstack IA BoS CoC In-Kind/Match Documentation, and
- attach the Overall In-Kind Tracker.
    - Ensure these are submitted by the deadline of the 30th (or final day of each month).

Time can include:

- thinking, planning, researching, reviewing on behalf of the CoC
- time chairing an eligible committee
- time travel to/from board meetings and the time at board meetings
- time preparing for board meetings or working on projects assigned during board meetings
- time spent helping with the CoC application
    - Scoring New Projects

Task Group Chair Match

- As a Task Group chair, please document your match contribution monthly by using and submitting:
- the Formstack IA BoS CoC In-Kind/Match Documentation, and
- attach the Overall In-Kind Tracker.
    - Ensure these are submitted by the deadline of the 30th (or final day of each month).

Time can include:

- thinking, planning, researching, reviewing on behalf of the CoC Task Group
- time at Task Group meetings
- time preparing for committee meetings or working on projects assigned during Task Group meetings

Exceptions

If staff time is paid for by a CoC grant or already used as match, please notify the CoC Director, Courtney Guntly in writing as soon as possible.

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Institute for Community Alliances

Data Quality Plan & Best Practices

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Contents

Intentions

This document is intended to define an integrated plan to improve and maintain the level of data quality needed to accomplish community goals and objectives. Data quality is vitally important to the success of both the Homeless Management Information System (HMIS) and Iowa's comparable domestic violence database, the Domestic Violence Information Management System (DVIMS), and the programs that utilize these databases.

The Department of Housing and Urban Development (HUD) monitors the quality of HMIS data through programs such as the Housing Inventory Count (HIC), the HUD System Performance Measures (SPMs), Longitudinal Systems Analysis (LSA), and the Notice of Funding Opportunity (NOFO). If the quality of data is poor, HUD may refuse grant funding or elect to trim future funding. Funding cuts could negatively affect Iowa programs. Since it is imperative that the data in HMIS/DVIMS is correct, HUD has defined the role of the HMIS Lead- the entity which manages a Continuum of Care's (CoC) HMIS/DVIMS on behalf of the CoC. The Institute for Community Alliances (ICA) serves as the HMIS Lead for Iowa and works diligently on adhering to HUD data standards to ensure all reports are complete, consistent, accurate, and timely.

HUD's data standards can be found here: https://www.hudexchange.info/resource/3824/hmis-data-dictionary/
This guide outlines the data quality and best practices that ICA expects all End Users of HMIS/DVIMS to follow.

Why Data Quality is Important

Data quality is measured by the reliability and validity of data collected in HMIS/DVIMS for clients receiving assistance for homelessness, prevention, and services. When reliable and accurate data is entered into the HMIS/DVIMS database, the CoC gains a precise understanding of the population experiencing homelessness in the Iowa Balance of State (BoS). Since the HMIS/DVIMS database will only process what it is given, if incorrect data is input into HMIS/DVIMS, the resulting reports are not likely to be useful or complete.

The Iowa BoS CoC Board, CoC staff, and ICA collaborated on the development of this data quality plan. The goals of this plan are to:
- Help ensure the availability of timely and accurate data.
- Catch problems early and increase the usability of data.
- Prepare data for the CoC NOFO process.
- Prepare for the Point-In-Time (PIT) Count and the Housing Inventory Count (HIC)
- Prepare for the Longitudinal System Analysis (LSA)
- Prepare for the HUD System Performance Measures (SPMs)
- Prepare for other community-level reporting requests.

HMIS/DVIMS Agencies and program providers will further benefit from participating in this process because:
1) Ensuring that reports for data quality are run regularly results in having to make fewer corrections when reports are due.
2) Having more up-to-date information readily available greatly helps to inform program decisions, monitor client progress, and inform stakeholders about program status.
3) Frequent data reviews support implementing changes when necessary and assist in measuring and tracking progress.
4) Having correct data entry is imperative to the ongoing funding of individual programs, in addition to the CoC as a whole.

Data Quality Components

Good quality data collection is required by HUD programs and is particularly important to the PIT/HIC, as this can affect funding for the CoC and its providers. There are several components to achieving good quality data:

Accuracy means ensuring that information recorded in a database is as close to an exact portrayal of a client's situation and the services they need as possible. Accuracy is necessary to fairly prioritize clients for services and to gauge a project's work and effectiveness; without accurate data, the results that come from analysis are

meaningless. For example, inaccurate income recorded for a client could impact their eligibility for a particular program, and at a broader level it could impact an agency's score on performance indicators relative to income. Therefore, accuracy is the single most important element to data quality. However, it is the one aspect of data quality that an HMIS Lead relies most heavily on the End User for; unless there are obvious inconsistencies, the HMIS Lead won't be able to tell what information is accurate and what information isn't.

Training means ensuring that End Users are kept up to date on the latest HMIS/DVIMS software releases, have sufficient practice and resources to ensure that they're entering data correctly into HMIS/DVIMS, and are adhering to policies and procedures as defined by HUD. Classes and additional resources can be found at https://www.icatraining.org/, where training videos and documentation – including helper forms, intake forms, and workflows for multiple specific program types – are available.

Completeness means ensuring that all the appropriate and relevant data that agencies or funders need is collected about clients and the services they access. In HMIS/DVIMS, this translates to whether specific fields are answered in their entirety. Completeness ensures that client profiles are accurately answered in full, allowing for a complete understanding of a client's situation to emerge. While the ability to record "Client Doesn't Know" or "Client Refused" responses for various data elements ensures completeness, it is not always accurate to the client's situation, and thus should never be selected in lieu of working with the client to attain both as accurate and as complete a record as possible.

Consistency means ensuring that information is collected and entered into HMIS/DVIMS in as uniform a manner as possible. This requires all agencies and staff members to utilize the same definitions for capturing data when entering information into HMIS (as outlined in the HUD HMIS Data Standards, the link to which can be found on page 36).

Timeliness means ensuring that any data collected for a client is entered into HMIS/DVIMS within a specific timeframe in relation to when the data was collected or when an event occurred. Up-to-date data is an important component of data quality since it can affect the accuracy of the data in the system.

For example, if a manager asks how many clients are currently in a program and no data entry has taken place, that information could not be easily pulled by the HMIS/DVIMS Agency without pulling client hardcopy files or other spreadsheets. Additionally, if a project serves a client and previous assistance received by the client has not been recorded or updated in HMIS/DVIMS, services may be duplicated. Likewise, client information may change over time. If updated information is not recorded in the system, analysis is done on old, inaccurate information. For this reason, the CoC requires all data collected to be input into HMIS/DVIMS within 14 days.

Monitoring means examining the data in HMIS/DVIMS on a regular basis to identify any inconsistencies or inaccuracies and making any necessary corrections to meet the data standards outlined by HUD. Regular monitoring allows for quick resolution to any data quality issues that may arise.

Evaluation means ensuring that all the expectations for good data quality are explicitly detailed, and through regular monitoring, the performance of an agency regarding their data quality can be recorded and analyzed. This can also be referred to as 'Project Performance'.

Enforcement means utilizing incentives for staff to have and maintain good data quality, while reinforcing the importance of doing so.

These components are detailed much more specifically in the Data Quality Components Detail section of this document, found on page 6.

Roles and Responsibilities

HMIS Lead Roles and Responsibilities-

To ensure data quality, HMIS lead staff will;

1) Ensure compliance with current HMIS Data Standards.
2) Execute a participation memorandum of understanding (MOU) with each agency and/or program that contributes data to the State of Iowa HMIS. These MOUs will be renewed annually.
3) Provide regular and ongoing training, technical assistance, and support to all homeless system agencies engaged in using HMIS/DVIMS.
4) Review the data quality reports for each CoC.
5) Regularly monitor the number of homeless system agencies utilizing HMIS/DVIMS and report any applicable findings to the Iowa BoS CoC.
6) Forward any reports that show data quality issues or errors to the appropriate providers, allowing the providers to make the necessary corrections.
7) Notify the Executive Director if Agency Administrators are not responsive regarding any uncorrected data quality issues.
8) Support the efforts of the Iowa BoS CoC to ensure the fullest HMIS/DVIMS participation possible.
9) Coordinate a collaborative effort with the Iowa BoS CoC Board and the Iowa Finance Authority (IFA) to design a performance outcomes report focusing on data quality that is consistent with the expectations of the HEARTH Act (https://www.hudexchange.info/homelessness-assistance/hearth-act/) and any updated or newly developed reporting requirements. This report will be delivered to the Iowa CoC Board and IFA on a quarterly basis and will include an annual year-end analysis.
10) Inform agencies of relevant updates to the required program reports:
    i. CoC – Annual Performance Report (APR)
    ii. BusinessObjects – Monitoring Report
    iii. PATH – Annual Performance Report (APR)
    iv. ESG - Consolidated Annual Performance & Evaluation Report (CAPER)
    v. ESG – Performance Outcomes Reports (exact reports to be determined)
    vi. SSVF - Regular data uploads to VA data registry
11) Coordinate and collect all housing inventory data on behalf of the Iowa BoS CoC and enter the relevant data into HUD's Homeless Data Exchange.
12) Provide a quarterly update on any changes to the Iowa BoS CoC on HMIS/DVIMS bed coverage.
13) Lead data preparation for the CoC NOFO process.
14) Lead data preparation process for the PIT/HIC.
15) Lead data preparation process for the LSA.
16) Lead data preparation process for the HUD SPMs.
17) Lead data preparation process for other community-level reporting requests.
18) Manage the collection of all data elements required for the LSA, produce and upload the data as required into the HUD Homeless Data Exchange (HDX) on behalf of the Iowa BoS CoC, and provide a report of the data to the next full Iowa BoS CoC Board meeting following final submission of the LSA to HUD.
19) Run HUD Universal Data Elements, Data Incongruities Reports, and other data quality reports as determined by HMIS/HUD.
20) Review the provider list for each report.
21) If there are missing or incorrect providers on the list, confirm those with the program provider(s).
22) Manage the HMIS/DVIMS PIT/HIC-related data collection, PIT street count collection training, and coordinate the final reporting of required PIT/HIC data into the HUD HDX. ICA will report to the Iowa BoS CoC on the results of the count at the next full CoC Board meeting following the final submission to HUD.

HMIS/DVIMS End User Roles and Responsibilities-

1) Attend all trainings required for HMIS/DVIMS via ICA's online Learning Management System (LMS).

2) Complete all required training within 14 days of End User set up in online LMS.
3) Gather the most complete and accurate information as possible about each client and the services they need at client intake, and then record that information in HMIS/DVIMS in a timely manner (within the 14 day window).
4) Sign an HMIS End User Agreement on an annual basis, which can be completed after each annual security and privacy update.
5) Review data quality reports (APRs and BusinessObjects Monitoring Reports) monthly. Use these reports in conjunction with your existing data quality workflow frequently to identify and correct any errors or incongruities.
6) Correct any errors or data quality issues as soon as possible.
7) Alert an ICA System Administrator if a project is missing from the listed projects in the APR or Monitoring Report, or if there are project(s) present that should not be included.
8) Alert an ICA System Administrator of the following situations:
    a. A new project needs to be created
    b. A project needs to be discontinued
    c. Any projects need to merge
    d. Any changes to program or agency names
    e. Any changes to the program type
        i. For example, moving from a Transitional Housing project to an Emergency Shelter
    f. Any changes to the target population
        i. For example, moving from serving the general population to serving chronically homeless veterans
    g. The program or agency location changes (if they move to different zip codes)
    h. Any significant additions to or removal of the number of beds or units available
    i. A program needs access to new services, or needs services removed
    j. An End User leaves the agency

HMIS Data Quality Reports

There are three reports that we suggest Agency End Users run frequently. These reports can be used in conjunction with your current data monitoring reports and practices. The HMIS Lead will support providers with reports if needed.

1) **CoC APR-** This data quality report facilitates the extraction of data for the completion of the CoC APR. This report should be run once a month at a minimum to confirm that complete and accurate data is being properly recorded in HMIS/DVIMS.
2) **BOS CoC Monitoring Report v11082023-** This report can be found in BusinessObjects and is specific to performance evaluation.
3) **Data Quality Framework**- This report displays an overview of the CoC APR report. It focuses on data quality. The report also includes features to assist in data quality monitoring such as identifying when data is not collected. This is not required for quarterly submission but can aid in error recognition and cleanup.
4) Additionally, there are more reports such as the **ESG monthly draw report** that can serve as a valuable resource for identifying further discrepancies within the BoS CoC Monitoring Report, aiding in the process of data refinement and cleanup. These reports can be run for any project, even if they are written for a specific funding stream (ex. ESG).

Data Quality Components Detail

All client data that is entered into HMIS/DVIMS should reflect what the client self-reported or be an accurate assessment of known information by a case manager, where indicated by the HMIS/DVIMS Data Standards.

All client data recorded in HMIS/DVIMS should be consistent with the specifications of the project that the client is enrolled in. Client records should reflect any specifications for the sub-population served by a project (if there are

any), match the capacity of the project, adhere to requirements of the program type, and the entry/exit timeline and information should fall within the project's services parameters. A few examples:

- · If your program specifically serves single men, you should only be enrolling single men and not enrolling families or those who don't identify as men.
- · If your program has 20 beds, there should not be any more than 20 people in your program (unless you utilize overflow beds, in which that information should be communicated to the HMIS Lead).
- · If your program requires a client to be exited after 90 days with no contact, then they should be exited from your program at 90 days.
- · If your program requires you to serve clients who are experiencing literal homelessness at entry, then they should not be housed or living doubled-up at entry.

All CoC Data Committees, HMIS/DVIMS Agency providers, and HMIS/DVIMS staff will work together to ensure accuracy of reporting. The components to ensuring accurate reporting are as follows:

1) Training-
   a. ICA will provide training for End Users and facilitate training for utilizing HMIS/DVIMS.
   b. ICA will ensure that adequate End User support is available.
   c. ICA staff that are responsible for training new End Users for HMIS/DVIMS must personally attend trainings offered by the Continuum, HUD, or other software vendors to ensure ongoing understanding of the development of HMIS/DVIMS, improved technical reporting capabilities, system updates, etc.
   d. All HMIS/DVIMS users must take a test that covers various topics of HMIS/DVIMS privacy, data collection, system security, and software usage to obtain certification. This certification is required to use HMIS/DVIMS. Without this certification, users will not have access to the HMIS/DVIMS database.
   e. End Users are responsible for learning how to run reports via the Reporting Course on ICA's online Learning Management System (LMS, accessible at icatraining.org). If End Users want or need additional guidance, they can connect with an ICA system administrator.
   f. End Users who do not attend annual Security & Privacy trainings - as well as intermittent trainings that become necessary when major updates to HMIS/DVIMS utilization or data collection requirements occur - will be unable to access the HMIS/DVIMS database.
2) Completeness-
   a. All system data quality fields must be completed for all clients served by an HMIS/DVIMS member agency.
   b. In HMIS/DVIMS, there are several data quality fields that are essential to understanding patterns of data entry and client self-reporting. These fields are part of the Universal Data Element (UDE) requirements that are required to be collected for every client, regardless of enrolling project. These fields measure the quality of their associated fields.
      i. For example, if the Date of Birth field has been left blank, the Date of Birth Data Quality field is used to explain why the field is blank.
   c. There are three quality fields in the system: Social Security Data Quality, Date of Birth Data Quality, and Zip Code of Last Permanent Address Data Quality.
   d. These fields allow for reporting only partial answers or full answers in order to receive completeness credit. These fields, in conjunction with the associated data element field, will be used to assess data quality issues.
   e. The HMIS Lead in collaboration with the CoC will evaluate the quality of all HMIS/DVIMS Agencies' data on the completeness of the data entered using detailed Data Quality Reports (DQRs), agency reports, and other tools.
3) Consistency-
   a. The HMIS Lead will evaluate the quality of all HMIS/DVIMS Agencies' data on the consistency of the data entered. This means both adhering to the HUD HMIS Data Standards manual to ensure

that specific questions are understood and answered in a consistent manner, as well as adhering to additional practices detailed below.

b. **Deduplication** - All HMIS/DVIMS Agencies should work consistently to reduce duplication in HMIS/DVIMS by following workflow practices outlined in training. HMIS/DVIMS Agencies are trained to search for existing clients in the system before adding a new client into the system. Client data can be searched by Client ID, Name, Social Security Number, and Client Alias. HMIS/DVIMS Agencies are encouraged to follow this protocol. End Users should review data entries in the database for duplicate entries. Since there cannot be duplicates, the staff must research and request a merge of client records to an ICA system administrator.

c. **Capitalization** - All HMIS/DVIMS Agency client data should adhere to HMIS capitalization guidelines. HMIS/DVIMS Agencies are trained on the current method and style to enter client level data. No HMIS/DVIMS Agency should enter a client name in any of the following ways: ALL CAPS, all lower case, a mix of lower and UPPER cAse LeTters, Nicknames in the Name space -- use the Alias box instead.

