

# **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 - October 11, 2023

## **TABLE OF CONTENTS**

**I INTRODUCTION & BACKGROUND POLICY PAGE 4**

**PROCEDURES**

1. COORDINATED APPROACH SYSTEM page 4

*Page 1*

	2. MARKETING AND COMMUNICATIONS	page 5
	3. TRAINING REQUIREMENTS	page 6
	4. SOAR	page 7
<b>II</b>	<b>GENERAL STANDARDS FOR OFFERING ASSISTANCE POLICY</b>	<b>PAGE 7</b>
	<b>PROCEDURES</b>	
	1. HOUSING FIRST	page 8
	2. NON-DISCRIMINATION	page 8
	3. FAMILY ADMISSION/SEPARATION POLICIES	page 9
	4. EDUCATION POLICIES	page 9
<b>III</b>	<b>SERVING THOSE FLEEING DOMESTIC VIOLENCE POLICY</b>	<b>PAGE 9</b>
	<b>PROCEDURES</b>	
	1. PRIVACY & SAFETY	page 10
	2. SAFETY PLANS AND PLANNING	page 10
	3. CONTINUITY OF CARE	page 11
<b>IV</b>	<b>REQUIREMENTS FOR ALL CoC PROGRAMS POLICY</b>	<b>PAGE 11</b>
	<b>PROCEDURES</b>	
	1. GENERAL PROGRAM REQUIREMENTS	page 12
	2. ACCESS	page 13
	3. ASSESSMENT	page 13
	a. At-risk of homelessness	page 14
	b. Literally homeless	page 14
	c. Emergency Shelter	page 15
	d. Vouchers	page 15
	e. Veterans	page 16
	f. Victims of Domestic Violence	page 16
	g. Unaccompanied youth	page 16
	h. Role of street outreach in community assessment	page 16
	4. OCCUPANCY STANDARDS	page 16
	5. RELEASE OF INFORMATION	page 17
	6. STANDARDIZED PROCESSES	page 18
	7. DOCUMENTATION & RECORDKEEPING REQUIREMENTS	page 19
	8. HMIS STANDARDS	page 19
<b>V</b>	<b>PRIORITIZATION &amp; ORDER OF PRIORITY POLICY</b>	<b>PAGE 20</b>
	<b>PROCEDURES</b>	
	1. PREVENTION	page 21
	2. DIVERSION	page 21
	3. EMERGENCY SERVICES	page 22
	4. STREET OUTREACH PROGRAM (SOP)	page 23
	5. TRANSITIONAL HOUSING AND TENANT BASED RENTAL	

	ASSISTANCE (TBRA)	page 23
6.	RAPID RE-HOUSING (RRH)	page 23
7.	HUD SUPPORTED PERMANENT SUPPORTIVE HOUSING (PSH)	page 24
8.	RECERTIFICATION PROCESS FOR HCV LISTS WITH MSHDA	page 25
9.	ADDITIONAL FUNDING SOURCE CONSIDERATIONS	page 26
10.	PRIORITIZATION PROCESS DURING A COMMUNITY EMERGENCY	page 26
11.	PSH PROGRAM REFERRAL	page 26
<b>VI</b>	<b>CASE MANAGEMENT POLICY</b>	<b>PAGE 27</b>
	<b>PROCEDURES</b>	
<b>VII</b>	<b>APPROVAL AND UPDATES POLICY</b>	<b>PAGE 27</b>
	<b>PROCEDURES</b>	
1.	MODIFICATIONS	page 28
2.	BEYOND THE POLICIES AND PROCEDURES	page 28
3.	HISTORICAL TRACKING OF APPROVALS	page 28
<b>VIII</b>	<b>GRIEVANCE PROCEDURES POLICY</b>	<b>PAGE 29</b>
	<b>PROCEDURES</b>	
<b>IX</b>	<b>APPENDIX - DEFINITIONS</b>	<b>PAGE 30</b>
<b>X</b>	<b>STRATEGIC PLANNING PROCESS CHARTS AND MAPS</b>	<b>PAGE 37</b>
	Flint-Genesee County Client Resource Guide for Housing Access Needs	page 37
	Flint-Genesee County CoC Service Process & Resource Guide	page 39
	Coordinated Entry (CE) – First Point of Entry Process	page 41
	METRO CE Department Process – Roles and Responsibilities	page 42
	Catholic Charities – HARA Process – Roles and Responsibilities	page 43
	Emergency Response Process	page 44

