

2023

CENTRAL MINNESOTA CONTINUUM OF CARE MN-505



Coordinated Entry System

Policies & Procedures

Approval date: February 16, 2023

VERSIONS OF THIS DOCUMENT

Central MN Coordinated Entry Policies and Procedures were updated and approved by the Central MN CoC Governing Board on **February 2, 2021**.

Central MN CoC's CE Advisory Committee shall be responsible for the revision, review, and approval of the CE Policies & Procedures. The revision process will be completed at least once annually at the Central MN CoC Annual meeting in February and anyone who is interested in submitting suggestions for revisions to the document should submit them to the Priority List Manager.

The latest version of this document can be found here: www.cmhp.net/coordinated-entry.

Version	Date Released	Key Changes
1.0	November 6, 2018	Original document
2.0	February 2, 2021	HUD Updates
3.0	February 16, 2023	New Prioritization and Assessment
4.0	August 17, 2023	Steps to Coordinated Entry/VAWA Additions

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1- PLANNING AND COORDINATION

1.1 COORDINATED ENTRY WORK WITHIN CENTRAL MN COC

The Coordinated Entry System (CES) is monitored by the Central MN Continuum of Care (CoC) Full Membership Committee and Governing Board. The role of the CES Policy/Advisory Committee is to make recommendations on changes to policies and procedures that promote best practices, trainings, priorities for the CoC and evaluating the CES. The Central MN CoC Governing Board will have final approval on all CES policies, procedures, and assessment tools.

Through the CoC and CES planning process, the CoC will be able to:

- Identify the size and scope of the homeless problem
- Identify disparities for underrepresented communities
- Promote racial equity in strategic planning to ensure equitable access to housing
- Inventory the resources available in the community to address homelessness
- Rank community needs in order of priority
- Strategically plan the range of services and housing that should be implemented to address homelessness
- Identify other available resources that can be used to address homelessness

The primary objective of the COC and CES is to prevent homelessness whenever possible. If it cannot be prevented, it will be a rare, brief, and one-time experience.

The CoC’s progress is measured by the following service performance measures.

- Reduction in the number of people who become homeless for the first time
- Reduction in the total number of people experiencing homelessness
- Reduction in the length of time that people experience homelessness
- Reduction in the number of people who return to homelessness

1.2 COORDINATED ENTRY PARTICIPATION AND EXPECTATIONS

All CoC and Emergency Solutions Grant (ESG) funded programs as well as designated State funded housing programs are required to participate in the local CES. The CoC’s goal is to have all homeless assistance programs participating in its CES process and will work with all local programs and funders in its geographic region to facilitate their participation in CES.

As part of the annual CoC and ESG application processes, each program must submit a report that identifies the number of participants its program referred, accepted, rejected, and/or served from the CES process.

1.3 COC/EMERGENCY SOLUTION GRANT COORDINATION

Central MN CoC is committed to aligning and coordinating CES policies and procedures governing assessment, eligibility determinations, and prioritization with its written standards for administering CoC and ESG Program funds.

Central MN CoC will include at least one representative from the local ESG recipient in its membership of the CoC Full Membership Committee.

Each CoC and ESG recipient operating within the CoC's geographic area are required to work together to ensure the CoC's CES allows for coordinated screening, assessment, and referrals for both CoC and ESG funded programs.

The CoC, in consultation with recipients of ESG Program funds within the geographic area, are required to establish and consistently follow written standards for providing CoC assistance that can guide the development of formalized policies and procedures for the CES.

Written standards provide guidance for evaluating individuals' and families' eligibility for assistance under 24 CFR Part 578.

- Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive transitional housing assistance.
- Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive rapid re-housing assistance.
- Written standards provide guidance for determining what percentage or amount of rent each program participant must pay while receiving rapid re-housing assistance.
- Written standards provide guidance for determining and prioritizing which eligible individuals and families will receive permanent supportive housing assistance.

Source: CoC Program interim rule: 24 CFR 578.7(a)(9)

2- NON-DISCRIMINATION

2.1 NON-DISCRIMINATION POLICY

Central MN Continuum of Care (MN-505) 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:

The Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.

The Minnesota Human Rights Act (Chapter 363A of the Minnesota Statutes) also prohibits discrimination based on marital status, public assistance status, and sexual orientation.

Section 504 of the Rehabilitation Act prohibits discrimination based on disability under any program or activity receiving Federal financial assistance.

Title VI of the Civil Rights Act prohibits discrimination based on 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, or operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating based on 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 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).

2.2 Equal Opportunity Policy

The policy of Central MN Continuum of Care (MN-505) is to provide equal opportunity and equal consideration to all peoples without regard to race, religion, ancestry, national origin, color, creed, sex, age, disability, marital status, sexual orientation, gender identity, or public assistance status.

2.3 Delivery of Services

Central MN 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, color, creed, sex, disability, marital status, sexual orientation, gender identity or public assistance status; and will comply with all federal, state, and local antidiscrimination laws.

2.4 Affirmative Marketing and Outreach

Central MN 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, religion, ancestry, national origin, color, creed, sex, disability, marital status, sexual orientation, gender identity or public assistance status who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities.

2.5 Obligation to Inform

Central MN 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.

2.6 Reporting a Non-Discrimination 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, Chicago Regional Office: (800) 765-9372 or https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint.
- Minnesota Department of Human Rights: 651-539-1100 or Toll Free at 1-800-657-3704 or <https://mn.gov/mdhr/intake/consultationinquiryform/>.
- For complaints with Coordinated Entry policies or procedures in Central MN Continuum of Care, contact the CoC Coordinator, Tim Poland, at tpoland@cmhp.net, via phone at 320-258-0677 or via mail at CMHP, 24707 County Road 75, St. Augusta, MN 56301.
- For housing program related complaints, grievances will be directed to the appropriate housing provider for resolution.

2.7 Retaliation

Central MN 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.

3- ACCESS

3.1 LOW BARRIER

The CES prohibits the screening out of households “due to perceived barriers relating to housing or services, including, but not limited to, too little or no income, active or a history of substance use, domestic violence history, resistance to receiving services, the type or extent of 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 records – with exceptions for state and local restrictions that prevent projects from serving people with certain convictions.”¹

3.2 HOUSEHOLD CHOICE

Households are provided with information about the CES, including which programs are available to them throughout their time on the priority list. This allows them to make an informed decision regarding which programs they wish to participate, if any. Households may decide what information they provide during the assessment process. Households may not be denied services if they refuse to provide certain pieces of information unless the information is required to establish or document program eligibility for the applicable project.

If more than one housing program is available, the household should be informed of the type, location, and qualities of each program along with the benefits and drawbacks of each option. Projects designed for specific sub-populations (i.e., DV, Veterans, Tribal, Youth, etc.) should share the benefits of these specific programs. For programs not near public transportation or centrally located to services, a plan for transportation, support services, and access to key services like groceries and childcare should be discussed.

3.3 COLLABORATION

CES is a CoC-wide process requiring all providers within the network to collaborate, ensuring the system functions smoothly and effectively. Case conferencing meetings are intended to facilitate regular collaboration between providers and agencies. Partnerships across multiple sectors will best serve all persons who are experiencing or at risk of homelessness. The CoC will include non-HUD funded programs and agencies in the CES.

¹ Quoted from CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System. Published January 23, 2017, page 11.

3.4 DATA

A key function of the CES is the collection of data regarding each household's housing crisis and needs to provide them with the most appropriate housing options available. The data gathered is also utilized to reveal inequitable outcomes as well as gaps in services. This data is also used to inform funding decisions.

3.5 HOUSING FIRST

The CES is based upon a Housing First approach. Providers required to participate in CES agree to follow the Housing First approach in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers. Providers who voluntarily participate in CES are strongly encouraged to follow the Housing First approach.