4) Timeliness-

a. All End Users should evaluate the quality of all data on the timeliness of the data entered. Timeliness is crucial to evaluating daily bed utilization rates and current client system trends. To ensure reports are accurate, HMIS/DVIMS Agencies should strive to ensure that their internal processes facilitate as close to real-time data entry as possible. Real-time is defined as "the actual time during which a process takes place, or an event occurs."

b. If real-time data entry isn't possible, HUD has guidelines for data timeliness:
   i. Coordinated Entry requires data entered within 48 hours
   ii. All other programs require data entered within 14 days

c. All data must be entered and updated as required, including data elements that are monitored such as Universal Data Elements, entry/exits, and services.

d. All HMIS/DVIMS Agency's should strive to have client data entered in real-time after intake, assessment, or program or service entry or exit. In most cases, client data can be entered into HMIS/DVIMS in real-time, as the client is being interviewed at intake or assessment. The more real-time the data, the more collaborative and beneficial client data sharing will be for all HMIS/DVIMS Agencies and clients.

e. All HMIS/DVIMS Agency providers should back date any client data not entered in real-time to ensure that the data entered reflects client service provision dates.

f. The IA BOS CoC, HMIS/DVIMS Agency providers, and ICA staff will work together to ensure the highest quality of data in HMIS/DVIMS. Due to the many reports and projects the ICA staff is asked to provide, HMIS/DVIMS Agencies' response to ICA staff inquiries and correction of data quality issues is critical. All End Users should respond to HMIS staff inquiries no later than 48 business hours. In instances of vacation or illness, the agency director should be contacted to ensure resolution in a timely manner.

g. After a report that outlines data corrections has been sent to the End User or director, it is the responsibility of the Agency to correct the issues within 5 business days. Once the corrections have been made, the End User or director should update the ICA staff member that sent the original corrections.

5) Monitoring-

a. On a monthly basis, an End User will review the CoC APR and the Monitoring Report for the previous month within HMIS/DVIMS to ensure that the list of current clients, exited clients, and service transactions are accurate.

b. Quarterly, these Data Quality Reports should be reviewed by a program manager and/or director to ensure appropriate corrections are made if necessary. Once they have been reviewed, they should be submitted to the CoC staff email: reports@iaboscoc.org.
   i. Reports that must be submitted include **CoC APR** and **BOS COC Monitoring Report.**

c. Once submitted, the reports will be shared with the Data/HMIS task group. The task group will then review the reports for the previous quarter for accuracy. Any HMIS/DVIMS Agencies that

don't meet all the data quality metrics outlined in Section 2 will work with CoC and HMIS staff create a plan to ensure that any inaccuracies are corrected.

      i. **Quarterly Data Quality Report Dates**

          1. Quarter 1: January 1-March 31 (Due prior to April 15th)
          2. Quarter 2: April 1-June 30 (Due prior to July 15th)
          3. Quarter 3: July 1- September 30 (Due prior to October 15th)
          4. Quarter 4: October 1- December 31 (Due prior to January 15th)

d. All HMIS/DVIMS Agency staff must work to prevent duplicate data.

e. All HMIS/DVIMS Agency staff must review hardcopy intake forms against the HMIS/DVIMS data to ensure they match.

f. ICA Staff will support HMIS/DVIMS Agencies in correcting data and updating program information as needed.

g. It is suggested that HMIS/DVIMS End User staff meet as a team at the end of each month for final review to ensure the APRs are accurate.

h. If concerns arise during the reporting process that cannot be resolved through a collaborative effort of the HMIS/DVIMS Agency, ICA, the CoC and the Data/HMIS task group, then the concern will be taken to the IA BoS CoC Board to achieve a resolution.

6) **Evaluation / Project Performance**-

a. In order to fairly evaluate projects and to improve homeless assistance programs by understanding how programs are functioning as a whole and identifying where improvements are necessary, performance metrics are outlined below. Please note these performance metrics are utilized in the local CoC competition process and are subject to change. Any changes will be updated and shared. The CoC strives to ensure projects are meeting their performance standards to demonstrate strong projects that strengthens the CoC.

All **Agencies** must:

    i. Maintain an average of 14 days or less between clients' project start and entry into HMIS/DVIMS
    ii. Maintain an average data completeness score of less than 2% missing data
    iii. Maintain a total exit destination error rate less than 10%
    iv. Maintain a move-in date error less than 5%
    v. Maintain an average time to move-in to permanent housing less than 30 days

All **RRH or TH/RRH Joint Projects** must:

    i. ≥30% of all adult participants who increased total income from entry to exit
    ii. Sufficiently prioritize literally homeless clients or those fleeing domestic violence at 93% or higher
    iii. ≥80% of exits to Permanent Housing
    iv. ≥10% Chronic population served in project

All **PSH Projects** must:

    i. Sufficiently prioritize literally homeless clients or those fleeing domestic violence at 80% or higher
    ii. ≥25% of all adult participants remaining who increased total income
    iii. ≥85% of successful exits/retention
    iv. ≥50% Chronic population served in project

All **Projects Participating in Coordinated Entry (CE)**:

    i. CE is unique in that fact that it has its own Project Performance and Evaluation metrics which can be found here: https://iowainstitute.sharepoint.com/sites/IABOSCE/Shared%20Documents/Forms/AllIt ems.aspx?id=%2Fsites%2FIABOSCE%2FShared%20Documents%2FIowa%20BoS%20CE%2 0Documents&p=true.

7) **Enforcement**-

a. HMIS/DVIMS Agencies should create internal procedures to encourage their staff to meet or exceed the thresholds specified by this data quality plan.

b. During periodic job performance reviews, HMIS/DVIMS Agency management staff should consider addressing data quality as part of the review process.

c. To enforce the Quarterly Data Quality Report submissions, any HMIS/DVIMS Agencies who failed to meet the Quarterly Reporting deadline will be asked by the CoC's Grantee Support Specialist to submit those reports. This will occur by email initially. If the HMIS/DVIMS agency does not respond to attempts in that way, then requests may be made at the CoC Board meeting the month following the due date for the Quarterly Data Quality Reports.

    i. For example: At the CoC Board meeting held in May, the Data/HMIS task group will request submissions from all providers that did not submit reports for Quarter 1.

d. The Data/HMIS task group will review the quarterly reports and have CoC staff provide technical assistance through a performance improvement plan if needed. Performance improvement plans will only be initiated after multiple quarters of not meeting the same metric. The Grantee Support Specialist will provide technical assistance and support for agencies to correct performance before triggering a Performance improvement plan.

e. **The HMIS Lead will investigate all potential violations of any security protocols. An HMIS/DVIMS Agency's access may also be suspended or revoked if serious or repeated violation(s) of HMIS Policies and Procedures occur by HMIS/DVIMS Agency End Users. Any End User found to be in violation of security protocols will be sanctioned.**

8) **Contact**

a. For any questions about the Data Quality Plan or reporting, please reach out to support@icalliances.org.

b. Questions for CoC staff about the Data Quality Plan or performance metrics can be directed to reports@iaboscoc.org.

Appendix G- Collaborative Applicant Memorandum of Understanding

COLLABORATIVE APPLICANT AGREEMENT

BETWEEN

INSTITUTE FOR COMMUNITY ALLIANCES

AND

IOWA BALANCE OF STATE CONTINUUM OF CARE

WHEREAS The Iowa Balance of State Continuum of Care (referred hereto as IA BoS CoC) adopted a Governance Charter on March 11, 2021;

WHEREAS IA BoS CoC shall serve the geographic area comprising the IA-501 CoC (96 counties) to:

- Promote a continuum-wide commitment to the goal of ending homelessness.
- Provide funding for efforts by nonprofit providers to rehouse homeless individuals and families rapidly while minimizing the trauma and dislocation caused to those experiencing homelessness and their communities as a consequence of homelessness.
- Support access to and effective use of mainstream programs by homeless individuals and families.
- Optimize self-sufficiency among individuals and families experiencing homelessness.

WHEREAS the IA BoS CoC Board of Directors shall develop policies and procedures conforming to the U.S. Department of Housing and Urban Development (HUD) requirements detailed in 24 CRF part 578.1 to designate a CoC Lead Agency to serve as the Collaborative Applicant, to operate the Continuum of Care, to support year-round Continuum of Care planning of homeless and homeless prevention housing and services; and

WHEREAS the Institute for Community Alliances (hereafter referred to as Collaborative Applicant) has been designated as the Collaborative Applicant by the Board of Directors, and as such is the sole eligible applicant for HUD CoC Planning funds and shall manage the required HUD process on behalf of IA BoS CoC to ensure the maximum amount of funds are received by the CoC jurisdiction and that the CoC is in compliance with all applicable HUD rules and regulations. As a CoC Lead Agency, the Collaborative Applicant will be primarily responsible for providing professional support to the CoC Board and the CoC, as directed by the CoC Board through a written assignment of responsibilities.

WHEREAS the Collaborative Applicant has been designated as the Fiscal Agent for the administration of IA BoS CoC planning grant funds as directed by IA BoS CoC.

WHEREAS the Collaborative Applicant has been designated as the employer on record for the CoC Director, CoC Associate Director, Grantee Support Specialist, and any other CoC staff. The Collaborative Applicant shall be reimbursed for related employments costs subject to continued funding through the CoC Planning Grant; and, as such, shall provide office space, and other tools necessary for the CoC Director, Associate Director, Grantee Support Specialist or any other staff to perform their duties.

WHEREAS day-to-day direction of the CoC Director, Associate Director, or any other CoC staff will be handled by the Collaborative Applicant, with guidance from the CoC Board of Directors and based on the goals and objectives of the CoC Board of Directors.

WHEREAS any employment issues relating to the CoC Director, Associate Director, Grantee Support Specialist, or any other CoC staff will be addressed in concert with the Collaborative Applicant, according to the rules of the State of Iowa.

The parties agree to the following:

ROLES AND RESPONSIBILITIES OF THE COLLABORATIVE APPLICANT

1. Provide staff support for:

   a. Scheduling meetings
   b. Collecting and distributing minutes
   c. Leading communication efforts for the CoC.

2. Support and operationalize communication across the CoC through the following channels, including, but not limited to:

   a. Creating, hosting, and managing the:
      o CoC website
      o CoC social media
   b. Publishing Consolidated Applications and plans for public viewing
   c. Determining website content
   d. Maintaining a regular notification system to inform CoC participants on pertinent information
   e. Creating and publishing monthly CoC updates/newsletters to general public

3. Serves as the employer on record for CoC staff. This role includes, but is not limited to the following responsibilities:

   a. Supervision of staff
   b. Hiring and onboarding of staff
   c. Insurance, Benefits, and Payroll for staff
   d. Additional staffing recommendations, as appropriate

4. Design and lead a collaborative process with the CoC Grant Competition Task Group for the development of the annual CoC grant competition process. The CoC Grant Competition Task Group, with support from staff, will develop and approve the following items and recommend to the Board of Directors for approval, included but not limited to:

   a. Annual review and creation of:
      • New Project/Bonus Funding and Renewal Applications
      • Scoring rubrics for New Project/Bonus Funding and Renewal Applications
      • Grant Reviewer description, recruitment, and nomination of slate of reviewers
      • Grant application timeline with overview of full CoC competition process including public input and appeals process
   b. Determine and recommend grant ranking and awards; AND
   c. All the above for any Special Notice of Funding Opportunity (NOFO) during the MOU period.

5. Design and lead a collaborative process to include community partners from the CoC in the development and submission of the:
   a. Consolidated Application for the annual CoC grant competition based on the project applications ranked and approved by the Board.
   b. Any Special NOFO or other federal funding opportunities during the MOU period.

6. Provide all administration support to IA BoS CoC for the annual CoC Grant Competition process as directed by HUD, including but not limited to:

    a. Completion of the CoC registration process
    b. Composition and submission of the CoC's Grant Inventory Worksheet
    c. Submission of the:
        • Consolidated Application
        • Priority Listing
    d. Any other related competition requirements
    e. All the above to support any additional CoC applications, as applicable

7. Prepare and submit the CoC Planning Grant, including but not limited to:

    a. Managing the Planning Grant, including financial management
    b. Maintaining financial records relating to HUD grants
    c. Providing regular, on-going financial reporting related to grants received for the Planning Grant per the direction of the IA BoS CoC
    d. Providing a quarterly Collaborative Applicant report to the IA BoS CoC Board via the CoC Director which includes a full and complete accounting of expenditures and balances of the Planning Grant

8. Inform IA BoS CoC of HUD notices, interim rules, and changes to HUD regulations.

9. Produce or ensure production of annual reports including:
    a. CoC Program Grant score debrief and improvement report.

10. In collaboration with the IA BoS CoC Grant Competition Task Group and the CoC staff, conduct performance monitoring, evaluation, and reporting of all CoC program recipients and sub-recipients.

    The CoC Grant Competition Task group, with support from staff, will develop and approve the following items including and recommend to the Board of Directors for approval, including, but not limited to:

    a. Annual updates for:
        • IA BoS CoC Monitoring Policy
        • Monitoring Guide and Form
        • Any additional monitoring scoring tools
        • Performance Improvement Process
    b. Any other monitoring related requirements.

11. On an annual basis, will lead and support the CoC in an effort to continue strategically working on ending homelessness by creating and following a work plan, including, but not limited to:

    a. Identifying
        • Gaps in services
        • Potential or additional funding opportunities outside of the CoC, to bring to the Board for approval

b. Leading and supporting the CoC in an effort to continue strategic work towards ending homelessness by creating and following a work plan, including, but not limited to:

- With IA BoS CoC Board, collaborative onboarding training for new Board and Task Group members;
- With CoC Grant Competition Task Group, collaborative onboarding training for volunteer Grant Reviewers for annual CoC Grant Competition process;
- Training for:
  - New Project/Bonus and Renewal applications with interested applicants;
  - Funded projects through Continuum of Care, Emergency Solutions Grant, and Shelter Assistance Funds on specific topics set as priorities by HUD and/or the IA BoS CoC; and
- Any other training related requirements.

c. Continuing to build and enhance the Coordinated Entry process;
d. Supporting and operationalizing the:

- Annual Board and Task Group recruitment process
- Strategic planning process, forming action steps, building policies and procedures based on best practices, and Board approved initiatives.
- Oversight of the Youth Action Board

ROLES AND RESPONSIBILITIES OF THE IOWA BALANCE OR STATE CONTINUUM OF CARE IA-501:

1. Guide and establish funding priorities for CoC Program through a fair, objective, and transparent process.

2. As directed by both CoC and ESG interim rules, IA BoS CoC will advise coordination and collaboration between CoC and ESG recipients in order to ensure effectively strategizing systems of assistance needed to address homelessness and how respective funding streams can support assistance. This includes but is not limited to:

   a. Coordinated Entry
   a. Written standards for administering assistance
   b. Allocation planning and reporting
   c. Suggested areas for additional coordination
   d. Infusing equity into funding decisions

3. Determine and establish performance targets for each population and program type based on HUD performance standards identified in HUD guidance, Notice of Funding Availability/Opportunity (NOFA/NOFO), and notices, as requested by IA BoS CoC.

4. Develop and approve policies and procedures for performance monitoring, evaluation, corrective plans and reporting for all CoC Program recipients and subrecipients.

5. Ensure that any potential or perceived conflicts of interest are addressed in an effective, open, and timely manner.

6. Participation on the IA BoS CoC board requires understanding the obligation of the role as a member to help support and represent the Continuum of Care during the term of service, not as a representative of their perspective agency/organization/business. This includes, but is not limited to:

    a. IA BoS CoC Board and Task Group meetings
    b. Any other meetings where members are specifically representing IA BoS CoC

7. Collaborate to secure and align local public and private funds, state funds, and federal funds to prevent and end homelessness.

8. Develop and guide the process to review, approve, and prioritize funding allocations in response to a HUD NOFA/NOFO for the CoC Program.

9. Approve written standards for administering assistance for permanent housing interventions (i.e. Rapid Rehousing, Permanent Supportive Housing).

10. Led by the Executive Task Group, the IA BoS CoC will conduct a bi-annual performance review of the Collaborative Applicant by using benchmarks and objectives noted in the annual work plan.

11. Cultivate board membership as provided for in the Governance Charter and provide support to foster engagement and participation. Provide onboarding training for new member, with support of CoC staff.

