



Flint/Genesee County MI-505 Continuum of Care (CoC)

**Coordinated Approach System
Inclusive of Entry, Delivery and Exit**
(Formerly known as Coordinated Entry System)

Policies and Procedures
Last approved – June 2, 2026

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INTRODUCTION & BACKGROUND

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 reauthorized the McKinney-Vento Homeless Assistance programs (PL111–22). Through the enactment of the HEARTH Act, the Department of Housing and Urban Development (HUD) published the new Continuum of Care (CoC) Program Interim Rule (24 CFR 578). The CoC Program Interim Rule requires that the CoC operate a centralized or coordinated assessment system that covers the entirety of a CoC’s geographic area (24 CFR 578(a)(8), CPD Notice 17-01). The Flint/Genesee County CoC (MI- 505), has designed the Coordinated Assessment System (CAS), formerly known as Coordinated Entry, to ensure that individuals and families experiencing or at risk of homelessness are assessed, prioritized, and referred to an appropriate housing intervention or other assistance that best serves both their immediate and long-term needs. The goal of CAS in the Flint/Genesee County CoC, is to coordinate efforts across multiple systems and community partners to address the vision of ending homelessness in Genesee County.

I. COORDINATED APPROACH POLICY AND PROCEDURES

Flint/Genesee County CoC Coordinated Approach System Policy and Procedures have been established to ensure that persons at risk or experiencing homelessness are able to enter homeless assistance programs through the Coordinated Approach System (CAS) and be provided information and access to obtain housing and supportive services.

1. COORDINATED APPROACH PROCESS

The Coordinated Approach System (CAS) will ensure a coordinated approach to the system of care that supports those experiencing or at risk of homelessness from the time of entry, through the delivery of services, and to program exit of services and financial assistance to support housing stability to end or prevent homelessness. An initial and comprehensive standard assessment of the needs of individuals and families for housing and services will be utilized that meets current HUD requirements and other funding streams supporting housing and supportive services. The-CAS will map out the resources and delivery processes used to prevent homelessness and rapidly re-house individuals and families that are experiencing homelessness.

In addition, the system will:

- Divert entry into emergency shelter by finding alternative housing or sustaining existing housing.
- Match the appropriate level of housing and services based upon need.
- Align scarce community resources using a standardized assessment tool to assess all persons needing shelter or housing assistance in the CoC.¹

¹ The Flint/Genesee County CoC currently utilizes the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT).

- Prioritize households for assistance based on the highest assessment score and the other criteria outlined in this CAS policy and procedure manual.
- Decrease the average length of a homeless episode.
- Cover and be accessible to all of Genesee County.
- Have a specific policy that addresses the needs of survivors of domestic violence, dating violence, sexual assault, or stalking, and human trafficking or other life-threatening conditions but who are seeking assistance from non-victim service providers.
- Address the service performance measurements required through HUD, MI State Housing Development Authority (MSHDA), and other funding sources providing support to the community.

The CAS is led by the county designated organization that receives the HUD CoC program grant for the coordinated assessment system.

The CoC is required to annually evaluate and monitor the CAS to ensure functionality and effective service delivery. The evaluation at minimum should assess:

- a. The quality and effectiveness of the entire coordinated assessment system;
- b. Annually analyze data and report system performance to the CoC;
- c. Conduct an Annual evaluation of the CAS effectiveness and make recommendations for implementation based on participant data, provider input, community input, and self-assessment.

Data will help guide the CoC's Governance Council and general membership in ending homelessness in Flint/Genesee County. The information provided will assist in planning and system change, including identifying processes, services, and funding gaps. The Flint/Genesee County CoC will proactively take steps to close the gaps that are identified by pursuing new funding sources and service delivery models to achieve the goal of ending homelessness.

Data from system performance measurements will inform the process and include at minimum:

- The length of time people experiencing homelessness,
- The number of people returning to homelessness,
- The change in earned income for those leaving the system,
- The overall change in the level of income,
- The number of people becoming homeless for the first time, and
- The overall number of people experiencing homelessness.

This information, along with the requirements of HUD and other funders, participant satisfaction surveys and agency feedback surveys, will be used to improve the CAS and its effectiveness in addressing the needs of persons experiencing homelessness.

2. MARKETING AND COMMUNICATIONS

The Flint/Genesee County Continuum of Care (CoC) will make every effort to communicate to the greater community, the access points for the homelessness response system for people to enter services when experiencing homelessness or being at risk of homelessness. The plan for communications includes, but is not limited to utilizing print, visual, audio, and social media outlets, as well as, through the CoC network of housing and service providers and community partners. These include:

Marketing will be developed in partnership with the Infrastructure Organization, the Coordinated Approach System lead, and the Governance Council. The strategies will be presented to the CoC membership for review. The Infrastructure Organization will be responsible for monitoring marketing strategies and making recommendations that enhance communications. Places for marketing include but are not limited to:

- a. GISD (Genesee Intermediate School District) – McKinney-Vento Liaisons and school system
- b. CoC members and other human service agencies
- c. Public Libraries
- d. Police Stations
- e. Chamber of Commerce
- f. City Hall, County Courts
- g. Retail outlet community bulletin boards
- h. University Pavilion, as well as Colleges and Universities
- i. Public office's such as: M+DHHS (Michigan Dept. Of Health and Human Services), Social Security Office, Secretary of State
- j. MTA (Mass Transportation Authority)
- k. Community Access Center – serving those experiencing deafness and hard of hearing
- l. Visually Impaired Center – American Foundation for the Blind
- m. Places of worship
- n. Health Care providers, such as: Hospitals – Emergency Rooms, Federally Qualified Health Centers (FQHC)– Hamilton Health Network, Genesee County Health Department, Pharmacies
- o. Genesee County Community Collaborative
- p. Housing Commissions
- q. Soup Kitchens
- r. Public Service Announcements (radio, television, etc.)
- s. Social Media and other news outlets
- t. Newspaper and local magazine publications
- u. Website of lead agency/infrastructure organization and all partner agencies
- v. Flyers

In addition, the Coordinated Approach System (CAS) will be communicated and supported through collaboration with the following community systems:

- a. Genesee County Housing Assessment and Resource Agency (HARA)
- b. Community 211
- c. Genesee Community Health Innovation Region – community referral network
- d. Business networks

3. TRAINING REQUIREMENTS

To support the development and efficient utilization of the CAS, the community is committed to providing training in how to use the system for community partners.

- a. All new staff throughout the CoC shall partake of a training series developed by the Infrastructure Organization within 60 days of the date of hire for to CAS policies, procedures and referral processes, the Homeless Management Information System (HMIS), SSI/SSDI Outreach, Access, and Recovery (SOAR), and the Homeless Court.
- b. A training protocol and annual calendar for all staff will be provided and training updates will be coordinated through the CoC’s Continuous Quality Improvements (CQI) committee.
- c. Each homeless service provider who is a member of the CoC that receives funding through any public source is required to send at least their point person to the annual training. Others are encouraged and welcome to attend.
- d. The fiduciary of funding sources for agencies within the CoC is responsible for training and orientation with each agency and the regulatory requirements of those funding sources.
- e. The HARA will provide training on the use of the CAS, the standardized assessment tool, prioritization, and any intake forms required by the CoC. The Infrastructure Organization is responsible for coordinating the facilitation of these training in the community as often as needed. MSHDA publishes an annual calendar of CAS trainings.
- f. The CoC will coordinate training on domestic violence awareness, intake, and referral processes, and-basic safety planning for survivors who access care at a non-victim service providers.
- g. The local mental health provider will provide training on a trauma informed care approach to serving those experiencing homelessness.

4. SOAR - SSI/SSDI OUTREACH, ACCESS, AND RECOVERY

The SOAR program is designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA). SOAR is designed for eligible adults and children who are experiencing or at risk of homelessness, and who have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

SOAR practitioners are available within the Flint/Genesee County CoC among multiple services providers to assist eligible candidates. A SOAR stakeholder workgroup, available

to all presently trained SOAR practitioners, and sponsored by the City of Flint/Genesee County CoC, meets to discuss issues related to assisting people with applying for social security benefits and to provide technical assistance to practitioners. In addition, the Michigan Department of Health and Human Services (MDHHS) holds monthly office hours for Michigan SOAR practitioners.

II. GENERAL STANDARDS FOR OFFERING ASSISTANCE POLICY

Eligibility to receive assistance under CoC-funded programs will be based in part on the guidelines outlined by HUD, initially by determining if the individual or family qualifies as “homeless” as defined in the HEARTH Act of 2009, or as “at-risk of homelessness”. Evaluation and eligibility policies and procedures are developed in accordance with the Continuum's common assessment requirements (as found later in this document) set forth under § 578.7(a)(8) of HUD's Interim Rule that governs the regulatory implementation of the CoC program as well as any additional requirements set forth in the CoC Program Notice of Funding Opportunity (NOFO).

In addition to HUD guidelines, other funding sources’ such as MSHDA or programs like Homeless Court, may allow for the definition of eligibility different than that of HUD in determining if the individual or family qualifies as “homeless” or as “at-risk of homelessness”. In addition, the definition of homelessness may be determined based on other federal law as authorized by the Runaway and Homeless Youth Act (RHYA) or the Violence Against Women Act (VAWA) for example. In these circumstances, the CoC will utilize the set of guidelines allowed by the funding source and maintain, where possible, adherence to the CoC’s requirements and procedures as outlined below.

