



# Coordinated Entry Policy Manual

Adopted 2015, revised 6/16/2022

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## Eligibility for Assessment

The establishment of eligibility criteria is needed to assure that the Ramsey Continuum of Care's (CoC) resources, specifically, those resources that receive referrals through the Coordinated Entry process, are prioritized to those most in need. In accordance with HUD guidance, local priorities, and the need to prioritize supportive housing resources, a set of eligibility criteria will guide assessors in determining who is eligible for an assessment in the Coordinated Entry (CE) process.

## Screening

Individuals or families that are seeking a coordinated entry assessment will be screened to determine eligibility. This screening will capture the length of time homeless and "type" of homelessness they have experienced over the last five (5) years. To proceed in the assessment process, the individual or family must meet the eligibility criteria that has been established for their population group.

Individuals and families who are newly homeless or do not meet the CE eligibility criteria, will be referred to mainstream resources by the CoC Assessors.

## Eligibility

Eligibility is defined for the populations of youth, single adults, and families:

- **Youth** – Unaccompanied individual that is ages 16 through 24 years old and minor aged heads of household with dependent children.
  - MN Homeless
  - HUD Homeless
  - Federal definitions of homeless youth (RHY, McKinney-Vento)
- **Single** – An individual that is 25 years old or older
  - Long-Term Homeless (LTH)
  - Chronically Homeless
  - HUD Homeless category 4 only: attempting to flee or fleeing domestic violence, dating violence, sexual assault, stalking, and/or trafficking
- **Family** – A household that consists of at least one guardian and at least one dependent child.
  - HUD Homeless
  - Long-Term Homeless (LTH)
  - Chronically Homeless

## Definitions

**MN Homeless** - Any individual, unaccompanied youth or family that is without a permanent place to live that is fit for human habitation." Doubling-up is considered homeless if that arrangement has persisted less than 1 year.

### HUD Homeless

- An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals);
- An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
- Any individual or family who: Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; Has no other residence; and lacks the resources or support networks, e.g., family, friends, and faith based or other social networks, to obtain other permanent housing.

**Long Term Homeless (LTH)** – Persons including individuals, unaccompanied youth, or families with children who lack a permanent place to live continuously for a year or more or at least four times in the past three years. Time spent in an institutional care or correctional facility shall be excluded when determining the length of time a household has been homeless except in the case where an individual was in a facility for fewer than 90 days and was homeless at entry to the facility. Episodes can include time doubled up and couch hopping. Doubling-up is considered homeless if that arrangement has persisted less than 1 year.

#### **Chronically homeless**

- A “chronically homeless” individual is defined to mean a homeless individual with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.
- Chronically homeless families are families with adult heads of household who meet the definition of a chronically homeless individual.

#### **Federal Definitions of Homeless Youth**

- **Runaway and Homeless Youth Act (RHY)** – Individuals who are not more than 18 years of age if seeking shelter in a Basic Center Program, or not more than 21 years of age or less than 16 years of age if seeking services in a Transitional Living Program, and for whom it is not possible to

live in a safe environment with a relative, and who have no other safe alternative living arrangement.

- **McKinney-Vento Homeless Assistance Act** – Lack a fixed, regular, and adequate nighttime residence,” including sharing the housing of other persons due to loss of housing, economic hardship, or similar reasons; living in motels, hotels, trailer parks, or campgrounds due to lack of alternative accommodations; living in emergency or transitional shelters; and living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar places.

**Dependent Child** - member of the family (except foster children and foster adults) other than the family head or spouse, who is under 18 years of age, or a person with a disability, or is a full-time student.

## Assessor Approval and Training

### Assessing Agencies

An agency wishing to provide assessments must complete the application process prior to getting staff trained on assessments. Applications will be reviewed by Priority List Managers for approval.

Once an agency is approved, they must sign the Assessing Agency Agreement and return to Priority List Team. After the Assessing Agency Agreement is signed, any staff at that agency can become an assessor, provided they follow the Assessment Training procedure.

### Assessor Training

To ensure consistency in the administration of the Coordinated Entry Assessment, all assessors will complete appropriate foundational training, receive certification, and attend refresher trainings at least annually to maintain certification.

Each agency wishing to assess clients will sign the Assessing Agency Agreement prior to individual assessors beginning the process.

Steps to become a Certified CE Assessor:

1. Attend Ramsey CE Assessor Training.
2. For CEYS (youth and singles) assessors:
  - a. Shadow a Certified Assessor for at least one (1) complete assessment.
  - b. Complete at least one (1) assessment and participate in APT debriefing session to receive feedback on performance.
3. For CAHS (family) assessors/navigators:
  - a. Shadow a Certified Assessor for at least two (2) complete assessments.
  - b. Complete at least one (1) assessment under direct supervision of a Certified Assessor and receive feedback on performance

4. All Certified Assessors must attend an annual Ramsey CE Assessor Training to maintain certifications.
5. Certified Assessors are required to attend quarterly APT meetings. At least one Certified Assessor from an Assessing Agency must attend each quarter.
6. Certification will be documented by Ramsey Continuum of Care (CoC) staff.
7. In cases of non-compliance with this policy or the Assessor Agreement, assessor certification may be suspended by CoC staff and/or revoked by the CoC Governing Board Executive Committee.
  - A. At the direction of the CoC Governing Board Executive Committee, CoC Staff will monitor assessors who have been identified as not adhering to this policy or the Assessor Agreement on a quarterly basis to ensure compliance. During this monitoring process, feedback will be sought from Priority List Managers and other assessing agencies to gather further recommendations for improvement.

## Prioritization and General List Management

**Background:** In accordance with HUD guidance, local priorities, and the need to prioritize supportive housing resources, a procedure is required for maintaining individuals on the housing priority list. This procedure details how completed assessments will be prioritized and how conflicts will be resolved.

### List Prioritization

Once their names have been placed on a list, all Clients will be prioritized as follows:

#### 1. **\*Homeless Status**

First, households are prioritized by homeless status. Below represents the order of homeless status prioritization:

- a. Chronic Homeless
- b. Long Term Homeless (LTH)
- c. HUD Homeless/ Literally Homeless
- d. Runaway Homeless Youth (RHY) - youth only
- e. Minnesota Homeless
- f. At imminent risk of homelessness

#### 2. **Length of Time Homeless (LOTH)**

For all clients with the same homeless status, the reported length of time homeless is prioritized. LOTH is measured in months and is captured through the CE Supplemental Questions assessment. This prioritization relies largely upon the household's self-reported history, requiring no verification, and considers a household's housing history from the last three years.

