Southwest Minnesota Continuum of Care Area Coordinated Entry System (ACES) Policies and Procedures

Background & History

In May 2009, President Obama signed the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act into law. The Hearth Act amended and reauthorized the McKinney-Vento Homeless Assistance Act with substantial changes. One of these changes, the Continuum of Care Program interim rule, was published on July 31, 2012. This rule established requirements for the administration and implementation of Continuum's of Care (CoC), including Coordinated Assessment. A coordinated assessment system is defined as a coordinated process designed to coordinate program participant intake, assessment, and provision of referrals, which covers the entire geographic area. It shall be easily accessed by individuals and families seeking housing or services, well-advertised, and include a comprehensive and standardized assessment tool.
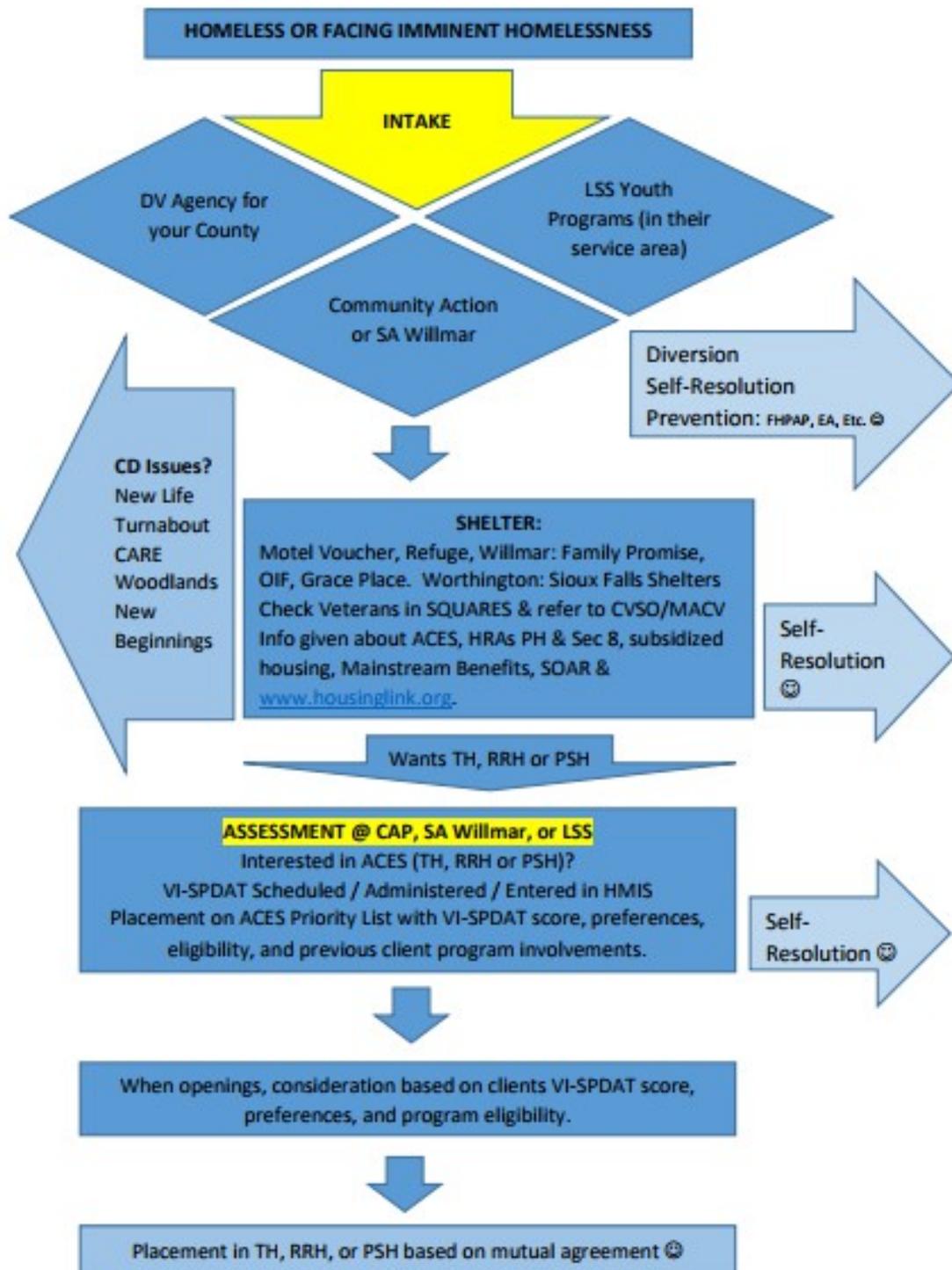
Guiding Principles

