Suburban Metro Area Continuum of Care (SMAC)

Coordinated Entry Policies

This document is to be used by all service providers who interact with SMAC’s Coordinated Entry System, including outreach workers, shelter staff, Coordinated Entry Access Points, and Supportive Housing providers.

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# Section 1 - **IMPLEMENTATION AND PLANNING**

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## Governing Board

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

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

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

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

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

## CES Committee

SMAC has established a CES Planning Committee which supports CES planning for SMAC. This group consists of co-chairs appointed by the Directors Council and Governing Board, representation from each county region of SMAC and representation of sub-populations as listed below. The Committee is responsible for planning community workshops and trainings, communicating CE-related news to necessary stakeholders, providing space for service providers to give feedback and help shape CES policies and procedures. The CES Committee works with the Directors Council on recommendations to the Governing Board. The SMAC Governing Board can delegate management authority to the SMAC CES Committee as needed. Meetings are held monthly at a minimum.

The SMAC CES Committee may solicit feedback from county Heading Home groups.

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

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

## SMAC Equity Team

SMAC has expanded on the work completed with the SPARC initiative, and this team meets regularly to ensure progress is made on SMAC’s racial equity goals.

Details include:

* Work with TA to improve CE outcomes and experience for BIPOC communities.
* Consists of CE staff, Directors Council, Governing Board members, and other service providers.
* Makes relevant policy and procedure recommendations to the Governing Board.

## CE Advisory Committee

The Coordinated Entry Advisory Committee meets biweekly to discuss Variance Requests, transition plans, prevention of family separation, and safety of survivors of domestic violence, etc. An assessor or housing provider may submit a Variance Request to the CE Advisory Committee when they feel the standard CES workflow is not appropriately serving a client. The submitter of the Variance Request must also specify a desired outcome of the request.

* The Advisory Committee discusses ideas to better serve the client, as well as decide on whether to approve or deny the variance as it relates to the desired outcome specified.
* Monitors the “Move-Up” process of prioritizing households who have stabilized on PSH vouchers for HCV.
* The committee collects data on the variances and outcomes to identify patterns, inform policy, and ensure consistency in decision-making.
* The committee is made up of an elected group of stakeholders to include: two SMAC CES staff, and five other staff with experience in completing CE assessments, navigation or outreach, Rapid Rehousing programs, Permanent Supportive Housing Programs, or program administration. Any member who has or had a significant working relationship with a household discussed, or may have a vested interest in the outcome a particular variance will recuse themselves for that variance request.

## Case Consultation Group

The Case Consultation Group meets weekly to discuss households who are at or near the top of the priority list. Coordinated Entry Staff identifies these households and delegates outreach to the original assessor or other county representative with approved HMIS access. Households designated for Case Consultation are those who:

* May be close to receiving a referral
* Have been a challenge to serve under normal CES workflow
* Any other household deemed High Priority Homeless
* Have signed appropriate ROI

The group discusses progress on outreach, document readiness, and strategies for promoting successful housing outcomes. The group also may include housing providers who have current or upcoming vacancies in their housing programs to help ensure appropriate fit for their program. As SMAC moves forward, the goal is for all vacancies to be filled through this process.

## Directors Council

The Directors Council is made up of 11-15 people with lived experience navigating a homeless response system and is coordinated by CE Staff. The Council meets twice per month to discuss ways to improve user experience for the homeless response system by identifying problems and gaps in the service, as well as solutions/recommendations. The Directors Council is also responsible for

* Selecting CE Advisory members, according to SMAC CE Policies
* Selecting Governing Board members
* Selecting Monitoring and Evaluation Committee members
* Setting CE Priorities

# Section 2 - **MARKETING/ EDUCATION AND TRAINING**

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

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

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

1. Access Points and Assessors- trainings will be offered quarterly at a minimum
	1. Assessor 101 training includes Rapid Resolution / Problem Solving strategies as well as how to complete the Ramsey/SMAC Assessment
	2. Requirement to re-certify as an assessor on a yearly basis by watching online training videos and completing a certification quiz.
2. Housing Providers
3. Stakeholder groups
	1. Law enforcement
	2. Health care providers
	3. Faith communities
	4. Local government entities

## Community Workshops

SMAC holds regular workshops open to everyone who works in the CoC. The workshop provides data driven updates on progress toward ending homelessness, gaps in services, presents policy updates, and provides training and open discussion opportunities about coordinated entry. Content and curriculum of the workshops is directed by attendees based on surveys of what the CoC would like to get out of the workshop.

