

HENNEPIN COC

COORDINATED ENTRY



Hennepin CoC Single Adult and Youth Coordinated Entry System (CES) Policies and Procedures Manual

Prepared by the Hennepin County Office to End Homelessness

In 2013, the Hennepin County Office to End Homelessness (OEH), on behalf of the Heading Home Hennepin Strategic Plan and the Minneapolis/Hennepin County Continuum of Care, initiated a process to improve the delivery of housing and crisis response services and assistance to families and individuals who are homeless or at imminent risk of homelessness throughout Hennepin County by redesigning the community's process for access, assessment, and referrals within its homeless assistance system.

This process, the Hennepin *Coordinated Entry System (CES)*, institutes consistent and uniform access, assessment, prioritization, and referral processes to determine the most appropriate response to each individual or family's immediate housing needs. This new system of Coordinated Entry is not only mandated by HUD and many other funders, but is recognized nationally as a best practice, can improve efficiency in large systems like Hennepin CoC and can help serve more people more quickly and efficiently with assistance targeted to address their housing needs.

This CES Policies and Procedures document is an operational manual, providing guidance and direction for the day-to-day operation, management, oversight, and evaluation of Hennepin CoC's coordinated entry approach. This manual will be updated and revised by Hennepin County's Office to End Homelessness, in conjunction with the CES Leadership committees, on an ongoing basis as the actual application and practical experience of CES design principles are refined and improved. The Policies and Procedures manual is a publicly available document. Please refer to <https://www.hennepin.us/coordinated-entry> to view the most up to date version of this document as well as up to date forms and materials.

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1.0	August 11, 2016	N/A
2.0	September 2018	
3.0	October 2019	<ul style="list-style-type: none">• HMIS• Category 4 Access• Grievance and Appeals• Veteran Policy• Transfer Policy
4.0	October 2021	<ul style="list-style-type: none">• VI-SPDAT Removal• Updated Transfer Policy• Multiple Denial Policy• Assessor Determination Policy• Assessor Role edit

CES Policies and Procedures Table of Contents

Prepared by the Hennepin County Office to End Homelessness	2
CES Policies and Procedures Table of Contents	3
Introduction and Purpose	5
Guiding Principles.....	5
Process for creating and amending the CES Policies and Procedures	6
Coordinated Entry System Terms	7
Terms & Definitions	7
Staffing Roles and Participation Responsibilities	12
Single Adults and Youth CES Leadership Committee.....	12
Hennepin County Housing Stability Area – Policy and Planning.....	13
Hennepin Coordinated Entry System (CES) Team.....	13
Hennepin Coordinated Entry Assessor Role Description.....	14
Hennepin County – HMIS Local System Administrator.....	17
HMIS State System Administrator	17
Hennepin County homeless assistance providers participating in CES	17
Communication roles, responsibilities, and methods	19
Communication roles and responsibilities.....	19
Communication Methods	20
Access to CES for single adults and youth	21
CES Single Adult and Youth Access Points	21
Policy and Procedures	22
Access Policies – Singles.....	22
Assessment Policies – Single adults and youth.....	24
Assessment Workflow – Singles.....	24
Referral Criteria	25
Prioritization Criteria	26
Transitional Housing Prioritization.....	26
Permanent Supportive Housing Prioritization	26
Prioritizing on Chronic Index.....	26
Prioritization and Referral Workflow for Hennepin County CES Team	27
Housing Provider Referral Workflow	28
Request and Accepting a Referral for Individuals Assessed in HMIS.....	29
Request and Accepting a Referral for Individuals Assessed in CES Connect	30
Referral Outcome.....	30
Delayed Referrals Process.....	31
Visual of single adult and youth Work Flow	32
Fair Housing, Tenant Selection and Other Statutory and Regulatory Requirements	34
CES Monitoring and Evaluation	34
Monitoring and Reporting of CES	34
Evaluation	35
Termination.....	36
Board & Lodges operating in Hennepin CoC Coordinated Entry System	36
Grievance and Appeals	36
Coordinated Entry System Grievance and Appeals Policy.....	36
Grievance Procedure.....	37

Transfers	37
Transfer Policy for Hennepin CoC	37
RRH/TH to PSH Transfer Eligibility	38
Transfer Procedure (Please see RRH to PSH transfer procedure below)	38
RRH to PSH Transfer Procedure	39
Youth PSH to Adult/Family PSH Transfer Eligibility (6 MONTH PILOT)	39
Sub-Population Specific Protocols	40
Veterans.....	40
Victims of Domestic Violence	41
Youth.....	42
Unaccompanied Minor Youth.....	42
Program Closure	43
Program Closure Policy	43
Program Closure Procedure.....	43
Assessment Changes Policy	44
Updating an Assessment.....	44
Re-assessment	44
Inactivity	44
Coordinated Entry System Inactive Policy	44
Coordinated Entry System Inactive Procedures	45
Re-Referring	45
Re-Referral Policy.....	45
Re-Referral Procedure	45
Case Conferencing	45
Bi-Monthly Case Conferencing.....	45
Appendix A - ROI.....	46
Appendix B: Referral Request Form	48
Appendix C: Housing Referral Outcome Form	49
Appendix D: Grievance and Appeal Form	50
Appendix E: Accelerated Coordinated Entry for Veteran’s Form	52
Appendix F: Fleeing Domestic Violence Statement.....	53
Appendix G: Requesting Multiple Referrals.....	54
Appendix H: Hennepin County CES Transfer Request Form.....	55
Appendix I: Multiple Declined Referral Policy	57
Skipping Procedure for Hennepin Coordinated Entry Priority List	57
Data Review	58
Next Steps – Case Conferencing	58
Appendix J: Hennepin CoC CES Leadership Committee Timeline	59
Appendix K: Singles & Youth Hennepin CoC CES Assessor Determination Policy	61
Appendix L: Coordinated Entry System Participation Agreement	63
ATTACHMENT A	64

Introduction and Purpose

The Coordinated Entry System is Hennepin Continuum of Care's approach to organizing and providing services and assistance to persons experiencing a housing crisis throughout Hennepin County. Persons who are seeking homeless or homelessness prevention assistance are directed to defined entry points, assessed in a uniform and consistent manner, prioritized for housing and services and then linked to available interventions in accordance with the intentional service strategy defined by Hennepin's CoC leadership. Each service participant's acuity level and housing needs are aligned with a set of service and program strategies that represent the appropriate intensity and scope of services needed to resolve the housing crisis.

The CES design is informed by local planning efforts including homeless assistance providers from programs serving families, single adults, youth, and persons fleeing domestic violence.

Guiding Principles

The design, operation, and evaluation of CES is informed by a set of Guiding Principles established by the Hennepin CoC CES Leadership Team and adopted by the Hennepin County/Minneapolis.

Principle 1: Ensure service accessibility

- Allow anyone who needs homeless services to know where to get help and be able to access services as promptly as possible through an assessment process that is consistent and respectful
- Ensure staff conducting assessments are trained and competent in the assessment process

Principle 2: Prioritize swift exit from homelessness

- Facilitate exits from homelessness in the most rapid and appropriate manner possible given available resources; shelter is not housing

Principle 3: Align services to client need

- Ensure a homeless response system that includes a variety of program models targeted to serve a range of subpopulations driven by an analysis of client needs
- Ensure that clients gain access as efficiently and effectively as possible to safe placement options and the type of intervention most appropriate to their immediate and long-term housing needs and preferences
- Ensure that the Coordinated Entry System is sufficiently flexible to enable tailored responses to individual client needs and circumstances

Principle 4: Prioritize services for clients with the greatest need

- Establish uniform, consistent eligibility criteria and prioritization standards
- Limit eligibility criteria to those required by funding sources or other formal external requirements (i.e. tax credit requirements) in order to end homelessness for all people as promptly as possible
- Ensure that people who have been homeless the longest and/or are the most vulnerable have priority access to the project model to which they have been matched

Principle 5: Build a system that works efficiently and effectively for clients, referral sources, and receiving programs

- Ensure clarity, transparency, consistency and accountability for homeless clients, referral sources and receiving programs throughout the assessment and referral process
- Incorporate provider and client choice in enrollment decisions, including the ability to opt into a less-intensive intervention
- Promote collaboration, communication, and knowledge sharing regarding resources among providers

Principle 6: Invest in continuously strengthening the system

- Leverage Homeless Management Information System (HMIS) data and infrastructure whenever possible for system evaluation, monitoring, and client care coordination and ensure data quality
- Limit data collection to that which is relevant to the Coordinated Entry process
- Continue to make enhancements to the Coordinated Entry System in response to emerging findings and needs and changes in City, State or Federal policy
- Continuously invest in opportunities to build provider capacity and enable more efficient and effective services

Process for creating and amending the CES Policies and Procedures

CES Policies and Procedures, governing the management and oversight of Hennepin Coordinated Entry System, shall be documented in the Hennepin County Policies and Procedures Manual. Updates and changes will be reviewed annually and approved by the CES Leadership Committee. Concerns about existing policies and procedures should be directed to the Chair of the Leadership Committee.

Provider engagement on the process and procedures will be critical in ensuring this CES works as well as possible. The leadership committee will solicit feedback from existing community committees to identify pain points in the system, these groups will include:

- | | |
|---|--|
| - Shelter Collaborative | - HUD McKinney-Vento CoC Funding Committee |
| - HMIS User Group | - Employment and Income Committee |
| - The Outreach Group (TOG) | - CES Family Leadership Committee |
| - Collaborative Review | - Veteran’s Leadership Committee |
| - LTH Housing Support Provider Meeting | - Youth Advisory Board |
| - Homeless Prevention & Rapid Rehousing
Advisory Committee | - Hennepin County Youth Collaborative |
| | - Street Voices of Change |

Beyond that, the CES website (www.hennepin.us/coordinated-entry) will provide a clearinghouse for up to date information, forms, news, and a chance to provide feedback.

Coordinated Entry System Terms

Terms & Definitions	
<p>HUD</p> <p>Chronically Homeless</p>	<p>HUD's definition:</p> <p><i>Chronically homeless</i> means: (1) A "homeless individual with a disability," as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who:</p> <ul style="list-style-type: none"> 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.
<p>Disability</p>	<p>HUD defines a person with disabilities as a person who:</p> <ul style="list-style-type: none"> 1. has a disability as defined in Section 223 of the Social Security Act (42 U.S.C.423), or 2. is determined by HUD regulations to have a physical, mental or emotional impairment that: <ul style="list-style-type: none"> a. is expected to be of long, continued, and indefinite duration; b. substantially impedes his or her ability to live independently; and c. is of such a nature that such ability could be improved by more suitable housing conditions, or 3. has a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 15002(8)), or 4. has the disease acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome (HIV). <p>For the purpose of qualifying for low income housing under HUD public housing and Section 8 programs, the definition does not include a person whose disability is based solely on any drug or alcohol dependence.</p>
<p>HUD Category 1</p> <p>(Literally Homeless)</p>	<p>An individual or family who lacks a fixed, regular, and adequate nighttime residence</p> <ul style="list-style-type: none"> a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, camping ground; or b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable

	<p>organizations or by federal, state, or local government program for low-income individuals); or</p> <p>c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.</p>
<p>HUD Category 2 (imminent risk of homeless)</p>	<p>Individual or family is being evicted within 14 days from their primary nighttime residence and:</p> <ul style="list-style-type: none"> i. No subsequent residence has been identified; and ii. The household lacks the resources or support networks (i.e. family, friends, faith-based or other social networks) needed to obtain other permanent housing.
<p>HUD Category 3 (homeless under other federal statutes)</p>	<p>Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <ul style="list-style-type: none"> (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
<p>HUD Category 4 (fleeing or attempting to flee domestic violence)</p>	<p>Any individual or family who:</p> <p>Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence; has no other residence; and lacks the resources or support networks to obtain other permanent housing.</p>
<p>Case Conferencing</p>	<p>Local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization or active list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication.</p>
<p>Continuum of Care (CoC)</p>	<p>Group responsible for the implementation of the requirements of HUD’s CoC Program interim rule. 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</p>

	enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.
Continuum of Care (CoC) Program	HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness.
Emergency Shelter	Short-term emergency housing available to persons experiencing homelessness.
Homeless Management Information System (HMIS)	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. In Hennepin County and the State of Minnesota we use a platform called ServicePoint to manage our HMIS. ServicePoint and HMIS have become synonymous in MN, but are really separate entities. Minnesota’s System Administrator is Institute for Community Alliances (ICA).
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.
Rapid Re-housing (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.
Release of Information (ROI)	Written documentation signed by a participant to release his/her personal information to authorized partners.
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.

