

# **MI- 503 St. Clair Shores/Warren/Macomb County CoC**

## **Coordinated Entry System- Policies and Procedures**

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# 1- INTRODUCTION AND OVERVIEW

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 reauthorized the McKinney-Vento Homeless Assistance programs. Through the enactment of the HEARTH Act, the Department of Housing and Urban Development (HUD) published the Continuum of Care (CoC) Program interim rule in 2012, revised in 2016. The CoC Program interim rule requires that the CoC operate a Coordinated Entry System (CES), a systemic response to homelessness in each community. The system is designed to ensure that people at risk of homelessness and people experiencing homelessness are assessed and matched to the appropriate intervention. Key elements of coordinated entry are:

- A designated set of coordinated entry locations, access points, and staff members.
- A standardized assessment tool to assess client needs.
- Referrals, based on the results of the assessment tools, to homelessness assistance programs and other related programs when appropriate.
- Data collection and referrals in a Homeless Management Information System (HMIS).
- Client prioritization and housing service alignment based on needs and available services.

## Responsibilities of the Continuum of Care

For the link to the HUD CoC Interim rule, please see *Appendix H*.

Coordinated Entry (CE) is essential in ensuring the success of community homeless assistance and homeless prevention programs. A coordinated entry process helps communities systematically assess the needs of program clients and effectively match each individual or family with the most appropriate resources available to address that individual or family's needs.

One of the CoC's responsibilities is establishing and operating a centralized or coordinated entry in consultation with recipients of the Emergency Solutions Grants (ESG) program funds within the geographic area. It is encouraged to incorporate Shelter Assistance Funding recipients, along with other projects and funders within the geographic area, in this process as well. This CE provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. The Continuum must develop a specific policy to guide the operation of the coordinated entry on how its system will address the needs of individuals and families who are fleeing or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim service providers. This system must comply with any requirements established by HUD by Notice.

## CE Process Definition:

HUD requires each CoC to establish and operate a "centralized or coordinated assessment system" based on evidence that such systems increase the efficiency of local crisis response systems and improve fairness and ease of access to resources, including mainstream system resources. Participating projects use the CoC's coordinated entry process to manage coordinated intake and assessment, standardize the prioritization process, and facilitate referrals to available housing and resources. CE processes are intended to help communities prioritize assistance to ensure that persons most in need of assistance receive it promptly. When appropriate data are collected, CE processes can also provide CoCs and other stakeholders with information about service needs and gaps, which helps communities strategically allocate their current resources and identify the need for additional resources.

## This Document

These policies and procedures will govern the implementation, governance, and evaluation of the Macomb CoC Coordinated Entry System. This living document will be reviewed annually under the Macomb CoC Governance Charter. Changes can be made based on the information gathered through the evaluation process or any shift in practice deemed necessary.

## A: CE Participation Expectations

Policy: All CoC and ESG Program-funded projects must participate in the local Coordinated Entry System (CES). The CoC endeavors to have all homeless assistance projects participating in its CE process and will work with all local projects and funders in its geographic area to facilitate their participation in the CES. For a copy of the Coordinated Entry Partnership Agreement, please see *Appendix D*.

Procedure: Macomb CoC requires each community partner that is involved in making homelessness assistance referrals (both HMIS participating agencies and those that do not use HMIS) for their clients residing in Macomb County to have at least one agency representative present for the Macomb CoC CES prioritization calls. Those agencies involved in the CES are strongly encouraged to have at least one agency representative attend the CES committee meetings.

## B: CoC and ESG Coordination

Policy: The CoC is committed to aligning and coordinating CE policies and procedures governing assessment, eligibility determinations, and prioritization with its written standards for administering CoC and ESG program funds.

Procedure: CoC and ESG grantees agree to align policies and procedures by signing an annual statement that certifies alignment and compliance with Macomb CE policies. Compliance will be verified by Lead Agency monitoring. Those agencies not in compliance will be given a timeframe to comply. Non-compliance may affect grant ranking outcomes. See the CE Partnership Agreement - *Appendix D*.

## C: Guiding Principles

The Macomb County Continuum of Care (CoC) and its partner agencies use CE as a standardized way to meet immediate and long-term needs and minimize duplication of services to provide the most effective and efficient delivery of services to those at risk of or experiencing homelessness. CE will provide an initial, comprehensive, and standard assessment of the needs of individuals and families for housing and services that meet current HUD requirements. The system will map housing and service resources and delivery processes used to prevent homelessness and rapidly re-house homeless individuals and families. In addition:

- CoC projects must coordinate with other homeless services within the CoC.
- CoC projects must coordinate with mainstream resources in the CoC, including housing, social services, employment, education, and youth programs for which participants may be eligible.
- CoC projects must have written policies and procedures and consistently apply them to all participants.

In addition, the system will:

- Divert entry from a shelter by finding alternative housing or sustaining existing housing.
- Match the appropriate level of housing and services based on need.
- Prioritize persons experiencing chronic homelessness, coupled with the most severe service needs.
- Work to decrease the average length of a homeless episode.

- Maximize scarce community resources using a standardized assessment tool such as the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT).
- Encompass and cover the entire geography and be accessible to all residents of Macomb County.
- Implement a specific policy that addresses the needs of survivors of domestic violence, dating violence, human trafficking, sexual assault, or stalking who seek assistance from non-victim service providers.

Due to limited housing assistance resources, CE must prioritize assistance based on chronic status, length of homelessness, vulnerability, and the severity of service needs, focusing on the goals of the Macomb CoC action plan to end homelessness.

#### D. Housing First

Housing First is a systematic approach that centers on providing people who are homeless with housing quickly and then providing services as needed. The Macomb County CoC implements a Housing First model that offers housing services to persons experiencing or are at risk of homelessness, including outreach and engagement, emergency and youth transitional housing, rapid re-housing, homeless prevention, and permanent supportive housing. The Macomb County CoC formally incorporates the Housing First approach into the coordinated entry system and its funding priorities through these standards.

Utilizing the client-driven Housing First approach removes potential barriers of requiring program participation or preconditions needed to obtain housing. Participants are expected to comply with a standard lease or occupancy agreement. Once housed, participants are offered a wide range of supportive services that focus primarily on helping them maintain permanent housing.

CE will support a Housing First approach and will work to connect households with the appropriate permanent housing opportunity and any necessary supportive services as quickly as possible.

#### E. Non-Discrimination

The Macomb County CoC commits to a policy of non-discrimination for all CoC projects and activities. Elements of this principle include:

- As stated in the governance charter, members, officers, committee members, and contractors of the Macomb County CoC will be selected entirely on a non-discriminatory basis concerning familial and marital status, race, color, national origin, age, disability, religion, gender, sexual orientation, or other federal, state, or local protected group.
- Providers must have non-discrimination policies in place and assertively outreach to people least likely to engage in the homeless system.
- Providers must comply with all federal statutes, including the Fair Housing Act and the Americans with Disabilities Act.
- Providers will incorporate cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.

Macomb County CoC is committed to abiding by the Equal Access to Housing in HUD Programs – Regardless of Sexual Orientation or Gender Identity Final Rule published in 2012, found here: <https://www.federalregister.gov/d/2012-2343>.

Policy: The CE system must adhere to all jurisdictionally relevant civil rights and fair housing laws and regulations.

Procedure: The Lead Agency and Collaborate Applicant monitor agencies compliance with all CE requirements, including adherence to civil rights and fair housing laws and regulations. Failure to comply with these laws and regulations will result in a monitoring finding of the project, which may affect its position in the local CoC rating and ranking process. The CE system acknowledges the following applicable Federal, State, and local civil rights laws, including but not limited to:

- Fair Housing Act – a federal law that prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
- Section 504 of the Rehabilitation Act – a federal law that prohibits discrimination based on disability under any program or activity receiving federal financial assistance.
- Title VI of the Civil Rights Act – prohibits discrimination based on race, color, or national origin under any program or activity receiving federal financial assistance.
- Title II of the Americans with Disabilities Act – prohibits public entities, which include state and local governments and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing and housing-related services such as housing search and referral assistance.
- Title III of the Americans with Disabilities Act – prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating based on disability.
- HUD's Equal Access in Accordance with Gender Identity Rule prohibits discrimination based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b); for HOPWA, see 24 CFR 574.603.
- Michigan's Elliott-Larsen Civil Rights Act prohibits discrimination based on religion, race, color, national origin, age, sex, height, weight, familial status, or marital status.

## F: Full Geographic Coverage

Policy: The CoC's CE process covers the CoC's entire geographic area, which is Macomb County, MI. Please see *Appendix A*.

Procedure: The CE process serves those residing in Macomb County and can be utilized through any access points, as displayed in *Appendix B*.

## G: Affirmative Marketing and Outreach

Policy: All persons participating in any aspect of CE, such as access, assessment, prioritization, or referral, shall be afforded equal access to CE services and resources without regard to a person's actual or perceived membership in a federally protected class such as race, color, national origin, religion, sex, age, familial status, marital status, or disability. Additionally, all people in subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families



with children, youth, and survivors of domestic violence, shall have fair and equal access to the coordinated entry process.

Procedure: Each project participating in CE must post or otherwise make publicly available a notice (provided by the CoC) that describes coordinated entry. Outreach efforts will be made to mainstream partners to post the notice. This notice should be published in the agency waiting areas and any areas where participants may congregate or receive services (e.g., dining hall). All agency staff must know which agency personnel can discuss and explain CE to a participant seeking more information. See the Coordinated Flowchart Appendix C.

