

MINNESOTA COORDINATED ENTRY SYSTEM IMPLEMENTATION CHECK LIST

The following CES Implementation Check List represents a guide for Minnesota CoCs to prepare for implementation of most operational practices of CES beginning October 1, 2015

Must	Should	May	
CES Planning			
X			1. CoC has designated a CES management entity to support CES planning, implementation, communication, ongoing operations and management, policy review, compliance monitoring, and evaluation.
	X		1.1 CES management entity includes representation from providers who will participate in the system as well as philanthropic and public sector interests.
	X		1.2 Homeless or formerly homeless individuals are being consulted on CES design and implementation.
		X	1.3 CES management entity is engaging and encouraging the community to support CES.
	X		1.4 CES management entity has been given authority by the CoC to make planning decisions.
	X		1.5 CES management entity has developed a resource development strategy and is actively securing funds for the planning and initial implementation stages of the CES.
X			1.6 CES management entity has established a process for documenting and communicating CES policy updates, management decisions, and CES performance results. Communication is clear, concise, and frequent.
X			2. CoC has adopted a locally specific strategic vision, guiding principles, and values for the CES. (See MN CES Strategic Plan)
	X		2.1 CoC has adopted State's CES Strategic Plan.
		X	2.2 CoC has identified locally specific values for the CES (ex. trauma-informed care, cultural competency)?
X			2.3 CoC has adopted CES policy ensuring participant autonomy (i.e., a program participant's right to refuse a housing option or to choose less intensive service strategies than those offered). (See MN CES P&P template)
	X		2.4 CoC providers have agreed to remove barriers (i.e., sobriety requirement) throughout the CES participating programs.
X			2.5 CoC or CES management entity has executed participation agreements – MOU – with each CES participating agency. (See MN CES Toolkit)
	X		3. CoC and/or CES management entity has reviewed HUD's regulations and notices regarding CES. CoC Program Interim Rule Notice CPD-15-006: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System – Release Pending Coordinated Assessment: A Comprehensive Guidebook – Release Pending Notice CPD-14-012: Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status
	X		3.1 CoC and/or CES management entity has reviewed additional HUD guidance documents such as the Coordinated Policy Brief and Frequently Asked Questions.

X			4. CoC has identified a strategy for ensuring the CES covers the full CoC geography and addresses the needs of all subpopulations?
	X		4.1 CoC has identified specific agencies participating in CES and corresponding catchment areas for each.
X			4.2 CoC has included representation in planning meetings from groups that may need additional consideration such as veterans, youth, persons living with HIV/AIDS, Tribal Nations or domestic violence survivors.
	X		4.3 CoC has identified any barriers to implementing the CES within the community. If barriers identified, CoC has developed a plan for overcoming these barriers.
X			5. CoC or CES management entity has completed an assessment of the resources within the catchment area, the agencies that provide these resources, and the gaps that exist (e.g. updated HIC)?
		X	5.1 CoC has published a master list of CoC resources within the catchment area.
	X		5.2 Each CES participating agency has published project summaries that align with the State-defined CoC component definitions, program eligibility criteria, and methods for documenting eligibility. (See MN CES Strategic Plan)
	X		5.3 CoC or CES management entity has evaluated how individuals access and move through the existing system of housing and services and identified ways that this can be improved.
CES Access			
X			6. CoC has identified CES access points, include special instructions for access by subpopulations (families, singles, youth, and DV).
X			6.1 Access points are easily accessible to all individuals that may access the system.
X			6.2 Street outreach and emergency service providers are connected with CES and individuals identified through street outreach and emergency services are prioritized for CoC assistance in the same manner as an individual that presents at an identified access point.
X			6.3 Access points for subpopulations such as those fleeing domestic violence and youth have been identified.
	X		6.5 CoC has included an affirmative marketing strategy in its overall outreach plan. (See MN CES Toolkit)
X			6.6 CoC's written CES policies document that all individuals entering the CES will have equal and fair access.
	X		7. CoC has defined minimum data collection requirements for access points. – further work on this element is pending final results from the HMIS redesign effort.
CES Assessment and Referral			
X			8. CoC has adopted a standardized assessment tool and process.
	X		8.1 Assessment tool/process uses a progressive assessment and engagement approach.
X			8.2 Assessment tool(s) and processes appropriately account for assessment questions and response for all subpopulations.
X			8.3 A protocol is in place to assure that the assessment tool(s) are being used in the same manner across all access points, street outreach, and emergency services.
X			9. CoC has determined what data will be collected at each stage of the assessment process and what data are shared (local CoC vs. State) (Question Bank). – further work on this element is pending final results from the HMIS redesign effort.
		X	9.1 CoC has engaged Wilder and MN Housing in discussions about possible HMIS buildout and/or use of