<p>Minnesota Long Term Homeless (LTH)</p>	<p>Persons including unaccompanied youth, or families with children who lack a permanent place to live continuously for a year or more or at least four times in the past three years. Any period of institutionalization or incarceration shall be excluded when determining the length of time a household has been homeless. Definition includes persons doubled up or “couch hopping” (doubled up or couch hopping is considered an episode of homelessness if a household is doubled up with another household and duration is less than one year or couch hops as a temporary way to avoid living on the streets or an emergency shelter).</p> <p>Time spent in transitional housing (TH) is a neutral event. Housing history prior to or after transitional housing should be evaluated to determine if it meets the state’s LTH definition.</p> <p>Minnesota's definition does not require that the person have a disabling condition.</p>
<p>Minnesota High Priority Homeless (HPH)</p>	<p>Households prioritized for permanent supportive housing by the Coordinated Entry system. The eligibility change applies to all LTH units and HTF LTH rental assistance programs funded by Minnesota Housing (capital funding includes housing tax credits, deferred funding, bonds, etc.)</p> <p>NOTE: The HPH eligibility option only applies to Minnesota Housing funded LTH units and HTF LTH rental assistance programs. If you have other funding for the LTH units that requires LTH eligibility, you will still need to follow the LTH eligibility and documentation requirements for that funding source (e.g., Housing Support (formerly GRH) and the LTH Supportive Services Grant Fund).</p>
<p>Area Median Income (AMI)</p>	<p>The Area Median Income (AMI) is the midpoint of a region’s income distribution – half of households in a region earn more than the median and half earn less than the median. For housing policy, income thresholds set relative to the area median income—such as 50% of the area median income—identify households eligible to live in income-restricted housing units and the affordability of housing units to low-income households. These are determined and published annually by HUD and can be found at https://www.huduser.gov/portal/datasets/il.html.</p>

<p>Hennepin County Continuum of Care Written Standards</p>	<p>The Hennepin Continuum of Care (CoC) Operations Board, has worked in partnership with Hennepin County’s Office to End Homelessness, in its capacity as the CoC’s Collaborative Applicant, to develop the following set of Written Standards to guide the design, delivery and evaluation of homelessness prevention and homeless assistance that is provided through the community’s CoC Program and Emergency Solutions Grant (ESG) Program funded projects, as required by § 578.7(a)(9) of the U.S. Department of Housing and Urban Development’s (HUD) CoC Program interim rule.</p> <p>These standards were developed after careful consultation and work with providers, agency leadership, funders, and community planners and evaluators that work across the CoC’s geography, and are intended to reflect the core values, principles and evaluation criteria that projects within the CoC are expected to adhere to, and that projects that receive CoC Program and ESG Program funding are required to follow.</p> <p>As needed, these standards will be reviewed and revised by the CoC, to ensure that they remain relevant and reflective of the community.</p>
<p>Single Adult</p> <p>Family</p>	<p>A single adult is an individual that is 18 years of age or older and does not have custody of children 51% of the time</p> <p>A family is an individual or couple that has a child under the age of 18 in their custody at least 51% of the time</p>
<p>Youth</p>	<p>Persons under age 25, including children under age 18 and young adults ages 18 to 24.</p>
<p>Decline</p> <p>Cancel</p> <p>Housing Move-In Date</p>	<p>To deny the referral and place back on the Priority List</p> <p>To deny the referral and remove from the Priority List</p> <p>Date referred individual enters housing</p>
<p>CES Connect</p>	<p>A Hennepin County application utilized to capture CE participant assessment data for those who wish to remain outside of the Homeless Management Information System, minor youth aged 16-17 and those experiencing domestic violence, and those assessed by VAWA agencies. CES Connect captures minimum necessary information for minors and those experiencing domestic violence to directly make housing referrals, following national best practice. CES Connect also merges the priority list with the HMIS priority list report.</p>
<p>CES ROI</p>	<p>A form utilized to provide authorization for client’s cases to be discussed and information shared to appropriate parties to coordinate services. All CE participants must sign in order to be added to priority list.</p>

Staffing Roles and Participation Responsibilities

Single Adults and Youth CES Leadership Committee

Oversight and monitoring of Coordinated Entry functions is conducted by the Leadership Committee of Hennepin CoC stakeholders to ensure consistent application of CES policies and procedures and high quality service delivery for persons and families experiencing a housing crisis.

The Leadership Committee shall meet monthly to monitor progress, hear appeals, assess progress, and implement changes and updates to CES operations. Meeting minutes will be published publicly on the Hennepin CES website. Subcommittees shall be defined and created as necessary.

Membership is comprised of Hennepin CoC stakeholders originally selected via an application process facilitated by the Housing Stability Area of Hennepin County. Members serve three year terms and are not eligible for re-nomination. Initially, this turnover will be staggered in order to ensure continuity in planning. As the openings in the Group occur, the process of filling those spaces will be facilitated by the Group itself with support from Hennepin County staff.

Membership is drawn from the following providers and population stakeholders:

- Black, Indigenous, People of Color Agency Representative
- Assessor Agency
- Domestic Violence Organization
- Shelter System
- Specialty Population (HIV/AIDS, LGBTQ+, Other)
- Housing Provider Service Representative (PSH & RRH)
- Health/Mental Health
- State or Local Government Employee
- Lived experience or currently homeless
- Funder (HUD CoC, Minnesota Housing, DHS)
- Landlord / Property Manager
- Unsheltered Agency Representative
- Youth Provider Representative

The Leadership Committee will be led by appointed Co-chairs who are responsible for the following but not limited to:

- Soliciting monthly agenda items and compiling monthly agendas
- Facilitating monthly meetings
- Ensure adherence to CES Leadership Calendar (See Appendix J)
- Onboarding new members with CES staff

Roles:

1. Reviews CES **operations** on a monthly basis and establishes and/or updates CES Policies and Procedures as necessary and in accordance with Guiding Principles.
2. Approve an annual CES **evaluation plan** and reviews evaluation results prepared/compiled by Housing Stability. Evaluation findings and results are to inform updates and changes to CES operational practices.
3. Review and approve all supporting CES **documentation**, including but not limited to: participation agreements among CoC and participating agencies, assessment tools, prioritization criteria and tools, case conferencing protocols, etc.
4. Review and respond appropriately to system Grievances.

5. Annually revise, review, and approve the CES Policies and Procedures Manual. Community members who are interested in submitting suggestions for revision to the document should submit them to CES.Hennepin@hennepin.us
6. Act as ambassadors – communicating CES information, decisions, and policies back to their respective agencies and homeless response system community.

Hennepin County Housing Stability Area – Policy and Planning

Hennepin County Housing Stability Area includes all staff associated with community planning, CES Team, HMIS staff, and CoC management staff.

1. Provide staff support to the CES Leadership Committee
2. Conduct CES analysis, evaluation, monitoring, and review
3. Maintain CES documentation, tools and resources necessary to manage CES access points, ensure consist assessment, prioritize most vulnerable persons and families for assistance, and ensure timely linkage of persons to available housing and services.
4. Provide guidance, training, capacity building support, communication updates, and other project support as needed to ensure all CES participating providers and referral sources have information and resources as necessary to operate and participate in CES successfully.
5. Create and widely disseminate outreach materials to ensure that information about the services available through the CES and how to access those services is readily available and easily accessible to the public
6. Design and deliver training for Assessment Entities and homeless assistance providers throughout Hennepin County
7. Regularly review and analyze HMIS data, including reports on system-wide performance measures that will help gauge the success of the Coordinated Entry System, including clients receiving diversion assistance, and completion of assessments
8. Participate in CES Leadership Committee

Hennepin Coordinated Entry System (CES) Team

The Coordinated Entry System (CES) Team provides coordination of services and referral management for Hennepin’s homeless continuum.

Primary responsibilities include the following:

A. Oversight of day-to-day operations of Coordinated Entry Referral System

- Oversees vacancy reporting, priority list management, and referral functions to:
 - facilitate exits from homelessness in the most rapid manner possible given available resources
 - ensure that clients are appropriately matched to the type of intervention most aligned with their immediate and long-term housing needs and preferences
 - ensure that people who have been homeless the longest and/or are the most vulnerable have priority access to the project model to which they have been referred
- Oversees assessment functions to ensure client needs and preferences are promptly, regularly, respectfully, consistently and accurately determined
- Oversees case conferencing functions to review and resolve rejection decisions by receiving programs and refusals by clients to engage in a housing plan;

- Contributes to Community Case Conferencing monthly meeting
- Oversees appeals processes to resolve client grievances regarding eligibility decisions in accordance with relevant policies and procedures
- Uses data in Homeless Management Information System (HMIS) to manage client and program level data including assessments, priority list, referrals, and referral outcomes

B. Coordination with and Support for Partners

- Assists in the design and provision of ongoing training for County staff and community partners conducting assessments
- Assists in planning and execution of a strategy to regularly obtain provider and consumer input and promote collaboration, communication, and knowledge sharing regarding resources among community stakeholders
- Leads coordination efforts with other local and state-wide Coordinated Entry efforts
- Develops and maintains strong working relationships with referring and receiving agencies including comprehensive knowledge of program types and provider attributes

C. Compliance

- Oversees referral functions in a manner that is in accordance with established eligibility criteria and prioritization standards
- Oversees updates to policies and procedures for the Coordinated Entry System

D. Program Evaluation, Quality Assurance and Quality Improvement

- Leveraging HMIS data and infrastructure whenever possible, leads regular evaluation efforts to assess the extent to which the Coordinated Entry System is:
 - achieving established performance objectives
 - providing clarity, transparency, consistency and accountability for homeless clients, referral sources and receiving programs
 - sufficiently flexible to enable tailored responses to individual client needs and circumstances
- Identifies opportunities to adjust the Coordinated Entry System to strengthen performance
- Assists in implementation of process improvement adjustments
- Works to ensure that evaluation and adjustment processes are informed by a broad and representative group of stakeholders.

Hennepin Coordinated Entry Assessor Role Description

All trained assessors are expected to be approved by Hennepin CES Team prior to obtaining access to Hennepin CES EDA in HMIS and/or CES Connect. Determination of assessor is based on Assessor Determination policy (Appendix K). Assessors unable to comply with Hennepin CoC’s CES Assessor Role will be asked to complete additional assessor training.

For Assessors completing assessments in HMIS:

- Complete HMIS New User Training with ICA
- Purchase HMIS User License
- Complete Hennepin specific Assessor Training

For Assessors completing assessments in CES Connect:

- Complete CES Connect training with Hennepin CES team
- Complete Hennepin specific Assessor Training

Assessors are expected to:

1. Assure compliance with data privacy and policies, including having those assessed sign the HMIS ROI as applicable and the CES ROI for all assessments completed. Please note, failure to complete CES ROI will result in removal from priority list.
2. Utilize Assessor Script (*coming Fall 2021*)
3. Follow CES Process to complete assessment questions to determine appropriate service connections, linkages, and referrals.
4. All assessments must be completed and submitted through HMIS or CES Connect by the trained assessor. Third party data entry is detrimental to the system and is not permitted
5. Complete assessments in HMIS under the Hennepin CES Assessment EDA
6. Data entry of assessment and notes must be entered into HMIS or CES Connect within 3 business days from completed assessment.
7. Assessors will receive notification of HMIS errors in the assessment (if applicable), corrections must be completed within **30 days** of receiving email.
8. Make contact with the client and update assessment at least **once per month until the person** is off of CE Priority List. Denote contact in “Current Living Situation” in assessment. (*coming Fall 2021*)
9. Understand the CES as a whole and the constraints of the system (i.e. housing is not guaranteed, only homeless dedicated housing filled through CE).
10. Aid clients in obtaining vital documents, store in appropriate application and denote in assessment. For assessments completed in CES Connect, the assessor or client should store vital documents in a different secure location
11. Collaborate with Hennepin County’s Community Health Workers & Case Management Assistants to aid in gathering vital documents and other tasks as needed
12. Remove individuals assessed when a person is no longer eligible for housing through CES or no longer in need.
13. Attend required HMIS, CoC, and CES trainings
14. Provide feedback for annual CES evaluation
15. Attend annual Assessor Renewal Training
16. If serving a specialized population, Assessment Site protocols may be appropriately adjusted
17. Facilitate a warm hand off to the Housing Provider if a referral is made. This includes but is not limited to, contacting the client to advise them of referral, facilitating communication between the client and housing provider, and providing saved vital documentation from time of assessment. Denote handoff in “Current Living Situation” sub assessment.
18. Assessor or Assessor’s supervisor will notify CES Staff when the assessor is leaving the position and will no longer be assessing. Agency staff must update all completed assessments to reflect a change in point of contact (i.e., since the original assessor is no longer available, agency must provide new staff to act as assessor role). New assigned assessor will resume monthly contacts and warm handoff to housing provider if referral is made.

Assessor Performance Measures

For purposes of tracking performance measures, an Assessor Error is defined as an error that prevents the Priority List Manager from making a referral because the assessment is lacking in information needed. Please note this is different than a “HMIS Error” as described above.

When Priority List Manager encounters an Assessor “Error” they will

1. Email the assessor and their supervisor to alert them of the error and ask them to correct it within 30 days.
2. Assessor Errors will be tracked and after 5 Assessor Errors the Hennepin CES team will suspend access to the EDA and Assessor will be requested to take online training.
3. Once Assessor completes training their EDA access is restored and the error counter resets to zero.
4. If the assessor reaches the error limit twice their access will be removed permanently.
5. Coordinated Entry Leadership Committees will review Assessor Error data monthly.

