

**Northwest Minnesota  
Continuum of Care  
Coordinated Entry System  
(CES)  
Policy Manual**

**Updated December 20, 2018**

## Overarching Policy

The Northwest Minnesota Continuum of Care (CoC) will operate a Coordinated Assessment (CA) system in conformance with 24 CFR 578, Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Continuum of Care Program Interim Final Rule published in Vol. 77 No. 147 of the Federal Register on July 31, 2012. The CA will support the purpose of the Continuum of Care program which is to:

- promote community wide commitment to the goal of ending homelessness;
- 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;
- promote access to and effective utilization of mainstream programs and resources by homeless individuals and families; and
- optimize self-sufficiency among individuals and families experiencing homelessness.

The CA system will have all the characteristics of a Centralized or Coordinated Assessment System as defined at §578.3: "...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."

All projects included in the Northwest Continuum of Care housing inventory chart (HIC) will participate in the CA system. Additional agencies may be added through request and a vote of the Continuum of Care.

---

## **HISTORY and HUD Mandate**

A coordinated assessment committee was formed in 2012 to assure compliance with HUD regulations.

HUD MANDATE: The CoC interim regulations require that Continuums and ESG grantees create and participate in a coordinated assessment process. HUD defines coordinated assessment as, *"...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."*

Further, some State of Minnesota Homeless Programs require that funded agencies participate in the Coordinated Entry System.

---

### **I. Coordinated Entry Overview:**

Northwest Coordinated Entry System (CES) is not a program, but a way of providing service. Utilizing progressive engagement, CES provides multiple points for access and assessment,

while maintaining standardized processes and tools to improve linkage to mainstream and homeless services.

CES will help our CoC better identify, document and evaluate system needs, as well as prioritize limited resources, assuring those who are most in need of services are prioritized for services.

## II. Guiding Principles

1. **Promote client-centered practices** – Every person should be treated with dignity, offered at least minimal assistance, have easy access to the system, and participate in their own housing plan. Participants will not be mandated to leave family and other support networks to access housing. Incorporate client choice in housing offer.
2. **Prioritize most vulnerable** – Limited resources should be direct first to persons and families who are most vulnerable\*. Less vulnerable persons and families will be assisted as resources allow. \*Vulnerability will be defined locally.
3. **Eliminate barriers to housing placement** – Identify system practices and individual project eligibility criteria which may contribute to excluding clients from services and work to eliminate those barriers.
4. **Transparency** – Deliberate, make decisions and communicate directives openly and clearly.
5. **Focus on evaluation and adapting to meet the current needs of providers and consumers** – Continually strive for effectiveness and efficiency and agree to make changes when those objectives are not achieved.
6. **Accountability** – Accountable to clients to provide the best service possible and to funders to make the best use of resources.
7. Promote **collaborative and inclusive** planning and decision-making practices.
8. **Diversity** - respect cultural, regional, programmatic, philosophical differences.
9. **Honor Tribal Sovereignty.**

### **CES and homeless response system values include:**

1. Rapid access to housing (Housing First model) aimed at helping homeless households quickly exit homelessness and stabilize in permanent housing.
2. Tailored services to provide the right services at the right level and the right time to meet households' needs.
3. Economic opportunities including aggressive engagement with Job Service, Migrant Employment and Training (MET), Veterans Employment Services, Vocational Rehabilitation, Workforce Centers; and supported employment services that help households advance toward self-sufficiency.
4. Maximizing use of mainstream resources to assure clients have access to comprehensive services and that service costs are shared.
5. Data and evaluation are used to inform system planning and decision-making.
6. Chronic Homeless persons are prioritized for PSH.
7. Clients are informed of their rights, responsibilities and provided with choices when possible.