12. On an annual basis, IA BoS CoC will advise and approve work plans for each CoC Task Group, with support from CoC staff. These actions plans will include, but are not limited to:
    a. Annual Invitation/Appointment Process
    b. Naming Chair, Vice-Chair, and/or Co-Chairs of group
    c. Frequency, location, and schedule of meetings
    d. Goals and Objectives
    e. Action steps *Work groups may be created as needed and will also include work plans.*

13. Guide and conduct outreach efforts to educate local community partners and the general public regarding the role of IA BoS CoC and its Local Planning Bodies.

14. Contract with the Institute for Community Alliances to serve as the HMIS Lead Agency, operating HMIS compliant with the HUD HMIS CoC Program Grant and data collection and reporting standards per HUD.

    - The HMIS Lead Agency will be responsible for producing the annual:
        - Point-In-Time Count
        - Housing Inventory Chart
        - Annual Homeless Assessment Report for the IA BoS CoC.

DURATION AND RENEWAL. This MOU shall commence on October 1, 2023 and shall be reviewed annually by the Executive Task Group for annual renewal on or before October 1.

AMENDMENTS AND NOTICES. This MOU may be amended in writing by either party and is in effect upon signature of both parties.

Notices shall be delivered via email to:
1. Chair of the IA BoS CoC
2. Authorized Representative of the Institute for Community Alliances

TERMINATION. IA BoS CoC or the Collaborative Applicant may terminate this MOU at a date prior to the renewal date specified in the MOU. If such circumstances arise, there shall be a written notice to terminate this MOU provided to the other party a minimum of 120 days in advance of requested termination by either party.

Withdrawal or reduction of the HUD CoC Planning Grant funds relied upon to undertake activities described in the MOU, or if additional conditions are placed on such funding, any party may terminate this MOU within 30 days by providing written notice to the other party. The termination shall be effective on the date specified in the notice of termination.

Authorization:

Collaborative Applicant

_____   10-1-23
Signature   Date

David Eberbach, Executive Director
Institute for Community Alliances

Balance of State Continuum of Care

Jan Heidemann   10/1/23
Signature   Date

Jan Heidemann, Board Chair
Iowa Balance of State Continuum of Care

A MEMORANDUM OF AGREEMENT
Between
Iowa Balance of State Continuum of Care and
Institute for Community Alliances
2023-2024 HMIS

THIS AGREEMENT is made to confirm agreements between Iowa Balance of State Continuum of Care (IA BoS CoC) and Institute for Community Alliances (ICA) in connection with the Homeless Management Information System (HMIS). As such, this MOA sets forth the general understandings, and specific responsibilities, of each party relating to key aspects of the governance and operation of the IA BoS CoC's Homeless Management Information System.

CONTRACT PERIOD. This Agreement shall commence on October 1st, 2023. The Agreement shall terminate effective September 30th, 2024 or twelve (12) months from date of commencement. This Agreement does not automatically renew.

BACKGROUND. The Homeless Management Information System ("HMIS") is a collaborative project of the IA BoS CoC, including the IA BoS CoC, ICA, and participating partner agencies. HMIS is a computerized data collection application designed to capture information about persons experiencing homelessness and homeless programs over time. HMIS is mandated by the U.S. Department of Housing and Urban Development (HUD) for all communities and agencies receiving HUD Continuum of Care homeless assistance funds and Emergency Solutions Grant (ESG) funds. HMIS is essential to efforts to streamline participant services and inform public policy. Through HMIS, people experiencing homelessness benefit from improved coordination in and between agencies, informed advocacy efforts, and policies that result in targeted services. Analysis of information gathered through HMIS is critical to the preparation of a periodic accounting of homelessness in the IA BoS CoC, which may include measuring the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs. Such an unduplicated accounting of homelessness is necessary to service and systems planning, effective resource allocation, and advocacy. The parties to this MOA share a common interest in collaborating to end homelessness and successfully implementing and operating HMIS in the IA BoS CoC.

The IA BoS CoC is a communitywide collaborative that works to provide a range of homeless housing and services. The continuum of care system components include prevention,

1

emergency shelter, transitional housing, permanent affordable/permanent supportive housing, supportive services, outreach services for each homeless subpopulation, and integration with "mainstream" programs.

HMIS enables homeless service providers to collect uniform participant information over time. Analysis of information gathered through HMIS is critical to accurately calculate the size, characteristics, and needs of the homeless population.

GENERAL UNDERSTANDINGS.

1. IA-501 – Iowa Balance of State

IA BoS CoC is the lead planning group for efforts to end homelessness and for implementing and operating a homeless continuum of care system in 96 counties across Iowa excluding Polk, Pottawattamie, and Woodbury.

As such and under HUD policy, IA BoS CoC is responsible for oversight of the HMIS implementation and assurance that the HMIS is in compliance with HUD's national HMIS Standards. IA BoS CoC will carry out oversight and governance responsibilities and also review and approve all local HMIS policies and procedures.

2. Data/HMIS Task Group

Under HUD policy, IA BoS CoC is responsible for oversight of the HMIS implementation and assurance that the HMIS is in compliance with HUD's national HMIS Standards. The purpose of the Data/HMIS Task Group is to provide support and recommendations to the IA BoS CoC related to HMIS regulations and standards set forth by HUD. The roles and responsibilities of the Data/HMIS Task Group consists of: oversight and governance responsibilities and also review and approve all local HMIS policies and procedures.

3. Lead Agency Designation

IA BoS CoC Designates ICA as the HMIS Lead Agency to manage HMIS operations on its behalf and to provide all HMIS administrative functions.

4. Funding

HUD Grant- HMIS Activities are funded by a HUD CoC grant and HUD-required match funds. ICA has been awarded this grant and subsequent renewals since YEAR. The terms and uses of HUD funds are governed by the HUD CoC grant agreement and applicable rules.

5. Local Operational Policies and Agreements

The HMIS continues to operate within the framework of agreements, policies, and procedures that have been developed and approved over time by IA BoS CoC. These agreements, policies, and procedures include but are not limited to the HMIS Policies and Procedures Manual,

Privacy Policies and Notices, Client Release of Information (ROI) Forms and Procedures, Standardized Information Collection Forms (Intake and Exit), Partner Agency Agreements, and User Agreements. Changes to the policies and procedures may be made from time to time by the applicable parties to comply with the HMIS Standards or otherwise improve HMIS operations.

SPECIFIC RESPONSIBILITIES OF THE PARTIES.

1. IA BoS CoC Responsibilities

The IA BoS CoC serves as the lead HMIS governance body, providing oversight, project direction, policy setting, and guidance for the HMIS project. These responsibilities include:

- Responsibility for ensuring and monitoring compliance with the HUD HMIS Standards.
- Designating the HMIS Lead Agency and the software to be used for HMIS and approving any changes to the HMIS Lead Agency or software.
- Conducting outreach to and encouraging participation by all homeless assistance programs and other mainstream programs serving homeless people.
- Reviewing and approving all HMIS operational agreements, policies, and procedures.
- Working to inform elected officials, government agencies, the nonprofit community, and the public about the role and importance of HMIS and HMIS data.
- Guiding data quality and reporting.
- Promoting the effective use of HMIS data, including measuring the extent and nature of homelessness, the utilization of services and homeless programs over time, and the effectiveness of homeless programs.
- Provide all local information as necessary for compilation of the Continuum of Care Bed Inventory, Point in Time Street Count, and support ICA in preparation and review of the Longitudinal System Analysis (LMS), System Performance Measures, and other required program reports.

2. ICA Responsibilities

ICA serves as the lead agency for the HMIS project, managing and administering all HMIS operations and activities. These responsibilities are contingent on receipt of the appropriate HUD grant funding and local match dollars from participating jurisdictions and partner agencies and include:

General Responsibilities:

- Serving as the liaison with HUD regarding the HUD HMIS grant.
- Serving as the liaison with the software vendor.
- Attending all applicable IA BoS CoC meetings.
- Providing overall staffing for the project.

- Participating in the success of HMIS by providing the services outlined in Section D, Part 2 of this document.
- Complying with HUD HMIS Standards (including any and all anticipated changes to the HMIS Standards) and all other applicable laws.
- Annually support preparation of the HUD McKinney-Vento continuum of care NOFO application sections related to HMIS and Point in Time activities, as well as the HMIS project application; and administer the HUD HMIS Project Grant.
- Securing all required cash or in-kind match funding.

Administration and Support of the Technical Infrastructure of the IA BoS CoC Coordinated Entry System:

- Partner with community providers to create the design and implementation of the Coordinated Entry System into the HMIS system.
- Maintain and adjust the common assessment tools within the HMIS Network.
- Adjust system settings and reports as needed to meet current Continuum priority populations (Chronic, Veteran, Children)
- Assist with general reporting and prioritization lists from the HMIS for the purpose of Coordinated Entry.

Project Management and System Administration:

- Selecting and procuring server hardware or server hosting arrangements.
- Arranging, hosting, and executing the hosting facility agreement, if necessary.
- Procuring server software and licenses.
- Providing and managing end user licenses (per terms of grant agreement with HUD).
- Creating project forms and documentation.
- Preparing/updating HMIS project policies and procedures and working with the IA BoS CoC to monitor and ensure compliance with these policies and procedures.
- Prepare and execute all software vendor contract and licensing, security arrangements, partner agency MOUs, and contractor agreements.
- Obtaining and maintaining signed partner agency MOU's.

Administering HMIS end users, including:

- Add and remove partner agency end users.
- Manage user licenses.

Training:

- Provide all training and user guidance needed to ensure appropriate system use, data entry, data reporting, and data security and confidentiality, including:
  - Training documentation;
  - Confidentiality and Intake/Exit Forms training;

- o Application training for agency administrators and end users;
- o Outreach to users/end user support;
- o Training timetable; and
- o Helpdesk.

Data Quality:

- Ensuring all client and homeless program data are collected in adherence to the HUD HMIS Data Standards and local additional requirements thereto.
- Customizing the HMIS application to meet local data requirements.
- Monitoring data quality, generating agency exceptions reports,
- Ensuring data quality.
- Preparing and implementing a data quality plan.
- Carrying out aggregate data extraction and reporting (in coordination with the IA BoS CoC) including the HMIS data needed for an unduplicated accounting of homelessness, excluding the Point in Time and Street count.
- Assist partner agencies with agency-specific data collection and reporting needs, such as the annual progress report and program reports (within reason and within constraints of budget and other duties).

Satisfactory Assurances Regarding Confidentiality and Security:

- ICA will receive participant information that may be subject to the privacy, security protections, and requirements of HUD HMIS Standards, HIPAA Privacy Rule, other law, and local HMIS privacy and security policies and procedures. ICA agrees that it will use protected participant information only for purposes permitted by partnership agreements and as permitted by the applicable law and HUD HMIS Standards. Further, ICA agrees it will make use of all safeguards required by HUD Privacy Standards, HIPAA Privacy Rule, where appropriate, other law, and local HMIS privacy and security policies and procedures to prevent any unauthorized disclosure of protected participant information.

AMENDMENT OF THIS AGREEMENT. IA BoS CoC or ICA may, during the period of this Agreement, deem it necessary to make alterations to the terms of the Agreement. Any mutually agreed changes shall be incorporated into this Agreement through written amendment(s) signed and dated by an authorized representative from each party to the Agreement.

EARLY TERMINATION OF AGREEMENT. IA BoS CoC or ICA may terminate this Agreement in part or whole, when either party determines that continuation of the provisions of the Agreement would not produce beneficial results commensurate with the future expenditure of funds. If such circumstances arise, there shall be a written notice to terminate this Agreement provided to the other party a minimum of 90 days prior to the period set forth in Section A. Upon early

termination, ICA shall be compensated as contracted through the IA BoS CoC for costs incurred and services provided to IA BoS CoC through the date of such termination.

ANNUAL REVIEW. This MOA will be reviewed collaboratively by the IA BoS CoC, the collaborative applicant, and ICA on an annual basis.

ENTIRETY OF AGREEMENT. This Agreement is the entire Agreement between the parties in relation to the subject matter and replaces all previous representations or proposals not contained in this Agreement.

IA BoS CoC   **Institute for Community Alliances**

Jan Heidemann   _David Eberbach_

Jan Heidemann, Board Chair   David Eberbach, Executive Director

10-1-23   10-1-23

Date   Date

Written Standards

iaboscoc.org

INTRODUCTION

The Iowa Balance of State Continuum of Care (IA BoS CoC) developed the following CoC-funded Written Standards to insure:

- Program accountability to individuals and families experiencing homelessness,
- Program compliance with HUD (Housing and Urban Development) rules and relevant State of Iowa rules,
- Program uniformity, adequate program staff competence and training, specific to the target population being served.

DEFINITIONS

Chronic Homelessness: (1) A ''homeless individual with a disability,'' as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who: (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility; (2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or (3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless. 24 CFR § 578.3 See the Flowchart of HUD's Definition of Chronic Homelessness.

Developmental Disability: means, as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002): (1) A severe, chronic disability of an individual that— (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) Is manifested before the individual attains age 22; (iii) Is

likely to continue indefinitely; (iv) Results in substantial functional limitations in three or more of the following areas of major life activity: (A) Self-care; (B) Receptive and expressive language; (C) Learning; (D) Mobility; (E) Self direction; (F) Capacity for independent living; (G) Economic self-sufficiency. (v) Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated. (2) An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting three or more of the criteria described in paragraphs (1)(i) through (v) of the definition of ''developmental disability'' in this section if the individual, without services and supports, has a high probability of meeting these criteria later in life. 24 CFR § 578.3.

Case Management: A collaborative process providing options and services to meet an individual's/family's needs. Using a Housing First approach, any case management should engage the program participant. Additionally, a program participant must not be evicted from, or terminated from, the program for failure to meet with the case manager. Components of case management include counseling, developing, security and coordinating service, using the coordinated entry system, obtaining federal, state, and local benefits, monitoring and evaluating participant progress, providing information and referrals to other providers, providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault and stalking, and developing an individualized housing and service plan, including planning a path to permanent housing stability. 24 CFR § 578.53(e)(3).

Coordinated Entry: A process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. HUD noted qualities of an effective Coordinated Entry process includes prioritization, low-barrier, Housing First, person-centered, fair & equal access, emergency services, standardized access & assessment, inclusive, referrals, outreach, ongoing local planning & community partner consultation, leveraging local attributes & capacity, safety planning, using HMIS & other systems, and providing full coverage across the CoC. See the Coordinated Entry Policy Brief for more information.

Disabling Condition: (1) a condition that: (i) is expected to be long-continuing or of indefinite duration; (ii) substantially impedes the individual's ability to live independently; (iii) could be improved by the provision of more suitable housing conditions; and (iv) is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; or (2) a developmental disability, as defined above; or (3) the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired Immunodeficiency Syndrome, including infection with the Human Immunodeficiency Virus (HIV). 24 CFR § 583.5.

Environmental Review: An environmental review is a process of reviewing a project and its potential impact on the environment, determining if it meets federal, state, and local environmental standards. CoC-funded projects must work with their state or local governments to complete environmental reviews. An environmental review must be conducted for all projects

for which CoC program funds are being requested before those funds (including non-HUD funds) are committed to the project. The local HUD field office will perform environmental reviews in limited circumstances when a recipient is unable to identify a state or local government willing to assume the role of the responsible entity. All CoC-funded projects require an environmental review, however, not all projects require the same level of review. For more information on Environmental Reviews see the Orientation to Environmental Reviews on the HUD Exchange.

Family: Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, any group of persons presenting for assistance together with or without children and irrespective of age, relationship, or whether a member of the household has a disability. A child temporarily away from the home due to placement in foster care is considered a family member. See 24 CFR § 5.403.

Homeless:

- Literally Homeless (Category 1)- Includes an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: a). Has a primary nighttime residence that is a public or private place not meant for human habitation; b). Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels, and motels paid for by charitable organizations or by federal, state, and local government programs); or c). Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

- Imminent Risk of Homelessness (Category 2)- Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing. *Note youth aged 24 and under must not be required to provide third-party documentation that they meet the homeless definition in 24 CFR 578.3 as a condition for receiving services. Additionally, any youth-serving provider may serve unaccompanied youth aged 24 and under (or families headed by youth aged 24 and under) who are living in unsafe situations. HUD interprets "youth-serving provider" as a private nonprofit organization whose primary mission is to provide services to youth aged 24 and under and families headed by youth aged 24 and under. HUD interprets "living in unsafe situations" as having an unsafe primary nighttime residence and no safe alternative to that residence.