3.6 PRIORITIZATION

CES will ensure that households with the highest needs are offered services first. A uniform assessment process is utilized for all households experiencing a housing crisis to prioritize them for housing interventions. Prioritization may not be based on any of the following: race, color, religion, national origin, sex, age, familial status, disability, type or amount of disability or disability-related services or supports required, actual or perceived sexual orientation, gender identity or marital status.²

3.7 EQUITY

The CoC will commit to continued improvement of the CES to ensure an equitable system for all. It is the responsibility of the CoC and CES to address disparities by analyzing data, addressing issues, reviewing policies and procedures and system planning. Ongoing data review and analysis of overrepresented populations affected by homelessness will guide change to assess, prioritize and serve all community members to ensure fair, equitable, and consistent outcomes.

3.8 TRAUMA INFORMED CARE

Substance Abuse Mental Health Service Administration (SAMHSA) defines trauma as "individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being." SAMHSA defines trauma informed care as "a strengths-based service delivery approach that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors to rebuild a sense of control and empowerment." CES expects that all service providers adopt a trauma informed approach when serving households.

² Adapted from CPD-17-01, page 10.

3.9 HONOR TRIBAL SOVEREIGNTY

Addressing Indigenous homelessness includes acknowledgement and honor of Tribal Sovereignty and respect of cultural practices. Indigenous ways, teachings, traditions, and customs are imperative to provide culturally relevant support. Tribal sovereignty refers to the right of American Indians and Alaska Natives to govern themselves. The U.S. Constitution recognizes Indian tribes as distinct governments and they have, with a few exceptions, the same powers as federal and state governments to regulate their internal affairs. Sovereignty for tribes includes the right to establish their own form of government, determine membership requirements, enact legislation, and establish law enforcement and court systems. CES expects that all service providers honor tribal sovereignty at all times.

4- ROLES AND RESPONSIBILITIES

4.1 COC GOVERNING BOARD ROLES AND RESPONSIBILITIES

The Central MN CoC Governing Board will have final approval on all CES policies, procedures, and the assessment tool. The Governing Board will review the CES Policies and Procedures annually and consider any recommendations from the CoC Full Membership Committee.

4.2 CE ADVISORY COMMITTEE ROLES AND RESPONSIBILITIES

The Coordinated Entry Advisory Committee is responsible for developing and implementing the CES in the Central MN CoC region.

Responsibilities of the Committee:

- Report to the CoC Full Membership Committee and the CoC Governing Board.
- Review HMIS data at least annually to identify disparities in our CES and make recommendations for changes to the CoC Governing Board for maintaining an equitable system.
- Make recommendations on changes to policies and procedures to ensure best practices, maintain federal and state compliance, and to make recommendations for training and evaluating the CES.
- Work with the Coordinated Entry manager to review and update CES processes as needed.

4.3 PRIORITY LIST MANAGER ROLES AND RESPONSIBILITIES

- Manage the Central CoC's CES Priority List
- Coordinate with other Priority List Managers in MN to ensure households are referred to the appropriate priority list
- Provide CES HMIS reports to the Central CoC at least quarterly
- Prepare and submit required CES reports to the State and HUD
- Participate in Coordinated Entry Advisory committee meetings
- Communicate policies and procedures to the entire CoC
- Provide CES trainings annually, and as needed

- Monitor data quality of all agencies and notify agencies of inaccuracy of data via Priority List Notice
- Provide referrals to housing providers within 3 business days of notification of housing vacancy
- Monitor denials and follow up as needed to address concerns
- Monitor and report any pending referrals over 7 business days
- Ensure the Priority List is current per CES policies
- Assign to Navigators all new HUD homeless households added to the Priority List on a weekly basis

4.4 NAVIGATOR ROLES AND RESPONSIBILITIES

- New Navigators must complete Navigator training with the PLM prior to receiving Navigation referrals
- Follow all CoC, HMIS, and HUD guidelines including processes, documentation, and reporting requirements
- Understands the CES as a whole and the constraints of the system (i.e., housing is not guaranteed)
- Prior to enrollment into Navigation services, the Navigator shall verify HUD homeless status
- If the household does not HUD homeless status, the Navigator will return the household to the assessor agency by notifying them within 3 business days
- Gather verification needed to certify HUD CH status if applicable
- Assist enrolled participants between assessment and housing referrals to increase participant likelihood of getting housed quickly
- Help gather necessary documentation for those eligible for Navigation services
- Provide referrals to shelter and mainstream resources
- Maintain follow up contact with enrolled households at minimum every 30 days
- Contact with a household requires actual interaction with them; attempted contact does not constitute contact
- Attend Case Conference Calls and Navigator meetings
- Update household information in Entry/Exit tab as needed
- Assist with resource applications if other help is not available
- Confer with other providers in non-contact cases to reestablish connection
- Help households identify and document sources of income
- Remove households from the PL for non-contact as needed
- Focus on making connections and rapport with identified Navigation households
- Establish and build relationships with landlords and especially with second chance (felony friendly) landlords
- Ensure fair, equitable and consistent treatment to all households

4.5 ASSESSOR ROLES AND RESPONSIBILITIES

- New Assessors must complete the assessment training with the PLM before completing assessments
- Follow all CoC, HMIS, and HUD guidelines including processes, documentation, and reporting requirements
- Responsible for being on all CES calls/meetings relevant to their region to provide updated information on their case load
- Understands the CES as a whole and the constraints of the system (i.e., housing is not guaranteed)
- Attend an annual training conducted by the PLM to review any changes and updates to the CES
- Establish a rapport with the client
- Conduct the Assessment Tool to identify what kind of services will be needed (Diversion, Prevention, or housing services)
- Enter assessment information into HMIS or Google Docs within 3 business days following the assessment
- Ensure that 30- day follow-up notes are entered on time and in detail (HUD Requirement)
- Remove assessed households when household is no longer eligible for housing through CES, no longer in need, or unable to maintain contact after three attempts within 45 days; one contact must be during the first week of the month
- Contact with a household requires actual interaction with them; attempted contact does not constitute contact
- Attempted contact must include trying primary, alternate, phone, email, other workers, etc.
- Update the assessment in HMIS when there is a significant life change until the household is linked to an appropriate housing intervention, or until services are no longer needed
- Contact the PLM with updates for households on Google Docs
- Update in HMIS with any changes to where a household is willing to live, contact information, medical conditions, current living situations, or any other pertinent information including check in dates under the notes section
- Notes should include date, specific information, name, agency, and phone number of person entering notes

4.6 HOUSING PROVIDER ROLES, RESPONSIBILITIES & WORKFLOW

- Follow all CoC, HMIS, and HUD guidelines including processes, documentation, and reporting requirements
- Provide program preferences and eligibility criteria via Referral Request Form submitted to the PLM
- Utilize the CES process to fill all required program vacancies
- Acknowledge all open referrals in HMIS within 3 business days
- Attempt to contact the household at least 3 separate times within a 2-week period

- Attempted contact must include trying primary, alternate, phone, email, other workers, etc. All contact methods should be attempted at least 3 times over 2 weeks
- Document all attempts at contact in HMIS
- Meet with household (either in person or via phone) to screen for program eligibility
- Gather documentation for program eligibility
- Complete LTH certification if required
- Follow-up with the Assessor to ensure a smooth transition to the program
- Follow the CES process for denials including follow-up with the Assessor
- Remove household from the PL if they are successfully housed
- Keep household information updated in HMIS
- Attend required HMIS, CoC and CES trainings

5- HOUSING REFERRALS

5.1 REQUIREMENT FOR USING CES TO FILL PROGRAM OPENINGS

CES participating providers will enroll new participants from the CoC's CES referral process. A housing provider receiving HUD funding must participate in CES, and selection of program participants must be consistent with the CES process. The State of Minnesota's homeless designated funding also utilizes prioritized households from the CES Priority List to fill the units.

