

Suburban Metro Area Continuum of Care (SMAC) Coordinated Entry Policies

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Section 1

IMPLEMENTATION AND PLANNING

Governing Board

The Suburban Metro Area Continuum of Care (SMAC) Governing Board is the entity responsible for management of the SMAC Coordinated Entry System (CES). This responsibility includes, but is not limited to the following: ensuring policies and procedures align with state activities, approving Coordinated Entry infrastructure (policies, forms, etc.), and monitoring performance of the Coordinated Entry system (access points, priority list management, housing referral process, provider compliance... etc.)

All providers participating in SMAC CES in any capacity will sign a Memorandum of Understanding (MOU) with the SMAC Governing Board agreeing to terms of their participation. The MOU will be reviewed annually and updated if necessary.

SMAC acknowledges the limited resources currently available to implement a CES. SMAC is committed to identifying potential resources to support infrastructure for the CES. Resources will be sought on behalf of SMAC as a whole to support a regional implementation of the CES and targeted to SMAC identified priorities within the CES. Priorities are identified and documented by the SMAC CES Work Group and updated quarterly.

Communication about SMAC CES policies, management decisions, and performance results will be communicated broadly through various forms to clients, stakeholders, broader community, and as needed.

All clients will have fair and equal access to the system. SMAC adopted the state strategic vision, guiding principles, and values on October 16, 2015.

Work Group

SMAC has established a CES Planning Work Group which supports CES planning for SMAC. This group consists of co-chairs appointed by the Governing Board, representation from each county region of SMAC and representation of sub-populations as listed below. The Work Group is responsible for drafting policies, procedures, assessment tools, and other documents needed to support the work of SMAC CES. Documents are brought to the Governing Board as needed for approval. The SMAC Governing Board can delegate management authority to the SMAC CES Planning Work Group as needed. Meetings are held monthly at a minimum.

The SMAC CES Work Group may delegate tasks to and solicit feedback from local Housing and Services committees.

SMAC recognizes sub-populations within the population the CES will serve. These sub-populations include:

- Singles
- Families
- Youth
- Domestic Violence/Sexual Assault- address safety outline how safety will be ensured
- Tribal Communities

Section 2

MARKETING/ EDUCATION AND TRAINING

SMAC will market the CES through local implementation and planning efforts using tools and messaging developed and approved by SMAC. Strategies include:

1. Ensuring CES contact numbers are updated in commonly used resource guides (i.e. 211 and Handbook of the Streets)
2. Targeting non-housing provider groups who may encounter households experiencing homelessness
 - a. Hospitals/Clinics
 - b. Law enforcement
 - c. Faith communities
 - d. Mental Health providers

SMAC will ensure and support ongoing trainings related to the CES. Trainings will be made available to the following groups:

- 1) Access Points and Assessors- trainings will be offered quarterly at a minimum
 - a. Requirement to attend one of the four annual assessor trainings
- 2) Housing Providers
- 3) Stakeholder groups
 - a. Law enforcement
 - b. Health care providers
 - c. Faith communities
 - d. Local government entities

Section 3

Access and Assessment

Definitions

Access Point: An existing agency or point-of-contact where households facing a housing crisis are screened for entry to or diversion from the Coordinated Entry System. All households must complete a Step 1 Housing Assistance Screening prior to entry into the system.

Certified Assessor: To be considered a Coordinated Entry Assessor training and ongoing education must be completed annually. In person training for Assessors will be offered at least quarterly within SMAC. Training for new assessors will include viewing the online OrgCode training and reviewing SMAC CES Assessor materials. In person training will be also

required for new assessors as soon as the training is offered after the assessor has been certified. New assessors will submit conformation of completing training requirements to Coordinated Entry work group and an Assessor certificate will be awarded by the work group Chair. All assessors must attend one training per year to maintain certification as a Coordinated Entry assessor in SMAC. Certifications will be reviewed annually by the SMAC CES Work Group.

Expectations for assessors:

1. Complete Step 1 and Step 2 assessments with all households who present with a need and meet eligibility.
2. Ensure data for all households receiving a Step 2 assessment are entered into HMIS. The assessor isn't necessarily responsible for the data entry but must get assessment data to the HMIS data person within their agency.
3. Assessors may or may not have a continued relationship with the households they assess. This ongoing relationship varies based on the other services the agency offers and the assessor is able to provide.
4. Assessors will be included on the referral from the Priority List manager when a household they have assessed is referred to a Housing Provider. If the assessor has an ongoing relationship with the client, the assessor is expected to reach out to the household and alert them there is an open referral waiting for them. The assessor may also help to facilitate a warm hand off to the Housing Provider.

