

CARE*S*

Coordinated Assessment Referral Evaluation System

POLICY MANUAL

January 2018

EXECUTIVE SUMMARY

The Coordinated Assessment, Referral, & Evaluation System (CARES) is designed to enhance the quality of client screening, assessment, and tracking, in order to more effectively link to and prioritize homeless resources. The system will also help assure a coordinated, consistent and planned system to prevent and end homelessness, assuring scarce resources are used strategically and efficiently.

Background & History

Over the years, multiple efforts have been made to better coordinate services for West Central Minnesota (MN) Continuum of Care (CoC) and North Dakota (ND) CoC homeless population including unified intake forms and central intake sites. The Coordinated Assessment, Referral, and Evaluation System (CARES) has evolved from these efforts and an intersection of federal, local and state initiatives and mandates to shift from managing homelessness to preventing and ending homelessness. In addition to partners who are mandated to participate in Coordinated Assessment by their funding source, all agencies providing housing assistance are encouraged to participate in our efforts to streamline coordinated access to housing for those who are in the greatest need.

- In January 2008, the City of Bismarck adopted A Comprehensive 10-Year Plan to End Long Term Homelessness. Strategy 4 of the plan called for the creation of a Single Point of Entry (SPE) and the Missouri Valley Coalition for Homeless People created a system that utilizes a universal intake and referral form, selected an access point and established a 24-hour drop in center. The system is currently in place, and lessons learned have informed the development of CARES which will eventually replace Bismarck's SPE system.
- In May 2009, President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act into law. The Hearth Act amended and reauthorized the McKinney-Vento Homeless Assistance Act with substantial changes. One of these changes, the Continuum of Care Program interim rule, was published on July 31, 2012. This rule established requirements for the administration and implementation of Continuum's of Care (CoC), including Coordinated Assessment. A coordinated assessment system is defined as a coordinated process designed to coordinate program participant intake, assessment, and provision of referrals, which covers the entire

geographic area. It shall be easily accessed by individuals and families seeking housing or services, well-advertised, and include a comprehensive and standardized assessment tool. Additionally, Congress mandates CoC's to *“collect an array of data on homelessness in order to prevent duplicate counting of homeless persons and to analyze their patterns of use of assistance, including how they enter and exit the homeless assistance system and the effectiveness of the systems.”*

- In June 2011, a subcommittee of the Fargo Moorhead (FM) Coalition for Homeless People's (FMCHP) Ending Long-Term Homeless Committee was formed to begin discussing how to better coordinate homeless services. In September 2011, this committee presented a proposal to the FMCHP asking for partner support to plan a “Centralized Entry out of Homelessness” with the goal of “timely access and accurate referrals to housing programs and support services.” The group began researching best practices and planning a FM pilot. In July 2012, the FM Community began a targeted pilot of Coordinated Assessment with four access points (2 in Moorhead and 2 in Fargo). A triage and pre-intake tool were used in this pilot, but no barriers assessment. The pilot also included open data sharing of the tool on the MN side.
- In April 2013, the two Continua submitted a joint application for HUD Technical Assistance (TA) to assist with planning and developing a collaborative system. The HUD TA request was funded and was started in July of 2013. In August, 2013, HUD TA staff provided two days of on-site meetings with planning committees from the two Continua and representatives from the FM Coordinated Assessment Committees. In September 2013, the Continua hosted a joint information and planning session to define guiding principles for the joint effort and begin discussing system design. TA has continued on a monthly basis throughout planning.
- In July 2013, the FM Coalition for the Homeless applied for a Community Innovation grant from the Bush Foundation and was awarded \$200,000 in November of 2013. The purpose of these funds was to assist in the planning and rollout of a collaborative system across state lines, including creating a data bridge between the two HMIS servers
- In November 2013, the Continua voted to approve a joint Governance Board for CARES, each electing 6 representatives. The FMCHP also approved and elected 1 representative to the board. The CoC also designated 4 standing committees, soliciting membership through a survey tool.

GUIDING PRINCIPLES

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

1. **Reorient service provision**, creating a more client-focused environment.
2. **Identify which strategies are best for each household** based on knowledge of and access to a full array of available services.
3. **Link households to the most appropriate intervention** that will assist the household to resolve their housing crisis.
4. **Provide timely access and appropriate referrals** to housing programs and support services.
5. **Shorten the number of days** between onset or threat of homelessness and access to prevention or re-housing services.
6. **Provide immediate access to information** regarding housing and support services.
7. **Create an advanced system** designed to provide the best client outcomes.
8. **Collaborate when possible** with adjoining Continua of Care and tribal entities.
9. **Provide for ongoing participation** by consumers and stakeholders in the development and evaluation process of coordinated assessment.
10. **Tribal Sovereignty** is acknowledged and honored.

GOVERNANCE

Governing Board: The Coordinated Assessment, Referral and Evaluation System (CARES) is governed by a joint Governing Board and four joint committees: Protocol, Implementation, Evaluation, and Data.

1. **Membership:** The Governing Board shall be comprised of 6 elected members from each CoC and 1 member from the Fargo-Moorhead Coalition. The Governing Board also includes advisory seats.
2. **Role:** The role of the Governing Board is to make decisions based on input from established committees regarding the implementation of the CARES project.
3. **Voting:** All elected members shall have 1 vote. All votes shall require a simple majority to pass. At the discretion of the Chair or request of 3 or more members, electronic voting is allowed to ease the challenge of making leadership decision between meetings or when travel is unrealistic for one or more members. The voting period and required response date shall be prominently posed in the request for vote.

Committees: The CARES committees are comprised of agency representatives from across both COC regions. Each committee provides input to the Governing Board on the development, implementation and evaluation of the CARES project. Committee roles include:

1. **Protocols:** Evaluate, review and or edit policies, protocols and forms for CARES.

2. **Implementation:** The role of the committee is to develop best practices in implementing CARES.
3. **Data/Evaluation:** The role of the committee is to evaluate CARES on an annual basis with input from the broad stakeholder group including; processes, policies, outcomes and tools. Data outcomes will be provided to the board for each board meeting and to the CoCs quarterly.
4. **Training:** Identify, develop and evaluate annual training needs of CARES.

