

Northeast Minnesota Continuum of Care Coordinated Entry Policies & Procedures

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1 INTRODUCTION

1.1 COORDINATED ENTRY SYSTEM

A Coordinated Entry System (“CES”) represents a new approach to coordination and management of a Continuum of Care (“CoC”)’s housing crisis response system. CES enables CoC providers and homeless assistance staff to make consistent decisions from available information to efficiently and effectively connect people in crisis to interventions that will rapidly end their homelessness. The CES approach also aligns with State of Minnesota goals to transform crisis response systems to improve outcomes for people experiencing a housing crisis.

In 2009, the McKinney-Vento Homeless Assistance Act was amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. Among other actions, the HEARTH Act consolidated several of HUD’s separate homeless assistance programs into a single grant program, the Continuum of Care Program, and it codified into law the CoC planning process.

The [CoC Program interim rule](#) (24 CFR 578) released by HUD in 2012 requires that CoCs establish and operate a “**centralized or coordinated assessment system**,” hereafter referred to as a coordinated entry system. The rule defines coordinated entry as

a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals. [Such a] system covers the [CoC’s] geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. (24 CFR part 578.3)

Both the CoC Program interim rule and the [Emergency Solutions Grants \(ESG\) program interim rule](#) (76 FR part 75953) released in 2011 require that projects operated by recipients and subrecipients of CoC or ESG grant funds must participate in the established coordinated entry process.

Coordinated Entry is a way to help those seeking housing and services to access programs more efficiently by:

- Making fewer phone calls;
- Undergoing fewer screenings;
- Being realistic with participants about their near-term options, giving them the opportunity to assess their situation honestly and identify housing resources;
- Identifying and prioritizing individuals and families based on vulnerability and severity of service needs.

Coordinated Entry is not a stand-alone solution to end homelessness or a solution to the shortage of affordable housing stock. The CES supports the purpose of the NE CoC to prevent, respond to, and help end homelessness in Northeastern Minnesota.

1.2 GUIDING PRINCIPLES

In alignment with the Minnesota Coordinated Entry System Policies and Procedures, the Northeast Minnesota Continuum of Care (“NE CoC”) Coordinated Entry System (“CES”) has adopted the following guiding principles:

1. Promote client centeredness, treating every person with dignity and offering quality assistance, have easy access to the CES, and participate in their own housing plan.
2. Prioritize most vulnerable for available housing and services.
3. Provide timely access and appropriate referrals to housing programs and support services. Strive to shorten the number of days between onset or threat of homelessness and access to prevention or re-housing services.
4. Eliminate barriers to housing placement. Identify system practices and individual project eligibility criteria which may contribute to excluding participants from services and work to eliminate those barriers.
5. Adopt statewide standards, but allow flexibility for local customization beyond baseline standard.
6. Create transparency and accountability within the CES for participants, service providers, and funders.
7. Promote collaborative and inclusive planning and decision making practices.
8. State and local communities will use coordinated entry data to analyze local and statewide housing needs and create a diversity of housing options.
9. Exercise continuous improvements efforts. Focus on evaluation and adapting to meet the current needs of providers and consumers. Continually strive for effectiveness and efficiency and agree to make changes when those objectives are not achieved.
10. Acknowledge and honor tribal sovereignty; respect cultural, regional, programmatic, and philosophical differences.

1.3 GEOGRAPHIC SERVICE AREA

The NE CoC CES serves the Minnesota counties of Aitkin, Carlton, Cook, Itasca, Koochiching, and Lake.

2 IMPLEMENTATION AND PLANNING

2.1 GOVERNANCE

The Northeast Continuum of Care (NE CoC) Coordinated Entry Committee (CES Committee), a committee of the NE CoC Governing Board, is the entity responsible for the management of the NE CoC Coordinated Entry System (CES). This responsibility includes, but is not limited to the following: ensuring policies and procedures align with state activities, reviewing and updating Coordinated Entry infrastructure (policies, forms, etc.) as needed, and monitoring performance of the Coordinated Entry system (access points, priority list management, housing referral process, provider compliance... etc.). The NE CoC Governing Board is the entity responsible for monitoring the CES Committee and for final approval of any changes to the Coordinated Entry System in the NE CoC.