LOTH is considered at two levels of prioritization:

- a. LOT HUD Homeless - Initially, households are prioritized by the total number of months the household reported experiencing HUD/Literal homelessness. Households with longer LOT HUD Homeless have a higher priority than those with shorter LOT HUD Homeless.
- b. LOT Minnesota Homeless - If households have the same LOT HUD Homeless, the total number of months the household reported experiencing Minnesota homelessness is prioritized. Households with longer LOT HUD Homeless have a higher priority than those with shorter LOT HUD Homeless.

### 3. **Veteran Status**

If two households have identical priority based on the criteria listed above, and one household is a Veteran household and the other is not, the Veteran household is prioritized over the non-Veteran household.

### 4. **Minor Youth**

If a housing provider able to house minor youth reports a vacancy, the priority list manager will first consult the minor priority list for an appropriate referral. If there is no appropriate person listed on the minor priority list to refer to the vacancy, then the priority list manager will make a referral from the full youth priority list according to the standard prioritization process.

## Accelerated Prioritization for Veterans Experiencing Homelessness

CE will prioritize veterans for homeless-designated housing in cases where:

- Veteran status is confirmed
- Needs can't be met by VASH or SSVF
- Eligible for homeless designated housing and assessed for Coordinated Entry process.
- Not yet referred to homeless designated housing despite being on registry 60+ days.

In these cases, MDVA will submit an application to CEYS or CAHS on behalf of the veteran and they will be referred to the next rapid rehousing or permanent supportive housing (depending on which intervention their Coordinated Entry assessment has identified) opening that occurs.

*Accelerated prioritization for veterans will expire when HUD has declared Functional Zero for Veteran Homelessness in Ramsey County CoC*

## Temporary CE Policy

Coordinated Entry will prioritize single adults or couples without children, age 18 and older, who are HUD Chronically homeless in the Ramsey County COVID shelter operation until July 1st, 2022.

## Other List Management

Prior to households being removed from the priority list, efforts to make contact should include calling, texting or emailing the client directly; creating a "Note to Client" within the "Incident" sections of



the clients HMIS Client Profile to alert shelter and drop-in center staff if the client accesses services; and reaching out to all contacts listed in the clients HMIS record.

Household names may be removed from the official priority list and moved to a suspended list if:

- A household has been referred to three different vacancies and each referral was denied because the housing program could not make contact with the household; OR
- Assessors, relevant shelter staff, outreach workers, St. Paul Public Schools Project REACH staff, and housing programs have not come into contact with that household for more than 90 days for single adults and families and 6 months for youth 24 and under, since their first referral date.

Priority list managers will include a note that they were removed from the list due to inability to contact. Households on the suspended list will not be referred to fill housing program vacancies. If shelter staff, assessors, outreach workers, or housing programs are able to make contact with a household on the suspended list, the household's name will return to the priority list assuming no major life changes have occurred. If any major life changes have occurred, the situation will be reassessed.

## Client Choice

Background: This policy addresses the ways in which the Ramsey County Coordinated Entry system can accommodate client preference and circumstances when presented with a housing opportunity, and how the system will respond to clients requesting a lower level of service than the assessment has identified. Priority List Managers will ensure that the clients information is updated and that they are following the clients choice in the referral process.

1. Once a client has been contacted for a housing referral either through the CEYS system or the CAHS system, they have one of two choices:
  - a. Accept the referral and continue with the housing provider's process
  - b. Turn down the referral
2. If the client chooses to turn down the referral or is no longer in communication or able to be contacted, the reason needs to be provided to either CEYS or CAHS.
  - a. In CAHS, the reason should be provided to the client's assessor, in writing when possible
  - b. In CEYS, the reason should be provided to the housing provider, in writing when possible. The housing provider will report the client refusal and reason to CEYS
3. If the client refuses a referral, they will be returned to the priority list at their original spot. The reason for refusal, when given, will be documented by CAHS and CEYS.
4. If a client refuses a second referral, the same procedure stands.
  - a. When the priority list manager receives a second refusal from a client, the priority list manager will facilitate contact with the client in order to communicate that a third refusal will trigger a discussion with TRACE as outlined below.
5. On the third time a client refuses a referral, the case may be brought to TRACE with information about the previous client refusals and reasons for refusal. TRACE will make a recommendation to:
  - a. Return the client to the priority list
  - b. Remove the client from the priority list

- c. Be added to the suspended priority list
  - d. Be added to the case consultation list
6. Households may be removed from the official priority list and moved to a suspended list if
    - a. A household has been referred to three different vacancies and each referral was denied because the housing program could not make contact with the household; AND Assessors, relevant shelter staff, outreach workers, and housing programs have not come into contact with that household for more than six months since their first referral date.
    - b. Households on the suspended list will not be referred to fill housing program vacancies. If shelter staff, assessors, outreach workers, or housing programs are able to make contact with a household on the suspended list, the household will return to the priority list assuming no major life changes have occurred. If any major life changes have occurred, the situation will be reassessed.
  7. The priority list manager will facilitate contact with the client once more to communicate the outcome of the case consult with TRACE.
  8. At any point during the intake process with the housing provider, the client still has the option to refuse the referral, and the above procedure will be followed based on the number of previous referral refusals the client has made.
  9. Clients denying a referral due to an inappropriate level of support (e.g. being referred to RRH when PSH is more appropriate) will not have the denial negatively impact them.
  10. All client denials are evaluated as needed on a case-by-case basis in order to determine when and what action needs to be taken.
  11. This policy does not address the effect that turning down a referral might have on a client's shelter stay. Clients should be informed that turning down a referral to a housing program could affect their shelter stay, and to consult with their shelter advocate.
  12. If the client has concerns about the housing referral process, they should follow the steps detailed in the [grievance policy](#).

## Prioritization Policy for Prevention

People seeking prevention assistance will be screened and prioritized based on the following criteria:

Types of notification received indicating potential eviction from the residence:

1. Already been to court or writ issued
2. Pending court date
3. Written notice from landlord
4. Verbal notice from landlord
5. Currently homeless

How long until housing loss is expected:

1. Actual housing loss expected within 3 days
2. Actual housing loss expected within 10 days
3. Actual housing loss expected within 3 weeks
4. Action housing loss expected within 1 month

## 5. Other

If a client is currently homeless, they may be referred to an assessor to receive the assessment for homeless services (RRH, supportive housing, etc.).

## System Transfers

Households often move between population classification, either entering the system as a youth or adult and later adding children to their household, or entering the system as a family and later being classified as a single adult or youth. This policy addresses the need for responsive, consistent system transfer between Coordinated Entry for Youth and Singles (CEYS) and Coordinated Access to Housing and Shelter (CAHS), at time of identification or after assessment, but prior to housing, keeping in mind the need for client centered practices and eliminating barriers to successful housing placement.

### At identification or entry

1. If a family, youth, or single contacts the incorrect access point to get assessed, they will be promptly redirected to the appropriate entry point.
2. The staff member who redirects the household will contact the alternate system and inform them of the priority date, so that they may keep their priority date as the date of first contact.