Step 1 Housing Assistance Screening: ALL persons seeking entry into the Coordinated Entry System will receive an initial Step 1 Housing Assistance Screening to determine if diversion, prevention or homeless services (emergency shelter or housing first) are most appropriate. The purpose is to prevent persons from unnecessarily entering or re-entering the homeless system by connecting to services that will best fit their immediate needs including referrals to financial assistance to help them remain in or return to permanent housing.

Step 1 Housing Assistance Screening is the tool SMAC is using for Prevention and Diversion. The state recognized language for this stage of assessment is Component 1.

Step 2 Housing Assessment: If determined eligible through the Step 1 Housing Assistance Screening a Step 2 Housing Assessment will be conducted in order to identify linkage to appropriate housing intervention (Transitional Housing, Rapid Re-housing, Long Term-Housing Assistance or Permanent Supportive Housing) and priority for unit/bed opening based on Prioritization Process in Section 4 of this document. The VI-SPDAT is a part of this assessment phase.

Step 2 Housing Assessment is the tool SMAC is using for the Comprehensive Assessment. The state recognized language for this stage of assessment is Component 3.

Guidelines for Access Points

Agencies or providers wishing to apply as an access point agree to the following-

1. Access Points will follow all SMAC Coordinated Entry Policies and Procedures as outlined in the SMAC CES Policies document.
2. Access Points will agree to collect data through assessment tools and report all required data into HMIS within the timeframe required below in Access Point Monitoring applicable Step 1 Housing Assistance Screenings and all Step 2 Housing Assessments. Access Points will abide by the SMAC CES data quality and privacy standards including assuring client data privacy and obtaining required releases of information when necessary.
3. Access Points will ensure all Coordinated Entry assessors receive initial training and ongoing education. See Assessor definition above for details on training protocol.

Assessment Process

Step 1 Housing Assistance Screening:

When a household is identified and referred to an Access Point:

1. Access Point completes the Step 1 Housing Assistance Screening to determine if entry into the Coordinated Entry System is necessary and appropriate.
2. If the household is able to be diverted from entry into the homeless response system, the Access Point will provide a minimum of 1 referral to mainstream & prevention resources to help stabilize housing. Will be tracked by adding referral section to the Step 1.
3. If the household is unable to be diverted, the Access point will refer for entry into the Emergency Shelter system (Emergency Shelter, Domestic Violence Shelter or Motel Voucher) if available. The Access Point will complete a Step 2 Housing Assessment.

Step 2 Housing Assessment:

ALL assessments will be conducted by a trained assessor utilizing the SMAC Step 2 Housing Assessment tool.

1. Access Point completes Step 2 Housing Assessment to determine the most appropriate housing intervention and obtain priority score.
2. Access Point records housing assessment information and makes refers/adds household to the Priority List.

Access Point Monitoring

Access Points will be monitored at least quarterly by the CES Work Group. Reports will be presented to the SMAC Governing Board at least two times each year for review.

Access Points will be monitored on the following:

1. Length of time from client message to initial contact: Access Point will reach out to client within 2 business days after contact is initiated by the client via phone message, email, or other form of communication.
 - a. 3 Attempts will be made to contact the client if first attempt is not successful
2. Length of time from initial contact to Step 1 Screening: Access Point should conduct Step 1 Housing Assistance Screening when initial contact is made with the client. If Step 1 is not completed at initial contact, an appointment should be offered within 2 business days.
3. Length of time from Step 1 Screening to Step 2 Housing Assessment: If the outcome of the Step 1 is CES Step 2 Housing Assessment the Assessor should offer opportunity for assessment with 5 business days, the client has the option to schedule beyond that time if they choose.
4. Length of time from Step 2 to data entry into HMIS: 5 business days
5. Length of time from Assessment Update to data entry into HMIS: 5 business days
6. Assessor training attendance: All assessors within each Access Point must have, at minimum, SMAC Assessor Training annually. Trainings are offered quarterly.
7. HMIS Data quality: 2% or less for missing data. Reports will be sent monthly from the Priority List Managers.