CARES Leadership Team: The Continuum of Care Coordinators, FM Coalition for the Homeless Director, and CARES staff make up the CARES Leadership team. The team is responsible for helping support CARES communication and Governance.

GEOGRAPHIC SERVICE AREA

- North Dakota Continuum of Care Region – serving the entire State of North Dakota and participating Tribal Nations.
- West Central Minnesota Continuum of Care Region – serving the counties of Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, Wadena, and Wilkin, including a portion of the White Earth Nation.

CORE BELIEFS AND POLICIES CARES PARTNERS ARE EXPECTED TO ADHERE TO

1. **Coordinated System:** Coordinated Entry System (CES) incorporates uniform assessment tools and a central prioritization list versus siloed processes or forms.
 - a. Coordinated Planning: CARES has multi-level coordinated planning and evaluation from the CARES Board to the respective CoC Coordinated Entry Committees. Coordinated planning shall include key stakeholders representing; housing, shelters, services, and subpopulations and includes ESG and CoC funded projects. Final policy and system design decision are made by the CoC Board. CES policies must align with State CES policies and CoC Policies including the Policy for the Administration of CoC and ESG Assistance.
 - b. Uniform Assessment Tools: CARES utilizes shared assessment tools with the rest of greater MN to accommodate cross boarder referrals and to support agencies whose service areas cover multi-CoCs. CARES tools include:
 - i. Triage Diversion;
 - ii. Prevention Targeting; and
 - iii. Housing Assessment (VI-SPDAT + Eligibly Supplement + CES receipt).
 - c. Comprehensive Referrals: CES providers shall utilize a uniform referral process to refer to homeless and mainstream programs.

- a. Safety Protocols: Safety is assessed at the initial stage of CARES during the first question. If safety is identified by the household or assessor, households must be immediately referred to law enforcement (if there is a threat of immediate safety) or to the local victim service provider (YWCA, Lakes Crisis, Someplace Safe, etc.).
- b. Training: All CES sites are required to have Safety and Trauma Informed Care training. CARES and CoC staff will verify training at start-up and at least annually.
- c. Data Safety: All households, regardless of their DV status, have the right to refuse to share their information with other CARES providers.
 - i. Households must be informed up-front about how their information will be used and asked whether they elect to share data.
 - ii. Service providers are prohibited from denying assistance to program applicants and program participants if they refuse to share their information. Programs may still collect eligibility information required by the program or data required by the funder. In cases where a client does NOT consent to having their information shared, the information must still be collected, but entered into Google Docs versus being shared in the HMIS CES provider.
- d. Remote Access: Households concerned with accessing a specific CARES site due to safety may arrange an assessment in another site or public location or conduct an assessment over the phone.

3. Simplified & Inclusive Access:

- a. Fair & Equal Access: CES has multiple designated access and assessment sites targeted to assure fair and equal access, no matter where people present or regardless of protected or sub-population status (Veteran, Domestic Violence, singles, youth, family, etc.). CES and participating partners are required to adhere to HUD, State, CoC and local non-discrimination and equal access policies. Training of Fair & Equal Access is required for all Access, Assessment and Housing sites.
- b. Outreach: PATH, Veterans and Youth Street outreach serve as both CES access and assessment sites and must adhere to CARES policies.
- c. Barrier Free Access: CARES is intended to connect ALL eligible households with available housing as quickly as possible without any preconditions or barriers to entry such as sobriety, service participation, or treatment. All CARES sites will be assessed annually for barrier free access.
- d. Reasonable Accommodations: Persons with disabilities, language barriers, or transportation barriers must be provided fair and equal access to CARES and homeless services. Reasonable accommodations may include: phone options, translation services, motels, and handicap accessible access.

- e. Emergency Access: CARES sites should not prohibit or delay access to emergency services such as shelter. Each agency is required to verify that their response to inquiries for shelter and homeless services will be responded to in a timely manner. People who need emergency shelter at night or weekends must be able to access shelter, to the extent that shelter is available, even if the shelter is not the coordinated entry access point, then subsequently receive an assessment in the days that follow.
 - f. Affirmative Marketing: CARES will be marketed to eligible persons regardless of race, color, national origin, sex, religion, familial status or disability, and to those least likely to access services. The CoC and CARES will utilize promotional materials, social media, outreach, agency networking to market, identify, outreach, and connect to persons to CARES.
4. **Person Centered**: CARES sites shall incorporate participant choice at all stages of the homeless response system including choice of accepting referrals (mainstream, community and housing), location/type of housing, level of services, and other options about which households can participate in decisions. Specific choice questions are incorporated into the Housing Assessment state and must be documented in HMIS or Google Docs or a comparable database.
5. **Non-discrimination**:
- a. All eligible persons accessing, being assessed, receiving services or being housed through CARES will be served regardless of their race, religion, sex, disability, creed, color, national origin, sexual orientation, age, gender identify, marital status or familial status.
 - b. Each CoC shall assure all CARES partner agencies certify compliance with; Fair Housing, Title VI Civil Rights, Title II of the ADA, and Equal Access Rule.
 - c. The CARES Appeals process is available to any person who feels they have been discriminated against.
6. **Transparency**: Program eligibility, assessment, prioritization, selection and denials are required to be in writing, per policy and transparent.
- a. Eligibility: Housing programs are responsible for updating and maintaining clear, transparent, and current program eligibility in HMIS or equivalent data base. Eligibility must be consistent with CoC System Mapping and free of unnecessary barriers.
 - b. Denial: Any CES denials must be documented and shared with the CES Committee.
 - c. CES Receipt: The CES receipt is used to inform persons being assessed of their choice, responsibilities and the intervention they are referred to. Each assessment site must provide client with receipt.

CARES ROLES, RESPONSIBILITIES & DEFINITIONS

HUD Definition of Coordinated Assessment: A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. This definition establishes basic minimum requirements for the Continuum’s centralized or coordinated assessment system.

