



# Coordinated Entry Policy

## Guiding Principles

The Coordinated Entry System for the Michigan Balance of State Continuum of Care (BOS) as detailed in this manual has been established to ensure the following guiding principles are upheld by all participating members of the BOS Coordinated Entry System:

### 1) Ensure service accessibility

- a) All people experiencing a housing crisis have fair, equal and equitable access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs
- b) All geographic areas claimed by the BOS are covered by the Coordinated Entry System
  - i) Region 1 Counties
    - (1) Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Luce, Mackinac, Menominee, Keweenaw, Ontonagon, Schoolcraft
  - ii) Region 2 Counties
    - (1) Charlevoix, Emmet, Manistee County, Missaukee, Wexford
  - iii) Region 3 Counties
    - (1) Alcona, Alpena, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon
  - iv) Region 4 Counties
    - (1) Allegan, Barry, Ionia, Lake, Mason, Mecosta, Montcalm, Newaygo, Oceana, Osceola
  - v) Region 5 Counties
    - (1) Arenac, Bay City, Bay Clare, Gladwin, Gratiot, Isabella, Midland
  - vi) Region 6 Counties
    - (1) Huron, Lapeer, Sanilac, Shiawassee, St. Clair, Tuscola
  - vii) Regions 7,8,9 Counties
    - (1) Berrien, Branch, Cass, Clinton, Hillsdale, Niles, St. Joseph, Van Buren
- c) The Coordinated Entry System has established access points that are easily accessible throughout the entirety of the geographic area served by the BOS
- d) Ensure that staff conducting the assessments are trained and competent in the assessment process
- e) Local Planning Bodies (LPBs) have a specific procedure in place to guide the operation of the Coordinated Entry System to 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 specific providers
- f) All recipients/sub recipients administering HUD funded ESG or CoC programming must comply with the housing protections outlined in the Violence Against Women Act (VAWA) Final Rule. The MIBOSCOC accepts and adheres to the VAWA final rule found

here: <https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>

**2) Align services to meet client need**

- a) Individuals and families are offered the most appropriate housing intervention based on their needs and strengths in order to end their homelessness as quickly and efficiently as possible
- b) Consistent use of comprehensive and standardized assessment tools and processes throughout the BOS in order to provide initial, comprehensive assessment of individuals and families for housing and services
- c) Diversion of individuals and families away from the homeless response system who are able to self-resolve and end their homelessness.

**3) Prioritize services for clients with the greatest need**

- a) Facilitate exits from homelessness to stable housing in the most rapid manner possible given available resources
- b) Prioritize people who have been homeless the longest and/or are the most vulnerable to scarce permanent supportive housing resources

**4) Build a system that works efficiently and effectively for clients, referral sources and receiving programs**

- a) Incorporate provider and client choice in housing and service decisions
- b) Promote collaboration, communication and knowledge sharing regarding resources among providers
- c) Ensure assessors have knowledge and real-time access to eligibility for all receiving programs
- d) All agencies participating in the Coordinated Entry System comply with the equal access and nondiscrimination provisions of Federal civil rights laws

**5) Ensure data collection and management is a critical function of the Coordinated Entry System**

- a) Providers limit data collection to only that which is relevant to the Coordinated Entry System
- b) Providers use HMIS as part of the Coordinated Entry System, collecting, using, storing, sharing, and reporting participant data associated with the Coordinated Entry System
- c) Leverage Homeless Management Information System (HMIS) data and infrastructure whenever possible for system evaluation, monitoring, and client care coordination and ensure data quality
- d) Victim service providers, such as domestic violence shelters, utilize a database comparable to HMIS and no data from victim service providers, including referral data and assessment data, should be entered into HMIS. This prohibition includes all client level data, both non-identifying and personally identifying information

**6) Invest in continuously evaluating and strengthening the Coordinated Entry System**

- a) Continue to make enhancements to the Coordinated Entry System in response to enhanced policy and innovative ideas as related to needs and changes in city, state or federal policy
- b) Coordinated Entry providers consult with each participating project and project participants at least annually to evaluate the intake, assessment, and referral processes associated with Coordinated Entry. Solicitations for feedback must address the quality and effectiveness of the entire Coordinated Entry experience for both participating projects and households
- c) Coordinated Entry providers are required to participate in both local planning body work group meetings as well as community housing prioritization meetings in order to obtain real time system improvement feedback. The MIBOSCOC Coordinated Entry Committee works to establish a community of practice to continuously address and share best practices around improvement of the Coordinated Entry System across the BOS.