The Area Coordinated Entry System (ACES) was established based on the following guiding principles:

1. ***Link households to the most appropriate intervention*** *that will assist the household to resolve their housing crisis.*
2. ***Provide timely access and appropriate referrals*** *to housing programs and support services.*
3. ***Provide immediate access to information*** regarding housing and support services.
4. ***Collaborate when possible*** with other Continuums of Care and tribal entities.
5. ***Provide for ongoing participation*** by consumers and stakeholders in the development and evaluation process of coordinated assessment.

Governance

The Area Coordinated Entry System (ACES) will be governed by the SW MN Continuum of Care Governing Board. An ACES subcommittee consisting of representatives from intake and assessment agencies will meet as necessary. A portion of each monthly CoC meeting will be dedicated to ACES. Additional ACES subcommittee meetings will be scheduled as necessary.

System Map

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HOMELESS OR FACING IMMINENT HOMELESSNESS

INTAKE

DV Agency for your County

LSS Youth Programs (in their service area)

Community Action or SA Willmar

Diversion
Self-Resolution
Prevention: FHPAP, EA, Etc. ☺

CD Issues?
New Life
Turnabout
CARE
Woodlands
New
Beginnings

SHELTER:
Motel Voucher, Refuge, Willmar: Family Promise, OIF, Grace Place. Worthington: Sioux Falls Shelters Check Veterans in SQUARES & refer to CVSO/MACV Info given about ACES, HRAs PH & Sec 8, subsidized housing, Mainstream Benefits, SOAR & www.housinglink.org.

Self-Resolution ☺

Wants TH, RRH or PSH

ASSESSMENT @ CAP, SA Willmar, or LSS
Interested in ACES (TH, RRH or PSH)?
VI-SPDAT Scheduled / Administered / Entered in HMIS
Placement on ACES Priority List with VI-SPDAT score, preferences, eligibility, and previous client program involvements.

Self-Resolution ☺

When openings, consideration based on clients VI-SPDAT score, preferences, and program eligibility.

Placement in TH, RRH, or PSH based on mutual agreement ☺

Preface:
All documents referenced in these Policy and Procedures can be found at:
https://www.swmhp.org/communities-resources/continuum-of-care/
Intake

Initial program intake data in HMIS should include name, date of birth, gender, household type, household size, date of screen and outcome.

Intake at domestic violence agencies will include safety planning. Those fleeing domestic violence who first intake at a non-DV agencies will be referred to DV agencies.

Those seeking shelter outside of business hours will be directed to report to their local police or sheriff.

The Lutheran Social Services Youth Street Outreach team will inform and refer interested clients, regardless of age, to the appropriate ACES intake points based on the client's situation. All coordinated-entry intake sites are expected to be wheelchair accessible. As of December 2017, they are.

All clients facing imminent or current homelessness should be asked about preventing or self-resolving their situation. This should include brainstorming with the client about landlord reconciliation (e.g. payment plans), roommate conflict resolution, temporary assistance from family, friends, employers, or county emergency assistance. When these solutions are not available, the Family Homelessness Prevention and Assistance Program should be considered, available via our four SW MN Community Action Agencies.

Clients who are military veterans and facing homelessness should be referred to their County Veterans Service Officer and the Minnesota Assistance Council for Veterans Mankato Office. Assessors should work in conjunction with these agencies to assist clients.

Clients who are blind can receive accommodation services via State Services for the Blind of Minnesota (651-539-2300) which has offices in Marshall and Hutchinson. Deaf clients can receive translation assistance via the MN DHS Deaf and Hard of Hearing Mankato Office (507-344-2840).

As stated in the ACES Partnership Agreement, all participating ACES agencies agree to reduce barriers to housing access. This means the system is meant to, as much as possible, screen people in to assistance, rather than screen people out. Offering the fewest possible barriers to service is a goal of all ACES agencies.