8. Data is collected and shared only through informed consent and with data quality in mind.

---

*Key aspects you will be expected to utilize:*

---

- A. Coordinated System:** CES moves away from silo intake processes, assessments and wait lists and utilizes uniform assessment tools and a central prioritization list.
- a. Coordinated Planning: CES is planned and evaluated collectively by the Coordinated Entry Committee including 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 align with State CES policies and other CoC Policies including the Policy for the Administration of CoC and ESG Assistance.
  - b. Uniform Assessment Tools: The NW CoC utilizes shared assessment tools with the rest of greater MN to accommodate cross border referrals and to support agencies whose service areas cover multiple CoCs. The NW CoC utilizes the following tools: Triage Diversion; Prevention Screen (or for FHPAP-funded agencies, the Prevention Targeting Tool); and Housing Assessment (VI-SPDAT).
  - c. Referrals – CES offers a uniform referral process to homeless assistance and mainstream programs.
    - i. Homeless Services: Referrals to homeless programs are integrated into CES tools.
      - 1. The Triage Tool determines if households should be referred to mainstream, prevention or emergency shelter.
      - 2. The Prevention Tool determines if households can be prioritized for state prevention services, mainstream resources, or for a Housing Assessment (VI-SPDAT).
      - 3. The Housing Tool assesses eligibility, choice and vulnerability to ensure referrals to the most appropriate supportive housing program.
    - ii. Mainstream & Community Resources: CES access and assessment sites offer individualized referrals specific to the unique needs and desires of each household from a comprehensive list of mainstream resources including, but not limited to, Veterans services, medical benefits, nutrition assistance, and income supports.
  - d. Central Prioritization – The NW Prioritization list is the only source homeless dedicated or funder-required programs may use to fill open beds/vouchers. Prioritization is based on need, CoC priorities, and CES tools. Provider

discretion is encouraged if evidence supports needs that are different than the score.

- i. HMIS – The MN Homeless Management Information System (HMIS) is the primary location for the NW CES tools and prioritization list.
  - ii. Google Docs – Google Docs is used for Victim service providers, youth under age 18 who do not have parental consent, and persons unwilling to share data in HMIS.
  - iii. Prioritization Policy: CoC Housing programs follow the CES prioritization policy to select households from the HMIS and Google Docs prioritization lists.
- e. Training: All CES Access, Assessment and Housing providers must complete all required CES trainings.

**B. Safety:**

**a. Client Safety:**

- i. **Safety Protocols:** At access and assessment, safety is assessed & referrals are to be made to partner crisis centers or law enforcement when safety is a concern.
- ii. **Specialized Access:** The NW CoC has a Domestic Violence, and Sexual Assault Victim Services provider who serves as a primary access site, but crime victims may access any CES site.
- iii. **Training:** All CES sites are required to provide Safety and Trauma Informed Care training to their staff.
- ~~iv.~~ **Google Docs:** Victim Service providers are required to utilize Google Docs to assure compliance and the safety of survivor households. Other agencies must utilize Google Docs for clients who have a safety issue due to experiencing/fleeing domestic violence or sexual assault.

- b. Provider Safety:** Each Access and Assessment site, including outreach, is expected to have agency policies in place to maximize staff safety. These should include: outreach safety protocols, training on de-escalation and non-physical crisis intervention and personal safety.