## Definitions

**Access Points** – Designated areas located within the BOS where individuals or families can go to for intake and assessment of homeless prevention and housing services for which they may qualify.

**Acuity** – When utilizing the VI-SPDAT, VI-F SPDAT, and TAY VI-SPDAT (see definitions under assessment section) acuity speaks to the presence of a presenting issue based on the prescreen score. Acuity refers to the severity of the presenting issues. The VI-SPDAT prescreens are evidence-informed common assessment tools that will inform acuity scores for each screened individual or family.

**Assessor** – Assessors are individuals who complete the common assessment tools for housing triage and enter the information into HMIS. Assessors are located at all access points and are practicing homelessness diversion as well as how to complete assessment through a person-centered approach.

**Chronically Homeless** – An individual or family who: (i) resides in a place not meant for human habitation, a safe haven, or in an emergency shelter or institutional care facility (has been living in the institutional care facility fewer than 90 days and was living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the care facility) and has been homeless and residing in such a place for at least 12 months or on a least four separate occasions in the last three years where the combined occasions must total at least 12 months; and (ii) has a head of household with a diagnosable substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability.

Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

### NOTE:

- *Transitional Housing does not qualify an individual/family for chronic status; meaning that if an individual/family enters transitional housing they would not continue to add months to their chronic status, but would maintain their literally homeless status.*
- *Veterans receiving Supportive Services for Veteran Families (SSVF) or other grant per-diem programs offered by the Veterans Administration do maintain their Chronic Status;*
- *ESG Rapid Re-housing is not considered transitional housing; RRH is considered permanent housing;*
- *Institution stays of less than 90 days do not constitute a break and can be included in the time calculation as long as the individual/family were on the streets, in emergency shelter, or safe haven when they began;*
- *Stays in "housed" environments that are less than seven (7) consecutive nights do not constitute a break in homelessness.*
- *A BREAK in homelessness is defined as a stay in housing that lasts at least seven (7) consecutive nights; therefore a client must have at least four (4) separate occasions to qualify under this option.*

**Community Housing Prioritization Meetings (CHP)** – Meetings that occur every two weeks or as needed in order to prioritize individuals and families for housing programs as well as to conduct case consultations during face to face meetings. These meetings are held locally in order to effectively meet the needs of each area within the BOS. Procedural decisions and suggestions are also made during this meeting.

**Disability – (HUD Definition)**

HUD defines a person with disabilities as a person who:

1. has a disability as defined in Section 223 of the Social Security Act (42 U.S.C.423), or
  2. is determined by HUD regulations to have a physical, mental or emotional impairment that:
    - a. is expected to be of long, continued, and indefinite duration;
    - b. substantially impedes his or her ability to live independently; and
    - c. is of such a nature that such ability could be improved by more suitable housing conditions,
- or**
3. has a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 15002(8)), **or**
  4. has the disease acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome (HIV).

**Diversión** – Diversión is a strategy that prevents homelessness for people seeking shelter, or other homeless assistance, by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversión programs can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program wait lists.

**Family** – Includes but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) A group of persons residing together, and such group includes, but is not limited to: (i) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (ii) An elderly family; (iii) A near elderly family; (iv) A disabled family; (v) A displaced family; and (vi) The remaining member of a tenant family. 24 CFR 5.403

**Housing Assessment and Resource Agency (HARA)** – The intent of the HARA is for a single agency or a collaboration of multiple agencies working together to provide housing access and referral to individuals and families who are experiencing homelessness or who are at-risk of homelessness. A main component of the work of the HARA is to provide staff who are experienced in providing assessments, referrals and case management services specifically targeted to people who are homeless. The HARA is also responsible for maintaining the MSHDA Housing Choice Voucher with Homeless Preference waiting list.

**HMIS** – Homeless Management Information System; is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless

individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

**Homeless** – (Category 1) an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) an individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution; (Category 2) An individual or family who will imminently lose their primary nighttime residence, provided that: (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing; or (Category 4) Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing. 24 CFR 578.3.