# Section 3 – **RAPID RESOLUTION / PROBLEM-SOLVING AND DIVERSION**

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## Rapid Resolution, also known as Problem Solving

In addition to being screened for eligibility for Supportive Housing, access points will work with households to problem solve their housing crisis through means other than a referral to the priority list or entry into shelter. Assessors use their own developed informal conversation process. Rapid Resolution / Problem Solving is:

* Creative solutions to empower households to resolve their housing crisis with their own available resources
* Practical solutions to resolve their homelessness quickly and safely
* Light touch, short term service to identify a rapid resolution to crisis response
* Identify sources to increase income
* May involve one-time financial assistance
* Help households identify alternatives to HUD homelessness
* Help households identify and resolve immediate barriers to housing
* Mediate conflict resolution between landlords, friends, or family

Examples of Rapid Resolution / Problem Solving solutions access points provide, but are not limited to:

* Assistance in identifying and applying for benefits
* Liaison between community partners who offer one-time financial assistance, food support, or basic needs
* Securing grant funding to offer their own financial, rental, food, basic needs, transportation assistance
* Employment search, job board/club, counseling
* Housing search, both market rate and subsidized waitlist referrals
* Conversations on future stability planning, life skills coaching
* Referral to mental health resources
* Budget planning

## Prevention

Prevention assistance is available across the CoC, funded through State and community based resources. Prevention funds are targeted to families with or without children, youth/unaccompanied youth and single adults, and most are used for direct assistance or services, such as:

* Rent
* Utilities
* Other living expenses
* Housing search/navigation
* Support services
* Case management
* Independent living skills
* Budget planning

Resources are targeted locally using a prevention targeting tool that prioritizes households based on risk factors that determine likelihood of the household becoming literally homeless.

# Section 4 – **ACCESS AND ASSESSMENT**

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## Definitions

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

**Certified Assessor:** To be considered a Coordinated Entry Assessor, training and ongoing education must be completed annually on both Rapid Resolution / Problem Solving, and Supportive Housing assessment. Training is available on SMAC’s website 24/7. All assessors must complete a recertification quiz each year to maintain certification as a Coordinated Entry assessor in SMAC. Coordinated Entry Staff will ensure assessors complete the appropriate trainings.

Expectations for assessors:

1. Complete a Rapid Resolution/Problem Solving Screening.
2. Complete the Ramsey/SMAC Supportive Housing Assessment with all households who are unable to be diverted and meet eligibility.
3. Ensure data is entered into HMIS for all households completing the assessment. The assessor is not necessarily responsible for the data entry but must get assessment data to the HMIS data person within their agency.
4. The assessing agency responsible for entering client data into HMIS is responsible for maintaining its quality. Assessing agency will update the assessment data in HMIS every 60-90 days. Coordinated Entry Staff is responsible for keeping and maintaining the list of clients to be contacted every month.
5. Assessors will be included on the referral from the Coordinated Entry Staff when a household they have assessed is referred to a Housing Provider. If the assessor has an ongoing relationship with the client, the assessor is expected to reach out to the household to alert them there is an open referral waiting for them. The assessor may also help to facilitate a warm hand off to the Housing Provider.

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

**Ramsey/SMAC Supportive Housing Assessment:** A household is eligible for a supportive housing assessment if they are staying in a place not meant for habitation, Emergency Shelter, or are fleeing/attempting to flee DV (hereafter referred to as “HUD homeless”) at time of assessment, or are Long Term Homeless upon time of assessment and were HUD homeless in the previous 90 days. The assessment will be conducted in order to identify linkage to appropriate housing intervention (Transitional Housing, Rapid Re-housing, Long-Term Housing Assistance or Permanent Supportive Housing) and priority for unit/bed opening based on Prioritization Process in Section 5 of this document. All changes to this assessment are done by the Ramsey/SMAC Assessment group.

