MICHIGAN BALANCE OF STATE CONTINUUM OF CARE
COORDINATED ENTRY SYSTEM POLICY
DRAFT

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:

I) Ensure service accessibility

a) All people experiencing a housing crisis have fair and equal access and are quickly identified, assessed, 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

Region 1 Counties
Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, Schoolcraft

Region 2 Counties
Charlevoix, Emmet, Manistee, Missaukee, Wexford

Region 3 Counties
Alcona, Alpena, Cheboygan, Crawford, Iosco, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon

Region 4 Counties
Allegan, Barry, Ionia, Lake, Mason, Mecosta, Montcalm, Newaygo, Oceana, Osceola

Region 5 Counties
Arenac, Bay, Clare, Gladwin, Gratiot, Isabella, Midland

Region 6 Counties
Huron, Lapeer, Sanilac, Shiawassee, St. Clair, Tuscola

Region 7/8/9 Counties
Berrien, Branch, Cass, Clinton, Hillsdale, 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 as well as trauma-informed care and implicit bias. Staff will be representative of the population being served and able to offer culturally responsive services including services in the language of each individual's choosing.

e) Local Planning Bodies (LPBs) have a specific procedure put into 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

II) Align services to meet client need

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

III) 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. Communities will use additional information when necessary to make equitable decisions about prioritization for resources (e.g. recognizing additional risks to one's safety due to one's race or gender identity).

IV) 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
e) If an individual or family is denied access to a project after referral and it is confirmed that project eligibility was not the cause, the HARA shall act as advocate and ally to that individual or family to ensure they are served appropriately.

V) 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 (CES)
b) Providers use Homeless Management Information System (HMIS) as part of the coordinated entry system, collecting, using, storing, sharing, and reporting participant data associated with the coordinated entry system
c) Leverage HMIS data and infrastructure whenever possible for system evaluation, monitoring, and client care coordination and ensure data quality

VI) Invest in continuously evaluating and strengthening the coordinated entry system

a) Continue to make enhancements to the CES 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 participate in (at minimum) a monthly Coordinated Entry Continuous Quality Improvement (CQI) meeting related to improving processes and procedures for the BOS Coordinated Entry System

DEFINITIONS

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

Acuity – When utilizing the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), VI-Family SPDAT, and Transition Aged Youth (TAY) VI-SPDAT 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 trained on a nationally recognized best practice for diversion, as well as how to complete assessment through a person-centered approach. (Might also be referred to as an Intake Specialist or Call Center Staff)

By Name List Meetings– Meetings that occur every two weeks or as needed to prioritize individuals and families for housing programs as well as to conduct case consultations during face to face meetings. All attendees should be with agencies included in the HMIS Sharing QSOBAA for the area. These meetings are held locally to effectively meet the needs of each area within the BOS. Procedural decisions and suggestions are also made during this meeting.

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.

In order to meet the ''chronically homeless'' definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. 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.

Coordinated Entry System (CES) -- The system designed for prioritizing and matching homeless households to available permanent housing resources. This consists of the Housing Assessment and Resource Agency (HARA) (see below for a definition) and any other agencies within the HARA's service area that provide shelter or housing to homeless households and agree to accept referrals from the HARA for their program openings. These agencies are referred to as "Coordinated Entry Providers" within this document.

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).

Diversion – Diversion 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. Diversion 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 Advocate -- A housing advocate job title describes a position designed to help guide persons experiencing homelessness into permanent housing. This can be while they are residing on the streets or in places not meant for habitation, or while in shelter. The housing advocate will assist in securing homeless verifications and other documentation that a housing project may require, attempting to divert from homelessness whenever possible and staying alongside the person(s) until their homelessness is resolved. (aka: Housing Navigator, Housing Guide)

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. 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 connect individuals and families experiencing homelessness to permanent housing quickly and successfully 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 Michigan Balance of State CoC, Local Planning Bodies, which are geographically based committees, work on common issues based on local resources. Specific procedures to implement this CES policy are developed at the Local Planning Body level.

Michigan Balance of State Continuum of Care (MIBOSCOC) – The group charged with planning and implementing an end to homelessness in the 61 counties across rural Michigan. This group is responsible for reporting to and requesting funding from the US Department of Housing and Urban Development (HUD) to house homeless individuals and families in the geographic area. The MIBOSCOC is also known as MI-500 when reporting to HUD.

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. Permanent supportive housing 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. Rapid re-housing 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 rapid rehousing 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.

Release of Information (ROI) – This release is to be signed by participants requesting services to determine if and how much of their personal information they will allow to be collected and shared in the HMIS. Michigan Coalition Against Homelessness (MCAH) has a standard ROI each community should use.