Process for determining Access Points

A new agency may become an Access Point by completing an application. The SMAC Coordinated Entry work group, working in partnership with Local Housing and Services committees, will recruit new Access Points as needed. The SMAC Governing Board will review and approve all applications, as well as provide support and recommendations to those missing eligibility criteria. If an agency demonstrates interest in becoming an Access Point when an immediate need has not been identified locally, capacity will be assessed and the Coordinated Entry work group will determine if there is a need for an additional Access Point. If there is a need the agency will have the opportunity to go through the application process to be approved by the Governing Board. If capacity is not needed the agency will be encouraged to apply at a time when additional capacity is needed.

Section 4

Prioritization

All Clients will be placed on the priority list and will be ranked in the following way for Permanent Supportive Housing and Rapid Re-Housing:

**The list order will reflect prioritization practices and not program eligibility.

Permanent Supportive Housing:

The Permanent Supportive Housing Priority List will be prioritized with the following criteria:

1. Chronic Homeless
2. Months Homeless
3. VI-SPDAT Score
4. Disability Status
5. MN Long Term Homeless Definition

Rapid Re-Housing:

The Rapid Re-Housing Priority List will be prioritized with the following criteria:

1. Months Homeless
2. VI-SPDAT Score

Clients that have scored for a Permanent Supportive Housing Program may, after review by the Priority List Manager, be offered an opening in a Rapid Re-Housing or Transitional Housing program. Six months prior to the client being exited from the program the Priority List should be notified if the client is going to need another supportive housing placement, Priority List Manager should follow instruction in “Transition Plan” process listed below.

Management of the List Outside of HMIS

Households have the right and the ability to participate in the Coordinated Entry process without a requirement for their data to be in HMIS. Victims of Domestic Violence who have been assessed by an agency covered by VAWA will not be added to the Priority List within HMIS. For these two populations, households who do not want to be shared and households assessed by agencies covered by VAWA, the Priority List managers will maintain a list outside of HMIS on an Excel spreadsheet. The Priority List managers will ensure that the households on the Excel list are worked into the HMIS list through the prioritization process when filling housing openings. When a referral is made for a household on the Excel list, the Priority List manager will work with the households to get releases of information between the Priority List and the applicable Housing Provider.

Chronic Homelessness

Chronically homeless households with disabilities will be prioritized according to HUD’s guidance provided in the “Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other vulnerable Homeless Persons in PSH...” released on July 25th, 2016 (CPD 16-11), with the exception of policy 3)K iii. This document prescribes the following order for PSH prioritization:

1. Order of Priority for dedicated/prioritized for chronic PSH

- (1) Chronic for ≥ 12 months and score Single VI-SPDAT 8+ or Family VI-SPDAT 9+
 - (2) Chronic for ≥ 12 months and score Single VI-SPDAT 4-7 or Family VI-SPDAT 4-8
 - (3) Chronic for ≤ 12 months and Score Single VI-SPDAT 8+ or Family VI-SPDAT 9+
 - (4) Chronic for ≤ 12 months and score Single VI-SDPAT 4-7 or Family VI-SDPAT 4-8
2. Order for non-dedicated/prioritized PSH
- (1) HUD Homeless and where the cumulative time homeless is at least 12 months and Single VI-SPDAT 8+ or Family VI-SPDAT 9+
 - (2) HUD Homeless Single VI-SPDAT 4-7 or Family VI-SPDAT 4-8
 - (3) HUD Homeless Single VI-SPDAT 0-3 or Family VI-SPDAT 0-3
 - (4) From THP who were HUD Homeless upon entering THP.

*Note: SMAC Converted to version 2 of the VI-SPDAT between the months of May and July of 2015. No conversion of those scored with Version 1 will be used.

Veterans

Veterans will be prioritized as follows: If Coordinated Entry Scores two households identically in terms of acuity, one household is a Veteran household and the other is not, the Veteran household should be served first. A Veteran, for CES purposes, will be defined as qualifying after a single day of federal Active Duty service, including Active Duty for Training, regardless of type of discharge. Note that this definition includes many people who do not meet the federal definitions used for most Veteran benefit programs and is also much broader than the state definition of Veteran.

SMAC CES will coordinated closely with the MN Veteran's Registry to ensure Veterans have access to all resources potentially available to them.

Transition Plan

If a household is at high risk of returning to homelessness during the course of their housing program, the household may have the ability to transition to a different housing program that better fits their needs. The program staff that is currently working with the household from the Housing Provider needs to report the risk on the "Transition Plan Form" to the Transition Team for review and approval. The Transition Team will determine if the threshold for transferring has been met and what available resources the client can be transferred to.

VAWA Transition Plan

Domestic Violence

Victims of Domestic Violence or Sexual Assault that choose to access the Coordinated Entry System will be offered housing where they believe they may be able to safely live.