## Individuals Staying in Segregated Settings

A household is eligible for receiving a Ramsey/SMAC Housing Assessment if they:

1. Meet the definition of Long Term Homelessness prior to institutionalization or incarceration and were HUD homeless within 90 days prior to institutionalization or incarceration.
2. Meet the definition of HUD Homeless prior to institutionalization or incarceration if the stay is 90 days or less.
	1. When HUD adjusts the definition to remove the 90-day limit, SMAC will also adjust accordingly.

A household who has completed a Ramsey/SMAC Supportive Housing Assessment may be added to the Priority Pool when their discharge date is within 30 days.

The person administering the assessment must be a SMAC trained assessor. This trained assessor can be staffed within the facility, or staffed from a community Access Point.

## Guidelines for Access Points

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

1. Access Points will follow all SMAC Coordinated Entry Policies and Procedures as outlined in the SMAC CES Policies document.
2. Access Points will agree to collect data through assessment tools and report all required data into HMIS within the timeframe required below in Access Point Monitoring, including Rapid Resolution / Problem Solving solutions and all Ramsey/SMAC Housing Assessments. Access Points will abide by the SMAC CES data quality and privacy standards including assuring client data privacy and obtaining required releases of information when necessary.
3. Access Points will follow-up with the households they’ve added to the Priority Pool every 90 days to update their SMAC/Ramsey Housing Assessment.
4. Access Points will ensure all Coordinated Entry assessors receive initial training and ongoing education. See Assessor definition above for details on training protocol.

## Access Point Best Practices

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

# Section 5 - **PRIORITIZATION**

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All households who complete the Step 2 Ramsey/SMAC Supportive Housing Assessment will be placed in the Priority Pool.

|  |  |
| --- | --- |
| Prioritization criteria for program openings serving **only adults 25+ without minor children:** | Prioritization criteria for all other program openings: |
| 1. Chronic Homelessness (HUD)
 | 1. Chronic Homelessness (HUD)
 |
| 1. Youth (aged 16 – 24)
 | 1. Youth (aged 16 – 24)
 |
| 1. Long Term Homelessness status (MN)
 | 1. HUD months homeless
 |
| 1. HUD months homeless
 | 1. MN months homeless
 |
| 1. MN months homeless
 | 1. Long Term Homelessness status (MN
 |

Clients will be offered the first housing option that matches their eligibility and preferences. If there are no eligible households experiencing Chronic Homelessness for a Chronic-dedicated project, CE staff will send the highest priority household.

## Management of the List Outside HMIS

Households have the right and the ability to participate in the Coordinated Entry process without a requirement for their date to be in HMIS. Victims of Domestic Violence who have been assessed by an agency covered by VAWA will not be added to the Priority List within HMIS. For anyone whose information is not shared in HMIS, Coordinated Entry Staff will maintain a list outside of HMIS on a spreadsheet. Coordinated Entry staff will ensure that the households on the external list are worked into the HMIS list through the prioritization process when filling housing openings. When a refer is made for a household on the external list, Coordinated Entry staff will work with the Assessing Agency to get releases of information between Coordinated Entry and the applicable Housing Partner.

## Chronic Homelessness

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

* 1. Order of Priority for dedicated/prioritized for chronic PSH
		1. Chronic for over or equal 12 months
		2. Chronic for less than 12 months
	2. Order for non-dedicated/prioritized PSH
		1. HUD Homeless and where the cumulative time homeless is at least 12 months
		2. HUD Homeless
		3. From THP who were HUD Homeless upon entering THP.

\*Note: SMAC discontinued the use of the VI-SPADT on 3/23/2020.

## Veterans

SMAC commits to maintaining Functional Zero under the criteria and benchmarks set out by the United States Interagency Council on Homelessness (USICH) for Ending Veteran Homelessness. If a veteran is identified, they will be referred to the MCVA Homeless Veteran Registry where they will be screened for veteran specific housing. If the MDVA determines the veteran is not eligible for veteran specific housing or if the veteran declines pursuing veteran resources, they will be prioritized by Coordinated Entry through Case Consultation. The veteran’s eligibility, needs and Rapid Resolution/Problem-Solving solutions will be discussed based on the veteran’s circumstances in relation to available program’s eligibility criteria. Referrals will be made in compliance with the USICH criteria and benchmarks for maintaining Functional Zero.

SMAC CES will coordinate closely with the MN Veteran’s Registry to ensure Veterans have access to all resources potentially available to them. Coordinated Entry Staff will cross-reference databases and update the registry of discrepancies between lists.