## **I INTRODUCTION & BACKGROUND POLICY**

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 reauthorized the McKinney-Vento Homeless Assistance programs. Through the enactment of the HEARTH Act, the Department of Housing and Urban Development (HUD) published the new Continuum of Care (CoC) Program interim rule. The CoC Program interim rule requires that the

CoC operate a Coordinated Entry System, a systemic response to homelessness in our community. The system is designed to ensure that people experiencing homelessness are prioritized and matched to the appropriate program.

The Flint/Genesee County CoC has designed the system to include entry, delivery, and exit. As a result, it is known as the Coordinated Approach System (CAS). The goal is to coordinate efforts across multiple systems and community partners to address the vision of ending homelessness in Genesee County.

## **PROCEDURES**

These written procedures have been established to ensure that persons experiencing homelessness or at risk of becoming homeless are able to enter programs through the Coordinated Approach System and that all will be given similar information and support.

### **1. COORDINATED APPROACH PROCESS**

The Coordinated Approach System (CAS) will ensure a coordinated approach to the system of care that supports those experiencing homelessness from the time of entry, through the delivery of services, and exit of services to end 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 and other funding streams supporting housing services requirements. The system 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 system 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.** Prioritized based on highest VI-SPDAT score and the other criteria outlined in this CAS policy and procedure manual.
- D.** Decrease the average length of a homeless episode.
- E.** Align scarce community resources using the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT).
- F.** Cover and be accessible to all of Genesee County.
- G.** Have a specific policy that addresses the needs of survivors of domestic violence, dating violence, sexual assault, or stalking, but who are seeking assistance from non-victim service providers.
- H.** Address the service performance measurements required through HUD, MSHDA, and other funding sources providing support to the community.

In the Flint/ Genesee County CoC, the CAS is led by the county designated organization that receives the HUD CoC program grant for coordinated entry.

- A.** The establishment, measurement, and assessment of the quality and effectiveness of our system.

- B. Annually analyze data and report system performance to the CoC Coordinated Entry Committee.
- C. The system performance measurements will include:
  - 1) The length of time people experiencing homelessness,
  - 2) The number of people returning to homelessness,
  - 3) The change in earned income for those leaving the system,
  - 4) The overall change in the level of income
  - 5) The number of people becoming homeless for the first time, and
  - 6) The overall number of people experiencing homelessness.

The CoC will conduct:

- A. An annual evaluation of the CAS effectiveness and make recommendations for implementation based on participant data, provider input, community input, and self-assessment.
- B. 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. See appendix for surveys.
- C. The data will help guide the CoC 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.

## **2. MARKETING AND COMMUNICATIONS**

The Continuum of Care will make every effort to communicate to the greater community the access points 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 providers and community partners. These include:

A marketing strategy plan will be developed in partnership with the Infrastructure Organization, the Coordinated Approach System lead, and the governance council. The strategies will be presented annually to the CoC membership for review. The Infrastructure Organization will be the responsible party for the implementation of the plan. Places for marketing include but are not limited to:

- A. GISD – McKinney Vento Liaisons and school systems
- B. CoC members and other human service agencies
- C. Libraries
- D. Police Stations
- E. Chamber of Commerce
- F. City Hall, County Courts

- G. Retail outlet community bulletin boards such as: Starbucks, Grocery Stores, Panera, Landmark, Genesee Valley Mall
- H. University Pavilion, as well as Colleges and Universities
- I. Public office's such as: MIDHHS, Social Security Office, Secretary of State
- J. MTA
- 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, FQHC – Hamilton Health Network, Genesee County Health Department, Pharmacies
- O. Genesee County Community Collaborative
- P. Housing Commissions
- Q. Soup Kitchens
- R. Radio PSA
- S. Television PSA and news outlets
- T. Newspaper and local magazine publications
- U. Website of lead agency and all partner agencies
- V. Fliers