If a household needs to be on a priority list in a non-SMAC region, the priority list manager should make every attempt to work with that region to ensure a successful referral to that region's priority list.

Reassessment

Significant Life Event: If a client is on the priority list for but has a significant life event the client should be reassessed at that time. The original assessment date is maintained in this case and not updated to the new assessment date.

Disability Identification: If a client is on the priority list or has been placed in a supportive housing program and is diagnosed with a disability that was not considered in the original assessment, the client should be reassessed at that time to determine if the original score or original placement was correct. If the client is still on the priority list, the original assessment date is maintained. If the client has been placed in a supportive housing program, use the process noted above for “Failed Placement.”

Change in Household Size: If one household splits into multiple households, and separated members need to be assessed as individuals for the first time, the original prioritization date used. If a household adds members (child returning from protective custody, etc.), the household can be reassessed as a family and the original prioritization date used.

Priority List Manager Responsibility

1. Provide Coordinated Entry HMIS data quality reports on a monthly basis to each Access Point. Salvation Army is responsible to communicate to Singles and Families Access Points, Streetworks is responsible to communicate to Youth Access Points. Priority List Managers will communicate with CES work group monthly on data quality updates.
2. Manage the available housing resources in HMIS to keep data up to date and clean in Eligibility Point in HMIS
3. Manage referrals to vacant program openings. When a referral is sent to a Housing Provider the Priority List manager will include the original Coordinated Entry assessor on the referral.
4. Facilitate or participate in regular CES meetings specific to Priority List Management
5. Coordinate with other list managers within SMAC and across the Metro Area
6. Complete quarterly reporting of CES data and outcomes (according to the SMAC Coordinated Entry Policies Section 8) to the SMAC Governing Board
7. Analyze reports for trends and system needs and communicate to Coordinated Entry Work Group on a quarterly basis
8. Communicate policy and procedure questions to the SMAC Governing Board for resolution

Priority List Monitoring

1. Monthly communication takes place with Access Points regarding assessment data quality.
2. Housing provider eligibility is updated on a yearly basis in Eligibility Point in HMIS
3. Referrals are sent within 3 business days of vacancy report. This will be tracked on Vacancy Tracking spreadsheet and reviewed by Coordinated Entry Work Group quarterly.
4. Meeting participation at Coordinated Entry Work Group and other planning meetings tracked through attendance. Attendance at 75% of meetings is required annually.

Section 5

Housing Referral and Provider Expectations

Housing providers filling openings through SMAC CES will have all available openings for units/beds reported to SMAC CES Priority List Manager via the Housing Vacancy Form as soon as the opening is known.

Within 3 business days of the opening being reported, the provider will receive a referral from the Priority List.

County residency prior to entry may only be considered if:

1. Program/project has funder requirements on residency specific to a given county
2. Client chooses not to reside in the county where the unit/bed is available

Provider Expectations

Housing Provider will identify, in writing, all funder eligibility criteria for each program/project receiving referrals from the CES. The SMAC Governing Board will review all eligibility provided for each program/project and communicate concerns with the provider.

Housing Provider will contact referred client and any associated workers, for formal program intake process and collect necessary documentation to determine ultimate eligibility for their program.

1. Upon receiving the referral, Housing Provider must reach out to referred household, the household's original Coordinated Entry Assessor, and all other contacts that are listed in the household's assessment.
2. Over the course of 5 business days, the housing provider will make every attempt to contact the referred household. Provider will document all attempts including contacting emergency contacts.
3. Provider will collect all required documentation to ensure eligibility at the time of their intake.
4. The goal is to meet with the client and enroll or deny them as quickly as possible and within an average of 15 days of initial client contact.
5. If the Housing Provider is still attempting to contact the client 14 days after the referral is made, the Housing Provider will update the Priority List manager on progress.
6. When provider officially accepts a client, they must inform the client that they have the right to refuse and wait for another program.
7. Referred household will be accepted into the housing program if found appropriate and eligible for program.

Provider denial

If the highest priority household is not selected for referral to an available opening, documentation needs to occur. The Priority List Manager will document why the household that was higher in priority was not referred and why the household that was of lower priority did receive the referral.

If, during the course of intake at the program/project level, a provider denies a referral, it must be done in writing to the Priority List Manager noting one of the following legitimate reasons:

1. Client does not meet the eligibility criteria that is required by the program's funder. All such funder requirements must be submitted to the SMAC Governing Board.
2. Client cannot be located within 5 days of the referral being made to the program.
3. Client is not following through with the referral process after initial contact.

