Coordinated Access Referral Entry & Stabilization System

Policy Manual

CARES Governance Committee Approval: February 22, 2021

ND CoC Board Approval: March 15, 2021
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I. INTRODUCTION

"Coordinated entry is an important process through which people experiencing or at risk of experiencing homelessness can access the crisis response system in a streamlined way, have their strengths and needs quickly assessed, and quickly connect to appropriate, tailored housing and mainstream services within the community or designated region . . . When possible, the assessment provides the ability for households to gain access to the best options to address their needs, incorporating participants' choice, rather than being evaluated for a single program within the system. The most intensive interventions are prioritized for those with the highest needs." - *Opening Doors, the United States Interagency Council on Homelessness's (USICH) plan to end homelessness*

A. HUD requires that all CoCs establish and operate a coordinated entry system to conduct an initial, comprehensive assessment of the housing and services needs for all people entering the homeless assistance system. This is defined as a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A coordinated entry system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.

B. Coordinated Access, Referral, Evaluation and Stabilization (CARES) System is not only our regions' approach to the HUD mandate, but our desire to manage scarce resources within our crisis response system in the most streamlined, transparent, planful, data driven, and consumer center manner. CARES allows users to make consistent decisions from available information to efficiently and effectively connect people to interventions that will rapidly end their homelessness.

C. CARES includes both mandated partners and other agencies interested in assuring a more coordinated, effective, streamlined, and consumer friendly system.

D. CARES strives to have the following HUD defined qualities of an effective coordinated entry system.

1. Prioritization: Assures persons with greatest needs receive priority.
2. Low Barrier: Does not screen people out due to perceived barriers.
3. Housing First: People are housed quickly without preconditions or service participation requirements.
4. Person-Centered: Incorporates participant choice.
5. Fair and Equal Access: People can easily access system regardless of where or how they present. The process for access is well known.
6. Emergency Access: Does not delay access to shelter after access hours.
7. Standardized Access and Assessment: Uniform decision-making process.
8. Inclusive: Includes all subpopulations.
9. Referral to Projects: All dedicated homeless beds are filled through the Coordinated Entry System (CES).
10. Referral Protocols: Projects accept all eligible referrals. Denials are justified, rare, and documented.
11. Outreach: Assertively engages unsheltered persons where they are at to link them directly to housing.

12. Stakeholder Input: CES is evaluated and updated annually based on feedback from all stakeholders including persons experiencing homelessness.
13. Informs Local Planning: Data gathered will be used to inform system planning.
14. Leverage Local Attributes and Capacity: Maximize local partnerships/resources and allow for implementation of broader CARES policies at the local/subregional level.
15. Safety Planning: Includes protocols to ensure the rights and safety of victims.
16. Use HMIS or Other System: Use HMIS or other data system to collect and manage data.
17. Full Coverage: Covers the entire CoC geography.

II. BACKGROUND AND HISTORY

Over the years, multiple efforts have been made to better coordinate services persons who are homeless or at risk for homelessness in our two regions, West Central Minnesota (MN) and North Dakota (ND) Continuums of Care (CoC) including unified intake forms and central intake sites. CARES has evolved from these efforts at an intersection of federal, local, and state initiatives and mandates to shift from managing homelessness to preventing and ending homelessness. Efforts to date include:

A. In January 2008, the City of Bismarck adopted A Comprehensive 10-Year Plan to End Long Term Homelessness. Strategy 4 of the plan called for the creation of a Single Point of Entry (SPE) and the Missouri Valley Coalition for Homeless People created a system that utilizes a universal intake and referral form, selected an access point and established a 24-hour drop in center. The system is currently in place, and lessons learned have informed the development of CARES which will eventually replace Bismarck's SPE system.

B. In May 2009, President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act into law. The HEARTH Act amended and reauthorized the McKinney-Vento Homeless Assistance Act with substantial changes. One of these changes, the Continuum of Care Program interim rule, was published on July 31, 2012. This rule established requirements for the administration and implementation of Continuums of Care, including Coordinated Assessment. A coordinated assessment system is defined as a coordinated process designed to coordinate program participant intake, assessment, and provision of referrals, which covers the entire geographic area. It shall be easily accessed by individuals and families seeking housing or services, well-advertised, and include a comprehensive and standardized assessment tool. Additionally, Congress mandates CoCs to *"collect an array of data on homelessness in order to prevent duplicate counting of homeless persons and to analyze their patterns of use of assistance, including how they enter and exit the homeless assistance system and the effectiveness of the systems."*