The CE Notice is accessible [here](#).

## H: Safety Planning and Risk Assessment

All CE access points will provide services consistent with the VAWA final rule, effective on December 16, 2016, which implements the requirements of the 2013 reauthorization of the Violence Against Women Act (VAWA), which applies to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation, and which must be applied consistently with all non-discrimination and fair housing requirements.

Policy: All persons fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking shall have immediate and confidential access to available crisis services within the defined CE geographic area. The location of Domestic Violence shelters/programs shall not be made public. Participants can still be served if they refuse to sign the ROI or note that they do not want their information shared.

Procedure: The CE system includes a local domestic violence hotline, staffed 24 hours a day, seven days a week, and includes a forensic nurse examiner to ensure that all persons fleeing or attempting to flee domestic violence or sexual assault have immediate access to crisis response services. All persons will have access to this hotline regardless of which access point they initially contacted for services and assistance through the CoC's CE. Staff responsible for CE shall receive training on protecting the safety and privacy of individuals fleeing or attempting to flee violence.

The following shall take place for those who report being a survivor of domestic violence, dating violence, sexual assault, or stalking:

1. All CoC-defined access points shall refer to Turning Point to conduct an initial screening of risk or potential harm perpetrated on participants due to domestic violence, sexual assault, stalking, or dating violence. If a defined risk is deemed to be present, the participant shall be referred or linked to available specialized services and housing assistance. This process will be done using a trauma-informed approach designed to address the service needs of survivors of abuse, neglect, and violence.
2. HMIS ROI- participants can have the option to keep their information private from HMIS or have their information locked down.

## 2. ACCESS

### A: Access Model

Policy: The CoC adopts a decentralized approach to CE, which ensures that no matter which homeless assistance provider a person goes to for assistance, they will be referred to the Homeless Assessment and Resource Agency (HARA) for the appropriate resources, referrals, assessment, and prioritization processes based on their unique circumstances.

Procedure: A person or family that presents with an episode of homelessness or housing crisis (facing eviction) will not be turned away from any agency and will be assisted and/or referred by that agency if they meet service criteria. People needing assistance will be referred to the HARA for further assessment if needed. The agencies will utilize interpreter services to accommodate those speaking a language other than English.

### B: Access Coverage

Policy: The CoC's entire geographic area is accessible to CE processes through defined location-specific access points or through a 211 community information and referral hotline.

Procedure: The 211 hotline provides information and referral services 24 hours daily and can be contacted from any location within the CoC. The HARA can be contacted for assistance between 8:30 a.m. and 4:00 p.m., Monday through Friday by contacting 586-469-5656. The HARA follows the federal holiday schedule.

Persons experiencing homelessness with a last permanent address in Macomb County who are accessing shelter or otherwise not residing in the county and wish to return to permanent housing in Macomb County will be assisted by a Macomb County provider.

In order to receive ESG funds, the persons served must be Macomb County residents to be eligible. All CE participants will assist those with establishing Macomb County as their residence, e.g., obtaining state-issued ID, if this is a barrier.

### C: Designated Access Points

Policy: In Macomb County, CE utilizes a decentralized approach comprised of a partnership between the Macomb Community Action (HARA), Salvation Army MATTS, MCREST, Family Youth Interventions, Turning Point, Macomb County Community Mental Health, PATH Outreach, Community Housing Network, and Amelia Agnes Transitional Home. Participants can access information and referrals by contacting or appearing at any homeless assistance agency within the community but will be referred to the HARA for a formal assessment.

Please see *Appendix B* of this manual for a list of all access points in the community.

Procedure: Each homeless assistance provider designated by the HARA and Collaborative Applicant assists persons experiencing homelessness or at imminent risk of literal homelessness. All designated access points shall execute a CE Partnership Agreement with the HARA, which documents all required functions and responsibilities to ensure CE access.

## D: Specialized Access Points for Subpopulations

Policy: Macomb CoC offers specialized access points for unaccompanied youth and households fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking.

These are the only groups for which different access points are specifically used. The CoC continuously evaluates and improves the process, ensuring that all subpopulations are well served.

Procedure: Survivors of domestic violence, dating violence, sexual assault, or stalking will be referred to Turning Point, Macomb County's leading domestic violence service provider. The CES procedures will ensure that people fleeing domestic violence have safe and confidential access to domestic violence services and that any data collection adheres to the VAWA. People referred to Turning Point may access homeless assistance resources available through the CES. CE partners refer unaccompanied youth to Family Youth Interventions (FYI).

## E: Accessibility of Access Sites

Policy: The CoC will ensure that CE services are physically accessible to persons with mobility barriers. All CE communications and documentation will be accessible to persons with limited reading and understanding of English.

Procedure: The HARA is the primary point of contact for ensuring that all CE materials are available in English, Arabic, Spanish, and other locally common languages.

In addition, CE participating agencies will, to the greatest extent practicable, provide communication accommodation through translation services to effectively and clearly communicate with persons who have disabilities, as well as with any person with limited English proficiency. Please see *Appendix G*.

The Lead Agency will provide visually and audibly accessible CE materials when requested by agencies or participants in CE.

4. Each designated access point will ensure effective communication with individuals with disabilities, including appropriate auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in properly accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters. Access points must be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs and people in the CoC who are least likely to access homeless assistance.

## F: Emergency Services

Policy: CE initial screening and assessment services may only be available during business hours—9:00 a.m. to 4:00 p.m. daily. When prospective participants present for services during non-business hours, participants will still be able to access emergency services, including emergency shelter, when those emergency services are available.

Procedure: If prospective participants attempt to access designated access points during non-business hours, 211 and MATTS shelter are available. A winter shelter may be available seasonally during the operational period (may vary from year to year). Persons may be able to access emergency shelter at MATTS (if available) or the winter shelter without first receiving an assessment through CE. CE pre-screening is done initially, and a VI-SPDAT assessment will be completed on all ES participants within 48-72 business hours after entry to ES.

Households needing emergency shelter will be referred to a service provider with a vacancy. If there are no vacancies, the HARA (Macomb Community Action) or partner agency will provide contact information for shelters from the Tri-County Shelter Guide for possible placement. The Macomb County CoC will establish strong working relationships with local motel owners and management to ensure a supply of alternative shelters for households experiencing homelessness in the event no emergency shelters are available. As a last resort, if non-government funding is available, the household may need to stay at a local motel until the next shelter opening if funding is available from local charitable organizations.

## G: Prevention Services

Policy: The CE system will ensure that all potentially eligible homeless prevention participants will be screened or referred to a partner agency for homelessness prevention assistance, depending upon the access point at which they initially seek assistance.

Procedure: Homeless prevention access points and general homeless assistance access points will assist if possible or refer to the HARA to coordinate information and referrals to ensure persons at imminent risk of literal homelessness are provided coordinated access to CoC homelessness prevention services.

## H: Street Outreach

Policy: Street outreach teams will function as access points to the CE process and will seek to engage persons who may be served through CE but are not seeking assistance or are unable to seek assistance via projects that offer crisis housing or emergency shelter.

Procedure: Street outreach teams will be considered an access point for CE. Street outreach teams will be knowledgeable and trained about CE and the assessment process. Street outreach teams can refer participants they contact through their street outreach efforts to the HARA.

The Macomb County CoC Lead Agency and their partner agencies will implement an aggressive *Community Outreach Engagement Plan* to engage unsheltered homeless individuals/families and at-risk households, by educating and encouraging a connection to CE. This plan will be posted on the CoC website. Outreach includes but is not limited to hosting community outreach events, searching known sleeping areas on the street and other outdoor areas, and visiting service sites such as drop-in centers, warming centers, shopping malls, libraries, and meal providers.

The Plan will also include a communication strategy from the Lead Agency to reach individuals and families who need assistance through the media, print material, presentations, and local government. Based on system performance measures and participant satisfaction surveys, the Lead Agency and their partner agencies will at least annually assess the Community Outreach Engagement Plan and identify additional methods and approaches.

Providers must employ a 'Hard to Engage' outreach protocol for people experiencing homelessness who may be reticent to get involved with street outreach and service providers. Eight documented staff attempts at engagement over two months are suggested. Protocols for switching staff and provider agencies will be made if needed.

## 3. ASSESSMENT

### A: Standardized Assessment Approach

Policy: The CoC's CE process will provide a standardized assessment process to all CE participants, ensuring uniform decision-making and care coordination for persons experiencing a housing crisis.

Procedure: All persons served by CE are assessed using the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). The Macomb County CoC Lead Agency and its partner agencies utilize this assessment to determine the appropriate housing intervention needed. All access points must use this tool to ensure that all persons served are assessed consistently, using the same process. The VI-SPDAT documents participant conditions, attributes, need level, and vulnerability. This process allows the access point and assessment staff to identify a service strategy for the HARA and manages the CoC's prioritization list. Please see *Appendix F* for links to view the following: VI-SPDAT, SPDAT, F-SPDAT, and Y-SPDAT.

### B: Phases of Assessment

Policy: All projects participating in CE will follow the assessment and triage protocols of the CE system. The assessment process will progressively collect only enough participant information to prioritize and refer participants to available CoC housing and support services.

Procedure: The CoC has adopted the following phased approach to engage and appropriately serve persons seeking assistance through the CE system.