- Homeless under other Federal Statutes (Category 3)- Unaccompanied youth under 25 years of age, or families with Category 3 children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or

more during in the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers

- Any individual or family who (i) is experiencing trauma or lack of safety related to, or fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous, traumatic, or life-threatening conditions related to the violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized; (ii) Has no other safe residence; and (iii) Lacks the resources to obtain other safe permanent housing. (Category 4).

Housing First: An approach to connect individuals and families experiencing homelessness quickly and successfully to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Housing First is premised on the following principles:

- Homelessness is first and foremost a housing crisis and can be addressed through the provision of safe and affordable housing.
- All people experiencing homelessness, regardless of their housing history and duration of homelessness, can achieve housing stability in permanent housing. Some may need little support for a brief period, while others may need more intensive and long-term support.
- Housing First approaches are based on the concept that the first and primary need for anyone experiencing homelessness is to obtain stable housing (a basic necessity), and that other issues (such as getting a job or attending to substance use) that may affect the individual or household can and should be addressed once housing is obtained.
- Many people experience improvements in quality of life, in the areas of health, mental health, substance use, and employment, because of achieving housing.
- People experiencing homelessness have the right to self-determination and should be treated with dignity and respect.
- The exact configuration of housing and services depends upon the needs and preferences of the individual.

Housing First core features include:

- Few to no programmatic prerequisites to permanent housing entry.
- Low barrier admission policies.
- Rapid and streamlined entry into housing.
- Supportive services are voluntary but can and should be used to persistently engage tenants to ensure housing stability.
- Tenants have full rights, responsibilities, and legal protections.
- Practices and policies to prevent lease violations and evictions.
- Applicable in a variety of housing models.

Joint Transitional Housing/Rapid Rehousing (Joint TH/RRH): A Joint Transitional Housing (TH) and Rapid Rehousing (RRH) component project that includes two existing program components, TH and RRH, in a single project to serve individuals and families experiencing homelessness. Projects must provide both components, including units supported by the TH components and tenant-based rental assistance and services provided through the RRH component, to all program participants for up to 24 months as needed by the program participants. Projects should utilize a Housing First approach to target and prioritize people experiencing homelessness with higher needs. The Joint TH-RRH model incorporates participant-choice, in both finding permanent housing and in determining when to exit crisis housing. This means the participant decides when they are ready to move on to the RRH part of the model, not the program. This includes participants who may decide to skip the TH part of the model all together and go directly into RRH. By combining TH and RRH, individuals and families experiencing homelessness have access to low-barrier, temporary housing, and the financial support necessary to help them quickly move into and maintain permanent housing. These projects incorporate Housing First by having low barriers and allowing client choice in housing identification.

Permanent Supportive Housing (PSH): is a community-based housing without a designated length of stay. To be permanent housing, the program participant must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long and is terminable only for cause. PSH means permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently. 24 CFR § 578.3. PSH and Housing First are complementary for ending chronic homelessness and helping people with disabilities maintain stable housing.

Rapid Rehousing (RRH): The three core components of RRH utilizing a progressive engagement approach: (1) Housing identification, (2) Financial assistance (security deposit, move-in assistance, and rent assistance for three to six months), and (3) Housing stability case management through which people are connected to jobs, services and the supported needed to successfully maintain their housing. See 24 CFR § 578.37(a)(1)(ii) & Core Components of Rapid Rehousing, National Alliance to End Homelessness. Rapid Rehousing targets homeless individuals and families (assessed through the VI-SPDAT or if the person is fleeing from domestic violence, sexual assault, or stalking providers will utilize the Homeless Prevention Assessment) who could quickly and successfully transition out of homelessness with the provision of immediate and limited assistance. Housing First is an approach that minimizes the amount of time an individual or family spends experiencing homelessness and rapidly helps them stabilize their own housing. In and of itself, Rapid Rehousing is not designed to comprehensively address all a recipient's service needs or their poverty. Instead, Rapid Rehousing solves the immediate crisis of homelessness, while connecting families or individuals with appropriate community resources to address other service needs.

Supportive Services: Supportive Services must be necessary to assist program participants obtain and maintain housing. Eligible costs include annual assessment of service needs, assistance with moving costs, case management, childcare, education services, employment assistance and job training, food, housing search and counseling services, legal services, life skills training, mental health services, outpatient health services, outreach services, substance use

disorder treatment services, transportation, utility deposits, and direct provision of services. Any cost not described as an eligible cost is not an eligible cost of providing supportive services using CoC program funds. [24 CFR § 578.53](#).

Supportive Services Only (SSO): SSO projects provide supportive services, such as outreach to sheltered and unsheltered homeless individuals and families and providing referrals to other housing or necessary services to people experiencing homelessness, if the participant is not receiving any housing or housing assistance from the provider. SSO includes street outreach (SO). See the [CoC Program SSO/Housing Component Tool](#) to assist in correctly classifying an SSO project.

PROJECT TYPE

Permanent Supportive Housing (PSH): To receive CoC PSH assistance individuals and families may be defined as homeless under Category 1 and Category 4.

Rapid Rehousing (RRH): To receive CoC RRH assistance individuals and families may be defined as homeless under Category 1, Category 2, or Category 4.

Joint Transitional Housing/Rapid Rehousing (Joint TH/RRH): To receive CoC Joint TH/RRH assistance individuals and families may be defined as homeless under Category 1, Category 2, or Category 4.

Supportive Services Only (SSO): To receive CoC SSO assistance individuals and families may be defined as homeless under Category 1 and Category 4.

> The CoC Program Notice of Funding Availability (NOFA) may impose additional eligibility requirements that are not reflected in the regulations. Projects funded to carry out PSH, RRH, or Joint TH-RRH assistance under the CoC program must follow both CoC Program NOFA and regulatory requirements. **The IA BoS CoC prioritizes those defined as homeless under Category 1 and Category 4 for all project types.**

ALL PROJECTS

HOUSING FIRST

Standard: The CoC requires all funded programs to use a Housing First approach to provide low-barrier programs and focus on client choice.

All Project Type Criteria:
1. All projects will have Housing First core features including:
   a. Few to no programmatic prerequisites to permanent housing entry,
   b. Low barrier admission policies,
   c. Rapid and streamlined entry into housing,
   d. Supportive services are voluntary, but can and should be used to persistently engage tenants to ensure housing stability,
   e. Tenants have full rights, responsibilities, and legal protections, and
   f. Practices and policies to prevent lease violations and evictions.

ENVIRONMENTAL REVIEWS:

Standard: All funded projects should conduct and complete an environmental review before starting a CoC-funded program. An environmental review is a process of reviewing a project and its potential impact on the environment, determining if it meets federal, state, and local environmental standards. CoC-funded projects must work with their state or local governments to complete environmental reviews.

All Project Type Criteria:
1. An environmental review must be conducted for all projects for which CoC program funds are being requested before those funds (including non-HUD funds) are committed to the project.
2. All CoC-funded projects require an environmental review, however, not all projects require the same level of review. For more information on Environmental Reviews see the Orientation to Environmental Reviews on the HUD Exchange.

SERVICE COORDINATION:

Standard: The program will assist program participants, pursuant to 24 CFR § 578.1(3)(4) to promote access to and effective utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness. Staff should be knowledgeable about mainstream programs, services in the community, and requirements pertaining to school-age children—designated staff person—24 CFR § 578.23(c)(4)(iv), participants may refuse to apply for any mainstream benefits they do not want to receive.

All Project Criteria:
1. Arrangements shall be made as appropriate with community agencies and individuals for the provision of education, employment, and training; schools and enrichment programs; healthcare and dental clinics; mental health resources; chemical dependency assessments and treatment; legal services; budgeting and credit repair; and other assistance requested by the participant, which are not provided directly by the program.

2. Other homeless and mainstream resources for which, if eligible, a client should be assisted in obtaining, include: Emergency Financial Assistance; domestic violence shelters; local Housing Authorities, public housing, rent subsidies and subsidized housing; temporary labor agencies; childcare resources and public programs that subsidize childcare; consumer credit counseling service agencies; youth development and child welfare; Community Support Programs; WIC; SNAP; Unemployment Insurance; Social Security benefits; Medicaid/Medicare.

CLIENT FILES:

Standard: The documentation necessary for the effective delivery and tracking of service will be kept up to date and the confidentiality of program participants will be maintained.

All Project Criteria:
1. The file maintained on each participant should, at a minimum, include information required by HUD or the Iowa Balance of State Continuum of Care, participation agreements, service plans, case notes, information on the services provided both directly and through referrals to community agencies and individuals, and any follow-up and evaluation data that are compiled. The case file should include:
    a. Documentation of homelessness
        i. Order of Preference for Verification:
            1. Category 1- Literally Homeless
                a. Written observation by the outreach worker; or
                b. Written referral by another housing service provider; or
                c. Certification by the individual or head of household seeking assistance stating they were living on the streets or in shelter.
                    i. For individuals exiting an institution, one document from above is needed and either discharge paperwork or a written/oral referral or written record of intake worker's due diligence to obtain above evidence and certification by individual that exited the institution.
            2. Category 2- Imminent Risk of Homelessness
                a. Court order resulting from an eviction action notifying the individual or family that they must leave; or
                b. For individuals and families leaving a hotel or motel, evidence that they lack the financial resources to stay, or
                c. Documented and verified oral statement.
                    i. Also needed- Certification that no subsequent residence has been identified and self-certification or other written documentation that individual or family lacks the financial resources and support needed to obtain permanent housing.
            3. Category 4- Fleeing/Attempting to Flee DV (Domestic Violence)

      a. For Victim Service Providers- An oral statement by an individual or head of household seeking assistance stating they are fleeing, have no subsequent residence, and lack resources. Statement must be documented self-certification or certification by intake worker.

      b. For Non-Victim Service Providers- Oral statement by individual or head of household seeking assistance that they are fleeing, documented by self-certification or certification by caseworker. Where safety of individual or family is not jeopardized, the oral statement must be verified, and certification by the individual or head of household that no subsequence residence has been identified, and self-certification, or other written documentation, that the individual or family lack the financial resources and support networks to obtain other permanent housing.

  b. Type of need (amount and type).

  c. Eligibility/Annual Updates- these forms must be completed at intake and annually to ensure eligibility.
      i. Rent calculations
      ii. Lease Agreement
      iii. Rental Subsidy form
      iv. Housing Quality Standards documentation
      v. Rent reasonableness/Fair Market Rent (FMR)
      vi. Program service agreement
      vii. VAWA (Violence Against Women Act) forms

  d. Where a disability is required for entry into a project (PSH), the case files should include:
      i. Written verification of the disability from a licensed professional;
      ii. Written verification from the Social Security Administration;
      iii. Receipt of a disability check;
      iv. Intake staff recorded observation of disability that, no later than 45 days of application for assistance, is confirmed, or
      v. Other documentation approved by HUD.

2. Client information must be entered into HMIS (Homeless Management Information System) in accordance with the data quality, timeliness and additional requirements found in the HMIS Policies and Procedures manual. At a minimum, programs must record the date the client enters and exits the program and update the client's information as changes occur. At a minimum, non-HMIS providers must document in the file the date the client enters and exits the program and update the client's information as changes occur. If using an HMIS comparable database this information must be included in that database. The case file should include:

  a. HMIS Forms
      i. Coordinated Entry Referral
      ii. Intake & Exit
      iii. Confidentiality
      iv. Privacy

3. The program will maintain each participant file in a secure place and shall not disclose information from the file without the written permission of the participant as appropriate except to project staff and other agencies as required by law. Participants must give informed consent to release any client identifying data to be utilized for research, teaching, and public interpretation.
4. See 24 CFR § 578.103 for record retention pertaining to CoC funds. All records must be retained for at least 5 years after the expenditure of all funds from the grant under which the program participant was served. Copies made by microfilming, photocopying, or similar methods may be substituted for the original records. Where Continuum of Care funds are used for the acquisition, new construction, or rehabilitation of a project site, records must be retained until 15 years after the date that the project site is first occupied, or used, by the program participants.

BRIDGE HOUSING:

Standard: Providing a bridge or temporary placement for persons prioritized as PSH but only RRH resources are available, without negatively affecting PSH eligibility.

All Project Criteria:
1. When a household/individual has been determined eligible and accepted into a PSH project but there are no available units/openings, providers must align with the CoC Bridge Housing Policy. This allows the household/individual to either:
   a. Stay with a friend or family in a hotel or motel without losing their eligibility for the PSH program in which they have already been accepted, or
   b. The household/individual may be temporarily housed in an available RRH unit while a PSH unit is identified.

EMERGENCY TRANSFER PLAN:

Standard: All CoC-funded housing projects must align with the Emergency Transfer Planning Policy. This policy ensures there is focus on the safety of participants who are victims of domestic violence, dating violence, sexual assault, or stalking. The Emergency Transfer Plan allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the participant's current unit to another unit.

All Project Criteria:
1. A participant who is a victim of domestic violence, dating violence, sexual assault, or stalking is eligible for an emergency transfer plan, if:
   a. The participant reasonably believes there is a threat of imminent harm from further violence if they remain in the same unit, or
   b. The participant is a victim of sexual assault that occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.
   c. Participants who are not in good standing can still request an emergency transfer if they meet eligibility requirements.
2. To request an emergency transfer the participant will notify the project by submitting a written request for a transfer. A request form must be provided with the intake paperwork

and as requested by participants. The project will provide reasonable accommodation for individuals with disabilities. The written request must include either:
- a. A statement expressing that the participant reasonably believes there is a threat of imminent harm from further violence if they remain in the same dwelling units with the project; or
- b. A statement that the tenant was a sexual assault victim that occurred on the premises during the 90-calendar-day period preceding the participant's request for an emergency transfer.

3. All emergency transfer submission/request information will be kept confidential unless the participant gives written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program.
4. If a participant reasonably believes a proposed transfer would not be safe, they may request a transfer to a different unit. If a unit is available, the participant must agree to abide by the terms and conditions that govern occupancy of the unit. The provider may be unable to transfer a participant to a particular unit if the participant has not or cannot establish eligibility for the unit.
5. If there are no available or safe units for the participant, the providers will assist the participant in identifying other housing providers that may have safe and available units.

EVALUATION AND PLANNING:

Standard: Ongoing program planning and evaluation will be conducted.

All Project Criteria:
1. The program has written goals and objectives for its services to meet the outcomes required by HUD.
2. The program reviews the case management, housing, and follow-up needs of program participants and existing services available to meet these needs. As appropriate, revisions to goals, objectives and activities are made based on program evaluation.
3. The program exhibits due regard for participant privacy in conducting and reporting its evaluation.

REPORTING REQUIREMENTS:

Standard: All CoC-funded housing projects must meet certain reporting requirements that measure individual project performance. The purpose of collecting this data is so the CoC can assess the needs and performance of the overall CoC for better planning and coordination to address, reduce, and prevent homelessness.

All Project Criteria:
1. **Data Entry:** Homeless Management Information System (HMIS) was adopted by the CoC for all projects to utilize, except victim service providers (VSP), to record data about projects, participants, and use of housing and services. VSP must use a comparable database that complies with HUD's HMIS requirements, such as the Domestic Violence

Information Management System (DVIMS) and provide aggregate data to the CoC for planning purposes. Connect with the CoC HMIS Lead for training on HMIS and DVIMS.

2. **Annual Performance Report (APR):** All CoC-funded projects are required to submit an APR electronically every operating year. These reports are submitted through the SAGE HMIS Reporting Repository. The APR is used to track the progress and accomplishments of CoC-funded projects. All CoC recipients must complete their APR 90 days from the end of their operating year. APR Webinars and training are available through the HUD exchange website.

3. **Data Quality Planning (DQP) & Reporting:** Data Quality Planning (DQP) and Reporting is a HUD requirement. The IA Bos CoC Data Quality Plan is intended to define an integrated plan to improve and maintain the level of data quality needed to accomplish community goals and objectives. Data quality is vitally important to the success of both the HMIS and Iowa's comparable domestic violence database, DVIMS, and the programs that utilize these databases. Quarterly APR and CoC Monitoring reports are due quarterly to the CoC at reports@iaboscoc.org. To learn more please use the recorded training.

4. **E-Snaps:** The electronic Continuum of Care (CoC) Program Application and Grants Management System that HUD's Office of Special Needs Assistance Programs (SNAPS) uses to support the CoC Program funding application and grant awards process for the CoC Program.

5. **Line of Credit Control System (LOCCS): Primary grant disbursement system, handling disbursements for most HUD programs.** Grant disbursements are facilitated via the Internet through the eLOCCS system.