5.2 CASE CONFERENCE

Case conference meetings occur at least monthly between the CES PLM, Navigators, assessors, housing providers and case managers. Per the HUD Coordinated Entry Core Elements, page 42, case conferencing is "a meeting of relevant staff from multiple projects and agencies to discuss cases; resolve barriers to housing; and make decisions about priority, eligibility, enrollment, termination, and appeals."

5.3 REQUESTING A REFERRAL

Housing providers will complete the Central CoC CES Referral Request Form in Google Docs. The Form is located at www.cmhp.net/coordinated-entry/. The form is submitted to the PLM. All Referral Requests must be submitted through the Google Docs process. A separate Referral Request must be completed for openings for each specific HMIS program number. All questions must be completed with enough detail to ensure a successful referral.

5.4 COMPLETING A REFERRAL

- PLM receives the Central CoC CES Referral Request Form from the Housing Provider
- PLM transfers request to Housing Request Form with program criteria/contact information/location and any other pertinent information
- PLM then pulls up the current PL to filter by program criteria
- Filter eligible households based on priorities established by the CoC
- Households are vetted in sequential order and the first eligible household is referred
- A Coordinated Entry Event is created in HMIS
- The Requested Referrals and Referral Results Form is completed and emailed to the Housing Provider for them to acknowledge in HMIS

- PLM will complete the referral within 3 business days
- Eligible referrals, who are not able to be contacted within 45 days, should not be referred to any program
- Households who have been denied by a Housing Program will not be referred to that same Program for 1 year unless there is a change in household eligibility
- If an ineligible referral is made, the Housing Provider should add notes in HMIS that the household is not eligible

5.5 ACKNOWLEDGING A REFERRAL

- Housing Provider must acknowledge a referral in HMIS within 3 business days
- Housing Providers must do their due diligence by attempting to contact the household using all options including, but not limited to, trying primary, alternate, phone, email, other workers, etc.
- Housing Provider must attempt contact a minimum of 3 times within 2 weeks

5.6 SUCCESSFUL REFERRAL

- Housing Provider reaches Household and explains the program and housing opening
- If the household is interested, the Housing Provider starts the screening process
- If the household is eligible, the Housing Provider assists with completing the housing application
- Housing Provider will update referral and complete program intake in HMIS and enroll the household in the housing program
- If the household was referred from Google Docs, the Housing Provider will notify the PLM of program acceptance. The PLM will remove the household from the Google Docs PL and add them to the housed tab

5.7 UNSUCCESSFUL REFERRAL

- Housing Provider reaches Household and explains the program and housing opening
- If the household is not interested, the Housing Provider declines the referral in HMIS and the household returns to the PL
- If the Housing Provider is unable to contact the household, the referral is denied in HMIS, and the household is placed back on the PL
- If the household is interested, the Housing Provider starts the screening process
- If the Housing Provider determines the household is not eligible for the housing opening, the Housing Provider will update the referral in HMIS, including notes, and the household returns to the PL
- If the household was referred from Google Docs, the Housing provider will notify the PLM of the denial who will return the household back to the Google Docs PL

5.8 DOCUMENTATION OF DENIALS OR INELIGIBILITY

Housing Providers agree to accept all appropriate referrals based on CoC policies, system mapping, and HUD requirement to prioritize the most vulnerable in CoC funded housing programs. Agencies must document why a household is denied/refused in HMIS. Google Doc referrals will be documented by emailing the PLM. The CoC retains the right to case conference and challenge denials they feel are inappropriate via the CES Review Committee.

Reasons for ineligible referrals include:

- The PLM provides an inaccurate referral in error. The Housing Provider will deny the referral and submit a new Housing Referral Request Form.
- The Housing Provider submitted inaccurate or incomplete eligibility criteria on the Referral Request Form the Housing Provider will deny the referral and submit a new Housing Referral Request Form.
- Household data in HMIS is incomplete or incorrect. The Housing Provider will deny the referral and will contact the Assessor to have the data corrected or completed. A new Housing Referral Request Form will be submitted to the PLM.
- The household's current situation has changed making them no longer eligible. The Housing Provider will deny the referral and will contact the Assessor to have the data corrected or completed. A new Housing Referral Request Form will be submitted to the PLM.
- In all cases, the Housing Provider will contact the Assessor and PLM within 3 business days to document the inaccurate referral so clarifications can be made, and further inaccurate referrals prevented.

5.9 PARTICIPANT DECLINED REFERRALS

One of the guiding principles of CES is household choice. This principle must be evident throughout the CES, including the referral phase. Households can decline service strategies and housing options offered to them, without repercussion.

Households will be given information about available programs and provided a choice whenever feasible based on assessment information, program criteria, and available resources. Of the options available, participants may choose which project to be referred to. If a household declines a referral to a housing program, they may remain on the PL until the next eligible housing opportunity becomes available. If a household fails to follow through with a referral and comes back for assistance, the assessor will work with the household to help identify and rectify barriers on follow through.

5.10 PROVIDER DECLINED REFERRALS

If agencies decline a referral from the CES, they will follow HMIS protocol for the denial.

Denials by projects are acceptable only in certain situations, including:

- The household does not meet the project's eligibility criteria.
- The services available through the project are not sufficient to address the intensity and scope of household need.
- The agency is unable to contact the household to offer services.
- Client placed in institutional setting.
- Client refused service.
- Client unable to locate housing.

The agency must document the reason for declining the household in HMIS. The agency will notify the household the reason the referral was declined and will offer alternative resources and place the household back on the priority list. The PLM will review HMIS reports for the reasons for denials and will reach out to the provider as needed. If a provider denies 3

sequential referrals, they may be required to participate in a meeting with the CoC Coordinator and PLM to review the reasons for sequential denials.

5.11 REFERRAL TO ANOTHER COC

To support client choice, if an individual would like to be placed on a Priority List in another CoC the Central CoC PLM will connect with the PLM of the other CoC and follow the process of the other CoC.

5.12 REFERRAL FROM ANOTHER COC

A referral from another CoC will be referred to Call to Connect - 866-560-7464 - to ensure that the household is connected to an agency and information is updated in HMIS and follow up is completed as required. The household must list one of the Central CoC's counties as a preference and have a connection to the area which may include employment, family, medical/mental health/substance use services, displaced due to DV, ties to the community, etc.

6- CRISIS RESPONSE

6.1 CES RESPONSE TO VICTIMS AND SURVIVORS

Central MN CoC will ensure that survivors of domestic violence and those attempting to flee domestic violence, dating violence, sexual assault, stalking, and human trafficking will have immediate and confidential access to resources, regardless of which access point they initially contact seeking crisis services.

Individuals fleeing or attempting to flee domestic violence and victims of trafficking must have safe and confidential access to the coordinated entry process and victim services, including access to the comparable process used by victim service providers, as applicable, and immediate access to emergency services such as domestic violence hotlines and shelter. *Source: HUD Coordinated Entry Notice: Section II.B.10*

HUD defines "DOMESTIC VIOLENCE. The term 'domestic violence' includes felony or misdemeanor crimes committed by a current or former spouse or intimate partner of the victim under the family or domestic violence laws of the jurisdiction receiving grant funding and, in the case of victim services, includes the use or attempted use of physical abuse or sexual abuse, or a pattern of any other coercive behavior committed, enabled, or solicited to gain or maintain power and control over a victim, including verbal, psychological, economic, or technological abuse that may or may not constitute criminal behavior, by a person who—

- is a current or former spouse or intimate partner of the victim, or person similarly situated to a spouse of the victim;
- is cohabitating, or has cohabitated, with the victim as a spouse or intimate partner;
- shares a child in common with the victim; or
- commits acts against a youth or adult victim who is protected from those acts under the family or domestic violence laws of the jurisdiction."