C. In June 2011, a subcommittee of the Fargo Moorhead (FM) Coalition for Homeless People's (FMCHP) Ending Long-Term Homeless Committee was formed to begin discussing how to better coordinate homeless services. In September 2011, this committee presented a proposal to the FMCHP asking for partner support to plan a "Centralized Entry out of Homelessness" with the goal of "timely access and accurate referrals to housing programs and support services." The group began researching best practices and planning a FM pilot. In July 2012, the FM community began a targeted pilot of Coordinated Assessment with four access points (2 in Moorhead and 2 in Fargo). A triage and pre-intake tool were used in this pilot, but no barriers assessment. The pilot also included open data sharing of the tool on the MN side.

D. In April 2013, the two Continua submitted a joint application for HUD Technical Assistance (TA) to assist with planning and developing a collaborative system. The HUD TA request was funded and was started in July of 2013. In August, 2013, HUD TA staff provided two days of on-site meetings with planning committees from the two Continua and representatives from the FM Coordinated Assessment Committees. In September 2013, the Continua hosted a joint information and planning session to define guiding principles for the joint effort and began discussing system design.

E. In July 2013, the FM Coalition to End Homeless applied for a Community Innovation grant from the Bush Foundation and was awarded $200,000 in November 2013. The purpose of these funds was to assist in the planning and rollout of a collaborative system across state lines, including creating a data bridge between the two HMIS servers.

F. In November 2013, the Continua voted to approve a joint Governance Board for CARES, each electing six representatives. The FMCHP also approved and elected one representative to the board. The two CoCs also designated four standing committees, soliciting membership through a survey tool.

G. In February 2014, the two CoCs began using a broad pilot of the Housing Assessment stage using the VI-SPDAT and an eligibility supplement.

H. In April of 2017, the West Central CoC began utilizing HMIS for Coordinated Entry. In June of 2017, Fargo also began utilizing HMIS.

I. In November of 2017, the Fargo-Moorhead area began piloting shelter prioritization.

J. In January 2018, the Fargo-Moorhead area began piloting prevention targeting.

K. Began in fall 2019 planning for systemwide enhanced access. The COVID-19 pandemic delayed implementation, which is now targeted to roll out in March 2021.

L. North Dakota implementation started working with HUD TA to expand coordinated entry across all regions of the state in 2020.

III. GUIDING PRINCIPLES

CARES was established based on the following guiding principles that were adopted by the North Dakota CoC and the West Central MN CoC in 2013:

A. **Reorient service provision**, creating a more client-focused environment.

B. **Identify which strategies are best for each household** based on knowledge of and access to a full array of available services.

C. **Link households to the most appropriate intervention** that will assist the household to resolve their housing crisis.

D. **Provide timely access and appropriate referrals** to housing programs and support services.

E. **Shorten the number of days** between onset or threat of homelessness and access to prevention or re-housing services.

F. **Provide immediate access to information** regarding housing and support services.

G. **Create an advanced system** design to provide the best client outcomes.

H. **Collaborate when possible** with adjoining Continua of Care and tribal entities.

I. **Provide for ongoing participation** by consumers and stakeholders in the development and evaluation process of coordinated assessment.

J. **Tribal Sovereignty** is acknowledged and honored.

IV. GOVERNANCE

A. **Memorandum of Understanding (MOU)**: CARES operates as a joint system and has therefore created an MOU to clarify and assure transparency between the two CoC regions, as designated system administrators.

B. **Governance Board**: CARES is governed by a joint Governance Board.

1. Membership: The Governance Board shall be comprised of six elected members with consideration to target all geographic regions of each CoC, and one appointed member from White Earth Nation. The Governance Board also includes advisory seats.

2. Role: The role of the Governance Board is to make decisions based on input from established committees and staff regarding the implementation of the CARES project.

3. Voting: All elected members shall have one vote. All votes shall require a simple majority to pass. At the discretion of the co-chairs or request of three or more members, electronic voting is allowed to ease the challenge of making leadership decision between meetings or when travel is unrealistic for one or more members. The voting period and required response date shall be prominently posed in the request for vote.

C. **Committees**: CARES committee governance exists at both CARES systemwide and at regional levels. Committees are designed to have broad participation from diverse partner agencies and to the extent possible, consumers of CARES. Systemwide committees are laid out in the CARES bylaws and regional level committees identified by respective CoCs. The CARES board may appoint committees or work groups as needed to respond and improve upon CARES.