HUD is requiring that all CoCs establish and operate a centralized or coordinated assessment system to conduct an initial, comprehensive assessment of the housing and services needs for all people entering the homeless assistance system. HUD notes that these systems should be designed in response to local needs and conditions and should include use of a locally designed, common assessment tool. CoCs are required under the interim regulation to develop a specific policy on how the coordinated assessment system will address the needs of people fleeing or attempting to flee domestic violence. In addition, CoCs will be required to develop and follow written standards for how they plan to administer assistance through coordinated assessment. CoCs must develop standards for providing assistance including:

- a. Evaluating eligibility for assistance;
- b. Prioritizing who receives transitional housing;
- c. Prioritizing who receives rapid re-housing;
- d. Determining what percentage or amount of rent people receiving rapid re-housing must pay;
- e. Prioritizing people for permanent supportive housing; and
- f. If designated as an HPC, prioritizing who receives homelessness prevention assistance.

CARES COMPONENTS

1. **Access:** An existing agency or point-of-contact where households facing a housing crisis are screened for entry to or diversion from the homeless response system. All households must complete a Housing Crisis Screening (Diversion Tool) prior to entry into the system.

- a. **Guideline for Access Sites.** Agencies or providers wishing to apply as an access point agree to the following:
 1. Access sites shall be willing to collect and report the data from the **Housing Crisis Screening (Diversion Tool)**.
 2. Access Sites shall receive a brief training and follow instructions on completing the Housing Crisis Screen.

3. Access sites agree to abide by the CARES data quality and privacy standards including assuring client data privacy and obtaining required releases of information when necessary.
 - b. **Process for determining Access Sites:** A new agency may become an Access Site by completing an application. The CoC's will recruit, review and approve application, as well as provide support and recommendations to those missing eligibility criteria.
 - c. **Housing Crisis Screening Tool (Diversion) screening Process:** ALL persons seeking entry into the homeless response system will receive an initial **Diversion Screening** to determine if diversion, prevention or homeless services (emergency shelter or housing first) is most appropriate- The purpose is to prevent persons from unnecessarily entering or re-entering the homeless system by helping to identify immediate alternate housing arrangements and, if necessary, connecting to services with financial assistance to help them remain in or return to permanent housing. Access points (either site based or virtual) agree to the following process after a household presents at Access Point:
 1. Access Point completes the Housing Crisis Screen (Diversion) to determine if entry into the homeless response system is necessary and appropriate.
 2. If the household is able to be diverted from entry into the homeless response system, the Access Point will provide referrals to mainstream & prevention resources to help stabilize housing.
 3. If the household is unable to be diverted, the Access point will refer for entry into the Emergency Shelter system (Emergency Shelter, Domestic Violence Shelter or Motel Voucher). If no immediate emergency shelter services are available, the Access Point will refer to a CARES Assessor for Supportive Housing Assessment.
 4. The amount of time a household has to follow through on a referral before it "expires" (hold bed, room or voucher) will be established by the CoC, based on type of service and geographic service area.
 5. If a household refuses a referral, the Access Point staff will work with them to determine the reason and find a more appropriate referral.
 6. If a person fails to follow through with a referral and comes back for assistance, the access site staff will work with that person to help identify why they didn't follow through on the referral and find a more appropriate referral.
2. **Assessment (VI-SPDAT):** A uniform and progressive assessment process that documents clients' immediate housing situation, needs and barriers to identify

need and priority for homeless services (Transitional Housing, Rapid Re-housing, Long-term Housing Assistance or Permanent Supportive Housing).

a. **Guidelines for Assessment Sites:** Agencies or providers wishing to become an Assessment Sites agree to the following:

1. Be trained and licensed in HMIS or obtain approval from the COC on utilizing a comparable database if unable to participate in HMIS.
2. Be trained and utilize the Diversion, Prevention and the Housing Assessment (VI-SPDAT) tools as trained and per most recent instructions.
3. Attend user meetings to ensure consistency and quality when utilizing tools. Frequency of meetings will depend of size of local homeless response system.
4. Abide by the respective HMIS data standards, policies and procedures and follow the guidance set forth by the CARES Governing Committee.
5. Abide by CARES client confidentiality standards and obtain required releases of information.
6. Participate in evaluation of CARES.

b. **Process for becoming an Assessment site:** Agencies may complete an application to become an assessment site. The CoC's will recruit, review and approve applications base criteria and community need. CoC's will also provide help to interested agencies to help them fulfill the requirements.

c. **Housing Assessment Process:** A **Housing Assessment (VI-SPDAT, Y-VI-SPDAT or F-VI-SPDAT)** will be conducted in order to identify linkage to appropriate housing intervention (Prevention, Transitional Housing, Rapid Re-housing, Long Term-Housing Assistance or Permanent Supportive Housing) and priority for unit/bed opening based on score. ALL assessments will be conducted by a trained assessor utilizing the CARES Housing Assessment tool. Assessment Sites agree to the following process after household enters the Emergency Shelter System or presents as homeless at assessment site:

1. Assessor completes Housing Assessment (VI-SPDAT) to determine the most appropriate housing intervention and obtain priority score.
2. Assessor records housing assessment information and makes linkage to appropriate supportive housing program based on score, openings and client preference. This is done in HMIS or approved equivalent database.
3. Assure **Barriers Assessment (SPDAT)** is completed when Housing Assessment is questionable (i.e. Assessor has knowledge or opinion that client did not providing complete or accurate information on their VI assessment) or if there are two identical scores on the prioritization list eligible for an open unit.

4. Follow CoC process to support and document on each household until one of the following occurs:
 - i. Client is Housed: Exit from prioritization/waitlist and moved to supportive housing waitlist.
 - ii. Client Disappeared: Exit from ALL waitlists.
 - iii. Crisis is Resolved: Exit from ALL waitlists.