For Assessors completing assessments in HMIS:

- Complete HMIS New User Training with ICA
- Purchase HMIS User License
- Complete Hennepin specific Assessor Training

For Assessors completing assessments in CES Connect:

- Complete CES Connect training with Hennepin CES team

Assessors are expected to:

1. Assure compliance with data privacy and policies, including having those assessed sign the HMIS ROI as applicable and the CES ROI for all assessments completed. Failure to do so will result in removal from priority list.
2. Follow CES Process to complete VI-SPDAT and supplement assessment questions to determine appropriate service connections, linkages, and referrals.
3. All assessments must be completed and submitted through HMIS or CES Connect by the trained assessor. Third party data entry is detrimental to the system and is not permitted
4. Utilize appropriate VI-SPDAT tool based on age
5. Complete assessments: Enter VI-SPDAT Score and supplemental assessment questions into HMIS under the Hennepin CES Assessment EDA or CES Connect
6. Data entry and notes must be entered into HMIS or CES Connect within 3 business days from completed assessment.
7. Understand the CES as a whole and the constraints of the system (i.e. housing is not guaranteed)
8. Update the assessment in HMIS or CES Connect until the household is linked to an appropriate housing intervention, or until services are no longer needed.
9. Enter data and updates into HMIS and CES Connect per instructions
10. Aid clients in gathering vital documentations and store in secure location
11. Remove individuals assessed when person is no longer eligible for housing through CES or no longer in need.
12. Attend required HMIS, CoC, and CES trainings.
13. Provide feedback for annual CES evaluation.
14. Attend annual Assessor Recertification Training
15. If serving a specialized population, Assessment Site protocols maybe appropriately adjusted.
16. Assessor will help facilitate warm hand off to Housing Provider if a referral is made.
17. If applicable, assessor will complete HMIS New User Training along with the Hennepin specific assessor training
18. Assessor or Assessor's supervisor will notify CES Staff when assessor is leaving position and will no longer be assessing

Hennepin County – HMIS Local System Administrator

1. HMIS Staff maintain HMIS database in accordance with the Local System Administrator (LSA) role as defined by the Minnesota HMIS.
2. Housing Stability staff and HMIS LSA generate ad hoc CES reports and analysis as determined by the CES Leadership Committee and COC staff.
3. Participate in other planning efforts as appropriate

HMIS State System Administrator

1. Housing Stability staff and HMIS State System Administrator generate standard CES reports on an ongoing basis as defined by the CES Leadership Committee and Statewide CES Workgroup
2. Ensuring HMIS can collect the needed data for monitoring and tracking the process of referrals and system outcomes.

Hennepin County homeless assistance providers participating in CES

1. **Adopt and follow CES policies and procedures.** CES participating providers shall maintain and adhere to policies and procedures for CES operations as identified in this CES Operations Manual, and as established by the CES Leadership Committee for access points, assessment procedures, client prioritization, and referral and placement in available services and housing. Annually sign and adhere to Coordinated Entry System Participation Agreement (See Appendix L).
2. **Maintain low barrier to enrollment.** Homeless providers shall limit barriers to enrollment in services and housing. No client may be turned away from crisis response services or homeless designated housing due to lack of income, lack of employment, disability status, or substance use unless the project's primary funder requires the exclusion or a previously existing and documented neighborhood covenant/good neighbor agreement has explicitly limited enrollment to clients with a specific set of attributes or characteristics. Providers maintaining restrictive enrollment practices must maintain documentation from project funders, providing justification for the enrollment policy.

CoC providers offering Prevention and/or Short-Term Rapid Rehousing assistance (i.e. 0 – 24 months of financial assistance) may choose to apply some income standards for their enrollment determinations as determined by the funding source.

3. **Maintain Fair and Equal Access.** CES participating providers shall ensure fair and equal access to CES system programs and services for all clients regardless of actual or perceived race, color, religion, national origin, age, gender identity, gender expression, pregnancy, citizenship, familial status, household composition, disability, Veteran status, or sexual orientation.

If a program participant's gender identity or expression, or household composition, creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual or assist in locating alternative accommodation that is appropriate, provides equivalent quality of services, and is responsive to the individual's needs. Clients will never be forced to use alternative facilities as an accommodation for another client's discomfort about their gender identity or expression.

CES participating providers shall offer universal program access to all subpopulations as appropriate,

including chronically homeless individuals and families, Veterans, youth, persons and households fleeing domestic violence, and transgender persons.

Population-specific projects and those projects maintaining affinity focus (e.g. women only, tribal nation members only, etc.) are permitted to maintain eligibility restrictions as long as discrimination within said identity groups is not occurring. Any new project wishing to institute exclusionary eligibility criteria will be considered on a case by case basis and receive authorization to operate as such on a limited basis from the Leadership Committee and their funders.

4. **Provide appropriate safety planning.** CES participating providers shall provide necessary safety and security protections for persons fleeing or attempting to flee family violence, stalking, dating violence, or other domestic violence situations. Minimum safety planning must include a threshold assessment for presence of participant safety needs and referral to appropriate trauma-informed services if safety needs are identified.
5. **Create and share written eligibility criteria.** Provide detailed written guidance for client eligibility and enrollment determinations. Eligibility criteria should be limited to that required by the funder and any requirements beyond those required by the funder will be reviewed and a plan to reduce or eliminate them will be discussed. Include funder specific requirements for eligibility and program-defined requirements such as client characteristics, attributes, behaviors or histories used to determine who is eligible to be enrolled in the program. These standards will be shared with Housing Referral Coordinators as well as funders.
6. **Communicate vacancies.** Homeless providers must communicate project vacancies, either bed, unit, or voucher, to the CES team in a manner determined by the CES Leadership Committee and outlined in this Operations Manual.
7. **Limit enrollment to participants referred through the defined CES access point(s).** Each bed, unit, or voucher that is required to serve someone who is homeless must receive their referrals from the the CES. Any agency filling homeless mandated units from alternative sources will be reviewed with funders for compliance. A finite number of boutique programs serving distinct populations may receive a waiver for this clause, but will need to provide CES with detailed engagement and eligibility plans. CES access points will need to be informed of every opening and how and when they were filled.
8. **Participate in CES planning.** CoC projects shall participate in Hennepin's CoC CES planning and management activities as defined and established by the CES Leadership Committee.
9. **Contribute data to HMIS if mandated per federal, state, county, or other funder requirements.** Each provider with homeless dedicated units will be required to participate in HMIS to some extent. Providers should check with funding sources to determine what forms they will need to complete in HMIS.
10. Despite funding sources, all homeless providers, including but not limited to housing providers, will manage CES referrals in HMIS.
11. Participate in population specific case conferencing on a regular basis.

12. **Ensure staff who interact with the CES process receive regular training and supervision.** Each provider must notify the CES team to changes in staffing, in order to ensure employees have access to ongoing training and information related to CES
13. **Ensure client rights are protected and clients are informed of their rights and responsibilities.** Clients shall have rights explained to them verbally and in writing when completing an initial intake. At a minimum client rights will include:
- The right to be treated with dignity and respect;
 - The right to appeal CES decisions;
 - The right to be treated with cultural sensitivity;
 - The right to have an advocate present during the appeals process;
 - The right to request a reasonable accommodation in accordance with the project’s tenant/client selection process;
 - The right to accept housing/services offered or to reject housing/services;
 - The right to confidentiality and information about when confidential information will be disclosed, to whom, and for what purposes, as well as the right to deny disclosure.

Communication roles, responsibilities, and methods

With multiple stakeholders involved in the Coordinated Entry System, it is important to know who is responsible for conveying information, how are they deliver that information, and when they are expected to do it. In this section we outline the roles and responsibilities of different stakeholders and give an overview of the methods used to communicate information.

Communication roles and responsibilities

Entity	Role	Responsibility
Leadership Committees	<p>The CES Leadership Committees are responsible for establishing participation expectations for CE, determining local data collection and data quality expectations for CE, defining data sharing protocols and selecting a Data System for CE.</p> <p>The committees are comprised of various Hennepin County stakeholders to ensure consistent application of CES policies and procedures and high quality service delivery for persons and families experiencing a housing crisis.</p>	<p>Monthly: Chairs meet with CES Team, Leadership team meetings,</p> <p>Quarterly: workplan updates</p> <p>Annually: Membership, new workplan, CE Evaluation</p> <p>As needed: onboard new members</p> <p>Members are expected to communicate updates with the group they are representative of. For example if you represent the “Youth” community you should be communicating CES updates to other youth providers.</p>
HC CES Team	Designated as the CE Management Entity and is expected to establish day-to-day management structures, develop	

	and implement a clear, accessible communication plan, promote standardized screening and assessment processes, develop and deliver training, and conduct monitoring of projects that are participating in the CE system. Overall, provide oversight and management to the Coordinated Entry System	Annually: updates to key stakeholders such as HC Front Door, 211,
HC Communication Planner	Support leadership meetings, create overall communications plan, liaison to website, coordinating and sending out the Scoop, creating common. plans for individual projects	Monthly: meeting minutes, coordinating scoop, Annually: Publication of P&P
Convene	Convene is an organization that is contracted to provide training.	Monthly: Assessor Training Tips Quarterly: CES 101

Communication Methods

Topic	Description	Frequency
CES Scoop	The Scoop is the primary method to communicate with the general CES audience. It is expected that all primary stakeholders in the CES read the Scoop.	Monthly, occasionally as needed
CES Website	The website is a central place for both service providers and participants in CE to go to obtain information.	Updated as needed Annually: thorough review
CES Provider Contact List	The provider contact list contains contact information for all CES housing projects	The Provider Contact List is updated quarterly. It is used as needed
Assessor Email List	The Assessor email list contains contact info for all CES Assessors	As needed
Leadership Committee Members	Committee members should be sharing CES updates with the groups they represent	As needed
CES 101	CES 101 provides a basic overview of the coordinated entry system to the community	Quarterly
CES Leadership Committee meetings	The Leadership Committee meetings are a forum for members, CES Team to update and progress CE business	Monthly
CES Communication Planning meeting	Meeting between CES Team, and Comm Planner to discuss external communication	Bi-weekly
Co-chair and CES Team meeting	Coordinating meeting	Monthly

Access to CES for single adults and youth

The four central components of the Coordinated Entry System are Access, Assessment, Prioritization, and Referral. The Hennepin CoC utilizes these terms to establish continuity of services. The goal of access is that all people in the CoC's geographic area have fair and equal access to the coordinated entry process, regardless of where or how they present for services.

CES Single Adult and Youth Access Points

Assessment Location	Type	Geography	Population
The Aliveness Project	Drop-In	Minneapolis	HIV/AIDS
Minnesota Assistance Council for Veterans	Outreach	All	Veterans
Domestic Abuse Project	Mobile	All	HUD Category 4 (Fleeing/Attempting to Flee)
Avenues For Homeless Youth	Shelter	Minneapolis	Youth
Bridge for Youth	Shelter, Drop-in, Outreach	Minneapolis	Minor Youth
Catholic Charities Hope Street	Shelter, Outreach	Minneapolis	Youth
Oasis for Youth	Drop-In, Outreach	South Metro	Youth
MoveFwd	Drop-In, Outreach	West Metro	Youth
YMCA of the Great Twin Cities	Outreach	All	Youth
The Link	Outreach	All	Youth
Opportunity Center	Drop-In	All	All
St. Stephen's Human Services	Outreach	City of Minneapolis	All
American Indian Community Development Center	Outreach	South Minneapolis	All (Native American)

People Incorporated	Outreach	All	All (Mental Health)
Catholic Charities Higher Ground	Shelter	Minneapolis	All
The Salvation Army	Shelter	Minneapolis	All
Our Saviour's Housing	Shelter	Minneapolis	All
St. Stephen's Human Services	Shelter	Minneapolis	All
Simpson Housing Services	Shelter	Minneapolis	All
Matrix Housing Services	Mobile Assessors	All	All
Hennepin County Homeless Access Team	Mobile	All	Individuals on Chronic Index
Hennepin County Healthcare for the Homeless	Program Participants Only	All	Shelter
Catholic Charities-Homeless Elders Program	Outreach	All	Elders
Hennepin County-Hotels to Housing Team	Program Participants Only	All	Shelter

Policy and Procedures

Access Policies – Singles

Access to the Singles CES is available through three routes; Staying in Emergency Shelter, Staying in a place not meant for human habitation, and meeting HUD Category 4- Fleeing and Attempting to Flee Domestic Violence.

Emergency Shelter

After staying in Hennepin shelter for at least 14 days an assessment for the Singles CES shall be offered. If individual is staying in community shelter where no trained Hennepin CES assessor is present, individual can contact Matrix Housing Services to schedule an assessment. Visit CES website for contact information.

Staying in a Place Not Meant for Human Habitation

Unsheltered individuals can be connected with a Street Outreach agency and receive an assessment for CES through a worker. If individuals are not engaged with any Street Outreach agency they can connect with the contracted mobile assessors, Matrix Housing Services. Visit CES website for contact information.

HUD Category 4: Fleeing/Attempting to Flee Domestic Violence

Individuals can be assessed for CES by any assess point, however, if they want to be assessed through a Victim Service Provider they can reach out to the contracted Domestic Violence assessors, The Domestic Abuse Project (DAP). Visit CES website for contact information.

Access to the Emergency Shelter System

1. **Universal access for all individuals.** Hennepin CES access points shall provide directly or make arrangements through other means to ensure universal access to crisis response services for clients seeking emergency assistance at all hours of the day and all days of the year.
2. **Crisis response during non-business hours.** Hennepin CES access providers shall document planned after-hours emergency services and publish hours of operation in an easily accessible location or posted publicly on the Internet. After hours crisis response access may include telephone crisis hotline access, coordination with police, emergency medical care.
3. **Individuals fleeing domestic violence or sexual assault.** Hennepin CES access providers shall be trained on the complex dynamics of domestic violence, privacy and confidentiality, and safety planning, including how to handle emergency situations at access points, whether a physical or virtual location. Hennepin CES access providers shall partner with local victim service provider agencies to ensure that trainings for relevant staff are provided by informed experts in the field of domestic violence, dating violence, sexual assault, stalking, and human trafficking. Hennepin CES access providers shall make safety referrals to victim service providers as determined to be clinically appropriate or at the request of the individual.

Access to Emergency Shelter Procedure – Singles

If a person is in need of shelter, they are encouraged to visit the Adult Shelter Connect (ASC) during business hours or call (once they have had their initial HMIS assessment) during after-hours. If a bed is available, a reservation will be made for them in HMIS.