**Housing First** – Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

**Local Planning Body (LPB)** — Given the large geographic area of the BOS, Local Planning Bodies necessary as are geographically based committees that work on common issues based on local resources. Specific procedures to implement this Coordinated Entry policy are developed at the Local Planning Body level.

**Permanent Supportive Housing (PSH)** – Community-based housing without a designated length of stay. PSH program participant(s) must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long and is terminable only for cause. PSH means permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently. 24 CFR 578.3.

**Rapid Re-Housing (RRH)** – An intervention designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve stability in that housing. RRH assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household. The core components of a RRH program are housing identification and relocation, short-and/or medium- term rental assistance and move-in (financial) assistance, and case management and housing stabilization services.

**SPDAT (Service Prioritization Decision Assistance Tool)** – The evidence informed assessment utilized by all trained CoC providers in either enacting more detailed determinations of acuity for housing placement and/or ongoing use in case management to ensure housing stabilization. The SPDAT (or “Full SPDAT”) has an individual and family tool. Staff completing the assessment (assessors) must be trained on the tool annually and can secure training through online resources provided by OrgCode Consulting (the originator of the tool) and/or through training materials made accessible by the BOS. The SPDAT can be completed on paper or in HMIS and attached to a client record.

**Transitional Housing (TH)** – Housing, where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of individuals and families experiencing homelessness into permanent housing within 24 months. 24 CFR 578.3.

**Violence Against Women Act (VAWA):** Violence Against Women Act (VAWA) is a broad-based law formulated in 1994 in response to the increasing violence against women in America. The Act has provisions starting from funding of domestic-violence programs to new civil rights remedies for women who were victims of gender-based attacks. Find how this law relates to HUD funded programming here: <https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>

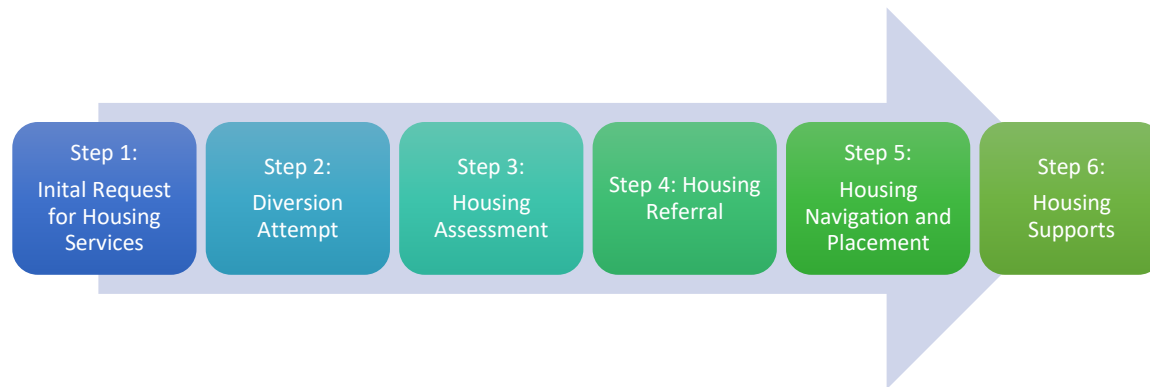
**VI SPDAT** – (Vulnerability Index-Service Prioritization Decision Assistance Tool) Assessment tool developed and owned by OrgCode and Community Solutions that is utilized by projects in the BOS to determine initial acuity and to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness. Other forms of the VI SPDAT utilized throughout the BOS include:

- VI-F SPDAT: Vulnerability Index for Families
- TAY-VI SPDAT: Vulnerability Index for Transitional Age Youth

These assessment tools are used uniformly across every access point throughout the BOS.

## System Design and Overview

The following overview describes the path a household would follow from an initial request for housing services through housing placement. The overview also lists key roles and expectations of partner organizations that play a critical role in the system. Additional information regarding job descriptions as well as system procedures can be found in Local Planning Body procedure manuals..