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

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

Communication about the NE CoC 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. The NE CoC adopted the state strategic vision, guiding principles, and values on October 16, 2015.

2.2 COORDINATED ENTRY COMMITTEE

The NE CoC has established a CES Committee which supports CES planning for the NE CoC. This group consists of a committee chair appointed by the Governing Board, representation from each county region of the NE CoC and representation of sub-populations as listed below whenever possible. The Committee is responsible for drafting policies, procedures, assessment tools, and other documents needed to support the work of the NE CoC CES. Documents are brought to the Governing Board as needed for approval. The NE CoC Governing Board can delegate management authority to the NE CoC CES Committee as needed. Meetings are held quarterly at a minimum.

The NE CoC CES Committee may delegate tasks to and solicit feedback from local Housing and Services committees.

The NE CoC 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
- LGBTQ+
- Sexually Exploited Youth
- Veterans

3 MARKETING/EDUCATION AND TRAINING

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

1. Ensuring CES contact numbers are updated in commonly used resource guides (i.e. 211)
2. Targeting non-housing provider groups who may encounter households experiencing homelessness
 - a. Hospitals/Clinics
 - b. Law enforcement
 - c. Faith communities
 - d. Mental Health providers
3. CoC agencies will share information about CES, including how to access CES, with households seeking services.

The NE CoC 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 annually at a minimum. Online training materials will be available throughout the year.
 - a. Requirement to complete Assessor training annually
- 2) Housing Providers
 - a. Requirement to complete Housing Provider training annually
- 3) Stakeholder groups (e.g. law enforcement, health care providers, faith communities, local government entities, Housing Stabilization Service providers, mental health providers) as requested.

4 ACCESS AND ASSESSMENT

4.1 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 Step 1 Housing Assistance Screening prior to entry into the system.

Coordinated Entry Assessor: To be considered a Coordinated Entry Assessor training and ongoing education must be completed. Training for new assessors will include NE CoC CES Assessor training, HMIS CES training, Chronic & Long Term Homeless Definitions training, and Person Centered training. New assessors will be connected with an experienced assessor for additional training support as needed. New assessors will submit confirmation of completing training requirements to Priority List Manager via email.

Expectations for assessors:

1. Complete Step 1 assessments or refer to access point in each county (i.e. 211) to complete Step 1 assessment for all households before completing the Step 2 assessment.
2. Complete Step 2 assessments with all households who present with a need and meet eligibility.
3. Ensure data for all households receiving a Step 2 assessment are entered into HMIS. The assessor is responsible for ensuring data is entered and may get assessment data to the HMIS data person within their agency or partner agency.
4. Assessors are responsible for following up with households they assess to identify any updates to housing needs. At a minimum, assessors must attempt to contact and follow up with each household every 30 days. Attempts to contact must include outreach by all means provided by the client (phone call, text, email, alternative contacts). If the assessor is unable to contact the household after at least 3 attempts to contact in 45 days, one

of which must be shortly after the first of the month, the assessor will exit the household from the CES list. *The household may be re-entered on the list if they contact an access point/assessor after being exited.*

5. Assessors are expected to complete Interim Assessments in HMIS with updated information.

Assessors are expected to participate in CES case conferencing meetings. If assessors are unable to participate, they must provide current information on the households they have assessed to a representative.

Step 1 Housing Assistance Screening: ALL persons seeking entry into the Coordinated Entry System will receive an initial Step 1 Housing Assistance Screening to determine if diversion, 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.

Step 1 Housing Assistance Screening is the tool the NE CoC is using for Prevention and Diversion. The state recognized language for this stage of assessment is Component 1.