1. *Initial Triage (Immediately)*: This first phase will focus on identifying the immediate housing crisis and clarifying whether the CoC crisis response system is appropriate for addressing the potential participant's immediate needs.
2. *Diversion or Prevention Screening (Immediately)*: The second phase can happen immediately upon engaging with a participant. During this phase, CE staff will examine the CoC resources and options that could be used to prevent the participant from entering the homeless system of care.
3. *Crisis Services Intake- Coordinated Entry screening tool (Immediately)*: The third phase should also happen immediately to collect all the information necessary to enroll the participant in a crisis response project such as an emergency shelter or other homeless assistance projects. A lack of identification should not prevent the system from arranging enrollment in any support service or from seeking housing. CE staff will check HMIS first to avoid duplication of clients.
4. *Initial Assessment - VI-SPDAT (within 48-72 hours of intake; completed after intake and no more than every six months or after a life-changing event)*: During the fourth phase, assessors will collect information to identify a participant's housing and service needs to resolve that participant's immediate housing crisis. CE staff will check HMIS first to avoid duplication of VI-SPDAT scores.
5. *Comprehensive Assessment (SPDAT: 30, 60, 90, and 360 days)*: In the fifth phase, the assessor will seek information necessary to refine, clarify, and verify a participant's housing and homeless history, barriers, goals, and preferences. Assessment information supports the evaluation of the participant's vulnerability and prioritization for assistance. A lack of identification should not prevent the system from arranging enrollment in any supportive services or seeking housing.

6. *Next Step/Housing-Based Case Management/Stabilization/Move-on Assessment (Ongoing)*: A final review will re-evaluate participants stably housed to determine the need for continued support and to what degree. It will re-evaluate participants who have been stably housed for some time and might be ready for less-intensive housing and service strategies.

## C: Assessment Screening

Policy: The Macomb CoC will ensure that assessment data is not used to screen out households for housing and services based on a participant's membership in a protected class, such as a particular disability. Providers and staff will employ culturally competent practices, language, and approaches in assessment and engagement with people from varying backgrounds, ethnicities, and the LGBTQ+ population.

Procedure: The CE process and participant agencies may collect and document participants' membership in Civil Rights protected classes but will not consider membership in a protected class (race, color, religion, sex, national origin, disability, or familial status) as justification for restricting, limiting, or steering participants to particular referral options.

Staff administering assessments must be trained to ask appropriately worded questions and offer options/recommendations that meet a person's specific needs.

## D: Assessor Training

Policy: The Macomb CoC is committed to ensuring that all staff who assist with CE operations receive sufficient training to implement the CE system in a manner consistent with the vision and framework of CE and following the current policies and procedures of its CE system.

Procedure: The CoC will provide notice of available training opportunities for persons who will manage access point processes and conduct assessments for CE. Training will be offered at no cost to the agency or staff and will be delivered by an experienced and professional trainer whom the CoC identifies. Topics for training will include the following:

- Review CoC's written CE policies and procedures, including variations adopted for specific subpopulations.
- Requirements for the use of assessment information to determine prioritization.
- Intensive training on the use of the CE assessment tool.
- Cultural competency.
- Criteria for uniform decision-making and referrals.

## E: Participant Autonomy

Policy: Persons served by the CoC's CE system must have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process or refuse a referral. In both instances, the refusal of the participant to respond to assessment questions or to accept a referral shall not adversely affect their position on the CE's prioritization list.

Note: Some funders require collecting and documenting a participant's disability or other characteristics or attributes to determine eligibility. Participants who choose not to provide information in these instances could limit potential referral options.

Procedure: Ensure all agency partners and staff are trained on the participant's right to refuse to answer questions during the CE process.

## F: Non-discrimination Complaint and Appeal Processes

Policy: The CoC is committed to ensuring that no information is used to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status.

Procedure: CE points of entry must include information provided to the participant that details who the point of contact is for filing and addressing any discrimination complaints, which participants can file if they believe the non-discrimination policy has been violated in their case during the CE process.

Additionally, this form will describe and provide contact information for accessing the appeal process if they are unsatisfied or have any questions regarding how their complaints are handled. CE staff must review this form at the access point and signed by each participant.

The Discrimination Form can be found [here](#).

## G: Privacy Protections

Policy: CE participating agencies must notify and obtain participant consent for collecting, using, and disclosing participants' personally identifiable information (PII).

All participant information collected, stored, or shared in the operation of CE functions, regardless of whether or not those data are stored in HMIS, shall be considered personal and sensitive information worthy of the full force of protection and security associated with data collected, stored, or shared in HMIS.

Procedure:

A participant's request for housing crisis response assistance initiated through phone or email communication will be considered notification of intent and inferred to be client consent to collect, use, and disclose that PII collected via phone or email. CE participating agencies shall obtain written client consent from the participants when they come in, and additional data will be collected during an in-person assessment.

The CoC will protect all participants' PII, as required by HUD's HMIS Data and Technical Standards, regardless of whether the PII is stored in HMIS. All CE participating projects will ensure participants' PII will only be collected, managed, reported, and potentially shared if those data can be secured in compliance with the HUD-established HMIS privacy and security requirements.

## H: Disclosure of Disability or Diagnostic Information

Policy: Throughout the assessment process, participants will not be pressured or forced to provide CE staff with information they do not wish to disclose, including specific disability or medical diagnosis information.

Procedure: Providers will have available a standard COC-wide uniform statement that staff will use to inform participants and make them aware that not disclosing certain information on disabilities may limit or affect the range of eligible housing options.

## I: Updating the Assessment

Policy: Participant assessment information will be updated at least once a year if CE serves the participant for over 12 months. Additionally, staff may update participant records with new information as new or updated information becomes known. The VI-SPDAT is only done once per 12 months. However, a life-altering event would be the exception to having the VI-SPDAT done a second time within 6-12 months.

Procedure: Individuals who choose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected and entered into HMIS. Participant data in HMIS can be updated after an initial CE data collection period and throughout project enrollment to reflect the emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. Macomb CoC will continuously improve participant engagement strategies to achieve completion rates of required HMIS data elements.



## 4. PRIORITIZATION

### A: Standardized Prioritization

**Policy:** Macomb CoC will use data collected through HMIS and the CE process to prioritize homeless persons within the CoC's geography and direct them to appropriate programs.

#### **Procedure: Permanent Supportive Housing (PSH)**

The Macomb County CoC will first prioritize chronic, literally homeless households (who meet the household size requirements for the available permanent housing unit), also considering the VI-SPDAT or F-VI-SPDAT score that meets the community-established thresholds. Those eligible households who meet the chronic homeless definition are added to the Chronic Prioritization List managed by the HARA. The CoC will incorporate the orders of priority described in HUD's *Notice CPD-16-11* and *Notice CPD-17-01 (Additional Requirements)* into the prioritization for PSH (see Appendix I). In conjunction with the Case Conferencing and Referral Group, the HARA discusses clients' vulnerabilities and severity of needs during the case conferencing call or in-person meeting. The CoC prioritizes household(s) for the available PSH units during referral and case conferencing meetings.

The Macomb County CoC adopted the orders of priority described in HUD's *Notice CPD-17-01*, so recipients of either dedicated or prioritized CoC Program-funded PSH and recipients of either non-dedicated or non-prioritized CoC Program-funded PSH are selected for PSH in the following order: Please see *Appendix I* for the Methodology of Prioritization.

1. Dedicated/prioritized PSH -Those individuals with the longest histories residing in places not meant for human habitations, in emergency shelters, in safe havens, and with the most severe service needs are given priority.
2. Non-dedicated/prioritized PSH for chronic homelessness – Those who do not yet meet the definition of chronic homelessness but have the longest histories of homelessness and the most severe service needs and are; therefore, the most at risk of becoming chronically homeless are prioritized.

The CoC adopts the definition of "chronically homeless," as stated in the Definition of Chronically Homeless final rule which can be found in the *Definitions Section*.

As the Notice states, *Severity of Service Needs* (also found in the *Definitions Section*) means an individual for whom at least one of the following is true:

- a) History of high utilization of crisis services, which include but are not limited to emergency rooms, jails, and psychiatric facilities; and/or
- b) Significant health or behavioral health challenges, substance use disorders, or functional impairments that require a substantial level of support to maintain permanent housing.
- c) For youth and victims of domestic violence, there is a high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.

Severe service needs, as defined above, should be identified, and verified through data-driven methods such as an administrative data match or a standardized assessment tool and process, and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type but only on the severity of the needs of the individual.

When a PSH bed is not dedicated to chronically homeless households, the Case Conferencing and Referral Group will offer housing to persons experiencing chronic homelessness or most at risk of becoming chronically homeless to the maximum extent possible.

**Tie Breaker** - When two households in the same priority are scored equally on the Prioritized List, the following tiebreakers are used in this order:

- Veteran household
- Severity of service needs

#### **Procedure: Rapid Re-Housing (RRH)**

Macomb County CoC HARA/Collaborative Applicant or one of the partner agencies using the VI-SPDAT and the F-VI-SPDAT will assess the needs of the household seeking services. Households will receive RRH services if their VI-SPDAT or F-VI-SPDAT meets community-established thresholds. Potentially, eligible households will also be referred to PSH when the results of the VI SPDAT or F-VI-SPDAT score meet community-established thresholds. If a household is prioritized for PSH, but PSH is no longer a feasible option, that household will be referred back to the CE registry for RRH services. Each partner agency can serve the household in its own RRH program or can make a referral to another RRH program utilizing the HARA.