Eligibility determinations

To be eligible to access shelter provided by a member of the Single Adult Shelter Collaborative, a person must:

- Be experiencing an episode of literal homelessness according to the HUD definition.
- Be in need of emergency shelter
- Be 18 years or older living with no dependents.

Each individual who meets those requirements will have to visit the Adult Shelter Connect (ASC) first in order to have a profile created for them in HMIS/ServicePoint and be referred to a shelter bed. The ASC will assess eligibility and conduct a diversion assessment as part of the initial intake into the shelter system. For most up to date information visit the ASC website.

Assessment Policies – Single adults and youth

Single adults and youth, without minor children ages 16 and older are eligible to access the Coordinated Entry System. Specifically, those with ties to Hennepin County and those who meet the definitions of the categories listed below:

1. Part of HUD Category 1:

Individual 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, hotels and motels paid for by charitable organizations, or by federal, state and local government programs).

2. HUD Category 4

Any individual who: Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence; has no other residence; and lacks the resources or support networks to obtain other permanent housing.

Assessment

The CES Assessment is an iterative process that may take place over a period of several days and involves several points of contact. Assessment shall only involve the collection of information essential to ascertain the immediate crisis and match the client to the appropriate interventions. To the extent that the assessment entity also provides a longer-term case management function, it is possible that later stages of assessment will probe for information beyond that needed for service-matching; however, at every stage, the information collected should only be that which is necessary to complete the function at hand. The CES assessment tool and process shall include the following:

- **Document client’s homelessness history and housing barriers.** Gather sufficient information to allow for appropriate placement and for the creation of an accurate housing and service plan to address a client’s needs.
- **Respect client preferences.** Ask direct questions about needs and preferences of the client in order to ensure the best assessment.
- **Capture enough data to meet project needs and funder requirements while using trauma informed care to reduce impact on the client.** Design assessment forms to represent the intake data needs for the full continuum of services that is offered within the CoC.
- **Obtain consent for sharing data with providers.** Comply with local, State, and Federal requirements. Including, the Coordinated Entry Release of Information and for those participating in HMIS, the HMIS Release of Information.
- **Draft, or at least initiate, a housing plan.** Work with clients to begin development of a housing plan that can be transferred to the next stage of service.
- **Standardized practice.** Apply standard practices at every point of entry for every client in order to ensure consistent assessments.

Assessment Workflow – Singles

CES providers shall administer the Coordinated Entry System (CES) Assessment Tool and Process as defined by the CES Leadership Committee. The assessment process must be standardized with uniform decision-making across

all assessment locations and staff. If access points or assessment processes are conducted or managed by providers who do not receive HUD, State of Minnesota, or Hennepin County funds, those providers shall nevertheless abide by assessment standards and protocols defined by the CES Leadership Committee. CES will operate using a client-centered approach, allowing clients to freely refuse to answer assessment questions and/or refuse referrals.

1. Adult Shelter Connect complete the *Full ESG assessment and universal data elements* into HMIS upon entrance into the shelter system.
2. Clients who have stayed in emergency shelter or on the streets for a cumulative period of 14 days shall be identified to complete the assessment. However, clients may request and receive an assessment at any time in the client's first 14 days of service connection.
3. Households that have immediate alternative options to shelter are diverted and information will be entered into HMIS but only including the information gathered to the point of diversion.
4. Trained assessor staff at designated access points administer the assessment.
5. Assessments will be completed in HMIS or CES Connect. If assessing agency is unable to complete assessments in HMIS or the individual opts out of their information being shared in HMIS, Assessor staff will complete assessment via the secure Hennepin County application named CES Connect.
6. For individuals who meet the definition of HUD Category 4 Population – Fleeing and/or Attempting to Flee Domestic Violence have the option of being assessed by a designated domestic violence service agency. If an individual chooses this option the following workflow will apply:
 - a. Individuals who meet the HUD Category 4 definition can be referred for assessment directly from their local domestic violence shelter and/or agency to a designated domestic violence assessing agency.
 - b. Designated domestic violence assessing agency will return and schedule CES Assessment within 10 business days.
 - c. Domestic violence assessing agency will complete full CES Assessment, Release of Information (Appendix A) and Fleeing Violence Verification Form (Appendix F) with individual.
 - d. CES Assessments will be completed via the secured application titled CES Connect. Assessing agency will store Fleeing Violence Verification Form for screened individuals and provide to housing provider if individual is referred.
 - e. Individuals will be prioritized equitably with all other individuals who have been assessed for CES.

Referral Criteria

The matching process and eventual referral linkage process takes into account the prioritization criteria for Hennepin CoC and funding requirements for each CoC project and program criteria. The order of client priority on the prioritization list will under no circumstances be determined or adjusted based on disability type or diagnosis.

Prioritization Criteria

Hennepin CoC CES is undertaking the change of static prioritization to dynamic prioritization. Households are prioritized based off designated prioritization criteria (see below). All available housing resources are offered to the households who need them most acutely in that moment, regardless of whether the household may/or could be better served in the future by a type of program that is not available at that time. By selecting a higher acuity household and having them housed more quickly the result is less time “waiting”. Continued changes will be implemented until the system fully implements dynamic prioritization.

Rapid Re-Housing Prioritization

Households will be referred to **Rapid Re-Housing** according to the following prioritization criteria.

1. Disability? (Descending order from Yes, No, Data Not Collected, Client doesn't know, Missing)
2. Chronically Homeless? (Descending order: Yes, No, Missing)
3. HUD Months Homeless (Descending order)

Transitional Housing Prioritization

Households will be referred to **Transitional Housing** according to the following prioritization criteria.

1. Disability? (Descending order from Yes, No, Data Not Collected, Client doesn't know, Missing)
2. Chronically Homeless? (Descending order: Yes, No, Missing)
3. HUD Months Homeless (Descending order)

Households will meet the criteria of at least one of the priority groups identified below:

- **Youth** – Multiple youth between the ages of 16-24 who present as a household and who are seeking assistance together.
- **Youth Parents** – People between the ages of 16-24 who are the parent of at least one child and are seeking assistance with their children.
- **Domestic Violence survivors** –Families with at least one person who identifies a domestic violence experience as the primary reason causing their housing crisis.
- **Pregnant people** who are pregnant, regardless of their age or whether they have any additional children.

Permanent Supportive Housing Prioritization

Households will be prioritized and referred to Permanent Supportive Housing for those with the longest history of homelessness and with the most severe service needs. The prioritization order is as follows:

1. Disability? (Descending order from Yes, No, Data Not Collected, Client doesn't know, Missing)
2. Chronically Homeless? (Descending order: Yes, No, Missing)
3. HUD Months Homeless (Descending order)

Prioritizing on Chronic Index

Based on best practices of data quality, the Singles CES Leadership Committee authorized utilizing HMIS data (confirmed length of time homeless and disability status), to prioritize individuals who we known to be

experiencing HUD Chronic Homelessness. This by name list is known as the Chronic Index. Inclusion on the Chronic Index is the first prioritization factor for CES units.

Data Collection and Confirmation for Chronic Index

When someone accesses single adult shelter in Hennepin County, the service transaction is logged in HMIS and provides longitudinal length of stay data. That length of stay data is then paired with the self-report disability data-point gathered during the Essential Services Grant (ESG) assessment at intake into the system. If someone has not had any interaction with the HC homeless response system in over 90 days they are moved onto the 'inactive' tab of the Index and are moved back onto the active tab if they are still chronically homeless when they become 'active' in the system again (interaction with a Hennepin County HMIS service provider).

For street outreach clients (people sleeping in a place not meant for human habitation) case managers confirm that the person meets the definition of chronic homelessness (based on their internal data and self-report from the person) and that they are active in the system and report this info to Hennepin County’s [Housing Stability Area staff](#). Advocates with HMIS can check to see if their client is on the chronic index by referencing the chronic index column in the 'Length of Stay Report' in ART.

If someone is missing from the index, ensure that they meet the definition, that they have a service transaction or assessment within the last three months recorded in HMIS, and that their HMIS profile disability status is accurate and up to date. Contact ces.hennepin@hennepin.us if you have any questions or believe someone should be on the Index who isn't currently.

HUD Chronic Programs

The following table describes HUD’s allowance for HUD Chronic designated units in the event that no Chronically Homeless Individuals are on the Priority List.

Priority	Description	Length of Time Homeless	Documented Disability
1	HUD Chronically Homeless	>12 months cumulative or 4 episodes in 3 years totaling one year in an emergency shelter	Yes
2	Most Severe Service Need	High acuity, disability and most severe service need	Yes
3	Long History of Homelessness	Long period of cumulative or episodic homelessness	Yes
4	HUD Homeless	Place not meant for human habitation, safe haven or emergency shelter	Yes
5	Transitional Housing	Homeless families with a disability coming from transitional housing	Yes

Prioritization and Referral Workflow for Hennepin County CES Team

1. A Referral Request Form (See appendix B) is received in the CES inbox. The CES Team reviews *Referral Request Form* to obtain client eligibility information associated with the housing.

2. The CES Team generates Priority List report from HMIS ServicePoint and CES Connect to identify eligible individuals who may be appropriate for available housing and navigation services.
3. The CES Team reviews Priority List report and matches those prioritized to available housing provider based on known information about client demographics, attributes, and housing preferences.
4. The CES Team refers individual referral to housing provider via HMIS ServicePoint or secure email when necessary.
5. If a replacement referral is requested, the CES Team will review previous associated denial to ensure denial is appropriate and allowable according to CES policies and procedures as established by CES Leadership Committee.
6. If the CES Team determines the denial is valid, staff will attempt to provide replacement to the housing provider and is provided in prioritized manner.
7. If the CES Team determines the denial is **not** valid, the staff will promptly initiate contact to further discuss the conclusion. The CES Team may meet with the provider to discuss the referral and encourage/instruct the provider they are obligated to accept the referral per funding requirements. If the provider continues to deny the referral, the CES Team will discuss with funder and contract manager as applicable.

Housing Provider Referral Workflow

The process of managing referrals has two work flows based on which application was utilized for assessment, CES Connect or HMIS. For individuals assessed in HMIS referrals will be managed in HMIS. For individuals assessed in CES Connect referrals will be managed through encrypted email.

Refer to *HMIS Workflow Instructions* for detailed instructions at <https://hmismn.org/coordinated-entry/>.

Referral Timeline Expectations

Once a housing provider submits a Referral Request Form, CE will refer a household to housing provider. If by 10 business days a household is unable to be referred, CE Team will contact housing provider to discuss options.

Once referral is made, housing provider acknowledges the referral within 2 business days.

Within 1 business day of acknowledging the referral, the housing provider attempts initial contact with the household referred via all direct contact methods available (call, text, and email). If no direct contact information is available, the housing provider reaches out to the referral's alternative contact and any other connected service provider(s).

- If after 24 hours there is no response from the household, housing provider reaches out to alternative contacts, including when applicable, shelter advocate, outreach worker, assessor, etc. Find a list of "useful contacts for locating clients" [here](#).
- Housing provider continues daily contact attempts with the referred household until an intake meeting is scheduled.
- Housing provider continues to leverage alternative contacts and additional service providers to keep in communication and support follow up efforts with the referred household.
- During the initial contact with the household, housing provider confirms the best ongoing contact methods and alternative contact methods for the household.

Trauma-Responsive Tips & Reminders

- Households are in crisis and have many competing priorities. Some households may share what they are going through and some may not feel comfortable sharing details of their experience. Be patient and try not to make assumptions about why a household is not getting back to you in a timely manner. Try not to hold households to a different standard than you hold yourself (not expecting a response from a household quicker than you respond to emails and voicemails).
- Other providers associated with CES are partners. The best way we can support households is by coming together as providers, sharing appropriate information with each other and by keeping the lines of communication open. A signed CES release of information by the household allows for this active collaboration with other CES partners.

Housing providers keep a referral for a minimum of 5 business days from the date of acknowledging the referral to allow the referred household time to respond to contact attempts. Housing providers are encouraged to establish internal, agency-level guidance regarding the maximum days they will wait for a referral to return initial contact before declining/canceling the referral and requesting a replacement.

Intake should be completed within 1 month of referral being made. This means that a project start date is entered, a program entry created, and the referral is denoted as “Successful” in the CE Event. *Note, if a denial is being made this should occur as soon as the situation is apparent.

Housing Move-In Date should be entered in HMIS or Referral Outcome form submitted to CE Team as soon as the event occurs. A general expectation is that housing move-in would occur within 3 months from referral date.

If a denial occurs, housing provider should resubmit Referral Request Form to CE Team, denoting that it is a replacement referral. CE Team will prioritize replacement referrals to the extent possible.

Request and Accepting a Referral for Individuals Assessed in HMIS

1. Housing and service providers complete Referral Request Form (See Appendix B) for all vacancies anticipated within 30-60 days, and vacancy form is e-mailed to the Coordinated Entry Inbox. The Referral Request form will be completed for available beds, units, or scattered site housing opportunities or vouchers. Programs reporting vacancies must include criteria for the unit, including physical traits of the particular unit.
2. Vacancies that are unexpected should be reported at the earliest possible time.
3. CES Team identify individual and complete referral process utilizing encrypted email
4. Housing Provider receives secure email with HMIS ID for those assessed in HMIS and referral packet for those assessed in CES Connect.
5. Housing provider acknowledges referral within **two business days** in HMIS
6. Housing Provider should begin to engage with referral immediately upon receiving from CES. Housing Provider is expected to attempt to locate individuals for a minimum of **5 business days**, including utilizing listed alternative contacts, case managers, assessors, shelter advocates and any other applicable individual.
7. Referral workflow should be followed per HMIS Workflow instructions. Outcome of referrals must be reported in HMIS, including but not limited to, Decline, Cancel, and Housing Move-In Date.