PERMANENT SUPPORTIVE HOUSING (PSH) PROJECTS

CLIENT ELIBILITY & INTAKE PROCESS:

Standard: Programs will be an active member of the Coordinated Entry system. Programs will have minimal entry requirements to ensure the most vulnerable populations are being served. Programs will assist participants in locating safe, affordable housing that meets participants' needs in accordance with client intake practices and within respective CoC Written Standards. Prioritization will be based on VI-SPDAT score for those meeting Category 1 homelessness or Homeless Prevention Assessment for those meeting Category 4 homelessness, chronic homelessness status, length of time homeless or on the streets, currently fleeing domestic violence, Veteran status, and family/youth status (if the youth is not being served by a youth provider). The CoC has a policy focused on emergency transfer planning which is laid out in more detail on page 12.

Criteria:
1. All program participants must meet the following program eligibility requirements:

a. The household must meet one of the definitions of "Homeless" (based on the program's funding source) listed on page 5 of these Standards at the time eligibility is determined. To receive CoC PSH assistance individuals and families may be defined as homeless under Category 1 or Category 4.

b. Head(s) of household must participate in developing and carrying out an appropriate housing stability plan and maintain accountability of said plan.

2. Programs cannot disqualify an individual or family because of evictions or poor rental history, criminal history, or credit history.

3. The program explains the available services and the requirements for participation and secures a commitment to participate in program services from each adult household member before admitting the individual or family into the program. A copy of the program requirements is given to the household.

4. The program will maintain a Release of Information that allows the sharing of information with relevant people and/or agencies. Program participants must be provided with copies of all Releases of Information that they have signed and have the right to revoke any Release of Information without penalty.

5. Permanent Supportive Housing projects choose how they will provide units/beds specifically for those experiencing chronic homelessness by providing a 100% Dedicated or a DedicatedPLUS process.

a. 100% Dedicated is a PSH project that commits 100% of its beds to chronically homeless individuals and families.

b. DedicatedPLUS is a PSH project where 100% of the beds are dedicated to serving individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum meet one of the following criteria: (1) experiencing chronic homelessness (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the TH project (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individual or families experiencing chronic homelessness had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement (4) residing in a transitional housing funded by a joint TH-RRH project and who were experiencing chronic homelessness priority to entering the project (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three year, but has not done so on four separate occasions or (6) receiving assistance through a Department of Veterans Affairs (VA) funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

6. The CoC has adopted the prioritization process as laid out in CPD-16-11 regarding prioritizing persons experiencing chronic homelessness and other vulnerable homeless persons into PSH.

a. Prioritizing chronically homeless persons in CoC program funded PSH beds that are not dedicated or not prioritized for people experiencing chronic homelessness:

i. First priority- Homeless individuals/families with a disability with long periods of episodic homelessness and severe needs.

  ii. Second priority- Homeless individuals/families with a Disability with severe service needs.

  iii. Third priority- Homeless individuals/families with a disability coming from places not meant for human habitation, safe haven, or emergency shelter without severe service needs.

  iv. Fourth priority- Homeless individuals/families with a disability coming from Transitional Housing.

7. PSH Transfers can occur between projects and organizations through a referral and request process. The PSH Transfer Request Form is centered around Housing First and client-choice practices.

 a. Internal Transfers: Participants can request an internal transfer between PSH projects within the same agency. The housing provider must complete the Transfer Request Form, which includes the reason for transfer.

 b. External Transfers: Participants can request a transfer to another PSH program with a different agency, if the participant meets eligibility. The current housing provider must complete the Transfer Request Form and submit it to the potential new housing provider.

 c. In all cases, a release of information must be obtained to share across projects and providers to ensure client confidentiality. All requested information must be kept within the client file in all project locations. Requests will be approved on the condition that appropriate housing is available, and the transfer is warranted. A written response determination will be provided to the requesting program including the rationale for denials. If a client is denied, the current housing program will continue to assist the client with their housing situation.

8. The PSH Transfer Request Form does not cover:

 a. Transfer requests due to fleeing/experiencing domestic violence, dating violence, sexual assault, staking, and/or human trafficking. Please utilize the Emergency Transfer Planning process for these requests.

 b. Transferring clients when a HUD CoC-funded project is closing. When CoC-funded projects close, the CoC staff will work with the applicable agency to develop a plan of action to ensure that, to the extent possible, no participants return to homelessness.

9. Reason for the transfer request.

 a. Conflict & Safety Concern- Space has become unsafe for household, but does not qualify under VAWA housing protection, such as someone has taken over the unit and household can no longer live there, violence taking place in the apartment building, or tenants in building harassing client. (Not crime within the neighborhood that is not specifically targeting household or building.)

 b. Reasonable Accommodation and/or Modifications- Household is unable to live in home due to accommodations that cannot be made such as requiring an elevator or large door frame for wheelchair in building without these features, larger units due to medical equipment or needing an additional room for a live-in aid. (Should not include items that can be put into current projects such as grab bars or lift.)

 c. Change in Household Composition- Family size changes so household requires a smaller or larger unit. (Not desire for a larger unit, has to be based on household size.)

d. Client Choice- Household would be able to reach employment and education goal, or not have their health jeopardized living in a different location that cannot be obtained by the current program such as needing to be located closer to a medical facility for necessary service such as dialysis. (Not geographic preference that is unrelated to these noted areas.)

PRIORITIZATION:

Standard and Criteria: The policies and procedures outlined in the Coordinated Entry Policy Manual, approved by the Iowa Balance of State CoC, shall be followed when prioritizing eligible households. Prioritization will be based on VI-SPDAT score for those meeting Category 1 homelessness or Homeless Prevention Assessment for those meeting Category 4 homelessness, chronic homelessness status, length of time homeless or on the streets, currently fleeing domestic violence, Veteran status, and family/youth status (if the youth is not being served by a youth provider). The CoC has a policy focused on emergency transfer planning which is laid out in more detail on page 12. The CoC has adopted the prioritization process as laid out in CPD-16-11 regarding prioritizing persons experiencing chronic homelessness and other vulnerable homeless persons into PSH, which is laid out above on page 15.

PROGRAM OPERATIONS:

Standard: The program will provide safe, affordable housing that meets participants' needs in accordance with client intake practices and within HUD guidelines for permanent supportive housing programs. For PSH projects there is no length of designated stay.

Criteria:
1. Explanation of program rules and expectations prior to admitting the individual or family into the program. These rules and expectations should ensure fairness, to avoid arbitrary decisions that may vary from client to client, or staff to staff.
2. In providing or arranging for housing, the program considers the needs of the individual or family experiencing homelessness.
3. The program aids in accessing suitable housing.
4. Programs will assess potential housing for compliance with CoC HUD Housing Quality Standards (HQS) 24 CFR § 578.75(b), lead-based paint, and rent reasonableness and fair market rent standards prior to the participant signing a lease with the landlord/property owner, and the program signing a rental assistance agreement with the landlord/property owner. See 24 CFR § 578.37(a)(1)(i).
5. The program enters into a lease agreement with program participant for a term of at least one year, which is terminable for cause. The lease must be automatically renewable upon expiration for a minimum term of one month. Assistance may be extended as stated in 24 CFR § 578.79.
6. In accordance with 24 CFR § 578.77, agencies are not required to impose occupancy charges on program participants as a condition of residing in the housing. Projects that provide *rental assistance* must charge rent that is the highest of these three figures. Projects that have *leasing funds* and impose an occupancy charge are not permitted to charge any amount higher than the highest of these three figures.

a. 30% of the household's monthly adjusted gross income;
b. 10% of the household's monthly income; or
c. If the household is receiving payments for welfare assistance from a public agency and part of the payments is specifically designated by the agency to meet the household's housing costs, the portion of the payments designated for housing costs.
7. In accordance with 24 CFR § 578.77, income must be calculated in accordance with 24 CFR § 5.609 and 24 CFR § 5.611(a). Projects must examine a program participant's income initially. If there is a change in family composition (e.g., birth of a child) or a decrease in the participant's income, the occupancy charge shall be re-examined and adjusted accordingly.

CASE MANAGEMENT & SUPPORTIVE SERVICES:

Standard: The program shall provide access to case management services by qualified and trained staff to each individual or family participating in the program. While services are voluntary for people participating in the program, they must be offered by the case managers.

Criteria:
1. Individual case management is provided to program participants at least monthly. Component services and activities consist of: (i) Counseling; (ii) Developing, securing, and coordinating services; (iii) Using the centralized or coordinated assessment system as required under 24 CFR § 578.23 (c)(9). (iv) Obtaining Federal, State, and local benefits; (v) Monitoring and evaluating program participant progress; (vi) Providing information and referrals to other providers; (vii) Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking; and (viii) Developing an individualized housing and service plan, including planning a path to permanent housing stability.
2. In providing or arranging for housing, the program considers the needs of the individual or family experiencing homelessness.
3. Other services that can be included are:
    a. Assistance with moving costs;
    b. Case Management;
    c. Child Care;
    d. Education Services;
    e. Employment Assistance and Job Training;
    f. Housing Search and Counseling Services;
    g. Legal Services;
    h. Life Skills Training;
    i. Mental Health Services;
    j. Outpatient Health Services;
    k. Substance Abuse Treatment Services;
    l. Transportation; and
    m. Utility Deposits.
4. Projects are required to make available supportive services to participants for the entire duration of their residence in the project.

TERMINATION:

Standard: Termination is expected to be limited to only the most severe cases. Programs will exercise judgment and examine all extenuating circumstances when determining if violations are serious enough to warrant termination.

Criteria:
1. In terminating assistance to a program participant, the agency must follow the due process provisions set forth in 24 CFR § 578.91 (CoC) or 24 CFR § 576.402 (ESG) as well as the following process: (1) providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance; (2) written notice to the program participant containing a clear statement of the reason for termination; (3) a review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and (4) prompt written notice of the final decision to the program participant.
2. Termination under this section does not bar the program from providing further assistance later to the same individual or family.
3. Programs are encouraged to re-house, rather than terminate assistance to households that are evicted from their housing while participating in the program.
4. Projects providing permanent supportive housing for hard-to-house populations of homeless people must exercise judgment and examine all extenuating circumstances. Assistance should only be terminated in the most severe cases. 24 CFR § 578.91(c).

RAPID REHOUSING (RRH) PROJECTS

CLIENT ELIGIBLITY & INTAKE PROCESS:

Standard: Programs will be an active member of the Coordinated Entry system. Programs will have minimal entry requirements to ensure the most vulnerable populations are being served. Programs will assist participants in locating safe, affordable housing that meets participants' needs in accordance with client intake practices and within respective CoC Written Standards.

Criteria:
1. All program participants must meet the following program eligibility requirements:
   a. The household must meet one of the definitions of "Homeless" (based on the program's funding source) listed on page 5 of these Standards at the time eligibility is determined. To receive CoC RRH assistance individuals and families may be defined as homeless under Category 1, Category 2, or Category 4. Any youth-serving provider may serve unaccompanied youth aged 24 and under (or families headed by youth aged 24 and under) who are living in unsafe situations. HUD interprets "youth-serving provider" as a private nonprofit organization

whose primary mission is to provide services to youth aged 24 and under and families headed by youth aged 24 and under. HUD interprets "living in unsafe situations" as having an unsafe primary nighttime residence and no safe alternative to that residence.
   b. Head(s) of household must participate in developing and carrying out an appropriate housing stability plan and maintain accountability of said plan.
2. Programs cannot disqualify an individual or family because of evictions or poor rental history, criminal history, or credit history.
3. The program explains the available services and the requirements for participation and secures a commitment to participate in program services from each adult household member before admitting the individual or family into the program. A copy of the program requirements is given to the household.
4. The program will maintain a Release of Information that allows the sharing of information with relevant people and/or agencies. Program participants must be provided with copies of all Releases of Information that they have signed and have the right to revoke any Release of Information without penalty.
5. RRH to PSH Transfer: Participants in an RRH program can transition to a PSH program when the current program is not sustainable and is an option on a case-by-case basis. Providers must follow the Rapid Rehousing to Permanent Supportive Housing Transition Policy when using this process.

PRIORITIZATION:

Standard and Criteria: The policies and procedures outlined in the Coordinated Entry Policy Manual, approved by the Iowa Balance of State CoC, shall be followed when prioritizing eligible households. Prioritization will be based on VI-SPDAT score for those meeting Category 1 homelessness or Homeless Prevention Assessment for those meeting Category 4 homelessness, chronic homelessness status, length of time homeless or on the streets, currently fleeing domestic violence, Veteran status, and family/youth status (if the youth is not being served by a youth provider). The CoC has a policy focused on emergency transfer planning which is laid out in more detail on page 12 and Bridge Housing on page 13.

PROGRAM OPERATIONS:

Standard: The program will provide safe, affordable housing that meets participants' needs in accordance with client intake practices and within HUD guidelines for permanent supportive housing programs. For RRH projects, the total assistance length that a program participant can receive is 24 months. However, a minimum stay cannot be dictated, and program participants should receive the assistance needed to exit homelessness safely and stably, which may not be a full 24 months of assistance. Six months of follow-up may be provided to participants after financial assistance ends in RRH projects.

Criteria:
1. Explanation of program rules and expectations prior to admitting the individual or family into the program. These rules and expectations should ensure fairness, to avoid arbitrary decisions that may vary from client to client, or staff to staff.

2. In providing or arranging for housing, the program considers the needs of the individual or family experiencing homelessness.
3. The program aids in accessing suitable housing.
4. Programs will assess potential housing for compliance with CoC HUD Housing Quality Standards (HQS) 24 CFR § 578.75(b), lead-based paint, and rent reasonableness and fair market rent standards prior to the participant signing a lease with the landlord/property owner, and the program signing a rental assistance agreement with the landlord/property owner. See 24 CFR § 578.37(a)(1)(ii).
5. The program may aid with:
   a. Short-term rental assistance (up to 3 months)
   b. Medium-term rental assistance (4 to 24 months)
   c. Security deposits (up to 2 months)
   d. First and last month's rent
   e. Property damage
   f. Utility deposit (one-time & paid to utility company)
6. The program signs a rental assistance agreement with the landlord/property owner. The program participant signs a lease with the landlord/property owner. The program and the participant sign a housing stabilization plan, agreed upon by the participant and project.
   a. Program participants receiving TBRA (Tenant Based Rental Assistance) must sign a lease of at least one year that is renewable (for a minimum term of one month) and terminable only for cause.
7. The CoC does not mandate programs to require program participants to share in the cost of their rent. If the program requires rent cost sharing, the provider must have standards for client income contribution to rent. If a program has income contribution standards, they must apply to all program participants equally; for the purposes of calculating rent contributions, the rent shall equal the total monthly unit rent.
   a. Initial assistance can be as much as 100% of rent. Clients will pay a percentage of their rent based on the program's assessment of the client's financial and family situation, with rental assistance decreasing monthly over time (to provide flexibility for projects the schedule for assistance and process of decreasing will be determined by program staff).
   b. If the program participant pays separately for utilities, the provider must follow CPD Notice 17-11 for guidance on how the utility reimbursement is calculated and the requirements on how it should be paid. HUD regulations do not require clients to contribute any portion of income to rent when providing Rapid Rehousing assistance.
   c. Any additional requirements regarding the percentage or amount of rent and utilities costs each program participant shall pay shall be determined by the individual service provider's policies and clearly communicated to program participants.
8. Participant's income shall be assessed prior to approval for initial and additional financial assistance. Documentation of the participant's income and expenses, including how the participant is contributing to housing costs, if at all, shall be maintained in participant's file. This file shall also contain a plan to sustain housing following the assistance, including either a plan to increase income or decrease expenses or both.

a. The length of rental assistance will be determined by each agency as necessary to use resources efficiently while also minimizing returns to homelessness. Initial assistance can be as much as 100% of rent.

b. Participants receive approval for the minimum amount of financial assistance necessary to prevent homelessness. Documentation of financial need shall be kept in the participant's file.

c. Documentation of financial assistance shall be kept in the participant's file for every month of assistance received.

d. Participants shall not be approved for more rental assistance than can be justified given their income and expenses.

e. Approval for rental assistance shall be granted in no more than three-month increments.

f. In no event will financial assistance under rapid rehousing exceed 24 months in any 36-month period.

9. Continued Eligibility- To ensure participants are eligible for continued services projects must:

a. Reassess the continuing need for rental assistance before approving additional assistance.

b. Re-evaluate the household for continued eligibility at least annually. To continue to receive Rapid Rehousing assistance, a program participant's re-evaluation must demonstrate eligibility based on:

i. Lack of resources and support networks. The program participant's household must continue to lack sufficient resources and support networks to retain housing without CoC program assistance.

ii. Need. The recipient or sub-recipient must determine the amount and type of assistance that the individual or family will need to maintain stability in their housing.