Assessment

When staff consider those unsheltered, in shelter and doubled-up to be candidates for Transitional, Rapid Rehousing or Permanent Supportive Housing Assistance, and when clients consent, a more in-depth assessment will need to be completed. This option is explained to clients and the Client ACES Explanation Handout is reviewed. Included in the handout is an explanation that the ACES program does not use a traditional waiting list but rather a priority list that tries to best match clients to program vacancies based on multiple factors. The handout also explains that if a client does not want his or her data entered into HMIS, he or she can still be placed on the priority list. The paper version of the VI-SPDAT can be used, and then the de-identified information can be sent to the CoC Coordinator who will maintain this information which will be used in conjunction with the Priority List when making referral and assignment decisions.

The following should be said to clients prior to beginning the assessment process:

 "To determine your eligibility for homeless services, I would like to assess your housing and service needs. If you give me permission, I will ask you questions about your health and housing. The assessment will take about 15 minutes. Some of the questions will ask personal questions, but most only require yes or no answers, not specific details. The questions are not intended to judge you, but to assess your current needs and eligibility for services. If you feel uncomfortable,

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you can ask me to take a break or skip a specific question. Also, at any time you can ask that your information not be shared. If you do not answer a question, no one will be upset with you. However, this information is important to help determine if you qualify for services so skipped or inaccurate answers may affect your eligibility. This information will only be used to determine your eligibility and linkage to housing and service and to gain an overall understanding the needs of our region. It will benefit you to answer as honestly as possible, especially since we may need to verify some of your answers later."

If clients three or below, they are not candidates for TH, RRH or PSH and would only be considered if no one else is on the priority list.

Individuals and youth scoring 4-7 on the VI-SPDAT will be considered for any transitional or rapid rehousing program for which they may be eligible. Individuals and youth scoring 8+ will be considered for permanent supportive housing for which they may be eligible. For adult couples, each should be assessed with the VI-SPDAT, and the household score will be the higher of the two scores.

Families scoring 4-8 on the VI-SPDAT for families will be considered eligible for transitional or rapid rehousing program for which they may be eligible. Families scoring 9+ will be considered for permanent supportive housing for programs for which they may be eligible.

Supplemental Questions are asked after the VI-SPDAT to learn of client eligibilities and preferences.

If clients state that they are disabled and they are not receiving SSI/SSDI, the assessor should ask if they have tried applying for these benefits. If the client has not begun the process and wants to, they should be referred to the SOAR program currently available at the Marshall Workforce Center.

Clients who are not disabled but who are unemployed should be referred to the nearest [MN Workforce Center.](#)

If a client states that they have a serious and persistent mental illness but do not have documentation of the condition, the client should be advised to have a [SPMI Verification Form](#) completed by a mental health professional. Completed forms can be uploaded in the client's HMIS profile at the bottom of of the client profile tab.

After the VI-SPDAT and supplemental questions are answered, a receipt is provided to clients. The assessment process is best done in person, but assessments can be done by phone if necessary.

Clients will be prioritized for housing programs using the Prioritization Policy. Veterans and Families with Children will be prioritized ahead of non-veterans and adult only households.

Referral and Assignment:

A Priority for Singles and a Priority List for Families will be sorted by score. Referrals will be made based on score, eligibility, and client choice.

TH, RRH, and PSH Program Openings and updates to eligibility will be reported the CoC coordinator as soon as possible, and preferably in advance of their occurrence. As TH, RRH and PSH program openings arise; assessed client will be considered and chosen from the CoC-wide waiting list.

Staff will work with the CoC Coordinator to match clients with vacancies. A weekly Priority List Update and Review phone meeting check-in with all program stakeholders will take place. Questions regarding client status, efforts to contact clients, collection of eligibility

documentation, and how long to wait before moving to the next client, will take place at these meetings. Client HMIS files will be shared, with client permission, with agencies receiving referrals, which are based on VI-SPDAT score and eligibility. Appropriate staff will be told that a referral has been sent to them. Clients have up to three business days to let staff know if they are interested in the potential placement. Clients always have choice in their housing placement and always have the right to refuse a referral. Assessor will work with client to get documentation of disability, homelessness, income, etc. Clients with scores in the PSH range scores will be referred to TH or RRH if only TH or RRH is available.