#### **Procedure: Transitional Housing (TH)**

The Macomb County CoC has two transitional housing (TH) programs:

1. Amelia Agnes is a women's and children's transitional living program.
2. Family Youth Interventions is the only TH program serving youth that receives CoC funding and participates in the CES.
  - a. This program provides supportive housing in a resident congregate facility for six (6) homeless unaccompanied youth ages 16 through 20.

Prioritization will occur as follows:

The Macomb County CoC will first prioritize literally homeless youth (category 1) under 18, with chronically homeless youth having priority. Of the six (6) beds in the program, two (2) will be available for this category.

The Macomb County CoC will also prioritize literally homeless youth (category 1) between the ages of 18 -20 based on their TAY-SPDAT scores, with chronically homeless youth having priority. Of the six (6) beds in the program, four (4) will be available for this category.

If there are two or more individuals with the same score, they are prioritized based on the following criteria (only going to the next level as needed to break a tie):

1. Medical Vulnerability - Those with significant medical needs often utilize crisis or emergency services, including emergency rooms, jails, and psychiatric facilities, that could lead to illness or death.
2. Age – The younger children will be given priority.
3. Length of Time Homeless - Priority to those experiencing homelessness the longest.

If no youth meet the homeless definition, then those youths who are at imminent risk of losing their nighttime residence within 14 days and have no subsequent housing identified, and lack the resources to obtain housing, such as youth aging out of foster care, will be referred to the program.

Additionally, the FYI TH program has committed to facilitating the movement of five individuals to permanent housing during the current grant period, opening beds for more unaccompanied youth.

## B: Emergency Shelter

Policy: Emergency shelter services are a critical crisis response to those in need within the CoC's geography. Access to such services is entirely inclusive and is not prioritized.

Procedure: Households needing emergency shelter, if being assessed at a shelter, will stay depending upon bed availability. If not, or if they are being assessed at a non-shelter, they will refer households to emergency shelters as beds are available.

All shelters are first come, first served. If a Macomb County shelter has an open bed and the household meets eligibility, the HARA will contact the shelter to verify the opening and to reserve the bed. The homeless household will be directed to the shelter with the reserved bed, and the household should arrive at the designated shelter within the community-established timeframe. If transportation is unavailable, a homeless household may receive a bus ticket, as funding allows, to access needed housing and services.

If there are no vacancies, the HARA or a partner agency will provide shelter information from the Tri-County Shelter Guide to the household for possible placement.

As a last resort, depending on if funding is available, the household may stay at a local motel until the next shelter opening is available. The Macomb County CoC will establish strong working relationships with local motel owners, churches, and non-profit organizations to ensure a supply of alternative shelters for households experiencing homelessness in the event no emergency shelters are available.

## C: Prioritization List (Registry a.k.a. By-Name-List)

Policy: The CoC has established a community-wide list of all known homeless persons residing in the CoC's geography who are seeking or who may need CoC housing and services to resolve their housing crisis. The prioritization list will be organized according to participant needs, vulnerability, and risk. The prioritization list provides an effective way to manage an accountable and transparent prioritization process. The CoC has one priority list split into two sections: Chronic and Non-Chronic.

Procedure: The CoC's prioritization list will be managed by the HARA/Collaborative Applicant. Decisions regarding placement into PSH and prioritizations are made by the CoC Coordinator in conjunction with the Case Conferencing and Referral Group. New, eligible participants will be added to the prioritization list as they are referred through HMIS or the Non-HMIS User Referral Form. The prioritization list will be

managed according to the principles established by the CoC's written policies and procedures. Participating agencies are required to provide the following information about participants within the referral:

- HMIS ID (if applicable)
- Assessment score
- Participant's household size
- Any additional special housing needs such as physically accessible units or other accommodation needs
- Veteran Status
- Disability
- Contact Information for the participant (if available)

Eligible households will also be referred to PSH Providers when chronic homelessness status and the VI-SPDAT score meet the community-established threshold.

The HARA and its partner agencies utilize a standardized Release of Information (ROI) to input data and VI-SPDAT and F-VI-SPDAT information into HMIS. This ROI is based on a Michigan statewide adopted HIPAA-compliant ROI. Service providers serving veteran households use an additional ROI developed by the Department of Veterans Affairs (VA). The veteran-specific ROI enables effective service coordination between service providers and VA representatives.

## 5. REFERRAL

### A: Notification of Vacancies

**Policy:** All CE participating providers will enroll new participants into programs only from the CoC's CE referral process. To facilitate prompt referrals and reduce vacancy rates, participating providers must notify the CE coordinating entity of any known and anticipated upcoming vacancies.

**Procedure:** All CoC CE participating agencies are required to complete a CE assessment in HMIS and send the referral to the *Macomb Community Action – Macomb Co. – CE HARA (13221)* provider page to refer people experiencing homelessness or housing crisis to the CoC's HARA. This will then notify the HARA who needs to be added to the CE registry. Those not using HMIS will use the Non-HMIS Referral Form and send this form to the HARA via email.

The HARA and partner agencies will provide current updated vacancy information to the Case Conferencing and Referral Group, which will work to identify a prioritized household to fill the vacancy during the next regularly scheduled bi-weekly referral and case conferencing meeting.

The HARA will keep an up-to-date [funding grid](#) with funding information from CE providers and update the grid as needed. The HARA will take meeting minutes during the weekly referral and case conferencing meetings regarding CE processes, referrals, and any gaps or trends, which the HARA will store. The HARA will report to the CES Committee and to the CoC Board of Directors to ensure optimal communication and provide for follow-up and coordination.

Veterans will be referred to the Veteran's Community & Referral Resource Center (VCRRC) for assessment for programs offered through the Veterans Affairs (VA). The VCRRC - Detroit can offer Macomb residents transportation. The Macomb County Veteran By-Name-List Work Group operates a master list process for veterans, including many veteran housing assistance service providers and mainstream resources through the Macomb Veterans Action Collaborative and Veterans Affairs Medical Center. People referred to Macomb County Veterans Services can access homeless assistance resources through the coordinated entry process. The HARA maintains the Veteran-By-Name List.

Victims of domestic violence, dating violence, sexual assault, or stalking will be referred to Turning Point, Macomb County's domestic violence service provider. The Macomb CoC CES procedures will ensure people fleeing domestic violence have safe and confidential access to domestic violence services and that any data collection adheres to the Violence Against Women Act (VAWA). People referred to Turning Point can access homeless assistance resources through the CE process.

### B: Participant-Declined Referrals

**Policy:** One of the guiding principles of CE is participant choice. This principle, including the referral phase, must be evident throughout the CE process. Participants in CE are entitled to reject service strategies and housing options offered to them without repercussion.

**Procedure:** Individuals and families will be given information about the programs and choices available to them based on assessment information, vulnerability and need scores, preliminary eligibility pre-determinations, personal needs and choices, and available resources. Of the options available, participants will be afforded their choice of which project to be referred to.

If an individual or family on the Prioritization List declines a referral to a housing program, they remain on the Prioritization list until the next available housing opportunity. Providers must distinguish between the individual refusing a particular *unit or project* versus declining the *intervention* (such as PSH).

### C: Provider-Declined Referrals

Policy: There may be instances when agencies decide not to accept a referral from the CE system. When a provider agency declines to accept a referred prioritized household into its project, the agency must notify the HARA of the denial and its reason.

Procedure: Refusals by projects are acceptable only in certain situations, including:

- The person does not meet the project's eligibility criteria.
- The person would be a danger to themselves or others if allowed to stay at this project.
- The services available through the project are not enough to address the intensity and scope of participant needs.
- The project is at capacity and is not open to accept referrals currently.
- Other justifications as specified by the "referred to" project.

The agency must communicate the refusal to the HARA within two business days of declining the referral. The agency must notify the HARA why the referral was rejected, how the referred participant was informed, what alternative resources were made available to the participant, and whether the project staff foresees additional, similar refusals occurring in the future. The HARA will then share this information with the CES Committee, which will discuss and decide on the most appropriate next steps for both the project and the participant.

## 6. DATA CONTROL

### A: Data System(s)

Policy: CE process partners and all participating agencies contributing data to Macomb CoC CE must ensure participants' data are secured regardless of the systems or locations where participant data are collected, secured, or shared, whether on paper or electronically. Additionally, participants must be informed how their data are being collected, secured, managed, and potentially shared, with whom, and for what purpose.

Procedure: Participants must receive and acknowledge a consent form before collecting data for CE. The form identifies what data will be collected, where those data will be secured/managed, how those data will be used to help the participant obtain housing and assistance and for other administrative purposes, and what data will be shared with others (if the participant consents to such data sharing). A copy of the consent form is given to the participant, and the original goes in the participant's file. Please see *Appendix E* for a copy of the consent form housed within the MSHMIS ROI & Sharing Plan.

### HMIS Standards

The Macomb CoC is part of the Michigan Statewide HMIS (MSHMIS). The CoC, therefore, adopted the MSHMIS Operating Policies and Procedures, which outlines detailed HMIS standards, requirements, and lead agency responsibilities. Generally, HMIS minimum standards and HMIS Lead responsibilities are as follows:

Minimum standards:

- Providers, except for victim service providers, shall actively utilize the Homeless Management Information System (HMIS) to enter data on people served and assistance provided under ESG.
- Victim service providers shall actively utilize a comparable data system that meets HUD's standards (24 CFR 576.107).