Step 2 Housing Assessment: If determined eligible through the Step 1 Housing Assistance Screening a Step 2 Housing 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 4 of this document.

Step 2 Housing Assessment is the tool the NE CoC is using for the Comprehensive Assessment. The state recognized language for this stage of assessment is Component 3.

4.2 GUIDELINES FOR ACCESS POINTS

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

1. Access Points will follow all NE CoC Coordinated Entry Policies and Procedures as outlined in the NE CoC CES Policies document. Access Points will agree to complete the Step 1 Assessment with households and to schedule appointments for Step 2 Assessments with eligible households. Access Points will abide by the NE CoC CES data quality and privacy standards including assuring client data privacy and obtaining required releases of information when necessary.
2. Access Points will ensure that all households completing Step 1 assessments meet the requirements for accessing the NE CoC Coordinated Entry list prior to being scheduled for completing the Step 2 assessment.
3. Access Points will provide an accurate explanation of the Coordinated Entry process to households prior to scheduling the household to complete a Step 2 assessment.

4.3 ASSESSMENT PROCESS

4.3.1 Step 1 Housing Assistance Screening:

All housing clients living in Aitkin, Carlton, Cook, Itasca, Koochiching, and Lake counties will access CES through Access Points identified by the NE CoC CES Committee on the **NE CoC CES Access Point Guide** and be processed through the CES that has been adopted by the CoC.

When a household is identified and referred to an Access Point:

1. Access Point completes the Step 1 Housing Assistance Screening to determine if entry into the Coordinated Entry System is necessary and appropriate.

2. If the household is able to be diverted from entry into the homeless response system, the Access Point will provide a minimum of 1 referral to mainstream & prevention resources to help stabilize housing.
3. If the household is unable to be diverted, the Access point will refer for entry into the Emergency Shelter system (Emergency Shelter, Domestic Violence Shelter or Motel Voucher) if available. The Access Point will schedule the household for a Step 2 Assessment with an Assessor or complete a Step 2 Assessment with the household (dependent on the process in the county).
4. Access Point will provide all households with information regarding local resources to resolve their housing crisis.

4.3.2 Step 2 Housing Assessment:

A uniform and progressive assessment process that documents participants' immediate housing situation, needs and barriers to identify need and priority for homeless services.

1. After a household has completed the Step 1 assessment, the Step 2 Assessment will be conducted in order to identify linkage to appropriate housing intervention (Prevention, Transitional Housing, Rapid-Rehousing, Permanent Housing or Permanent Supportive Housing). ALL assessments will be conducted by a trained and CoC approved assessor.
2. If the household agrees to have their data entered in the Homeless Management Information System (HMIS), then the participant must sign the Minnesota's HMIS Release of Information to be added to the Priority List in HMIS.
3. Assessors must add participants to the non-HMIS priority list if participants choose not to consent to sharing their data in HMIS, or it is a domestic violence provider.
 - a. The NE CoC Coordinated Entry System Participant Notice and Consent for Release of Information (ROI) must be signed by the individual before they are added to the non-HMIS Priority List.
 - b. It is preferred that HMIS is utilized for CES implementation, however, non-HMIS participating agencies can make arrangements with participating HMIS users to enter data into HMIS.
4. All households that receive a Step 2 Assessment will be added to the Priority List and be given information about mainstream resources.
5. If a participant discloses domestic violence (DV) or sexual assault (SA) at any point during the assessment, it should be asked if they want to be directly connected with their local DV/SA provider for shelter and/or services. If the participant declines, assessor should give contact information for local DV/SA provider and discuss safety planning tips with participant.
6. **Household Changes:**
 - a. If a participant is on the priority list, but has a significant life event, the participant should be reassessed at that time. The original assessment date is maintained in this case and not updated to the new assessment date.
 - b. If one household splits into multiple households, and separated members need to be assessed as individuals for the first time, the original date should be used for the new assessment.
 - c. If a household requests to be on a priority list in a non-NE CoC region, the Assessor will notify the Priority List Manager to facilitate a referral to that region's priority list.