Partners agree to accept all appropriate referrals based on CoC policies, program eligibility guidelines, and HUD requirement to prioritize the most vulnerable in COC funded permanent supportive housing. **If a referral is made inaccurately or the client is not eligible for the program, this will not count as a refused referral.** Agencies must document why household is denied/refused. The COC retains the right to case conference and challenge denials they feel are inappropriate. Providers may tentatively accept assignments, retaining the right to decline household if client does not provide required eligibility documentation or pass background checks as required.

Families and individuals will be placed back on the priority list when a provider denies referral based on ineligibility. VI-SPDAT Scores are considered valid for six months. For clients on the list for more than six months, or for those returning to be placed again on the Priority List, a new VI-SPDAT and supplemental assessment should be done if the last assessment took place over six months ago.

Coordinated Entry Statewide Policy on Transfers around the State

When a household has been assessed in one CoC and requests that their assessment be transferred to another CoC, or requests that they be considered for housing in multiple CoC's, the following process will be used:

HMIS (shared) Client process:

1. The person who was made aware of the household's request will notify their local CoC's Priority List (PL) Manager.

2. The PL Manager will determine if a ROI is needed to share information with the new CoC or if HMIS ROI will be adequate.

3. PL Manager will check the CES eligibility requirements for the CoC where the household would like to go (see statewide table).

4. If the household appears eligible, the original PL Manager will send the referral to the receiving CoC through HMIS for review (using the HMIS referral function).

5. PL Manager of the receiving CoC will review the client record in HMIS and either contact the household for further information needed or assign the appropriate access point with the task of connecting with the household.

6. Once all information is obtained, client is accepted or decliend in HMIS.

7. If accepted, client is added to the receiving CoC's PL.

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8. If the client wishes to be on only the new CoC's list, then their referral from the original CoC is closed.

9. Notify client of the outcome of the referral.

Non-HMIS (not shared) client process:

1. The person who was made aware of the household's request will notify their local CoC's Priority List (PL) Manager.

2. The PL manager will obtain an ROI to speak to the other CoC regarding a client transfer. Ensure any agency discussing client information to execute the transfer is covered by the ROI.

3. PL Manager will check the CES eligibility requirements for the CoC where the household would like to go (see statewide table).

4. If the household appears eligible, the original PL manager will e-mail the CES Assessment to the receiving CoC via e-mail for review.

5. PL Manager of the receiving CoC will review the client's CES Assessment and either contact the household for further information needed or assign the appropriate access point with the task of connecting with the household.

6. Once all information is obtained, client is accepted or declined – notifying referring PL Manager of the outcome.

7. If accepted, client is added to the receiving CoC's PL.

8. If the client wishes to be on only the new CoC's list, then their referral from the original CoC is closed.

9. It is the CoC's responsibility to document that the household is on multiple lists using a method appropriate for their non-shared list structure so that if the client is referred to a housing program they can notify the other CoC(s).

10. Notify client of the outcome of the referral.

Additional Guidelines:

o Households may be on up to 3 CoC Priority Lists at one time. Client may be on more than 3 priority lists with PL manager discretion. This may happen in instances where appropriate housing is limited due Family Size, Health, or Safety.

o Client should want to live in the CoC they are requesting to be transferred or added to. Filling housing vacancies takes time and effort. This process hopes to prevent households from being placed on all lists because they are willing to live "anywhere" in the state.

    o Conversations should occur regarding client choice, accessibility and resources in the community they wish to go to. Notify client that county residency may be required for some referrals.

    o If the CoC where the client would like to go has eligibility criteria that does not allow the client to access their CES, then the client must be informed that they are not eligible for CES in that CoC.

Scenarios / examples:

o Household is homeless in Anoka County but is from Hennepin County. During assessment they indicate they would like to live in Anoka or Hennepin. They are placed on the SMAC (Anoka's CoC) list. In addition, the assessor notifies the PL manager that the household also has a preference for Hennepin County. SMAC PL Manager Contacts Hennepin PL manager and follows procedure noted above.

o A man has remained homelessness after being assessed in St. Louis County and finds himself staying at a friend's house in Hennepin County. When updating his location with his assessor he indicates he would like to be on Hennepin County's list. Assessor connects with their PL manager who sees (on the CES Eligibility document) that Hennepin cannot assess households who are doubled up and tells the assessor that the household is not eligible to be on Hennepin's list. Assessor communicates this with the household and remains on St. Louis County's list.