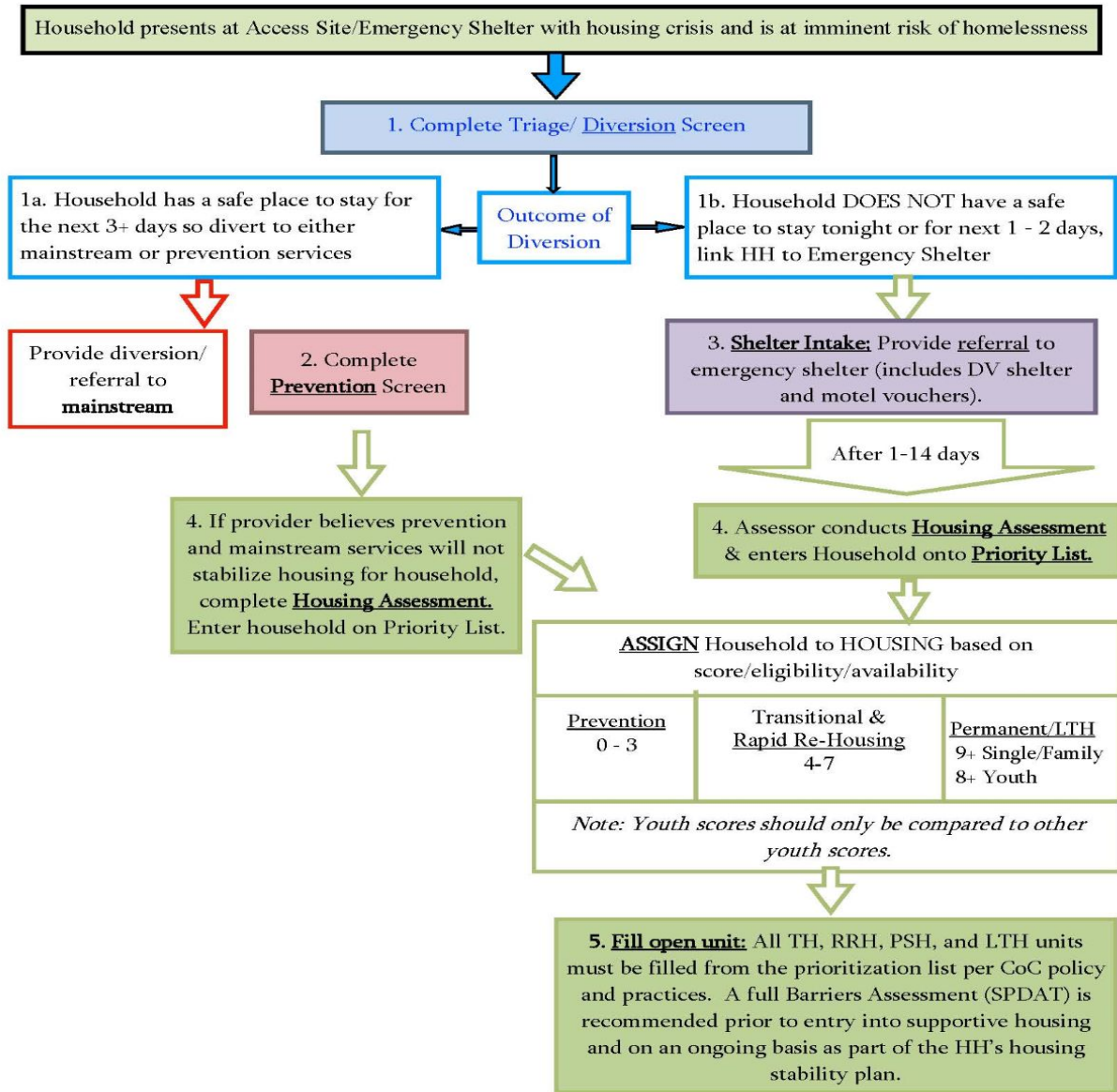
**C. Simplified Access:**

- 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 seek services. CES and participating partners are required to adhere to HUD, State, CoC and local non-discrimination and equal access policies.
- b. Outreach: PATH, VA and Youth Street outreach serve as both CES access and assessment sites.
- c. Barrier Free Access: CES 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.

- d. Reasonable Accommodations: Persons with disabilities, language barriers, or transportation barriers must be provided fair and equal access to CES and homeless services (phone options, translation services, handicap accessible access).
  - e. Emergency Access: The coordinated entry process should not delay access to emergency services such as shelter. The process includes a manner for people to access emergency services at all hours independent of the operating hours of the coordinated entry intake and assessment processes. For example, people who need emergency shelter at night are able to access shelter, to the extent that shelter is available, and then receive an assessment in the days that follow, even if the shelter is the access point to the coordinated entry process.
  - f. Affirmative Marketing: CES affirmatively markets CES and homeless services to eligible persons regardless of race, color, national origin, sex, sexual orientation, religion, marital or familial status, disability, and to those least likely to access services. The CoC utilizes promotional materials, social media, outreach, agency networking to market, identify, outreach, and connect to persons experiencing homelessness or housing instability.
- D. **Person Centered**: CES incorporates 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.
- E. **Non-discrimination**:
- a. All eligible persons 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. The CoC assures all CES partner agencies certify compliance with; Fair Housing, Title VI Civil Rights, Title II of the ADA, and Equal Access Rule.
  - c. The CES Appeals process is available to any person who feels they have been discriminated against. Programs must notify clients of their right to appeal.
- F. **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 an equivalent data base. Eligibility must be consistent with CoC System Mapping and free of unnecessary barriers.
  - b. Denial: Any CES list denials for housing openings must be documented and sent to the CES list manager 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.