- Step 1: Initial Request for Housing Services/Connection to the Coordinated Entry System  
Households in need may access the Coordinated Entry System through a call center, or in person at a designated entry point (HARA walk in hours or Street Outreach).  
\*If the individual or family is currently fleeing domestic violence, appropriate safety planning will be made with a direct referral to a domestic violence provider.
- Step 2: Diversion  
At the time of initial request for housing services a strategic diversion attempt is made by the assessor in order to assist the household in diverting away from the homeless system; when applicable. Diversion attempts are conducted using best practices that include conflict resolution, mediation, in-depth problem solving as well as outreach and referral from assessment staff. These practices should also incorporate the core components of Trauma Informed Care and Progressive Engagement. Outreach and referrals to other partner agencies or friends/family are made by assessors in order to more effectively assist the household with the immediate housing crisis, rather than entering the homeless system.
- Step 3: Housing Assessment  
When diversion is unsuccessful or not appropriate, a housing assessment takes place in order to assess the current vulnerability and needs of the household seeking housing assistance. The housing assessment will act as a prioritization tool in order to ensure the most appropriate housing intervention is recommended to each household as well as to give priority to those experiencing the greatest need. Assessors are available at the HARA, and may also be available through street outreach, prisoner re-entry, etc. See LPB procedures for identified agencies with assessors. The common assessment tool(s) utilized throughout the BOS are designed to assess vulnerability and life areas affected by homelessness. Tools utilized include the VI SPDAT, VI-F SPDAT, and TAY-VI SPDAT. The



assessment is completed using HMIS and is then coordinated within the reporting feature of HMIS in order to begin the prioritization process and creation of the by name list for each local prioritization group. Participants/clients who remain homeless should not complete the VI SPDAT more than once every 6 months.

- Step 4: Housing Referral

Information gathered from the assessment is used to determine which housing intervention is most appropriate to end the household's homelessness (Rapid-Rehousing or Permanent Supportive Housing). Once the assessment is completed in HMIS, a score is generated and placement on the local by name list is done automatically. The housing matching process takes place at local area prioritization meetings or Client Housing Prioritization in coordination through the housing locator, housing navigator, and/or housing based case managers of specified housing programs. (See Local Planning Body procedure manual for detailed information on each housing program available within the BOS Coordinated Entry System)

- Step 5: Housing Navigation and Placement:

Prior to or during prioritization meetings, individuals and/or families are matched with housing navigation services either through a housing navigator position or through housing based case management services. Housing navigation services help individuals/families determine housing preference and choice and most appropriate location/housing type to best meet the needs of the individual or family. Navigators walk alongside the individuals/families to help them become document ready (obtain ID and other vital documents required by program) and also work in coordination with the housing locator until a housing placement is made. Once housing has been identified and the individuals/families are set to move in, a warm transfer is made to the housing based case manager working within the identified housing program(if the positions differ within the local area).

- Step 6: Housing Supports

Housing based case managers then work with the individuals and families within their housing programs in order to assist them in maintaining their housing long-term. (see housing based case management procedure(within the local planning body) Housing based case management procedures should be based on best practices that include the core components of trauma informed care and progressive engagement.

## Access

### Coverage Area

All BOS Local Planning Bodies follow a locally developed intake model for the Coordinated Entry System where multiple coordinated locations and access points are utilized for assessment. More than one access point is necessary within the BOS Coordinated Entry System in order to ensure quick and efficient access throughout a large rural area.

***Local Planning Bodies are responsible for defining their access points throughout their geographic areas within the parameters of this BOS policy.***

Households in need may initiate a request for housing services through call centers, street outreach, or walk in services at local HARAs throughout the BOS. LPBs may utilize a 24-hour access call center housed/coordinated through the HARA or they may utilize walk-in services during HARA business hours. Call centers and walk-in services should be accessible for all populations and have the ability to make referrals to external services providers based on all sub-population needs.

Other access points offered through the BOS Coordinated Entry System may include street outreach, shelters, domestic violence service providers, and other locally identified services. Any and all access points offer the same standardized process as persons who access the Coordinated Entry System through site-based or call center access points. Individuals and families who enter domestic violence shelters directly, are offered direct referral to the Coordinated Entry System through the Domestic Violence provider.

### Fair and Equal Access

Providers participating in the BOS Coordinated Entry System shall ensure fair, equal and equitable access to Coordinated Entry System programs and services for all clients regardless of actual or perceived race, color, religion, national origin, age, gender identity, pregnancy, citizenship, familial status, household composition, disability, Veteran status, or sexual orientation. The BOS adheres to the HUD Equal Access to Housing final rule (24 CFR parts 5, 200,203,236, 400, 570, 574, 882, 891 and 982).