3. **Referral/Linkage**: Refer to appropriate services based on the prevention/diversion screening or Link to appropriate supportive housing intervention (TH, RRH, LTH, or PSH) based on the housing assessment score and CoC preferences.
 - a. A **Diversion Screen (Housing Crisis Screen)** is required prior to entry onto ALL Emergency Solutions Grant (ESG) funded Emergency Shelter Services and CARES partner agencies.
 - b. A **Housing Assessment (VI-SPDAT)** is required prior to entry into ALL CARES partner agencies AND ALL Family Homeless Prevention and Assistance, Emergency Solutions Grant AND Continuum of Care funded Programs.
 - c. A **Barriers Assessment (SPDAT)** is encouraged prior to entry into supportive housing to help develop a housing stability plan and prioritize appropriate linkages.
 - d. **Assessment scores** will determine which housing intervention is appropriate based on pre-determined ranges. The Assessor will explain the process and housing intervention results/option to the individual or family.
 - e. Each assessor will enter SPDAT and eligibility information into HMIS. Information will be shared with appropriate agencies upon consent of the client for referrals and prioritization.
 - f. Housing providers will inform assessors and clients of space available (ideally through a SPDAT face-to-face meeting) based on score and prioritization for that intervention range.
 - g. Clients will have the right to refuse a referral or accept step-down housing. Assessors should respect client choice and work with client to meet each client's needs while respecting the community prioritization guidelines.
 - h. COC shall determine a guideline for expiration of referrals/linkages based on type of service and geographic service area.

4. Prioritization:

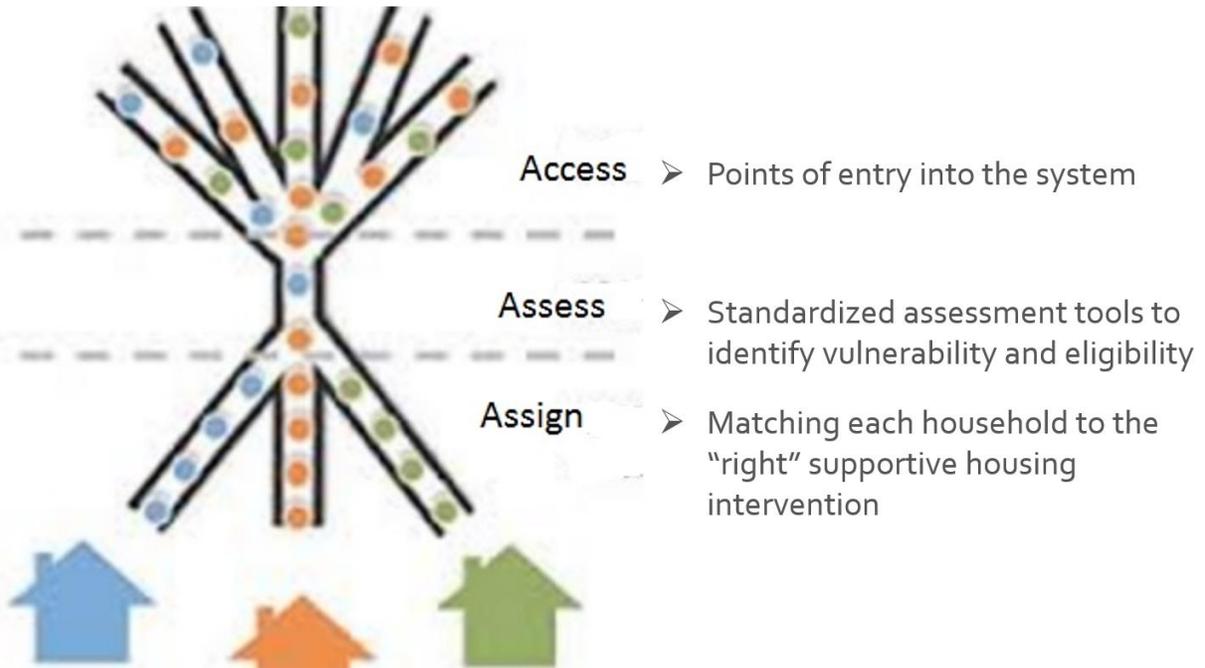
- a. **Prioritization** for entry into all ESG, CoC and CARES partner units/beds shall be based on assessment tool scores and regional/CoC prioritization policies.
- b. All open TH, RRH or PSH beds shall be filled based on CoC priority and housing assessment score.

- c. Each assessor will enter assessment and eligibility information into HMIS. The Assessor is responsible for being the contact person for the individual or household until they are housed, find other housing options, or disappear.
- d. Providers shall align program entrance requirements with funding, service area and community needs. The community priority will be determined by the CoC Governing Board annually.

5. Assignment:

- a. Providers will report program openings to the CoC (through HMIS) as soon as they become aware they will be having a vacancy.
- b. Partners agree to accept all appropriate referrals based on CoC policies, program eligibility guidelines, system mapping, and HUD requirement to prioritize the most vulnerable in COC funded permanent supportive housing. **If a referral is made inaccurately or the client is not eligible for the program, this will not count as a refused referral.** Agencies must document why household is denied/refused in a manner determined by the respective COC. The COC retains the right to case conference and challenge denials they feel are inappropriate.
- c. Providers or shelters may tentatively accept assignments, retaining the right to decline household if client does not provide required eligibility documentation or pass background checks as required.
- d. Eligibility verifications should be obtained and uploaded into HMIS while household is waiting for assignment including, but not limited to: assessment scores, disability status, Veteran status, DV status, homeless verification, chronic homeless verification.
- e. Families and individuals will be placed back on the priority list when a provider refuses an assignment.
- f. In larger communities regular meetings will be held with providers to conduct assignment and review the effectiveness of the assignment process, ensuring continuous quality of assignment.
- g. Each CoC will provide agencies with the process will be in place for updating program changes including: openings and eligibility criteria.

CARES WORKFLOW



ACCESS

Tool: **Diversion Triage**

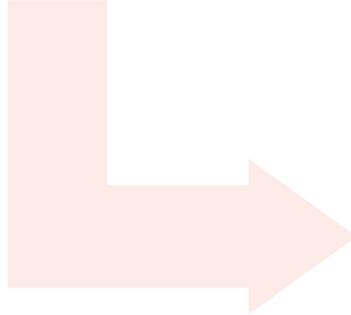
1. Assess Safety
2. Attempt diversion
3. Triage for referral to mainstream, prevention or homeless system.