### III. Workflow

#### NW COORDINATED ASSESSMENT WORKFLOW



#### IV. Stages of CES

STAGES	GOAL	WHEN DONE	TOOL
<b>1.Triage (Diversion)</b>	<p>Designed to reduce the number of persons entering the homeless response system by diverting to mainstream resources or prevention services. Tool will either direct households to:</p> <ul style="list-style-type: none"> <li>• Mainstream services</li> <li>• Prevention services</li> <li>• Emergency Shelter services</li> </ul>	First point of contact - after person has identified housing crisis or requested homeless services.	<b>Greater MN Triage</b>
<b>2. Prevention</b>	Aimed at keeping persons who are at risk of homelessness housed (persons who are either doubled up or in their own housing).	ONLY after Triage Tool has determined Prevention Services would be appropriate.	<b>NW Prevention Screen or Targeting Tool</b>
<b>3. Assessment</b>	Assess for linkage to most appropriate supportive housing intervention (Transitional Housing (TH), Rapid-Rehousing (RRH), Supportive Housing (SH), Permanent Supportive Housing (PSH) and Long-term Homeless (LTH) Vouchers).	After entry into shelter or after prevention screen has determined prevention services can not resolve housing crisis and that more intensive support is needed. Suggest waiting 7-14 days to see if household can resolve crisis on their own.	<b>VI-SPDAT Housing Assessment</b>
<b>4. Prioritization &amp; Assignment</b>	Linkage to appropriate intervention based on score, CoC priorities, program eligibility and openings.	Household placed on list after completing Housing Assessment and scoring for TH, RRH PSH, or other PH.	<b>Prioritization List (HMIS &amp; Google Docs)</b>



## V. Access Roles & Responsibility

- A. What is an Access Point?** An existing agency or point-of-contact where households facing a housing crisis are screened for entry to or diversion from the regional homeless response system. All households must complete a Triage Screen prior to being referred to a Housing Crisis Screen/VI-SPDAT.
- B. What are the Access points in NW CoC?** Access points are designated by the CoC and listed in the Access and Assessment Point document attached to this document.
- C. 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 applications, as well as provide support and recommendations to those missing eligibility criteria.
- D. Requirements:** Access sites must agree to follow all CoC, HMIS and HUD guidelines for CES including process, documentation and reporting requirements.
- E. What is the Access Screen Tool? – NW Triage Screen**
- F. What is the workflow of the Triage tool?** Triage/Diversion is used to determine if a person should enter homeless services based on score, resources and client choice. Outcomes include:
- i. Self-resolve-resolution: Screeners are encouraged to help households process options for self-resolving their crisis including:
    - a. Staying with family or friends
    - b. Returning to housing in another city/county state
    - c. Seeking other financial assistance or support services to utilize money for rent (food shelves, rental assistance, tribal EA, county EA, gas vouchers) from churches, county, family, or friends.
    - d. Negotiating a payment plan with landlords.
  - ii. Connection to key mainstream resources: Ask client about whether they have sought assistance from food shelves, veterans services, county or tribal social services, employment and job training, medical assistance, social security, mental health, etc.
  - iii. Connect to State Family Homeless Prevention Program: CES Prevention sites utilize a standardized Prevention Targeting Tool to prioritize assistance.
  - iv. Referral to homeless services – Emergency Shelter (facility or voucher). If no immediate shelter is available, the person can be directly referred to or complete the VI-SPDAT.
- G. Documentation:** All Access sites must complete the required documentation (per current CoC and HMIS policies and written instructions (available on the HMIS and CoC CES website).

## VI. Assessment Role, Responsibility & Workflow

**A. Assessors:**

- i. **What is an assessor?** Assessors are designated by their agency and approved by the CoC to complete the VI-SPDAT with households.
- ii. **Designation:** The case manager may become an Assessor by completing the required training and verifying with the CoC Priority List Manager.
- iii. **Requirements of Assessors:**
  1. Assessors must complete the CoC required CES and VI-SPDAT training. Contact the CoC Priority List Manager for training information.
  2. Assessors wishing to utilize the SPDAT must also complete the OrgCode authorized SPDAT training.
  3. Assessors must agree to follow all CoC, HMIS and HUD guidelines for CES including process, documentation and reporting requirements.