### After assessment

1. If after assessment the individual indicates they will be adding a dependent child to their household upon entry to housing, contact will be made with CAHS.
  - a. CAHS will keep the priority date as identified by CEYS
  - b. CAHS will complete the family assessment in its entirety with the individual, but limit the questions to only those that have not already been answered in the previous assessment
2. If an individual identifies themselves as being pregnant, but not within three months of their due date, they will continue to be on the CEYS priority list and considered for openings through the CEYS system until they are within three months of their due date, at which time:
  - a. If they are interested in being housed as a family once the child is born, they would be directed to contact CAHS for the family assessment, and the supplemental questions would be limited to only those that have not already been answered and aren't changing with the addition of a child to the household.
  - b. They will remain on both CAHS and CEYS priority lists until the baby is born, at which point they would be exited from the CEYS system and considered only for family openings through CAHS
3. If CAHS is informed that a family will no longer have dependent children in their household, contact will be made with CEYS.
  - a. CEYS will keep the priority date as identified by CAHS
  - b. CEYS will complete the singles assessment in its entirety, that includes ensuring that all relevant ROI's have been signed and the clients alternate contacts are current.

Otherwise, this process will be limited to the questions that have not already been answered in the previous assessment.

## Housing Referral Procedure

Background: This policy outlines how openings are reported to the priority list teams, and how and when the priority list team chooses who to send to the opening, the process for handing off a referral to housing provider, and the procedure for acceptance and approval by both housing provider and client.

### Housing Openings

1. Supportive housing openings are reported to coordinated entry via email using the [housing vacancy report form](#).
2. Openings are reviewed by the CE Priority List Teams Monday through Friday during regularly scheduled meetings.
3. When a program reports an opening, CE Priority List Team has five business days to identify an appropriate referral.
4. If the CE Priority List Team cannot provide an appropriate referral after five business days, the housing provider may make the opening available to the larger community through other county coordinated entry systems or other referral sources.
  - a. If the provider finds a non-Ramsey household to fill the opening, they may begin the intake process directly with the household.
  - b. If the provider identifies a Ramsey CE household that may be eligible for the opening, the household is directed to a CE assessor for a housing assessment.
    - i. If the housing assessment confirms that the household is a fit for the opening, they will be referred to the program.
    - ii. If the housing assessment indicates the household does not meet the criteria for the opening, then no referral will be sent, and the household will be placed on the list in accordance with the prioritization policy.
  - c. If the CE Priority List Team comes across an eligible household after the opening has been made available to the larger community, the CE Priority List Team will contact the provider to see if a referral can still be made.
    - i. If the provider has already begun the intake process with a non-Ramsey County household, then the provider can continue working with that household.
    - ii. If the provider has not identified another household for the opening, then the CE Priority List Team referred household has priority for referral.
  - d. If opening is filled outside of Ramsey CE then housing providers must let the CE Priority List Team know by email within 24 hours.

### CE Priority List and Referral Procedure

1. The CE Priority List Team will identify the next appropriate household for the opening from the priority list. An appropriate referral is one that:
  - a. Meets funding eligibility, licensing, and for site-based programs, property management requirements.

- b. CE Priority List Team will prioritize households who are members of the target population of the program and will not deny access to housing based on protected status.
2. The singles and families Priority List Teams will give the household at least two business days to respond to contact regarding a possible referral. During this time the CE Priority List Team must try all provided methods of contact for the household, alternate contacts within HMIS, providers that have made recent updates to the clients HMIS record, and also try contacting the location the household last reported residing at, if a release of information is on file between that location, the household, and the CE Priority List Team.
3. After two business days, if a household still cannot be reached, the household will be returned to the supportive housing list and the referral process will begin again.
4. Once a household has been selected for the opening, a member of the CE Priority List team contacts the household and provides them with the following information as available:
  - a. The name of the housing provider and the specific program.
  - b. The bedroom size.
  - c. The level of subsidy
  - d. The location of the unit.
  - e. The duration of the program.
  - f. CE Priority List team will do a housing assessment update to ensure the household has maintained eligibility for the program to which they are being referred.
  - g. Households are also told that the housing provider will be in contact with them within approximately one week to schedule an interview. Households are instructed that if the provider has not contacted them within a week to follow up with CE staff and the CE Priority List Team will reach out to the provider to check on the status of the referral.
5. Once a household has been informed of the opening, the referral is sent by the CE Priority List team to the housing provider's designated point person for the program that reported the opening.
6. The youth Priority List Team is exempt from 2-5, and may send referrals directly to the provider without contacting the client first.
7. The referral includes:
  - a. The referral form.
  - b. For households with at least one adult and minor children ONLY:
    - i. Copies of all documentation required by the provider, i.e. birth certificates, social security cards, photo IDs, disability documentation, Long Term Homeless verification, Rule 25.
    - ii. Background checks (BCA and Ramsey County courts).
    - iii. If client has consented to HMIS statewide data sharing, CE Priority List staff email provider to share clients(') HMIS id.
8. Provider must acknowledge client referral in HMIS within five (5) business days.
  - a. Housing providers are responsible for accepting or denying referrals within 2 business days then the provider must contact PLM's with their decision.
  - b. Housing providers are responsible for using all relevant contacts within HMIS to contact the client within five (5) business days.
  - c. If provider determines client is eligible and decides to continue with the intake process:
    - i. Provider enters date of acceptance and confirms eligibility in HMIS.

- ii. Once client is housed, provider enters date housed in HMIS.
  - iii. Provider completes referral form detailing the acceptance and emails form to CE Priority List team.
- d. If provider determines client is not eligible and does not continue with intake process:
  - i. Provider denies client in HMIS, completing denial workflow to refer client back to the priority list.
  - ii. Provider completes referral form detailing the denial and emails form to CE Priority List team.
  - iii. After CE Priority List team receives completed referral form and denial is approved, CE Priority List team will refer a new client following the process stated above.
  - iv. After CE Priority List team receives completed referral form and denial is not approved, CE Priority List team will negotiate with provider and/or denial will be reviewed by TRACE.
- 9. If client has not consented to HMIS statewide data sharing, referral will be sent as detailed above, with the assessment questions sent outside of HMIS, with the provisional acceptance, denial, and move-in reported only via email between the housing provider and CE Priority List team.

## Program denials

This policy addresses how the Ramsey County Coordinated Entry system should handle denials by housing programs, especially when the denial falls outside the realm of predetermined acceptable denial reasons or eligibility requirements.