Individuals and families will be referred to Transitional Housing according to the following statewide prioritization criteria:

•   At least 75% of available TH units within a CoC must be filled with households that score for TH based on the VI-SPDAT AND meet the criteria of at least one of the priority groups identified below:

o   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.

o   Youth Parents – Women and men between the ages of 15-24 who are the parent of at least one child and are seeking assistance with that child(ren).

o   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.

o   Persons being released from correctional facilities and were homeless before entering prison/jail

o   Pregnant women - Women who are pregnant, regardless of their age or whether they have any additional children.

o   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.

o   Veterans (choosing Grant and Per Diem - GPD)

Anti-discrimination Policy:

SW MN CoC Shelter and Housing Programs do not discriminate based on:

• Age
• Race
• Gender
• Color

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- Religion
- Sex
- Disability
- Familial Status
- National Origin
- Creed
- Sexual or Affectional Orientation
- Marital Status
- Receipt of Public Assistance

When entering shelter or housing, SW MN Shelter and Housing Programs do not separate family members based on any of the aforementioned classes.

SW MN CoC Shelter and Housing Programs do:

 Determine client eligibility for housing regardless of client's sexual orientation, gender identity, or marital status, and do not discriminate against clients because they do not conform to gender or sex stereotypes;

 Grant clients equal access to programs or facilities consistent with clients' gender identity, and provide your family with equal access;

 Never ask clients to provide anatomical or documentary (e.g. ID) information, physical, or medical evidence of gender identity; and

 Take non-discriminatory steps when necessary and appropriate to address privacy concerns raised by any residents or occupants.

At one CoC training per year, the CoC provides an annual training on the topic of, "how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identity Equal Access to Housing, Final Rule."

Change Management Process

    A. Overview:
        1. Policies changes may occur in response to a variety reasons including, but not limited to:
            a. HUD, Hearth Act Regulation or Law changes;
            b. Stakeholder input and evaluations;
            c. Leadership (staff, board and committee) input on policy and process;
            d. Change to ACES MOU;
            e. Data System changes;
            f. Funder requirements; and
            g. Any information or best practices researched or obtained that could provide ACES with improved processes and policies.
        2. Recommended changes to the Policies shall be presented to the ACES Governing Board for approval.

3. Any additions or changes to the Policies manual that involve process or policies, shall be provided in writing to ACES Partners. (Partners shall acknowledge receipt of new policies or policy edits within 30 days).

4. A current ACES Policy and Procedures document will be kept on the CoC website and shall be provided to ACES Partners within 3 business days of the request.

B. Overview of the Change Management Process:

1. All ACES-related documentation including, but no limited to, the Policy and Procedures, MOU and Partnership Agreement, will be reviewed on an annual basis every April.

2. All changes shall be submitted in writing via mail, fax, or email.

3. Approved changes will be incorporated and disseminated to ACES partners via email and posted on the ACES website.

C. Change Management Roles and Responsibilities:

1. The Governing Board will review the ACES documentation (Policy and Procedures and Partnership Agreement) on annual basis at a minimum.

2. The Governing Board will review any ad hoc updates submitted in writing outside of the annual review process at the request of partners within 30 days.

3. The Governing Board is responsible for approving or rejecting any changes to the ACES policies, forms or practices within 30 days of a formal written request or following the annual review process. The CoC's shall have an opportunity to provide input on any changes prior to approval or elimination.

4. Approved changes will be incorporated into the ACES Policy & Procedures documentation by the Governing Board.

a.   Approved updates to the Partnership Agreement will be disseminated to all ACES Partners and will require signature within 30 days.

b.   Approved updates to the MOU will be disseminated and will require signature acknowledgement within 45 days.

c.   Additional time for review may be granted by the Governance Board.

5. Appeals may be made to the Governance Board in writing within 30 days of a reject change.

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

D. Conflict Resolution:

1. The Governance Board retains final vote on any proposed updates to the Policy and Procedures.

2. The Governance Board will oversee the appeals process for any rejected changes to ACES documentation.

3. The Governance Board will oversee any conflict resolution regarding approved ACES documentation updates.

4. Partners that would like to appeal any rejected changes shall submit the request in writing to the Governance Board for review within 30 days.

