



PARTNERSHIP AGREEMENT
COORDINATED ACCESS, REFERRAL, ENTRY AND
STABILIZATION (CARES) SYSTEM

PURPOSE

The purpose of this Partnership Agreement is to document and communicate guidelines for the establishment of the Coordinated Access, Referral, Entry and Stabilization System (CARES), a collaborative homeless response effort between the White Earth Nation, the West Central Minnesota Continuum of Care (WC CoC), and the North Dakota Continuum of Care (ND CoC). CARES is a collaborative initiative designed to create a more effective and efficient homeless response system, as well as assure compliance with the U.S. Department of Housing and Urban Development (HUD) mandates. CARES is designed to support and challenge agencies within the homeless response system to streamline program access, eliminate barriers, and assure transparency.

All Access, Assessment, Shelter, and Housing Programs shall be CARES members. Additional stakeholders interested and committed to participating in our regional homeless response system and abiding by CARES policies and protocols may also become partners. To become a CARES partner, agencies or organizations shall become a CoC member, attend CARES 101 training, and sign the CARES Partnership and Data Sharing Agreements.

PARTNER ROLES

Partners agree to the following and to comply with all CARES policies. Partnership roles are identified by the agency and CoC Coordinator.

All Partners

1. Complete a partnership agreement and data sharing agreement.
2. Complete the required new partner and annual CARES training.
3. Follow the CARES and CoC updates.
4. Be a member of the CoC.
5. Be aware and engaged in local homeless committees/coalitions.
6. If not an Access or Assessment site, link appropriate households to designated sites.
7. Follow CARES Core Beliefs and Policies and keep updated with educational opportunities and trainings.
8. Offer individualized referrals specific to the unique needs and desires of each household from a comprehensive list of mainstream resources including, but not limited to, veteran's services, medical assistance, nutrition assistance, and employment and income supports.

Access Sites

Access Sites will complete the Housing Crisis Triage which will determine if entry into the homeless response system is necessary and appropriate or determine if the household can be diverted from entering the homeless response system by utilizing mainstream resources. Access Sites may also complete the Prevention Targeting Tool (if applicable in their region). If the household is unable to be diverted, the household will be referred to the Assessment Site. Access Sites will make a referral or an assignment to emergency shelter if necessary and available. Access Sites will consider the unique rights and needs of all populations including American Indians. Access Sites are expected to:

1. Assure compliance with data privacy and policies.
2. Conduct a Housing Crisis Triage through on-site or phone interview for all households who seek assistance in the homeless response system. Assure that no referrals for homeless services are made without first completing the Housing Crisis Triage.

- a. Determine best path based on answers given in the Housing Crisis Triage:
 - If safety is of immediate concern, directly link to victim service provider or law enforcement.
 - If homelessness cannot be prevented or immediately resolved, screen for shelter entry and prioritization, or link directly to emergency shelter.
 - If household is housed and the housing crisis cannot be resolved through natural or mainstream referrals, proceed, or refer to a provider to conduct the Prevention Screening (if applicable in your region)
- b. Provide Access Receipt, including appropriate referrals.
3. Track and share documentation of screenings in the appropriate database.
4. If serving a specialized population, Access Site protocols may be appropriately adjusted with prior approval from the CoC.
5. Provide feedback for annual CARES evaluation.
6. Follow protocols on working with American Indians that acknowledges and honors Tribal Sovereignty.
7. Use HMIS as primary data entry system or CoC approved database alternatives.
8. Complete all required CARES, HMIS, and CoC approved trainings and verify training with CARES and/or CoC Coordinator. Contact CARES leadership for a complete list of required trainings.
9. Access site staff should:
 - a. Follow up with referrals according to CARES policies or local CARES protocols approved by the CoC.
 - b. Provide support to work with households on finding the appropriate referral if referral is refused.
 - c. If household fails to follow through with a referral and comes back for assistance the Access Site staff will work with that household to help identify why they didn't follow through with a referral and find one more appropriate.
10. Enter data into HMIS or approved alternative database within 24 hours.
11. Update household's status (household size, homeless status, contact information, denials, or other eligibility criteria) within three days of awareness in HMIS or approved alternative database.

Prevention Screening Site

Prevention is considered part of Access and when possible and appropriate should be conducted as part of the Housing Crisis Triage and not as a separate process. Agencies conducting as a separate process should have prior approval.

Prevention Sites are those programs or agencies who have dedicated funding (i.e. budget line item for past due rent, utilities, or similar) to help prevent a household from becoming homeless. Prevention Screening Sites will utilize an approved prevention prioritization tool (if applicable in your region) to prioritize the most vulnerable and most likely to become homeless without the services and connect those to mainstream resources if more appropriate.