5 PRIORITIZATION

The prioritization for the Northeast Minnesota Continuum of Care (CoC) has been carefully considered with consideration given to the availability of housing stock and other resources. The order of client priority on the prioritization list will under no circumstances be based on disability type or diagnosis.

5.1 PERMANENT SUPPORTIVE HOUSING, OTHER PERMANENT HOUSING, RAPID RE-HOUSING AND TRANSITIONAL HOUSING PRIORITIZATION

The Coordinated Entry Priority List will be prioritized according to the following prioritization criteria:

1. Chronic Homeless
2. Months Homeless
3. Disability Status
4. MN Long Term Homeless Definition
5. Length of time on the Coordinated Entry Priority List

The following priority groups will also be taken into consideration when prioritizing for **Rapid Rehousing** and **Transitional Housing**:

- **Youth** – All individuals between the ages of 15-24 who present as a household. This can include unaccompanied youth (household size of one), and multiple youth who are seeking assistance together.
- **Youth Parents** – Individuals between the ages of 15-24 who are the parent of at least one child and are seeking assistance with that child(ren).
- **Domestic Violence survivors** – Individuals and families with at least one person who identifies a domestic violence experience as the primary reason causing their housing crisis.
- **Persons being released from correctional facilities** and were homeless before entering prison/jail
- **Pregnant women** - Women who are pregnant, regardless of their age or whether they have any additional children.
- **Persons in the early stages of AOD addiction recovery** - Individuals and families with at least one person who recently began receiving services to assist in their recovery from alcohol or other drug addiction. This can include (but is not limited to) people who were recently released from a treatment center or other institution.

Veterans (choosing Grant and Per Diem - GPD)

5.2 MANAGEMENT OF THE LIST OUTSIDE OF HMIS

Households have the right and the ability to participate in the Coordinated Entry process without a requirement for their data 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 these two populations, households who do not want to be shared and households assessed by agencies covered by VAWA, the Priority List manager will maintain a list outside of HMIS on a Google spreadsheet. The Priority List manager will ensure that the households on the Excel list are worked into the HMIS list through the prioritization process when filling housing openings. When a referral is made for a household on the Excel list, the Assessor will ensure that the household has the appropriate releases of information signed.

5.3 VETERANS

Veterans will be prioritized as follows: If two households are prioritized equally on the Priority List and one household is a Veteran household and the other is not, the Veteran household should be served first. A Veteran, for CES purposes, will be defined as qualifying after a single day of federal Active Duty service, including Active Duty for Training, regardless of type of discharge. Note that this definition includes many people who do not meet the federal definitions used for most Veteran benefit programs and is also much broader than the state definition of Veteran.

NE CoC CES will coordinate closely with the MN Veteran's Registry to ensure Veterans have access to all resources potentially available to them.

5.4 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 needs to report the risk to the NE CoC CES Committee for review and approval. The NE CoC CES Committee will determine if the threshold for transferring has been met and what available resources the client can be transferred to.

5.5 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 a household needs to be on a priority list in a non-NE CoC region, the priority list manager should make every attempt to work with that region to ensure a successful referral to that region's priority list.

If a participant discloses domestic violence (DV) or sexual assault (SA) at any point during the assessment, it should be asked if they want to be directly connected with their local DV/SA provider for shelter and/or services. If the participant declines, assessor should give contact information to local DV/SA provider and discuss safety planning tips with participant.