E. ACES Partnership Agreement:

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1. To become an ACES Partner, agencies or organizations shall agree to and sign an ACES Partnership Agreement.
2. Partnerships Agreements shall be updated annually.
3. Any change in Partner Point of Contact shall be communicated to the CoC Coordinator within a month of the changeIf there are issues or concerns with the ACES Partnership a meeting with ACES Leadership will take place to resolve the issue. If resolution does not occur, the Partnership Agreement may be terminated by either party.
1. Notify the ACES Governing Board of any desired updates or concerns regarding the existing MOU between the parties.
2. The ACES Governing Board shall follow the Change Management Process and respond to the notification within 30 days.
3. If edits or additions to the MOU are deemed appropriate, these shall be first presented and approved by the Governing Board, which will have 45 days to review and vote on the proposed changes.
4. Updates to the MOU affecting ACES Policies and Procedures shall be presented to the ACES Partners within 30 days of implementation.

F. Policies and Procedures:
   1. Updated Policies and Procedures shall be presented to the ACES Partners for review. Partners shall acknowledge in writing awareness of the new Policies.

G. Tools:
1. ACES Assessment Tools shall be reviewed on an annual basis. Feedback at any other time can be provided to ACES Governing Board.
2. The ACES Governing Board will approve any edits, changes or updates to the ACES Tools, outside of formatting changes.
3. Updates to ACES Tools shall be presented to the ACES Partners within 30 days of implementation. Partners shall acknowledge in writing awareness of the new Tools.
4. Current ACES Tools and contacts shall be kept on the CoC website and be made available to Partners within 5 days of request.

II. Training:

The ACES Leadership Team and HMIS staff are responsible for creating, planning and tracking required trainings. Required trainings for Access and Assessment Site ACES staff are:

A.1.A.   HMIS Licensure Training Data: including end user, data privacy, data integrity, & soft skills. More information HERE.

A.1.B.   VI-SPDAT Video Training
- Singles: http://www.orgcode.com/course/vi-spdat-v2-training/
- Family: https://vimeo.com/126591317

A.1.C.   Review of the following documents (click on links):
- ACES CE Flyer in Four Languages 5 23 18

- [ACES Flowchart May 23 2018](#)
- [ACES HMIS Written Instructions May 11 2017](#)
- [ACES Client Handout at Intake May 23, 2018](#)
- [ACES Supplement to VI-SPDAT](#)
- [ACES SW MN Single Adult VI-SPDAT v2.0](#)
- [ACES SW MN Family VI-SPDAT v2.01](#)
- [ACES SW MN Youth VI-SPDAT v1.0](#)
- [ACES receipt Jan 29 2018](#)
- [Prioritization Policy May 23, 2018](#)
- [SPMI Verification Form](#)

Regarding trainings in the community, one-hour trainings regarding how the Area Coordinated Entry System works, provided by the CoC Coordinator online, will take place separately with the following groups:

    A.   PHAs and HRAs
    B.   Landlords
    C.   School Homeless Liaisons
    D.   Law Enforcement

III.   Communication Plan

ACES Communication: After implementation, the CoC will provide updates and information on ACES.   ACES maintains a website to help inform, evaluate and communicate with ACES Stakeholders.

Partner Agency Communication Requirements:

    A.1.a.   Each Partner Agency shall assign and provide current POC contact information to the Governance Board.
    A.1.b.   The POC is responsible for disseminating information to others within their organization in a timely manner.
    A.1.c.   The POC is responsible for communicating any provider feedback to the appropriate CoC coordinator.

IV.   HMIS Data and Technology

ACES realizes that our Coordinated Assessment system will be most effective and efficient through the use of one comprehensive data system able to incorporate assessment, referrals, prioritization and eligibility screening. To assure the privacy and integrity of the data, ACES has developed the following data entry, data sharing and data evaluation policies:

    A. Data Entry:
        1.   Eligibility criteria – ACES partners are responsible for ensuring their program edibility criteria is current.
        2.   Program eligibility criteria shall be provided in writing.

B. Training: All end users are required to receive a new user training prior to accessing the system. Additional training on conducting phone interviews and using technology during interviews will be required for agencies conducting Housing Assessments.