**B. Tool:** The NW Housing Assessment is the **VI-SPDAT**

- i. **What is the VI-SPDAT:** The Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) is an evidenced based pre-screening, or triage tool that is designed to be used by providers to quickly assess the health and social needs of homeless persons and match them with the most appropriate support and housing interventions that are available.
- ii. **Which VI-SPDAT do I use?**
  1. Single – single adult or adult couple without children. Each adult should complete their own VI-SPDAT, but utilize provider expertise. Ideally, assessments should be conducted privately.
  2. Family –Pregnant women, single parents, or couples with children under age 18 years. Use provider expertise to determine if one or more VI-SPDATS should be used.
  3. Youth – unaccompanied single or couple under age 24 with or without children. Recommend using family for parenting youth, but utilize provider expertise.
- iii. **When do I conduct the VI-SPDAT?** 0-14 Days. Assessor expertise should be used to determine if the assessment should be done immediately (i.e. if transportation is a barrier to the person’s ability to return at a later date, if there is a strong indication that the person is in need of and interested in supportive housing in the CoC) or during the recommended 7-14 day timeframe. This time frame is recommended because an estimated 20-25% of persons can self-resolve with fewer resources or will leave the service area.
- iv. **Who do I conduct the VI-SPDAT with?**
  1. Households who are literally homeless during recommended timeframe.
  2. Persons for whom you have evidence indicating that mainstream or prevention services will not resolve their housing crisis.

- v. **What if I feel the score is too high or too low?** The tool assesses vulnerability and barriers to housing stability. It is based on evidence that certain factors and experiences place persons at higher risk of vulnerability or increase the risk for extended homelessness or even death without intervention. HUD has prioritized services to this most vulnerable population. HUD and known experts, including the tool's developer, realize that some persons may present as more vulnerable or less vulnerable despite their actual level of barriers. The tool is intended to provide more objective evidence for decision-making and reduce the impact of the client's ability to present themselves (either more positively or negatively) out of the equation and based on actual vulnerability.
- C. Eligibility Supplement:** The Eligibility supplement is used to:
- i. Determine eligibility for specific programs in our CoC;
  - ii. Determine client choice and preference for housing and mainstream referrals;
  - iii. Obtain household contact information.
- D. NW CES Receipt:**
- i. The CES Receipt is provided upon completion of the VI-SPDAT assessment.
  - ii. The receipt notifies households which intervention they scored for, provides a description of the CES referral/prioritization process, is used for helping determine geographic choice, informs households of their personal responsibility to update information, and encourages them to continue actively seeking other housing solutions.
- E. Workflow of VI-SPDAT:**
- i. Assessor completes Housing Assessment (VI-SPDAT) to determine the most appropriate housing intervention and obtain priority score. The VI-SPDAT can be completed on paper or via computer in HMIS and is intended to be completed in one setting, but may take place in more than one meeting.
    - 1. The script and each question shall be read in the order that is listed.
    - 2. Each question must be asked. Most questions only require a "yes" or "no" answer.
    - 3. No interpretation of answers should be done by the assessors. Observation is utilized in a few questions.
    - 4. Assessors may re-ask or rephrase a question if the person does not understand the question. You may also ask a clarifying question if there is more to the answer or they answered incorrectly (*"please say more about that"*)
    - 5. No provider opinions or judgments should be made about answers.
  - ii. Assessor completes Housing Eligibility Assessment.
  - iii. Assessor provides CES Receipt.
  - iv. Assessor records housing assessment information on **Prioritization** list (Google Docs only).

- v. Assessor updates Prioritization information as necessary (change in household status-birth, death, marriage, disability, housing, health, custody)
- vi. A full barriers assessment (**SPDAT**) should be completed when Housing Assessment is questionable (i.e. Assessor has prior knowledge or evidence that the client may not have provided complete or accurate information on their VI assessment). A full assessment should also be completed if there are two identical scores on the prioritization list eligible for an open unit.