REQUIREMENTS

The members of the Continuum of Care and Emergency Solutions Grant (ESG) funded program recipients/sub-recipients will work collaboratively to identify which eligible persons could benefit the most from homelessness housing and service assistance. Upon initial evaluation, the type and amount of assistance deemed appropriate will be offered to ensure the individual's or family’s needs are met to obtain and maintain housing stability. A homeless service provider may develop and follow its own internal policies and procedures that further outline the evaluation methods for the project it is administering, consistent with the requirements and the regulations of the funding source. The following principles will be utilized in setting forth that assistance.

1. PARTICIPANT CHOICE

Through these standards, the Flint/Genesee County CoC formally incorporates participant choice into the Coordinated Approach System. Programs will provide safe, affordable housing meeting participants’ needs in accordance with the coordinated assessment process and prioritization schedule, and program eligibility. Programs will provide rapid and successful entry into permanent housing for each eligible household, with as few barriers as possible to meet the participant’s needs and choice. The CAS will

focus its attention on the ability of all persons in the community, regardless of barriers, to access the most appropriate housing intervention to meet their immediate and long-term needs.

- a. Housing is not contingent on compliance with services.
- b. Rapid exit from homelessness with the housing resources available.
- c. Participants are expected to comply with a standard lease or occupancy agreement and are provided with services and support to help maintain housing and prevent eviction.
- d. Services are provided in housing to promote housing stability and well-being.
- e. All programs are expected to ensure low barriers to program entry for program participants.

2. NON-DISCRIMINATION

The Flint/Genesee County CoC commits to a policy of non-discrimination for all CoC projects and activities and is committed to ending homelessness and ensuring that all individuals and families have equal access to housing and support services without regard to race, color, religion, sex, disability, familial status, age, ethnicity or national origin. Requirements include:

- a. HUD funded providers must comply with all requirements regarding federal, state, and local non-discrimination and privacy laws.
- b. Providers must have a written non-discrimination policy in place consistent with federal, state, and local laws.
- c. Genesee County CoC members, officers, committee members, and contractors will be selected entirely on a non-discriminatory basis with respect to familial and marital status, race, color, national origin, ethnicity, age, disability, religion, sex, or other federal, state or locally protected group.

3. FAMILY ADMISSION/SEPARATION

Programs and projects may not involuntarily separate families based on.

- a. The age and gender of a child under age 18 must not be used as a basis for denying any family's admission to a project that receives CoC funds.
- b. The CoC will work closely with providers to ensure that placement efforts are coordinated, including referring families, for the most appropriate services and housing to match their needs.

4. EDUCATION

Programs assisting families with children or unaccompanied youth must:

- a. In accordance with the McKinney-Vento Act (42 U.S.C. 11371), take the educational needs of the children into account when placing families in housing and place families as close as possible to their school of origin, if the family chooses the school last attended or enrolled in last when permanently housed.

- b. Inform families with children and unaccompanied youth of their educational rights, including providing written materials, help with enrollment, and linkage to McKinney-Vento Liaisons as part of the intake procedures.
- c. Not require children and unaccompanied youth to enroll in a new school as a condition of receiving services.
- d. Allow parents or the youth (if unaccompanied) to make the best interest decisions about school placement.
- e. Not require children and unaccompanied youth to attend after-school or educational programs that would replace/interfere with regular day school or prohibit them from staying enrolled in their school of origin.
- f. Post notice of student's rights at each program site that serves homeless children and families in appropriate languages.
- g. Ensuring that homeless children and youth in their programs are in school and are receiving all educational services they are entitled to.
- h. Coordinating with the CoC, the Michigan and Federal Department of Health and Human Services, The State or County Office of Education, the McKinney-Vento Coordinator, the McKinney-Vento Educational Liaisons, and other mainstream providers as needed.

5. FLINT GENESEE HOMELESS COURT PROGRAM (FGHC)

The FGHC is a Genesee County program designed for people experiencing homelessness or at risk of homelessness. It is a treatment-oriented diversionary proceeding with the goal of dismissing court fines and fees in recognition of the completion of shelter/service agency activities and to move people experiencing homelessness from the streets to a shelter program to self-sufficiency. The purpose of the FGHC is to provide a safe forum for people experiencing homelessness to resolve civil infractions and misdemeanors in Genesee County. The only other homeless court program in Michigan is Street Outreach Court Detroit.

FGHC meets quarterly to discuss issues related to assisting shelter/service agencies to identify people that are eligible for the relief and to generate referrals to the program. All case managers and providers are welcome to attend, together with our partners at the Flint Public Defender's Office, 67th District Court, Genesee County Prosecutor's Office, Genesee County Sheriff's office, Genesee County Friend of the Court, City of Flint Law Department, Flint Downtown Development Authority, University of Michigan Flint Department of Public Safety and Mott Community College Department of Public Safety and the Flint/Genesee Continuum of Care.

In order to participate, shelter/service agencies assist the participant with filling out a fillable application for homeless court which contains the individual's action plan, together with a shelter letter describing the participant's efforts towards housing and self-sufficiency.

Relief can be provided as follows:

- Outstanding warrants in Genesee County for failing to pay misdemeanor fines or fees.
- Fines or fees that are owed for criminal misdemeanors or civil infractions in Genesee County.
- Parking fines and fees in Flint.
- State-owed child support arrearages in Genesee County.

III. STANDARDS for SERVING SURVIVORS and THOSE FLEEING DOMESTIC VIOLENCE POLICY

This section is pertains to persons fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, human trafficking, 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. In all situations, the safety and security of those persons who are victims of violence is paramount. The following CoC general requirements and procedures are in place to ensure privacy and safety of survivors who access the CAS and are covered under the Violence Against Women Act (VAWA).

REQUIREMENTS

Individuals and families fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or human trafficking or other dangerous or life-threatening conditions, will be referred to Genesee County's victim service providers. The Coordinated Approach System (CAS) procedures will ensure that people fleeing domestic violence or other life-threatening conditions as defined, have safe and confidential access to victim/domestic violence services, and that any data collection adheres to the Violence Against Women Act (VAWA). Survivors referred to a victim service provider can access homeless assistance resources available through the coordinated approach process.

1. PRIVACY & SAFETY

In an effort to efficiently meet their needs, providers shall participate in an annual training conducted by the local Domestic Violence (DV) provider to ensure that those who are not specifically victim service providers understand the needs of victims, the steps to take to provide for their safety, and support their ability to receive appropriate care and referrals to further meet their needs. This may include individuals with or without children or pets.

All efforts shall be made to ensure that those fleeing or attempting to flee domestic violence receive safe and appropriate services that protect the privacy and safety of

domestic violence survivors and to uphold client choice by presenting a range of housing and service options.

- a. Victim Service Providers (VSPs) are prohibited from contributing client-level data into the HMIS. Non-VSP providers who have dedicated programs which are for survivors of violence (domestic, human trafficking, e.g.) are permitted to use HMIS for data entry/management of program but provider page must be restricted/locked down to permit access only for the provider's DV program staff in HMIS.
- b. VSP programs must record client-level data within a comparable internal database and be able to generate aggregate data for inclusion in reports.
- c. The location of domestic violence shelters/programs shall not be made public. Disclosure is prohibited.
- d. Staff responsible for CAS shall receive training on protecting the safety and privacy of individuals who are fleeing or attempting to flee violence.

2. SAFETY PLANNING

Safety planning is designed to create a plan to support the contemplation and/or process of determining the best course of action for each individual/family (including pets) to support the safety needs of a household. Whether actively fleeing domestic violence, sexual assault, stalking, human trafficking or other life-threatening condition related to violence in the home or for those choosing to remaining in the current residence.

Safety planning is not a substitute for calling 911 in an emergency, filing an order of protection, and/or contacting an attorney. However, each of these actions may be involved in the development of an individual's safety plan.

- a. Steps to consider in a safety plan include:
 - 1) Collecting evidence and documentation of the history of the abuse when it is safe to do so.
 - 2) Stashing a getaway bag in a safe place where it cannot be found by the abuser. This may be inclusive of one for children when necessary.
 - 3) Planning for all possibilities since the survivor knows the abuser best. Understanding and taking into consideration the tactics of the abuser as the plan is developed to assure safety and the safety of the children and pets. Running through scenarios and determining alternative course of action for each situation.
 - 4) After fleeing to a safe location, survivors must remain diligent in ensuring their safety. Further protective actions may be necessary to ensure safe shelter or housing.
- b. Agency personnel, with consent, shall refer the individual to a local victim service provider for comprehensive supportive services designed to meet

the survivor's immediate and long-term safety needs.

3. MI 505 EMERGENCY TRANSFER PLAN UNDER VAWA

The Flint/Genesee County Continuum of Care (CoC) is concerned about the safety of the tenants of the housing programs within its geographic area and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, stalking, human trafficking, 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.