Request and Accepting a Referral for Individuals Assessed in CES Connect

1. Housing and service providers complete Referral Request Form (See Appendix B) for all vacancies anticipated within 30-60 days, and vacancy form is e-mailed to the Coordinated Entry Inbox. The Referral Request form will be completed for available beds, units, or scattered site housing opportunities or vouchers. Programs reporting vacancies must include criteria for the unit, including physical traits of the particular unit.
2. Vacancies that are unexpected should be reported at the earliest possible time.
3. CES Team identifies individual from Priority List and sends encrypted email with individual's assessment to Housing Provider
4. Housing Provider should begin to engage with referral immediately upon receiving from CES. Housing Provider is expected to attempt to locate individuals for a minimum of *5 business days* (after being acknowledged), including utilizing listed alternative contacts, case managers, assessors, shelter advocates and any other applicable individual.
5. Outcome of referrals (Decline, Cancel, Housing Move-In Date) must be reported back to CES Team utilizing Referral Outcome form. Email form to CES Team at CES.Hennepin@Hennepin.us.

Referral Outcome

Acceptance into Program

After the completion of intake, referred individuals that are accepted into program should create a Program Entry (project start date). The referral should be denoted as "successful" in the CE event. Once referred individual is housed, a Housing Move-In Date should be entered. Referral outcome for individuals assessed in CES Connect should be reported to CES Staff utilizing the Referral Outcome Form.

Denials

Decline

Declined referrals should be processed in HMIS ServicePoint for individuals referred through HMIS. For individuals referred through encrypted email (assessed in CES Connect), declines need to be processed by utilizing the Referral Outcome Form (Appendix C) and submitting to CES Team (email at CES.Hennepin@Hennepin.us). Provider will be required to provide justification for denial in detail, including: communication attempts with client, specific criminal or housing history that prevents acceptance of referral, or other similar details. Possible reasons for declining a referral: individual does not meet program eligibility requirements (including property management), individual refuses referral, client safety concerns, etc. To receive replacement referrals, Housing Providers should submit the Referral Request form and check the "Replacement" box.

Cancel

Canceled referrals should be processed in HMIS ServicePoint for individuals referred through HMIS. For individuals referred through encrypted email (assessed in CES Connect), cancels need to be processed by utilizing the Referral Outcome Form (Appendix C) and submitting to CES Team (email at CES.Hennepin@Hennepin.us). Provider will be required to provide justification for denial. Possible reasons for canceling a referral: individual is no longer in need of housing through CES (self-resolved, deceased), unable to locate after 5 business days of diligent attempts, placed in institutional setting. To receive replacement referrals, Housing Providers should submit the Referral Request form and check the "Replacement" box.

Referral Denials - Singles

By Individual

Clients may reject up to three housing referral placements but after the third reject, the client will be removed from the Priority List. A more purposeful engagement strategy will be employed (Access Team, Collaborative Review, Youth Case Conferencing). See Multiple Declined Referral Policy (Appendix I).

By Housing Provider

Hennepin CoC providers and program participants may deny referrals from the CES, although service denials should be infrequent and must be documented in HMIS or other comparable system with specific justification as prescribed by the Hennepin CoC CES Leadership Committee. The specific allowable criteria for denying a referral shall be published by each project and be reviewed and updated annually. All participating projects and clients shall provide the reason for service denial, and may be subject to a limit on the number of service denials.

If a provider denies three referrals in a row, OR if the CES Team identifies a pattern of denials over time, the organization will be required to participate in a conferencing meeting with the CES Team and a staff person representing the funding source (e.g., CoC Coordinator, LTH Housing Support Planning Analyst, etc.).

If the denial is the result of a third party property management/landlord (private or partner of service provider) rejecting the individual's application, the rejection will trigger a case conferencing meeting. If the household chooses to appeal this decision, a new referral will not be provided to the housing program until the appeal process has reached its conclusion.

If a private landlord is unable to be located for use with a voucher or scattered site program after an exhaustive search, the provider may request a new referral.

The onerous of verifying homeless status and gathering required documentation is with the Housing Provider. Denial of referrals for such reasons are not acceptable.

Delayed Referrals Process

This policy outlines the circumstances under which housing providers may obtain referrals from sources other than CES.

For the purposes of this and all policies regarding CES referrals, a CES referral is defined as: the assessment and delivered from Hennepin CoC to the housing provider via HMIS or secure email.

This policy does not apply to referrals that are difficult to locate, engage, or qualify for a program.

When the Hennepin CoC CES Team is unable to provide a referral to a housing provider at 10 business days for an available program or unit opening, the CES team will provide update to Housing Provider on progress made and barriers. Dependent upon the specific situation, CES Team may suggest that the housing provider consider making the program/unit opening available to the community.

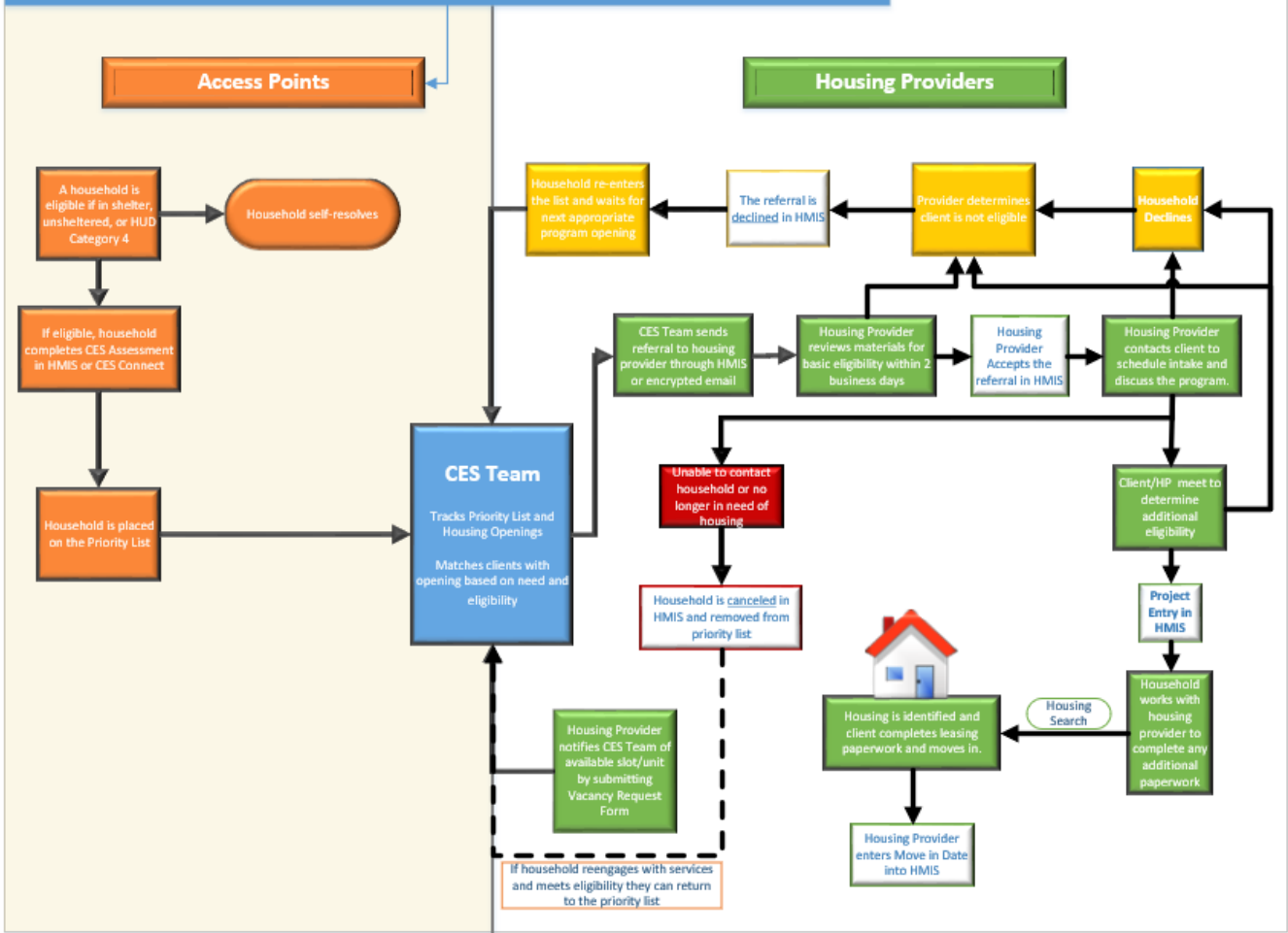
If CES team advises this, It should be noted that Housing Providers are responsible for contacting their funding source to verify the expansion of the referral source BEFORE identifying individuals outside of CES.

The following steps should be taken:

1. Housing Provider should utilize email correspondence as documentation of appropriate steps taken related to CES referral policies.
2. The housing provider will notify CES team once a household is identified for the available program/unit opening.
3. If a Hennepin County household is identified, the household name will be cross referenced with the Priority List. If the household is on the priority list, the household will be referred to the housing provider.
4. If the CES team identifies an eligible household on the priority list, the HRC will contact the housing provider to find out if the provider can serve the household. The housing provider must prioritize the CES household for available openings not already slotted with an eligible household.

Visual of single adult and youth Work Flow

Hennepin CES Assessment and Referral Process



Fair Housing, Tenant Selection and Other Statutory and Regulatory Requirements

All CoC projects in Hennepin's Coordinated Entry System must include a strategy to ensure CoC resources and CES options (referral options) are eligible to all persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. Special outreach to persons who might be or identify with one or more of these attributes ensures CES is accessible to all persons.

All CoC projects in Hennepin's Coordinated Entry System must ensure that all people in different populations and subpopulations throughout Hennepin County, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process, regardless of the location or method by which they access the crisis response system.

All CoC projects in Hennepin's Coordinated Entry System must document steps taken to ensure effective communication with individuals with disabilities. Access points must be accessible to individuals with disabilities, including physical locations for individuals who use wheelchairs, as well as people in Hennepin County who are least likely to access homeless assistance.

CES Monitoring and Evaluation.

Monitoring and Reporting of CES

Hennepin County shall adhere to HUD's defined monitoring and reporting plans for CES. The monitoring process will report on performance objectives related to CES utilization, efficiency and effectiveness.

Hennepin County CES Reporting Requirements shall be reported quarterly by the CES Team to the CoC membership and the community at large and include the following elements:

- Narrative description of the status of CES implementation, barriers and challenges experienced, and plans for expansion and improvements in the future
- CES performance indicators may include the following:
 1. Number of persons and individuals receiving CES services
 - a. Number seeking assistance/referred to CES
 - b. Number completing initial triage/diversion screen
 - c. Number completing client intake/assessment
 - d. Number completing comprehensive/housing assessment
 2. Demographics and attributes of persons/households receiving CES assistance (from 1d above)
 3. Number of persons and individuals receiving CES referrals to the following
 - a. Rapid Rehousing
 - b. Transitional Housing
 - c. Permanent Supportive Housing
 - d. All other
 4. Destination of persons and individuals to each service strategy as a result of CES referral
 - a. Rapid Rehousing
 - b. Transitional Housing

- c. Permanent Supportive Housing
- d. All other
5. Length of time from completion of CES comprehensive/housing assessment to program entry
 - a. Average length of time from assessment to referral for each component type
 - b. Average length of time waiting on prioritization list for each component type
6. Number of persons who waited for each CoC component type for greater than 30 days

Evaluation

Hennepin County will contract with a third party evaluator to conduct a comprehensive system evaluation of CES to ensure that both qualitative and quantitative information are collected and used to identify opportunities for continuous system improvements. Specifically, Housing Stability on behalf of the CES Leadership Committee is responsible for

- Leading periodic evaluation efforts to ensure that the CES is functioning as intended; such evaluation efforts shall happen at least annually.
- Leading efforts to make periodic adjustments to the CES as determined necessary; such adjustments shall be made at least annually based on findings from evaluation efforts.
- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders
- Ensuring that the CES is updated as necessary to maintain compliance with all state and federal statutory regulatory requirements.

Evaluation efforts shall be informed by metrics established annually by the CES Leadership Group in consultation with the community and county staff. These metrics will be displayed on dashboards located on the CES website and shall include indicators of the effectiveness of the functioning of CES itself, such as

- Wait times for initial contact
- Extent to which expected timelines described in this manual are met
- Number/Percentage of referrals that are accepted by receiving programs
- Rate of missed appointments for scheduled assessments
- Number/Percentage of persons declined by more than one (1) provider
- Number/Percentage of CES Team Referral appeals
- Number of program intakes **not** conducted through CES
- Completeness of data on assessment and intake forms
- Equity across the CES

In addition, these metrics shall also include indicators of the impact of CES on system-wide CoC outcomes, such as

- Individuals referred have length of stays consistent with system guidelines
- Waiting lists are reduced for all services; eliminated for shelter
- Program components meet outcome targets for program-level measures
- Reductions in long term or chronic homelessness
- Reduction in Individual homelessness
- Reductions in returns to homelessness
- Reduced rate of individuals becoming homeless for the first time.