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 must be trained by OrgCode Consulting or Balance of State CoC staff on the SPDAT. 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.`

VAWA – (Violence Against Women Act) An Act signed into law by Congress in 1994 and reauthorized multiple times since. It created the Office on Violence Against Women within the Department of Justice and has funding for service programs included in it. Some provisions within the act include protections and considerations for persons experiencing domestic violence while living in federally funded housing.

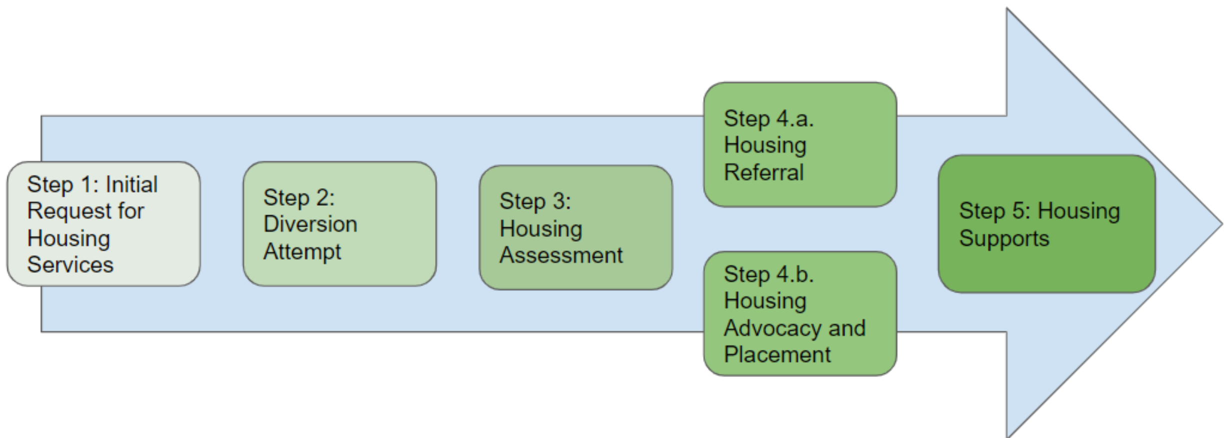
VI SPDAT – (Vulnerability Index-Service Prioritization Decision Assistance Tool) Assessment tool developed and owned by OrgCode and Community Solutions that is utilized by projects in the BOS determine initial acuity and to recommend the level of housing supports necessary to resolve the presenting crisis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



- <u>Step 1: Initial Request for Housing Services/Connection to the Coordinated Entry System</u>
  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.

- <u>Step 2: Diversion</u>
  At the time of initial request for housing services a strategic diversion attempt is made by the assessor to assist the household in diverting away from the homeless system; when applicable. Diversion attempts are conducted using a national best practice process that includes conflict resolution, mediation, in-depth problem solving as well as outreach and referral from assessment staff. Outreach and referrals to other partner agencies or friends/family are made by assessors to more effectively assist the household with the immediate housing crisis, rather than entering the homeless system. Diversion attempts are made at all subsequent interactions while the household is still literally homeless.

- <u>Step 3: Housing Assessment</u>
  When diversion is unsuccessful or not appropriate, a housing assessment takes place to assess the current vulnerability and needs of the household seeking housing assistance. A CE Intake will be conducted in HMIS. The housing assessment will act as a prioritization tool to give priority to those experiencing the greatest need and determine eligibility for available housing resources. Assessors are available at the call center and street outreach,

at minimum. The assessment is completed using HMIS and is then coordinated within the reporting feature of HMIS to begin the prioritization process and creation of the By Name List. In LPBs with multiple counties, there is an option to have separate BNLs based on geographic areas.

- Step 4 A: Housing Referral
  Information gathered from the assessment is used to determine the appropriate housing project to end the household's homelessness (Rapid-Rehousing or Permanent Supportive Housing). An assessment is completed in HMIS, and the appropriate report(s) run in order to facilitate adding the household to the local By Name List. The housing matching process may take place within the HARA, using up-to-date information regarding project openings, or at local By Name List meetings in coordination through the housing locator, housing advocate and/or housing based case managers of specified housing projects. All BNL meeting attendees should be with agencies included in the HMIS Sharing QSOBAA for the area.

  The available, eligible, housing resource matched to the household should be presented and explained to the household. They have the right to refuse the referral and choose to wait for another option. The HARA should fully explain what this choice might mean, but the household should not be penalized or lose their place in priority for rejecting a referral.

- Step 4B: Housing Advocacy and Placement:
  Prior to or during prioritization meetings, households are matched with a housing advocate. Housing advocates then meet with the household to determine housing preference and choice and most appropriate location/housing type to best meet the needs of the household. Advocates walk alongside the individuals/families to help them become document ready (obtain ID and other vital documents required by project) and also work in coordination with the housing locator until a housing placement is made. Once housing has been identified and the household is set to move in, a warm transfer is made to the housing-based case manager working within the identified housing project.