D. **Evaluation & Policy Updates**

1. Policies & Agreements

a. All CARES related documents including, but not limited to, the Policy Manual, MOU, and Partnership Agreement, will be reviewed on an annual basis.

b. Input on changes shall be collected on an ongoing basis and submitted to the CARES leadership team in writing. The team will review input and forward to the Governance Board.

c. All proposed substantive edits or additions shall be disseminated to stakeholders prior to board approval. Partners will be provided a 7-14 day comment period on proposed additions/edits to any policies.

d. Approved changes to the Policy Manual, MOU, or Partnership Agreement will be incorporated and disseminated to CARES partners via email and posted on the CARES website.

e. Partners will be required to update signatures within 30 days of received documents in order to continue as a CARES partner.

f. Any concerns regarding the proposed updates should follow the Conflict Resolution process. CARES Partnership Agreements and/or MOUs may be terminated in writing by either party as stated in the respective agreement.

2. Tools

a. Partners are expected to utilize the current tools.

b. Tools will be evaluated at least every two years.

c. Proposed updates or changes to the tools will go through a leadership team and board review process with input for impacted partners.

d. Current CARES tools and contracts shall be kept on the CARES and CoC websites.

e. Notice of new tools will be made available to partners within five days of approved updates.

f. Any concerns regarding the proposed updates should follow the Conflict Resolution process.

3. Memorandum of Understanding (MOU)

a. The West Central and North Dakota Continuum of Cares shall notify the CARES Governance Board of any desired updates or concerns regarding the existing MOU between the parties.

b. If edits or additions to the MOU are deemed appropriate, these shall be first presented and approved by the Governance Board, then presented to the CoCs for approval. The respective groups shall have 45 days to review and vote on the proposed changes.

c. Updates to the MOU affecting the CARES Policy Manual shall be presented to the CARES partners within 30 days of implementation.

E. **Conflict Resolution Process**

1. The Governance Board will oversee any conflict resolution regarding approved CARES documentation updates.

a. The Governance Board will conduct any necessary meetings or discussions to gather all information regarding any conflicts with proposed CARES documentation updates and seek a compromise.

2. Partners that would like to appeal any rejected changes shall submit the request in writing to the Governance Board for review within 30 days.

F. **CARES Leadership Team**: The Continuum of Care Coordinators, FM Coalition to End Homelessness Director, and CARES staff make up the CARES leadership team. The team is responsible for helping support CARES communication and governance.

V. GEOGRAPHIC SERVICE AREA

A. North Dakota Continuum of Care Region: serving the entire State of North Dakota and participating Tribal Nations.

B. West Central Minnesota Continuum of Care Region: serving the counties of Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, Wadena, and Wilkin, and a portion of the White Earth Nation located in Becker County.

VI. CARES COMPONENTS

CARES is a multi-stage systematic response for persons experiencing homelessness or at risk of homelessness. While each stage is essential to ending homelessness, the goal is to provide the least amount of assistance needed to prevent or end homelessness. Households are progressively screened at each stage using uniform tools.

A. **Access**: The initial point-of-contact where households facing a housing crisis are screened for entry into or diversion from the homeless response system including linkage and referrals to mainstream resources. Entry into the homeless response

system includes prioritization or access to shelter (i.e. emergency shelter, domestic violence shelter, motel vouchers) AND prevention services. Screening outcomes include:

1. Emergency Access: Linkage for immediate access to law enforcement or domestic violence services for persons fleeing violence or screening for prioritization and access to shelter.
2. Mainstream Referral: Referral or linkage to mainstream housing and community resources alone or with referrals to prevention, emergency access, or assessment.
3. Prevention Triage: Triage for prioritization of prevention services including targeting of the most vulnerable and likely to become homeless. Outcome may include assistance with prevention resources, mainstream linkage, or referral to emergency access or assessment.
4. Homeless Services Access:
    a. *Shelter Screen*: Triage and prioritization for emergency shelter and motel vouchers.
    b. *Assessment Referral*: Linkage to assessor for Assessment stage.

B. **Assessment**: A uniform and progressive process that assesses and documents households immediate housing situation, needs, barriers, eligibility, and client choices for the purpose of making an appropriate referral to homeless services and prioritizing the order of entry into one the following: Transitional Housing, Minnesota Long-Term Housing, and Permanent Housing (Rapid Rehousing, Permanent Supportive Housing and Other Permanent Housing). Households screened as low vulnerability may be referred back to mainstream resources or prevention services versus added to the priority list.