5.6 PRIORITY LIST MANAGER RESPONSIBILITY

1. Manage referrals to vacant program openings.
2. Facilitate or participate in regular CES meetings specific to Priority List Management, including case conferencing
3. Attend CoC Governing Board meetings and provide CES updates or reports, at least quarterly
4. Analyze reports for trends and system needs and communicate to Coordinated Entry Committee on a quarterly basis
5. Communicate policy and procedure questions to the NE CoC Governing Board for resolution
6. Track assessors that have completed training and confirming approval to ICA

6 HOUSING REFERRAL AND PROVIDER EXPECTATIONS

6.1 REFERRAL PROCESS

1. Once an opening has been identified, the housing provider will email the Priority List Manager and/or bring notice of the opening to case consultation to receive a household off of the HMIS or non-HMIS Priority List. The Priority List Manager will provide one (or more) referrals for each program vacancy within 7 days of receipt of the request. The housing provider will then make every attempt to contact the referred household. Provider will document all attempts including contacting secondary/emergency contact at least 3 times in 5 business days. If the housing provider is not able to contact participant, then the housing provider will complete a Coordinated Entry Exit and notify the assessor of the exit being completed OR If the housing provider is not able to contact the participant, then the housing provider will notify the assessor who will then complete a Coordinated Entry Exit. All CES households will remain active on the CES Priority List until the household has secured housing or is no longer reachable as outlined in the NE CoC CES Policies.
2. Agencies must provide clear guidelines and expectations to participant for follow-up once referral has been accepted.
3. Provider will collect all required documentation to ensure eligibility at the time of their intake.
4. The goal is to meet with the participant to screen for program eligibility as quickly as possible and within an average of 15 days of referral.
5. CES referrals are sent to housing providers through HMIS. Housing providers receiving referrals through Coordinated Entry must have an HMIS licensed user within their agency, with the exception of agencies covered by the Violence Against Women Act (VAWA). The CES Priority List Manager will identify the proper Release of Information when making referrals outside of HMIS to these agencies.

6.2 REFERRALS OUTSIDE OF CES

1. Supportive housing openings are reported to the Priority List Manager via email.
2. Openings are reviewed by the CES Priority List Manager and 1 (or more) appropriate referrals are made for each housing opening (whenever possible) within 7 business days.
3. If an eligible household is not identified through the CES referral process, the housing provider may make the opening available to the larger community through other referral sources.
 - a. If the provider finds a non-CES household that may be eligible for the opening, they may complete a housing assessment and begin the intake process directly with the household.
 - b. If the provider identifies a CES household that may be eligible for the opening, they may complete 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 through CES.
 - ii. If the housing assessment indicates that the household does not meet criteria for the opening, then no referral will be sent and the household will remain on the CES priority list.

- c. If the CES Priority List Manager identifies an eligible household after the opening has been made available to the larger community, the CES Priority List Manager 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-CES household, then the provider can continue working with that household.
 - ii. If the provider has not identified another household for the opening, the CES Priority List Manager's newly identified CES referral has priority for referral.
- d. If the opening is filled outside of CES, housing providers must let the CES Priority List Manager know within 2 business days.
 - i. Households entering programs outside of CES must complete the Step 2 assessment and be entered into HMIS (or the non-HMIS priority list as applicable) within 7 days of intake with documentation in the client record indicating that they were identified for the program outside of CES. The purpose of this procedure is to monitor the barriers and characteristics of households.
 - ii. Housing openings filled outside of CES will be tracked on an Excel spreadsheet and reviewed quarterly.
- e. If the CES Committee identifies that a program is repeatedly filling beds with lower barrier households or that the program is not following CES protocol as outlined in the policies & procedures, the agency may be subject to funding review.

6.3 INCLUSIVITY OF SUBPOPULATIONS

All clients are served with respect and assistance is not withheld based on family status, Veteran status, age, ethnicity, race, sexual orientation or the presence of domestic violence in their current home.

6.4 PROVIDER DENIAL

CoC providers may deny referrals to clients and clients may reject referrals from any of the providers. Denials should only happen for good cause, will be documented in HMIS and be reported to the CoC yearly.