ASSESSMENT

Tool: **VI-SPDAT + Supplement**

1. Inquire/search if on priority list
2. Conduct assessment if new
3. Provide CES Receipt
4. Refer in HMIS or Google Docs



ASSIGNMENT

Tool: **Prioritization Reports**

1. Run & sort reports in HMIS and Google Docs by eligibility
2. Eligibility match to program
3. Contact HH
4. Report outcomes

CES will	CES will NOT!	Providers still need to . . .
Provide data to support need/funding requests	Create Housing	Utilize CARES data in grant applications and advocacy/awareness.
Share best practices on ways to improve housing search and provide the CES receipt that reminds clients of their responsibility.	Find Housing for people	Complete the CARES receipt with each client, share search techniques, seek to build relationships with landlords, and support clients who need help to effectively search.
Provide training on housing stabilization best practices.	Stabilize people in housing	Incorporate housing stabilization practices and ongoing evaluation into case management.
Review data quality and continually work with partners to improve data.	Assure data quality	Take responsibility for reviewing and correcting data quality & completeness issues.

HOUSING NAVIGATION

Housing Navigation exists at the agency level and through CARES funded positions. Since CARES funded positions do not sufficiently cover the entire CARES geographic areas, each agency must take on aspects of housing navigation to help assure rapid movement from CARES assessment to housing.

Goals of the Housing Navigator:

- Assertively engage individuals experiencing homelessness and provide support to attain and maintain housing
- Assist client in establishing a collaborative team of community resources to stabilize/strengthen areas related to individuals housing stability and perceived quality of life including components of socialization and daily functioning, wellness and risk management

Position framework

- Act as a solution-focused professional that helps individuals experiencing homelessness with complex, and frequently co-occurring issues access and maintain housing

- Be intentional and intensive through utilization of a Housing First¹, harm reduction, strength-based model
- Implement a creative and persistent ‘whatever-it-takes’ approach guided by safety, respect and relationship
- Inspire change necessary to end homelessness through advocacy, social justice and community education

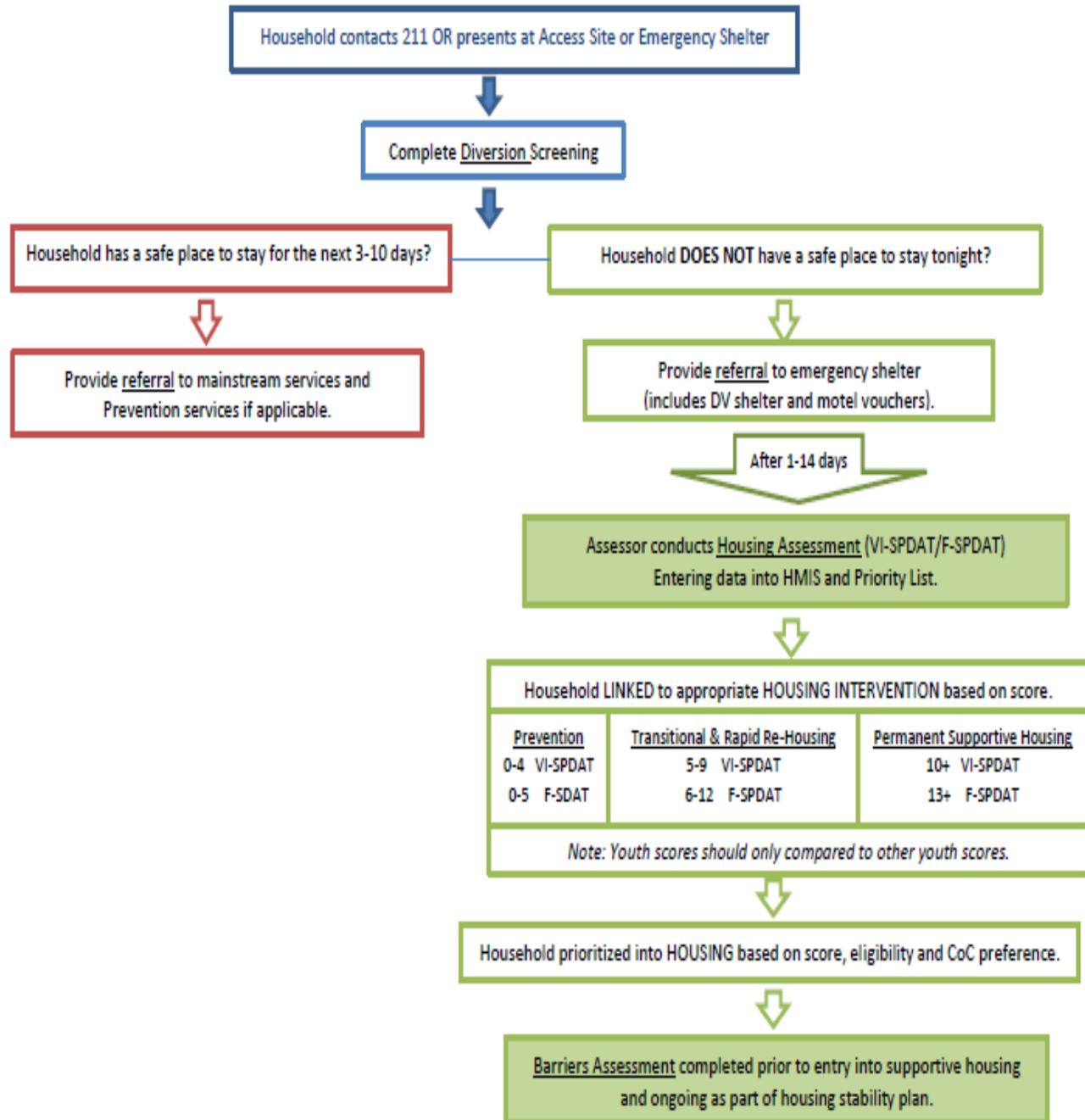
Key roles of housing navigation:

- Support client in obtaining necessary eligibility documentation.
- Link households to community and mainstream resources.
- Utilize motivational interviewing, client centered and harm reduction practices to help client reach desired goals.
- Network and Collaborate with service partners to assure client goals are aligned and supported.
- Support housing search through search, applications, advocacy, and education.
- Perform assessment and evaluation to support development of client desired goals and linkage to services.
- Provide required data entry and reporting in HMIS.
- Participate in local and CoC CES and homeless planning and coordination meetings.
- Follow CES prioritization policy to identify and select households.