In addition, the effort of the Coordinated Approach System will be communicated and supported through collaboration with the following efforts:

- A. Genesee County HARA
- B. Community 211
- C. Genesee Community Health Innovation Region – Community referral Network
- D. Umbrellas of networks of businesses

### **3. TRAINING REQUIREMENTS**

To support the development and on-going 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 to familiarize themselves with these CAS policies and procedures, the system of care, and referral processes.
- B. Refresher training for all staff will be provided annually and coordinated through the CoC Continuous Quality Improvements committee.
- C. The HARA will provide training on the use of the CAS and the Coordinated Entry System Assessment (CESA) form.
- D. The local YWCA will provide training on understanding domestic violence and providing basic safety planning for persons who are victims who access care at a non-DV provider.
- E. The local Mental Health provider will provide training on a trauma informed care approach to serving those experiencing homelessness.
- F. Each homeless service provider who is a member of the CoC receiving 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.

- G. 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.
- H. Training for the VI-SPDAT is conducted through a MSHDA on-line platform for all community partners. In addition to the MSHDA training, Org Code (the developer of the VI-SPDAT) has created an online You Tube training that is recommended for all community members who will facilitate the use of the VI-SPDAT. This training can be found at <https://youtu.be/4p0jsMrgiP4>
- I. Training for the utilization of the SPDAT is coordinated by MSHDA and/or by a designated community partner. Only certified participants of the specialized MSHDA training can conduct a SPDAT. 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 SPDAT trainings.

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

The SOAR program is a national 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.

SOAR practitioners are available within the Flint/Genesee County CoC among multiple services providers to assist eligible candidates. A SOAR stakeholder workgroup, sponsored by the City of Flint/Genesee County CoC meets monthly to discuss issues related to assisting people with applying for social security benefits, to provide technical assistance, and to provide support for training cohorts locally. The workgroup is available to all presently trained SOAR practitioners and those who are interested in becoming trained.

SOAR training across Michigan is sponsored by the Michigan Department of Health and Human Services (MDHHS) in conjunction with Policy Research Associates, Inc (PRAINCO) and SAMHSA. Training cohorts sponsored by MDHHS are announced quarterly. Training can also be pursued individually by enrolling directly through the PRAINCO SOAR Works Website. Individuals completing the SOAR Training are credentialed as SOAR practitioners by the State of Michigan.

## **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, § 103 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, 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 statutes such as RHYA, VAWA, etc. In these circumstances, the CoC will utilize the set of guidelines allowed by the funding source and maintain, where possible, adherence to the general standard procedures as outlined below.

## **PROCEDURES**

The members of the Continuum of Care and local Emergency Solutions Grant (ESG) funded program recipients/sub-recipients will work collaboratively to identify which eligible persons could benefit the most from 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 regain 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 as long as they are in keeping with the regulations of the funding source. The following principles will be utilized in setting forth that assistance.

### **1. HOUSING FIRST**

Through these standards, the Flint/Genesee County CoC formally incorporates the Housing First approach into the Coordinated Approach System and its funding priorities.

- A.** Housing is not contingent on compliance with services.
- B.** Rapid exit from homelessness compliant 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 Genesee County CoC commits to a policy of non-discrimination for all CoC projects and activities. Elements of this principle include:

- A.** 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, age, disability, religion, gender, sexual orientation, or other federal, state or locally protected group.
- B.** Providers must have a written non-discrimination policy in place.

### **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 public funds.

- B. The CoC will work closely with providers to ensure that placement efforts are coordinated, including referring clients for the most appropriate services and housing to match their needs.

#### **4. EDUCATION**

Programs assisting families with children or unaccompanied youth must:

- A. 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 as 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.