Termination

Any Authorized User Agency may terminate their participation in the Coordinated Entry System by giving written notice. Housing programs that are required to participate due to HUD guidelines will need HUD approval to terminate participation

Board & Lodges operating in Hennepin CoC Coordinated Entry System

Board & Lodges are non-homeless dedicated programs that are not required by funding to operate within Coordinated Entry. Board & Lodges opting into receiving referrals through Coordinated Entry must agree to:

- Commit a minimum number of 5 units to be filled through Coordinated Entry
- Operate 1 calendar year with Coordinated Entry
- Manage Coordinated Entry referrals through HMIS (Homeless Management Information System)
- For providers that have both LTH HS beds and Board & Lodge beds, programs cannot use CES as a bridge into those LTH units
- Board & Lodge beds that are filled through Coordinated Entry must act as permanent housing and comply with limited exits into homelessness
 - Housing Support funds are non-time limited
- Board & Lodge beds that are filled through Coordinated Entry will be classified as Permanent Supportive Beds
- Transfers from Board & Lodges should be an exception and should only apply to those Board & Lodges that operate a short term stay program (i.e. recovery program). Transfers are only applicable when Board and Lodge units were filled through Coordinated entry (1:1 exchange).
 - If transfer requests from Board & Lodge programs occur with regularity (depending on program), CES Team will review placement of Board & Lodge program in larger CES.

Grievance and Appeals

Coordinated Entry System Grievance and Appeals Policy

The purpose of the grievance and appeals process is to ensure that if a client has a problem or concern with the Coordinated Entry System (CES) they have a confidential means to report the concern. Completing the grievance form (see appendix D) will not negatively affect their status within CES.

The form should be completed if the grievance relates to one of the following:

- Access to Coordinated Entry System (i.e. no assessment provided)
- Assessment (i.e. scoring)
- Prioritization (i.e. disagreement with housing designation)
- Housing referral (i.e. lack of follow through at intake from a CE Referral, following their request to fill a vacancy)
- Other (please be specific)

Note: if a grievance is about an agency, the Adult Shelter Connect or the shelter system, the client should go through that agency's grievance process. In addition, CES cannot guarantee placement into permanent housing, as demand for housing is far greater than the supply.

Grievance Procedure

1. Client should complete the CES Grievance and Appeals form. Please explain the complaint, grievance or issue, and include the names of those involved and dates. The complaint should be as specific as possible.
2. Client and/or advocate should email the completed form to CES.Hennepin@Hennepin.us with the subject line “CES Complaint”. They can expect a response that the form was received within 5 business days.
3. Housing Stability Area will review the grievance, verify the grievance process is the appropriate place for the complaint, complete an investigation and clearly document their findings.
4. Housing Stability Area will respond to the complaint with recommended solutions within 10 business days of receiving the complaint.
5. Housing Stability Area will track all complaints in an effort to determine system wide patterns or problems that can be addressed. They will report the number of complaints received, types of complaints and the outcomes/resolutions of the complaints on a monthly basis to the CES Leadership committees. All identifying Information regarding individual clients will be kept confidential and not shared with the leadership committees.

Transfers

Transfer Policy for Hennepin CoC

Through Coordinated Entry, a process has been established for assessing, prioritizing and referring people who are experiencing homelessness to homeless designated housing interventions. In order of intensity of support, the interventions covered by this document are:

- Rapid ReHousing (RRH)
- Transitional Housing (TH)
- Permanent Supportive Housing (PSH)

There are cases when the type of housing intervention may not meet the needs of the household post-program entry. Transfers are appropriate for households with the following circumstances:

- The household has a current HMIS program entry for a homeless-dedicated housing program that reports to Hennepin County CES.
and
- The needs of the household have changed since program entry; or
- The understanding of the needs have changed since program entry.

In such cases there can be legitimate reasons for seeking a transfer to another housing program. In considering the types of transfer that may be requested, the following decision rules will be applied:

Transfer type	Y	N
Single ↔ Families (for same intervention type)	X	
PSH ↔ PSH	X	

PSH → TH	X	
Single RRH/TH → Families PSH		X
RRH/TH → PSH (for same client group)	With CES approval and documentation	

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, and being a member of a local human rights commission.

The transfer policy applies to homeless dedicated units that are filled through Coordinated Entry and to households assessed, prioritized, referred & housed through Hennepin CoC CES.

RRH/TH to PSH Transfer Eligibility

- Vacancies to RRH/TH programs are filled by client preference and/or being at the top of the priority list when an RRH/TH opening was reported.
- Transfer requests from RRH to PSH are appropriate when the following criteria have been met:
 - o The housing provider has diligently met and worked with the client to search for/obtain housing, provided case management services, and done everything possible to stabilize the household in housing while in the RRH program.
 - o Despite best efforts, the housing provider and household identify needs impacting housing stability that will not be met within 24 months of RRH services and/or the household will become homeless once RRH services end.
 - o Household must meet one of the two benchmarks/criteria outlined below:
 - Client was housed through RRH, has reached at least 15 months of RRH services, and will need additional assistance with housing and services to remain in housing.
 - Housing provider has been working with household to find housing for at least 5 months and identified other barriers supporting the need for more intensive PSH services.
 - o The household must have a disability to qualify for PSH.
 - o Household must be either LTH or Chronic
 - o The current housing provider has tried to find another provider/program of the appropriate typology that is willing to accept the household and all coordination. However, if another appropriate provider/program cannot be found, the CES team will add the approved household to a transfer list and wait for the next appropriate vacancy.

Transfer Procedure (Please see RRH to PSH transfer procedure below)

If ‘N’: Transfers are not allowed under any circumstances

If ‘Y’: A transfer request form is required for all transfer requests and will be reviewed by the CES team. The transfer form should be sent to the CES inbox (ces.hennepin@hennepin.us). Include a CES Release of Information

if one is not present in HMIS. The current housing provider is responsible for identifying another provider/program of the appropriate typology that is willing to accept the household and all coordination. Upon agreement of the two providers, the transfer request form is to be sent to the CES inbox (ces.hennepin@hennepin.us) for review and approval. Upon approval:

1. Current program will provide all eligibility paperwork to the program accepting the transfer
2. Current program will request a new referral from the appropriate system (singles/families) upon completion of transfer.

Receiving provider is responsible for confirming eligibility. If no willing provider/program can be found, no transfer is possible.

CES Leadership Committees will receive periodic updates on the number of transfers requested. The CES Leadership Committee will also be consulted if there is a transfer request that does not fall within the guidelines outlined in this document.

Please see Appendix H for Transfer Request Form.

RRH to PSH Transfer Procedure

Transfers from Single RRH to Family PSH: are not allowed under any circumstances

Transfer requests for RRH to PSH: A transfer request form is required for all transfer requests and will be reviewed by the CES team. The transfer form should be sent to the CES inbox (ces.hennepin@hennepin.us).

All transfer requests must include:

- Narrative regarding efforts made with the household to help them stabilize their housing using RRH.
- Narrative including the need for PSH services.
- CES Release of Information if one is not present in HMIS.

Upon approval:

1. Current program will provide all eligibility paperwork to the program accepting the transfer
2. Current program will request a new referral from the appropriate system (singles/families) upon completion of transfer.
3. Receiving provider is responsible for confirming eligibility.

CES Leadership Committees will receive periodic updates on the number of transfers requested.

Please see Appendix H for Transfer Request Form.

Youth PSH to Adult/Family PSH Transfer Eligibility (6 MONTH PILOT)

Transfer requests for youth in PSH programs to adult/family PSH programs are appropriate when the following criteria have been met:

1. The youth meets the criteria to move into an adult PSH program (has a disability, needs continued services/case management)
 - o Ensures scarce PSH openings are reserved for those that need PSH as opposed to needing affordable housing.

2. The service provider has worked with/provided services to the youth requesting the transfer for at least 2 years.
 - Ensures enough time has passed for the youth to stabilize in their current setting and explore opportunities for independence outside of homeless-designated housing programs.
3. Youth provider has considered extending the time the youth can remain in the current youth centered program.
 - Ensures consistency of services for the youth
 - Encourages client-centered services
 - Allows for more vacancies to be filled by "adult aged" households on priority list (prioritizing chronic HHs)
4. If the provider is not extending the client's stay within current youth program, the youth provider will look at resources outside of the Coordinated Entry System (Hennepin Housing Key, public housing, Housing Support with Services Independent, Board and Lodges, disability-connected services, etc.)
 - Reserves CES vacancies for households that are currently experiencing homelessness and have no other housing options.
 - Makes use of mainstream housing opportunities in our community.

If the youth meets the criteria for an adult/family PSH opening; the service provider has worked with the youth for a minimum of two years and considered an extension; and the service provider has looked for housing opportunities outside of CES, the youth and youth provider will complete a transfer request to verify that the benchmarks listed above have been met and request approval from CES.

The current housing provider is asked to try to find another provider/program of the appropriate type that is willing to accept the household. However, if another appropriate provider/program cannot be found, the CES team will add the approved household to a transfer list and wait for the next appropriate vacancy.

The current youth provider will continue to provide services and housing to the youth until the transfer to the adult/family provider is complete.

Next Steps for Youth PSH to Adult/Family PSH Pilot:

As this is a pilot for 6 months, the following will be gathered, reviewed, and evaluated at 6 months (September 2021)

- Feedback will be garnered from youth impacted by a transfer
- Feedback will be garnered from the youth provider requesting the transfer
- Feedback will be garnered from the adult/family provider accepting the transfer
- Collect and evaluate data from the transfer request forms including providers requesting referrals, demographics of youth, reason for the transfer, etc.

Sub-Population Specific Protocols

Veterans

Veterans identified through the CES will be strongly encouraged to sign an additional release of information to be added to the Veteran's Registry. Once on the Registry, veterans who are prioritized and who meet program

eligibility criteria will have access to both homeless designated housing units available through the CES and to veteran-specific units not accessed through CES (i.e., VASH, SSVF, etc.).

The CES will work closely with representatives from MAC-V, the VA, the State, and other relevant stakeholders to ensure veterans are able to access the full spectrum of housing resources designated for that population.

Accelerated Prioritization for Veterans Experiencing Homelessness Policy

Cases have been identified where veterans are not eligible or are otherwise unable to avail themselves of veteran specific resources and are also unlikely to be prioritized for homeless-designated housing in a timely fashion. In order to prevent these and other veterans from falling through the cracks between systems, the CES will utilize a targeted form of “veteran preference” to ensure that such veterans are our highest priority within the Coordinated Entry System.

Accelerated Prioritization for Veterans Experiencing Homelessness Procedure

Minnesota Department of Veterans Affairs (MDVA) will submit the Accelerated Coordinated Entry for Veteran’s Form (see Appendix E) on behalf of the veteran who will then be referred to the next rapid rehousing or permanent supportive housing program that reports a vacancy and dependent upon which intervention their Coordinated Entry assessment has identified as most suitable. Accelerated Coordinated Entry for Veteran’s Form shall be emailed to ces.hennepin@hennepin.us

On the basis of the veterans identified in the case data review, and to allow for confirmation of veteran status and attempts at resolution through mainstream supports, the policy targets those identified as experiencing homelessness at least 45 days prior to the request.

This applies when:

- Veteran status is confirmed
- Needs can’t be met by VASH or SSVF
- Eligible for homeless designated housing and assessed for Coordinated Entry process
- Has not been referred to homeless designated housing and is unable to self-resolve.

Victims of Domestic Violence

The CES will work in partnership with advocacy organizations/shelters serving victims of domestic violence in order to ensure considerations are made to address the specific safety and privacy needs of victims. This includes individuals having the ability to decline housing in neighborhoods that would compromise their location, the choice to be entered anonymously into database, and have full access to housing options.

The Survivor Service Provider Committee will continue to build coordination, communication and policy recommendations with the homeless response system and providers through:

- Ongoing annual training and cross-training for housing and domestic violence providers and CES staff
- Ongoing technical assistance for housing and victim service providers
- Analyzing and monitoring CES data specific to survivors unmet need for housing and services

Emergency Transfer Policy

CES will attempt to address the safety needs of domestic violence, dating violence, sexual assault, and stalking survivors who have been housed in Hennepin County homeless dedicated housing programs through Coordinated Entry, if the Transfer Policy fails to meet the immediate safety needs of the household. Throughout this process wherever possible, household information will be de-identified and kept confidential.

If no immediate, viable transfer is available through the current Housing Provider, the Housing Provider should follow the Emergency Transfer Procedure to initiate assistance from the Coordinated Entry System.

Emergency Transfer Procedure

A Housing Provider may initiate the Emergency Transfer Policy through submitting the Transfer Request Form (see Appendix H) to CES.Hennepin@Hennepin.us and indicating that an Emergency Transfer is needed. The Housing Provider should indicate household's ideal and needed housing setting for the purposes of safety and security. The household will then be prioritized for the next available housing vacancy. 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 household and follow best practices to ensure rapid, quick and safe resolution is met. If a match is able to be completed, CES Staff will assist in facilitating a warm hand off between the previous housing provider and new provider.

Youth

The Singles Leadership Committee worked in partnership with Hennepin County CoC youth community to establish policies and procedures specific to the unique needs of Youth.

Youth shall have access to the single adult CES. Youth-specific access and assessment points have been established as:

Drop In Centers	Oasis For Youth, Youthlink, MoveFwd
Outreach	YMCA of the Greater Twin Cities, The Bridge for Youth, The Link, YouthLink, Catholic Charities Hope Street, MoveFwd, Oasis for Youth
Shelters	Avenues for Homeless Youth, The Bridge for Youth, Catholic Charities Hope Street

Unaccompanied Minor Youth

Unaccompanied minor youth within the ages of 16-17 years of age, shall have access to CES. Individuals can be assessed for CES in HMIS or CES Connect, where their information will not be shared statewide.

Coordinated Entry System Unaccompanied Minor Youth Prioritization Policy

Policy: Unaccompanied minor youth within the ages of 16-17 years of age, shall have access to CES. Individuals can be assessed for CES in HMIS or opt out of HMIS and be placed on the Non-HMIS priority list. Few programs exist that serve unaccompanied minor youth, to ensure access to housing through CES, the Coordinated Entry System Unaccompanied Minor Youth Prioritization Policy was created.