1. If a housing program denies a client referral, PLM's must contact the client to inform them of the decision and the next steps within Coordinated Entry to determine if the denial was acceptable per the program referral/denial form. Additionally, PLM's must inform the client of the TRACE process where clients can appeal the decision.
2. When a housing program submits a denial to Coordinated Entry, the priority list manager will determine whether or not the denial is within the scope of acceptable denial reasons, as specified on the program referral/denial form.
3. If the denial does not fall into any of the categories of acceptable denials, the priority list manager will discuss with the housing program the reason for denial and attempt to resolve the issue.
4. If the denial cannot be resolved at this point, it will be brought to TRACE for discussion and decision. A replacement referral will not be sent, and the referral and opening will be put on hold until TRACE can come to a resolution with the housing provider.
5. In instances when the issue cannot be resolved by either the priority list manager or by TRACE, the issue will be brought to Heading Home Ramsey (HHR) for a final decision.
6. All denials will be recorded in detail and reported on to HHR for funding purposes.

## Program Transfer within Supportive Housing

Once in housing, the needs or composition of a household may change, or additional needs may be identified. In the interest of preventing a return to homelessness whenever possible, this policy addresses how program transfers should be handled in these instances.

Reasons for transfer may include:

1. Eligibility change e.g. aging out of youth program, change in household composition or unit occupancy.
2. Service needs change, such as a higher service need or specialized service.
3. Personal safety within the housing program or in the community where the housing program is located.
4. Client choice
5. Other requested transfers

### Transfer request procedure

1. Housing programs or clients may contact Coordinated Entry staff to request a transfer. CE staff may include: PLM's, Assessors, Navigators, and/or TRACE committee members. Transfer requests should include relevant information about the reason for transfer that includes the client and program needs.
2. Coordinated Entry staff will forward requests to the CoC Coordinator for review by TRACE.
3. TRACE will make a determination of transfer approval and/or recommendations for other service/housing types keeping in mind:
  - a. Program eligibility once returned to the priority list, especially in terms of homeless status and capacity of the system to rehouse
  - b. Ease of transfer within program when possible (e.g. program moving a household from a 2-bedroom to 3-bedroom unit)
4. The Priority List Manager will inform the housing program of the decision and, if appropriate, place the household on the appropriate priority list. The opening created by the transfer shall be filled through Coordinated Entry.
5. Priority List Managers will report to CE at least quarterly the number of transfers, reasons for transfer, and outcomes.

### Alternate transfer requests

If a client, assessor, or other involved party would like to request a transfer, the person should use the [appeals/grievance process](#) to request the transfer. TRACE will consider each request and make decisions according to the procedure above. The Priority List Manager or CoC Coordinator will inform the requester and program of the decision.

### Housing Support LTH transfers

A household may request a transfer from one Housing Support LTH provider to another. The Housing Support LTH provider will submit the transfer request to the Ramsey County Housing Support Planner.

The opening created by this transfer will be filled through Coordinated Entry. The Housing Support Planner and/or the Priority List Manager will provide a monthly report to CE with the number of

transfers in the month and reasons for transfer. Transfers from Housing Support LTH to other program types will follow the procedure above.

## Move Up Policy & Procedure

Background: CE is working collaboratively with the St. Paul Public Housing Authority (St. Paul PHA) and the Metropolitan Council Housing and Redevelopment Authority (Metro HRA) to create additional housing opportunities for persons experiencing homelessness through the transition of PSH participants no longer in need of extensive support services to Housing Choice Vouchers (HCVs).

### Move Up participant Eligibility:

- Have lived in PSH for a minimum of two years and were homeless at the time of entry,
- Have an ongoing source of income,
- Have paid rent on time and in full for 10 of the past 12 months or are in compliance with Housing Support program, and
- Meet HUD public housing criteria:
  - Are connected to mainstream or community resources
  - Are not a lifetime registered sex offender
  - Have not been evicted from federally assisted housing for the manufacture of methamphetamine (meth);
  - Have not been evicted within the last three years from federally assisted housing for drug-related crime; and
  - Are not currently engaged in illegal drug use or threatening activity
  - Please note that the PHA criteria listed above is the minimum required by HUD. Each PHA may establish additional or stricter criteria for admission.

### Participating PSH Provider requirements:

PSH providers must attend training on the use of the Move Up tool before participating in Move Up. PSH Providers are responsible for screening participants for eligibility and completing the Move Up tool and referral form in collaboration with participants. All vacancies created through a Move Up transition **must** be filled through Coordinated Entry. If a PSH provider chooses to misrepresent their client in the Move Up referral or to fill the resulting vacancy outside of coordinated entry, CE reserves the right to disallow the PSH provider from making further Move Up referrals.

HCVs may be used for units within the geographic region, within the Local Payment Standards, and able to pass a Housing Quality Standards (HQS) inspection. If a participant is residing in a unit that meets these criteria, they may continue to use the HCV in their current unit. If the participant requires a move to use the HCV, the PSH provider is responsible to support the participant in completing a housing search. The PSH provider is *not* financially responsible for security deposits or other moving expenses.

### Procedure:

1. The PHA/HRA will notify the CoC Coordinator and Coordinated Entry Program Assistant of Move Up openings.



2. The CoC coordinator or CE Program Assistant will notify PSH providers of openings with deadline for submission of referrals.
  - a. PSH providers may also submit referrals when there is not a notification; however, there is no guarantee that an opening will occur.
3. PSH providers will complete the Move Up tool and referral form with signature of case manager *and* participant and submit to CoC Coordinator and CE Program Assistant.
4. All eligible participants with submitted referrals prioritized according to:
  - a. Score on Move Up assessment tool (highest to lowest), followed by
  - b. Number of months participant has been in PSH (highest to lowest).
5. Upon selection, the CoC Coordinator or CE Program Assistant will notify the PSH provider, the PHA/HRA, and the participant.
6. The PSH provider will support the participant through their transition to the Move Up program. If a housing search is required, the PSH provider will support the participant in the housing search.
7. Upon transition, the PSH provider will report a vacancy to the appropriate Priority List Manager.
  - a. The PHA/HRA will report Move Up move-ins to CoC Coordinator and CE Program Assistant on the first of every month to ensure that all Move Up openings are being reported.

On a quarterly basis, a group consisting of the following representatives will review implementation of Move Up - monitoring participant success and referral processes - and will report to CE.