### **III SERVING THOSE FLEEING DOMESTIC VIOLENCE POLICY**

This section is inclusive of those fleeing domestic violence, sexual assault, stalking, and/or human trafficking. In all situations, the safety and security of those who are victims of violence is paramount. The following privacy and safety procedures are in place to accomplish this.

#### **PROCEDURES**

Survivors of domestic violence, dating violence, sexual assault, stalking or human trafficking will be referred to Genesee County’s domestic violence service provider. The Coordinated Approach System (CAS) procedures will ensure that people fleeing domestic violence have safe and confidential access to domestic violence services, and that any data collection adheres to the Violence Against Women Act (VAWA). Those people referred to the DV 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 DV provider to assure that those who are not specifically DV providers understand the needs of victims, 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 assure that those fleeing 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. Programs which are primarily for survivors of violence are prohibited from contributing client-level data into the HMIS.
- B. However, these programs must record client-level data within a comparable internal database and be able to generate aggregate data for inclusion in reports.
- C. Non-victim service providers shall protect the privacy of individuals and families who are fleeing or attempting to flee violence, by not including intake/treatment data in HMIS.
- D. The location of domestic violence shelters/programs shall not be made public. Disclosure is prohibited.
- E. Staff responsible for coordinated entry shall receive training on protecting the safety and privacy of individuals who are fleeing or attempting to flee violence.

## **2. SAFETY PLANS AND PLANNING**

- A. Safety planning does not imply that the individual must leave their home. It is a plan to support the contemplation and process of determining the best course of action for each individual and his/her children and pets when necessary.
- B. Safety planning is not a substitute for calling 911, filing an order of protection, and/or contacting an attorney. However, each of these may be involved in the development of the individual's safety plan.
- C. Steps to consider in a safety plan include:
  - 1) Preparation of the safety plan which includes 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 departure, survivors must remain diligent in ensuring their safety. Further protective actions may be necessary.
- D. For further details and a more comprehensive list of specific details in a safety plan, agency personnel shall refer the individual to the local DV provider as they provide housing services.

## **3. CONTINUITY OF CARE**

For each program participant who moved 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. This 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, a safety plan should be developed by the agency providing care for the victim.

#### **IV REQUIREMENTS FOR ALL COC PROGRAMS POLICY**

The Flint/Genesee County Continuum of Care’s mission is to “*A community working together to achieve access to safe and affordable housing for all residents of Genesee County.*” To achieve this mission, the partners, funded and unfunded programs, member agencies and individuals agree to work collaboratively to end homelessness for each person seeking service. These 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 and provide services appropriate to their needs and available through the CoC.

Furthermore, CoC programs cannot use data collected from the assessment process to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

#### **PROCEDURES**

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

CoC partner organizations who may or may not receive unrestricted funding to provide services to those experiencing homelessness are encouraged to participate in the CoC and CAS process.

##### **1. GENERAL 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, and youth programs for which participants may be eligible that will assist in helping to end their homelessness.
- C.** Programs must have written policies and procedures (see appendix for those required policies and procedures) and must consistently apply them to all participants. Policies and procedures must be made public to the CoC and participants when requested.
- D.** In 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 HMIS (Homeless Management Information System), unless otherwise stated by federal regulations.
- F.** Programs must meet HMIS data quality standards as set by MCAH, MSHDA, and HUD as well as those defined by the Flint/Genesee County CoC.
- G.** Programs providing Domestic Violence 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 CoC CAS assessment (CESA) to determine the amount and type of assistance needed to regain or maintain stability in permanent housing.
- J.** Programs must have a formal written procedure for terminating assistance to a participant that recognizes the civil rights 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) assure termination practices follow the CoC rules and laws of non-discrimination, and
  - 3) assure 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 nondiscriminatory basis.
- M.** Any client 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.

## **2. ACCESS**

In Genesee County coordinated entry utilizes a “no wrong door” approach. To support ease of access to the Genesee County CAS, a household seeking assistance may contact any of those participating organizations by phone, in-person, or by email. The Flint/Genesee County CoC Street Outreach, and partner agencies continue to provide community outreach to engage unsheltered homeless individuals and families and at-risk households.