HUD requires CoC funded and ESG funded programs providing permanent housing or transitional housing, except safe havens, adhere to the Flint/Genesee County Continuum of Care's Emergency Transfer Plan (ET Plan) as adopted. The ET Plan allows tenants who are victims of domestic violence, dating violence, sexual assault, stalking or other life-threatening conditions, to request an emergency transfer from the tenant's current unit to another safe unit, either as an internal transfer or external transfer, to ensure continuity of assistance and safe housing. The ET Plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, lease bifurcation remedies, if necessary, and how an emergency transfer will occur in the CoC or too another CoC.

4. CONTINUITY OF CARE, TRANSFERS, AND DOCUMENTATION

Program Participants/Survivors who have complied with all program requirements during their enrollment, who have been a victim of domestic violence, dating violence, sexual assault, or stalking, who reasonably believe they are imminently threatened by harm from further domestic violence, dating violence, sexual assault, or stalking (which would include threats from a third party, such as a friend or family member of the perpetrator of the violence) if they remain in the assisted unit, and who are able to document the violence and basis for their belief, may retain the rental assistance and move to a different Continuum of Care geographic area if they move out of the assisted unit to protect their health and safety (24 CFR 578.51(c)(3)). These program participants households/affected member(s) may move to a different Continuum of Care's geographic service area even if the funded agency cannot meet all regulatory requirements of this part in the new geographic area where the unit is located. The funded agency, however, must be able to meet all statutory requirements of the Continuum of Care program either directly or through a third-party contract or agreement. For each program participant who moves to a different Continuum of Care due to imminent threat of further violence under 24 CFR 578.51(c)(3) the CoC program must retain:

- a. Documentation of the original incidence of violence. The documentation may be written observation of the housing or service provider; a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional

- from whom the victim has sought assistance, medical or dental records, court records or law enforcement records or written certification by the program participant to whom the violence occurred or by the head of household.
- b. Documentation of the reasonable belief of imminent threat of further violence, which would include threats from a third party, such as a friend or family member of the perpetrator of the violence. This may be written observation by the housing or service provider.
 - c. In every situation, for those seeking services who are fleeing a domestic violence situation, an ongoing safety plan should be developed by the agency providing care for the victim.

IV. STANDARDS FOR COORDINATED ASSESSMENT SYSTEM (CAS) REQUIREMENTS FOR ALL COC PROGRAMS POLICY

To ensure CAS operates effectively to achieve Flint/Genesee County Continuum of Care's mission, of a community working together to achieve access to safe and affordable housing for all residents of Genesee County, the partners, funded and unfunded programs, member agencies and individuals agree to work collaboratively to end homelessness for each person seeking service. Services will be provided in a person-centered approach, demonstrating dignity and respect for each participant requesting care. Each participant will be given the opportunity to explore their options to obtain and maintain safe and affordable housing and services appropriate to their needs and available through the CoC.

The CAS must be available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, or marital status. All populations and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, Veterans, families with children, youth, and survivors of domestic, economic, or sexual violence and human trafficking, must have fair and equal access to the coordinated entry and assessment process, regardless of the location or method by which they access the system. Access sites must be accessible to individuals with ambulatory issues or disabilities, including for those participants who may be least likely to access homeless assistance services and may elect direct street outreach.

CAS participating agencies and CoC funded programs shall not use the CAS or any data collected from the assessment process to discriminate or prioritize households for housing and services, consistent with the Flint/Genesee County CoC's non-discrimination policy.

CoC programs are defined as those who are responsible for following the regulations of funding under HUD, MSHDA/PATH program, and ESG through the state, county, or city.

CoC partner organizations who do not receive federal state or local restricted funding to provide services to those experiencing homelessness, are encouraged to participate in the CoC and CAS process.

REQUIREMENTS

1. PROGRAM REQUIREMENTS

- a. Programs funded through HUD and/or MSHDA, must coordinate with homeless or at- risk of homelessness partner agencies within the CoC. Programs that are not funded are encouraged and supported in their participation with CoC programs.
- b. Programs must coordinate with public mainstream resources in the community including housing, social services, employment, education, youth programs, and those serving the elderly, for which participants may be eligible that will assist in helping to end their homelessness.
- c. Programs must have written policies and procedures and must consistently apply them to all participants. Policies and procedures must be made public to the CoC and provided to participants when requested.
- d. ~~For~~ For programs that serve households with children, a staff person must serve as the educational liaison that will ensure that children are enrolled in school, connected to appropriate services in the community, including early childhood program such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney-Vento education services.
- e. Programs receiving ESG and/or CoC funding must participate in the CoC's designated HMIS (Homeless Management Information System), unless otherwise stated by federal regulations.
- f. Programs must meet HMIS data quality standards as set by Michigan Coalition Against Homelessness (MCAH), MSHDA, and HUD as well as those defined by the Flint/Genesee County CoC.
- g. Programs providing victim services and/or Legal Services may opt out of HMIS participation but must utilize a comparable database to collect required data elements.
- h. Programs (written agreement with the CoC) must participate in the Coordinated Approach System (CAS) and use the prioritization criteria established in this document.
- i. Programs must conduct an initial assessment utilizing the approved assessment and intake forms to determine the amount and type of assistance needed to obtain or maintain stability in permanent housing.
- j. Programs must have a formal written procedure for terminating assistance to a participant that recognizes due process of the participant(s) involved.
- k. Programs must:
 - 1) use professional standards and social services best practices in determining that a violation should result in termination,
 - 2) ensure termination practices follow the CoC rules and laws of non-discrimination; and
 - 3) ensure that termination does not preclude assistance at a future date.

- l. Programs must make known that use of the facilities and services are available to all on a non-discriminatory basis.
- m. Consist with the American Disability Act and Fair Housing Act, a program participant that has a physical or mental impairment that substantially limits one or more major life activity, or has a record of such an impairment, or is regarded as having such an impairment, may seek a reasonable accommodation or modification consistent with their disability needs that ensures equal opportunity for use and access to their dwelling.
 - 1) A reasonable accommodation is a change in rules, policies, practices, or services (such as a service/assistance animal or reserved handicap parking spot) so that a person with a disability will have an equal opportunity to use and enjoy a dwelling unit or common space. This must be granted if it relates to the client's individual disability needs.
 - 2) A reasonable modification is a structural modification (such as a ramp, grab bars, or wider doorways) that is made to allow persons with disabilities the full enjoyment of the housing and related facilities. This must be granted if it relates to the client's individual disability needs and is funded by the provider if they receive federal funds.
 - 3) A reasonable accommodation or modification may be denied if it fundamentally alters the program or creates an undue financial and administrative burden. This is determined on a case-by-case basis. The provider may contact LSEM's Fair Housing Center of Eastern Michigan for assistance in determining the application of disability laws as they relate to fair housing.
- n. Programs may not engage in inherently religious activities such as worship, religious instruction, or proselytization as part of the programs or services funded under the CoC. These activities can be conducted but must be separate and voluntary for program participants.
- o. All CAS participating agencies must communicate any substantive program and participant eligibility changes and a change to their CAS point person to the CE staff/system.

2. ACCESS

In Genesee County coordinated entry utilizes a multi-access site approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area for assistance or referral to appropriate resource. To support ease of access to the Genesee County CAS, any household at risk or experiencing homelessness seeking assistance may contact participating organizations by phone, in-person, or by email to access CAS. The Flint/Genesee County CoC Street Outreach, and partner agencies provide community outreach to engage unsheltered homeless individuals and families and at-risk households to ensure access to the CAS for those least likely to seek assistance.

This process allows a person that presents with an episode of homelessness or housing crisis the ability to access services and programs regardless of which

organization or agency they approach in the homelessness system or their location in Genesee County.

- a. Outreach efforts to persons in the community will be supported by partner agencies doing street and community outreach.
- b. The partner agencies will utilize the CoC's approved intake and assessment as the first step in collecting information to determine level of need and the best possible referral to an agency that can meet the individual or family's needs.
- c. A system shall be developed for the CoC so that each agency providing housing is able to communicate daily their bed utilization census, access points for this census data, and utilization of the system throughout the community.
- d. The Flint/Genesee County CoC provides access to the CAS after normal business hours for households that presents with an episode of homelessness or housing crisis the ability to access referral to services and/or crisis shelter regardless of how or when they present in the CoC's homelessness response system. Coordination with CoC partner agencies, Street Outreach Teams, and/or the call center, ensures timely connection to resources and the CAS to meet the needs of individuals or families seeking assistance.

3. ASSESSMENT

When an individual or household contacts a partner agency for services, an intake advisor will conduct an interview utilizing the standardize assessment tool which will be utilized by all partners to determine if the household is within HUD or other funders definitions of homelessness and what steps need to be taken next. All households at risk or experiencing homelessness are assessed using the same tool and methodology so that referrals are consistently completed across the CoC. The assessment process provides options and recommendations that guide and inform client choices. If the household needs a resource referral, then an intake advisor will assess their needs and refer them to the appropriate resources.

The Coordinated Approach System, in partnership with the community HARA, and the housing crisis helpline is the advertised entry point for individuals and families who are seeking services and housing assistance. The role of street outreach, the housing crisis helpline, and the HARA are to provide the initial assessment and email the documentation to the CE specialist for placement on the Quality By-Name List (QBNL). Referrals to community programs will be based on the acuity score on the standardized assessment tool the prioritization outlined in this document, and submitted requests from housing programs.