- Step 5: Housing Supports
  Housing based case managers then work with the individuals and families within their housing projects to assist them in maintaining their housing long-term. (see housing based case management training in the online MIBOSCOC Training Site)

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 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. A 24-hour access call center is coordinated through the HARA or they may utilize walk-in services during HARA business hours. Call centers and walk-in services are accessible for all populations and can 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 Shelters and other locally identified services. All access points offer the same standardized process as persons who access the Coordinated Entry System through site-based or call center access points. With the exception of Domestic Violence providers, other providers functioning as access points shall enter the household information into the community's Coordinated Entry page in HMIS, using the Enter Data As (EDA) function. 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 and equal 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 MIBOSCOC adheres to the HUD Equal Access to Housing final rule (24 CFR parts 5, 200,203,236, 400, 570, 574, 882, 891 and 982).

Households who are included in more than the specific population for which an access point is dedicated can be served at all access points.

Access points with physical locations (the HARA) are in proximity to public transportation and are 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.

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.

CES 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. Minimum safety planning must include a baseline assessment for identification 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 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.

Population-specific projects (e.g. women only, tribal nation members only, chronically homeless etc.) are permitted to maintain eligibility restrictions as currently defined and will continue to operate and receive prioritized referrals.

Marketing

The Coordinated Entry System will be marketed through local implementation and planning efforts aligned with and/or reviewed by the BOS Continuum of Care and carried out by Local Planning Bodies and Coordinated Entry System members. Strategies include:

- Ensure the methods of entry into the CES are visible and posted in areas frequently accessed by those experiencing homelessness.
- Consistent messaging and promotion of the call center 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
- Local social service providers

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 can access emergency services, such as emergency shelter, independent of the operating hours of the system's call center and intake and assessment processes. Local Planning Bodies will determine follow up procedures for after-hours shelter entry processes. The HARA or designated provider will follow up within 24 business hours to complete the housing assessment. The HARA or designated provider will provide crisis planning within 24 business hours of first contact with unsheltered households, that includes referrals to emergency services.

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. Prevention services are never refused at other access points as service providers at other access points make direct referrals to the HARA for prevention assistance. HARA staff will complete an eligibility screening for ESG Prevention funding and services within 48 business hours followed by a direct referral to other community partner agencies providing prevention assistance.

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 to give priority to those experiencing the greatest need. During assessment, assessors are also evaluating the household's eligibility for the housing resource types available. Assessors are available at the call center and other LPB identified services. The assessment is completed using HMIS and may then be coordinated within the reporting feature of HMIS to begin the prioritization process and creation of the by name list.

Ensuring Low Barriers to Entry

The BOS Coordinated Entry System prohibits any providers 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 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 assessment is administered the referral process will begin.

Assessor Training

The MIBOSCOC provides training materials online that are available for all staff as necessary to sharpen assessment skills. Continuous Quality Improvement (CQI) shall be conducted within meetings at least monthly to address any on-going training issues and needs amongst providers and assessors. CQI is accomplished through providers discussing with each other and/or supervisors any issues or barriers they have encountered in the processes or system and working together to identify solutions or next steps. 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 required to be trained on trauma-informed approaches with the understanding that experiencing homelessness is a traumatizing event. 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 sensitive practices and assessments.

The MIBOSCOC opts in to using the statewide assessment tool for multiple reasons. As this tool changes, MIBOSCOC will provide up to date information on assessment tool usage and training requirements specific to the identified tool.

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 a “lesser” program and that they have the choice and the right to refuse the program. There is no limit to the number of times a client may refuse a 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 provided through the Michigan Coalition Against Homelessness (MCAH) standardized Release of Information process utilized by all providers to input data into HMIS. Providers utilize the ROI based on a Michigan statewide adopted, HIPAA 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

If an assessor receives a complaint from a participant, 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 staff member or agency staff 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.

Filing a grievance is the responsibility of all directors, officers, and employees of providers 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, a person may contact a designated supervisory staff within the Coordinated Entry lead agency (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 CES lead agency contact person will contact the agency in question to request a response to the grievance. Once the designated staff has received the documentation they 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 BoS Coordinated Entry Committee. This must be done by providing a written statement

regarding the original grievance, and why the complainant disagrees with the decision made by the designated staff. BoS Coordinated Entry (CE) Committee will bring the matter to a specially formed subcommittee for discussion and a final decision. If corrective action is needed a corrective action plan will be generated by the BoS CE Committee. The BoS CE Committee will track progress on the corrective action plan beyond the resolution of the grievance.

Referrals

The BOS Coordinated Entry System operates with a uniform and coordinated referral process for permanent housing resources available at participating projects within the BOS's geographic area. 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 use the coordinated entry system established by the BOS as the only referral source from which to consider filling vacancies in housing and services funded by the COC and ESG programs.