CASE MANAGEMENT & SUPPORTIVE SERVICES:

Standard: The program shall provide access to case management services by qualified and trained staff to each individual or family participating in the program.

Criteria:

1. Rapid Rehousing projects must require the participants meet with the Case Manager at least once a month to assist in maintaining housing stability.

2. Individual case management is provided to program participants at least monthly. Component services and activities consist of: (i) Counseling; (ii) Developing, securing, and coordinating services; (iii) Using the centralized or coordinated assessment system as required under 24 CFR § 578.23 (c)(9). (iv) Obtaining Federal, State, and local benefits; (v) Monitoring and evaluating program participant progress; (vi) Providing information and referrals to other providers; (vii) Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking; and (viii) Developing an individualized housing and service plan, including planning a path to permanent housing stability.

3. In providing or arranging for housing, the program considers the needs of the individual or family experiencing homelessness.
4. Other services that can be included are:
    a. Assistance with moving costs;
    b. Case Management;
    c. Child Care;
    d. Education Services;
    e. Employment Assistance and Job Training;
    f. Housing Search and Counseling Services;
    g. Legal Services;
    h. Life Skills Training;
    i. Mental Health Services;
    j. Outpatient Health Services;
    k. Substance Abuse Treatment Services;
    l. Transportation; and
    m. Utility Deposits.
5. Projects are required to make available supportive services to participants for the entire duration of their residence in the project.

TERMINATION:

Standard: Termination is expected to be limited to only the most severe cases. Programs will exercise judgment and examine all extenuating circumstances when determining if violations are serious enough to warrant termination.

Criteria:
1. In terminating assistance to a program participant, the agency must follow the due process provisions set forth in 24 CFR § 578.91 (CoC) or 24 CFR § 576.402 (ESG) as well as the following process: (1) providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance; (2) written notice to the program participant containing a clear statement of the reason for termination; (3) a review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and (4) prompt written notice of the final decision to the program participant.
2. Termination under this section does not bar the program from providing further assistance later to the same individual or family.
3. Programs are encouraged to re-house, rather than terminate assistance to households that are evicted from their housing while participating in the program.

FOLLOW-UP SERVICES:

Standard: The program shall provide a continuity of services to all participants following their exit from the program. These services can be provided directly and/or through referrals to other agencies or individuals.

Criteria:

1. The program develops exit plans with the participants to ensure continued housing stability and connection with community resources, as desired.
2. The program should attempt to follow up with phone or written contact at least once after the client exits the program. A program may provide follow-up services that include identification of additional needs and referral to other agency or community resources to prevent future episodes of homelessness.
3. Six months of follow-up may be provided to participants after financial assistance ends in RRH projects.

JOINT TRANSITIONAL HOUSING-RAPID REHOUSING (JOINT TH-RRH) PROJECTS

CLIENT ELIGIBLITY & INTAKE PROCESS:

Standard: Programs will be an active member of the Coordinated Entry system. Programs will have minimal entry requirements to ensure the most vulnerable populations are being served. Programs will assist participants in locating safe, affordable housing that meets participants' needs in accordance with client intake practices and within respective CoC Written Standards.

Criteria:

1. All program participants must meet the following program eligibility requirements:
    a. The household must meet one of the definitions of "Homeless" (based on the program's funding source) listed on page 5 of these Standards at the time eligibility is determined. To receive CoC Joint TH/RRH assistance individuals and families may be defined as homeless under Category 1, Category 2, or Category 4. Any youth-serving provider may serve unaccompanied youth aged 24 and under (or families headed by youth aged 24 and under) who are living in unsafe situations. HUD interprets "youth-serving provider" as a private nonprofit organization whose primary mission is to provide services to youth aged 24 and under and families headed by youth aged 24 and under. HUD interprets "living in unsafe situations" as having an unsafe primary nighttime residence and no safe alternative to that residence.
    b. Head(s) of household must participate in developing and carrying out an appropriate housing stability plan and maintain accountability of said plan.
2. Programs cannot disqualify an individual or family because of evictions or poor rental history, criminal history, or credit history.
3. The program explains the available services and the requirements for participation and secures a commitment to participate in program services from each adult household member before admitting the individual or family into the program. A copy of the program requirements is given to the household.

4. The program will maintain a Release of Information that allows the sharing of information with relevant people and/or agencies. Program participants must be provided with copies of all Releases of Information that they have signed and have the right to revoke any Release of Information without penalty.
5. RRH to PSH Transfer: Participants in an RRH program can transition to a PSH program when the current program is not sustainable and is an option on a case-by-case basis. Providers must follow the Rapid Rehousing to Permanent Supportive Housing Transition Policy when using this process.

PRIORITIZATION:

Standard and Criteria: The policies and procedures outlined in the Coordinated Entry Policy Manual, approved by the Iowa Balance of State CoC, shall be followed when prioritizing eligible households. Prioritization will be based on VI-SPDAT score for those meeting Category 1 homelessness or Homeless Prevention Assessment for those meeting Category 4 homelessness, chronic homelessness status, length of time homeless or on the streets, currently fleeing domestic violence, Veteran status, and family/youth status (if the youth is not being served by a youth provider). The CoC has a policy focused on emergency transfer planning which is laid out in more detail on page 12 and Bridge Housing on page 13.

PROGRAM OPERATIONS:

Standard: The program will provide safe, affordable housing that meets participants' needs in accordance with client intake practices and within HUD guidelines for permanent supportive housing programs. For Joint TH/RRH, the total assistance length that a program participant can receive is 24 months. However, a minimum stay in either portion of the project cannot be dictated, and program participants should receive the assistance needed to exit homelessness safely and stably, which may not be a full 24 months of assistance. Six months of follow-up may be provided to participants after financial assistance ends in Joint TH/RRH projects.

TH Criteria:
1. Explanation of program rules and expectations prior to admitting the individual or family into the program. These rules and expectations should ensure fairness, to avoid arbitrary decisions that may vary from client to client, or staff to staff.
2. In providing or arranging for housing, the program considers the needs of the individual or family experiencing homelessness.
3. The program aids in accessing suitable housing.
4. Programs will assess potential housing for compliance with CoC HUD Housing Quality Standards (HQS) 24 CFR § 578.75(b), lead-based paint, and rent reasonableness and fair market rent standards prior to the participant signing a lease with the landlord/property owner, and the program signing a rental assistance agreement with the landlord/property owner. See 24 CFR § 578.3(4).
5. Individuals and families residing in transitional housing are not required to pay rent. Providers of transitional housing may impose occupancy charges. If the provider elects to charge an occupancy fee, the fee may not exceed those specified in 24 CFR § 578.77. Projects that provide *rental assistance* must charge rent that is the highest of these three

figures. Projects that have *leasing funds* and impose an occupancy charge are not permitted to charge any amount higher than the highest of these three figures.
   a. 30% of the household's monthly adjusted gross income;
   b. 10% of the household's monthly income; or
   c. If the household is receiving payments for welfare assistance from a public agency and part of the payments is specifically designated by the agency to meet the household's housing costs, the portion of the payments designated for housing costs.
6. If occupancy charges are collected, in accordance with 24 CFR § 578.77, income must be calculated in accordance with 24 CFR § 5.609 and 24 CFR § 5.611(a). Projects must examine a program participant's income initially. If there is a change in family composition (e.g., birth of a child) or a decrease in the participant's income, the occupancy charge shall be re-examined and adjusted accordingly.
7. Individuals and families residing in transitional housing must have a signed lease, sublease, or occupancy agreement with the following requirements:
   a. An initial term of at least one month;
   b. Automatically renewable upon expiration, except by prior notice by either party;
   c. A maximum term of 24 months.
8. No fee other than occupancy as specified above may be charged to program participants. This includes meals, copayments for services, transportation and all other services provided to program participants. Providers must consult CPD Notice 17-11 for guidance on how the utility reimbursement is calculated and the requirements on how it should be paid.
9. Occupancy charges collected from program participants are program income. In addition, occupancy charges collected from residents of transitional housing may be reserved, in whole or in part, to assist the residents from whom they are collected to move to permanent housing. See 24 CFR§ 578.97(c).
10. To facilitate the movement of program participants into permanent housing, the project should provide a wide range of supportive services to participants while they reside in the program that meets the participants' needs. A Housing First approach will be utilized to operate with low barriers and work on quickly moving people into permanent housing, therefore there are no requirements to participate in supportive services and no preconditions to enter the TH component.

RRH Criteria:
1. See RRH Criteria on pages 20-22.

CASE MANAGEMENT & SUPPORTIVE SERVICES:

Standard: The program shall provide access to case management services by qualified and trained staff to each individual or family participating in the program.

Criteria:
1. Individual case management is provided to program participants at least monthly. Component services and activities consist of: (i) Counseling; (ii) Developing, securing, and coordinating services; (iii) Using the centralized or coordinated assessment system as required under 24 CFR § 578.23 (c)(9). (iv) Obtaining Federal, State, and local benefits;

(v) Monitoring and evaluating program participant progress; (vi) Providing information and referrals to other providers; (vii) Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking; and (viii) Developing an individualized housing and service plan, including planning a path to permanent housing stability.

2. In providing or arranging for housing, the program considers the needs of the individual or family experiencing homelessness.
3. Other services that can be included are:
   a. Assistance with moving costs;
   b. Case Management;
   c. Child Care;
   d. Education Services;
   e. Employment Assistance and Job Training;
   f. Housing Search and Counseling Services;
   g. Legal Services;
   h. Life Skills Training;
   i. Mental Health Services;
   j. Outpatient Health Services;
   k. Substance Abuse Treatment Services;
   l. Transportation; and
   m. Utility Deposits.

Projects are required to make available supportive services to participants for the entire duration of their residence in the project.

TERMINATION:

Standard: Termination is expected to be limited to only the most severe cases. Programs will exercise judgment and examine all extenuating circumstances when determining if violations are serious enough to warrant termination.

Criteria:
1. In terminating assistance to a program participant, the agency must follow the due process provisions set forth in 24 CFR § 578.91 (CoC) or 24 CFR § 576.402 (ESG) as well as the following process: (1) providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance; (2) written notice to the program participant containing a clear statement of the reason for termination; (3) a review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and (4) prompt written notice of the final decision to the program participant.
2. Termination under this section does not bar the program from providing further assistance later to the same individual or family.
3. Programs are encouraged to re-house, rather than terminate assistance to households that are evicted from their housing while participating in the program.

FOLLOW-UP SERVICES:

Standard: The program shall provide a continuity of services to all participants following their exit from the program. These services can be provided directly and/or through referrals to other agencies or individuals.

Criteria:
1. The program develops exit plans with the participants to ensure continued housing stability and connection with community resources, as desired.
2. The program should attempt to follow up with phone or written contact at least once after the client exits the program. A program may provide follow-up services that include identification of additional needs and referral to other agency or community resources to prevent future episodes of homelessness.
3. Six months of follow-up may be provided to participants after financial assistance ends in Joint TH/RRH projects.

SUPPORTIVE SERVICES ONLY (SSO)

CLIENT ELIGIBLITY & INTAKE PROCESS:

Standard: Programs will be an active member of the Coordinated Entry system. Programs will have minimal entry requirements to ensure the most vulnerable populations are being served. Programs will assist participants in locating safe, affordable housing that meets participants' needs in accordance with client intake practices and within respective CoC Written Standards.

Criteria:
1. All program participants must meet the following program eligibility requirements:
   a. The household must meet one of the definitions of "Homeless" (based on the program's funding source) listed on page 5 of these Standards at the time eligibility is determined.
   b. Head(s) of household must participate in developing and carrying out an appropriate housing stability plan and maintain accountability of said plan.
2. Programs cannot disqualify an individual or family because of evictions or poor rental history, criminal history, or credit history.
3. The program explains the available services and the requirements for participation and secures a commitment to participate in program services from each adult household member before admitting the individual or family into the program. A copy of the program requirements is given to the household.
4. The program will maintain a Release of Information that allows the sharing of information with relevant people and/or agencies. Program participants must be provided with copies of all Releases of Information that they have signed and have the right to revoke any Release of Information without penalty.
5. Unsheltered individuals and families will be provided immediate support, intervention, and referrals with homeless assistance, mainstream resources, and/or housing programs.

6. If a participant is unable to be located for a consecutive 90-day period and no other contacts have been recorded, participants may be exited from the project.

PRIORITIZATION:

Standard and Criteria: The policies and procedures outlined in the Coordinated Entry Policy Manual, approved by the Iowa Balance of State CoC, shall be followed when prioritizing eligible households. Prioritization will be based on VI-SPDAT score for those meeting Category 1 homelessness or Homeless Prevention Assessment for those meeting Category 4 homelessness, chronic homelessness status, length of time homeless or on the streets, currently fleeing domestic violence, Veteran status, and family/youth status (if the youth is not being served by a youth provider). The CoC has a policy focused on emergency transfer planning which is laid out in more detail on pages 12-13.

Criteria:
1. SSO projects will work with each Coordinated Service Region to coordinate referrals so people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through Coordinated Entry.

PROGRAM OPERATIONS:

Standard: SSO participants may continue to receive six months of follow-up after they are permanently housed. If a participant is unable to be located for a consecutive 90-day period and no other contacts have been recorded, participants may be exited from the project.

Criteria:
1. Explanation of program rules and expectations prior to admitting the individual or family into the program. These rules and expectations should ensure fairness, to avoid arbitrary decisions that may vary from client to client, or staff to staff.
2. In providing or arranging for housing, the program considers the needs of the individual or family experiencing homelessness.
3. The program aids in accessing suitable housing.
4. Projects should make repeated attempts to provide assistance while respecting client choice.
5. Projects should conduct SO (Street Outreach) at a minimum weekly, depending on budget and staffing.

CASE MANAGEMENT & SUPPORTIVE SERVICES:

Standard: The program shall provide access to case management services by qualified and trained staff to each individual or family participating in the program.

Criteria:
1. Individual case management is provided to program participants at least monthly. Component services and activities consist of: (i) Counseling; (ii) Developing, securing, and coordinating services; (iii) Using the centralized or coordinated assessment system as

required under [24 CFR § 578.23 (c)(9)](). (iv) Obtaining Federal, State, and local benefits; (v) Monitoring and evaluating program participant progress; (vi) Providing information and referrals to other providers; (vii) Providing ongoing risk assessment and safety planning with victims of domestic violence, dating violence, sexual assault, and stalking; and (viii) Developing an individualized housing and service plan, including planning a path to permanent housing stability.

2. In providing or arranging for housing, the program considers the needs of the individual or family experiencing homelessness.
3. Other services that can be included are:
   a. Assistance with moving costs;
   b. Case Management;
   c. Child Care;
   d. Education Services;
   e. Employment Assistance and Job Training;
   f. Housing Search and Counseling Services;
   g. Legal Services;
   h. Life Skills Training;
   i. Mental Health Services;
   j. Outpatient Health Services;
   k. Substance Abuse Treatment Services;
   l. Transportation; and
   m. Utility Deposits.
4. Projects are required to make available supportive services to participants for the entire duration of their residence in the project.

TERMINATION:

Standard: Termination is expected to be limited to only the most severe cases. Programs will exercise judgment and examine all extenuating circumstances when determining if violations are serious enough to warrant termination.

Criteria:
1. In terminating assistance to a program participant, the agency must follow the due process provisions set forth in [24 CFR § 578.91]() (CoC) or [24 CFR § 576.402]() (ESG) as well as the following process: (1) providing the program participant with a written copy of the program rules and the termination process before the participant begins to receive assistance; (2) written notice to the program participant containing a clear statement of the reason for termination; (3) a review of the decision, in which the program participant is given the opportunity to present written or oral objections before a person other than the person (or a subordinate of that person) who made or approved the termination decision; and (4) prompt written notice of the final decision to the program participant.
2. Termination under this section does not bar the program from providing further assistance later to the same individual or family.
3. Programs are encouraged to re-house, rather than terminate assistance to households that are evicted from their housing while participating in the program.

4. Participants are not terminated from this project type until they are placed in housing of their choice, they indicate they no longer need services and request service closure, or they pose a serious threat of harm to outreach staff or other participants.
5. Projects should make repeated attempts to provide assistance while respecting client choice.
6. If a participant is unable to be located for a consecutive 90-day period and no other contacts have been recorded, participants may be exited from the project.

FOLLOW-UP SERVICES:

Standard: The program shall provide a continuity of services to all participants following their exit from the program. These services can be provided directly and/or through referrals to other agencies or individuals.