4. Client cannot locate Scattered Site housing within time frame required by the program. Programs with timing requirements must report those time limits and they must be noted in this policy document in order for a client to be denied on this basis.
5. Conflict of interest.

Section 6

CLIENT CHOICE, ASSIGNMENT REFUSAL AND GRIEVANCE PROCESS

Client Choice

1. Clients have the right to request a lesser program.
2. Assessment tool includes questions that notify client that they have choice and the right to refuse the program.

Assignment Refusal

1. A household can choose not to accept a referral when it is made from the Priority List or from the program once the intake is complete, they will be placed back on the Priority List in the same position as they had been prior to referral.
2. There is no limit to the number of times a client may refuse a program or referral.
3. If a client is referred to a program, is accepted to that program, but then cannot find an apartment that will accept them within the appropriate time frame allowed by the program's requirements, they will be placed back on the priority list in the same position as they had been prior to referral.

Grievance Process

Client Grievance: The Access Point completing the Step 2 Housing Assessment should address any complaints by clients as best as they can in the moment. Complaints that should be addressed directly by the agency staff member or agency staff supervisor include complaints about how they were treated by agency staff, agency conditions, or violation of confidentiality agreements.

A client should understand at intake and during the assessment process:

- How many times the client can refuse a referral for services
- What the no-show policy is
- How their name is maintained on a Priority List and the time frame they have to respond to a call for a referral or housing placement

Any other complaints should be referred to the SMAC Coordinator to be dealt with in a similar process to the one described below for providers. Any complaints filed by a client should note their name and contact information so the Team can contact him/her to discuss the issues.

Provider grievance

The provider should address concerns initially with their Local Housing and Services group. If the concern is not addressed or resolved in a satisfactory way the following process should be used to file a grievance with the SMAC CES.

Filing a grievance is the responsibility of all directors, officers, and employees of providers participating in the SMAC Coordinated Entry System. Anyone filing a complaint concerning a violation or suspected violation of the policies and procedures must be acting in good faith and have reasonable grounds for believing an agency is violating the Coordinated Entry System policies and procedures.

To file a grievance regarding the actions of an agency, contact the SMAC Coordinator with a written statement describing the alleged violation of the Coordinated Entry System policies and procedures, and the steps taken to resolve the issue locally. The Team will contact the agency in question to request a response to the grievance. Once the Coordinator has received the documentation he/she will decide if the grievance is valid and determine if further action needs to be taken. If the individual or agency filing the grievance, or the agency against whom the grievance is filed, is not satisfied with the determination they may file a grievance with the SMAC Governing Board. This must be done by providing a written statement regarding the original grievance, and why the complainant disagrees with the decision made by the Team. The Governing Board Chair will bring the matter to the Governing Board for discussion and a final decision.

If corrective action is needed a Corrective Action plan will be generated by the SMAC Governing Board. The Governing Board will track progress on the Corrective Action plan beyond the resolution of the grievance.

Section 7

REPORTING/EVALUATION

Information will be gathered quarterly by the SMAC Data and Evaluation Committee and presented to the SMAC CES Work Group. The reports will contain the following:

*Note- this reporting structure will be in place until CES implementation is live in HMIS. Once CES is live in HMIS a new reporting template will be used.

- a. Number of households assessed in each category (RRH, THP/RRH2, PSH)
 1. Consider how to collect data regarding race/ethnicity
- b. Number of referrals made
- c. Number of referral denials made
 1. Reasons for referral denials
- d. Number of client denials of referrals
 1. Reasons for client denials
- e. Number of households on wait list for 0-30 days, 31-60 days, 61-90 days etc. (to 1 year)
- f. Average length of time homeless (from point of entry to housed)
- g. Number of Chronic Homeless
- h. Number of terminated/unsuccessful households
- i. Number of households who returned to homelessness
- j. Number of program openings
- k. Length of time of program openings

Section 8

Data Privacy and Data Sharing

**From MN CES Policies and Procedures*

Data Privacy

CES operations and staff must abide by all State of Minnesota-defined privacy protections as defined by the HMIS Advisory Committee. Client consent protocols, data use agreements, data disclosure policies, and any other privacy protections offered to program participants as a result of each client's participation in HMIS will be the same as CES.

Data Sharing

All CoCs will follow the Data Sharing policies developed by the HMIS Governance.

Not-Sharing in HMIS can still be on the list**