C. **Assignment**: Utilizes the CARES Prioritization Policy and assessment data, including client choice, to match households to eligible program openings into all Shelter, Transitional Housing, and Permanent Housing programs listed on the CoC Housing Inventory Chart. Assignment can also incorporate provider knowledge and expertise. Assignment includes housing navigation to assist the most vulnerable households in seeking and securing safe and stable housing.

D. **Stabilization**: Stabilization services apply to housing and other support service providers, helping persons who are homeless or formerly homeless to stabilize. Assistance designed to maximize housing stability and independence including financial assistance and support services.

VII. CORE BELIEFS AND POLICIES

CARES partners are expected to adhere to the following beliefs and policies:

A. **Coordinated System**: Coordinated Entry System (CES) incorporates uniform assessment tools and a central prioritization list versus siloed processes or forms. Our coordinated system includes:

1. Policy alignment: CES policies shall align with state CES, HMIS, and CoC policies, including, but not limited to the CoC, the Policy for the Administration of CoC, and Emergency Solutions Grant (ESG) Assistance.
2. Coordinated Planning: CARES shall utilize multi-level planning that includes participation from a variety of stakeholders from a local to state level representing housing, shelters, services, consumers, and subpopulations (Veterans, victims, youth, etc.) and includes both ESG and CoC funded projects.

3. Uniform Assessment Tools: CARES shall utilize common tools within the system. CARES shall incorporate cross border referrals to support households wishing to relocate and agencies whose service areas cover multi-CoCs.
4. Comprehensive Referrals: CARES providers shall utilize uniform referral processes to assure comprehensive and consistent referrals are made to homeless and mainstream programs. Additionally, CARES coordinates with the other MN CoCs to assure referrals can be made across CoC borders.
5. Central Prioritization: Homeless dedicated beds or funder required programs may ONLY fill open beds/vouchers/units through CARES. CARES shall maintain a single list in each CoC or mirrored priority lists within the two CoCs to assure need and client choice is prioritized over geographic location when eligibility allows. Prioritization is based on CoC priorities, inventory, and the CES tools (which assess need, vulnerability, strengths, and participant choice) versus emotions or opinions. Provider expertise is used when appropriate (i.e. if evidence supports need that a need or vulnerability is different than score), but assumptions and emotions should not be used to prioritize.
6. Training: All CES access sites, assessment sites, and housing providers must complete all required CES trainings. CoC and CARES staff will verify trainings at start-up (new agency/staff) and at least annually (recertification).

B. **Assure Safety**: CES is designed to assure fair and equal access to all households, regardless of their domestic violence (DV) status. To do this, CARES has adopted the following safety policies and protocols:
   1. Safety Protocols: Safety is assessed at the initial stage of CARES during the first question. If concern for safety is identified by the household or assessor, households are immediately referred to law enforcement (if there is a threat of immediate safety) or to the local victim service provider (YWCA, Lakes Crisis, Someplace Safe, etc.).
   2. Training: All CES access sites, assessment sites, and housing providers are required to have Safety and Trauma Informed Care training. CARES and CoC staff will verify training at start- up and at least annually.
   3. Data Safety: All households, regardless of their DV status, have the right to refuse to share their information with other CARES providers and to turn down a specific shelter or housing program due to concern for safety:
      a. Households must be informed up-front about how their information will be used and asked whether they elect to share data.
      b. Service providers are prohibited from denying assistance to program applicants and program participants if they refuse to share their information. Programs may still collect eligibility information required by the program or data required by the funder. In cases where a client does NOT consent to having their information shared, the information must still be collected, but entered into an approved alternative database versus being shared in the HMIS CES provider.
      c. Households who turn down shelter or housing will be placed back on the priority list without being penalized.
   4. Remote Access: Households who are unable to access a specific CARES site due to safety, disability, or geography may arrange an assessment at another site, public location, or over the phone.

5. Client Choice: Assure households have access to secure shelter and housing if requested or required due to safety concerns.