- Representatives from St. Paul PHA and Metro HRA
- Representatives from each Priority List Management team
- Coordinated Entry Program Assistant
- CoC Coordinator

CE entrusts this group to make adjustments to the Move Up Procedure including but not limited to:

- Setting a threshold score for Move Up eligibility to align number of referrals with number of openings
- Disallowing PSH providers from making Move Up referrals as per policy
- Making changes to the Move Up tool or referral form when needed by PHA/HRA

## Fair and Equitable Access

Purpose: Coordinated Entry Workgroup (CE) will make every effort to reasonably accommodate for fair and equitable access regardless of actual or perceived status including:

- Race
- Ethnicity
- Color
- National origin
- Religion
- Sex
- Age
- Marital or familial status
- Disability or handicap

- Sexual orientation
- Gender identity, including transgender
- Immigration or refugee status
- Child protection involvement
- Ability to apply for services with or without special outreach to address barriers to housing or services such as:
  - lack of consistent access to phones or email
  - too little or no income
  - receipt of public benefits
  - history of or active substance abuse
  - history of or actively fleeing domestic violence, dating violence, sexual assault or stalking
  - resistance to receiving services
  - type or extent of services or supports that are needed (including disability related services)
  - history of evictions or poor credit
  - lease violations
  - lack of documented housing history
  - criminal record

Housing Navigators are responsible for pulling the Top 25 individuals or families on the Priority List to call and make any updates to the clients record as it relates to contact information. This may also include case consultation to help support a Dynamic Prioritization process.

## Overview

1. This policy recognizes that equal access is not always equitable; therefore, CE will ensure equitable access to services and accommodations that reflect the needs of the household.
2. Households will not be turned away at any point throughout the coordinated entry process because of actual or perceived membership in one of the above listed groups. Some examples include:
  - a. If someone requires an interpreter or translator, they will have access to one at every point in the process, and this will not limit the services they are seeking.
  - b. Households that present with disclosed, undisclosed, or vulnerability to chemical dependency will have equitable access to housing opportunities, regardless of current chemical use.
  - c. A household with mobility issues may request accommodation in order to complete the assessment process at a different location, and CE will work to ensure the assessment is done somewhere that is accessible for the household.
3. If a client has undiagnosed, unknown or unshared health issues, this will not impact eligibility for coordinated entry. It may, however, affect eligibility for particular housing programs that offer specific supports based on health needs.

## Complaints and grievances

Anyone accessing the coordinated entry system in Ramsey County is encouraged to report any issues or complaints about the system. This includes, but is not limited to, issues with access to the system,

treatment by front line staff, or complaints about the housing priority list or referral process. (See also [Grievances and Appeals](#))

1. Households will be given the information to access the [complaint and grievance form](#), what to expect for follow up, and information on how to get assistance in completing the form if needed.
2. Completion of this form or complaints filed will not negatively impact any client's involvement in the coordinated entry system

## Transfers, Reviews, and Accommodations in Coordinated Entry (TRACE)

An augmented process has been developed in order to ensure that services are provided to all people experiencing homelessness, regardless of ability or willingness to participate in the regular coordinated entry process. For more information, please see the TRACE policy.

## Data collection and sharing information

Homeless Management Information System (HMIS) is a computer database used by most homeless providers within coordinated entry to reflect populations served. All clients must be informed of the purpose of HMIS, and if an adult client chooses to share information in HMIS, a release of information will be signed. Any household entering the coordinated entry system has the right to decline an HMIS release of information and this will not negatively affect services received.

For example: If a family experiencing immigration status concerns accesses coordinated entry and chooses not to share information in HMIS, this family will still be placed on the priority list and be considered for supportive housing openings fairly and without bias.

## Applicable federal and state regulations

Heading Home Ramsey (HHR) has developed and operates a coordinated entry system that permits recipients of Federal and State funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and sub-recipients of funding from HUD's Continuum of Care and Emergency Solutions Grant must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws, including the following:

- Fair Housing Act prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
- Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance.
- Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color, or national origin under any program or activity receiving Federal financial assistance.
- Title II of the Americans with Disabilities Act prohibits public entities, which includes State and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance.
- Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments,

and other public accommodations providing housing, from discriminating on the basis of disability.

## Access to Coordinated Entry for Victim-Survivors

**Background:** This policy addresses the ways in which the Ramsey County Coordinated Entry system will ensure victim-centered, trauma-informed access to the CES for victims of domestic violence, dating violence, sexual assault, stalking, and/or trafficking.

It also addresses the requirement by HUD that a Coordinated Entry System “include a specific policy to guide the operation of the centralized or coordinated assessment system to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers.”

Ramsey County Coordinated Entry Workgroup (CE) will make every effort to ensure fair and equitable access to all who have a history of or who are actively fleeing domestic violence, dating violence, sexual assault, stalking, and/or trafficking (see also [CE Fair and Equitable Access Policy](#)) . Further, CE seeks to ensure access that is victim-centered, trauma-informed, and in compliance with all federal guidance on data privacy. In collaboration with Ramsey County victim service providers (VSPs), CE has developed the Access to Coordinated Entry for Victim-Survivors Policy.

### Access to assessment

All individuals and families self-identifying as fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, and/or trafficking will be considered HUD homeless and eligible to be assessed by a CEYS or CAHS assessor, regardless of where they are currently sleeping or if they currently own or lease a home.

### Assessment process and safety planning

Ramsey County CE Assessment (as approved by CE) includes questions about experience of domestic violence, dating violence, sexual assault, stalking, and trafficking. The purpose of these questions is to establish HUD homeless status, to determine eligibility for housing programs, and to complete required HMIS data fields. In collaboration with VSPs, CE has developed language for these questions that is victim-centered and trauma-informed.

When a client discloses experience of abuse in response to these questions, assessors will be trained to connect the client – in that moment or at a later time, as preferred by the client – to DV resources (e.g. the Minnesota Day One Crisis Line, Youth And Young Adult program at Tubman, etc.) to receive assistance with safety planning and connection to other desired services. Assessors will also be trained in trauma-informed assessment practices.

### Data Privacy

All individuals and families have the right to refuse (1) the inclusion of their data in HMIS and/or (2) statewide sharing of their personal data. Refusal of HMIS and/or statewide data sharing will not preclude

individuals or families from assessment, the priority list, or referral. Priority List Managers will ensure fair and equitable prioritization and referral of individuals and families who have not consented.

In accordance with the Violence Against Women Act, HUD has prohibited VSPs from entering data into HMIS. All clients being assessed by VSPs will not have any data provided directly to VSPs entered into HMIS whether by the VSP directly or by any proxy.

## Victim Service Providers as assessors

VSPs are welcome to complete assessments for the individuals and families to whom they provide services, provided they complete the Ramsey Assessor Training and meet all other requirements for CEYS or CAHS assessors as outlined in the Assessor Training Policy.

VSPs will be exempt from the requirement to use HMIS. VSPs serving as assessors will obtain a signed release of information from the client and provide client assessment information to priority list managers via secure email and/or password protected document.

## Inclusion in priority list

Individuals and families who are screened by VSPs and/or whose information is not stored in HMIS will be eligible to receive a referral to any housing opportunity for which they meet the criteria. Priority list managers will check the non-HMIS priority list to ensure that clients on that list are provided every opportunity to receive a referral through Coordinated Entry.