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 throughout our collaborative partners 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 partners will utilize the community developed CESA form 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 need.
- 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.

## **3. ASSESSMENT**

When an individual or household contacts a partner agency for services, an intake advisor will conduct an interview utilizing a standard questionnaire 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. 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 assessment process provides options and recommendations that guide and inform client choices.

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. The role of street outreach, the housing crisis helpline, and the HARA are to provide the initial assessment and email the documentation to the CES for placement on the QBNL. Referrals to community programs will be based on the acuity score on the VI-SPDAT, 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 help needed. 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 to help the person seeking services.

#### **A. At risk of homelessness**

Households that are at 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 security deposits, rent arrearages, leasing assistance, and utility deposits/arrearages. 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”. Regarding 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)) (see Appendix A).

#### **B. Literally homeless**

- 1) 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 Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT), a common assessment tool for prioritizing homeless needs. The VI-SPDAT is designed to quickly assess the health and social needs of those experiencing homelessness and helps identify the best type of support and housing intervention.
- 2) VI-SPDAT tool for singles
- 3) TAY-VI-SPDAT for transitional-aged youth, and
- 4) F-VI-SPDAT for families.
- 5) The score determines the program eligibility and those individuals and/or families are referred to the QBNL for future access to care.
- 6) Quality By-Name List (QBNL) is managed by the Coordinated Entry Specialist (CES). The QBNL functions as the county-wide housing waiting list for the prioritization for persons to move into the next housing options they are eligible for.
- 7) Partners are encouraged to utilize the full VI-SPDAT and enter the data into HMIS, when possible, to support coordinated entry after the referral from the QBNL list is made.
- 8) In the event the full SPDAT does not corroborate the original assessment of the VI-SPDAT, they are referred to the QBNL for a secondary referral.
- 9) Professional discretion from those administering the SPDAT needs to be exercised to determine if additional questions need to be asked during the assessment process.
- 10) If an individual or family refuses to complete a SPDAT, services shall not be withheld.

#### **C. Emergency Shelters**

Those experiencing homelessness may call or walk-in to an emergency shelter for services. Those assessed as eligible for housing in the emergency shelter program will be provided with an intake when an opening becomes available. When no bed is available, they are encouraged to call daily for determination of an opening. Referrals to other emergency shelters are made available both in and out of county. Those ineligible for the emergency shelter 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 experiencing homelessness 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, a household experiencing homelessness may receive a bus ticket, 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 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 are available.

#### **D. Vouchers**

Housing Choice Vouchers (HCV) are 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 HCV waitlist.

- 1) The CoC HARA is responsible for populating the list, and providing updated applicant contact information to the Housing Agent while they are on the wait list.
- 2) The CoC HARA conducts a recertification of homelessness status every 90 to 120 days.
- 3) When vouchers become available, the MSHDA Housing Agent pulls applicants from the HCV waitlist and notifies the CoC HARA to expect a list of applicants.
- 4) Together, the Housing Agent and the CoC HARA obtain the required HCV documents to ensure that voucher briefings and lease up occur in a timely manner.
- 5) Those who are pulled are given 10 business days to complete their housing packet, and when the briefing is completed they are approved for a 60-day period to find a housing option. They may receive two 30-day extensions.
- 6) Those who do not complete the necessary paperwork in the timeframe allotted are denied the voucher and must reapply to get back into the system. Appeals through MSHDA are possible.

**E. Veterans** - Veterans experiencing homelessness will be referred to Genesee County's HARA for appropriate referral to veteran providers.

- 1) The coordinated entry specialist participates on the veteran facilitated veteran by-name committee, operating within the Coordinated Approach System, will support the coordination of housing assistance services and mainstream resources in keeping with the identified needs.
- 2) Those people referred to Genesee County Veterans Services can access homeless assistance resources available through the coordinated entry process.
- 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**

Victims of domestic violence, dating violence, sexual assault, or stalking will be referred to Genesee County's domestic violence service provider.