C. **Assure Simplified and Inclusive Access**:

1. Fair and Equal Access: CARES has multiple designated access and assessment sites targeted to assure fair and equal access, no matter where people present or regardless of protected or subpopulation status (Veteran, domestic violence, singles, youth, LBGTQ+, family, etc.). Participating partners are required to adhere to HUD, state, CoC, and local non-discrimination and equal access policies. Training of Fair and Equal Access is required for all access sites, assessment sites, and housing providers.
2. Outreach: All homeless outreach staff serve as both CES access and assessment sites and must adhere to CARES policies.
3. Barrier Free Access: CARES is intended to connect ALL eligible households with available housing as quickly as possible without any preconditions or barriers to entry such as sobriety, service participation, or treatment. All CARES sites must certify that they will follow a housing first and barrier-free principles and will be assessed for barrier free access.
4. Reasonable Accommodations: Persons with disabilities, language barriers, or transportation barriers must be provided fair and equal access to CARES and other homeless services. Reasonable accommodations may include: phone options, translation services, motels, and handicap accessible access.
5. Emergency Access: CARES sites should not prohibit or delay access to emergency services such as shelter or safe housing for persons fleeing domestic violence or trafficking. Each agency is required to verify that their response to inquiries for shelter and homeless services will be responded to in a timely manner. People who need emergency shelter at night or weekends must be able to access shelter, to the extent that shelter is available, even if the shelter is not the coordinated entry access point, then subsequently receive an assessment in the days that follow.
6. Affirmative Marketing: CARES is open to and marketed to eligible persons regardless of race, color, national origin, sex, religion, familial status, or disability. CARES is designed and prioritized to serve those least likely to successfully access services on their own. The CoC and CARES utilizes promotional materials, social media, outreach, agency networking to market, identify, outreach, and connect to persons to CARES. All CARES access and assessment sites shall follow CARES policies and utilize CARES marketing materials to support fair and equal access, as well as assure access to those who are least likely to access services independently.

D. **Person Centered**: CARES sites shall incorporate person centered practices where possible.

1. Participant choice shall be provided when making and accepting referrals (mainstream, community, and housing). This includes offering choice of location/type of housing, level of services, and other options where households can participate in decisions. Specific choice questions are incorporated into the Housing Assessment state and must be documented in HMIS or Google Docs or a comparable database.
2. All assessors must participate in training on cultural sensitivity and incorporating a person-centered approach.

3. Housing stability plans shall be individualized to each household's needs, barriers, strengths, vulnerabilities, and choices.
4. Data privacy shall be respected and not affect access to services.
5. All access and assessment sites must treat people with dignity and respect.

E. Non-discriminatory

1. All eligible persons accessing, being assessed, receiving services, or being housed through CARES will be served regardless of their race, religion, sex, disability, creed, color, national origin, sexual orientation, age, gender identify, marital status, veteran status, or familial status.
2. Each CoC shall assure all CARES partner agencies certify compliance with: Fair Housing, Title VI Civil Rights, Title II of the ADA, and Equal Access Rule.
3. The CARES appeals process is available to any person who feels they have been discriminated against. Assessment agencies must post their agency's appeals process in a public location and make the CARES appeals process available to households who were not satisfied with the agency's response.

F. **Informed**: CARES recognizes that information is knowledge and that without proper communication and training CARES is less effective. Therefore CARES has integrated the following information policies and protocols to support our system:

1. Training and Education: CARES shall help assure that comprehensive training to all partners is available, including:
    a. *Mandated*: All partners will be required to participate in an annual CARES training. Additionally, there are specific trainings laid out by the CARES Governance Board and CoC leadership that specific partners will be required to take including those for new partners, annual refresher trainings, and specific trainings for under-performing projects. Annual required trainings will be published by the respective CoCs and the CARES leadership.
    b. *Non-mandated*: Each CoC, the FM Coalition, and individual partners each offer other valuable trainings that CARES leadership will promote.
2. Promotion
    a. *Affirmative Marketing*: Annually, CARES will conduct an analysis to identify impediments to fair housing within the CoC, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting the analysis and actions in this regard.
    b. *Reflecting CARES Beliefs*: Partners should be informed and be able to articulate and represent CARES beliefs and principles at agency and community meetings.
    c. *Promotion Materials*: Materials are available to CARES partners for use in promotion and outreach.
3. Evaluation: CARES shall also be responsible for gaining feedback from partners within their respective geographic areas and forwarding those to the Governance Board.
    a. CARES leadership will work with the CARES Governance Board to collect both ongoing and targeted input from stakeholders.
    b. CARES reports will be used a minimum of annually to assess system needs and performance from system to individual project level.

c. Surveys will be used to assess CARES components, tools, and processes. At least one survey will be conducted annually.

d. Partners are responsible for identifying and sharing constructive input on system improvements with CARES leadership.