“ECONOMIC ABUSE. The term ‘economic abuse’, in the context of domestic violence, dating violence, and abuse in later life, means behavior that is coercive, deceptive, or unreasonably controls or restrains a person’s ability to acquire, use, or maintain economic resources to which they are entitled, including using coercion, fraud, or manipulation to—

- restrict a person’s access to money, assets, credit, or financial information;
- unfairly use a person’s personal economic resources, including money, assets, and credit, for one’s own advantage; or
- exert undue influence over a person’s financial and economic behavior or decisions, including forcing default on joint or other financial obligations, exploiting powers of attorney, guardianship, or conservatorship, or failing or neglecting to act in the best interests of a person to whom one has a fiduciary duty.”

“TECHNOLOGICAL ABUSE. The term ‘technological abuse’ means an act or pattern of behavior that occurs within domestic violence, sexual assault, dating violence or stalking and is intended to harm, threaten, intimidate, control, stalk, harass, impersonate, exploit, extort, or monitor, except as otherwise permitted by law, another person, that occurs using any form of technology, including but not limited to: internet enabled devices, online spaces and platforms, computers, mobile devices, cameras and imaging programs, apps, location tracking devices, or communication technologies, or any other emerging technologies.”

Source: HUD Housing Provisions of the Violence Against Woman Act Reauthorization Act of 2022

Providers throughout Central MN CoC will complete annual training to implement best practices and utilize Trauma Informed approaches. Training on Trauma Informed care, cultural trauma, domestic violence, and trafficking will be available throughout the CoC.

Central MN CE system has local domestic violence hotlines, which are staffed 24 hours a day, seven days a week, to ensure that all persons who are fleeing or attempting to flee domestic violence or sexual assault have immediate access to crisis response services.

The National Domestic Violence Hotline	1-800-799-8233
www.thehotline.org	
Minnesota Day One Crisis Hotline	1-866-223-1111
www.dayoneservices.org	
National Human Trafficking Hotline	1-888-373-7888
www.humantraffickinghotline.org	

7- ACCESS

7.1 ACCESS MODEL

An access site is an agency where households experiencing, or at risk of, homelessness are screened for entry to, or diversion from, the regional CES. The Central CoC is designed so that a household seeking assistance can present at any homeless housing or service provider in the geographic area.

The CES must be easily accessed by households seeking services to address housing crises. Emergency services assessment sites will be accessible via walk-in, telephone and virtually. The CoC will establish, to the greatest extent possible, in-person assessment sites that are available throughout the geographic region. Funded assessment sites must provide reasonable accommodation for disabilities upon request. The assessments at each site must follow the requirements of this manual to ensure that clients are provided with the same assessment regardless of the service provider. If the assessment site is unable to serve a household, the provider will initiate a warm referral to an appropriate provider to the greatest extent possible.

7.2 DESIGNATED ACCESS POINTS

Households experiencing, or at risk of, homelessness are screened for entry to, or diversion from, the regional CES at an agency. Access sites are located throughout the 13-county region and are easily accessed in person or virtually. Access sites may refer households to agencies for specialized services. Street outreach workers/Assessors can complete assessments wherever households are staying including, but not limited to, shelters, libraries, and encampments.

A new agency may become an access site by completing the Central CoC CES training and signing the Memorandum of Understanding (MOU) and Central CES Partnership Agreement. The CES Coordinator will be responsible for approving all Assessment sites. The MOU and Partnership Agreement must be reviewed and signed annually. Failure to sign these forms may impact a user's access to HMIS. Access sites must agree to follow all CoC, HMIS, CES and HUD guidelines, processes, documentation, and reporting requirements. Access site staff must attend CES and CoC trainings to fully understand and comply with all requirements.

7.3 ACCESS COVERAGE

Central MN CoC's entire geographic area is accessible to CES either through agencies that cover specific counties as access points or through our Call to Connect information and referral hotline that is accessible throughout the entire Central MN CoC region. Assessors will meet individuals where they are at in the most rural of areas and Street Outreach workers are present at shelters, libraries, and encampments.

7.4 AFFIRMATIVE MARKETING AND OUTREACH

All persons participating in any aspect of CE such as access, assessment, prioritization, or referral shall be afforded equal access to CE services and resources without regard to a person's actual or perceived membership in a federally protected class such as race, color, national origin, religion, sex, age, familial status, or disability. Additionally, all people in different populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, shall have fair and equal access to the coordinated entry process.

7.5 CALL TO CONNECT

Call to Connect - **866-560-7464** - is the Central CoC's toll free number to connect households who are, or at risk of, experiencing homelessness to access providers and assessment sites.

Call to Connect will refer you to one of the six extensions:

- 201 St. Cloud, Benton, Sherburne, Stearns, or Wright Counties
- 202 Chisago, Isanti, Kanabec, Mille Lacs, or Pine Counties
- 203 Cass, Crow Wing, Morrison, or Todd Counties
- 204 Youth ages 16-24
- 205 Domestic Violence
- 206 Veterans

Call to Connect business cards and flyers are available in English, Spanish, and Somali. Flyers are posted throughout the 13 Counties, and business cards are distributed to assessors/agencies to hand out as needed.

7.6 ACCESSIBILITY OF ACCESS SITES

Central MN CoC will ensure that CE services are easily accessible to persons with mobility barriers. Additionally, all CES communications and documentation will be accessible to persons with limited ability to read and understand English. Central MN CES will ensure that materials are available in English, Spanish, and Somali. CES participating agencies will provide communication accommodation through translation services to effectively and clearly communicate with persons with limited English proficiency. CES will provide visually and audibly accessible CES materials when requested by agencies or participants in CES.

In addition, to reduce communication and transportation barriers to accessing services, Assessors will travel to meet households experiencing, or at risk of, homelessness throughout the 13-county region especially in the most rural areas.

7.7 EMERGENCY SERVICES

CES initial screening and assessment services may only be available during regular business hours. During non-business hours, prospective participants may access emergency services and shelter (when and where available) without first receiving an assessment through CES. The screening and assessment will be completed on all participants within 3 days after entry to emergency services. Emergency services may include emergency shelters, warming shelters, DV shelters, agency paid hotel/motel vouchers, etc.

Households should contact 911 for any emergencies. Individuals may access emergency services such as Domestic Violence and Trafficking hotlines 24 hours a day and Mental Crisis Hotlines are available throughout Central CoC.

7.8 STREET OUTREACH

Street Outreach teams will function as access points to the CES. Street Outreach workers will seek to engage households who are not actively seeking assistance or are unable to seek assistance from emergency services or shelter providers. Street Outreach workers should assist with providing basic needs, information, referrals, and resources for those experiencing homelessness.

8- ASSESSMENT

8.1 STANDARDIZED ASSESSMENT APPROACH

Central MN CES will utilize a standardized assessment process for all participants, ensuring uniform decision-making and coordination of care for persons experiencing a housing crisis.

All persons served by CES will be assessed using the Common Assessment Tool. All Access points must use this tool to ensure that all persons served are assessed in a consistent manner while using the same process. The Common Assessment Tool collects required demographic information and an initial housing history such that the household can be placed on the Priority List if appropriate.

8.2 HOUSING CRISIS SCREENING OR PREVENTION SCREENING

The Housing Crisis Screening Tool is designed to reduce the number of households entering the homeless response system by diverting to mainstream resources or prevention services. All access sites are expected to use the Housing Crisis Screening Tool for the initial assessment. The tool will assist in determining if a household should be directed to diversion to mainstream resources, self-resolution, or referral to homeless services.