- 1) The CAS procedures will ensure that people fleeing domestic violence have safe and confidential access to domestic violence services.
- 2) Data collection adheres to the Violence Against Women Act (VAWA).
- 3) Those referred to the DV provider can access homeless assistance resources available through the CAS.

#### **G. Unaccompanied Youth**

- 1) Unaccompanied youth will be referred to Genesee County's youth service provider.
- 2) 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.
- 3) The CAS procedures utilized through connection with a CoC CAS partner will ensure that youth have safe and confidential access to services to meet their needs appropriate to their ages.
- 4) Data collection will be in accordance with the CoC HMIS.
- 5) Youth referred to the CoC providers can access mainstream homeless assistance resources available through the CAS.

#### **H. Role of Street Outreach in Community Assessment**

- 1) See appendix for process maps for the process of CAS partners.
- 2) Street outreach specialists function in a key role in completing homeless verifications to determine homelessness eligibility with the CAS.
- 3) In addition to verifications, the outreach specialist may also be called upon to complete the community CESA form and VI-SPDAT.

### **4. OCCUPANCY STANDARDS**

All CoC funded programs must meet applicable housing quality inspection and/or habitability standards. Housing Quality Standards as described under HUD are 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 participant signed standardized Release of Information (ROI) must be utilized by all partner agencies. The ROI will be used under the following conditions:

- A. To input data and Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), Family Vulnerability Index-Service Prioritization Decision Assistance Tool (F-VI-SPDAT), Transition Age Youth Vulnerability Index Service Prioritization Tool (TAY-VI-SPDAT), information into HMIS.
- B. It will be adopted from the Michigan HMIS statewide template.
- C. It 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 office of the County HMIS administrator.
  - 2) The QSOBAA will be reviewed annually to determine if changes are needed regarding partners who sign on to 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 signors with every subsequent change.
- 5) The community developed Coordinated Entry System Agreement (CESA) is also utilized as an ROI between agencies with signed written consent of the client.

## **6. STANDARDIZED PROCESSES**

The 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 meets current HUD requirements. The system 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 system 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 Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT).
- F. Cover 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 Coordinated Approach System must prioritize assistance based on vulnerability and the severity of service needs with focus on the goals of CoC strategic plan 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:

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

## **7. DOCUMENTATION & RECORDKEEPING REQUIREMENTS**

- A. All records containing personally identifying information 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.
- 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 funding 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. Retain copies of all procurement contracts as applicable.
- F. Documentation of amount, source, and use of resources for each match contribution.
- G. 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 care.
- B. The HMIS lead is responsible for:
  - 1) Maintaining & updating the HMIS data system.
  - 2) Providing training & 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 county HMIS administrators meeting.

## **V PRIORITIZATION & ORDER OF PRIORITY POLICY**

It is the intent of Genesee County CoC to provide the right service to the right person at the right time in every situation. To accomplish this, tools such as the VI-SPDAT and SPDAT will be used to support the best possible referral for care. In addition, the professional discretion of the staff 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, available to meet their needs and in keeping with their personal wishes. The principles developed within this process are designed to ensure that all people get the help they need to end homelessness.

Processes utilized may include but are not limited to:

The refusal of those seeking services from one intervention does not limit them from being given other forms of intervention that may more appropriately meet their need.

No wrong door does not mean only one door. It is the goal of the community to have multiple access points for people to gain support to end homelessness. Each access point shall act in concert with the others to assure a consistent and harmonious level of care so that those seeking care are not traumatized by the system designed to help them.

Housing First does not imply housing only. The goal is to ensure that housing is made available to everyone who is seeking housing with all the means possible within the system of care. Services may or may not be available, however, when required by statute or funding policies, services may be required once in care.

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 assure that the individual/family connects to a more appropriate referral if they are not accepted by the agency or refuse services from the agency.

The community Interagency Service Team (IST) is designed to develop solutions for identified barriers for all those 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**

Prevention is a commitment of the Flint / Genesee County CoC. When it is economically feasible, the CoC will support funding for prevention. Where available, those seeking services who are at risk of becoming homeless will be referred to community partners who have been identified as those providing prevention support.