¹ National Alliance to End Homelessness. *What is Housing First?* November 27, 2006.
<http://www.endhomelessness.org/library/entry/what-is-housing-first>

Workflow and Process Policies

CARES ASSESSMENT PROCESS



CHANGE MANAGEMENT PROCESS

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

1. Input on changes shall be collected on an ongoing basis and submitted to the CARES management team in writing.
2. The Management Team and Protocols Committee shall review all documents and feedback and propose additions/edits.
3. Stakeholders will be provided a 7-14 day comment period on proposed additions/edits.
4. The Protocols Committee will consider comments collected and submit final proposed changes to CARES Governance for vote.
 - A. Approved changes will be incorporated and disseminated to CARES partners via email and posted on the CARES website.
 - Approved updates to the Partnership Agreement will be disseminated to all CARES Partners and will require signature within 30 days.
 - Approved updates to the MOU will be disseminated to the FM Coalition, the CoCs and tribal entities and will require signature acknowledgement within 30 days.
 - Any concerns regarding the proposed updates should follow the Conflict Resolution process.

CARES Partnership Agreements and/or MOUs may be terminated in writing by either party as stated in the respective agreement.

- A. Conflict Resolution:
 1. The Governance Board will oversee any conflict resolution regarding approved CARES documentation updates.
 - a. The Governance Board will conduct any necessary meetings or discussions to gather all information regarding any conflicts with proposed CARES documentation updates and seek a compromise.
 2. Partners that would like to appeal any rejected changes shall submit the request in writing to the Governance Board for review within 30 days.

- B. CARES Partnership Agreement:
 - 1. To become a CARES Partner, agencies or organizations shall agree to and sign a CARES Partnership Agreement.
 - 2. Partnerships Agreements shall be renewed or updated annually.
 - 3. Any change in Partner Point of Contact shall be communicated to CARES Board within the month that it occurs in order to assure open communication.
 - 4. If there are issues or concerns with the CARES Partnership Agreement a meeting with CARES Leadership will take place to resolve the issue. If resolution does not occur, the Partnership Agreement may be terminated by either party.
- C. MOU:
 - 1. The West Central and North Dakota Continuum of Cares, along with the Fargo Moorhead Homeless Coalition and respective Tribal Governments shall notify the CARES Governing Board of any desired updates or concerns regarding the existing MOU between the parties.
 - 2. The CARES Governing Board shall follow the Change Management Process and respond to the notification within 30 days.
 - 3. If edits or additions to the MOU are deemed appropriate, these shall be first presented and approved by the Governing Board, then presented to the Continuums, Coalition and Tribes for approval. The respective groups shall have 45 days to review and vote on the proposed changes.
 - 4. Updates to the MOU affecting CARES Policies and Procedures shall be presented to the CARES Partners within 30 days of implementation.
- D. Policies and Procedures:
 - 1. Updated Policies and Procedures shall be presented to the CARES Partners for review. Partners shall acknowledge in writing awareness of the new Policies.
- E. Tools:
 - 1. CARES Screening, Assessment and Evaluation Tools shall be reviewed on an annual basis. Feedback at any other time can be provided to CARES Governing Board.
 - 2. The CARES Governing Board will approve any edits, changes or updates to the CARES Tools, outside of formatting changes.
 - 3. Partners are expected to utilize the current tool. Current CARES Tools and contacts shall be kept on the CARES website and CoC websites and notice of

new tools will be made available to Partners within 5 days of approved updates.

F. Governance Board Bylaws:

1. The CARES Governance Board shall abide by CARES Bylaws.
 - a. Bylaws shall be reviewed on an annual basis by the board and CARES Leadership Team.
 - b. Proposed changes shall be presented to the Board in writing with 30 days notice.
 - c. The Board shall review and vote on the proposed changes.
2. Membership: The CARES Governing Board shall be comprised of members of the Continuums of Care (North Dakota and West Central Minnesota), the White Earth Tribe, and the FM Coalition. These members may be appointed or elected.
3. FM Coalition, WC MN CoC and ND CoC Coordinators/Directors will be non-voting members but serve in an advisory capacity.
4. The Governing Board chair will be elected by the board.
5. The Governing Board will follow a modified Robert's Rules of order.
6. The Governing Board members will serve 2-year terms.
7. The Governing Board will meet at least quarterly each year.
8. Voting:
 - a. CARES Governance may use ~~of~~ electronic voting (e-voting) to gain partner input and for ease in making leadership decisions between committee and governance board meetings or when travel is unrealistic for said meetings.
 - a. A "Voting Member" means any member entitled to vote as defined under the CARES MOU or Partnership Agreement.
 - b. In order to participate in electronic voting (e-voting), Voting Members will be required to have a valid electronic mail (e-mail) address.
 - c. The "Notice Date" to advise Members of electronic voting (e-voting) shall be at least seven (7) days prior to the voting deadline.
 - d. A "Voting Period" during which electronic voting (e-voting) will take place shall be clearly specified and emailed prior to the vote.
 - e. Voting Members will be provided with formal notice of a pending electronic vote (e-vote) in accordance with the general notice requirements and be informed of election results within 30 days of the closing of the vote.

TRAINING AND EDUCATION

The CARES Leadership Team (CoC, and CARES staff) and HMIS staff are responsible for creating, planning and tracking required trainings.

Required Trainings:

- New Agency: CoC/CARES staff
 - a. CARES Overview
 - a. Agreements
 - b. Policies
 - c. Core Principles: Housing First, Trauma Informed, client centric, Safety, affirmative marketing, equal access, cultural competency and racial equity.
 - d. Process/Workflow & forms
 - e. Data & Documentation
 - f. Public Awareness & Marketing
- New Users: CoC, CARES staff and HMIS System Administrator
 - a. HMIS: CES video & written instructions
 - a. HMIS user training if needed
 - b. HMIS in CES
 - b. Google Docs or comparable database
 - c. CoC Overview:
 - d. CARES Overview:
 - a. Policies
 - b. Core Principles Housing First, Trauma Informed, client centric, Safety, affirmative marketing, equal access, cultural competency and racial equity.
 - c. Process/Workflow & Forms
 - d. Documentation & Forms
 - e. Tools/Roles
 - i. Access Site – Prevention/Diversion
 - ii. Assessment Site
 - 1. VI-SPDAT Training
 - 2. CARES receipt
- Annual recertification – CARES annual
 - a. Policy updates
 - b. Other changes

COMMUNICATION PLAN

A. CARES Communication: The CARES Governing Board, through, CARES Staff and CoC Coordinators, are responsible for providing updates and information on CARES. CoC's shall also be responsible for gaining feedback from partners within their geographic area on communication questions or concerns and forwarding those to the Governing Board, as well as providing updates on any system changes.