Criteria:
1. The program develops exit plans with the participants to ensure continued housing stability and connection with community resources, as desired.
2. The program should attempt to follow up with phone or written contact at least once after the client exits the program. A program may provide follow-up services that include identification of additional needs and referral to other agency or community resources to prevent future episodes of homelessness.
3. SSO project can provide six (6) months of follow up services after a participant's placement into permanent housing (e.g., PSH, RRH). Services would be focused on participants' adjustment to their new living situation.

EMERGENCY SOLUTIONS GRANT (ESG) PROJECTS

The Iowa Finance Authority (IFA) is the State of Iowa Grantee for ESG funds. As the recipient, IFA must establish and consistently apply, or require subrecipients to establish and consistently apply, written standards for ESG assistance. Iowa Finance Authority recognizes the Iowa Code, Chapter 42- Emergency Solutions Grant Program, as policy for projects receiving ESG funding.
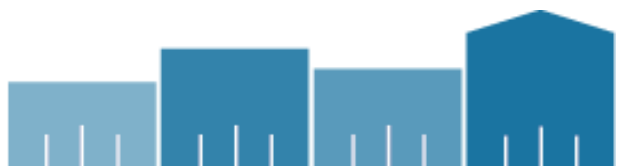
Institute for Community Alliances

Homeless Management Information System

POLICIES & PROCEDURES

For: Iowa Balance of State CoC

Des Moines/Polk County CoC

Institute for Community Alliances

1111 Ninth Street, Suite 245
Des Moines, IA 50314

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II. MINIMUM REQUIRED DATA COLLECTION AGREEMENT

1. INTRODUCTION

The Iowa Homeless Management Information System (HMIS) is a collaborative effort of the Iowa Balance of State Continuum of Care, Homeward Continuum of Care (Polk County, Iowa), the State of Iowa, participating Partner Agencies, and ICA. The HMIS is a web-based database used by homelessness service organizations throughout the state of Iowa to collect, record, and store client-level information with the goal of providing information that results in a well-developed understanding of homelessness and assists in better addressing the needs of clients who are experiencing homelessness.

HMIS enables service providers to measure the effectiveness of their interventions and facilitate analysis of service needs and gaps. Information that is gathered from clients via interviews conducted by service providers is aggregated and made available to policymakers, researchers, service providers, and advocates. Data about the extent and nature of homelessness in the state of Iowa are used to inform public policy decisions aimed at addressing and ending homelessness at the local, state, and federal levels.

This document provides the policy guidelines and standards that govern the ongoing operations of the Institute for Community Alliances Homeless Management Information System Project (ICA HMIS). The *Project Overview* provides the main objectives, direction, and benefits of ICA HMIS. The *Governing Principles* establish the values that are the basis for all policy statements and subsequent decisions. Finally, the *Operating Procedures* provide specific policies and steps necessary to control the operational environment regarding the following:

Privacy
- Release and Disclosure of Client Data

Security
- User Authorization
- Workstation Security

Data Quality

- Project Participation
- Collection and Entry of Client Data
- Training
- Technical Support

Other Obligations and Agreements discuss external relationships required for the continuation of this project.

2. PROJECT OVERVIEW

The long-term vision is to enhance Continua of Care participating agencies' collaboration, service delivery, and data collection capabilities. Accurate information will put the various Continua of Care that ICA supports in a better position to request funding from local, state, and

federal funding sources as well as to enhance the policy and planning capabilities of CoCs, the State of Iowa, and local jurisdictions.

The mission of ICA's Iowa HMIS Project is to support an integrated network of homelessness service providers that use ICA's HMIS database to collect, track, and report uniform information on client needs and services. This system not only meets Federal requirements but also enhances local service planning and delivery.

The fundamental goal of the ICA HMIS is to document the populations served by the homelessness response system in our partner Continua according to the HUD HMIS Data and Technical Standards. The collection of data is accomplished through gathering information from those experiencing homelessness, which is then entered into HMIS by service providers who are assisting individuals and families experiencing homelessness. Data that is gathered through HMIS participation is used to complete the HUD-defined duties of the HMIS Lead, such as submission of the System Performance Measures (SPM), Longitudinal Systems Analysis (LSA), and Housing Inventory County/Point in Time (HIC/PIT). Data may also be analyzed to provide unduplicated counts and aggregate data to policymakers, service providers, research entities, and advocacy groups.

In addition, the HMIS database also serves as a method of recording the effectiveness and overall performance of projects. Project-level and system-wide performance is established through the compilation and analysis of data by the ICA HMIS team.

The project utilizes a web-enabled application, Wellsky Community Services, which resides on a central server to facilitate data collection by homelessness service organizations within the Homeward (Polk County) and Iowa Balance of State CoCs. Access to the central server is limited to agencies formally participating in the project and then only to authorized staff members who meet the necessary training and security requirements.

This HMIS project is staffed by The Institute for Community Alliances. The Institute for Community Alliance's Corporate Executive Officer is the authorizing agent for all agreements made between participating agencies and the Institute for Community Alliances. The ICA Iowa HMIS staff are responsible for the administration of the HMIS network and user access. The Institute for Community Alliances Iowa HMIS staff will also provide training and technical assistance to users of the system throughout the Continua of Care.

Various data-related sub-committees of the Continua are responsible for oversight and guidance of the ICA HMIS. These groups are committed to balancing the interests and needs of all community partners involved, including all populations who may be at risk of homelessness or currently experiencing homelessness.

Potential benefits for populations at risk of homelessness or currently experiencing homelessness: Service coordination can be improved when information is shared among case management staff within one agency or with staff in other agencies (with written client consent) who are serving the same clients. Additionally, the ability to coordinate resources serves as a benefit to case management staff who may be able to improve case management based upon further agency coordination.

Potential benefits for agencies and program managers:
Collection and analysis of client information can be used to improve each agency's understanding of the population being served, which improves the agency's ability to more effectively respond to client needs. As a result, agencies can improve client outcomes, more effectively advocate for additional resources, complete funding applications, evaluate programs and services, as well as complete necessary reporting required by federal partners such as HUD, HHS, and the VA. HMIS participation provides the capacity to generate HUD Annual Progress Reports (APRs), Consolidated Annual Performance and Evaluation Reports (CAPERs), and other HUD-required or related reports.

Potential benefits for community-wide Continua of Care and policymakers:
CoC-wide involvement in the project provides the capacity to generate HUD Annual Progress Reports (APRs), Consolidated Annual Performance and Evaluation Reports (CAPERs), and other HUD-required or related reports. The network provides data to the Continua of Care and allows access to aggregate information both at the local and regional level that will assist in the identification of gaps in services, as well as the completion of other service reports used to inform local policy decisions aimed at addressing and ending homelessness.

3. Governing Principles

Described below are the overall governing principles upon which all decisions pertaining to the ICA HMIS are based.

Participants are expected to read, understand, and adhere to the spirit of these principles, even when the Policies and Procedures do not provide specific direction.

Confidentiality
The rights and privileges of clients are crucial to the success of the ICA HMIS. These policies will ensure clients' privacy without impacting the delivery of services, which is the primary focus of agency programs participating in this project.

Policies regarding client data are founded on the premise that a client owns his/her personal information and provides the necessary safeguards to protect client, agency, and policy-level interests. Collection, access, and disclosure of client data through the ICA HMIS will only be permitted by the procedures set forth in this document.

Data Integrity
Client data is the most valuable and sensitive asset of the ICA HMIS. These policies will ensure integrity and protect this asset from accidental or intentional unauthorized modification, destruction, or disclosure.

System Availability
The availability of a centralized data repository is necessary to achieve the ultimate state or CoC-wide aggregation of unduplicated homeless statistics. The ICA HMIS staff is responsible

for ensuring the broadest deployment and availability for homeless service agencies across all participating Continua.

Compliance

Compliance with these Policies and Procedures is mandatory for participation in ICA HMIS. Using Wellsky software, all changes to client data are recorded and will be periodically and randomly audited for compliance.

Violation of the policies and procedures set forth in this document will have serious consequences. Any deliberate or unintentional action resulting in a breach of confidentiality or loss of data integrity will result in the withdrawal of system access for the offending entity.

4. Roles and Responsibilities

The Institute for Community Alliances

Iowa Director
- Liaison with HUD
- Project Staffing
- The Institute for Community Alliances Signatory for Memorandums of Understanding
- Overall Responsibility for the success of ICA HMIS

Project Manager and System Administrator
- Distribution of End User Licenses
- Creation of Project Forms and Documentation
- Project Database Maintenance
- Project Policies and Procedures and Compliance
- General Ongoing Network Management
- Maintenance of Software
- Configuration of Projects and Organizational Structure
- Keeper of Signed Memorandums of Understanding
- User Administration
- Manage participating Agency Administrators
- Manage User Licenses
- System Uptime and Performance Monitoring
- Ongoing Protection of Confidential Data
- Curriculum Development
- Training Documentation
- Confidentiality Training
- Application Training for Agency Administrators and End Users
- Outreach/End User Support
- Training
- Helpdesk

Data Analyst
- Adherence to HUD Data Standards
- Application Customization
- Data Monitoring
- Data Validity
- Aggregate Data Reporting and Extraction
- Assist Partner Agencies with Agency-Specific Data Collection and Reporting Needs (Within Reason and Within Constraints of Other Duties)

Participating Agency (CoC)

Participating Agency Executive Director
- Authorizing Agent for CoC agreements (Memorandum of Understanding)
- Designation of Agency Administrator
- Agency Compliance with Policies and Procedures
- Oversight and Distribution of End User Licenses
- Agency Level HUD Reporting
- Each Participating Agency is responsible for ensuring they meet the Privacy and Security requirements detailed in the HUD HMIS Data and Technical Standards. Annually, Participating Agencies, in cooperation with the Institute, will conduct a thorough review of internal policies and procedures regarding HMIS.

Participating Agency Administrator
- Authorizing Agent for Participating Agency User Agreements
- Keeper of Participating Agency User Agreements
- Keeper of Executed Client Informed Consent Forms
- Authorizing Agent for End User License Requests
- Staff Workstations
- Internet Connectivity
- End User Adherence to Workstation Security Policies
- Detecting and Responding to Violations of the Policies and Procedures
- First Level End User Support
- Maintain Agency/Program Data in ICA HMIS Application

Agency End User Staff
- Safeguard Client Privacy Through Compliance with Confidentiality Policies
- Data Collection as Specified by Training and Other Documentation

5. <u>Project Participation in the HMIS</u>

Agencies participating in ICA HMIS shall commit to abide by the governing principles of ICA HMIS and adhere to the terms and conditions of this partnership as detailed in the Memorandum of Understanding. Requirements for participating agencies are described throughout this document. This section refers specifically to the process of joining the HMIS and the requirements for ongoing participation.

Organizational Status
In order to join the Iowa HMIS as a Participating Agency, agencies must have current documentation indicating their status as one of the following types of entities.
  o Non-profit organization
  o State, local, or tribal government.
  o Public or tribal housing agency
  o Medical organization, such as hospital or clinic
  o LLC

Private citizens are prohibited from joining the Iowa HMIS

Entities not explicitly listed above seeking to join HMIS may be considered as an addition to this document on a case-by-case basis.

Organizational Use of HMIS

Any new entity seeking access to HMIS must be able to demonstrate a clearly articulated role in the homelessness response system. Entities must fall into one of the two following areas in order to be considered:

- Direct service to clients – An organization must have an operating program that serves people currently experiencing homelessness or those who are precariously housed. The organization must seek to enter the Universal Data Elements necessary to meet funding and reporting requirements.
- Coordinated Entry System – Organization is participating with the Continuum of Care's Coordinated Entry System and has been designated as an access point. All such entities must agree to completing the necessary information to fulfill their role as Coordinated Entry Access Points.

Uses of HMIS beyond the above scenarios are welcome for consideration and will be vetted by the HMIS Lead Agency in partnership with the Continuum of Care. Any decision regarding HMIS participation will be communicated by ICA to the requesting party. If an entity is approved to join the HMIS and requires custom assessments or a different workflow, the agency's access may be subject to delays.

Agency Participation Documents

The Partner Agency shall confirm their participation in ICA HMIS by submitting a Memorandum of Understanding to the ICA Iowa HMIS staff. At which point, the ICA HMIS staff will obtain the co-signature of the ICA CEO. ICA shall maintain a record of all signed Memoranda of Understanding. The ICA HMIS staff members will maintain a record of all agencies with completed HMIS Memoranda of Understanding.

In addition to the Memorandum of Understanding, a Partner Agency may be required to complete additional agreements based upon any pre-existing legal requirement an agency may be subject to. Conversely, a Partner Agency may request additional agreements with ICA in order to satisfy an agency's internal legal or policy requirements. An example of this type of agreement is a Business Associate Agreement.

Minimum Technology Requirements

Whereas the HMIS Lead Agency and HMIS Vendor maintain Wellsky Community Services to meet HUD standards, Partner Agencies are responsible for upholding security standards to ensure the safety and integrity of client records. Partner Agencies must comply with the following minimum technology requirements:

Connection requirements:

Secure broadband internet must be used. Though Wi-Fi is also acceptable, the connection must be protected by a network security code. Slower, non-broadband internet connections may have difficulty maintaining connection to the HMIS database.

Computer requirements – All machines accessing the HMIS must do the following:

- Automatically lock after a short period of inactivity
- Use an operating system that is compatible with Wellsky Community Services
- Use an internet browser compatible with HMIS software.
- Have regular virus protection updates.

Security requirements

Prior to requesting user access for any staff member, the Partner Agency Administrator will assess the operational security of the user's workspace.

The Partner Agency Administrator will confirm that the workstation has virus protection properly installed and that a full-system scan has been performed within the last week.

Partner Agency Administrator will confirm that the workstation has and uses a hardware or software firewall.

Staff or Volunteers Eligible to use HMIS

The Partner Agency must have at least one staff member or volunteer who is eligible to use the HMIS. Users must be paid staff or official volunteers of a Partner Agency. All users of the HMIS are required to complete new user training as well as complete all necessary user agreements in order to access the HMIS. All users must be at least 18 years old and must possess basic computer

skills. In accordance with the Agency Participation Agreement, all agencies are responsible for the actions of their users.

Designated Primary HMIS Administrator Contact

The Partner Agency shall designate at least one primary contact for communications regarding ICA HMIS by submitting information in writing to the ICA HMIS System Administrator. Larger agencies may select more than one user to be the primary point of contact. The primary point of contact must be able to fulfill the following requirements:
   a. Provide updated agency information in a timely manner regarding activity at the agency. These activities include the addition of new projects, changes to existing projects, closing projects, staff changes that affect HMIS access, etc.
   b. Understand funder data collection and reporting requirements.
   c. Act as a liaison in the event of a violation of HMIS policies and procedures committed by the agency.

Site Security Assessment
Upon request, a Partner Agency Technical Administrator and the ICA HMIS System Administrator can meet to review and assess the security measures in place to protect client data. The Partner Agency Executive Director (or designee) and Partner Agency Administrator may meet with an Institute for Community Alliance staff member to assess the Partner Agency's information security protocols.

5.1 User Training Requirements

As indicated in the Memorandum of Understanding (MOU), all HMIS users are required to attend and complete a new user training with the HMIS Lead Agency prior to receiving HMIS access. Users will first complete a new user training series for initial certification, followed by annual training for the duration of the user's access to HMIS.

New User Training
All new users will be required to complete training in the specific workflow necessary to fulfill HMIS duties within a user's given Continuum of Care. Users completing training for funding sources beyond HUD Continuum of Care and Emergency Solutions Grant training will be provided with training specific to the funding source (e.g., VA, HOPWA, RHY)

Users must complete all required material in the LMS, followed by passing all practice tests in the training implementation of Wellsky Community Services. Once the new user has completed the training, new users must complete the ICA User Agreement. Any Partner Agency new to HMIS will also be required to complete a Memorandum of Understanding (MOU) if the Partner Agency has not yet done so.

Timely Completion
Upon receipt of access to the Learning Management System (LMS), users have 30 days to complete all necessary training.

Incomplete Training

Through the course of the training process, the HMIS Lead may determine that a new user has failed to grasp the necessary concepts to successfully use HMIS. The HMIS Lead staff may provide other accommodations to assist new users with training. If the new user remains unable to complete new user assignments after accommodation, the HMIS Lead may determine that the new user is not suited to using the HMIS database and may refuse to issue a new license to the user.

Training Exemptions for existing users
In the event that an existing user at a Participating Agency accepts a position with a different Participating Agency, the HMIS Lead may exercise its discretion to waive new user training requirements. In rare cases, the HMIS Lead may also waive new user training requirements for users who have held a license in the prior 180 days.