[https://files.hudexchange.info/resources/documents/EqualAccess\\_FinalRule\\_2.3.12.pdf](https://files.hudexchange.info/resources/documents/EqualAccess_FinalRule_2.3.12.pdf)

Households who are included in more than one of populations for which an access point is dedicated can be served at all of the access points for which they qualify as a target population. Access points with physical locations are located in proximity to public transportation and is also compliant with accessibility requirements for individuals with disabilities including individuals who use wheelchairs per ADA regulations.

The BOS Coordinated Entry System provides appropriate auxiliary aids and services necessary to ensure effective communication (e.g. Braille, audio, large type, assistive listening devices and sign language interpreters) at walk-in locations as well as through the call center. Access points

additionally include referral to offer Coordinated Entry process materials and participant instruction in multiple languages to meet the needs of minority, ethnic, and groups with limited English proficiency. This includes offering Coordinated Entry process materials and participant instruction in multiple languages.

BOS Coordinated Entry System ensures participants may not be denied access to the Coordinated Entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking.

Coordinated Entry participating providers shall provide necessary safety and security protections for persons fleeing or attempting to flee family violence, stalking, dating violence, or other domestic violence situations.

***Each Local Planning Body will be responsible for creating procedures for emergency transfer plans that align with HUD guidance and at a minimum must include a baseline assessment for presence of participant safety needs and referral to appropriate trauma-informed services if safety needs are identified.***

If a program participant's self-identified gender or household composition creates challenging dynamics among residents within a facility, the host program should make every effort to accommodate the individual in order to make him/her feel safe.

Participating providers of the BOS Coordinated Entry System shall offer universal program access to all subpopulations as appropriate, including chronically homeless individuals and families, Veterans, youth, persons and households fleeing domestic violence, as well as transgendered persons.

## **Marketing**

The BOS markets the Coordinated Entry System through local implementation and planning efforts approved by the BOS Continuum of Care. Strategies include:

- Ensure the methods of entry into the Coordinated Entry System are visible and posted in areas frequently accessed by those experiencing homelessness.
- Consistent messaging and promotion of the intake phone number on participating agency social media accounts and websites.
- Target non-housing provider groups who may come into frequent contact with those experiencing homelessness by providing education on the Coordinated Entry System as well as posting critical marketing information:
  - Hospitals/Clinics
  - Law Enforcement
  - Faith Communities
  - Mental Health Service Providers
  - Drop-In Centers
  - Public libraries
  - Local social service providers

***Local Planning Bodies are responsible for defining their marketing strategies throughout their***

***geographic areas within the parameters of this BOS policy.***

### **Emergency Services**

The Coordinated Entry System requires emergency services, drop-in service programs, and emergency shelters, including domestic violence shelters and other short-term crisis residential programs, to operate with as few barriers to entry as possible. People are able to access emergency services, such as emergency shelter, independent of the operating hours of the system's HARA and/or intake and assessment processes. Local Planning Bodies will determine follow up procedures for after-hours shelter entry processes. During follow-up the HARA completes the housing assessment and will then make appropriate referrals to housing programs based on need identified through client choice and the assessment process.

***Local Planning Bodies are responsible for defining their Emergency Services throughout their geographic areas within the parameters of this BOS policy.***

### **Prevention Services**

The HARA is the lead agency for Emergency Solutions Grant (ESG) funding and makes eligibility determinations for individuals and families requesting prevention related financial assistance and services and is the designated access point for ESG eligibility. access points outside of the HARA are able to make direct referrals to the HARA for prevention assistance. HARA staff will complete an eligibility screening for ESG Prevention funding and services followed by a direct referral to other community partner agencies providing prevention assistance.

***Local Planning Bodies are responsible for defining their Prevention services procedures throughout their geographic areas within the parameters of this BOS policy.***

## Assessment

Housing assessment through the BOS Coordinated Entry System is consistently applied at every access point. When diversion is unsuccessful or not appropriate, a housing assessment takes place in order to assess the current vulnerability and needs of the household seeking housing assistance. The housing assessment acts as a prioritization tool in order to ensure the most appropriate housing intervention is recommended to each household as well as to give priority to those experiencing the greatest need. Assessors are available at the HARA and other LPB identified services. The common assessment tool(s) utilized throughout the BOS are designed to assess vulnerability and life areas affected by homelessness. Tools utilized include the VI SPDAT, VI-F SPDAT, and TAY-VI SPDAT. The assessment is completed using HMIS and is then coordinated within the reporting feature of HMIS in order to begin the prioritization process and creation of the by name list for each CHP meeting. Clients who remain homeless should not complete the VI SPDAT more than once every 6 months.