## Street Outreach Policy

All CoC outreach activities, projects, and initiatives will be integrated with the CoC's Coordinated Entry System design to provide a "No Wrong Door" model. The Outreach Worker will serve as one engagement resource and/or designated access point for coordinated entry assessment.

The CoC will provide regular assessor trainings to ensure outreach workers can complete coordinated entry assessments and are aware of the coordinated entry and TRACE processes. This training will ensure all persons encountered by street outreach workers are offered the same standardized process as persons who access coordinated entry through site-based access points. Outreach workers will also serve as a contact point after assessments are completed to help participants stay engaged with the process.

## Targeting Policy

**Background:** Heading Home Ramsey (HHR) recognizes that historic and current data reveal disparities—specifically, that certain communities of color (i.e. American Indian, African American), LGBTQ individuals, individuals who have experienced trauma, and other subpopulations are disproportionately impacted by homelessness. Furthermore, HHR recognizes that while HUD has provided guidance to ensure that CoCs adhere to Fair Housing and Anti-Discrimination Law, it has also provided the following guidance to encourage targeted supportive services in programs to some subpopulations:

- § 578.93 HUD Continuum of Care (CoC) “Recipients and sub recipients may exclusively serve a particular homeless subpopulation in transitional or permanent housing if the housing addresses a need identified by the Continuum of Care for the geographic area”; and
- § 578.93(b)(7) “Recipients may limit admission to or provide a preference for the housing to subpopulations of homeless persons and families who need the specialized supportive services that are provided in the housing (e.g., substance abuse addiction treatment, domestic violence services, or a high intensity package designed to meet the needs of hard-to-reach homeless persons).”

The HHR CoC Targeting Policy is designed to guide the HHR Governing Board in establishing the “needs” identified by the CoC (§ 578.93) in order to provide qualified housing agencies with the ability to target subpopulations that will benefit from specialized supportive services.

## Identifying CoC Target Subpopulations

Ramsey Coordinated Entry System (CES) is open to all households who meet the eligibility criteria established by Ramsey County Continuum of Care Governing Board. The CES standardized assessment is open to all individuals/households experiencing homelessness and is separated into sections which assist in determining homelessness, vulnerability, barriers, and other criteria related to eligibility for housing programs.

Eligibility criteria for each shelter and housing program in Ramsey CES will be based upon:

- Program standards as adopted by the HHR Governing Board; and
- Additional eligibility requirements established (in writing) by program funders and/or other legal agreements.
- No additional eligibility criteria may be added by shelter and housing programs that participate in Ramsey CES, unless (in rare cases) approved by the HHR Governing Board.

In addition to eligibility criteria, the HHR Governing Board will take the following steps to identify needs within the homeless population and will establish targeting criteria for programs that provide specialized supportive services to identified subpopulations.

On at least a triennial basis, the HHR Governing Board will take the following steps to identify HHR “high need” subpopulations:

1. The HHR Governing Board will make a public announcement to inform and invite stakeholders to the participate in the process to identify CoC subpopulation needs;
2. The Governing Board will review current and historic data (Point in Time, HMIS demographic and entry/exit reports, Wilder Research Triennial Study on Homelessness, St. Paul Public Schools Project REACH data, and other non-HMIS data sources, etc.) to identify subpopulations of high need, in other words populations that are disproportionately impacted by homelessness. In

order to be deemed “high need” by HHR, the subpopulation must meet at least one of the following criteria:

- a. Documented subpopulation conditions that reveal an increased risk of homelessness, including:
    - i. Historic trauma, such as generational displacement, forced assimilation, cultural and language suppression, and inability to control assets;
    - ii. Limited access to affordable housing and other resources due to gender identity, racial discrimination, immigration status, and/or language barriers;
    - iii. Health disparities, such as high rates of substance abuse, mental health disorders, and suicide; and
    - iv. Higher rates of being victims of violence, such as trafficking, sexual abuse, and domestic abuse;
  - b. Historic and recurring disproportionate representation of subpopulation in homeless counts/data;
  - c. Historic and recurring trends of having a higher percentage of unsuccessful exits from transitional or permanent supportive housing than of the general homeless population in Ramsey County (HMIS data);
3. Any individual or agency that believes a subpopulation should be identified by the CoC as “high need” will provide the HHR Evaluation Committee with data/evidence that supports inclusion (See 2.a-c above).
  4. Based upon the steps conducted above, the HHR Evaluation Committee will propose a roster of “high need” subpopulations for HHR to target with (no more than 10% of) shelter and supportive housing resources in Ramsey County.
  5. The HHR Governing Board will vote to adopt recommendations from the HHR Evaluation Committee for “high need” subpopulations (no sooner than 20 days after draft recommendations have been shared publicly).
  6. To ensure inclusion of newly identified “high-need” subpopulations in a timely manner, agencies may also provide the HHR Evaluation Committee with data/evidence that supports a population’s inclusion (See 2.a-c above) as part of the agency’s application to provide supportive services to that population. The process outlined in steps 4 and 5 above will apply to these applications.

## Identifying Agencies/Programs that will target specialized supportive services to subpopulations

Any agency/program that proposes to target specialized supportive services to populations must meet the following conditions:

1. Must be able to provide evidence that program has history and/or intent for providing specialized supportive services to the target subpopulation, including:
  - a. Data of clients served
  - b. Service model design that is unique and specialized to serve target subpopulation
  - c. Staff qualifications that match needs of target subpopulation
2. For culturally responsive agencies/programs, must be able to provide:
  - a. Mission and program activities explicitly designed to serve persons from targeted cultural sub-populations

- b. Board and staff composition the reflect the target subpopulation
3. Must be able to provide evidence/rationale that the agency's/program's specialized services are documented to (or can be reasonably expected to) lead to positive outcomes for their identified target population(s).

HHR will work with agencies that meet the conditions above to:

- Establish targeting criteria that will be used by CES to help guide target subpopulations to their programs;
- Develop performance measures to evaluate and learn from targeted service models (these measures should include what is required by funders and what is available in promising practices for the targeted subpopulation).
- Conduct evaluation and review (on at least a triennial basis) to identify and address system-wide barriers, to promote improvements to targeted service models, and (if needed) to make corrective changes where programs are not meeting the needs of their target subpopulation.

## Targeting procedures for Agencies/Programs and CE Priority List Managers

Agencies/Programs that have been approved by the HHR Governing Board to provide specialized supportive services to target subpopulations will follow CE Policy "CE Priority List Prioritization and General Management" procedures with the following modifications:

1. When an approved agency/program notifies the priority list of an opening, the priority list manager will identify the top household on the priority list that also matches the agency's/program's approved targeted population and eligibility for placement.
2. If the priority list does not have any household that matches the agency's/program's targeting criteria, the agency/program will follow "Coordinated Entry Workgroup (CE) Housing Referral Procedure" procedures, specifically, "Housing Openings, #4" to identify a household that meets CE eligibility and targeting criteria.
  - a. If an eligible household is identified within five (5) business days, the available unit may be filled by this household.
  - b. If an eligible household is not identified within this time period, the agency/program will take from the top of the priority list, regardless of whether the household matches targeting criteria, to fill the available unit.