## VII. List of NW Access & Assessment Sites

Additional housing, access and assessment sites may change. A current list can be found on the Continuum of Care website. [www.homelesstohoused.com](http://www.homelesstohoused.com), see the NW CoC tab.

## VIII. Prioritization List and CES Housing Referrals

The CES Prioritization List is a centralized list of persons seeking designated homeless supportive housing in the Northwest MN Region.

- A. **How are households prioritized?** The list is used both track regional needs for supporting housing and link households to the most appropriate homeless housing programs using VI-SPDAT score, eligibility and CoC priority criteria. The VI-SPDAT assesses household vulnerability. The eligibility and client choice supplement documents client choice and CoC eligibility criteria like Chronic Homeless, Long-term Homeless, Veteran, disability and victim status.
- B. **Participating Programs:** All homeless designated beds or vouchers must utilize the CES prioritization list to fill ALL open beds/units/vouchers. This includes: Transitional Housing, Rapid Re-housing, Permanent Supportive Housing, Emergency Solutions Grant THP, Community Living Solutions (formerly GRH), Long-term Homeless and Chronic Homeless voucher or site based beds. Bridges, VASH and SSVF are transitioning into CES in 2018.
- C. **When do I check the Prioritization List?** Providers ~~only~~ need to access the list when adding someone to the list (Google), updating information or filling an open unit/bed/voucher.
- D. **Directions:** Detailed directions for the prioritization list are on the CoC website. It is essential that CES sites follow the detailed directions and review data. Please do not allow incomplete data to prevent someone from accessing housing or services they need and are eligible for.
- E. **Placing people on the list:**
  - i. In HMIS: Enter the VI-SPDAT + Supplement in Step 2 Assessments in HMIS then go to the Services Transactions Tab to add the referral.

- ii. In Google Docs (ONLY for persons served by victim service agencies, youth under age 18 without parental consent or those refusing to share information in HMIS): Follow the directions on the CoC website.
- F. **What if someone wants to move to another CoC?** Households may choose to be on more than one prioritization list. The state CES committee developed a CES Referral Policy to standardize a process for referrals between Continuums of Care. This form is located on the CoC website.
- G. **Updating information and contact:** The Assessor is responsible for being the contact person for the individual or household until they are housed, find other housing options, or can't be contacted.
- H. **Filling open beds/vouchers/units:** All supportive housing providers who have an open unit must fill beds by selecting someone off the list. **No beds can be filled outside of the prioritization process.**
1. Sort list by VI-SPDAT Score, eligibility (service area, population, etc.), funder requirements and household type.
  2. Utilize the CES Prioritization Policy to determine selection order starting with the most vulnerable household.
  3. Contact the Assessment Agency to inform them you have an opening and that their household (provide initials/ID) is first on the priority list.
    - o Coordinate contacting the household with Assessment Agency to notify the HH of eligibility for an open unit and determine their interest.
  4. Housing provider meets with household (either in person or via phone) to complete program intake.
    - o Verify eligibility: Ask if information is still correct or if any information has changed – housing status, household composition, or other major life situations (medical, mental health)
    - o Client Choice: If more than one unit is available, inform the client of the type, inform client about location and qualities of each program and discuss with them the benefits and drawbacks of each option. Clients may choose a less intensive (step-down) program, but may not choose a more intensive (step-up) program.
      - Projects targeted towards specific sub-populations (i.e. DV, Veterans, Tribal, youth) should share benefits of these population-specific program design.
      - Program and geographic differences: For rural areas and programs not near public transportation or centrally located to services, be sure to discuss with household their plan for transportation, support services, and access to key services like grocery shopping and child childcare.
    - o Refused Referrals: If a household refuses a referral, the Assessment staff will work with them to determine the reason and find a more appropriate referral. Inform client that if they refuse housing they will be placed back

on the prioritization list and it may take anywhere from days to months for a future opportunity.