If a person in need contacts an existing provider, the provider is responsible for acting as the navigator for that person to get the appropriate assistance Those seeking services should not simply be referred to the HARA, causing the person(s) to make several calls to connect with the right provider. This constitutes the process of a "warm transfer." (See appendix for a definition of warm transfer). When uncertainty exists on the best course of action, the agency representative may call HARA for assistance on what steps to take for the person(s) seeking services.

a. At risk of homelessness

Households that are at risk or imminent risk of homelessness will be connected to the HARA Housing Resource Specialist to assess their needs for prevention and/or eviction diversion services. The Emergency Solutions Grant (ESG) program offers housing relocation and stabilization services and short and/or medium-term rental assistance that includes case management services, rent/utility-deposits, rent/utility arrears, housing search and placement assistance, and if needed, ongoing financial assistance to support housing stability as described in 24 CFR 576.105. Other prevention services are available through other service providers listed in our mainstream resource list. Households who meet program eligibility are served on a “first come first serve basis” as funds are available.

For ESG Homeless Prevention Assistance, the Genesee County adopts the standard for provision of financial assistance for eligible households as indicated in (24 CFR 576.106(a)).

b. Literally homeless

Individuals or families who present as experiencing homelessness are assessed by street outreach, HARA, housing crisis helpline or other partner agencies that have been trained in administering the CoC’s standardized assessment tool, a common assessment tool for prioritizing homeless needs. The assessment tool is designed to quickly assess the health and social needs of those experiencing homelessness and helps identify the level of support to meet the household’s needs and most appropriate housing intervention. The standardized assessment tool may have dedicated tools for special populations (youth, families and/or single individuals, e.g.).

1. The standardized assessment tool score determines the household’s program eligibility and those individuals and/or families are referred to the Quality By-Name List (QBNL) for future access to care.
2. The QBNL is managed by the Coordinated Entry Specialist (CES). The QBNL functions as the county-wide housing list for the prioritization of persons to move into the next appropriate housing options based on household eligibility.
3. Partners are encouraged to utilize the standardized assessment tool and enter the appropriate data into HMIS, when possible, to support coordinated entry after the referral from the QBNL list is made.
4. In the event the standardized assessment tool does not support the original determination of an appropriate housing intervention, they are referred to the QBNL for a secondary referral.
5. Professional discretion from those administering the assessment tool must be exercised to determine if additional questions may need to be asked during the assessment process.

6. If an individual or family refuses to complete an assessment, services shall not be withheld.

ACCESS POINTS

c. Emergency Shelter

Those experiencing homelessness may call or walk-in to an emergency shelter for services. Those assessed as eligible for placement in the emergency shelter program will be provided with an intake when a shelter bed becomes available. When no bed is available, they are encouraged to call daily for determination of an opening in shelter.

Referrals to other emergency shelters are made available both in and out of county. For those ineligible for the emergency shelter or when there is no bed available, households may be provided referrals to any of the following services: the HARA, street outreach, the coordinated approach, and/or other shelters.

1. All shelters are asked to contact community partners and the Helpline to provide numbers of available openings or to share shelter availability.
2. If a Genesee County shelter has an open bed and the household meets eligibility, the intake advisor will contact the shelter to verify the opening and to reserve the bed.
3. The intake advisor will direct the household to the shelter with the reserved bed and the household should arrive at the designated shelter within the community established timeframe.
4. If transportation is not available, the household experiencing homelessness may receive a bus ticket/public transportation assistance, as funding allows, to access needed housing and services.
5. When funding is available, the household may be provided with a stay at a local motel until the next shelter bed opens.
6. The Genesee County CoC partners will establish strong working relationships with local motel owners, and management, to ensure a supply of alternative shelter for households experiencing homelessness in the event no emergency shelters beds are available.

d. Vouchers

Voucher assistance is (Housing Choice Vouchers (HCV), Veteran Affairs Supportive Housing, Non-Elderly and Disabled, e.g.) a critical resource in Genesee County's housing resources portfolio and CAS housing inventory for those households' experiencing homelessness. Through a coordinated approach, the Genesee County CoC HARA is responsible for assessing and qualifying applicants for the voucher waitlist.

1. MSHDA Housing Choice Voucher Prioritization*

The purpose of the Homeless Preference for Michigan State Housing Development Authority (MSHDA)'s Housing Choice Vouchers (HCV program) is to better ensure long-term housing subsidies are directed to those experiencing homelessness. To make the voucher implementation more efficient and reduce the time households wait for a voucher, MSHDA requires all CoCs to create a prioritization process specific to the HCV program. Under MSHDA ESG funding, each Housing Assessment Resource Agency (HARA) is responsible for the addition of homeless households to the HCV program waitlist via Homeless Preference. The HCV program waitlists are held by the county, which means that some CoCs or Local Planning Bodies (LPBs) may have multiple waitlists within the geographic coverage area. The ability to add households to the HCV program waitlist is secured via completion of the Key Person Security Agreement. Only HARAs are permitted to request Key Person Security Agreements, unless otherwise requested and approved by MSHDA.

- The HARA will be informed by MSHDA how many available HCVs are allotted to the county and how many are available for referral (currently unused).
- When this notification occurs, the HARA will have 10 days to populate the waitlist with the number of households that matches the number that will be pulled.
- MSHDA will notify the HARA in advance of a "pull" (when the MSHDA Housing Agent will take names from the waitlist to offer those households an HCV).
- Eligible participants in MSHDA's HCV program include extremely low income (30% Area Median Income or AMI) families and these specific populations:
 - Category 1 (Literally Homeless)
 - Category 4 (Domestic Violence Survivor)

More details on the HCV program and eligibility can be found at:

<https://www.michigan.gov/mshda/rental/housing-choice-voucher/housing-choice-voucher-administrative-plan>

HCVs do not include supportive services and therefore are not appropriate for all eligible households that may require programs such as permanent supportive housing (PSH). Therefore, the Flint & Genesee County CoC's Prioritization of MSHDA HCVs is as follows:

1. Households with a score of 5, 4 or 3 on the Housing Readiness Assessment (see below)
2. Households with the longest time homeless including those residing in places not meant for human habitation (i.e., abandoned houses, vehicles, outside, etc.)

The HARA, Coordinated Entry Lead and service providers will utilize case conferencing as part of the HCV prioritization process to ensure client-centered outcomes.

The **HCV Housing Readiness Assessment** is a simple tool used to gauge a household's readiness to accept and maintain housing and is not intended to be used for any other

purpose. It is completed by the household's case manager, street outreach worker or other homelessness services system worker with knowledge of the household's unique circumstances and submitted to the HARA as part of the HCV application.

HCV Housing Readiness Assessment Scoring

5 – The household **will** be able to accept and maintain housing either independently or with supportive services that have been confirmed.

4 – The household **will most likely** be able to accept and maintain housing either independently or with supportive services that have been confirmed.

3 - The household **will more likely than not** be able to accept and maintain housing either independently or with supportive services that have been confirmed.

2 - The household **will likely be unable** to accept and maintain housing either independently or with supportive services that have been confirmed.

1 - The household **will be unable** to accept and maintain housing either independently or with supportive services that have been confirmed.

0 – The household has not or cannot be assessed.

***The MSHDA Housing Choice Voucher Prioritization policy was independently approved by the Governance Council on May 5, 2026.**

e. Veterans

Veterans experiencing homelessness will be referred to Genesee County's AS for appropriate referral to veteran providers.

1. The coordinated entry specialist participates in the veteran facilitated Veteran By-Name Committee, operating within the Coordinated Approach System (CAS). The CE specialist will support the coordination of housing assistance services and mainstream resources in keeping with the identified needs.
2. Veterans referred to Genesee County Veterans Services can access homeless assistance resources available through the CAS.
3. Veterans will be referred to agencies specializing in veteran services for assessment of programs offered through the Veterans Administration (VA).

f. Victims of Domestic Violence

Persons fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, human trafficking, 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, will be referred to Genesee County's domestic violence service provider.

1. The CAS procedures will ensure that people fleeing domestic violence or other life-threatening conditions as defined, have safe and confidential access to

victim services.

2. Data collection must adhere to the requirements under the Violence Against Women Act (VAWA).
3. Those referred to the victim services provider can access homeless assistance resources available through the CAS.

g. Unaccompanied youth, those under the age of 25, will be referred to Genesee County's youth service provider.

1. Youth may be identified through a variety of referral agents who may or may not participate in the CAS, including but not limited to law enforcement, schools, street outreach efforts, other human service providers, CoC partners, families and/or self-referred, etc.
2. The CAS procedures ensure that youth have safe and confidential access to services to meet their needs appropriate to their ages.
3. Data collection will be in accordance with the CoC's HMIS.
4. Youth referred to the CoC providers can access mainstream homeless assistance resources available through the CAS.

h. Street Outreach in Community Assessment

Street outreach specialists function in a key role in completing homeless verifications to determine homelessness eligibility with the CAS.

1. In addition to verifications, the outreach specialist may also be called upon to complete the approved intake and the standardized assessment tool.