## Transition Plan

If a household is at high risk of returning to homelessness during the course of their housing program, the household may have the ability to transition to a different housing program that better fits their needs. The program staff that is currently working with the household from the Housing Provider will report the risk to the CES Advisory for review and approval. The CES Advisory will determine if the threshold for transferring has been met and available resources, to which the household can transfer.

## Domestic Violence

Victims of Domestic Violence or Sexual Assault that choose to access the Coordinated Entry System will be offered housing where they believe they may be able to safely live. If the household needs to leave housing obtained through SMAC CES for safety reasons program staff should follow the Transition Plan above. The CES Advisory will expedite all safety related requests.

If a household needs to be on a priority list in a non-SMAC region, Coordinated Entry Staff should make every attempt to work with that region to ensure a successful referral to that region’s priority list.

## Coordinated Entry Staff Responsibilities

1. Provide Coordinated Entry reports on a monthly basis to each Access Point.
2. Communicate with CES Committee monthly on data updates.
3. Manage referrals to vacant program openings. When a referral is sent to a Housing Provider the original Coordinated Entry assessor on the referral will also be included.
4. Ensure Housing Provider did their due diligence in attempting to reach referral through all means of contact listed in HMIS, including original assessing agency. Facilitate or participate in regular CES meetings specific to Priority Pool Management.
5. Coordinate with other list managers within SMAC and across the state.
6. Complete quarterly reporting of CES data and outcomes (according to the SMAC Coordinated Entry Policies Section 8) to the SMAC Governing Board.
7. Analyze reports for trends and system needs and communicate to Coordinated Entry Committee on a quarterly basis.
8. Communicate policy and procedure questions to the SMAC Governing Board for resolution.

## Priority Pool Monitoring

1. Monthly communication takes place with Access Points regarding assessment data.
2. Referrals are sent weekly. This will be tracked on Vacancy Tracking spreadsheet and reviewed by committees as requested.
3. Meeting participation at Coordinated Entry Committee and other planning meetings tracked through attendance. Attendance at 75% of meetings is required annually.

# Section 6 – **HOUSING REFERRAL AND PROVIDER EXPECTATIONS**

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Housing providers filling openings through SMAC CES will have all available openings for units/beds reported to Coordinated Entry Staff via the Housing Vacancy Form as soon as the opening is known. Coordinated Entry Staff will bridge communication between assessing agency and housing provider, to ensure SMAC maintains person-centered procedures both in philosophy and practice throughout the process from assessment through referral.

On the Monday following the Vacancy Report, the provider will receive a referral from the Priority List.

County residency prior to entry may only be considered if:

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

## Provider Expectations

Housing Provider will identify, in writing, all funder eligibility criteria for each program/project receiving referrals from the CES. The SMAC Governing Board will review all eligibility provided for each program/project and communicate concerns with the provider. Housing providers are responsible for notifying CE staff of any changes in eligibility requirements.

Housing Provider will request one referral for each program vacancy. More than one household will not be referred to the Housing Provider for a single vacancy.

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

* 1. Housing Provider will acknowledge the referral in HMIS within 3 business days of receiving the referral from Coordinated Entry Staff.
	2. Upon receiving the referral, Housing Provider must attempt to:
	3. Contact the referred household within 3 business days of receiving the referral.
	4. Contact the household’s original Coordinated Entry assessor or assessing agency.
	5. Contact all other alternative contacts listed in the household’s assessment.
	6. Use of Facebook or any other social media whenever appropriate and possible.
	7. Contact recent service providers noted in HMIS.
	8. Over a minimum of 5 business days, the housing provider will make every attempt to contact the referred household. Provider will document all attempts including contacting alternative contacts. Attempts should include calling, texting, and emailing the client and alternative contacts if possible.
	9. Provider will collect all required documentation to ensure eligibility at the time of their intake.
	10. The goal is to meet with the client and enroll or deny them as quickly as possible and within an average of 15 days of initial client contact.
	11. If the Housing Provider is still attempting to contact the client at minimum 14 days after the referral is made, the Housing Provider will update the Coordinated Entry Staff on progress.
	12. When provider officially accepts a client, they must inform the client that they have the right to refuse and wait for another program.

Referred household will be accepted into the housing program if found appropriate and eligible for program.