8.3 DIVERSION AND PREVENTION

Diversion is a practice that assists households in a housing crisis to return to housing or identify alternative housing outside the crisis response system. The goal of diversion is to find a housing solution, even if temporary, that stabilizes housing without utilizing emergency shelters. Diversion utilizes mainstream resources and mediation techniques to assist the household in identifying alternative housing options including, but not limited to, returning to their own housing, setting up a payment plan with a landlord, staying with family/friends, or relocation to another area.

Prevention will be used whenever possible to prevent households from entering the homeless response system. CES will ensure that all potentially eligible participants will be screened for homelessness prevention or diversion assistance, regardless of the access point at which they initially seek assistance. Prevention assistance services may be ESG program funded or other homelessness prevention funds that are available locally.

Through communication and collaborative partnerships, programs will coordinate information and referrals to ensure persons at imminent risk of homelessness are provided coordinated access to CoC homelessness prevention services. Prevention and diversion

resources are located on Central Minnesota's Housing Partnership website:
www.cmhp.net/coordinated-entry.

8.4 ASSESSMENT SCREENING

The assessment process will progressively collect only enough household information to prioritize and refer participants to available CoC housing and support services. Households will not be screened out for housing and services based on their protected class status. The CES 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 referral options.

The Central MN CES is prohibited from screening people out of the CES due to race and/or 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 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-with exceptions for state or local restrictions that prevent projects from serving people with certain convictions.

Source: HUD Coordinated Entry Notice CPD-17-01: Section II.B.4

8.5 THE CURRENT ASSESSMENT TOOL

The Housing Crisis Screening Form is completed prior to completing the Common Assessment Tool. One Common Assessment Tool should be completed per household.

Complete the Common Assessment Tool in the following situations:

- HUD Homeless: Households who have been in temporary shelter (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs) for 7 days or longer.
- Unsheltered: Households whose primary nighttime residence is a place not meant for human habitation should be assessed as soon as possible.
- Institutionalized: Households must be assessed within 60 days prior to release from the institution.
- Fleeing/Attempting to Flee DV: Households should be assessed as soon as possible if they have no other residence and lack the resources or support networks to obtain other permanent housing.
- Imminent Risk of Homelessness: Households should be assessed if their residence will be lost within 14 days of the date of application for homeless assistance, no subsequent residence has been identified, and the household lacks the resources or support networks needed to obtain other permanent housing
- Doubled Up: Households should be assessed if they are doubled up for greater than 30 days and less than 12 months who have not resolved their housing crisis.

8.6 ASSESSOR TRAINING

The CoC is committed to ensuring that all assessors receive sufficient training to implement the CES effectively and in accordance with the policies and procedures. Prior to

administering the Common Assessment Tool, assessors are required to attend the CES training. All assessors must complete the Central CES initial and annual training. If an agency consistently has incomplete or inaccurate data, the PLM and HMIS staff will schedule a one-on-one training with assessment staff and their supervisor.

8.7 UPDATING HOUSEHOLD INFORMATION

Assessors are required to follow-up with households every 45 days and update HMIS as new or updated information becomes available. Updated and accurate household information is critical to facilitate quick and accurate housing referrals. Contact with a household requires actual interaction with them; attempted contact does not constitute contact.

Households who choose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected and entered into HMIS. Participant data in HMIS can be updated after an initial CE data collection period and throughout project enrollment to reflect emergence of new information, corrections to previously collected information, or additions of previously unanswered questions.

8.8 PARTICIPANT AUTONOMY

It is crucial that households served by the CES are allowed to self-determine if they are uncomfortable or unable to answer any questions during the assessment process, or to refuse a housing referral. In both instances, the refusal of the participant to respond to assessment questions or to refuse a referral shall not adversely affect their status on the Priority List.

Note that some funders require collection and documentation of a participant's disability or other characteristics or attributes as a condition for determining eligibility. Participants who choose not to provide information in these instances could be limiting potential referral options.

8.9 PRIVACY PROTECTIONS

CES participating agencies are required to notify and obtain participant consent for the collection, use, and disclosure of participants' personally identifiable information (PII).

A participant's request for housing crisis assistance initiated via phone or email will be considered notification of intent and inferred to be household consent to collect, use, and disclose any PII collected. CES participating agencies shall obtain written client consent from the participant when he or she comes in and additional data are collected during an in-person assessment.

When using an HMIS or any other data system to manage Coordinated Entry data, adequate privacy protections of all participant information must be ensured per the HMIS Data and Technical Standards per 24 CFR 578.7(a)(8).

8.10 DISCLOSURE OF A DISABILITY OR DIAGNOSTIC INFORMATION

Throughout the assessment process, households must not be pressured or forced to provide staff with information that they do not wish to disclose, including specific disability or medical diagnosis information. Only required disability or diagnostic information should be entered into HMIS.

9- PRIORITIZATION

9.1 STANDARD PRIORITIZATIONS

Central MN CoC will utilize data collected through CES to prioritize households experiencing homelessness within its region. Priority will also be determined by State and Federal program requirements for funding.

Prioritization Order

1. Chronically Homeless Youth Households (all members under 25).
2. Chronically Homeless Families with Children (head of household 25+).
3. Chronically Homeless Adult-Only Households (all members 25+).
4. HUD Homeless Youth-Only Households (all members under 25).
5. HUD Homeless Families with Children (head of household 25+).
6. HUD Homeless Adult only Households (all members 25+).
7. Doubled-Up Homeless Youth Households (all members under 25).
8. Doubled-Up Homeless Families with Children (head of household 25+).
9. Doubled-Up Adult-only Households (all members 25+).

Tiebreakers

1. Unsheltered will be prioritized ahead of sheltered.
2. Longest length of time on the Priority List.

9.2 HUD GUIDANCE ON NEXT MOST VULNERABLE

If the household referred is considered the next most vulnerable, the service provider may serve them. For example, if the household meets the HUD Chronic Homeless definition in HMIS, but, after further assessment, the household is not chronic but is HUD literal homeless and is the next most vulnerable household on the PL, that household may be served. Documentation will be sent to service provider verifying this and service provider will include documentation with homeless documentation in the client file.

HUD does not expect recipients of dedicated or prioritized CoC Program-funded PSH to hold vacant beds open indefinitely while waiting to locate chronically homeless persons with the longest histories of homelessness and most severe service needs. Recipients are only expected to exercise due diligence and should document the efforts they have undertaken to locate persons that would be considered the highest priority. HUD does not have a specific time frame that a recipient must hold a bed vacant.

This is also the case when there are no persons identified within the CoC that meet the definition of chronically homeless in general. Where the orders of priority have been adopted by a CoC, if there are no persons within the CoC's geographic area that meet the definition of chronically homeless per 24 CFR 578.3, recipients of dedicated and prioritized CoC Program funded PSH may serve households that are not experiencing chronic homelessness and in the order of priority described in the Prioritization Notice for non-dedicated and not-prioritized PSH beds. Should the bed turnover and become vacant again, the recipient must start by first seeking households that meet priority number 1 for dedicated and prioritized CoC Program-funded PSH.

9.3 EMERGENCY SERVICES

Although Emergency services are a critical crisis response resource, access to such services will not be criteria used for priorities.

9.4 PRIORITY LIST

The CES Priority List is a master list of assessed homeless households seeking housing in the Central MN region. This list is used to track regional needs for housing and link households to the most appropriate and available housing programs using the Common Assessment Tool, eligibility criteria, and CoC priorities.

The Priority List is managed by the PLM and will be prioritized by the needs identified by HUD and the CoC Governing Board. The priority list is an effective way to manage an accountable prioritization and referral process.

9.5 HOUSING SUPPORT/GRH

According to Minnesota Housing, board and lodge, group homes, halfway houses, foster care, Housing Support, etc. are "generally considered neutral events if utilized as a temporary transition from an institution or previous episode of homelessness. If the facility was used as a permanent housing option, then the event may not be considered neutral (it is considered housed)." A signed lease between the household and a landlord would signify permanent housing. For this reason, participants who meet the homeless definition prior to residing in one of these facilities will be added to the Priority List no more than 60 days prior to leaving that facility if their goal is to secure housing in the community based on that household's housing plan.