Macomb CoC HMIS Lead is responsible for the following:

- Maintaining and updating the HMIS data system
- Providing training and support to all HMIS users
- Generating regular reports based on HMIS data, including counts of homeless persons and performance reports for CoC & ESG recipients/subrecipients

### B: Data Collection Stages and Standards

Policy: Participating agencies must collect all data required for CE as defined by the CoC, including the "universal data elements" listed in HUD's HMIS Data Standards Data Manual.

Procedure: Agencies participating in CE Intake and Assessment must enter information into HMIS: *Macomb Community Action – Macomb Co. – CE HARA (13221)* provider page within 48-72 business hours of client entry. Entries and exits must be completed within no more than five business days, with live entries being ideal if possible.

Please see the previous section in this document, Section 3: Assessment, for all requirements of entering assessments into HMIS.

## C: Participant Consent Process

Policy: Data is not collected without the consent of participants, according to the defined privacy policies adopted by the CoC.

Procedure: As part of the assessment process, participants are provided with a written copy of the CoC's Release of Information, identifying what data will be collected and shared, with which agencies, and for what purpose. Participants can decline to share data; doing so does not make them ineligible for CE. Please see *Appendix E* for a copy of the Macomb County MSHMIS Client Release of Information and Sharing Plan.



## 7. EVALUATION

### A: Evaluation of CE System

**Policy:** Regular and ongoing evaluation of the CE system is conducted to ensure improvement opportunities are identified, results are shared and understood, and the CE system is held accountable.

**Procedure:** As a direct result of ongoing system evaluation, as client needs and funding opportunities become available, the Macomb CoC CES policy and procedure document will be updated at least annually to reflect changes and improvements to the Macomb County CES.

The CE is evaluated using HMIS data quarterly. Results will be published on the public CoC website after the CE Committee has reviewed them. The CE Committee has selected the following as key outcomes for CE:

1. Reduction in the length of time homeless (system and project level).
2. Reduction in the number of persons experiencing first-time homelessness (system and project level).
3. Increase the number of permanent housing placements (system and project level).

The CoC CE committee will evaluate the effectiveness of its CE System using participant feedback gathered by each CE participating agency, which will request participants to complete the survey at the time of entry and exit from the project. Indicators measured via the participant feedback survey will include:

1. Appropriateness of questions asked on assessment.
2. Effectiveness of the process to find and secure referrals.
3. Satisfaction with placement.

The surveys can be found here:

**Entry Survey:** [https://docs.google.com/forms/d/e/1FAIpQLSe4QLijSz4D2YadkH8AiquSUEg8wdJlltR-M3bhN62oq2Fvhg/viewform?usp=pp\\_url](https://docs.google.com/forms/d/e/1FAIpQLSe4QLijSz4D2YadkH8AiquSUEg8wdJlltR-M3bhN62oq2Fvhg/viewform?usp=pp_url)

**Exit Survey:**

[https://docs.google.com/forms/d/e/1FAIpQLSf2uqfrKxsZDc07uzoIkMGngwmyAC9opkpTKJP3Lu4DT2yyWQ/viewform?usp=pp\\_url](https://docs.google.com/forms/d/e/1FAIpQLSf2uqfrKxsZDc07uzoIkMGngwmyAC9opkpTKJP3Lu4DT2yyWQ/viewform?usp=pp_url)

### B: Role of Participating Agencies in CE Evaluation

**Policy:** Participating agencies play a crucial role in the evaluation of CE. Participating agencies will collect accurate and meaningful data on persons served by CE. In addition, participating agencies will review evaluation results and offer insights about potential improvements to CE processes and operations.

**Procedure:** Each CE agency will participate in CE System evaluation/data and survey collection as part of the CES Committee. CE committee will review and provide feedback on the results at least annually. Any changes agreed upon by the CE committee because of the CE evaluation will be approved by the COC Board and affirmed by the COC membership.

## 8 - DEFINITIONS AND ROLES

### Case Conferencing

Local process for CE staff to coordinate and discuss ongoing case management with persons experiencing homelessness in the community. Conferencing includes the prioritization and CE registry list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and reduce duplication. The group collaborates to overcome barriers, share resources, and discuss PSH Priority Referrals. This group is the Case Conferencing and Referral Group.

### Centralized/Coordinated Assessment System or Coordinated Entry (CE)

HUD requires each CoC to establish and operate a centralized or coordinated assessment system. This centralized process is designed to coordinate program participant intake, assessment, and provision of referrals. The system covers the geographic area, is easily accessible, and should ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.

### Chronic Homelessness

- A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:
  - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and
  - Has been homeless and living as described for at least 12 months\* or on at least four separate occasions in the last three years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least seven consecutive nights of not living as described.
- An individual who has been residing in an institutional care facility for less than 90 days, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, and met all of the criteria of this definition before entering that facility\*\*:
- A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.
- \*A “break” in homeless is seven or more nights.
- \*\*An individual residing in an institutional care facility does not constitute a break in homelessness.

### CoC/Continuum of Care (CoC)

The group organized to carry out the responsibilities prescribed in the CoC Program Interim Rule for a defined geographic area. A CoC should be composed of representatives of organizations, including non-profit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.

Responsibilities of a CoC include operating the CoC, designating and operating an HMIS Lead, planning for the CoC (including coordinating the implementation of a housing and service system within its geographic area that meets the needs of the individuals and families who experience homelessness there), and designing and implementing the process associated with applying for CoC Program funds.

## CoC Program

The Continuum of Care (CoC) Program (24 CFR part 578) is designed to promote a community-wide commitment to the goal of ending homelessness and to provide funding for efforts by non-profit providers, states, Indian Tribes, or tribally designated housing entities (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 USC 4103) (TDHEs)), and local governments to quickly rehouse homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, stalking, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families, and to optimize self-sufficiency among those experiencing homelessness.

## Comparable Database

A database used by victim service or legal service providers that allows them to collect and store personal-identifying information that they do not have to enter into HMIS.

## Decentralized

The CoC's approach to CE ensures that no matter which homeless assistance provider a person goes to, they will be referred to the Homeless Assessment and Resource Agency (HARA) for the appropriate resources, referrals, assessment, and prioritization processes based on their unique circumstances.

## Disability

A person is considered to have a disability if the disability meets all of the following four criteria: 1. is expected to be of long, continuing, or indefinite duration; 2. substantially impedes the individual's ability to live independently; 3. could be improved by the provision of more suitable housing conditions; and 4. is one or more of the following: (a) physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; and/or (b) developmental disability (please review full definition); and/or (c) the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.

## Emergency Shelter

The primary purpose of any facility is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless.

## Emergency Solutions Grants (ESG) Program

HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these

shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.

### Homeless Management Information System (HMIS)

Local information technology system used by a CoC to collect client-level data and data on the provision of housing and services to homeless individuals and families at risk of and experiencing homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

### Housing First

A model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as sobriety or a minimum income threshold).

### Projects to Assist in Transition from Homelessness (PATH)

Substance Abuse and Mental Health Services Administration (SAMHSA)–funded program to provide outreach and services to people with serious mental illness (SMI) who are homeless, in shelter or on the street, or at imminent risk of homelessness.

### Public Housing Authority (PHA)

Local entity that administers public housing and Housing Choice Vouchers (HCV) (aka Section 8 vouchers).

### Permanent Supportive Housing (PSH)

Permanent Supportive Housing (PSH) is permanent housing in which housing assistance (e.g., long-term leasing or rental assistance) and supportive services are provided to assist households with at least one member (adult or child) with a disability in achieving housing stability.

### Rapid Re-Housing Program (RRH)

A permanent housing solution emphasizing housing search and relocation services and short to medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into housing.

### Release of Information (ROI)

Written documentation signed by a participant to release their personal information to authorized partners.

### Street Outreach

Essential services related to reaching out to all unsheltered individuals and families experiencing homelessness within the CoC's geographic area, including those least likely to request assistance. Services include connection to emergency shelter, housing, critical/crisis services, and urgent, non-facility-based care.

## Transitional Housing (TH)

Designed to provide homeless individuals and families with interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement when residing in transitional housing.

## ROLES

### CoC Board

The CoC Board is the collective of individuals designated to provide oversight and governance on behalf of the CoC. The CoC Board's responsibilities are defined by the CoC and are described in the CoC's governance charter.

### Lead Agency

This organization is responsible for the establishment, measurement, evaluation, and assessment of the quality and effectiveness of the system.

### CES Committee

Primary governing body for coordinated entry. Meets monthly or as necessary to oversee the implementation and evaluation of the CE system.

### Collaborative Applicant (CA)

The CoC designates the eligible applicant to collect and submit the required CoC Application information for all projects the CoC has selected for funding and apply for CoC planning funds on behalf of the CoC. The CoC may assign additional responsibilities to the Collaborative Applicant so long as these responsibilities are documented in the CoC's governance charter.

### HMIS Lead Agency

The eligible applicant designated by the CoC, under the CoC Program Interim Rule, to manage the CoC's HMIS on the CoC's behalf. The HMIS Lead Agency will coordinate HMIS policies and procedures and ensure the HMIS meets the needs of their respective programs.

### Participating Project

Agency or organization that has agreed to provide homelessness support/services on behalf of the CoC. A participating project must execute a CE Participation Agreement with the CoC. The Participation Agreement outlines the standards and expectations for the project's participation in and compliance with CE operations policies and procedures. For a project to receive CoC or ESG Program funding from HUD, it is required to participate in coordinated entry.