At a minimum, project's referral rejection/denial reasons must include the following:

- Client/household refused further participation (or client moved out of CoC area)
- Client/household does not meet required criteria for program eligibility
- Client/household unresponsive to multiple communication attempts
- Client resolved crisis without assistance
- Client/household safety concerns. The client's/household's health or well-being or the safety of current program participants would be negatively impacted due to staffing, location, or other programmatic issues.
- Client/household needs cannot be addressed by the program. The program does not offer the services and/or housing supports necessary to successfully serve the household.
- Program at bed/unit/service capacity at time of referral
- Property management denial (include specific reason cited by property manager)
- Conflict of interest.

In the event of a service denial or participant rejection the following steps must be followed:

1. Any referral provisionally reviewed by participating agencies and a preliminary enrollment determination made must be communicated back to the CES manager, assessment and referral provider, or client advocate within **3 business days**.
2. All referral requests that result in a denial must be reviewed by the CES manager, assessment and referral provider, or client advocate designated by the CoC.
3. If a referral is returned to the housing referral coordinator or designee, the HMIS record must be updated to reflect the reason for the denial.
4. The CoC project denying the referral must notify the CES manager, assessment and referral provider, or client advocate within a specified amount of time determined by the CoC. Further communication must include a detailed written justification of the referral denial provided within **3 business days**. The written justification of service denial must also be shared with the client.
5. A provider who denies three sequential referrals will be contacted by the Priority List Manager to determine if a case conferencing meeting with the CES manager, assessment and referral provider, and/or client advocate designated by the CoC is needed.

7 CLIENT CHOICE, ASSIGNMENT REFUSAL AND GRIEVANCE PROCESS

7.1 CLIENT CHOICE

1. Clients have the right to request a lesser program.

7.2 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 when it is made from the Priority List or from the program once the intake is complete.
2. 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 may be placed back on the priority list based on client choice and needs.

7.3 GRIEVANCE PROCESS

The Northeast Continuum of Care Coordinated Entry System grievance process:

The Grievance Process:

1. That there is established a client grievance process regarding the Coordinated Entry system in the Northeast Continuum of Care.
2. Any individual/household disputing a decision in the Coordinated Entry process has the right to file a grievance. The grievance form may be obtained from the organization who completed the coordinated entry assessment.
3. Grievance forms may be submitted to the organization with whom the assessment was completed or to the priority list manager at kanervaconsulting@gmail.com.

4. The Grievance committee consists of the monthly case conference meetings. Said committee shall consist of the meeting attendees.
5. All complaints by persons who believe the coordinated entry process has denied improperly or who are dissatisfied with the assistance provided shall have the opportunity for the prompt consideration of their complaint by the meeting attendees.
6. The case consultation meeting must review the grievance form at the next scheduled meeting. The decision of the weekly housing meeting will be communicated to the grievor via a telephone call.
7. All individuals filing a grievance, who disagree with the meeting decision, may submit a written statement to the Northeast Continuum of Care governing board if a complaint is not resolved by the action of the case consultation meeting attendees. This written statement must be sent to the Governing Board chair.
8. The Northeast Continuum of Care Governing Board shall make written Findings, Conclusions and Recommendations, a copy of which shall be provided to the complainant within 60 days of the presentation of the complaint to the Governance Board.

8 REPORTING AND EVALUATION

The NE CoC Priority List Manager will share CES Report information with the NE CoC CES Committee at least annually. The reports will contain the following:

- a. Number of households assessed
- b. Demographics of households assessed
- c. Number of referrals made
- d. Number of households on wait list for 0-30 days, 31-60 days, 61-90 days etc. (to 1 year)
- e. Average length of time homeless (from point of entry to housed)
- f. Number of Chronic Homeless

9 DATA PRIVACY AND DATA SHARING

**From MN CES Policies and Procedures*

9.1 DATA PRIVACY

CES operations and staff must abide by all State and Federally-defined privacy protections.

9.2 DATA SHARING

All CoCs will follow the Data Sharing policies as outlined in the HMIS Data Privacy Policy.

Not-Sharing in HMIS can still be on the list**