- Households who are residing in a Housing Support/GRH congregate setting (i.e., board and lodge) will be added to the Priority List if they are seeking housing in the community, are at imminent risk of experiencing homelessness, or have met the homeless or LTH definition prior to entering their current living setting.
- This does not pertain to households who are residing in Housing Support/GRH housing with a lease to their own place.
- Households will be removed by the assessing agency after 90 days of being stably housed in the Housing Supports
- Households who have been placed in a Housing Support congregate setting will be reassessed and placed back on the Priority List within 90 days prior to exiting current programming.

9.6 TRANSITIONAL HOUSING

Participants enrolled in a Transitional Housing Program will not remain on the Priority List during enrollment. They will be put on the Priority List no more than 60 days prior to leaving their current program.

9.7 REMOVING A HOUSEHOLD FROM THE PRIORITY LIST

- The current assessor's agency is responsible for attempting to contact the household a minimum of 3 times within 45 days, with at least 1 of the attempts being within the first week of the month, to verify and update all data in HMIS or other alternate database. If the household is not reachable during this timeframe, it will be the responsibility of the assessor's agency to remove the household from the priority list within 3 business days.
 - Contact attempts should include phone, email, text, alternative contact in HMIS or other alternate database, referring/assessing agency, other providers, or outreach workers as applicable.
 - Current assessor's agency will document all contact attempts in the "Assessor Notes" section of HMIS or other alternate database under the Entry/Exit tab following the HMIS or other alternate database guide.
- If a household secures housing on their own, it will be the responsibility of the current assessor's agency to remove the household from the priority list within 3 business days.
- If a household secures permanent housing through a CES referral, it will be the responsibility of the housing provider's agency to remove the household from the priority list within 3 business days and should notify the current assessor within 1 business day of the exit.
- If a household will be residing in an institution(s) for more than 90 days, the household will be removed from the priority list and encouraged to reach out again no earlier than 60 days prior to release from the institution(s). It will be the responsibility of the current assessor's agency to remove the household from the priority list within 3 business days.
- If a household has declined 3 separate housing referrals, the household will be discussed at the next Case Conference Meeting.
- If a household is discussed during a Case Conference Meeting and it is determined that they should be removed, it will be the responsibility of the current assessor's agency to remove the household from the list. If that agency is unable to do so, the Priority List Manager will remove them.
- In any of the situations above, if the current assessor's agency is not able to remove the household within 3 business days the Priority List Manager will remove the household.

10- REVIEW POLICIES

10.1 TRANSFER REQUEST

There are situations where a household's needs no longer fit with the program they are currently participating in. The household may need to transfer to a program that better fits their needs and to prevent a return to homelessness. The program staff that is currently working with the household needs to report the concern to the PLM for review. This report will be addressed within 60 days.

For the request to be considered, the following must occur:

- A completed Change in Services Needs Assessment Form. This form is available on the CES website at <https://www.cmhp.net/homeless-responsive-system/>.
- A completed Transfer Request Form. This form is available on the CES website at <https://www.cmhp.net/homeless-responsive-system/>.
- A current ROI in HMIS.
- The household must have a current HMIS program entry for a Central MN CoC homeless-dedicated housing program.

Once all required steps are completed, the PLM will meet with the Assessor, the current housing provider, and the CoC Coordinator to determine if a transfer is needed. They will determine if the eligibility for transfer has been met and what available resources the eligible client can be transferred to. Once the request is approved or denied, the current housing provider will notify the household.

When the PLM receives a Housing Referral Request from an appropriate housing program, this household will be referred for that opening. The current program will provide all eligibility paperwork to the program with the opening. The receiving provider is responsible for confirming eligibility and if the household is not eligible, no transfer is possible.

10.2 EMERGENCY TRANSFER

CES will attempt to address the safety needs of domestic violence, dating violence, sexual assault, trafficked, and stalking survivors who have been housed through the CES.

A housing provider may initiate the Emergency Transfer Policy by submitting the VAWA form (HUD Form 5380) to the PLM. The housing provider should indicate the household's ID # and needed housing setting for the purposes of safety and security. The household will then be prioritized for the next available housing vacancy in which they meet the requirements.

While CES will prioritize the household for the next available vacancy that would meet the indicated need, CES cannot guarantee a housing placement or timing. The current housing provider should continue to safety plan with the household and follow best practices to ensure a rapid and a safe resolution. If a successful housing referral occurs, the current housing provider will assist in facilitating a warm hand off to the new

provider.

Transfers are not appropriate for reasons related to protected class status only, including race, color, national origin, religion sex, disability, age, genetic information, marital status, sexual orientation, gender identity, public assistance, and being a member of a local human rights commission.

11- DATA SYSTEMS MANAGEMENT

11.1 DATA SYSTEMS

Homeless Management Information System (HMIS) is the database used to collect personally identifiable information, assessment, and referral information. The Priority List is a master list of households seeking designated homeless supportive housing in the Central MN Region. The Priority List contains necessary information to prioritize Households to housing programs.

All participating CES agencies contributing data to HMIS must ensure participants' data are secured regardless of the systems or locations where participant data are collected, stored, or shared, whether on paper or electronically. Additionally, participants must be informed how their data are being collected, stored, managed, and potentially shared, with whom, and for what purpose.

Google Docs will be used as a spreadsheet using non- identifying household information for households not wanting to share information in HMIS due to privacy and/or safety reasons. Households on Google Docs will be considered for housing referrals in the same manner as the HMIS Priority List. Google Docs is not a part of HMIS.

11.2 DATA COLLECTION STANDARDS

Throughout the CES, there may be many different types of data and data systems that are used to collect, manage, and report on the persons served by CES. The information collected during this process is securely stored. Data must not be collected without the consent of participants, according to the defined privacy policies adopted by the CoC.

Households must receive and acknowledge the HMIS Release of Information (ROI) form. The HMIS ROI form identifies what data will be collected, where the data will be stored/managed, how that data will be used for the purposes of helping the participant obtain housing and assistance and for other administrative purposes, and what data will be shared with others. Participating agencies must collect all data required for the CES as defined by the CoC, including the universal data elements listed in HUD's HMIS Data Standards Data Manual.

11.3 DATA QUALITY

Data accuracy is imperative to helping a household access housing. Missing and inaccurate data will delay the process and may cause a household to remain in homelessness longer and

decrease homeless response system performance. Data quality is an expectation of the Central CoC and will be monitored quarterly by the Central CoC.

Data quality is a term that refers to the reliability and validity of client-level data collected in the HMIS. Typically, it is defined by its components:

Completeness

Ensures that all the appropriate and relevant data that agencies or funders need is being collected and recorded, and that each community can accurately describe both its clients, and the full scope of services provided to those clients accessing services.

Consistency

Ensures that all aspects of a client's profile and assessment data "agree with" each other, and that there are no contradictions among data. It is also important that agencies and staff members utilize the same definition for capturing data and follow consistent practices.

Accuracy

Ensures that what is being recorded in a database is a true representation of information provided by the client, as documented by staff interacting with the client or otherwise documented by the client.

Timeliness

Ensures that the data is accessible when needed, either proactively or reactively, and can reduce the human error that occurs when too much time elapses between data collection and data entry.

Data quality within HMIS affects everything we do in our work to address and end homelessness, and its importance cannot be overstated. Any project that enters data into HMIS contributes to the overall picture of homelessness within its CoC and the state. The reasons why data quality is important are many, including but not limited to its impacts on the following:

- Requirements based on funding each CoC receives.
- Funding opportunities for providers.
- Accurate reporting for federal, state, and local funding.
- The ability of the CoC, and providers within the CoC, to tell the story of homelessness as realistically and completely as possible; and
- The data entered into HMIS directly affects clients through the Coordinated Entry process and may determine for which services they may or may not appear to be eligible.