### Referral Partner

A type of participating project. A referral partner will receive and consider referrals to its project from the CE system. It will sign a Coordinated Entry Partnership Agreement with the Lead Agency, affirming it is aware of and will adhere to all expectations for coordinated entry.

### Mainstream Service Provider

Agency or entity that can provide necessary services or assistance to persons served by coordinated entry. Examples of mainstream service providers include hospitals, mental health agencies, employment assistance programs, and schools.

### US Dept. of Housing and Urban Development (HUD)

The federal agency responsible for administering housing and homelessness programs, including the CoC and ESG programs.

### US Dept. of Veteran Affairs (VA)

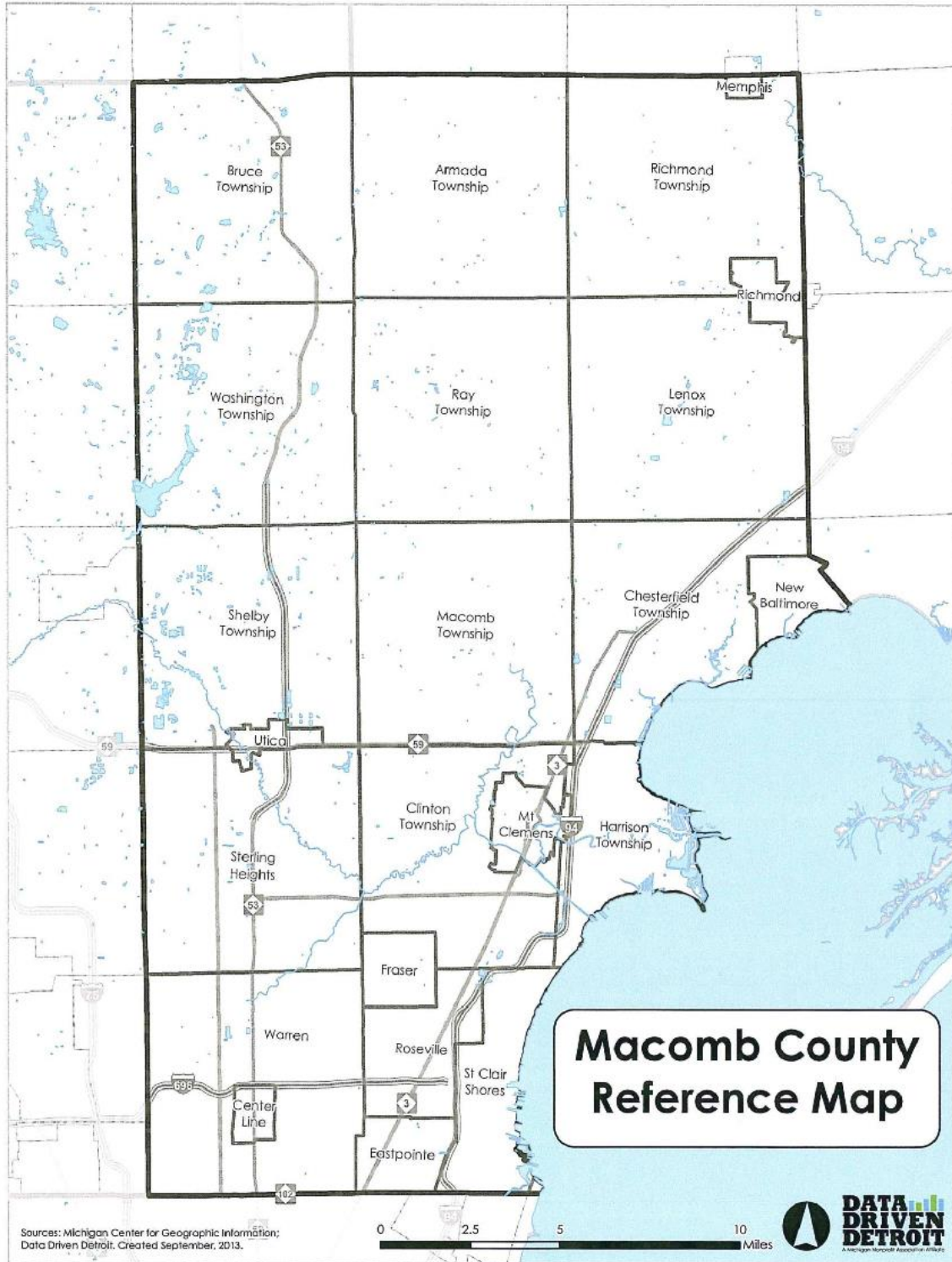
The federal agency responsible for providing healthcare and other services, including assistance to end homelessness, to veterans and their families.

### Veteran Community Resource and Referral Center (VCRRC)

VCRRCs provide veterans who are homeless and at risk of homelessness with one-stop access to community-based multiagency services to promote permanent housing, health and mental health care, career development, and access to VA and non-VA benefits.

# APPENDIX

## Appendix A: Entire Geographic Map





## Appendix B: List of Access Points

### **Salvation Army MATTS (Shelter)**

586-755-5191  
24140 Mound Road  
Warren, MI 48091  
Hours: 24/7

<https://centralusa.salvationarmy.org/warren/provide-housing/>

### **MCREST (Shelter)**

586-415-5101  
215 S. Main St.  
Mt. Clemens, MI 48043  
Hours: 7 days, 8 a.m.-5 p.m.

<https://www.mcrest.org/>

### **Amelia Agnes Transitional Home for Women**

586-323-7066  
42960 Ryan Road  
Sterling Heights, MI 48314  
Hours: Monday – Saturday: 8 a.m.-4 p.m.; Sunday: 8 a.m.-10 a.m.

<https://perfectingcdc.org/programs-services/amelia-agnes-transitional-home/>

### **Macomb Community Action (HARA)**

586-469-5656  
21885 Dunham Road, Suite 10  
Clinton Township, MI 48036  
Hours: Monday – Friday: 8:30 a.m. - 5:00 p.m.

<https://mca.macombgov.org>

### **Community Housing Network**

586-221-5900  
15106 Erin Park Ave., Eastpointe, MI 48021  
Hours: Monday – Friday: 8:30 a.m. – 4:30 p.m.

<https://communityhousingnetwork.org/>

### **Family Youth Interventions (Youth ages 12-17)**

586-465-1212  
418 Cass Ave.  
Mt. Clemens, MI 48043  
Hours: 24/7

[www.familyyouth.com](http://www.familyyouth.com)

**Macomb County Community Mental Health**

1-85599-MCCMH

19800 Hall Rd.

Clinton Township, MI 48036

Hours: Monday – Friday: 8:30 a.m.-5 p.m.