4. OCCUPANCY STANDARDS

All CoC funded programs must meet the current applicable housing inspection and/or habitability standards required for all HUD funded programming. Generally, all programs should meet the following:

- a. Buildings must be structurally sound to protect them from the elements and not pose any threat to the health and safety of the residents.
- b. Must be accessible in accordance with the Rehabilitation Act, the Fair Housing Act, and the Americans with Disabilities Act where applicable.
- c. Must provide an acceptable place to sleep for participants and adequate space and security for their belongings.
- d. Each room must have a natural or mechanical means of ventilation.
- e. Must provide access to sanitary facilities that are in operating condition, private and clean.
- f. The water supply must be free of contamination.
- g. Heating/cooling equipment must be in working condition.
- h. Must have adequate natural or artificial illumination and adequate electrical

- resources to permit safe use of electrical appliances.
- i. Food preparation areas must have suitable space and equipment to store, prepare and serve food in a safe and sanitary manner.
 - j. Building must be maintained in a sanitary condition.
 - k. Must have at least one smoke detector in each occupied unit of the program; and where possible near sleeping areas.
 - l. Carbon monoxide detectors are recommended.
 - m. Have a fire alarm system that is designed for hearing impaired participants.
 - n. Must have a second means of exiting the building in case of fire or another emergency.
 - o. Consistent with the CoC Program Interim Rule 24 CFR 578.93, funded programs and projects may not involuntarily separate families. The age and gender of a child under age 18 must not be used to determine the potential occupancy of families in housing.
 - p. An occupancy policy of 2 persons per bedroom is reasonable under the Fair Housing Act. However, in appropriate circumstances, programs should implement reasonable occupancy requirements based on factors such as the number and size of bedrooms and the overall size of the dwelling unit.
 - q. If unsure what occupancy standards to enact for programs, the provider may contact the LSEM's Fair Housing Center of Eastern Michigan.

5. RELEASE OF INFORMATION

- a. A participant signed standardized Release of Information (ROI) must be utilized by all partner agencies. The ROI will be used under the following conditions:
- b. To input data and the MI 505 Standardize Assessment Tool information into HMIS.
- c. The ROI will be adopted from the Michigan HMIS statewide template and will be compliant with the Health Insurance Portability and Accountability Act (HIPAA).
- d. ROI sharing is always based on informed client consent and is not mandatory to receive services.
- e. Sharing between agencies will occur as signed and agreed upon as outlined in the community's Qualified Services Organization Business Associates Agreement (QSOBAA).
 - 1. The QSOBAA will be developed through the HMIS Administrative Organization.
 - 2. The QSOBAA will be reviewed annually to determine if changes are needed regarding partners who sign the agreement.
 - 3. Modifications can take place as required by regulatory bodies and/or through a request from community partners who may want to change their status on the agreement.
 - 4. Signatures are required from each of the participating agency's legally authorized signatory with every subsequent change.
 - 5. The Coordinated Entry System Agreement (CESA) form may also be utilized as an ROI between agencies with signed written consent of the client.

6. STANDARDIZED PROCESSES

The Flint/Genesee County Continuum of Care (CoC) uses coordinated entry as a standardized way to meet the immediate and long-term needs of those at-risk of or experiencing homelessness.

The Coordinated Approach System (CAS) will provide an initial, comprehensive, standard assessment of the needs of individuals and families for housing and services that meet current HUD requirements. The CAS will map out the resources and delivery processes used to prevent homelessness and rapidly re-house individuals and families that are homeless. In addition, the CAS will:

- a. Divert entry into a shelter by finding alternative housing or sustaining existing housing.
- b. Match appropriate level of housing and services based upon need.
- c. Prioritize people with the longest history of homelessness, coupled with the most severe service needs.
- d. Decrease the average length of a homeless episode.
- e. Align scarce community resources using the standardized assessment tool.
- f. Cover the entire geographic area and be accessible to all of Genesee County.
- g. Have a specific policy that addresses the needs of victims of domestic violence, dating violence, sexual assault, or stalking, but who are seeking assistance from non-victim service providers.

Due to a limited amount of housing assistance resources, the CAS prioritize assistance based on vulnerability and the severity of service needs with a focus on the goal to end homelessness.

In the Flint/Genesee County CoC, the HMIS administrative organization will provide support for the operations of the CAS. This organization is responsible for the establishment, measurement, and assessment of the quality and effectiveness of the CAS. The HMIS administrative organization will annually analyze data and report system performance to the CoC CQI Committee. The system performance measurements will include, at minimum:

- The number of people returning to homelessness.
- The number of people becoming homeless for the first time.
- The overall number of people experiencing homelessness.
- The length of time people experience homelessness.
- The increase in earned income.

7. DOCUMENTATION & RECORDKEEPING REQUIREMENTS

- a. All records containing Personally Identifying Information (PII) must be kept secure and confidential.

- b. Programs must have a written confidentiality/privacy notice, which should be made available to participants if requested, which includes information on data sharing among providers.
- c. Documentation of homelessness or at-risk of homelessness (following program specific funding guidelines).
- d. A record of services and assistance provided to each participant.
- e. Documentation of any applicable requirements for providing services/assistance.
- f. Documentation of use of Coordinated Assessment System for program enrollment.
- g. Documentation of use of HMIS.
- h. Records must be retained for the appropriate amount of time as prescribed by HUD and/or program specific funding guidelines.
- i. Programs must have written policies and procedures in keeping with the funder's governing requirements and regulations.

Financial recordkeeping requirements include:

- a. Documentation for all costs charged to the grant.
- b. Documentation that funds were spent on allowable costs.
- c. Documentation of the receipt and use of program income.
- d. Documentation of compliance with expenditure limits and deadlines.
- e. Documentation of all procurement processes, as applicable.
- f. Documentation of amount, source, and use of resources for each match contribution.
- g. Documentation of all subawards and Federal Funding Accountability and Transparency Act (FFATA) reporting, as applicable.
- h. Compliance with the Governance Policies on the accurate and timely submission of financial reports to the CoC Fiscal Committee.

8. HMIS STANDARDS

The Michigan Statewide HMIS Operating Policies and Procedures outlines detailed HMIS standards, requirements, and lead agency responsibilities. Generally, HMIS standards and HMIS lead responsibilities are as follows:

- a. Minimum standards:
 1. Providers, except for victim service providers, shall actively utilize the Homeless Management Information System (HMIS), to enter data on people served and assistance provided.
 2. Victim service providers shall actively utilize a comparable data system that meets HUD's standards.
 3. The individual and/or family served has the right to their privacy. To this end, they reserve the right to refuse to participate in having their information, (other than the Universal Data Elements (UDE)) entered in the HMIS system.

4. Those seeking services may also be entered into HMIS anonymously.
 5. For those who refuse HMIS entry, the community and its partner agencies cannot deny providing services.
- b. The HMIS lead is responsible for:
1. Maintaining and updating the HMIS data system.
 2. Providing training and support to all HMIS users.
 3. Generating regular reports based on HMIS data including counts of homeless persons and performance reports for CoC and ESG recipients/subrecipients.
 4. Facilitate a monthly CoC-wide HMIS administrators meeting.

V. PRIORITIZATION & ORDER OF PRIORITY POLICY

It is the goal of the Flint/Genesee County CoC to provide the right service to the right person at the right time in every situation. To accomplish this goal, standardized assessment tools will be used to support the best possible referral for emergency shelter, housing assistance, and supportive services. In addition, the professionals in the field, on the streets, in emergency shelter, providing shelter care and case management will play a role in ensuring that each person and family is getting the care they are eligible for, and are available to meet their needs and in keeping with their individual goals. The principles outlined within this process are designed to ensure that all people have fair access to housing and services to end homelessness.

REQUIREMENTS

- a. The CAS has multiple access points for people to gain support to end homelessness. Each access point shall act in concert with the others to ensure standardization of referral to housing and supportive services which eliminates the need to repeat personal information when seeking assistance and establishes a consistent and harmonious level of care so that those seeking care are not traumatized by the system designed to help them.
- b. Refusal of an intervention type by those seeking services from does not limit them from being provided other forms of assistance that may more appropriately meet their needs.
- c. Housing First does not imply housing only. The goal of the CAS is to ensure that housing is made available to everyone who is seeking homelessness assistance with all the means available within the system of care. When required by statute or funding policies, services may be required during program enrollment.
- d. The CoC will utilize the QBNL and accept referrals from anyone within the community. It is the role of the receiving agency of a referral to ensure that the individual/family connects to a more appropriate referral if they are not accepted by the agency or refuse services from the agency.
- e. The Interagency Service Team (IST) is designed to develop solutions for

identified barriers for those at risk or experiencing homelessness without disclosure of identifying information within the community. Those solutions will be in compliance with the policies and procedures contained within this document. The team is comprised of direct service providers within the Flint/Genesee County CoC.

PROCEDURES

In keeping with the policies set forth in this document, the CoC and its partners will determine the level of services that are most appropriate to meet the individual and family's needs. The many options that are available within Genesee County are listed below.

1. PREVENTION

Flint / Genesee County CoC is committed to preventing homelessness for individuals and families who are at risk or at imminent risk of homelessness. The CoC will support funding for prevention, when available. Person seeking prevention services will be referred to community partners who have been identified as those providing eligible homelessness prevention services.