			ServicePoint modules for CES management.
	X		9.2 CoC has defined waht CES data will be shared among all CES stakeholders. – further work on this element is pending final results from the HMIS redesign effort.
X			9.3 HMIS Security and privacy policies have been updated based on CES data collection, sharing, and reporting plans. – further work on this element is pending final results from the HMIS redesign effort.
X			10. CoC has developed a service strategy prioritization framework for all CoC component types and participant subpopulations. (See MN CES Toolkit)
	X		10.1 CoC’s CES prioritizes according to Minnesota guidance and HUD’s prioritization notice (Notice CPD-14-012).
	X		10.2 CoC is documenting resources gaps – services or housing a program participant may need but cannot access at the time of referral.
		X	10.3 CoC has identified a strategy for providing bridge assistance if the initial referral is unavailable.
X			11. CoC and/or CES management entity has determined how a priority list (i.e. wait list(s)) will be used and what entity is responsible for the management. (See MN CES Toolkit)
	X		11.1 Priority list (wait list) process is transparent and all CoC staff and program participants understand how the list operates.
X			12. CoC supports program participant autonomy and allows for individuals to refuse housing options without fear of retribution.
	X		12.1 A grievance process is defined for program participants.
	X		12.2 A client advocate is provided for program participants who file a grievance.
X			13. CoC has established protocols for appropriate circumstances when a referral can be denied or postponed. Documentation of referral denials are tracked and evaluated at least annually.
X			14. Policies are in place that ensure the safety of an individual who presents to the CES and is fleeing domestic violence. (See MN CES P&P template)
X			15. CoC has adopted a full set of CES policies outline all aspects of CES management, operations, and participation requirements. (See MN CES P&P template)
	X		16. CoC has defined a written protocol for what documentation is required at each phase of the assessment and referral process. Protocol includes instruction about how documentation is management.
Funding and Capacity Building			
	X		17. CoC has developed a resource development strategy, covering planning, implementation, and maintenance of the CES.
		X	17.1 CoC has identified and/or obtained other sources of funding for the CES.
X			18. CoC and/or CES management entity has developed training opportunities for new users of the CES and for new employees at CES access points.
	X		18.1 CES training opportunities are provided on a quarterly basis and advertised across the CES.
	X		18.2 CES training opportunities include cultural competency and address language barriers.
			18.3 CES training opportunities include use of assessment tool and processes including any regular updates to the VI-SPDAT.
			18.4 CES training opportunities include review of all CES policies and procedures, State directives, and locally-specific approaches.

Evaluation

X			19. CoC has developed an annual CES evaluation plan, including goals or performance measures for tracking effectiveness of the CES at different points of its implementation.
X			19.1 CoC is using HMIS to measure performance of CES?
	X		19.2 CoC has defined a process for integrating feedback from providers and annual CES evaluation to improve CES performance?
	X		20. CoC has defined a plan for ongoing outreach to mainstream services and agencies that can provide additional housing and services to program participants in the CES.
	X		21. CoC and/or CES management entity has developed a mechanism to monitor participation in CES and compliance with CES policies and procedures.