<http://www.mccmh.net/>

**Turning Point (Domestic Violence Survivors)**

586-463-6990

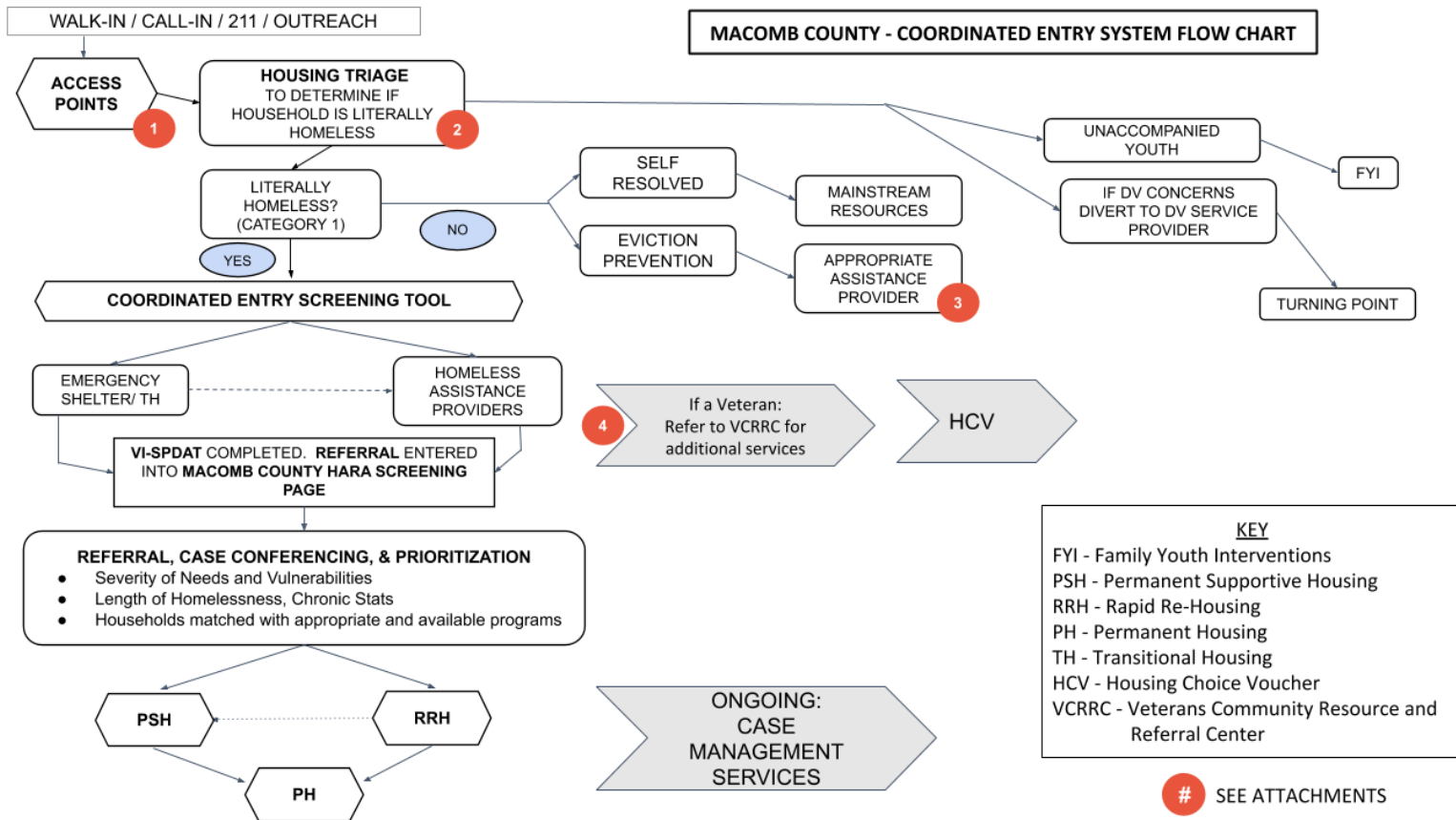
Hours: 24/7

<https://turningpointmacomb.org/>

**Macomb County Winter Shelter**

586-277-2500

# Appendix C: Coordinated Entry Flow Chart



## Appendix D: Coordinated Entry Partner Agreement

### Coordinated Entry Partnership Agreement

MACOMB COUNTY CONTINUUM OF CARE (MI-503 ST. CLAIR SHORES/WARREN/MACOMB)

#### Purpose

This Partner Agreement aims to document and communicate guidelines for agency participation in the Macomb County Coordinated Entry System (CES). CES is a collaborative initiative designed to create a more effective and efficient homeless response system and assure compliance with HUD mandates. By signing this Agreement, participating organizations formally acknowledge the guidelines, roles, and responsibilities outlined in this Agreement and the Macomb County CES Policy and Procedures Manual. Further, the undersigned organizations agree to adopt and comply with Agreements to participate in CES.

By agreeing to be a CES Partner, your agency agrees to:

- Utilize the Macomb County CoC CES process policy and tools.
- Accept referrals based on the eligibility criteria your agency provides.
- Reduce barriers to housing access as applicable to the organization.
- Participate in the bi-weekly Referral and Case Conferencing call.
- Implement the “no wrong door” approach to CE.
- Notify the CoC Lead Agency of any changes to staffing that impact CES.
- Refer all clients to *(13221) Macomb Community Action – Macomb Co. CE HARA page*.

Partner agency maintains the right to provide input to the development and implementation of the CES.

#### Data Quality & Sharing

By signing this agreement, partner agencies agree to:

1. Participate in required HMIS, CoC, and CES data sharing training as applicable.
2. Agree to HUD and State of Michigan data privacy, data rights, and data quality standards.
3. Respond to any data quality, completeness, or privacy concerns addressed by the HMIS Lead Agency.
4. Follow the CES process to ensure Client Privacy Rights are followed.
5. The HMIS Lead Agency will enter data if the Partner Agency is a non-HMIS provider, i.e., Domestic Violence Provider.

**IN WITNESS WHEREOF**, the undersigned, duly authorized representatives of the respective Partner Agency, have signed this Partnership Agreement:

Please print clearly and sign and date in ink. Scan and email to [Housing@macombgov.org](mailto:Housing@macombgov.org) (HARA).

Agency or Organization:	
Authorized Representative:	Title:
Email:	Phone:
Mailing Address:	

Authorized Representative Signature

Date

Below are the two staff members who are the primary contact(s) for 1) Referral & Case Conferencing Calls and 2) CES meetings.

**Primary CES contact:**

Name	Title	Email Address
Kristin DeFranco	Program Coordinator	Kristin.Defranco@macombgov.org

**Secondary CES contact:**

Name	Title	Email Address
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## Appendix E: Macomb County MSHMIS Client Release of Information and Sharing Plan

### CLIENT RELEASE OF INFORMATION & SHARING PLAN

Many Michigan shelters and helping programs use the Michigan Statewide Homeless Management Information System (MSHMIS) to keep information about the people that they help. We collect personal information from you that we need to help us help you. We have strict rules about sharing your information.

Why do we collect information about you?

- Work with other agencies to help you.
- Help case managers work together for you.
- Connect you with other helping agencies. You may be eligible for other benefits.
- Reduce the number of times you tell your story.
- Allow us to be paid for our work with you and to help us apply for additional dollars that can be used to help you.
- Help us meet our legal obligations.

We need additional identifying information so that you are not confused with someone else. We also need to learn more about your situation to make sure you are eligible for services.

### SECTION 1 – Basic Identifying Information

So that agencies that use our MSHMIS system can find your record, agencies can see the following basic identifying information about you:

- Your name
- Your gender
- The last four digits of your Social Security Number
- Your year of birth
- Your veteran status

We use this information to select the correct record and to better coordinate services for you. All persons using MSHMIS are trained and certified in privacy.

If you have a specific reason why other MSHMIS agencies shouldn't be able to find your record in MSHMIS, you can ask to have this basic identifying information secured so that only our agency can see it.

PLEASE NOTE: If you have received services from other agencies who use MSHMIS, we may not be able to secure this information. PLEASE TALK WITH YOUR CASE MANAGER for more information. (A separate document has been attached).

I have reviewed the attached document named **“Securing Basic Identifying Information.”**

I understand the implications, and I am asking that my client profile be secured.

***Do not initial here unless you have discussed this with your case manager.***

Please initial here to secure this basic identifying information.

### SECTION 2 – Acknowledgement of Rights

Many agencies also use the system to improve services delivered to you. The following are your rights concerning your data. Please review and initial in the box next to **each right to show that you understand it. If you have questions, please discuss them with your case manager.**

	I have received a copy of the Agency’s Privacy Notice/script that explains MSHMIS and my rights and responsibilities. It explains how information is kept and shared through this system.
	<b>I understand that the confidentiality of my records is protected by law.</b> I understand that this agency will never give information about me to anyone outside the agency without my specific written consent through a Coordination of Care Sharing Plan or as required by law, including the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2), the Health Insurance Portability and Accountability Act of 1996 (HIPAA, 45 CFR, Parts 160 & 164 as revised by the Health Information Technology for Economic and Clinical Health Act of 2009 aka the HITECH Act), and certain Michigan laws.
	I can withdraw my consent to share at any time, but any information already shared with another agency cannot be taken back. If sharing information on the system poses an imminent health or safety risk, I will talk with my case manager.
	I understand that I have the right to see my information, request changes, and get a copy of my information by written request. An agency can refuse to change my record but must provide a written explanation of why they refuse the change within 60 days. Agencies may charge for reproducing a record.
	I understand that agencies included in my Sharing Plan must follow strict privacy guidelines.
	I understand that my written consent allows the information listed in Section 3 - Coordination of Care Sharing Plan to be shared among the agencies listed in the sharing plan. All sharing agencies where I am receiving services will update that information as I provide new or additional information. The purpose of sharing my information is to better coordinate care for me and my family.
	I understand that I will not be denied services (emergency assistance, outreach, shelter, housing assistance, etc.) if I refuse to share information in this system.
	I understand that my name and other identifying information may be used to match records through a trusted partner for academic research purposes or to determine eligibility for other resources. If I am eligible to receive additional resources, my case manager may contact me. None of my additional identifying information outside of my name will be shared with other organizations unless I sign an additional release of information.  Prior to academic research being done, my identifying information will be removed before data analysis takes place.

## SECTION 3 – Coordination of Care Sharing Plan

**The information** (listed below) can be seen by the following agencies to help coordinate your care. These agencies can share your information with each other.

- Amelia Agnes/PCDC
- Community Housing Network (CHN)
- Family Youth Interventions
- County of Macomb / Macomb Community Action (MCA)
- Disability Network Eastern Michigan (DNEM)
- MCREST
- OLHSA (SSVF)
- Salvation Army MATTS
- Motor City Mitten Mission

In addition to the Basic Identifying Information listed in Section 1 above, additional shared information also includes:

Date of birth	Race and ethnicity	Additional assessment responses
Household members and relationships	Housing status, homeless history, and move-in date	Current Living Situation and General Location
Physical, developmental, and/or mental disability	HIV/AIDS, including T-cell and viral load counts	Type of health insurance and/or medical assistance
Household income and benefits	Chronic health conditions	Alcohol and/or drug abuse
Military service information	Employment	Education level
Domestic violence history	Project exit and destination	Exit housing assessment
Services and financial assistance with dates	Referrals and service connections	Location (city, county) and last permanent address
Eviction/loss of subsidy	Registered sex offender	Contact information
HUD-VASH Voucher tracking	HUD-VASH exit reason	VI SPDAT/Housing Screening Tools
Case plans, goals, and notes	Eligibility documentation	General health status

**Instructions:** Check the box next to the statement that you

understand and agree to: I agree to have my information visible

to all of the helping agencies listed above.

- a.  Yes, I agree to share according to the Coordination of Care Sharing Plan.
- b.  No, I do not agree to the Coordination of Care Sharing Plan (only our agency will be able to see all your detailed information).

## SECTION 4 – Outreach Sharing Plan

We partner with Michigan community programs to see if you might qualify for housing or income supports. **Please read each statement below and circle your response.**

1. **Secretary of State ID Project:** If you don't have a State ID, the Secretary of State is accepting the MSHMIS ServicePoint ID card with an agency referral as initial proof of your identity. To do that,



the Secretary of State will need to ensure that your card is genuine by verifying your information with the MSHMIS agency serving you.