- a. Agencies providing prevention services such as: Genesee County Community Development Resource Department (GCCARD), Catholic Charities, Salvation Army, Shelter of Flint and MDHHS will work together to coordinate the most effective use of the resources available.
- b. The CoC membership will be educated regularly on the services of these agencies and changes that may occur that affect the referral process.
- c. The local faith community is actively involved in providing tangible care to the needs of the vulnerable population of Genesee County. The CoC will make every effort to coordinate with, and support, the work of the local community. These groups will be invited to participate in CoC events to promote the outreach they provide.
- d. The CoC will develop tools and systems for prevention providers to coordinate the utilization of these services to eliminate duplication of services, assistance, and communication to recipients to ensure they understand what assistance they are and are not eligible to receive.
- e. Ongoing communication will occur with potential recipients after applications are received if the recipient will not receive requested services.
- f. In accordance with governmental regulations, clients must meet income requirements based on household size and the unit must meet the fair market rent requirements and rent reasonableness.
- g. Services provided utilizing non-governmental/private funds will follow the requirements of the funding source of the receiving agency.

2. DIVERSION

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 obtain and maintain to permanent housing.

The Flint/Genesee County CoC supports the development and implementation of diversion strategies within existing programs or new programs in the community. Best practices for diversion programs include the following and usually last no more than 14 days:

- a. Position Shelter Diversion within the larger continuum of assistance. Shelter Diversion can provide necessary services to individuals and families preventing the need to enter into an emergency shelter.
- b. Create a system that provides immediate responses to guests. Don't make a "Shelter".
- c. Diversion appointment days after the initial phone call should have a triaged approach that can produce answers quickly. A goal should be to have the least amount of time possible between when a referral is made and when follow-up contact is made with the household, and when a guest enters the Shelter Diversion program.
- d. Believe that each family should be given an opportunity for Shelter Diversion. Intake questions should be focused on the resources of the family, not on whether they'd be a good fit for shelter.
- e. Ensure access to flexible funds. While much of Shelter Diversion spending goes to rent and security deposits, a healthy program has money available for other crucial elements of a family's independence from shelter. Rather than enter shelter, a family may simply need new tires and a few nights in a hotel so they can drive to relatives in a nearby state.
- f. Build connections and coordinate with a larger system. Shelter Diversion requires a case manager to be in-the-know and well connected to programs like Coordinated Approach, rapid rehousing, other shelters, public schools, HMIS, and other government entities. While some families might contact the case manager directly, others will be referred through the coordinated approach system.
- g. Use a strength-based approach. Trust that families want to succeed and have stability. They often know what is best for themselves. A case manager's role is to guide that process.
- h. Provide the minimum assistance necessary for the shortest time possible. This principle will allow case managers to remain available for crisis-resolution for families, empower more families, and best respect client choice.
- i. Be as flexible as possible about intake and guest requirements. Doing intake on the phone may make it easier for families to access help.

3. EMERGENCY SERVICES

The CoC is committed to providing a comprehensive system of care that includes

emergency services to all persons who identify as homeless or at risk of becoming homeless. Within Genesee County there are multiple providers who provide emergency services that include agencies and/or programs that serve families, women only, men only, unaccompanied minors, those fleeing domestic violence, stalking and/or sexual assault, and non-specified populations.

- a. Emergency service providers are required to participate in the CAS and utilize the approved intake.
- b. Access to emergency services may occur through an individual/family reaching out to an agency, making a phone call to a community organization, upon discharge from a hospital, jail, and/or institutional facility, or those persons occupying condemned buildings/dwellings. The goal is the same in all cases - providers should connect the individual/family with an appropriate partner.
- c. Assistance for access to emergency services is available through the HARA, CAS and/or street outreach services.
- d. Regular education for the utilization of emergency services needs to take place at the CoC membership level as changes may occur that affect the referral process.
- e. For households who occupy structures that are condemned.

In addition to traditional year-round shelters, the community is supported through a cold weather month warming center to assist in caring for those who are homeless and the vulnerable populations who may otherwise not access traditional emergency shelter services. The program operates during the period on or around December 1 through on or about March 30 of each year. The warming center services are low barrier with the goal of providing emergency level care to avoid persons succumbing to the cold elements.

Other services may be offered on an as needed basis to respond to the needs of those vulnerable to heat-related conditions and air quality concerns. In each situation, the emergency provision of care should be low barrier.

4. STREET OUTREACH PROGRAM (SOP)

The CoC supports the efforts of active street outreach teams to provide direct engagement with those who experience unsheltered homelessness and living on or frequenting the streets of our community. These outreach workers play a vital role in connecting those in need of care who may otherwise not access care. The level of prioritization that occurs at this level is the first step in ensuring a consistent approach to care in connecting the right person at the right time to the right level of care. Accordingly, street outreach workers will:

- a. Provide the least intrusive level of interview with a goal of compiling as much information as possible at intake.
- b. Utilize the referral network of agencies to determine where to refer an individual

- or family.
- c. Complete the intake form electronically and upload it to the partner, when available.
- d. Ensure delivery of intake, assessment, and referral forms at the first available time after the encounter as is possible if electronic means are not available.
- e. Enter the information gathered in the encounter into HMIS.
- f. Complete homeless verification and send referral to the CAS as well as other required forms.
- g. Ensure individuals or families who access shelter immediately from a SOP referral may have the standardized assessment completed by the shelter staff and provided under a coordinated approach for determination of next steps on the QBNL.

5. TRANSITIONAL HOUSING & TENANT BASED RENTAL ASSISTANCE (TBRA)

The Genesee County CoC transitional housing may include, but are not limited to; housing, counseling, case management, basic needs, life skill activities, connection to community resources, transportation, and educational/vocational services.

Prioritization will occur as follows:

- a. The CoC will prioritize to serve those experiencing literal homelessness (Category 1) first based on the household's assessment scores, with CH (Chronically Homeless) status.
- b. Other households will be referred to the appropriate providers, including other permanent housing options like Tenant Based Rental Assistance (TBRA) based on their identified needs, income eligibility, and the scores determined by the standardized assessment.

6. RAPID RE-HOUSING (RRH)

Utilization of the standardized assessment tool will assess the needs of the literally homeless (Category 1 and Category 1 and 4 for CoC) households seeking services for RRH eligibility.

Those RRH eligible households that have become chronically homeless also get referred to PSH regardless of their assessment score.

- a. By providing all available resources to those with the highest scores, prioritization will allow those households who are most vulnerable, or have the more severe service needs, access to all available housing options and prevent them from languishing in shelters.
- b. Those prioritized as PSH eligible and those eligible for RRH shall remain on the QBNL for the program housing options they are eligible for. PSH clients cannot be housed in an open RRH bed and RRH eligible clients cannot be housed in an open PSH bed.
- c. Households seeking services with an identified veteran, will be referred to the appropriate Supportive Services for Veteran Families (SSVF) CoC provider.

7. HUD SUPPORTED - PERMANENT SUPPORTIVE HOUSING (PSH)

The Genesee County CoC will first prioritize households literally experiencing homelessness (who meet the household size requirements for the available permanent housing unit) based on the results of the standardized assessment tool score that meet the community established thresholds.

- a. The minimum threshold must be Category 1, a score at a minimum of 8, and a documented disability.
- b. Those eligible households who meet the definition of chronic homelessness are also referred to PSH regardless of assessment score.
- c. The CoC will incorporate the Orders of Priority for Permanent Supportive Housing described in HUD's Notice CPD 16-11 into our prioritization for PSH.
- d. Persons with the highest assessment per the Notice. In such cases, HUD expects us to use the assessment as a starting point but use the guidelines of the Notice to establish a single prioritized list.

CoC Program-funded PSH projects with beds that are specifically targeted to persons experiencing chronic homelessness are either dedicated or prioritized.

- A PSH bed is “dedicated” when the project recipient has committed to exclusively serving the persons experiencing chronic homelessness for the duration of the grant.
- PSH bed is “prioritized” when a project recipient has prioritized persons experiencing chronic homelessness in some or all of its beds even though this was not the target population identified in the original project application.

The CoC has adopted the Orders of Priority described in the Notice, so recipients of either dedicated or prioritized CoC Program-funded PSH and recipients of either non-dedicated or non-prioritized CoC Program-funded PSH are selected for permanent supportive housing in the following order:

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

(a) *First Priority*—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

(b) *Second Priority*—Homeless Individuals and Families with a Disability with Severe Service Needs.

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

(c) *Third Priority*—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe-Haven, or Emergency Shelter Without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe-haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(d) *Fourth Priority*—Homeless Individuals and Families with a Disability Coming from Transitional Housing.

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

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

(a) *First Priority*—Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

(b) *Second Priority*—Homeless Individuals and Families with a Disability with Severe

Service Needs.

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

(c) *Third Priority*—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe-Haven, or Emergency Shelter Without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe-haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(d) *Fourth Priority*—Homeless Individuals and Families with a Disability Coming from Transitional Housing.

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

If a PSH bed is not dedicated for chronically homeless households, the CE staff will offer housing to persons experiencing chronic homelessness first, to the maximum extent possible.