## Transfers, Reviews, and Accommodations in Coordinated Entry (TRACE)

CE recognizes that an effective coordinated entry system must be person-centered and trauma-informed. The Transfers, Reviews, and Accommodations in Coordinated Entry (TRACE) process has been developed to honor client choice, accommodate client needs, and ensure accountability for decisions made by the system about client requests.

There are a variety of reasons why a person may be unable or unwilling to participate in the standard Coordinated Entry process. These include but are not limited to: immigration status, trauma, severe, persistent mental illness or cognitive ability or estimated length of time to secure stable housing.



Clients may participate in the standard coordinated entry process and be referred to a housing program that does not meet their needs. This may be due to the assessment and prioritization process or to the variation in supports available in housing programs. TRACE transfer requests serve to address these concerns.

## Composition

TRACE will be convened by the CoC Coordinator (non-voting) and seven voting members will be elected by CE to sit on this committee. Elected members should include:

- Outreach worker
- Mental health provider
- Priority list manager
- Permanent supportive housing provider
- RRH/Transitional housing provider
- Assessor
- At-large representative
- Person(s) with lived experience of homelessness

TRACE should include representatives from programs serving Youth, Adults, and Families with Children, representatives who are knowledgeable about coordinated entry and dedicated to ensuring low-barrier, client-centered services, and representatives that reflect that racial, ethnic, cultural, and other identities of the communities served by CE .

Members of TRACE are required to commit to a two-year term. The committee will have terms that stagger (i.e., overlapping terms) to ensure continuity of the committee and the retention of historical knowledge.

## Responsibilities

### **Respond to transfer requests**

- Per the Program Transfer Policy, programs may request transfers of clients to another program due to change in eligibility or change in service need. Programs, clients, assessors, or other parties may request transfers for other reasons.
- Priority list managers will forward transfer requests to TRACE including information about eligibility, service needs, household size, and other mainstream resources that have been explored.
- TRACE will decide if a transfer should take place and provide suggestions to priority list managers on next steps.

### **Review placement grievances**

- Provider denials outside the realm of reported eligibility, funding, and licensing requirements will be initially handled and tracked by the CE Priority List Team. If an outcome cannot be reached between the housing provider and the CE Priority List Team, the denial will be brought to TRACE

for recommendation. TRACE recommendation will be sent to the provider and the CE Priority List Team within five business days of the TRACE meeting.

- Agency complaints and grievances will be brought to TRACE for recommendation, and recommendation of action will be sent on to CE, CAHS or CEYS depending on which system the complaint is within, and the agency who made the initial complaint.

#### **Accommodate client needs in coordinated entry**

Clients requiring accommodations in coordinated entry will be referred to TRACE in the following situations:

- Clients who are denied housing by a provider three times (for reasons other than HUD-specified program eligibility)
- Clients who refuse a housing placement three times (for reasons other than safety)
- Clients who are unable or unwilling to sign a release of information or complete an assessment
- TRACE referrals may be submitted by priority list managers, assessors, outreach workers, case managers, and/or other involved parties. Referrals should include:
  - Current ability to engage with available housing resources
  - Specific programs or locations that might be a good fit when available
- TRACE will check in regularly on these clients including current engagement, identified needs, and potential program fits. Workers familiar with the client should provide updates and/or recommendations to TRACE in advance of meetings.

#### **Meeting procedures**

- TRACE will meet by phone at least monthly. Due to the need for timely responses to requests, TRACE must respond within five (5) business days.
- Decisions may only be made if there are four voting members present and should be made by consensus. If consensus can't be reached, a majority of members may vote for a decision.
- The CoC Coordinator will facilitate the meetings. They will provide via email a list of clients being discussed and relevant information (e.g. transfer request, grievance, etc) and they will document decisions made.
- To honor client confidentiality, clients will be identified in TRACE meetings using only their initials and/or HMIS ID number. TRACE members will keep confidential any identifying information that emerges during the course of the meeting.
- Proxy voting will be allowed and proxy must be designated by the elected member and communicated to TRACE

#### **Grievances and Appeals**

**Purpose:** This policy is to ensure that there is a clear and consistent process for resolving grievances and appeals that involve: 1) access to services; 2) procedural fairness; 3) timeliness; 4) confidentiality; 5.) provider concerns; and 6.) client experience .

- Clients who lodge grievances are protected from retaliatory actions
- The client grievance procedure is a confidential process confined only to those individuals directly involved

- Client grievance procedures will be explained during the assessment process and instructions for making a complaint will be included in the Client Statement of Understanding
- The entirety of the grievance procedure and process will be accessible for both clients and providers via internet

Areas of concern: A grievance can be filed by a participating Coordinated Entry provider, a client, or a worker on behalf of a client regarding the following areas of concern:

1. Front line client experience grievances: When a client feels that they have been treated unfairly during the assessment process, they are able to file a grievance against assessment staff. Clients may file a grievance with the assessing agency and/or the CE system. CE grievances shall be submitted as per the procedure outlined below. The Assessor and Priority List Manager Team Meeting (APT) is expected to review any trends and patterns in grievances and report concerning trends to TRACE for recommendation.
2. Homeless assessments: An appeal can be filed by a client, case worker and/or client advocate if they do not agree with the homeless status identified or other indicators identified as a reason to deny the client.
3. Provider denials: Any referral to supportive housing that is denied by a housing provider will be collected and reviewed by the priority list manager. Clients, case workers and/or CE staff that believe a client was denied for reasons other than what is allowed by the program's funding source or licensing requirements can file a grievance. HUD or the CoC may also ask for a denial to be reviewed.
4. Other grievances: Anyone that engages with CE may file a grievance in regards to another agency or provider engaged in the system, or the processes set in place by CE. Some examples may include: Housing referrals not meeting basic eligibility or otherwise inappropriate referrals, incomplete or incorrect assessments, agencies that are not fulfilling their role within CE.