4. Data and Technology: CARES stakeholders shall utilize the following approved data systems and data entry policies to assure that our CES will operate in an effective and efficient manner.

   a. *Data Systems*: CARES requires partners to utilize CARES approved data systems for the purpose of CARES access, assessment, prioritization, and referrals. HMIS is the primary data system for CARES access, assessment, prioritization, referrals, and reporting. An approved alternative database is the equivalent data system to be used for persons under age 18 (without parental ROI), victim service providers, and persons who refuse to share in HMIS.

   b. Data Entry

      1) Entry/Exits: CARES partners are expected to update their openings (i.e. voucher, unit, or bed vacancies) and exits according to their housing type:

         a) Emergency Shelters – Daily

         b) Transitional Housing – as openings occur

         c) Rapid Rehousing – as openings occur

         d) Permanent Supportive Housing – as openings occur

      2) Status Changes: Key status or eligibility related data points shall be updated within three days if not currently in housing.

   c. *Eligibility Criteria*: CARES partners are responsible for ensuring their program edibility criteria is current.

      1) CARES partners are expected to update the HMIS system administrator and CoC Coordinator immediately upon any changes to their current program eligibility criteria.

      2) Program eligibility criteria shall be provided in writing.

   d. *Data Entry Process*: Partners are expected to follow HMIS policies, follow data entry instructions, and stay up to date with HMIS trainings and updates.

   e. *Training*: HMIS end user and CARES trainings are required prior to gaining access to the respective data systems. Users will be required to follow step by step instructions and policies to assure data is entered accurately and securely.

   f. *Data Integrity, Safety, Security and Privacy*: All users must follow HMIS policies and the following CARES data security and privacy policies and protocols:

      1) Clients shall be provided their data rights prior to collecting or entering any data, done through HMIS, CARES ROI, and CARES tool intro scripts, informing clients of their privacy rights and obtaining ROIs for clients who wish to share data.

      2) Respect a client's wishes to decline data sharing by entering data into an approved alternative database instead of HMIS.

      3) Utilize data sharing as needed to provide the appropriate level of service for clients. The CARES partnership ROI will be utilized for general

assessment prioritization and linkage to services. A more specific ROI will be needed for other service referrals.

4) CARES partners will be audited by the HMIS system administrator and agree to respond to all concerns within a timely manner.

g. Data Sharing

1) CARES encourages data sharing to support the philosophy of a consumer centric approach, to help agencies carry out their missions more efficiently and effectively, and to improve overall system analysis.

2) Data Sharing Agreement: All agencies sharing data in HMIS will be required to sign a data sharing agreement prior to collecting or entering data.

3) Agencies are responsible for updating any changes in the client release of information immediately (add sharing if client signs ROI or remove sharing if client rescinds).

4) Partners shall utilize the current ROIs and data sharing flyer.

h. Data Quality

1) Quality Checks: CARES partner agencies using HMIS are expected to do monthly data quality checks. Agencies with multi-programs/entries are recommended to complete data quality checks more frequently. HMIS administrators will provide specific information on the timelines and the process.

2) Data Quality Standards: Agencies with poor quality, as determined by HMIS system administrator and CoC will be required to correct data according to the level of quality concern. The CoC HMIS system administrator and/or respective CoC contact will work with the agency to develop a plan to correct data quality.

i. Data Evaluation and Reporting

1) Overall data outcomes will be evaluated at the CoC level and presented to the CARES Governance Board at least annually.

2) Reporting of tribal specific information must be done with the permission and under the supervision of Tribal Nations.

5. <u>Communication Tools</u>: The following communication protocols shall occur to support transparent, current, and open communication:

a. CARES staff will maintain a website to help inform, evaluate, and communicate with CARES stakeholders.

b. Key updates and system changes will be provided to partners via CARES staff and the Governance Board.

c. All current policies, forms, and other documents shall be kept on the CARES website.

d. CoC staff will provide links to the CARES website on their respective websites.

e. Point of Contact (POC):

1) Each partner agency shall assign and provide current POC contact information to CARES leadership.

2) The POC is responsible for disseminating information to others within their organization in a timely manner AND for communicating any provider feedback to the appropriate CoC coordinator.

G. **Prioritized**: CARES has established a Prioritization Policy consistent with HUD guidance, but adapted to local resources and needs, to assure resources are first applied to those who are most vulnerable. Prioritization policies exist for supportive housing, shelter, and prevention resources.