If there are two or more households considered tied, households are prioritized based on the following criteria:

- a. Total length of homelessness of the current episode
- b. HUD priority populations of chronically homeless, veteran, families, and unaccompanied youth
- c. The housing structure and the cash assistance available for housing needs through the funding source providing support.
- d. Unsheltered Sleeping Location: Households with children given priority. Prioritized over those with a sheltered sleeping location
- e. Households experiencing homelessness with children living in a shelter situation: Those living in an emergency shelter, transitional housing, hotels, and motels paid

- for by charitable organizations or government programs.
- f. Medical Vulnerability: Those with significant medical needs that often utilize crisis or emergency services, including emergency rooms, jails, and psychiatric facilities that could lead to illness or death.
 - g. Overall Wellness: Behavioral health, mental health, history of substance use, or other behavioral health conditions that mark or exacerbate medical conditions.

8. RECERTIFICATION PROCESS FOR HCV LISTS WITH MSHDA

- a. When the recertification is completed at the 90 to 120 days from the time a person is put on the waiting list the names for those who are being recertified should be shared with the Quality By-Name List (QBNL).
- b. The QBNL waiting list must be recertified every 30 days.
- c. These lists need to be shared with the two teams to confirm that the names remain or are removed from the subsequent list with demographic information that is needed for the recertification process, ie. names, phone numbers, email addresses, etc.

9. ADDITIONAL FUNDING SOURCE CONSIDERATIONS

Where there are funding sources that allow for eligibility criteria different than that of HUD, MSHDA, HOPWA, other Federal resources, the CoC, Coordinated Approach System and providers may determine the prioritization of an individual or family in need based on that funding source.

- a. In all cases, the CoC membership will honor the CAS process as defined in this document, while respecting the nuances of the funding sources that allow for services to be provided to other populations.
- b. Such instances include but are not limited to eligibility under: Project Based Vouchers (PBV), Tenant Based Rental Assistance (TBRA), McKinney Vento definitions, definitions of at-risk of homelessness, and/or disability.
- c. Where two or more households meet criteria for housing under multiple funding source eligibility requirements, the availability of funding at the time-of-service request to support that household will be considered to determine their prioritization for housing.
- d. One time lease up for new construction creating multiple housing openings during a single period of time, will allow for the coordination of prioritization of funding source eligibility criteria specific to the new development.
- e. Local government funding eligibility criteria must be met and then households will be prioritized based on CAS policy.

10. PRIORITIZATION PROCESS DURING A COMMUNITY EMERGENCY

During times of extraordinary community crisis/emergencies, the Genesee County CoC recognizes that emergency practices need to be adopted to provide effective housing stability for community members at risk of or experiencing homelessness.

During these times of community pandemics, epidemics, national, state and/or local crisis, and/ or public health crises, The CoC will adopt changes to the prioritization for

housing services following the principles found above under ~~67~~, Permanent Supportive Housing (PSH), criteria in the event of a tie.

11. PSH PROGRAM REFERRAL

Programs that participate in the Coordinated Approach System must accept all referrals of those eligible for their specific program model.

- a. By providing all available resources to those with the highest assessment scores, prioritization will allow those households who are most vulnerable, or have the more severe service needs, to receiving available housing in accordance with the Order of Priority.
- b. The goal is to house first those experiencing chronic homelessness even if there are no set aside chronic beds available.
- c. Once selected for a program with an opening, the household will be contacted by their intake advisor. If there is no response or if the household cannot be located, the next prioritized household selected for that program will be contacted and so on down the list.
- d. Three attempts over a 14-day period shall be made to reach a household utilizing a variety of mediums, i.e. by phone, in person, through mail, by electronic means at different times and on different days during the 14-day period.
- e. If a household cannot be contacted within the 14 days, the household will be placed on inactive status within the QBNL.
- f. A household shall remain on the inactive list and remain there for an annual review by the QBNL and the CE staff/specialist prior to being removed.
- g. If the household reappears once moved to the inactive list during the year, their situation will be reassessed for determination of eligibility and referral for appropriate services.
- h. Households meeting eligibility criteria under Category 1 or 4, may choose housing outside of the CoC's geographic area if the provider, through its employees or contractors, is able to meet all requirements of the Interim Rule, where the household ultimately chooses housing. If the provider or subrecipient is unable to meet the requirements, either directly or through a third-party contract or agreement, the provider may refuse to permit the household to retain the financial assistance if they chose to move outside of the Continuum of Care's geographic area (24 CFR 578.51(c)(4)).

VI. CASE MANAGEMENT POLICY

Regardless of the type of housing program, all case managers, will support the individual or family in obtaining and maintaining housing. Peer support and Housing Navigators must assist case managers and the program participant to locate and secure stable housing.

REQUIREMENTS

- a. Upon initial referral to a program, (TH, RRH, PSH, HCV, Moving-Up, PBV, e.g.) case

managers will connect with the household to inform them of their selection for the program and will meet with them face-to-face as soon thereafter.

- b. Housing programs will use the standardized assessment tool on a community agreed upon frequency for case management.
- c. Case management services will be provided for as long as the funding sources will allow, the program is able to do so based on program policies and for as long as the participant needs under the program policies.

VII. APPROVAL AND UPDATES POLICY

The Coordinated Approach System Policies and Procedures are the property of the Flint/Genesee County Continuum of Care. The Governance Council of the CoC is responsible for creating a system to create these policies and procedures. The CoC leadership is responsible for determining the authoring, implementation, review, modification, and approval of this document. That policy shall include the procedures for the communication and implementation of all changes that may take place to the document.

REQUIREMENTS

As a direct result of ongoing system evaluation, as participant and community need and funding opportunities become available, this document will be updated at least annually to reflect changes and improvements to the Flint/Genesee County CoC CAS.

Changes may need to occur at other times than during the annual review. These changes will be completed and follow the procedures as follows:

1. MODIFICATIONS

- a. The modification of the policies and procedures are the responsibility of the leadership of the CoC.
- b. The leadership shall appoint a workgroup or committee to study the need for or regular annual review of the policies and procedures.
- c. The work group and/or committee will solicit input from the broader CoC membership and where possible, persons experiencing homelessness, to make the necessary modifications.
- d. The workgroup and/or committee will complete its task and present it to the leadership of the CoC as defined by the CoC for approval or request for additional modification.
- e. The final approval of all changes to the document will be through the CoC membership based on the voting requirements of the CoC.
- f. Communications and implementation will be the responsibility of the Infrastructure Organization.

2. BEYOND THE POLICIES AND PROCEDURES

The CoC will develop a system to conduct an annual monitoring of compliance with the policies and procedures, as well as an evaluation of the CAS effectiveness and make recommendations for implementation based on participant data, provider input, community input, and self-assessment. This information, along with participant satisfaction and agency feedback surveys, will be used to improve the CAS and its effectiveness in addressing the needs of people experiencing homelessness.

The data will help guide the CoC Governance Council and Membership in homeless assistance planning and system change including identifying service and funding gaps. The Flint/Genesee County CoC will proactively take steps to close these gaps by pursuing new funding sources and new affordable housing providers.

3. HISTORICAL TRACKING OF APPROVALS

- a. In collaboration with partner agencies, the Genesee County CAS Policies & Procedures was approved on November 8, 2017.
- b. Changes to the policies were most recently approved by the CAS Committee on November 3, 2017.
- c. In collaboration with partner agencies, the Genesee County CAS Policies & Procedures was approved on November 11, 2017.
- d. Changes to this document were most recently approved by the CAS Committee on September 21, 2018.
- e. Changes to this document were most recently approved by the CAS Committee and taken before the CoC membership for approval on June 10, 2020.
- f. Changes to this document were most recently approved by the CAS Committee and taken before the CoC Governance Council and full membership for approval on October 10, 2021 (not approved).
- g. The CoC membership review and approved on October 11, 2023.
- h. The *MSHDA Housing Choice Voucher Prioritization* policy was independently approved by the Governance Council on May 5, 2026.
- i. Revised and approved on June 2, 2026.

VIII. GRIEVANCE POLICY

All providers must abide by the requirements set forth in this document. Any participant that feels they were mistreated or denied due to a violation of these rules may file a grievance with the CoC. Any grievance filed will follow the established Flint/Genesee County CoC Grievance Policy adopted through the CoC membership.

IX. APPENDICES

DEFINITIONS

At-risk of Homelessness

(1) An individual or family who:

(i) Has an annual income below 30 percent of median family income for the area, as determined by HUD;

(ii) Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the “homeless” definition in this section; and

(iii) Meets one of the following conditions:

(A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;

(B) Is living in the home of another because of economic hardship;

(C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;

(D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;

(E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau;

(F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or

(G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan.

Chronically Homeless

A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:

- Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and
Has been homeless and living as described for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described.
- An individual who has been residing in an institutional care facility for less,

including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility; or

- A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

Flint/Genessee County Continuum of Care – A federally recognized planning body charged with guiding the geographic area’s response to homelessness which includes nonprofit agencies; victim service providers; faith-based organizations; local/state governments; businesses; advocates; public housing agencies; services providers; mental health agencies; hospitals; educational systems; Veteran providers; affordable housing developers; law enforcement; homeless service providers and homeless or formerly homeless persons. Flint/Genessee County CoC is also known under the CoC code: MI 505.