- Dropped referral: 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~~ another appropriate referral.
- Accepted referral:
  - Update status on prioritization list **once scattered site voucher/slot is issued or facility-based unit is offered.**
  - Scattered site only: Regularly check-in with household to inquire about housing search. Agencies should be offering housing search assistance from day one. If after two-weeks, the household is making no effort to search for housing, the provider may choose to offer the voucher/slot to the next highest priority household. The CoC encourages agencies to consider the barriers of the household and advocate and support them as much as possible during their housing search. Providers are encouraged and may continue to help clients search longer than two-weeks. The CoC has not set any timeline on closing out a household if progress of on a search remains active.
- Found housing: Update status on prioritization list once **household is housed.**

I. **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 a household is denied/refused. The CoC retains the right to case conference and challenge denials they feel believe are not justified. Denials fall into two categories:

i. **Household**

1. **Client Denial Form:** Persons denying a referral to CES must complete and submit the CES Client Denial Form. Agencies must document the denial in HMIS and provide the form to the client to complete. Eligible reasons are listed on the form on the CoC website.
2. **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. The client can reference the denial form for more information.

ii. **Agency:** Agencies denying a referral from CES must complete the Agency Denial Form, document it in HMIS and submit the form to the CES Priority List Manager within 2 business days of the decision. The CoC subcommittee will then have 5 business days to review the denial. The client and the denying agency will be notified of the status after CoC review within 3

business days of the decision and may be offered other housing if it is available during that period.

**iii. Disqualification:** Disqualification occurs if a referral is made inaccurately or if the eligibility criteria is not clear to the CoC (i.e. eligibility criteria was added outside of system mapping and not shared with the CES Committee).

1. If a referral is made inaccurately or the client is not eligible for the program, this will not count as a refused referral or denial. The agency shall contact the referral source (assessor) and CoC within 3 business days to document the inaccurate referral so clarification can be made and further inaccurate referrals prevented.
2. If the criteria is not current or complete, the agency has 3 business days to contact the CoC with correct criteria.
3. In either case, the agency must contact the Client within 3 business days or make arrangements with the assessor to do so.

**II. Appeals:** If a household is not satisfied with a CES decision for any reason, they have the ability to make an appeal. Initial appeals should first be made to the CES access, assessment, or housing site management. If the household fears for their health or safety, fears repercussions from the agency, or fears discrimination, they may go directly to the CES Priority List Manager. If the client is from the agency that employs the CES Priority List Manager, they client may go to the CES Committee Chair Co-Chairs. The Appeals Form is located on the CES page of the CoC website.

**IX. Housing Navigation:** It is the goal of the CoC to hire one or more Housing Navigators, but each agency must take on aspects of housing navigation to assure

**A. Housing Navigator Role in other Case Management, outreach and advocacy:** Until the NW region has sufficient Housing Navigator positions, CES partner agencies are expected to incorporate as many roles of housing navigation into their current positions as possible, realizing that a portion of the homeless population will not successfully obtain or retain housing without this support.

**B. Housing Navigator Position:** The Housing Navigator will work through Coordinated Entry to identify and assist clients in rapidly securing housing, accessing desired services, and supporting stabilization once housed. The Navigator will utilize the CES Prioritization lists to identify persons who need formal navigation services the most.

**C. Goals of the Housing Navigator:**

- Assertively engage individuals experiencing homelessness and provide support to attain and maintain housing

- Assist participant in establishing a collaborative team of community resources to stabilize and strengthen 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 who helps individuals experiencing homelessness with complex, and frequently co-occurring issues, to access and maintain housing
- Be intentional and intensive through utilization of a Housing First<sup>1</sup>, harm reduction, strengths-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

**D. Key roles of housing navigation:**

- Support client in obtaining necessary eligibility documentation, including birth certificates.
- Link households to community and mainstream resources.
- Utilize motivational interviewing, client centered and harm reduction practices to help clients reach desired goals.
- Network and Collaborate with service partners to assure client goals are aligned and supported by all available community resources.
- Support housing search through search assistance, applications help, advocacy with landlords or property managers, and education on tenant rights and responsibilities.
- Perform assessment and evaluation to support development of client desired goals and linkage clients to services to support their goals.
- 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 for housing openings.

**X. Training:**

- A. NW CES:** All Access, Assessment and Housing sites must complete all required NW CES trainings. The CoC will host an annual CES in person training. Additional online trainings will also be available. Contact the CoC Coordinator CES List Manager for access. New assessors or agencies needing training in between annual trainings will

---

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



need to schedule a 1:1 training with the CoC CES Priority List Manager, but will be required to participate in the next full annual training.