Provider denial

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

1. Client does not meet the eligibility criteria that is required by the program’s funder. All such funder requirements must be submitted to the SMAC Governing Board.
2. Client cannot be located within a minimum of 5 days of the referral being made to the program.
3. Client is not following through with the referral process after initial contact.
4. Client cannot locate Scattered Site housing within time frame required by the program. Programs with timing requirements must report those time limits and they must be noted in their published eligibility criteria in order for a client to be denied on this basis.
5. Conflict of interest.

A provider cannot deny a household based solely on HMIS data as it pertains to housing history, disability, mental health diagnosis, income, etc. without first making contact with the household to verify information.

# Section 7 - **CLIENT CHOICE, ASSIGNMENT REFUSAL, REMOVING A CLIENT FROM THE PRIORITY POOL, AND GRIEVANCE PROCESS**

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## Client Choice

1. Clients have the right to request a less intensive program (PSH to RRH/THP).
2. Assessment tool includes questions that notify client that they have choice and the right to refuse the program.

## Assignment Refusal

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

## Removing a Client from the Priority Pool

To ensure that the coordinated entry system works as efficiently as possible, to maintain focus on identifying the clients most in need of services, and provide housing providers quality housing referrals, clients may have their referral removed from the priority list if they do not maintain contact with CES. If a client loses contact with CES, they may re-engage at any time by resuming contact through their local assessing agency. Their prioritization will not be adversely affected by being re-added. If at all possible, a message will be left to the household stating the reason they are being removed, and to reach out to their original assessing agency to reengage to be added back to the list.

A referral will be removed from the priority list when the household:

* Will be in an institution for over 90 days
* Are unreachable after 2 weeks of outreach
	+ All modes of contact need to be tried at least once, including alternative contacts and case workers
* Has self-resolved
* Moved out of CoC with no plans to return
* States they do not want to be on the list
* Resides in a Board and Lodge or other housing with no imminent end date

## Grievance Process

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

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

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

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

**Provider to Provider Grievance**

The provider should address concerns initially with their local Heading Home group. If the issue is not resolved, the provider can fill out a Provider Grievance Form and address the SMAC Coordinator first, who then shares with CE Advisory Committee. If the concern does not feel resolved in a satisfactory way, the following procedure can be used to file a grievance with the SMAC CES.

* + 1. Collect documentation on the measures taken thus far to address concerns with the other party directly
		2. Outline the discussion of the concern by your county Heading Home group, and collect documentation the continuation of the concern despite Heading Home intervention.
		3. Email all of the above to the SMAC Coordinator with the Provider Grievance Form.

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

The Coordinator will contact the agency in question to request a response to the grievance. Once the Coordinator has received the documentation they will decide if the grievance is valid and determine if further action needs to be taken. If the individual or agency filing the grievance, or the agency against whom the grievance is filed, is not satisfied with the determination they may file a grievance with the SMAC Governing Board. This must be done by providing a written statement regarding the original grievance, and why the complainant disagrees with the decision made by the Team.  The Governing Board Chair will bring the matter to the Governing Board for discussion and a final decision.

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

# Section 8 - **REPORTING/EVALUTION**

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Information will be gathered quarterly by the SMAC Staff and presented to the SMAC CES Committee. All data will be presented and evaluated through a racial equity lens.

The reports will contain the following:

* + 1. Number of households assessed
		2. Number of referrals made
		3. Number of referral denials made
			1. Reasons for referral denials
		4. Number of households in Priority Pool for 0-30 days, 31-60 days, 61-90 days etc. (to 1 year)
		5. Number of households experiencing Chronic Homelessness
		6. Number of households who returned to homelessness
		7. Number of program openings

# Section 9 – **DATA PRIVACY AND DATA SHARING**

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*\*From MN CES Policies and Procedures*

## Data Privacy

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

## Data Sharing

All CoCs will follow the Data Sharing policies developed by the HMIS Governance. It is the responsibility of the individual to follow HMIS, HUD, and its agency’s policy for maintaining client records.

## Case Consultation Release of Information

SMAC has a Case Consultation Release of Information clients must sign to have the progress of their case discussed during the consultation. All participating providers in the Case Consultation must be approved HMIS users, so if a client has not signed the additional release, the discussion about each case must be limited to what information is in HMIS.