With high quality data, a community can accurately tell the story of the individuals and families it serves.

Source: Minnesota HMIS Data Quality Plan pages 2-3

11.4 PARTICIPATING AGENCY CONSENT PROCESS

Each agency participating in the Central CoC’s CES is required to sign and submit a Data Sharing Agreement to the CoC Coordinator prior to entering CES data into HMIS or the shared Google Doc System.

12- EVALUATION OF THE COORDINATED ENTRY SYSTEM

Regular and ongoing evaluation of the CES will be conducted to ensure that improvement opportunities are identified that results are shared and understood, and that the CES is held accountable. Participating agencies play a crucial role in the evaluation of CES. Participating agencies will collect accurate and meaningful data on persons served by CES. In addition, participating agencies will review evaluation results and offer insights about potential improvements to CES processes and operations.

13- GRIEVANCE PROCEDURE

It is the responsibility of all agencies participating in the Central MN CoC’s CES to provide fair & equal access and promote client choice. If, for any reason, a household is not satisfied with services or a decision, the household has the right to file a grievance. A grievance is an expression of dissatisfaction about any aspect of CES service delivery. It is an informal process that can be initiated orally, via email, or in writing.

Central MN CES will respond to grievances in the following manner:

Household Grievance: Grievances about experience(s) with housing programs will be directed back to the housing program to follow grievance policies and procedures of that organization. Agencies should maintain internal documentation of all complaints received. This information should not be sent to the PLM unless requested, either by the household or by CES. The foregoing procedures are in addition to, and not in lieu of, the anti-discrimination policies of Central MN CoC. If a household is not satisfied with the housing program’s response to the grievance, contact the PLM to request a review of the grievance, and if needed, schedule a grievance hearing. Households may make their request by telephone, email, or in writing.

Provider Grievance: Grievances about CES policies and procedures should be sent to the PLM and CoC Coordinator following the procedures below. Upon receipt of an informal complaint, reasonable assistance will be provided by the agency staff involved and may include supervisory or administrative staff to help obtain a satisfactory resolution to the concern.

Priority List Manager	Brenda Engelking	bengelking@cmhp.net	320-258-0684
Central MN CoC Coordinator	Tim Poland	tpoland@cmhp.net	320-258-0677

For complaints with the CES Coordinator or the CoC Coordinator, contact Jason Krebsbach at jason@cmhp.net or 320-258-0672.

Please include:

- Your name
- Date of grievance submission
- Your contact information
- The best times and ways you can be reached
- An explanation of your concern/grievance
- What action you believe would solve the problem
- Your signature

CES will respond to your grievance in writing within 14 days. If you are not satisfied with CES's response to your grievance, you can schedule a grievance hearing with Central CoC.

14- ACRONYMS AND DEFINITIONS

Access Site	An existing agency or point of contact where households facing a housing crisis are screened for entry to, or diversion from the regional homeless response system.
Assessment Site	An agency that has assessors trained to complete the assessment tool.
Assessor	Individual trained to administer the common assessment tool.
Call to Connect	CoC-wide phone number 1-866-560-7464 will connect households directly to agencies with resources in their county.
Case Conferencing	A meeting of relevant staff from multiple projects and agencies to discuss cases; resolve barriers to housing; and make decisions about priority, eligibility, enrollment, termination, and appeals.
Central MN CoC	A network of organizations, community residents and businesses that plan programs with the primary goal of ending homelessness in 13 counties including Cass, Crow Wing, Todd, Morrison, Chisago, Isanti, Kanabec, Mille Lac, Pine, Stearns, Benton, Sherburne, and Wright Counties.
Chronic Homeless (CH)	A “homeless individual with a disability,” as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who: i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND ii. Has been homeless continuously for at least 12 months or on at least four 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 (i) above. (Couch hopping is not included).
Continuum of Care (CoC)	A community strategic plan to coordinate, organize and deliver housing and services and promote community-wide commitment to reduce the incidences of homelessness. The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons. The State of MN is divided into 10 CoCs.

Coordinated Entry (CE)	Coordinated Entry is not a program but a way of providing services that will help better identify, document, and evaluate system needs. Coordinated Entry prioritizes limited resources and ensures those most in need of services are prioritized.
Coordinated Entry System (CES)	A process that assesses and matches eligible households to housing opportunities. Housing opportunities include rapid re-housing, transitional housing, permanent supportive housing. Some programs are site-based, while others offer a subsidy to be used in market-rate housing (scattered site). Because housing resources are limited, this process is designed to prioritize individuals and families with the highest vulnerability, service needs, and length of homelessness receive top priority in housing placement.
CE Navigator	Assist targeted participants between assessment and housing referral to increase participant likelihood of getting housed and help housing programs with documenting eligibility.
CoC-Central Region	Benton, Stearns, Sherburne, and Wright Counties
CoC-Eastern Region	Chisago, Isanti, Kanabec, Mille Lacs and Pine Counties
CoC-Northern Region	Cass, Crow Wing, Morrison, and Todd Counties
Diversion	A practice that assists households in a housing crisis to return to housing or identify alternative housing outside the crisis response system. Diversion utilizes mainstream resources and mediation techniques to assist the household in identifying alternative housing options, including but not limited to returning to their own housing, staying with family/friends, or relocation to another area.
Emergency Solutions	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 rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.
Family Homeless Prevention Assistance Program (FHPAP)	The purpose of the program is to support continuing innovation and development of a comprehensive system to prevent homelessness and to assist people experiencing homelessness minimize the number of days homeless and eliminate repeat episodes of homelessness.

<p>Fleeing/ Attempting to Flee DV (HUD category 4)</p>	<p>HUD to consider homeless any individual or family who— (1) is experiencing trauma or a 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 (2) has no other safe residence; and (3) lacks the resources to obtain other safe permanent housing</p>
<p>High Priority Homeless (HPH)</p>	<p>Households (individuals, families with children or youth) prioritized for Permanent Supportive Housing through the CES. It is the household on top of the priority list for supportive housing that meets the eligibility criteria for the housing unit.</p>
<p>Homeless Management Information System (HMIS)</p>	<p>Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.</p>
<p>Housing and Urban Development (HUD) Homeless</p>	<p>HUD's homeless definition consists of four categories: (1) literal homeless (2) Imminent Risk of Homelessness (3) Homeless under other Federal statutes (currently no MN project is approved to use this category) (4) Fleeing/Attempting to Flee Domestic Violence</p>
<p>Housing Supports (Formerly GRH)</p>	<p>A program that pays for room and board for seniors and adults with disabilities who have low incomes. The program aims to reduce and prevent people from living in institutions or becoming homeless.</p>
<p>Imminent Risk of Homelessness (HUD Category 2)</p>	<p>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.</p>
<p>Institute for Community Alliances (ICA)</p>	<p>ICA functions as the HMIS Lead Agency and/or HMIS System Administrator in 14 states, providing technical assistance and training support.</p>

Literally Homeless (HUD Category 1)	(1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) 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 (iii) 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.
Long Term Homeless (LTH)	The State of Minnesota defines an individual, unaccompanied youth or family as “Long-Term Homeless” if they are without a home for a year or more OR have had at least four (4) episodes of homelessness in the past three (3) years. Any period of institutionalization or incarceration (including transitional housing, prison/jail, treatment, hospitals, foster care, or refugee camps) shall be excluded when determining the length of time the household has been homeless.
MN Homeless	The State of Minnesota defines as homeless “any individual, unaccompanied youth or family that is without a permanent place to live that is fit for human habitation.” Doubling-up is considered homeless if that arrangement has persisted less than 1 year. Minnesota's definition does not require that the person have a disabling condition. Four times do not need to add up to a year.
Permanent Supportive Housing (PSH)	Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.
Priority List (PL)	A master list of households seeking designated homeless supportive housing in the Central MN Region.
Priority List Manager (PLM)	Position responsible for coordinating housing referrals, providing CES training, HMIS data quality and monitoring the CES system performance.
Progressive Engagement	A family seeking housing receives a small amount of assistance, tailored to their most critical need, with a keen focus on quickly resolving the housing crisis. The family keeps in regular contact with their provider to see if support was successful.