1. The respective priority lists are maintained in HMIS (one for West Central and one for ND) and an approved alternative database (for households served by programs not allowed to enter into HMIS, minors without parental release, or those wishing not to share in HMIS).
2. In the border cities of Fargo-Moorhead, cross border prioritization exists for those who are willing and eligible.
3. Housing Programs: Housing programs required to fill beds through CES will follow the CARES Prioritization Policy to select households.
    a. Programs shall notify the Priority List Manager (PLM) of program openings as soon as possible when a unit opens.
    b. The PLM selects referrals based on eligibilities, openings, and the CARES Prioritization Policy.
    c. The CARES PLM will provide housing agencies with a current list of households seeking assistance who fit program eligibility and based on client choice (i.e. type of housing, location, access to transportation, etc.).
    d. Housing providers must follow the CARES Prioritization Policy to fill units.

H. **Transparent**: Program eligibility, assessment, prioritization, selection, and denials are required to be in writing, per policy and transparent.

1. Eligibility: Homeless services must maintain eligibility that is consistent with CoC system mapping and free of unnecessary barriers. Housing programs are responsible for updating and maintaining clear, transparent, and current program eligibility in HMIS or equivalent database.
2. Denials: Partners agree to accept all appropriate referrals based on CoC policies, system mapping, and HUD requirements to prioritize the most vulnerable in CoC funded permanent supportive housing. Agencies must document why household is denied/refused. The CoC retains the right to case conference and challenge denials they feel are inappropriate. Any CES denials must be documented and shared with the respective CoC. Any agency with three or more denials in a given year will be reviewed by the CARES Governance Board. Denials fall into two categories:
    a. *Household*:
        1) Client Denial Form: Persons denying a referral to CES must complete and submit the CES Client Denial Form. Agencies must document denial in HMIS and provide form to the client to complete. Eligible reasons are listed on the form on the CoC website.
        2) Repeat Denials: If a household denies three sequential housing offers, they will be required to have a case consult with the CES Appeals Subcommittee. Client can reference the denial form for more information.

b. *Agency*: Agencies denying a referral from CES must complete the Agency Denial Form, document in HMIS and submit the form to the Priority List Manager within two days. The CoC will then have five days to review the denial. The client will be notified of the status after CoC review within three days and may be offered other housing if available during that period.

c. *Ineligibility*: Ineligibility occurs if a referral is made inaccurately or if the eligibly criteria is not clear to the CoC.

   1) If a referral is made inaccurately or the client is not eligible for the program, this will not count as a refused referral or denial. The agency shall contact the referral source (assessor) and CoC within three business days to document the inaccurate referral so clarification can be made and further inaccurate referrals prevented.

   2) If the criteria are not current or complete, the agency has three business days to contact the CoC with correct criteria.

   3) In either case, the agency must contact the client within three business days or make arrangements with the assessor to do so.

3. CARES Receipts: CARES receipts (Access Receipt and Housing Receipt) are used to inform persons being assessed of their choice, responsibilities, options, and the intervention they are referred to. Each access, prevention, and assessment site must provide client with receipt.

4. Grievances: A grievance may be filed by the client, a family member, or advocate and should have it resolved quickly and fairly. Grievances will be treated seriously, and investigated thoroughly and confidentially, and individuals with the grievance will be kept informed of progress.

   Each Continuum agrees to inform and track that CARES partners assure the following:

   a. Give clients the opportunity to be empowered about the services they choose to receive;

   b. Hold clients accountable to responding to calls for available services or housing units;

   c. Explain the coordinated entry process to clients so that they understand their responsibilities and those of the coordinated assessment system; and

   d. Inform clients of both their agency and CARES of the grievance process at intake, including that a separate grievance policy is established for American Indians and Tribal Nations.

   e. Process

      1) Stage 1: Informal Grievance

         Individuals will be encouraged to submit an informal grievance with the individual agency or organization. Informal grievances will be subject to individual agency or organizational grievance procedures and policies.

      2) Stage 2: Formal Grievance Process

         Grievances not resolved at the agency level or those in which fear of safety or repercussion exist shall be escalated to the CoC Coordinator and Priority List Manager.

      3) Stage 3: Notifications

The respective CoC and CARES Governance Boards will receive notice of any grievance and decision escalated to the CoC level.

VIII. CARES PARTNER ROLES AND RESPONSIBILITIES

All CARES partners are responsible for complying with the policies in this document. Partners may become a partner through their respective CoC. To become a CARES partner, agencies or organizations shall agree to and sign a CARES Partnership Agreement and Data Sharing Agreement. Beyond CARES policies, specific partner roles and responsibilities are defined in the CARES Partnership Agreement. All partners are responsible for complying with both the CARES Policies and Partnership Agreements. Additionally, local communities may have local procedural documents specific to local workflow and partners.