1. Assure Access steps, including Housing Crisis Triage are completed prior to additional screening or prioritization for prevention assistance.

2. Use HMIS as primary data entry system and approved database alternatives as secondary, unless prohibited by law.
3. Complete all required CARES, HMIS, and CoC approved trainings and verify training with CARES and/or CoC Coordinator. Contact CARES leadership for a complete list of required trainings.
4. Utilize the approved prevention prioritization tool (if applicable in your region) on all households seeking prevention assistance.
5. Provide Access Receipt.
6. Enter data into HMIS or alternative database within three days.
7. Update household's status (household size, homeless status, contact information, denials, or other eligibility criteria) within three days of awareness in HMIS or alternative database.
8. Follow CARES Prioritization Policy for prevention targeting.

Emergency Shelter Access: Hotel Vouchers, Shelter Bed Openings, FM Shelter Bed Collaboration

1. Assure Access steps, including Housing Crisis Triage are completed.
2. Use HMIS as primary data entry system and approved database alternatives as secondary, unless prohibited by law.
3. Complete all required CARES, HMIS, and CoC approved trainings and verify training with CARES and/or CoC Coordinator. Contact CARES leadership for a complete list of required trainings.
4. Conduct Housing Crisis Triage questions to prioritize emergency shelter resources. Emergency shelter resources must fill open beds by highest vulnerability. Shelters may have additional preferences based on the population served. Preferences are reviewed by regional planning.
5. Follow Prioritization Policy for emergency shelter access.

Assessment Sites

A trained and designated assessor will conduct the Housing Prioritization Tool in order to identify linkage to appropriate housing intervention (mainstream resources, transitional housing, rapid re-housing, permanent housing, or permanent supportive housing). American Indians seeking assistance will be offered connections with their Tribal Nation. Assessment Sites are expected to:

1. Assure compliance with data privacy and policies.
2. Follow CARES process to complete Housing Prioritization Tool and make appropriate service connections, linkages, and referrals based on assessment results.
 - a. Complete the CARES Release of Information (ROI) and necessary database ROIs.
 - b. Complete all additional supplemental questions for the purpose of eligibility into housing programs.
 - c. Provide household with CARES receipt.
3. If serving a specialized population, protocols may be appropriately adjusted with prior approval from the CoC.
4. Provide feedback for annual CARES evaluation.
5. Agree to make all referrals to homeless services through the CARES process.

6. Follow protocols on working with American Indians that acknowledges and honors Tribal Sovereignty.
7. Use HMIS as primary data entry system and approved database alternatives as secondary, unless prohibited by law.
8. Complete all required CARES, HMIS, and CoC approved trainings and verify training with CARES and/or CoC Coordinator. Contact CARES leadership for a complete list of required trainings.
9. Complete SPDAT training within four months of becoming an assessor.
10. Enter Housing Prioritization Tool into HMIS or alternative database within three days.
11. Update household's status (household size, homeless status, contact information, denials, or other eligibility criteria) within three days of awareness in HMIS or equivalent database.

Housing Providers

Housing Providers are considered those who have designated programs that provide vouchers or on-site transitional or permanent housing to persons who are homeless. Housing Providers will collaborate with designated Access and Assessment sites to streamline access to housing programs. Housing Providers are expected to:

1. Assure compliance with data privacy and policies.
2. Provide program preferences and eligibility criteria in writing to CARES.
3. Utilize the CARES process to fill program vacancies based on priority scoring, eligibility criteria, and program preferences.
 - a. Follow-up with the CARES Assessor to ensure a smooth transition to the program.
 - b. If denied, follow the CARES process for denials including follow-up with CARES Assessor.
4. Keep household information updated in HMIS according to the CARES process (ex. entry date, program openings, service transactions, and exit date).
 - a. Enter data changes into HMIS or alternative database within three days.
 - b. Update household's status (household size, homeless status, contact information, denials, or other eligibility criteria) within 14 days of awareness in HMIS or equivalent database.
 - c. Housing providers not utilizing HMIS must provide for data entry and maintenance through another CARES partner.
5. Complete a comprehensive assessment for use in case management and moving on strategies (if required within your CoC)
6. If serving a specialized population, protocols may be appropriately adjusted with prior approval from the CoC.
7. Provide feedback for annual CARES evaluation.
8. Attend required HMIS (when appropriate) and CARES trainings.
9. Follow protocols on working with American Indians that acknowledges and honors Tribal Sovereignty.
10. Complete all required CARES, HMIS, and CoC approved trainings and verify training with CARES and/or CoC Coordinator. Contact CARES leadership for a complete list of required trainings. Verify training with CARES and/or CoC Coordinator prior to doing first assessment.
11. Case managers complete SPDAT training within four months.