Provider	Agency providing homeless program services and / or rental assistance.
Racial Equity	A process of eliminating racial disparities and improving outcomes for everyone. It is the intentional and continual practice of changing policies, practices, systems, and structures by prioritizing measurable change in the lives of people of color. (From www.raceforward.org)
Rapid Rehousing (RRH)	Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing. Programs use the Housing First philosophy, which offers housing without preconditions such as employment, income, lack of a criminal background, or sobriety.
Severe and Persistent Mental Illness (SPMI)	A diagnosis of schizophrenia or a major affective disorder, resulting in lifelong disabling conditions that impair personal and social functioning. The SPMI category includes Major Depression, Bipolar Disorders, Schizophrenia and Borderline Personality Disorder.
Transitional Housing (TH)	Program providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing.
Tribal Sovereignty	Tribal sovereignty in the United States is the concept of the inherent authority of indigenous tribes to govern themselves within the borders of the United States.

15- GEOGRAPHIC REGIONS

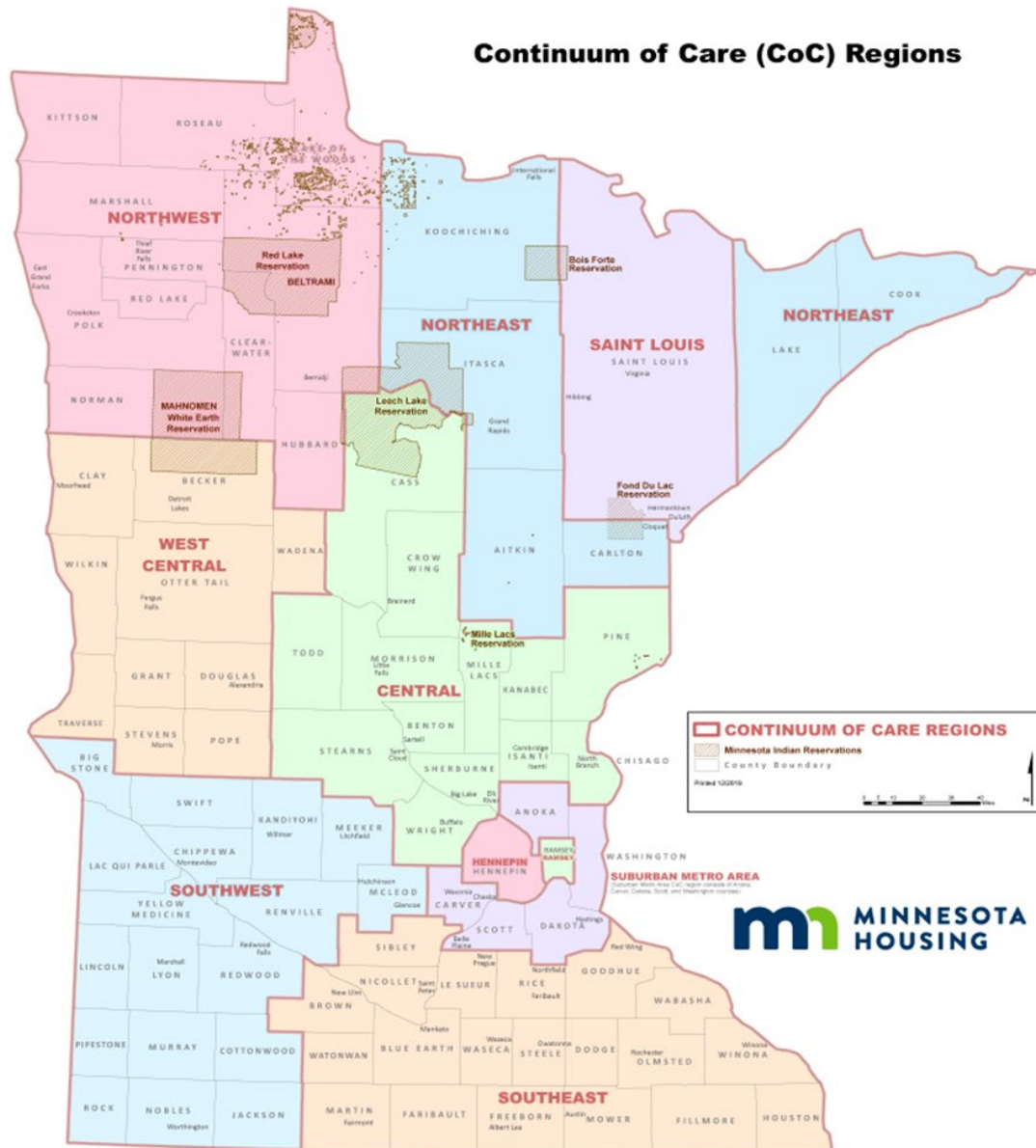
The Central MN CoC carries out its activities throughout 13 Minnesota counties.

The large geographic region is grouped into three geographic regions:

Eastern Region: Chisago, Isanti, Kanabec, Mille Lacs, Pine

Northern Region: Cass, Crow Wing, Morrison, Todd

Central Region: Benton, Sherburne, Stearns, Wright



APPENDIX A-Steps of Coordinated Entry

Steps	Type	Tools	Initiated at	Goal/s
1	Access	<ul style="list-style-type: none"> ▪ Housing Crisis Screening Tool 	First point of contact-after person has identified a housing crisis or requested homeless services	<ol style="list-style-type: none"> 1. Refer to mainstream resources 2. Connect to Prevention/Diversion services and/or resources 3. Connect to emergency services if needed
2	Assessment	<ul style="list-style-type: none"> ▪ Common Assessment Tool ▪ HMIS 	After the Housing Crisis Screening tool has determined more intensive support if needed and/or entry in an emergency shelter	<ol style="list-style-type: none"> 1. Determine whether the household should be placed on the Priority List 2. If appropriate, place household on the Priority List
3	Scoring	<ul style="list-style-type: none"> ▪ CES Scoring Worksheet ▪ Common Assessment Tool ▪ HMIS 	Completed at the end of the Common Assessment-enter the score into HMIS and/or on the Common Assessment form	<ol style="list-style-type: none"> 1. To ensure households are referred to the most appropriate housing type for their current situation
4	Receipt	<ul style="list-style-type: none"> ▪ Coordinated Entry Receipt 	Completed at the end of the Common Assessment-a copy is given to the household	<ol style="list-style-type: none"> 1. Provide valuable information to the household to ensure follow up and an understanding of the CES
5	Navigation	<ul style="list-style-type: none"> ▪ Priority List ▪ Common Assessment Tool ▪ HMIS 	Once a household is placed on the Priority List and deemed as HUD homeless	<ol style="list-style-type: none"> 1. Assist enrolled households between assessment and housing referrals to increase likelihood of getting housed quickly
6	Housing Referral	<ul style="list-style-type: none"> ▪ Priority List ▪ HMIS ▪ Housing Request Form 	Housing providers submit a Housing Request Form to the Priority List Manager	<ol style="list-style-type: none"> 1. Households will be referred to housing providers
7	Housing Outcome	<ul style="list-style-type: none"> ▪ HMIS 	The housing provider and/or the household can deny/accept the housing opportunity	<ol style="list-style-type: none"> 1. Housing provider and household meet to complete application