IX. CARES DOCUMENTS: TOOLS, CONTRACTS, AND AGREEMENTS

A. **Tools**: CARES utilizes the following tools to help assure prioritization is transparent, consistent, and clear:

1. Access Tools:
    a. Housing Crisis Triage
        1) Eligibility
        2) Diversion
        3) Emergency Shelter
        4) Prevention
    b. Access Receipt
2. Assessment Tools:
    a. Housing Prioritization Tool
        1) VI-SPDAT
        2) Eligibility Supplement
        3) Client Choice
    b. Housing Receipt
3. Stabilization:
    a. SPDAT
    b. Case consult guide

B. **Contracts and Agreements**: The following are the primary contracts and agreements required by the CARES partners. All are located on the CARES and CoC websites.

1. Partnership Agreement
    a. The purpose of this Partnership Agreement is to document and communicate guidelines for the establishment of the Coordinated Access, Referral, Entry, and Stabilization (CARES) System, a collaborative homeless response effort between the White Earth Nation, the West Central Minnesota Continuum of Care (WC CoC) and the North Dakota Continuum of Care (ND CoC). Agencies can become a CARES partner through the following process:
        1) Contact your respective CoC Coordinator.
        2) Become a member of your respective CoC.

3) Read the CARES Policy Manual and Partnership Agreement.

4) Complete all HMIS and CARES required trainings.

5) Have your agency board and/or executive director sign and date the CARES Partnership Agreement.

6) Return the agreement to your CoC coordinator.

b. Partnership Agreements shall be renewed or updated annually. Any change in partner point of contact shall be communicated to the CARES Governance Board within the month that it occurs in order to assure open communication.

c. If there are issues or concerns on complying with any of the CARES policies or stipulations of the CARES Partnership Agreement a meeting with CARES leadership will take place to resolve the issue. If resolution does not occur, the Partnership Agreement may be terminated by either party.

2. Release of Information (ROI)

a. Homeless Management Information System (HMIS) ROI: Each respective CoC shall utilize the current HMIS ROI and it applies only to HMIS data.

b. CARES ROI: Provided to and signed by the client with the understanding that CARES is a partnership of agencies entering data into HMIS and alternative database for the purpose of referral and prioritization. The data collected about the services provided by CARES will be included in the system databases and reports, which shall be used by CARES and the Continuums of Care to improve services offered to the client and others.

3. Data Sharing Agreement: CARES partners agree to share client data among participating agencies for the purpose of referrals, prioritization, lists for grant reporting, system evaluation, and planning.

4. Memorandum of Understanding (MOU): The purpose of the MOU is to document and communicate guidelines for the establishment of CARES, a collaborative homeless response effort between the West Central Minnesota Continuum of Care (WC CoC), the North Dakota Continuum of Care (ND CoC), the White Earth Nation and the Fargo-Moorhead Coalition for the Homeless (FM Coalition). The MOU is signed by the ND Continuum of Care and the West Central Minnesota Continuum of Care.

X. Definitions

A. 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.

B. Housing Navigation: Involves helping a household that is homeless develop a housing plan, address the barriers identified during the plan, and acquire documentation and complete forms required for housing.

C. Access Points: Places (either virtual or physical) where an individual or family in need of assistance accesses the coordinated entry process.

D. Assessment: A uniform and progressive process that assesses and documents households immediate housing situation, needs, barriers, eligibility, and client choices for the purpose of making an appropriate referral to homeless services, mainstream resources, or prevention services.

E. Transitional Housing: Transitional housing (TH) is a project designed to provide housing and appropriate supportive services to homeless persons to facilitate movement to independent living.

F. Rapid Rehousing: A form of permanent housing that is short-term (up to 3 months) and/or medium-term (for 3 to 24 months) tenant-based rental assistance as necessary to help a homeless individual or family, with or without disabilities, move as quickly as possible into permanent housing and achieve stability in that housing.

G. Permanent Supportive Housing: 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.

H. Other Housing

I. HMIS: A local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families experiencing homelessness and persons at risk of homelessness.

XI. Hyperlinks

A. Partnership Agreement

B. Data Sharing Agreement

C. HMIS MOU

D. Tools

1. Housing Crisis Triage
2. Access Receipt
3. Housing Prioritization Tool
4. Housing Receipt
5. SPDAT
6. Case Consult Guide

E. System Flowchart