Stabilization

Stabilization services applies to housing providers and other support service providers helping persons who are homeless or formerly homeless to stabilize services. Listed below are stabilization best practices that all Stabilization providers should be implementing or working towards implementing. At this time these are not required by CARES but may be by your CoC.

1. Landlord Engagement
2. Creative Engagement
3. Utilization of a comprehensive assessment.
4. Linkage to mainstream resources
5. Housing Navigation
6. Use HMIS as primary data entry system and approved database alternatives as secondary, unless prohibited by law.
7. Complete all required CARES, HMIS, and CoC approved trainings and verify training with CARES and/or CoC Coordinator. Contact CARES leadership for a complete list of required trainings. Verify training with CARES and/or CoC Coordinator prior to doing first assessment.
8. Complete SPDAT training within four months of becoming a navigator.
9. Enter data into HMIS.
10. Provide Stabilization Services for up to one year following assignment.
11. Enter forms in HMIS or alternative database within three days.
12. Update household's status (household size, homeless status, contact information, denials, or other eligibility criteria) within three days of awareness in HMIS or equivalent database.

Auxiliary Service Providers

Auxiliary Service Providers will collaborate with designated Access and Assessment Sites and Housing Providers to streamline access to housing programs and supportive services.

1. Assure compliance with data privacy and policies.
2. Share data and information when appropriate.
3. Attend required trainings when appropriate.
4. Provide feedback for annual CARES evaluation.
5. Follow protocols on working with American Indians that acknowledges and honors Tribal Sovereignty.

Lead Partners

In order to direct local and regional implementation and management of CARES across ND and WC CoCs, lead partners are established to host and facilitate local organizational structures. Lead Partners can be coalitions, organizations, agencies, or collaborative groups formed for the purpose of being a lead partner in a given locality. Lead Partners play a vital role in assisting the CoCs and CARES Governance Board in ensuring CARES policies and protocols are functioning and maintained. Lead Partners are expected to:

1. Host or sponsor local CARES leadership structures (e.g. committees).
2. Provide a minimum of one contact to serve as a liaison for CoC leadership.
3. Assist CoC with oversight and compliance of local CARES systems.

4. Maintain documentation of local CARES system procedures and keep CoC leadership informed of said procedures.
5. Participate in CARES-wide leadership and governance as needed.
6. When appropriate or feasible provide additional support to CARES, including:
 - a. Host or provide dedicated staff, office space, or other assistance in arrangement with the CoC, if needed.
 - b. Provide financial support or resources if available or needed to support CARES.
7. Provide or support CARES training requirements in collaboration with the CoC and other Lead Partners.

DATA QUALITY & SHARING

By signing this agreement, your agency agrees to:

1. Participate in all required CARES data sharing trainings as applicable.
2. Agree to HUD, state, and CARES data privacy, data rights, and data quality requirements as applicable.
3. If entering data into HMIS, sign a data agreement with your respective Continuum of Care and/or HMIS Lead.
4. If not entering data into HMIS, arrange and sign an alternative data sharing process and agreement with your respective Continuum of Care and/or HMIS Lead.
5. Assure data is accurate and up to date, responding to any data quality, completeness or privacy concerns addressed by HMIS Administrator, CARES, or Continuum of Care.
6. Agencies will have the option of opting out of data sharing in HMIS by following the process and policies described in the CARES Policy Manual.
7. Follow CARES process to ensure Client Privacy Rights are followed.
8. As per HUD mandate, domestic violence service providers must enter data into a comparable database, when entry into HMIS is prohibited under federal law.
9. Data collection and reporting of tribal specific information must be done with the permission and under the supervision of Tribal Nations.

CLIENT RIGHTS

The CARES process is based on a client centered model and strives to give clients the opportunity to be empowered about the services they choose to receive. By signing this agreement your agency agrees to adhere to the CARES Policy outlining client's rights including:

1. Right to be informed of the CARES process and how they can use it to meet their needs.
2. Right to privacy and confidentiality.
3. Right to be informed of how their data will be utilized and whom it could be shared with.
4. Right to self-determination and to work with service providers that honor that right.
5. Right to Housing First.
6. Right to access and seek services from their Tribal Nation.
7. Right to be informed of CARES grievance policy prior to assessment.