Procedure: CES will prioritize unaccompanied minor youth for any vacancy request that is able to serve an unaccompanied minor youth. The prioritization of these unaccompanied minor youth refers to youth that currently meet the eligibility for a coordinated entry assessment (i.e. in a shelter for at least 14 days or in a place not meant for human habitation). When a housing provider submits a vacancy request, they will note the ages that the vacancy can serve (i.e. 16-21). If there is an unaccompanied case r youth that is currently on the coordinated entry priority list, that youth will be prioritized for the vacancy over other youth that would otherwise be eligible.

Program Closure

Program Closure Policy

Homeless dedicated, supportive housing programs which experience the need to cease operations may utilize Coordinated Entry as a resource for individuals enrolled in the effected program. However this utilization should not be viewed as the primary solution to all households enrolled in the program and continued, individualized transition planning should continue for each household. Coordinated Entry should be viewed as a resource for families with a continued, ongoing need for supportive housing who are likely to experience homelessness again without the continuation of services.

Program Closure Procedure

1. When a program has been notified that its funding source is no longer available and no alternative funding sources have been identified for the continuation of services, Coordinated Entry will no longer continue to place households within reported vacancies.
2. If the program wishes to utilize Coordinated Entry for transition planning for any households still enrolled in the program, as depicted above, a written request is required to be submitted to the Coordinated Entry Leadership Committee Chair who will bring the request to the Leadership Committee for approval. Requests submitted within three months of program closure date will not be approved.
3. The housing provider will be asked to participate in case conferencing with the Housing Referral Coordinator per requested transfer- providers will be asked to provide homeless documentation from program entry, disability documentation if applicable and updating current contact information and household composition within HMIS. Providers will be asked to participate in a warm hand off to the new provider if a transfer is made possible through Coordinated Entry.

Coordinated Entry will make every effort to match those approved for transfer to a new program prior to program closure, however, housing is not guaranteed through CES and the original provider should continue to make every effort to transition plan with the household accordingly.

Assessment Changes Policy

To provide guidance and procedure in which singles and youth who have been assessed would qualify to be re-assessed and when the current assessment should be updated.

Updating an Assessment

A current assessment should be updated if:

- a. A client's assessment is less than one year old
- b. A client's housing history or homeless status has changed since point of assessment
- c. Income amount has changed
- d. New disability information is diagnosed or disclosed
- e. Contact and/or whereabouts have changed
- f. Program preferences and housing needs are learned and should be documented in notes

Updating an assessment should be completed within HMIS following the directions for interim updates offered by Hennepin County and ICA, unless the client has opted out of HMIS.

Re-assessment

Clients are eligible for re-assessment if:

- a. A client's assessment is over one year old
- b. A client has encountered a significant life change or event, which may directly impact and change the type of housing intervention they receive
- c. If a single adult or youth becomes pregnant or parenting they are eligible for re-assessment in the family system

Re-assessment should be completed within HMIS following the direction and guidance offered by Hennepin County and ICA, unless client has opted out of HMIS.

Inactivity

An Inactive Policy is a critical component of a functional and responsive Coordinated Entry System. A thoughtful Inactive Policy ensures that the Priority List is as close to a true snapshot of those who are in our homeless system and eligible

Coordinated Entry System Inactive Policy

Assessments in HMIS

If an individual has had no activity (no services, entry/exits, no shelter stays) in HMIS for 90 days or more, said individual will be removed from the Priority List.

Assessments in CES Connect

If an individual has had no activity demonstrated in the assessment by the assessor for 90 days or more, said individual will be removed from the Priority List.

Coordinated Entry System Inactive Procedures

Assessors and housing providers are required to remove individuals who they know to have not been active in Hennepin County's homeless response system for 90 plus days using the proper workflow in HMIS. In addition to their own knowledge of the individual, the Service Transactions tab in HMIS should be used to determine if the individual is "active" (had at least one interaction with the system in the past 90 days). All advocates and housing providers who have access to HMIS are responsible for this task. If an assessed individual is working with a provider that is not utilizing HMIS and said individual is active and eligible to continue being placed on the priority list, provider should reach out to a trained assessor or the Coordinated Entry System team to create a service transaction to demonstrate individual's activity in the homeless response system.

The Hennepin County Coordinated Entry System team will regularly run an "inactive" report in HMIS to assist in identifying those who are inactive and remove from the Priority List accordingly.

If, at any point, an individual returns to the homeless response system, and they have a CES assessment in HMIS that is no more than 12 months old, that individual can be added back to the CES Priority List. All advocates and housing providers who have access to HMIS are responsible for this task.

Re-Referring

Re-Referral Policy

Housing providers may request re-referral of an individual who had been previously referred and declined or cancelled for any reason.

Re-Referral Procedure

CES will re-refer clients if the original referral to the housing provider occurred within the last 12 months AND if the requesting housing provider was the client's most recent referral.

Case Conferencing

Bi-Monthly Case Conferencing

The goal of Case Conferencing is to: discuss specific individuals from the priority list to identify supports and ensure appropriate housing referrals, brainstorm and learn together around the Coordinated Entry and Homeless Response system, rapport-build and collaborate across providers, all with the ultimate goal of pooling collective wisdom to better serve individuals and to strengthen the system.

Appendix A - ROI

Client's Full Name: _____

DOB: _____

HMIS ID (if known): _____

I understand that I am signing this consent to release information collected by the Hennepin Coordinated Entry System (CES) so that organizations working with people experiencing homelessness can discuss my case and coordinate services to support me in finding housing. This information may be from the Homeless Management Information System (HMIS), CES Connect or CES paper forms.

I authorize the agencies and appropriate service groups that participate in the Hennepin CES to obtain the following information about my service use:

- History of shelter use and homelessness
- Barriers to housing
- Eligibility for housing programs
- Names of current and past social service providers
- Vital Documentation as defined by ID, Social Security Cards, and Birth Certificates.

This release allows the sharing of data with all providers in the Minneapolis-St. Paul metropolitan area that serve as the homeless response system, including but not limited to:

- Emergency shelter agencies,
- Street Outreach teams,
- Rapid Rehousing providers,
- Transitional Housing Providers,
- Permanent Supportive Housing Providers,
- Navigation services,
- Diversion services,
- Subsidy administrators, and
- County case workers.

I understand that:

- I have the right to refuse to sign this authorization.
- Information shared above and within the Homeless Management Information System (HMIS) may be used in case conferencing by the homeless response system to coordinate services offered.

- If I do not sign it, my services may not be fully coordinated. However, emergency services will not be withheld if I don't sign this.
- I can change or cancel this authorization at any time by contacting any staff in the emergency response system and asking that this form be rescinded.
- This authorization takes effect the day that I sign it and expires upon my request.
- *CES Connect* is an application where my information, for the purposes of Coordinated Entry, will be stored. Only authorized providers within the homeless response system will be able to utilize this application to check on CES Housing Referral Status or whether you are still active on the CES Priority List for the purposes of Care Coordination to assist in finding housing.
- A copy of this authorization is as valid as the original

Client _____ **Date:** _____
Signature:

Appendix B: Referral Request Form

Hennepin Coordinated Entry System

Housing Provider Contact Information

Agency Name:
Program Name:
HMIS Program ID:
Person Completing Form:
Email: Phone:
Intended Case Manager (if known):
Email: Phone:

Number of
Vacancies

Check Box if
REPLACEMENT
Referral

Type of Program

- PSH
- TH
- RRH

Household Type

- Single Adult
- Family – Single-Parent Household
- Family – Two-Parent Household

Head of Household Age

- 16-21
- 18-21
- 18-24
- Any Age
- Other:

Family Size

- Any Family Size
- Not Applicable (single adult/youth)
Parent(s), Children

Unit Size (if applicable)

- Studio/Efficiency
- 1BR
- 2BR
- 3BR
- 4BR
- Other:

Location

- Scattered Site
 - Site-Based
- City:
Neighborhood:
Expected Vacancy Date:

Homeless Status as Required by Funder

- Chronic
- LTH
- High Priority Homeless
- HUD Homeless
- MN Homeless

Sobriety

- No sobriety requirement
 - Client must be sober
- Please elaborate:

Disability

- HoH must have disability impacting ability to work
- A household member must have a disability
- No disability requirement
- Other:

Income

- Household must have verifiable income
Minimum Monthly:
Maximum Monthly:
- Household may have zero income
Maximum Monthly:

Appendix C: Housing Referral Outcome Form

Utilize this form to notify the CES of the referral outcome of referrals made through encrypted email. A narrative description is required for all denials. Submit form as soon as outcome is known.

Housing Provider Contact Information

Agency Name:

Program Name & HMIS Provider ID:

Staff Name:

Email:

Phone:

Referral Information

Client ID or HMIS ID:

Date referral received:

Referral Outcome

Declined (Referral Denied, placed back on Priority List)

Canceled (Referral Denied, Needs to be removed from Priority List)

Housed

Date Housed:

If Declined or Canceled, Reason:

- Participant unreachable- after initial contact
- Participant unreachable – disappeared
- Participant refused services
- Participant is eligible but provider unable to accept
- Participant is not eligible, over income
- Participant is not eligible, other
- Participant is placed in institutional setting
- Other
- Property management denial – criminal history
- Property management denial – eviction history/money owed
- Property management denial – both criminal and eviction/money owed
- Property management denial – other
- Participant found housing/Self resolved
- Participant moved outside of CoC
- Participant deceased

Please provide a narrative description of the reason for denial. Be very specific:

How to submit this form:

Please send completed form to:

CES.Hennepin@hennepin.us

Appendix D: Grievance and Appeal Form

Coordinated Entry System Grievance and Appeals Form

If there is a problem or concern about the Coordinated Entry System, we want to know about it. The information on this form will be used to address your concerns and will be kept confidential. If you need assistance completing this form, please contact an advocate. Completing this form will not negatively affect your status within the Coordinated Entry System. Please bear in mind that the Coordinated Entry Process cannot guarantee placement into permanent housing, as demand for housing is far greater than the current supply in our community.

Name of person completing this form (grievant): _____

Date of Birth: _____

Cell # _____ Email: _____

Secondary Phone # _____

Preferred Method of Contact: Call Email

Alternative contact information: _____

Advocate and/or Interpreter Information: _____

Can we leave confidential info with the alternate contact? Yes No

What is this in regard to:

- Access to Coordinated Entry System (i.e. no assessment provided)
- Assessment (i.e. scoring)
- Prioritization (i.e. disagreement with housing designation)
- Housing referral (i.e. lack of follow through at intake from a CE Referral, following their request to fill a vacancy)
- Other (please be specific)

Note: if you have a grievance about an agency, the Adult Shelter Connect or the shelter system please go through their grievance process.

Explain the complaint, grievance or issue, including the names of those involved and dates. Please be as specific as possible:

What has been done to fix this (by yourself or others)?

Follow up:

Notes/comments from Housing Stability Area staff:

Recommended Solution and/or Timeline:

Housing Stability Area Staff:	Position:
Date Grievance Received:	Date Grievance Resolved:
Has the grievant been notified of the outcome? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
If no or N/A, please explain why?	

1. Have the resident and housing provider discussed the change requested? Yes No
2. Is the resident requesting an increased level of support? Yes No
3. How is the current level of support not meeting the resident's needs?
4. Was the resident's level of service need accurately captured during the initial housing assessment? Yes No
 - a. If no, what was inaccurate or omitted? [Click here to enter text.](#)
 - b. If yes, what has changed since the initial assessment? [Click here to enter text.](#)
5. What other options have the resident and provider reviewed? [Click here to enter text.](#)
6. What options have been considered so the resident can maintain their current residence? [Click here to enter text.](#)
7. Did a specific incident initiate this request? Yes No

If yes, please explain: [Click here to enter text.](#)

Name and Signature of Program Manager/Supervisor Approving this Request:

Contact Email of Supervisor Approving Request: _____

Appendix E: Accelerated Coordinated Entry for Veteran's Form

Hennepin County Accelerated Coordinated Entry for Veterans

Date Completed:	Submitted by (name / agency):
-----------------	-------------------------------

CLIENT INFORMATION	
Name	HMIS ID
Date entered onto the Veterans Registry	DOB

OTHER IMPORTANT INFO	
Veteran Status	Has veteran status been confirmed, as defined in the federal benchmarks for ending veteran homelessness? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Date on which veteran status confirmed:
Housing services	Has this veteran been assessed for Coordinated Entry in Hennepin County? <input type="checkbox"/> Yes <input type="checkbox"/> No Please note that referrals cannot be made until a completed CES assessment is available
	Can their housing needs be met by VASH resources? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide brief explanation
	Can their housing needs be met by SSVF resources? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide brief explanation
	Is this veteran in the process of applying for or accessing other forms of housing? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide brief explanation and current status

Please submit by e-mail to CES.Hennepin@hennepin.us

Appendix F: Fleeing Domestic Violence Statement

Fleeing Violence Statement

I, _____, work for _____
Domestic Abuse/Trafficking/Sexual Assault Advocate or Counselor Name of Organization

and do hereby verify as follows:

I have a reasonable basis to believe _____
Name of Survivor(s)/Victim(s)

is homeless. They are an individual or family who: Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence; has no other residence; and lacks the resources or support networks to obtain other permanent housing.