*Information that will be shared includes name, date of birth, and Social Security Number.*

Yes - I agree to share my HMIS data for the Secretary of State Project: (circle response): Yes/No/NA

2. **Veteran Affairs:** If you have served in the military, the VA Medical Center may contact you about potential housing. With your permission, they may use the information you give this agency to contact you.

*Information that will be shared includes: Name, date of birth, homeless status, veteran status, military service information, housing history, contact information, chronically homeless status.*

Yes - I agree to share my HMIS data for the Veteran's Project: (circle response): Yes/No/NA

3. **MDHHS Income and Benefits:** Income and benefits are important to staying housed. The Michigan Department of Health and Human Services (MDHHS) may assist with obtaining Social Security Income and/or other state benefits, if you qualify. With your permission, they may use the information you give this agency to contact you if you are eligible for benefits.

*Information that will be shared includes: Name, date of birth, coordinated assessment information, homeless status, housing history, contact information, chronically homeless status.*

Yes - I agree to share my HMIS data for the Social Security or other state benefits: (circle response): Yes/No/NA

4. **Housing Review Committee/Housing Prioritization:** If you are homeless, you may be eligible for housing in our community. We have a housing review committee made up of representatives from our service providers. To participate in this process, these providers may need to see your information. With your permission, an agency may contact you if your information shows that you may be eligible for local housing services.

A list of service providers involved in this process is available on request.

*Information that may be shared includes: Name, coordinated assessment information, homeless status, chronically homeless status, veteran status, disability and any additional information that may be used to connect you with appropriate housing options.*

Yes - I agree to share my information with the housing review committee: (circle response): Yes/No/NA

5. **Homeless history:** We may need to document your homeless history throughout the state of Michigan to see if you are eligible for specific community programs. Your case manager may contact the Michigan Coalition Against Homelessness (MCAH, the MSHMIS lead agency) to view data recorded in HMIS to complete a housing history document. With your permission, MCAH will complete the document and give it to your case manager. This document may be uploaded to your client record and shared according to the coordination of care sharing plan.

*Information that will be shared includes: HMIS number, name, and a 3-year statewide homeless history that includes service provider names and dates of service.*

Yes - I agree that MCAH may share data with my Case Manager: (circle response): Yes/No/NA

6. **Medicaid Benefits:** If you are already a Medicaid beneficiary or could be eligible for Medicaid, the regional organization responsible to provide you with those benefits or can enroll you for those benefits may contact you about potential healthcare services. With your permission, they may use the information you give this agency to contact you if you are eligible for benefits.

*Information that will be shared includes Name, date of birth, coordinated assessment information, homeless status, housing history, contact information, chronically homeless status*

Yes - I agree to share my HMIS data for Medicaid benefits: (circle response): Yes/No/NA

**This Release is active for one year, effective the date of Signature.**

Client signature (head of household): \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Adult Household Member signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Adult Household Member signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Adult Household Member signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of guardian or authorized representative (when required):

\_\_\_\_\_

Relationship to client: \_\_\_\_\_

Date signed by guardian/authorized representative: \_\_\_\_\_

## Appendix F: SPDAT links

- *Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)*  
<https://www.dochub.com/fillable-form/52532-vi-spdatt-application>
- *Service Prioritization Decision Assistance Tool*  
<https://cceh.org/wp-content/uploads/2016/07/SPDAT-v4.0-Manual.pdf>
- *Family Service Prioritization Decision Assistance Tool (F-SPDAT)*  
<https://everyonehome.org/wp-content/uploads/2016/02/F-SPDAT-2.0-Families.pdf>
- *Youth Service Prioritization Decision Assistance Tool (Y-SPDAT)*  
<https://ctagroup.org/wp-content/uploads/2015/10/Y-SPDAT-v1.0-Youth-Print.pdf>

## Appendix G: Language Services

- Translation Services in Michigan:  
[https://www.michigan.gov/documents/Translators\\_Resource\\_List\\_95124\\_7.pdf](https://www.michigan.gov/documents/Translators_Resource_List_95124_7.pdf)
- Translation Phone Apps:  
Google Translate, Microsoft Translate, TripLingo, iTranslate, Navaer Papgago Translate (best for Asian languages)
- American Sign Language: <http://dhisonline.org/>, <http://www.deafcan.org/>

## Appendix H: HUD Links

<b>Coordinated Entry Core Elements</b>
<a href="https://files.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf">https://files.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf</a>

<b>Chronic Homeless Definition and Flow Chart</b>
<a href="https://files.hudexchange.info/resources/documents/Flowchart-of-HUDs-Definition-of-Chronic-Homelessness.pdf">https://files.hudexchange.info/resources/documents/Flowchart-of-HUDs-Definition-of-Chronic-Homelessness.pdf</a>

<b>ESG Interim Rule</b>
<a href="https://files.hudexchange.info/resources/documents/HEARTH_ESGInterimRuleandCo nPlanConformingAmendments.pdf">https://files.hudexchange.info/resources/documents/HEARTH_ESGInterimRuleandCo nPlanConformingAmendments.pdf</a>

<b>CoC Interim Rule</b>
<a href="https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf">https://www.hudexchange.info/resources/documents/CoCProgramInterimRule.pdf</a>

<b>VAWA- Violence Against Women Act</b>
<a href="https://www.govinfo.gov/content/pkg/FR-2015-04-01/pdf/2015-06781.pdf">https://www.govinfo.gov/content/pkg/FR-2015-04-01/pdf/2015-06781.pdf</a>

<b>Notice CPD - 14 - 012</b>
<a href="https://files.hudexchange.info/resources/documents/Notice-CPD-14-012-Prioritizing-Persons-Experiencing-Chronic-Homelessness-in-PSH-and-Recordkeeping-Requirements.pdf">https://files.hudexchange.info/resources/documents/Notice-CPD-14-012-Prioritizing-Persons-Experiencing-Chronic-Homelessness-in-PSH-and-Recordkeeping-Requirements.pdf</a>

<b>Notice CPD-17-01</b>
<a href="https://files.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf">https://files.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf</a>

## Appendix I: Methodology of Prioritization

The Macomb County CoC adopted the orders of priority described in HUD's *Notice CPD-16-11*, as well as *Notice CPD-17-01 (Additional Requirements)* so recipients of either dedicated or prioritized CoC Program-funded PSH and recipients of either non-dedicated or non-prioritized CoC Program-funded PSH are selected for permanent supportive housing in the following order:

### III. Order of Priority in CoC Program-funded Permanent Supportive Housing

#### A. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. CoCs are strongly encouraged to revise their written standards to include an order of priority, determined by the CoC, for CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual's or family's service needs. Recipients of CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness would be required to follow that order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

2. Where there are no chronically homeless individuals and families within the CoC's geographic area, CoCs and recipients of CoC Program-funded PSH are encouraged to follow the order of priority in Section III.B. of this Notice. For projects located in CoC's where a sub-CoC approach to housing and service delivery has been implemented, which may also be reflected in a sub-CoC coordinated entry process, need only to prioritize assistance within their specified sub-CoC area.

3. Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project

4. Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing, and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable. Therefore, a person experiencing chronic homelessness should not be forced to refuse an offer of PSH if they do not want to participate in the project's

services, nor should a PSH project have eligibility criteria or preconditions to entry that systematically exclude those with severe service needs. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these chronically homeless persons must continue to be prioritized for PSH until they are housed.

## **B. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness**

1. CoCs are strongly encouraged to revise their written standards to include the following order of priority for non-dedicated and non-prioritized PSH beds. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH that is not dedicated or prioritized for the chronically homeless would be required to follow this order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

(a) First Priority—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

(b) Second Priority—Homeless Individuals and Families with a Disability with Severe Service Needs. An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs. An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing. An individual or family that is eligible for CoC

Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

2. Recipients of CoC Program-funded PSH should follow the order of priority above, as adopted by the CoC, while also considering the goals and any identified target populations served by the project. For example, non-dedicated or non-prioritized CoC Program-funded PSH that is permitted to target youth experiencing homelessness should follow the order of priority under Section III.B.1. of this Notice, as adopted by the CoC, to the extent in which youth meet the stated criteria.

3. Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are prioritized for assistance based on their length of time homeless and the severity of their needs following the order of priority described in this Notice, and as adopted by the CoC. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant indefinitely while waiting for an identified eligible individual or family to accept an offer of PSH (see FAQ 1895). Recipients of CoC Program-funded PSH are encouraged to follow a Housing First approach to the maximum extent practicable. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these individuals and families must continue to be prioritized until they are housed.

When a PSH bed is not dedicated for chronically homeless households, the Case Conferencing and Referral Group will offer housing to persons experiencing chronic homelessness, or most at risk of becoming chronically homeless, first, to the maximum extent possible.

The prioritization process may use any combination of the following factors as it pertains to severity of needs:

- a. significant challenges or functional impairments, including any physical, mental, developmental or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing (this factor focuses on the level of support needed and is not based on disability type);
- b. high utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities;

- c. the extent to which people, especially youth and children, are unsheltered;
- d. vulnerability to illness or death;
- e. risk of continued homelessness;
- f. vulnerability to victimization, including physical assault, trafficking or sex work;
- g. other factors determined by the community that are based on severity of needs. These factors are intended to help identify and prioritize homeless persons within the geographic area for access to housing and services based on severity of needs.