C. Data Security and Privacy: All clients shall be provided their data rights prior to collecting or entering any data.
   1. Prior to logging in end users shall agree to data privacy and integrity statement.
   2. As an ACES partner, you agree to use and share data ethically.
   3. All end users shall attend the required Data Privacy and Data Sharing Trainings prior to collecting or entering data for ACES.
   4. All agencies utilizing HMIS for ACES shall sign an agency agreement with their HMIS Administrative Agency.

D. Data Quality and Integrity: To ensure data quality, all providers will be given ACES training on the data quality and integrity standards for the project. These standards include:
   a.1. Informing clients of their privacy rights and obtaining ROIs for clients who wish to share data. Agencies are required to review the ACES data sharing agreement with the client as part of reviewing the ROI.
   a.2. Utilizing data sharing as needed to provide the appropriate level of service for clients. The ACES partnership ROI will be utilized for general assessment prioritization and linkage to services. A more specific ROI will be needed for case management.
   a.3. No misuse, personal use or abuse of the client data collected. ACES partners will be required to accept a system data integrity agreement when logging on to HMIS.
   a.4. Capturing the required data elements as thoroughly and completely as possible within the parameters of the client's privacy wishes.
   a.5. Respecting a client's wishes to decline data sharing.
   a.6. Data quality and integrity standards will be developed and monitored by the Data & Evaluation Committee and approved by the Governing Board.
   a.7. ACES partners recognize they will be audited by the HMIS System Administrator and agree to respond to all concerns within a timely manner as outlined by the Data and Evaluation Committee.

E. Data Sharing:
   a.1. ACES encourages data sharing to support the philosophy of a consumer centric approach, to help agencies carry out their missions more efficiently and effectively, and to improve overall system analysis.
   a.2. Data Sharing Agreement: All agencies sharing data in HMIS will be required to sign a data sharing agreement prior to collecting or entering data.
   a.3. Changes in ROI: Agencies are responsible for updating any changes in the client release of information immediately.
   a.4. Data Sharing Flyer on next page:

ACES Sharing Data Principles

Why share data?	How share data?
✓ Supports coordination of services. ✓ Leads to more informed referrals and service delivery. ✓ Allows for better program and system analysis to help improve performance and outcomes. ✓ Reduces the cost of duplicating data collection for provider. ✓ Improves transparency and accountability. ✓ Reduces the time and emotional impact on the client due to repeatedly sharing information. ✓ Improve the quality of aggregate data.	Recognize that good data (in quality and usefulness) requires good input. ✓ Obtain consent. ✓ Understand the need to share data and why you are collecting the information. ✓ Follow instructions to assure data is entered correctly. ✓ Encourage data sharing. ✓ Check data regularly for errors and omissions. ✓ Report duplicate data and errors immediately. ✓ Enter new and corrected information as soon as possible after obtaining it. ✓ Do NOT deny services if a client refuses to share data.

Assure Data Privacy!

✓ Assure you are collecting, entering and accessing data on a need to know basis.
✓ Follow all data security policies and protocols.
✓ Obtain consent.
✓ Do NOT share data that can place a vulnerable client at a safety risk.
✓ If a client terminates or changes data sharing rights, with one or more agencies, update immediately in HMIS.
✓ Adhere to Privacy and Confidentially guidelines.

What data will be shared?	What data will NOT be shared!
✓ Names ✓ Basic household demographics ✓ Homeless Status and History ✓ Disability Status – non-specific ✓ Veteran Status including discharge status ✓ If you are a victim of domestic violence ✓ General Health history ✓ Assessment of use of emergency services ✓ Other program eligibility screening information.	✓ Mental Health or medical case notes ✓ Police Reports ✓ Hospital or inpatient treatment records ✓ Any information that would violate HIPPA or VAWA regulations. ✓ Anything the client requests NOT be shared.

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H. DATA QUALITY:
1. Quality Checks: ACES partner agencies using HMIS are expected to do quarterly data quality checks. Agencies with multi-programs/entries are recommended to complete data quality checks more frequently. HMIS administrators will provide specific information on the timelines and the process.
2. Data Quality Standards: Agencies with poor quality, as determined by HMIS Administrator and CoC will be required to correct data according to the level of quality concern. The CoC HMIS Administrator and/or respective CoC contact will work with the agency to develop a plan to correct data quality. Levels include:
   2.a. Red – High priority issue including; data privacy, significant missing data or other immediate/major concern affecting data integrity or privacy.
   2.b. Yellow – Medium priority issue involving some missing/null information or similar quality concern.
   2.c. Green – No or minor data quality or integrity issues.