- B. Core Principles:** CES agencies will be required to also complete the CoC Core Principles training (overview of Core Principles, Assessment Roles, Access Roles, CES Overview, Data Quality) and may access additional trainings on specific principles including (Trauma Informed, Client Centered Care, Housing First & Discrimination, Creative Engagement, Cultural Competency, Fair Housing, Equal Access, Sex Trafficking/Safe Harbor, Staff Safety, Self-Care, Motivational Interviewing and Confidentiality)
- C. HMIS:** CES Access, Assessment and Housing sites must be HMIS users and up-to-date with all required HMIS training and licensures. Additionally, users must take the HMIS CES training on assessments and prioritization to be given access to the NW CES forms.
- D. VI-SPDAT:** Links to the VI-SPDAT videos are available on the NW CoC website: [www.homelesstohoused](http://www.homelesstohoused). All Assessors using the VI-SPDAT must view the video and attend the CoC required CES training prior to conducting these assessments.
- E. SPDAT:** OrgCode requires that all persons utilizing the SPDAT attend a full-day authorized training. Once trained, please show proof of training to the CoC Coordinator CES Priority List Manager.

#### **XI. Evaluation:**

- A. Annual Evaluation:** The CoC will conduct a comprehensive annual evaluation by August of each year. The CES committee is responsible for organizing, collecting, reviewing and presenting the information. The evaluation will include:
  - i. Stakeholder survey: SurveyMonkey is used to collect and tally survey results.
  - ii. Consumer input: Consumer focus groups and paper surveys will be distributed to access, assessment and housing site consumers.
  - iii. Data Review: The CoC will gather the data in HMIS and Google Docs, utilizing the MN CES reporting tool.
  - iv. Form Review: Forms will be reviewed on an annual basis, but feedback will be collected on an ongoing basis.
  - v. Policy Review: The Policy will be reviewed on an annual basis, but feedback will be collected on an ongoing basis.Note: CES forms or policies may change outside of the annual review basis if funder, HUD policy or other significant information requires action outside of the annual process.
- B. Quarterly Evaluation:** The CoC will review CES data and invite targeted stakeholder input quarterly (generally in January, April, July, November). On occasion, these meeting dates may change and notice will be provided.
- C. Evaluation Data usage:** The data reporting and evaluation process will be used to inform system planning.

## **XII. Data & Documentation:**

**A. Rapid Entry:** CES data should be entered live when possible, but NO more than 24 hours after completing an assessment (VI-SPDAT).

### **B. Documentation:**

i. All CES Tools are in HMIS and should be entered directly when possible and when allowed by law (victim service providers, minors, and those who refuse consent) are may not be entered in HMIS).

ii. **Outcomes:** CES tracks client outcomes for funder compliance and CES evaluation purposes. Reporting outcomes also assures that the CES prioritization report is accurate (i.e. not reporting acceptance of referrals keeps households on the prioritization list, delaying next person from being selected).

iii. **Denial Reports:** Denial reports will be sent to the CES Priority List Manager.

### **C. Data Privacy:**

i. Agencies are required to follow HMIS guidelines for assuring data privacy and safety.

ii. **Refusal to share data:** The CoC prohibits denying services to participants if the participant refuses to allow their data to be shared unless federal statute requires collection, use, storage, and reporting of participants personally identifying information as a condition of program participation. If a person chooses not to share, Google Docs should be used to refer households using non-personally identifying information.

**D. Data Completeness & Accuracy:** It is essential that users enter and update ALL household data, especially any data that related to eligibility to assure the household has access to programs and services they may be eligible for. **Incomplete, missing or old (not-updated) data could result in a household NOT being housed or unnecessarily lengthen their time homeless.**

### **E. Sharing:**

i. **Release of Information (ROI):** Prior to conducting a VI-SPDAT with any household, agency staff must complete the HMIS ROI. This release is available on the CoC website.

ii. **Data Sharing Agreement:** Each agency is required to sign and submit a Data Sharing Agreement to the CoC, available on the CoC website on the CES page.