***Local Planning Bodies are responsible for defining their specific Assessment procedures throughout their geographic areas within the parameters of this BOS policy.***

Standardized Housing Assessments		
<b>VI SPDAT:</b> <ul style="list-style-type: none"><li>• Literally homeless individuals</li><li>• Individuals age 25+</li></ul>	<b>VI-F SPDAT:</b> <ul style="list-style-type: none"><li>• Literally homeless families ages 18+</li><li>• Family means at least 1 adult presenting with children in their direct care.</li></ul>	<b>TAY-VI SPDAT:</b> <ul style="list-style-type: none"><li>• Literally homeless youth AND youth at imminent-risk of homelessness (Local Planning Body decision to assess imminent-risk youth using the TAY)</li><li>• Youth ages 18-24</li><li>• Single pregnant women age 18-24</li></ul>

### Ensuring Low Barriers to Entry

The BOS Coordinated Entry System prohibits any providers, assessors or projects from screening people out of the Coordinated Entry process due to perceived barriers to housing or service, including but not limited to: too little or no income; active or a history of substance abuse; domestic violence history; resistance to receiving services; the type or extent of a disability-related services or supports that are needed; history of evictions or poor credit; lease violations or history of not being a leaseholder; or criminal record.

After the appropriate version of the VI-SPDAT is administered to a literally homeless household:

1. The HMIS System Administrator places the household on the CHP meeting

prioritization list to be prioritized for referral to the identified PSH or RRH housing program.

2. As housing program openings become available, teams attending the Community Housing Prioritization (CHP) meeting prioritize households for referral to the RRH or PSH program openings, per the prioritization process explained below.
3. Housing navigation occurs throughout this process to facilitate a timely and smooth transition into permanent housing. Housing navigation is practiced through a Housing First model and strictly adheres to client choice. Throughout the BOS, the only time a client is denied a housing program is under the following circumstances:
  - Specific program eligibility not met (chronicity, acuity, verification of disability, sub-population requirements)
  - Landlord or property manager denial based on their own restrictions. For example: a site based program for households with children not having the ability to house sex offenders, OR a private market landlord denying an individual based on criminal record.
4. After housing is identified, provider staff administers ongoing assessment and case management as appropriate. Ongoing assessment is driven by the full SPDAT assessment based on client identified sub-population (households with children, youth, and individuals.) Housing based case management services are voluntary through PSH projects and are based on best practices for housing based case management.

### **Assessor Training**

Each provider that has at least one assessor on staff is responsible to ensure that training for the VI SPDAT and its associated tools is completed annually. Local Planning Bodies are responsible to regularly review assessment practices as part of Continuous Quality Improvement strategies. The BOS will ensure materials for training are accessible to providers and Local Planning Bodies. This includes materials developed and provided by OrgCode Consulting (the originator of the tool). The purpose of the training is to provide all staff administering assessment with access to material that clearly describe the methods by which assessments are to be conducted with fidelity to the BOS Coordinated Entry System policies and procedures. Training curricula will additionally include requirements for use of assessment information to determine prioritization, adopted variations for specific subpopulations (families, youth) as well as criteria for uniform decision making and referrals.

All assessment staff are also trained on how to conduct a trauma-informed assessment of participants. Special considerations and application of trauma-informed assessment techniques are afforded to victims of domestic violence or sexual assault to help reduce the chance of re-traumatization. Assessors receive additional training focused around culturally and linguistically competent practices and assessments.

### **Participant Autonomy, Privacy and Protections**

Participants of the BOS Coordinated Entry System are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment

questions, and to refuse housing and service options without retribution or limiting their access to other forms of assistance.