Signature of Domestic Abuse/Trafficking/
Sexual Assault Advocate or Counselor

Date

Appendix G: Requesting Multiple Referrals

Hennepin Coordinated Entry System Guide for Requesting Multiple Referrals

Single adult and non-parenting youth programs may request multiple referrals for each program opening. Programs that elect to do this must understand and adhere to the following parameters. Note that, depending on volume, the CES team may not be able to immediately fill all multiple requests, but will make every effort to do so. Housing providers may not seek additional referrals outside the CES.

1) Housing providers must make concerted attempts to locate every individual referred to them within two weeks of receiving referral and will work with each and every referral towards a housing outcome.

- You must initiate the search process with all referred individuals within the same time frame. Do not request more referrals than you can realistically engage concurrently.
- Not allowed when receiving multiple referrals:
 - Attempting to identify which one seems the “easiest” or “most likely to succeed” and only contacting those.
 - Starting with one and not proceeding with the next until you have a resolution on the first one.

2) Housing providers must serve *all* individuals who are able to be located, engaged, and wish to proceed with enrollment, within 1-2 months.

- If you have one immediate vacancy, you can request 2-3 referrals. If all three are located and engaged, the first one to complete the application and be approved would get the first available unit. The second/third individuals would be offered units that are known to be available within the next 1-2 months.
 - If the individual does not wish to wait, they can decline to participate and be sent back to the Priority List. However, please advise them that they may not be prioritized immediately for another opening if prioritized at all.
- Providers should consider current and anticipated vacancies when deciding whether to request multiple referrals. Your program is responsible for examining turnover and determining realistic projections. A max of three referrals can be requested per opening.

3) Housing providers must report the outcome of every referral according to the timelines prescribed by CES.

- A referral that could not be contacted/located or is quickly determined to not be eligible for another reason should be returned within two weeks. Denials that come later in the process should be reported as soon as possible.

Appendix H: Hennepin County CES Transfer Request Form

Today's Date: Click here to enter a date.	Client Date of Birth: Click here to enter a date.
Client Name: Click here to enter text.	Client HMIS ID: Click here to enter text.
Current Housing Provider, Program, & HMIS Provider ID: Click here to enter text.	Month/Year Client Moved In: Click here to enter text.
Month/Year of Planned Exit Date: Click here to enter text.	Homeless Status at Entrance: Click here to enter text.
Proposed Housing Provider, Program, & HMIS ID: Click here to enter text.	Family Size: Click here to enter text.
Name of Staff Completing Form: Click here to enter text.	Staff Contact Information: Click here to enter text.

DESCRIBE CHANGE IN SERVICE NEED

8. Does the household agree/approve of the change/transfer requested? Yes No
9. Is the household requesting an increased level of support? Yes No
 If yes, what is the household requesting?
10. Is there a funding requirement that prohibits the household from continuing in the current program?
 Yes No
11. What has the household expressed as being needed to obtain/maintain housing that this transfer will help fulfill? How is the current level of support not meeting the resident's needs?
12. Was the resident's level of service need accurately captured during the initial housing assessment? Yes No
- a. If no, what was inaccurate or omitted? Click here to enter text.
- b. If yes, what has changed since the initial assessment? Click here to enter text.

6. What other options have the household and provider tried before requesting this transfer? [Click here to enter text.](#)

7. What options have been considered so the resident can maintain their current residence? [Click here to enter text.](#)

8. Did a specific incident initiate this request? Yes No

If yes, please explain: [Click here to enter text.](#)

Reason for Transfer Request:

(Please be sure to include details about the household’s circumstance that warrant a transfer request and the expected outcomes of approving or denying the transfer request)

[Click here to enter text.](#)

Name and Signature of Program Manager/Supervisor Approving this Request:

Contact Email of Supervisor Approving Request:

For a copy of the transfer policy please refer to Hennepin County Coordinated Entry System Operations Manual.

Appendix I: Multiple Declined Referral Policy

Background

Through Coordinated Entry, a clear process has been established for assessing, prioritizing and referring people who are experiencing homelessness to the different categories of homeless designated housing interventions. In order of intensity of support the interventions are:

- Rapid ReHousing (RRH)
- Transitional Housing (TH)
- Permanent Supportive Housing (PSH)

Trained assessors offer people who are experiencing homelessness a comprehensive assessment to enter the Coordinated Entry housing priority pool. Once people are placed in the pool, they may or may not receive a referral for housing based on priority criteria established by the CES Leadership Committee. The criteria is as follows:

- Disability
- Chronic homeless status
- Number of months HUD homeless

It has come to the attention of the CES Leadership Committee that there are a subset of people who meet the criteria for a referral and are choosing to decline referrals for various reasons. When a person repeatedly declines referral, they are tying up resources and taking referrals that could otherwise go to another person. In essence, a log jam occurs which negatively impacts other people experiencing homelessness who may also be eligible for referrals. The negative impact is felt by housing providers as well, who end up spending time working with the person only to have them decline the opportunity. CES Leadership Committee decided to pilot skipping over people who have declined 3 or more referrals. This created opportunity and movement for other people who are eligible for referral to accept a CES referral and move into housing.

Skipping Procedure for Hennepin Coordinated Entry Priority List

When a client has declined 3 referrals from CES, the policy would be initiated.

Denials counting for policy initiation are listed below but not limited to:

- Client declines based on location
- Client isn't following through with housing provider
- Client missed multiple scheduled appointments and/or intake with the housing provider
- Client refuses size of unit
- Client changed mind on taking Housing Support (formerly GRH), sober, shared housing, and/or front desk

Denials disregarded toward policy initiation are as follows:

- Housing provider declines because client is unable to be located
- criminal background

- program funding qualifications
- landlord issues

Policy initiated: The following steps will be taken when the policy is initiated.

- The client will be removed from the priority list
- An email will be sent to the CES Assessor and case managers listed in the client's assessment informing them that the client was removed because they have declined 3 or more referrals, and the policy was initiated. The Assessor and case manager would work with the client to see if the Coordinated Entry System is the best fit.
- If it is determined that the CES is the best fit for the client, the Assessor and/or case manager will update the CES assessment and ensure that the client's information and preferences are accurate, and add the client back onto the priority list. The Assessor will add comments about the housing plan moving forward into the notes section.

Data Review

CES Leadership Committees will receive quarterly updates on the number of clients removed from the priority list, including the reasons clients were bypassed. These data will help inform efficacy of the policy and will guide future decision-making efforts.

Next Steps – Case Conferencing

Developing a case consultation model or case management structure in order to reach out to individuals who are being bypassed or removed from the priority list based on this policy will be considered as CES Leadership Committee and CES staff are able to review data and learn of the impact of this policy. It is recognized that a case review or case consultation model has potential to streamline this process.

Appendix J: Hennepin CoC CES Leadership Committee Timeline

Leadership Committee Meetings: Monthly

Co-Chair & CE Management Meetings: Monthly

Workgroup Meetings

- Inter Systems (Monthly)
- Communications (Monthly)
- Evaluation (Monthly)

January

- Introduce committee members to community through CES Scoop
- Publish annual Work Plan
- Review Health of System Data

February

- Review Policies & Procedures Manual

March

- Review Work Plan
- Update community on Work Plan through CES Scoop

April

- Publish updated Policies & Procedures Manual
- Review Health of System Data

June

- Review Work Plan
- Update community on Work Plan through CES Scoop
- Review prioritization for CES

July

- Review Health of System Data
- Commence evaluation of CES

August

September

- Review on Work Plan
- Update community of Work Plan through CES Scoop

October

- Review Health of System Data
- Review Results of CES Evaluation

November

- Leadership Committee Retreat to develop Work Plan for following year
- Publish results of CE Evaluation to community

December

- Review on Work Plan
- Update community on Work Plan through CES Scoop

Ongoing Basis

- New members are selected/approved and onboarded

Appendix K: Singles & Youth Hennepin CoC CES Assessor Determination Policy

Background

Through Coordinated Entry, a clear process has been established for assessing, prioritizing and referring people who are experiencing homelessness to the different categories of homeless designated housing interventions. In order of intensity of support the interventions are:

- Rapid ReHousing (RRH)
- Transitional Housing (TH)
- Permanent Supportive Housing (PSH)

In order to improve and maintain the overall performance of the Hennepin CoC Coordinated Entry System, the need for a policy detailing who can be an assessor and in what capacity emerged in order to:

- Improve quality of data
- Increase equitable access to assessment
- Ensure assessors are strategically located
- Match the appropriate housing intervention to the client
- Ensure appropriate training and technical assistance for assessors
- Increase the referral to housed ratio
- Improve overall performance of Coordinated Entry System

Assessors

Trained assessors offer people who are experiencing homelessness a comprehensive assessment to enter the Coordinated Entry housing priority pool. Once people are placed in the pool, they may or may not receive a referral for housing based on priority criteria established by the CES Leadership Committee. Hennepin CoC CES for Singles & Youth consists of contracted assessor agencies as well as assessors dispersed through the community based on access point and population specific needs.

Agency assessor approval will be contingent on:

- Agree to all roles & responsibilities as outlined in the Hennepin CoC CES Assessor Role document
- Agree to Assessor Performance Measures (outlined in the Hennepin CoC Assessor Role)
- Location such as shelter, street outreach, drop-in centers
- Specialty populations (HIV+, Native American, DV)
- No conflict of interest

Agency request will be denied if they meet the following criteria:

- Location of proposed assessments fall outside of eligible population
- Individual or agency is unable to meet Hennepin CoC's CES Assessor Role

Procedure for Agency Requesting New Assessors

Agency will complete the assessor request form (see appendix or form) and submit to CES.hennepin@hennepin.us for consideration. Agency request will be approved if they meet the criteria in the policy.

Policy initiated: The following steps will be taken when the policy is initiated.

- Agency assessor request is approved
- CES Team Sends employee and supervisor Intro email with links to Convene Trainings videos:

Welcome to Coordinated Entry within the Hennepin Continuum of Care.

Next Step - [Complete this online assessor training](#)

- Once you complete the online training you will get access to start assessing clients.
- You will also get an email from Josh Dye of the Convene Training + Resilience Community to register for a required live assessor training.
- Employee emails CES.Hennepin@hennepin.us *(including supervisor on email)* when done
- CES Team emails back with following information links to assessor resource box, assessor naming convention, role expectations, and data entry instructions

Data Review

CES Leadership Committees will review data. This data will help inform efficacy of the policy and will guide future decision-making efforts.

Appendix L: Coordinated Entry System Participation Agreement

Hennepin County Continuum of Care

The purpose of this CES Participation Agreement is to document and communicate guidelines for agency participation in the Hennepin County Coordinated Entry System (CES). CES is a collaborative initiative designed to create a more effective and efficient homeless response system, as well as assure compliance with HUD mandates. By signing this Agreement, participating organizations formally acknowledge the guidelines, roles, and responsibilities outlined in this Agreement, the Hennepin County CES Policy and Procedures Manual, and the CoC Written Standards. Further, the undersigned organizations agree to adopt and comply with the Agreement in order to participate in CES.

All partner agencies participating in Hennepin County Coordinated Entry agree to:

- Participate in the Hennepin County CES, as outlined in the HC CES policy and procedure manual.
- Accept referrals for program vacancies from HC Coordinated Entry.
- Provide up-to-date vacancy information as outlined in the HC CES policy and procedure manual.
- Treat all consumers with respect and kindness.
- Provide all program eligibility criteria to the HC CES team.
- Meet with the HC CES Team and CoC governing board when requested to discuss concerns and issues around coordinated entry as outlined in the HC CoC Written Standards.
- Make Coordinated Entry Partnership processes, including those related to access, assessment and referral to homeless programs and services, well-known to all clients.
- Use established Coordinated Entry policies and procedures to refer and accept clients into projects and programs named in Attachment A.
- Communicate with HC CES team when/if a referred household is not accepted into a project/program
- Make appropriate staff available for the training on CES policies and procedures.
- Attend/Participate in case conferencing to coordinate services for participants in your programs.
- Collaborate to address process issues for the purpose of evaluating service efficiency and effectiveness.
- Comply with the roles and responsibilities set forth in this Participation Agreement.
- Provide advanced (at least 30 days) notice of any changes in program service(s) and support(s) to the HC CES Team.

The Hennepin County Continuum of Care will serve as the administrator for the Coordinated Entry System and will assume the responsibilities and requirements of Coordinated Entry as outlined in the CoC Interim Rule. The HC CoC will:

- Ensure the operation of Coordinated Entry and participation of all funder HMIS homeless dedicated beds required to participate in CES.
- Develop written guidance for the operation of Coordinated Entry (CE).
- Monitor participation for consistency and adherence as outlined in the CoC Written Standards and CES policy and procedure manual.
- Conduct oversight of Coordinated Entry participation to ensure compliance with HUD regulations.
- Report to the Hennepin County CoC Operations Board on a regular basis with regard to Coordinated Entry participation, data quality, and compliance.
- Communicate with all agencies participating in the CES regarding changes to Coordinated Entry and upcoming meetings/calls/trainings.

- Maintain the Coordinated Entry System CES inbox, oversee the policy and procedure manual, complete referrals to providers, and ensure providers’ vacancies are updated and accurate.

Neither the CES Participating Organization nor the CES administrator may transfer the rights and responsibilities outlined in this agreement without the written consent of the other party. This Participation Agreement will be in force until revoked in writing by either party and then will be terminated without 30 days of written notice by the CES Participating Organization or the CES administrator.

This agreement will be reviewed and renewed annually, in accordance with federal guidance.

Signature Page

Please sign and date below if you agree to these criteria.

Name: _____

Date:

Agency: _____

ATTACHMENT A

Agency Name	Program Name	HMIS Project ID	Funding Source	Contact Name	Contact Information