New User Setup
Once the new user has completed all necessary requirements of new user training and completed all necessary documentation, the HMIS Lead staff will assign the user a license within Wellsky Community Services.

Ongoing Training Requirements
In accordance with HUD guidelines, the HMIS Lead administers an annual Privacy and Security training that must be completed by all users. Failure to complete the training will result in a temporary inability to access HMIS. The HMIS Lead also requires users to complete training upon the release of updated HUD HMIS Data Standards, which happens approximately every two years.

User Agreement and Required Dataset Agreement
Upon completion of the Iowa HMIS training, all users will be required to initial and sign the ICA User Agreement and Required Dataset Agreement. Both documents must be signed by the new user as well as the Authorized Signatory from the agency. All items listed in the ICA User Agreement must be agreed to by the new user. All violations of the user agreement are subject to Section 5.8 of this manual.

5.2 Data Security

Partner Agency staff participating in ICA HMIS shall commit to abide by the governing principles of ICA HMIS and adhere to the terms and conditions of the Partner Agency User Agreement.

Username requirements

The Partner Agency Technical Administrator must only request user access to ICA HMIS for those staff members who require access to perform their job duties. All users must have their own unique user ID and should never use or allow use of a user ID that is not assigned to them. Temporary, first-time-only, passwords will be communicated via email or phone to the owner of the user ID.

New user IDs must require a password change on first use.

User-specified passwords should never be shared and should never be communicated in any format.

Passwords

Passwords must consist of at least 8 characters and must contain a combination of letters and numbers (no special characters; alpha and numeric only). The password must contain at least two numbers (required by software). According to the HUD Data and Technical Standards Final Notice (July 2004):

Passwords must be changed every 45 days. If they are not changed within that time period they will expire, and the user will be locked out of the system.

For Partner Agency Administrators and Agency Users, passwords may only be reset by the ICA HMIS System Administrator.

Three consecutive unsuccessful attempts to login will disable the User ID until the account is reactivated by the ICA HMIS System Administrator.

User-specified passwords should never be shared and should never be communicated in any format.

It is the responsibility of the partnering Agency to inform The Institute for Community Alliance about any changes to IP address information previously submitted and approved for authorized access to ICA HMIS.

User Access Changes

It is the responsibility of the Partner Agency to inform the HMIS Lead of personnel changes that require changes to user access. Circumstances requiring user access changes include, but are not limited to the following:

1   Departure from Agency

Partner Agencies must notify the HMIS Lead of any users no longer employed by the Partner Agency within 24 hours of the user's departure.

2   Changes to User Access

The Partner Agency Administrator may determine that a change is necessary to a user's access in HMIS, which can be requested by the Partner Agency Administrator at any time and will be updated by the HMIS Lead as needed.

3   Rescinding User Access

Users found in violation of the HMIS Policy and Procedures Manual may be subject to having HMIS access rescinded. The governing policy for this process can be found in Section 5.8.

4   Voluntary Removal of HMIS license

A Partner Agency Administrator may voluntarily forfeit a user's access to HMIS. The HMIS Lead will complete the removal of the individual license in HMIS and reallocate the license.

Retention of Hard Copies of Client-Level Information

Any forms, reports, or other hard copies of client information that include personally identifiable information for or from the HMIS are subject to data security policies. Partner Agency staff must keep all hard copies of information in a secure file when staff are not present. Hard copies must be destroyed when no longer needed unless doing so is prohibited through record retention policies.

Workstation Security

The Partner Agency is responsible for maintaining the hardware and software used for the purposes of entering information into the HMIS database. The Partner Agency must take steps to ensure the security of the agency's network that minimizes the probability of external intrusion and breaches in cybersecurity. Partner agencies must use a firewall to ensure internal network security. Partner agencies must also maintain current anti-virus software for all computers that are used to access HMIS.

The Partner Agency Technical Administrator is responsible for preventing the inadvertent release of confidential client-specific information. Such a release may come from physical or electronic or even visual access to the workstation, thus steps should be taken to prevent these modes of inappropriate access.

5.3 Collection and Entry of Client Data

Collection of Personal Information

Personal information may be collected and captured in the HMIS database for the following purposes:

- To provide or coordinate services for clients.
- To find programs that may provide a client with assistance.
- To comply with government and grant reporting obligations
- To provide statistics that assist in evaluating the state of homelessness within a given community or geographic area.

Client data will be gathered according to the policies, procedures, and confidentiality rules of each individual program. Users should collect all necessary Universal Data Elements as outlined in the HUD HMIS Data Standards Manual or other published program-specific manual (e.g., HOPWA, PATH, VA)

Release of Information

In order to ensure the lawful collection of personal information, all client personal information must be collected with the consent of the client through the completion of a Release of

Information. Client data entered into the HMIS must be done only with the client's authorization to do so.

Release of Information must constitute informed consent. The burden rests with the intake staff to inform the client before asking for consent. As part of informed consent, a notice must be posted explaining the reasons for collecting the data, the client's rights, and any potential future uses of the data. An example of such a sign for posting may be found at www.icalliances.org under "Iowa Forms."

The Release of Information is completed through the collection of a client's signature. In rare circumstances, a client may verbally complete the Release of Information. A completed Release of Information is mandatory for client information that is entered into a shared client record in HMIS.

Client data will only be shared with Partner Agencies if the client consents, has signed the Client Consent form, and the signed Client Consent form is available on record. No client-specific data will be released or shared outside of the Partner Agencies unless the client gives specific written permission or unless withholding that information would be illegal. Note that services may **NOT** be denied if the client refuses to sign Release of Information or declines to state any information.

A signed Release of Information remains valid for one year. For clients that are served in a program for more than one year, an updated Release of Information is necessary every year the client remains enrolled.

Inspection of Personal Information

Clients may request a copy of their personal information that is stored in the HMIS database. The requesting client shall be given a hard copy of their personal data within 5 business days. A report of data-sharing events, including dates, agencies, persons, and other details, must be made available to the client. The client is not entitled to identifying information relating to end users who interacted with the client's record.

The HMIS Lead and Partner Agencies will work together to fulfill the request and provide answers to any questions the client may have regarding information recorded in the HMIS database.

Client Complaints and Grievances

If a client believes that their rights have been violated in relation to the collection or entry of personal information into the HMIS database, the client may file a written complaint with the Partner Agency.

If the Partner Agency is unable to resolve the matter, the complaint shall be forwarded to the HMIS Lead. The HMIS Lead Agency will assist with the resolution of the complaint between the client and the Partner Agency. Should the issue require further resolution, the complaint will be forwarded to the Continuum of Care.

The Partner Agency and HMIS Lead Agency are prohibited from retaliating against clients who have filed a complaint. The Partner Agency must ensure that any services delivered during the complaint process are unaffected by the complaint.

All Partner Agencies must keep the Iowa HMIS Service Recipient Grievance Form available to clients upon request. The form can be found on the ICA website on the Iowa page.

5.4 Data Quality

Data Quality of client-specific data is essential to completing meaningful analysis and providing accurate reporting of homelessness data. Data Quality is also the most important factor in establishing the applicability of HMIS data in the real world and within the policy sphere as a planning tool for communities. Data quality shall be a concern of highest importance and all members of Continuums of Care will work to continuously improve quality.

Minimum Data Collection Standards

Partner Agencies are required to collect a minimum set of data elements. Required elements that each agency must collect include all (1) Universal Data Elements required by HUD and any (2) Program-Specific Data Elements, which are determined by each funder. The minimum expectations for data entry for all Partner Agencies entering data into the HMIS are set forth in User Training.

Partner Agency programs will be configured and maintained by the HMIS Lead to collect the required data elements based on the published data standards for a given funding source. If the funding source does not have a published data standards manual or data dictionary, the HMIS Lead will work in cooperation with the Partner Agency to determine the data collection strategy necessary to complete the requirements set forth by the funder.

Agencies may collect additional information beyond the minimum required data elements, but the elements must not interfere with the collection of required data elements.

Partner Agencies that create client records are responsible for creating non-duplicate records. Partner Agencies are also responsible for all information entered into program entries, exits, and interim updates.

Data Quality Plan

The Iowa Balance of State and Homeward Continua of Care have adopted a Data Quality Plan that sets forth expectations for data quality in HMIS for all projects in each Continua of Care. Each Data Quality Plan provides guidance to agencies regarding data completeness, timeliness, monitoring, and training. The HMIS Lead will work in cooperation with each Continua of Care to periodically update the Data Quality Plan.

Iowa Balance of State Data Quality Plan

5.5 HMIS Vendor Requirements

Physical Security

The HMIS Vendor will strive to secure and keep secure the servers, both physically and electronically. Access to areas containing HMIS equipment, and servers, will be secured.

Firewall Protection
The HMIS vendor will secure the network using technology from firewall vendors. Vendor staff will monitor firewall logs to monitor unusual patterns and system vulnerabilities.

Server Availability
The HMIS vendor will strive to maintain continuous availability to the HMIS database for all users. The Iowa HMIS team will schedule necessary and planned downtime for times that are likely to have the least impact on users. In the event that a planned outage is due to last more than 5 minutes during business hours, the ICA staff will inform all users prior to the outage.

User Authentication
The vendor will ensure that only users with a valid username and password combination are encrypted via SSL for internet transmission to prevent theft. The vendor will ensure that the entry of an incorrect password three times will result in an automatic lockout from the HMIS database.

Backup and Recovery Plan
The vendor is responsible for providing electronic backup and recovery of the HMIS database in the event of a cybersecurity breach or disaster that affects the physical security of the vendor's servers.

Technical Support
The HMIS vendor will assist the Lead agency to resolve software problems and explain software functionality when necessary. The HMIS lead will provide direct communication to users and Partner Agencies who have requested further information regarding an HMIS issue that cannot be resolved by the HMIS Lead.

5.6 Technical Support

System Administration is the primary task performed by ICA in its role in operating the HMIS database. Through communication with Partner Agencies, the HMIS Lead provides services to assist users as they enter information into the HMIS system. As Partner Agencies use the database and require additional assistance with using HMIS, the HMIS Lead provides Help Desk Services. More information about the help desk process is below.

Support Request Process

Support requests include problem reporting, requests for enhancements (features), or other general technical support. For all types of technical support, Partner Agencies should first send an email to support@icalliances.org. Emails are collected in a centralized Help Desk platform HelpScout, which is covered by Iowa HMIS staff during business hours (8 am – 5 pm). All requests for HMIS assistance must be specific to databases administered by the Iowa HMIS staff.

Types of requests that may be made through the Help Desk include:
- Project creation
- Password resets
- New User Training
- Federal reporting troubleshooting
- Custom reports
- Data corrections
- Technical support for miscellaneous HMIS issues

The HMIS Lead will provide a response to all help desk requests within one business day, though the request itself may take more time to be fulfilled. The HMIS Lead prefers that Partner Agencies use the Help Desk as the primary method of communication for requesting services and requests that Partner Agencies refrain from contacting ICA staff members directly without first submitting a Help Desk request.

The HMIS Lead strives to fulfill all requests in a timely manner. However, the HMIS Lead may require the assistance of the HMIS vendor in order to complete the request. Support requests requiring intervention from the HMIS vendor may require a longer period of resolution depending on the nature of the issue. Partner Agencies should not attempt to directly contact the software vendor to resolve the issue.

5.7 HMIS Manual Revision
Policies

The HMIS committees in the Homeward Continuum of Care and the Iowa Balance of State Continuum of Care will guide the compilation and amendment of these Policies and Procedures. Any proposed changes may originate from any participant within the Iowa HMIS database. Proposed changes originating from Partner Agencies must be reviewed by governing committees at each respective Continuum of Care. Once adopted, the revised manual will supersede previous versions.

Once adopted, the revised manual shall be made available to all Partner Agencies in Homeward Continuum of Care and Iowa Balance of State Continuum of Care. An electronic version of the document will be made available on the HMIS Lead's website.

5.8 Violations of HMIS policy – Suspension or Termination of HMIS access

HMIS User Procedure

HMIS users and associated Partner Agencies must abide by HMIS Policies and Procedures outlined in this document, the ICA HMIS User Agreement, and the Agency Agreement. For all violation types listed below, user violations do not expire. No regard is given to the duration of time that occurs between each successive violation of the HMIS manual. Any user or Partner Agency violations may be appealed to the Homeward Continuum of Care or Iowa Balance of State Continuum of Care, respectively.

The HMIS Lead and Continua of Care reserve the right to enforce any single violation as a Third Violation if the action is deemed to be severe. Actions that are criminal in nature or are blatant violations of the ICA User Agreement may result in a Third Violation.

- First Violation – the user and Partner Agency will be notified of the violation in writing by the HMIS Lead. The user's license will be suspended for 14 days, or until the Partner Agency notifies the Lead Agency of action taken to remedy the violation. If the violation of the HMIS Policies is related to user training, the HMIS Lead will provide the necessary training to the user to ensure the violation does not continue.
- Second Violation – The user and Partner Agency will be notified of the violation in writing by the HMIS Lead. The user's license will be suspended for 30 days. For this violation, the Partner Agency will not be able to shorten the length of the suspension with a remediation plan. The HMIS Lead will inform the Continuum of Care of the violation in writing.
- Third Violation – The user and Partner Agency will be notified of the violation in writing by the HMIS Lead. The HMIS Lead will notify the Continuum of Care in writing regarding the violation. The HMIS Lead, in cooperation with the Continuum of Care, will determine whether the user's license should be terminated. The user's license will be suspended for 30 days or until the HMIS Lead and the Continuum of Care make a determination regarding the user's license termination. Should the user's license be retained, any subsequent violation will follow this process.

The HMIS Lead and Continua of Care reserve the right to enforce any single violation as a Third Violation if the action is deemed to be severe. Actions that are criminal in nature or are blatant violations of the ICA User Agreement may result in a Third Violation.

Partner Agency Violations

Partner Agencies must abide by HMIS Policies and Procedures outlined in this document, the ICA HMIS User Agreement, and the Agency Agreement. If an agency is found to be strategically manipulating data or falsifying information for any purpose, the agency will be subject to the following actions:

- First Violation – The Partner Agency will be informed of the violation in writing by the Institute for Community Alliances. The agency will be required to meet with the HMIS Lead and Continuum of Care staff to discuss the violation and agree to a remedy to the violation.
- Second Violation – The Partner Agency will be informed of the violation in writing by the Institute for Community Alliances. The agency will be required to meet with the HMIS Lead and Continuum of Care staff to discuss the violation. All agency access to HMIS will be suspended for 7 days or until the offending agency has provided a remedy to the violation. Once the violation has been remedied, ICA staff will resume staff access to HMIS and will audit user actions during the following 7 days.
- Third Violation – The Partner Agency will be informed of the violation in writing by the Institute for Community Alliances. The Partner Agency will be required to meet with the HMIS Lead and Continuum of Care staff to discuss the violation. All agency access to

HMIS will be suspended indefinitely. In cooperation with the Continuum of Care staff, the HMIS Lead will determine whether the agency's access to HMIS should be terminated. If access is not terminated, the agency must complete a data improvement plan, which must be approved by the Continuum of Care. If access is terminated, the agency may submit an appeal to the Continuum of Care.

Any user or Partner Agency violations may be appealed to the Homeward Continuum of Care or Iowa Balance of State Continuum of Care, respectively.

6. Other Obligations and Agreements

Certain HUD grants for ICA HMIS projects provide for a limited number of user licenses within various Continua. While it may not be possible to meet every agency's full requirements for licenses within the HUD grant to The Institute for Community Alliance, the ICA HMIS System Administrator will endeavor to ensure that every agency participating in Continua with these designated funds, will have their minimum requirements met from the HUD grant as long as these funds are available.

HUD HMIS Data and Technical Standards

This document should, at a minimum, reflect the baseline requirements listed in the HMIS Data and Technical Standards Final Notice, published by HUD in July 2004, and revised in 2010 and 2014. Users of ICA HMIS are required to read and comply with the HMIS Data and Technical Standards. Failure to comply with these standards carries the same consequences as does failure to comply with these Policies and Procedures. In any instance where these Policies and Procedures are not consistent with the ICA HMIS Standards from HUD, the HUD Standards take precedence. Should any inconsistencies be identified, notice should be made to

HIPAA

For agencies or programs where HIPAA applies, HIPAA requirements take precedence over both the HUD ICA HMIS Data Requirements (as specified in those requirements) and these policies and procedures. It should be noted here that the Iowa HMIS network software Wellsky Community Services is fully HIPAA compliant and can support HIPAA requirements in the local agency setting.