At time of referral, clients are informed of their right to request access to other housing programs and that they have the choice and the right to refuse the program offered. There is no limit to the number of times a client may refuse an offered program or referral. A household can choose not to accept a referral when it is made from the Priority List or from the program once the intake is complete, they will be placed back on the Priority List in the same position as they had been prior to referral. If a client is referred to a program, is accepted to that program, but then cannot find an apartment that will accept them within the appropriate time frame allowed by the program's requirements, they will be placed back on the priority list in the same position as they had been prior to referral.

All data collected through the Coordinated Entry process is covered by the Michigan Coalition Against Homelessness (MCAH) standardized Release of Information (ROI) process utilized by all providers to input data into HMIS. The ROI is based on a Michigan statewide adopted, HIPPA compliant release. Participants of the Coordinated Entry System are informed that the assessment process cannot require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

### **Grievance Process**

In the event that an assessor receives a participant-based complaint, the assessor should attempt to address the concern immediately (the best they can in the moment). Complaints that should be addressed directly by the agency assessor or agency assessor supervisor include complaints about how they were treated by agency staff, agency conditions, or violation of confidentiality agreements. Any other complaints should be referred to the LPB Coordinated Entry Lead Agency Provider (HARA) to be dealt with in a similar process to the one described below for providers. Any complaints filed by a client should note their name and contact information so the team can contact him/her to discuss the issues. This process is to be determined by the Local Planning Body.

Filing a grievance is the responsibility of all directors, officers, and employees of provider agencies participating in the BOS Coordinated Entry System. Anyone filing a complaint concerning a violation or suspected violation of the policies and procedures must be acting in good faith and have reasonable grounds for believing an agency is violating the Coordinated Entry System policies and procedures.

To file a grievance regarding the actions of an agency, contact a designated supervisory staff of the HARA with a written statement describing the alleged violation of the Coordinated Entry System policies and procedures, and the steps taken to resolve the issue locally. The HARA contact person will contact the agency in question to request a response to the grievance. Once the grievance is received the documentation he/she will decide if the grievance is valid and determine if further action needs to be taken. If the individual or agency

filing the grievance, or the agency against whom the grievance is filed, is not satisfied with the determination they may file a grievance with the decision making entity of the Local Planning Body. This must be done by providing a written statement regarding the original grievance, and why the complainant disagrees with the decision made by the decision making entity of the Local Planning Body. LPB Board/Steering Committee Chair will bring the matter to the Board/Steering Committee for discussion and a final decision. If corrective action is needed a corrective action plan will be generated by the LPB Board/Steering Committee. The LPB Board/Steering Committee will track progress on the corrective action plan beyond the resolution of the grievance.

***Local Planning Bodies are responsible for defining their grievance procedures throughout their geographic areas within the parameters of this BOS policy.***



## Referrals

The BOS Coordinated Entry System operates from a uniform and coordinated referral process for beds, units, and services available at participating projects within the BOS's geographic area for referral to housing and services. Projects participating in the BOS Coordinated Entry System do not screen potential project participants out for assistance based on perceived barriers related to housing or services. Each agency participating with the BOS Coordinated Entry System must comply with the equal access and nondiscrimination provisions of Federal civil rights laws. The referral process is informed by Federal, State, and local Fair Housing Laws and regulations and ensures participants are not "steered" toward any particular housing facility or neighborhood because of race, color, national origin, relation, sex, gender identity, marital status, disability or the presence of children.

Emergency Solutions Grant (ESG) and Continuum of Care (COC) program recipients and sub-recipients must use the Coordinated Entry System established by the BOS as the only referral source from which to consider filling vacancies in housing and/or services funded by the COC and ESG programs.

***Local Planning Bodies are responsible for defining their referral procedures throughout their geographic areas within the parameters of this BOS policy***

### Referrals to Participating Projects

Access points within the BOS Coordinated Entry System maintain an annually updated list of all resources that may be accessed through referrals from the Coordinated Entry System. Each ESG and COC project establishes and makes publicly available the specific eligibility criteria the project uses to make enrollment determinations.

If the highest priority household is not selected for referral to an available opening, documentation needs to occur. A designated person to update the list will document why the household that was higher in priority was not referred and why the household that was of lower priority received the referral.

HARAs make referrals to the following when locally available (not limited to): street outreach, emergency shelter, housing projects (PSH, PBV wait list, HCV wait list, RRH), information and referral agencies, domestic violence service providers, drop-in services, mainstream benefit agencies (DHHS, Social Security), income based housing projects, and/or the Veterans Administration, as well as other organizations targeting sub-populations and other housing assistance needs.

