MEMORANDUM OF UNDERSTANDING
Agencies Participating in Coordinated Entry

Coordinated entry ("Coordinated Entry") is a process to provide fair and equal access to housing assistance based on an individual’s needs, and to steward funding towards those most in need. Part of Coordinated Entry are case conferencing meetings, where an individual’s suitability for available housing is discussed. If an individual is determined not to be suitable for housing available, a plan must be developed to find them housing elsewhere. Agencies receiving federal funding from the U.S. Department of Housing and Urban Development will be required to participate in Coordinated Entry.

Signatory agencies have agreed to provide delegates ("Delegates") to participate fully, as they are able, in such Coordinated Entry meetings, forming a Coordinated Entry team ("CET"). Members of the CET will:

A. Obtain informed, time-limited releases from clients in order to discuss their private information at CE meetings.
B. Provide consultation on issues relevant to housing.
C. Share relevant information within the CET, while protecting the client’s right to confidentiality.
   Maintain professional discussion of barriers while focusing on client strengths.
D. Support the CET in monitoring of housing progress and outcomes.
E. Provide the CET with insight on issues that relate directly to housing.
F. Share discussion points/outcome with the client.

Signatory agencies will:
A. Notify the CET:
   a. Agency Delegates by name and title.
   b. Notify in advance if the signatory agency intends to send new/alternate Delegates to the meeting.
   c. Submit notifications to:
      i. CBJ’s Housing and Homelessness Services Coordinator: Irene.Gallion@juneau.org, (907) 586-0623, or her successor. In the event this individual is not available,
      ii. CBJ’s Housing Officer, Scott.Ciambor@juneau.org, (907) 586-0220, or his successor. In the even this individual is not available,
      iii. CBJ Manager’s Office at (907) 586-5240.
B. Provide Delegates with training on agency privacy/confidentiality procedures.
C. Provide Delegates with decision-making authority with regard to eligibility for agency housing and support programs.
D. Ensure Delegates’ decision-making authority with regards to housing and client confidentiality.
E. Support CET team members in their agency attending training opportunities made available through the CET, or the Alaska Coalition on Housing and Homelessness.
F. Support individual Delegates consistent attendance; notify CET in advance if the signatory agency intends to send new/alternative Delegates to the meeting.
G. As funding is available, support CET team attendance at trainings provided by other professional groups.

H. Support CET team members attending monthly meetings.

I. Provide support infrastructure for file confidentiality – such as electronic security, current anti-virus software, and/or locking drawers.

J. Signatory agencies will brief Delegates that they will be expected to:
   a. Uphold any individual agency/professional standards for sharing confidential information (HIPPA, VAWA, etc.). The CET does not override agency mandates for privacy/confidentiality as determined by law or regulation.
   b. Maintain the confidentiality of cases discussed during the CET meetings.
   c. In the event that a case presents an ethical dilemma or conflict for the Delegates, notify the CET if the conflict prohibits participation in the case review process.
   d. Be fully versed in agency privacy/confidentiality procedures and know to what extent information sharing is permitted.
   e. Make every effort to achieve respectful conflict resolution. Part of vigorous multidisciplinary involvement may be professional differences of opinion.

By signing this memorandum of understanding ("MOU"), you acknowledge you represent your agency with operational authority to perform functions of command over subordinate forces, such as organizing and employing, assigning tasks, designating objectives, and giving authoritative direction necessary to accomplish the mission, and execute this MOU.

__________________________
Agency Representative's Signature

__________________________
Representative’s Printed Name

__________________________
Agency Name

__________________________
Agency Address

3-7-19

Date