H. DATA Evaluation & Reporting:
1. Overall data outcomes will be evaluated by the Performance Evaluation Committee, respective Continuums and ACES Governance Board.

V. **EVALUATION**
A. Stakeholder Feedback:
   A.1. ACES is committed to developing and maintaining an open and accountable culture that is fair, lawful and reasonable in interactions with our stakeholders.
   A.2. ACES desires and values Stakeholder feedback and suggestions on what we are doing well and where we can improve. Feedback, including suggestions, will be used to inform our policy and program formulation and service delivery.
   A.3. ACES feedback management framework is based on the following principles:
      A.3.a. The right of Stakeholders to provide feedback and to have their complaints heard and actioned.
      A.3.b. All Stakeholders have fair and equitable access to feedback channels.
      A.3.c. Feedback provided from consumers is confidential.
      A.3.d. Stakeholders who provide feedback will not be discriminated against.
      A.3.e. Feedback is dealt with in a responsive, efficient, effective, and fair way.
      A.3.f. Feedback is valued by ACES leadership and is integrated into system policy and practice improvements.

A.4.   Feedback for ACES Process:

A.4.a.   Feedback includes complaints, compliments, suggestions, evaluation results, survey results or any information about ACES or ACES Partners delivery, services or performance.

A.4.b.   Feedback may be received through multiple channels which include: written correspondence (letters, emails, and facsimiles), evaluations, telephone, in person (face-to-face), referrals from other Stakeholders or any other concerned or invested party.

A.4.c.   Client Grievances should follow the local agency client grievance process first. If not resolved, grievances can be escalated to the COC.

A.5.   Feedback Management:

A.5.a.   The CoC Coordinator shall track and present all feedback to the Governing Board for review and consideration into system improvement.

A.5.b.   The ACES Governing Board will try to resolve any negative or constructive feedback at first point of contact, wherever possible. General feedback from surveys or suggestions will be shared as relevant with partners, staff or committees.

A.5.c.   Any recommended updates to the ACES policies and procedures shall go through the change management process.

A.6.   Submitting ACES Feedback:

A.6.a.   ACES Annual Feedback Survey

A.6.b.   SW MN CoC Coordinator email at any time.

A.6.c.   Client feedback. Directions to give feedback are explained in the client ACES receipt.

B. ACES Grievance Policy: The policy should clarify for a client the process the client would go through to challenge a decision to be removed from the wait list or from the coordinated entry process. A client should understand during the assessment process:

o   Clients can refuse any placement offered to them.

o   Clients have five business days to respond after a program offer is made.

1. SCOPE

a. ACES recognizes the rights of clients, which includes a person with a disability, a family member, a caregiver or advocate, to raise a grievance and to have it resolved quickly and fairly.

b. Grievances will be treated seriously, and investigated thoroughly and confidentially, and individuals with the grievance will be kept informed of progress.

      c. The complainant will not be disadvantaged in any way by raising a grievance or complaint and the process will maintain the person's right to privacy and dignity.

      d. ACES welcomes grievances as they play an important role in the monitoring of service provision and ensuring that clients' needs are met.

      e. ACES recognizes that clients have a right to:

         e.i. Have their grievance dealt with quickly and fairly.

         e.ii. Not be disadvantaged or discriminated against for presenting a grievance, making a complaint or seeking a review of their service.

         e.iii. Be kept up-to-date about what is happening with their grievance throughout the process.

         e.iv. Be encouraged to place an informal grievance as soon as it occurs.

2. PROCESS:

The Client Receipt, given after assessment, give the email and mailing address of the CoC and ACES Coordinator, Justin Vorbach. The receipt states that clients can contact Justin with feedback on the process or with complaints..

State 1: Formal Grievance via contact with the CoC Coordinator

Stage 2: Investigation of Grievance by the CoC Coordinator.

Stage 3: CoC Governing Board votes via email on CoC Coordinator's recommendation on Grievance Resolution.

Stage 5: CoC Coordinator contacts client to inform him of her of outcome.