If LPBs have street outreach, street outreach staff makes referrals to the following when locally available (not limited to): all entities listed above as well as to the HARA for HCV sign up.

Emergency Shelters make referrals to the HARA for HCV sign up as well as housing assessment and shelter referral if after hours.

**Referral types offered through Coordinated Entry as well as assessment score intervention types:**

**Information and Referral (No housing intervention recommended)**

- VI (Individuals): 0-3
- VI-F: 0-3
- TAY-VI: 0-3

**Rapid Re-Rousing**

- VI (Individuals): 4-7
- VI-F: 4-8
- TAY-VI: 4-7

**Permanent Supportive Housing**

- VI (Individuals): 8+
- VI-F: 9+
- TAY-VI: 8+

**Information and Referral Services**

- Score within the "no housing intervention" range on the VI SDAT
- MSHDA HCV w/ Homeless Preference waitlist placement
- Packet of information and Referral resources provided
- One time security deposit through ESG assist available

**Rapid Rehousing**

- Score within the "Rapid Rehousing" intervention range on the VI SPDAT
- MSHDA HCV w/ Homeless Preference waitlist placement
- Short-term rental assistance provided; up to 6-18 months depending on program
- Housing based case management services provided

**Permanent Supportive Housing**

- Score within the "Permanent Supportive Housing" intervention range on the VI SPDAT
- MSHDA HCV w/ Homeless Preference waitlist placement
- Rental subsidy provided in order to make the unit affordable
- Housing based case management services provided
- No time limit on rental subsidy or housing based case management services

## Prioritization

The BOS Coordinated Entry System prioritizes the following projects listed below. Not included in prioritization are processes/projects to include, entry to emergency shelter and immediate crisis response. The BOS Coordinated Entry System does not use data collected for the assessment process 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 identity or marital status.

***Local Planning Bodies are responsible for defining their specific prioritization procedures throughout their geographic areas within the parameters of this BOS policy.***

CHP meetings occur every two weeks, or as needed. In addition to referring households into housing programs, the committee makes procedural decisions and conducts case consultations during face-to-face meetings. To ensure housing program referrals are not delayed between the meetings, CHP members continue referrals between meetings as openings become available via the CHP process.

A standardized ROI is utilized by all providers to share data and VI-SPDAT information into HMIS. The ROI is based on a Michigan statewide adopted, HIPAA-compliant release.

All assessments and VI-SPDAT information for HMIS agencies must be recorded in HMIS within 24 hours of when the information was first collected. The HMIS System Administrator updates the by name prioritization list prior to CHP meetings. The lists are used during the meetings to facilitate prioritization and housing program referrals and housing location.

HUD regulations only allow RRH and PSH programs to serve

- people who are literally homeless ([Category 1](#))
- people who are homeless because they are fleeing domestic violence ([Category 4](#)).

In addition, HUD mandates that communities prioritize literally homeless households who are [chronically homeless \(CH\)](#) for housing and services.

To this end, the prioritization groups first prioritize literally homeless households (who meet the household size requirements for the available permanent housing unit) based on their VI-SPDAT scores, with CH households having first priority. If there are no CH households on the housing prioritization list, households are still prioritized based on their VI-SPDAT scores. This prioritization follows HUD's Order of Priority in CPD-14-012 which states:

***First Priority: Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.***

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
- ii. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

Second Priority: Chronically Homeless Individuals and Families with the Longest History of Homelessness.

A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
- ii. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria of the definition for chronically homeless, or the family as having severe service needs.

Third Priority: Chronically Homeless Individuals and Families with the Most Severe Service Needs.

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
- ii. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

Fourth Priority: All Other Chronically Homeless Individuals and Families.

A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is less than 12 months; and

- ii. The CoC or CoC program recipient has not identified the chronically homeless individual or the head of household, who meets all of the criteria of the definition for chronically homeless, or the family as having severe service needs.

## **Data Management**

The data systems management is provided to the BOS through the Michigan Coalition Against Homelessness (MCAH) who oversees HMIS for the state of Michigan. The BOS upholds a memorandum of understanding with MCAH for all data management requirements and standards and follows the state level HMIS Policies and Procedures published at <http://www.miboscoc.com/governing-documents.html>