CoC- Continuum of Care Program – HUD’s Special Needs Assistance Program funds the Continuum of Care Program to provide homeless assistance in five (5) program areas: Permanent Supportive Housing, Rapid Rehousing, Transitional/PH-Rapid Rehousing, Supportive Services, and HMIS.

Code of Federal Regulations (CFR) – The codification of the general and permanent rules published in the Federal Register by the departments and agencies of the Federal Government.

Disability – as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), an individual who can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability

Developmental Disability – Defined in Section 102 of the Developmental Disability Assistance and Bill of Rights Act of 2000, and means a severe, chronic disability that is attributable to a mental or physical impairment or combination, and is manifested before age 22, and is likely to continue indefinitely. It must result in substantial limitations in 3 or more major life activities (self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, or economic self-sufficiency) AND reflects need for special services or individualized support, or other form of assistance this is lifelong or extended duration.

Disabling Condition – A physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury, which is expected to be of long-continued and indefinite duration, substantially impedes the person’s ability to live independently, and is of such a nature that such ability could be improved with more suitable housing conditions; a developmental disability as defined in Section 102 of the

Developmental Disabilities Assistance Bill of Rights Act of 200; or Acquired immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agent for Acquired Immunodeficiency Syndrome, including infection with the Human Immunodeficiency Virus (HIV).

Emergency Shelter – Any facility, the primary purpose of which is to provide a temporary shelter for the homeless in general or for specific populations of the homeless and which does not require occupants to sign leases or occupancy agreements.

ESG – Rapid Rehousing Rental Assistance - Under the ESG Interim Rule, a recipient or subrecipient may provide a program participant with up to 24 months of rental assistance during any 3-year period. This assistance may be short-term rental assistance, medium-term rental assistance, payment of rental arrears, **or any combination of this assistance** (24 CFR 576.106(a)). Payment of rental or utility arrears assistance consists of a one-time payment of up to 6 months of rent or utility arrears, including any late fees on those arrears. The ESG Interim Rule can be found here:

https://www.hudexchange.info/resources/CES/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendments.pdf

Families – Family includes, but is not limited to, (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, regardless of age, presentation, or marital status, and such group includes, but is not limited to (a) 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); (b) An elderly family; (c) A near-elderly family; (d) A disabled family; (e) A displaced family; and (f) The remaining member of a tenant family.

HARA - Housing Assessment and Resource Agencies – A HARA is an agency that receives Emergency Solutions Grant funding from the Michigan State Housing Development Authority (MSHDA) and coordinates services within the CAS such as prevention, rapid rehousing, and coordinated entry. HARAs work with other service providers to ensure that access to homeless resources is optimized and based on the assessment of need. Michigan has implemented HARAs across the state to serve as “single points of entry” for homeless persons.

HCV – Housing Choice Voucher – The Housing Choice Voucher (HCV) Program, formerly known as the Section 8 Program, enables low-income households to obtain and maintain safe, sanitary, affordable housing in the private market through funds provided by the U.S. Department of Housing and Urban Development. The program is designed to assist very low-income families, the elderly, and the disabled. Since housing assistance is provided on behalf of the family or individual, participants can find their own housing, including single-family homes, townhouses and apartments that meet their needs.

HMIS –HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to individuals and families at risk of and experiencing homelessness. Each CoC is responsible for selecting an HMIS software solution that complies

with HUD's data collection, management, and reporting standards. The HMIS is also the primary reporting tool for HUD homeless service grants as well as for other public streams of funding related to homelessness.

HMIS Lead Agency – The entity designated by the Continuum of Care to operate the HMIS on its behalf.

Homeless –

The McKinney-Vento Homeless Assistance Act, as amended by the HEARTH Act, defines 4 categories of homelessness within the broader definition of 'homeless'. Not all projects can serve all categories, and some may utilize a different definition when determining eligibility for delivering services or housing assistance.

Category 1: Literally Homeless

Category 2: Imminent Risk of Homelessness

Category 3: Homeless under other Federal Statutes (ineligible in MI 505 for HUD assistance)

Category 4: Fleeing/Attempting to Flee DV or other life-threatening conditions

See Homeless Definition: 24 CFR 576.2; 578.3 and record keeping requirements at <https://www.hudexchange.info/resource/1974/criteria-and-recordkeeping-requirements-for-definition-of-homeless/>

Homeless Prevention – Provides short-term or medium-term rental assistance and housing relocation and stabilization services to households at or below 30% of the Area Median Income, and are At-Risk of Homelessness or at Imminent Risk of Homelessness.

HOPWA – Housing Opportunities for Persons with AIDS – The Housing Opportunities for Persons with AIDS (HOPWA) Program is the only Federal program dedicated to the housing needs of people living with HIV/AIDS. HOPWA provides housing assistance and related supportive services for persons with HIV/AIDS, and family members who are homeless or at risk of homelessness.

Moving-up – A MSHDA voucher program where households must have been in enrolled in a PSH program for at least one year, successfully achieving their goals and no longer in need of intensive case management. Annual renewal requirements are the same as under the Housing Choice Voucher program.

Permanent Housing – Permanent Housing includes both Rapid Rehousing and Permanent Supportive Housing project types.

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

Physical, Mental or Emotional Impairment – Expected to be long-continuing or of indefinite

duration; substantially impedes the person's ability to live independently and could be improved by more suitable housing.

PBV – Project Based Vouchers – Rental assistance is paid for families who live in specific housing developments or units. The assistance is “attached to the structure,” which may be a multifamily building or single-family building.

QBNL – Quality By-Name List, or Quality Data – This is by-name list (BNL) data that can be confidently used to set goals and track progress because it meets qualitative BNL Scorecard standards and whose monthly data is balanced within a 15% data reliability threshold. Each QBNL entry includes an individual name, history, health, and documentation of specific needs. Homelessness on the QBNL is categorized as veteran, chronic, family, single, or youth. The status for everyone can be followed through the system at any given time.

QSOBAA – Qualified Services Organization Business Associates Agreement – The Agreement between agencies that elect to share information using the HMIS. The Agreement prevents the re-release of data and, in combination with the Participation Agreement, defines the rules of sharing.

Rapid Rehousing – Permanent housing that provides short-term (up to three months) and medium-term (4-24 months) tenant-based rental assistance and supportive services to households experiencing homelessness.

Recipient – An applicant that signs a grant agreement directly with the Department of Housing and Urban Development (HUD).

Severity of Service Needs - An individual for whom at least one of the following is true:

- History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities
- Significant health or behavioral health challenges or functional impairments which require a significant level of support to maintain permanent housing.

Severe service needs should be identified and verified using the CoC's approved standardized assessment tool. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual.

SOAR – The SSI/SSDI Outreach, Access, and Recovery (SOAR) program is a program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA). SOAR is designed for eligible adults and children who are experiencing or at risk of homelessness, and who have a serious mental illness, medical impairment, and/or a co-occurring substance use disorder.

Standardized Assessment Tool – A Standardized assessment tool is used within the local

coordinated assessment processes and takes into account the unique needs of individuals, families and youth. When possible, the assessment provides the ability for households to gain access to the best options to address their needs, incorporating participants' choice, rather than being evaluated for a single program within the system.

Street Outreach – Activities designed to meet the immediate needs of people experiencing homelessness in **unsheltered** locations by connecting them with emergency shelter, housing, or critical services, and providing them with urgent, non-facility-based care. Component services generally consist of engagement, case management, emergency health and mental health services, and transportation.

Standardized Assessment Tool – A Standardized assessment tool is used within the local coordinated assessment processes and takes into account the unique needs of individuals, families and youth. When possible, the assessment provides the ability for households to gain access to the best options to address their needs, incorporating participants' choice, rather than being evaluated for a single program within the system.

Subrecipient – A private nonprofit organization, State, local government, or instrumentality of State or local government that receives a subgrant from the recipient to carry out a specific project.

TBRA – Tenant Based Rental Assistance – Flexible assistance to households that meet income or other eligibility requirements to help them afford the housing costs of market-rate units. Assistance may include rent/utility assistance and rent/utility deposit assistance.

Transitional Housing –Temporary housing with supportive services to individuals and families experiencing homelessness with the goal of interim stability and support to successfully move to and maintain permanent housing.

Homeless Youth – Individuals who lack a fixed, regular or adequate nighttime residence. Depending on the program and funding source, the age and definition of youth homelessness varies. Some youth programs serve persons up to 18 years of age, while other definitions consider youth up to the age of 21 or 24. Additionally, the US Department of Education considers youth that are sharing housing due to loss of housing or economic hardship to be homeless for purposes of their programs.

Victim Service Provider – A private nonprofit organization whose primary mission is to provide direct services to victims of domestic violence, dating violence, sexual assault, human trafficking or other life-threatening conditions.

Warm Transfer – Warm transfer refers to transferring those seeking services from one representative to another. Transferring individuals to a new representative within the same organization or between organizations within the community is an important part of customer service. The objective of a warm transfer is to provide the new representative with enough

information and access that they can step in with the individual and bring their needs to a resolution. If done correctly, it can help save time and ensure that the process goes smoothly so fewer issues are dropped along the way.