Referrals to Participating Projects

Access points within the BOS Coordinated Entry System maintain and are provided with 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. This is should be done by completing the Community-Wide Housing Resources Spreadsheet for the LPB, as drafted by the MIBOSCOC.

If the highest priority household is not selected for referral to an available opening, documentation needs to occur. The designated staff 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.

Referrals from the Coordinated Entry System Assessors are made to the following service types or projects:

HARA Call Center or Walk-In Center makes referrals to the following when locally available (not limited to): street outreach, emergency shelter, permanent housing projects (PSH, PBV wait list,

HCV wait list, RRH), information and referral agencies, Domestic Violence providers, drop-in services, mainstream benefit agencies (DHHS, Social Security), income based housing projects, the VA 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, except permanent housing, 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.

1. The designated HARA staff places the household on the prioritization list to be prioritized for referral to an opening in a PSH, TH/RRH Joint Component, or RRH housing program.
2. As housing program openings become available, those within the HARA or attending Prioritization/By Name List meetings prioritize households for referral to the permanent housing program openings, per the prioritization process explained below.
    - Domestic Violence providers attending By Name List meetings should have a process in place to ensure their homeless households are included in the prioritization process while maintaining confidentiality. This can include:
        - Reviewing households the HARA already included in the list to verify if those in DV services are included. The DV provider should not identify who on the HARA list is in their services without prior written release. The DV provider can just acknowledge if they need to add households to the BNL or not.
        - All housing service providers should have a thorough understanding of how to restrict sharing in HMIS and be able to explain options to households on how to protect their privacy.

~~2.~~3. Housing advocacy occurs concurrently throughout this process to facilitate a timely and smooth transition into permanent housing. Housing advocacy 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 project 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.

- In these situations, the client would remain in the housing project and search for different scattered-site housing options, or in site-based housing, be referred to a different housing project with more open eligibility.

~~3.~~4. After housing is identified, housing provider staff administers ongoing assessment and case management as appropriate. Housing based case management services are voluntary within permanent housing projects and are aligned with MIBOSCOC Training on Housing Based Case Management.

Prioritization

The BOS Coordinated Entry System follows a prioritization policy for all ESG and CoC Program funded Permanent Housing projects, and other permanent housing resources using the CES. 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 against 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.

By Name List/Prioritization meetings occur every two weeks, or as needed. In addition to referring households into housing projects, the committee makes procedural decisions and conducts case consultations during face-to-face meetings. To ensure housing project referrals are not delayed between the meetings, group members continue referrals between meetings as openings become available via the process.

However, if a household that has been served in housing programs funded by HUD CoC or ESG funding needs rehousing due to domestic violence, as per the protections and eligibility requirements in VAWA, this household shall become the first priority for housing. Whenever possible (considering safety and availability), the household should be rehoused within the same program and/or agency with which they are currently housed through. If this is not possible, the HARA should connect the household to the program and agency with the next available housing resource for which they are eligible. This process should be done without the full By Name List/Prioritization process to maintain privacy and have as few entities involved as possible.

A standardized ROI is utilized by all providers to input data and VI-SPDAT information into

HMIS. This ROI is based on a Michigan statewide adopted, HIPPA-compliant ROI.

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 designated staff updates the By Name List prior to 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 (Category1)
- people who are homeless because they are fleeing domestic violence (Category 4).

The Balance of State has a standardized Prioritization Policy (see Appendix A) in which priority is given first according to chronicity, then to youth, families, and single adults, and finally based on Veteran status, assessment score, length of time homeless, sheltered status, and length of time on the list.

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. 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.

<u>Third Priority</u>: *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.

<u>Fourth Priority</u>: *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 www.mihomeless.org

APPENDIX A:

MIBOSCOC PRIORITIZATION POLICY

Prioritization	Subpopulation	Secondary Prioritization
1	Chronic Youth (18-24 y/o)	1. Veteran 2. Assessment Score 3. Length of Time Homeless 4. Unsheltered>Sheltered 5. Date of Assessment (older and still active)
2	Chronic Families	1. Veteran 2. Assessment Score 3. Length of Time Homeless 4. Unsheltered>Sheltered 5. Date of Assessment
3	Chronic Singles	1. Veteran 2. Assessment Score 3. Length of Time Homeless 4. Unsheltered>Sheltered 5. Date of Assessment
4	Non-Chronic Youth (18-24 y/o)	1. Veteran 2. Assessment Score 3. Length of Time Homeless 4. Unsheltered>Sheltered 5. Date of Assessment
5	Non-Chronic Families	1. Veteran 2. Assessment Score 3. Length of Time Homeless 4. Unsheltered>Sheltered 5. Date of Assessment
6	Non-Chronic Singles	1. Veteran 2. Assessment Score 3. Length of Time Homeless 4. Unsheltered>Sheltered 5. Date of Assessment