- CARES Website:
 - a. CARES maintains a website to help inform, evaluate and communicate with CARES Stakeholders.
 - b. Key updates and system changes will be updated under the system news and system update tabs.

G. Partner Communication Requirements:

- Point of Contact (POC):
 - a. Each Partner Agency shall assign and provide current POC contact information to the Governance Board.
 - b. The POC is responsible for disseminating information to others within their organization in a timely manner.
 - c. The POC is responsible for communicating any provider feedback to the appropriate CoC coordinator.

HMIS DATA AND TECHNOLOGY

CARES stakeholders shall utilize the approved data systems and policies to assure that our Coordinated Assessment system will operate in an effective and efficient manner. To assure the privacy and integrity of the data, CARES has developed the following data entry, data sharing and data evaluation policies:

- A. Data Systems: HMIS is the primary data system for CARES access, assessment, prioritization, referrals and reporting. Google Docs is the equivalent data system to be used for persons under age 18 (without parental ROI), victim service providers, and persons who refuse to share in HMIS.
- B. Data Entry:
 - 1. Entry/Exits: CARES partners are expected to update their openings (i.e. voucher, unit or bed vacancies) according to their housing type:
 - 2. Emergency Shelters – Daily
 - 3. Transitional Housing – as openings occur
 - d. Rapid Rehousing – as openings occur
 - e. Permanent Supportive Housing– as openings occur
- C. Eligibility criteria – CARES partners are responsible for ensuring their program edibility criteria is current.
 - 1. CARES partners are expected to update the HMIS system administrator and CoC Coordinator immediately upon any changes to their current program eligibility criteria.
 - 2. Program eligibility criteria shall be provided in writing.
- D. Data entry process: Follow policies and protocols. The respective HMIS Administrators will provide projects with a step by step entry ~~process~~ instructions.
- E. Training: HMIS end user and CES user trainings are required prior to gaining access to the respective data systems. Users will be required to follow step by step instructions and policies to assure data is entered accurately and securely.
- F. Data Integrity, Safety, Security and Privacy: All users must follow HMIS policies and the following CARES data security and privacy policies and protocols:
 - 1. Clients shall be provided their data rights prior to collecting or entering any data, done through HMIS, CARES ROI and CARES tool intro scripts, informing clients of their privacy rights and obtaining ROIs for clients who wish to share data.

2. Respect a client's wishes to decline data sharing by entering data into Google Docs instead of HMIS.
3. Utilize data sharing as needed to provide the appropriate level of service for clients. The CARES partnership ROI will be utilized for general assessment prioritization and linkage to services. A more specific ROI will be needed for other service referrals.
4. CARES partners will be audited by the HMIS System Administrator and agree to respond to all concerns within a timely manner.

G. Data Sharing:

1. CARES encourages data sharing to support the philosophy of a consumer centric approach, to help agencies carry out their missions more efficiently and effectively, and to improve overall system analysis.
2. Data Sharing Agreement: All agencies sharing data in HMIS will be required to sign a data sharing agreement prior to collecting or entering data.
3. Agencies are responsible for updating any changes in the client release of information immediately (add sharing if client signs ROI or remove sharing if client rescinds).
4. Partners shall utilize the current ROI's and Data Sharing Flyer

H. Data Quality:

1. Quality Checks: CARES partner agencies using HMIS are expected to do monthly data quality checks. Agencies with multi-programs/entries are recommended to complete data quality checks more frequently. HMIS administrators will provide specific information on the timelines and the process.
2. Data Quality Standards: Agencies with poor quality, as determined by HMIS Administrator and CoC will be required to correct data according to the level of quality concern. The CoC HMIS Administrator and/or respective CoC contact will work with the agency to develop a plan to correct data quality.

I. DATA Evaluation & Reporting:

1. Overall data outcomes will be evaluated by the Performance Evaluation Committee, respective Continuums and CARES Governance Board.
2. Reporting of tribal specific information must be done with the permission and under the supervision of Tribal Nations.

EVALUATION

A. Stakeholder Feedback:

1. CARES is committed to developing and maintaining an open and accountable culture that is fair, lawful and reasonable in interactions with our stakeholders.
 2. CARES desires and values Stakeholder feedback and suggestions on what we are doing well and where we can improve. Feedback, including suggestions, will be used to inform our policy and program formulation and service delivery.
- CARES feedback management framework is based on the following principles:
 - a. The right of Stakeholders to provide feedback and to have their complaints heard and actioned.
 - b. All Stakeholders have fair and equitable access to feedback channels.
 - c. Feedback provided from consumers is confidential.
 - d. Stakeholders who provide feedback will not be discriminated against.
 - e. Feedback is dealt with in a responsive, efficient, effective, and fair way.
 - f. Feedback is valued by CARES leadership and is integrated into system policy and practice improvements.
 - Feedback for CARES Process:
 - a. Feedback includes complaints, compliments, suggestions, evaluation results, survey results or any information about CARES or CARES Partners delivery, services or performance.
 - b. Feedback may be received through multiple channels which include: written correspondence (letters, emails), evaluations, telephone, in person (face-to-face).
 - c. Client Grievances should follow the local agency client grievance process first if there is no fear of safety or repercussion. If not resolved at agency level, grievances can then be escalated to the respective COC CES Chair or CoC Coordinator.
 - Feedback Management:

- a. Ongoing:
 - a. CARES Committee and Leadership shall track and present all unresolved feedback to the Governing Board for review and consideration into system improvement.
 - b. CARES Committees will work with CARES Leadership to gain further insight or try to resolve any negative or constructive feedback at first point of contact, wherever possible.
- b. Annual:
 - a. CARES Data and Evaluation Committee shall conduct and publicize an annual system evaluation of the entire system including; tools, processes, policies, practices, partners, and staff.
 - b. Feedback from surveys will be shared as relevant with partners, staff and committees.
- c. Any recommended updates to the CARES policies and procedures shall go through the change management process.