## Procedure:

1. A grievance can be filed by completing the Coordinated Entry [Grievance form](#). The form may be completed by anyone who has a grievance, or completed on behalf of someone who has a grievance, as outlined in the Areas of Concern. Those who lodge grievances may also complete this form.
  - a. All completed forms should be sent to the Coordinated Entry Program Assistant at Heather.Clemen@ramseycounty.us and to the CoC Coordinator at Ioni.aadalen@co.ramsey.mn.us with subject line including "CE Grievance."
  - b. If a paper form is completed, it can be mailed to:
 

Heather Clemen  
450 N. Syndicate, Suite 190  
Saint Paul, MN 55101
2. The grievances will be received by the Coordinated Entry Program Assistant and CoC Coordinator who will track the type of grievance or appeal and disseminate the grievances to the appropriate entities in the following manner:

- a. Front line customer service complaints and grievances: The Coordinated Entry Program Assistant and CoC Coordinator will direct all grievances to the designated contact within the agency that employs the assessor against whom the grievance is filed *and* the Assessor and Priority List Manager Team (APT). APT is expected to review any trends and patterns in grievances and communicate these trends to TRACE. TRACE will update APT about resulting action taken.
  - b. Homeless Assessments: Grievances about the referral or prioritization process will be directed to TRACE for review and recommendation of action will be sent on to CE Workgroup.
  - c. Provider denials: Provider denials outside the realm of reported eligibility, funding, and licensing requirements will be initially handled and tracked by the CE Priority List Team.
 

If an outcome cannot be reached between the housing provider and the CE Priority List Team, the denial will be brought to TRACE for recommendation. The TRACE recommendation will be sent to the provider and the CE Priority List Team within five business days of the TRACE meeting.
  - d. Other grievances: Agency grievances will be brought to TRACE for recommendation, and recommendation of action will be sent on to CE, CAHS or CEYS depending on which system the grievance is within, and the agency who made the initial complaint.
3. The appropriate entity will follow up on the grievance within 30 days and the result will be recorded and reviewed by CE on a quarterly basis. After review, a summary is presented to Heading Home Ramsey (HHR) Governing Board.

## Recordkeeping:

Identifying client information on grievance and appeal data is confidential. The Coordinated Entry Program Assistant and/or CoC Coordinator will keep documentation of grievances in a secure location. The Coordinated Entry Program Assistant and/or CoC Coordinator will compile identified grievance data and report quarterly to the CE Workgroup. The CE Workgroup will determine if any actions should be undertaken and propose plans to the Heading Home Ramsey Governing Board

## Data Management

### Data-sharing for resource collaboration

In accordance with the HUD interim rule (CoC 24 CFR 578.7(a)(8), HUD prefers:

1. the CoC import and export data to support collaboration between homeless service providers and mainstream resource providers (Medicaid, criminal justice re-entry programs, healthcare services, etc.).
2. CoC integrates data between multiple data systems to reduce duplicative efforts and increase case coordination across providers and funding streams.

3. CoC manages and maintain a list of referral resources in a systematic way that encourages high data quality and utilizes the AIRS Taxonomy to ensure uniformity in naming and describing resources.

The Heading Home Ramsey Continuum of Care Coordinated Entry (CE) values and supports opportunities for cross departmental and cross agency collaboration for the purposes of assisting participants to access resources quickly and effectively. CE recognizes this increased collaboration to quickly end homelessness episodes, assist participants in attaining and maintaining appropriate housing and preventing returns to homelessness.

CE encourages the development of necessary partnerships for the establishment of legal and procedural relationships necessary to import and export data which assists in participants accessing resources and stabilizing their housing situation. CE will maintain access to an accurate list of housing and mainstream resources. This list of resources must be accessible to the entire community.

## HMIS and Non-HMIS use for Coordinated Entry

The HUD CoC Program interim rule: 24 CFR 578.7(a)(8) recommends that CoCs use HMIS as part of their coordinated entry process, collecting, using, storing, sharing, and reporting participant data associated with the coordinated entry process. CoC also automates coordinated entry processes including resource prioritization, prioritization list management, and eligibility determination.

The Coordinated Entry Workgroup system, whenever possible and in accordance with privacy and Homeless Management Information System (HMIS) policy, all data from the coordinated entry process will be maintained within HMIS. If a participant chooses not to have their information retained in HMIS, but still wants to be serviced by coordinated entry, their information will be maintained in a non-HMIS database approved by the Heading Home Ramsey Governing Board Coordinated Entry Workgroup

## Coordinated Entry Evaluation and Reporting

HUD Coordinated Entry Notice: Section II.B.15 requires CoC to consult with each participating project and project participants at least annually to evaluate the intake, assessment, and referral processes associated with coordinated entry. Solicitations for feedback must address the quality and effectiveness of the entire coordinated entry experience for both participating projects and households. CoC must determine the frequency and method by which the CE evaluation will be conducted, including how project participants will be selected to provide feedback, and must describe a process by which the evaluation is used to implement updates to existing policies and procedures.

At least annually, but no more than quarterly, an evaluation of coordinated entry will be conducted and reported to the Heading Home Ramsey Governing Board and Coordinated Entry Workgroup Committee (CE). CE is responsible for designating for ensuring the completion of this report.

The Evaluation will include the following components:

- **Process Evaluation:** This component will illustrate the effectiveness of coordinated entry implementation. It will demonstrate discrepancies between design and implementation, reveal

opportunities and challenges with program efficiency and offer insights toward internal program improvement.

- **Outcome Evaluation:** The outcome evaluation will demonstrate the degree to which the coordinated entry system is impacting the goals to end homelessness in Ramsey County. It will use system performance measures to show changes in the way the continuum's participants are experiencing homelessness in Ramsey County.

Below are the methods to be used for evaluation:

- **HMIS:** Data entered in HMIS will be the principle tool used to evaluate the coordinated entry system. Other data sources (beyond those listed in this policy) may be considered; however, will not be relied upon as accurate and sustainable data sources.
- **Client Feedback:** Client feedback will be collected and included in the report. The evaluation must include perspectives from at least 1% of all client served in a given year.

## Policy Approval Process

Background: This policy encompasses where policy creation and edits begin, the process flow to approval, and where the policies lie at each point in the process. The CE Workgroup will make any policy recommendations to the Steering Committee (SC) and the Governing Board (GB) has final approval authority to implement policies..

1. Coordinated Entry Workgroup (CE) Policy Group is responsible for fielding requests for policy creation and updates as well as the ongoing review of existing policies as part of monthly standing agenda.
2. Designated working groups of the CE Policy Group are tasked with creating and/or updating policies identified by CE Policy Group.
3. CE Policy Group reviews policies that are created or updated with one of three possible outcomes:
  - a. Approval with no edits
  - b. Approval with minor edits
  - c. Return to working group for substantial edits
4. Approval of any policy at the CE Policy Group level must include ratification by Family, Youth, and Singles Coordinated Entry Providers.
5. Once approved by CE Policy Group, said policy will move to the SC and then to the GB with one of three possible outcomes:
  - a. Approval with no edits
  - b. Approval with minor edits
  - c. Return to working group for substantial edits
6. Once policy is approved it will be added to the Policy Manual on the CE Website.