GENERAL TERMS

1. **Terms.** This Partnership Agreement will begin upon execution. This Agreement will be reviewed and signed annually and updated to incorporate changes and clarification of roles and responsibilities. This Agreement may be terminated in accordance with the section on Termination below. Concerns of review changes should be addressed to the CARES Governance Board or designated CoC or CARES committees.
2. **Termination.** Any party may terminate this Agreement for any reason or no reason by giving the other party ninety days prior written notice. The party wishing to terminate this agreement for cause must provide a written intent to terminate notice to the party in breach or default. The notice will provide thirty days for the party in breach or default to respond to said notice with an acceptable plan to cure cause for termination. Termination for cause decisions will be made jointly between the CARES Governance Board and the respective Continuum of Care. Note that termination of this Agreement may result in removal from CARES and could affect both state and federal funding opportunities for homeless programs, housing, and services.
3. **Confidentiality.** As a CARES Partner and by virtue of entering into this Agreement your agency will have access to certain confidential information. As such, I agree that my agency (including staff, volunteers, and board members) will not at any time disclose confidential information and/or material without the consent unless such disclosure is authorized by this Agreement, the CARES Policy Manual, or required by law. Unauthorized disclosure of confidential information shall be considered a material breach of this Agreement. At all times client releases will be secured before confidential client information is exchanged. Confidential client information will be handled with the utmost discretion and judgment.
4. **Code of Conduct.** CARES has adopted a Code of Conduct to guide partner agencies and their staff when participating in the system. The Code contains broad principals reflecting the types of behavior CARES expects partners to exhibit towards constituents, other partners, CARES governance, funders, employees, peers, and the public. This policy does not stand alone, but embodies other ethical standards set by individual agencies, states, funders, and licensures. Rather, it is one element of a broader effort to create and maintain a quality system that gives ethical conduct the highest priority.
5. **Non-discrimination.** There shall be no discrimination of any person or group of persons on account of race, color, creed, religion, sex, marital status, sexual orientation, age, handicap, ancestry, or national origin in the operation of CARES. Tribal Nations shall not be required to deny their sovereignty as a requirement or condition of this Agreement.
6. **Severability.** In the event any provision of this Agreement shall be found to be invalid, illegal, or unenforceable in any respect, such as invalidity, illegality, or unenforceability shall not affect the validity, legality, and enforceability of the remainder of the Agreement.
7. **Amendments.** This Agreement may be amended only in writing and as authorized by the designated representatives of the respective agencies.

CARES PARTNER AGREEMENT

By agreeing to partner with CARES, your agency agrees to:

1. Utilize the CARES process and tools.
2. Provide your program preferences and eligibility criteria in writing to CARES.
3. Accept referrals based on the eligibility criteria and program preferences your agency provides to CARES.
4. Participate in the evaluation process for CARES including program denials.
5. Attempt to reduce barriers to housing access.

6. Maintain timely access to services.
7. Honor the additional admission criteria for housing projects on Tribal Nation land or programs operated by Tribal Nations.

Your agency maintains the right to:

1. Determine eligibility criteria and program preferences based on your agency mission, community needs, and funding sources.
2. Provide input to the development and implementation of CARES.
3. Receive support from CARES.
4. Access data collected through the CARES network.
5. Include the rights and needs of Tribal Nations and their members in the assessment process.

By signing this Agreement, participating organizations formally acknowledge the guidelines, roles, and responsibilities outlined in the Agreement and the CARES Policy Manual. Further, the undersigned organization agrees to adopt and comply with the Agreement and CARES Policies in order to participate in CARES.



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 SFN 61827 (10/20)

CARES PARTNERSHIP AGREEMENT SIGNATURE PAGE

If you wish to become a CARES Partner or need to update your information, please complete the following signature page, scan signed document, and return to your CoC Coordinator via email.

Why are you becoming a CARES Partner? (check all that apply) <input type="checkbox"/> My agency is mandated by our funder to participate in Coordinated Entry <input type="checkbox"/> We want to be a part of the homeless response system	
What populations do you serve? (check all that apply)	
<input type="checkbox"/> Single Adults <input type="checkbox"/> Households with Children <input type="checkbox"/> Youth ONLY	<input type="checkbox"/> Veterans <input type="checkbox"/> Domestic Violence or Trafficking <input type="checkbox"/> Other: _____
What Partnership Role will your agency fulfill?	
<input type="checkbox"/> Access Site (check all that apply) Note: All Access Sites must use Housing Crisis Triage. <input type="checkbox"/> Prevention Site <input type="checkbox"/> Emergency Shelter Site <input type="checkbox"/> Assessment Site <input type="checkbox"/> Housing Provider <input type="checkbox"/> Stabilization <input type="checkbox"/> Auxiliary Service Provider <input type="checkbox"/> Lead Partner	
Data Sharing <input type="checkbox"/> Standard agreement <input type="checkbox"/> Alternative agreement (please list): _____	

The CARES Partnership Agreement should be signed by an authorized representative. Please print clearly and sign and date in ink. This sheet will be retained in the CARES files.

Agency or Organization			
Mailing Address	City	State	ZIP Code
Authorized Representative	Title		
Primary Contact	Title		
Email Address	Telephone Number		
Authorized Representative Signature	Date		

Thank you for being a CARES Partner!
Please keep a copy of this document and signature page for your records.