B. Affirmative Marketing: Annually, CARES will conduct an analysis to identify impediments to fair housing within the CoC, take appropriate actions to overcome the effects of any impediments identified through that analysis, and maintain records reflecting the analysis and actions in this regard.

C. Denials: Partners agree to accept all appropriate referrals based on CoC policies, system mapping, and HUD requirement to prioritize the most vulnerable in CoC funded permanent supportive housing. Agencies must document why household is denied/refused. The CoC retains the right to case conference and challenge denials they feel are inappropriate. Denials fall into two categories:

- Household:
 - a. Client Denial Form: Persons denying a referral to CES must complete and submit the CES Client Denial Form. Agencies must document denial in HMIS and provide form to the client to complete. Eligible reasons are listed on the form on the CoC website.
 - b. Repeat Denials: If a household denies 3 sequential housing offers, they will be required to have a case consult with the CES Appeals Sub-committee. Client can reference the denial form for more information.

- Agency: Agencies denying a referral from CES must complete the Agency Denial Form, document in HMIS and submit the form to the CES Chair within 2 days. The CoC will then have 5 days to review the denial. The client will be notified of the status after CoC review within 3 days and may be offered other housing if available during that period.
- In-eligibility: In-eligibility occurs if a referral is made inaccurately or if the eligibly criteria is not clear to the CoC.
 - a. If a referral is made inaccurately or the client is not eligible for the program, this will not count as a refused referral or denial. The agency shall contact the referral source (assessor) and CoC within 3 business days to document the inaccurate referral so clarification can be made and further inaccurate referrals prevented.
 - b. If the criteria is not current or complete, the agency has 3 business days to contact the CoC with correct criteria.
 - c. In either case, the agency must contact the Client within 3 business days or make arrangements with the assessor to do so.

CARES GRIEVANCY POLICY

1. A grievance may be filed from a person with a disability, a family member, a caregiver or advocate and should have it resolved quickly and fairly.

- a. Grievances will be treated seriously, and investigated thoroughly and confidentially, and individuals with the grievance will be kept informed of progress.
- b. The complainant will not be disadvantaged in any way by raising a grievance or complaint and the process will maintain the person's right to privacy and dignity.
- c. CARES welcomes grievances as they play an important role in the monitoring of service provision and ensuring that clients' needs are met.
- d. CARES recognizes that clients have a right to:
 - i. Have their grievance dealt with quickly and fairly.
 - ii. Not be disadvantaged or discriminated against for presenting a grievance, making a complaint or seeking a review of their service.
 - iii. Be kept up-to-date about what is happening with their grievance throughout the process.
 - iv. Be encouraged to place an informal grievance as soon as it occurs.

2. PROCESS:

Stage 1: Informal Grievance.

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

Stage 2: Formal Grievance Process.

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

Stage 3: Investigation of Grievance.

A Grievance committee will review and respond to all formal Grievances. The committee shall hear from both the client and their representatives and the agencies/staff involved. The Board will receive notice of the grievance and decision.

CONTRACTS & AGREEMENTS

1. Participation Agreement (Located on the CARES and CoC websites) The purpose of this Partnership Agreement is to document and communicate guidelines for the establishment of the Coordinated Assessment, Referral, and Evaluation System (CARES), a collaborative homeless response effort between the White Earth Nation, the West Central Minnesota Continuum of Care (WC CoC) and the North Dakota Continuum of Care (ND CoC).

a. ROI (Located on the CARES and CoC websites)

- HMIS ROI: Each respective CoC shall utilize the current HMIS ROI and applies only to HMIS data.
- CARES ROI: Provided to and signed by the client with the understanding that the Coordinated Assessment Referral Evaluation System (CARES) is a partnership of agencies entering data into the Homeless Management Information System (HMIS) and CARES waitlist. The data collected about the services provided to me by CARES will be included in the HMIS database, reports and waitlist, which shall be used by CARES and the Continuum of Care to improve services offered to the client and others.

b. HMIS Data Sharing Agreement (Located on the CARES and CoC websites))- CARES agrees to share client data among participating agencies via the HMIS (Homeless Management Information System), 211, and eligibility lists for grant reporting, system evaluation and planning.

c. MOU (Located on the CARES and CoC websites) The purpose of this Memorandum of Understanding (MOU) is to document and communicate guidelines for the establishment of the Coordinated Assessment, Referral, and Evaluation System (CARES), a collaborative homeless response effort between the West Central Minnesota Continuum of Care (WC CoC), the North Dakota Continuum of Care (ND CoC), the White Earth Nation and the Fargo-Moorhead Coalition for the Homeless (FM Coalition).

Common HUD Terms and Acronyms

Acronym	Definition
AHAR	Annual Homeless Assessment Report
APR	Annual Performance Report
CoC	Continuum of Care approach to assistance to the homeless
Continuum of Care	Federal program stressing permanent solutions to homelessness
Con Plan	Consolidated Plan
CPD	Community Planning and Development (HUD Office of)
Data Warehouse	Information system storing program and operational data
ESG	Emergency Solutions Grant (new with Hearth) Emergency Shelter Grant (previous program name)
FMR	Fair Market Rent
HIC	Housing Inventory Count
HMIS	Homeless Management Information System
HOPWA	Housing Opportunities for Persons with AIDS
HRE	Homelessness Resource Exchange
HPRP	Homeless Prevention and Rapid Re-Housing Program
HQS	Housing Quality Standards
HUD	U.S. Department of Housing and Urban Development
IDIS	Integrated Disbursement and Information System
NOFA	Notice of Funding Availability
OMB	Office of Management and Budget
PIT	Point in Time
PBRA	Project Based Rental Assistance
PRN	Pro Rata Need
RHSP	Rural Housing Stability Program
S+C	Shelter Plus Care
SHP	Supportive Housing Program
SRA	Sponsor-Based Rental Assistance
SRO	Single Room Occupancy
SSO	Supportive Services Only
Super NOFA	HUD's consolidated approach to issuance of Notices of Funding Availability
TBRA or TRA	Tenant Based Rental Assistance
TH	Transitional Housing