- A.** Those providing prevention services such as: GCCARD, Catholic Charities, Salvation Army, Shelter of Flint and MIDHHS will work together to coordinate the most effective use of the resources available.
- B.** It is expected that the CoC membership is 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.** Develop tools and systems for prevention providers to coordinate the utilization of these services to eliminate duplication of services, funds, and communication to recipients to assure they understand what they are and are not eligible for.
- E.** Communication needs to take place with potential recipients after applications are received if the recipient will not receive requested services.

## **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 return to permanent housing.

The Flint/Genesee County CoC supports the development and implementation of diversion program 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 intervention. Shelter Diversion should expand and deepen the services offered to families.
- B.** Create a system that provides immediate responses to guests. Don't make a "Shelter Diversion appointment" days after the initial phone call. 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 a guest enters the program.
- C.** 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.
- D.** 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.

- E.** 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.
- F.** 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.
- G.** 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.
- H.** Be as flexible as possible about intake and guest requirements. Doing intake on the phone makes it easier for families to access help.

### **3. EMERGENCY SERVICES**

The CoC is committed to providing a comprehensive delivery 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. They 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.** These emergency service providers are required to participate in the CAS and utilize the CESA form.
- B.** It is expected that the CoC membership is educated regularly on the services of these agencies and changes that may occur that affect the referral process.
- C.** Access to emergency services may happen 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. The goal is the same in all cases – utilizing a no wrong door approach, the providers should connect the individual/family through an appropriate partner.
- D.** Assistance for this access is available through the HARA, the coordinated approach system, and/or street outreach services.
- E.** Regular education for the utilization of emergency services needs to take place at the CoC membership level.

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 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 designed as a low barrier service.

#### **4. STREET OUTREACH PROGRAM (SOP)**

The CoC supports the efforts of active street outreach teams funded by local agency contracts to provide direct engagement with those who experience 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 assuring a “no wrong door” approach to care in connecting the right person at the right time to the right level of care. To do this, street outreach workers will:

- I.** SOP teams will provide the least intrusive level of interview with a goal of compiling as much information as possible on the CESA form.
- J.** Utilize the referral network of agencies referenced on the CESA form to determine where to refer an individual or family.
- K.** When electronic means are available, complete the CESA form electronically and upload it to the partner.
- L.** When electronic means are not available send the completed CESA form to the referred agency by fax or deliver it in person as soon after the encounter as is possible.
- M.** The SOP team will enter the information gleaned in the encounter into HMIS.
- N.** A homeless verification will be completed by the team and sent to the coordinated entry along with the CESA.
- O.** Individuals or families who access shelter immediately from a SOP referral may have the CESA and VI-SPDAT 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 services 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 first those experiencing literal homelessness (category 1) based on their VI-SPDAT/F-VI-SPDAT/TAY-VI-SPDAT scores, with CH (Chronically Homeless) status.
- B.** They will be referred to the appropriate provider based on their identified needs and the scores determined by the VI-SPDAT.

#### **6. RAPID RE-HOUSING (RRH)**

Utilization of the VI-SPDAT/F-VI-SPDAT/TAY-VI-SPDAT will assess the needs of the literally homeless (category 1) households seeking services for RRH eligibility.

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

- A.** By providing all available resources to those with the highest VI scores, prioritization will allow those households who are most vulnerable, or have the more severe service needs, to receiving available housing in accordance with Housing First Principles 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. For those seeking services with an identified veteran status will be referred to the appropriate 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 upon the results of the VI-SPDAT/F-VI-SPDAT/TAY-VI-SPDAT 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 the PSH regardless of their score.
- C. The CoC will incorporate the orders of priority described in HUD’s Notice CPD-14-012 into our prioritization for PSH.
- D. Persons with the highest VI-SPDAT/F-VI-SPDAT/TAY-VI-SPDAT score may not necessarily meet the highest priority according to the notice. A PSH case manager will meet with a participant to complete a full SPDAT. The score for the full SPDAT is correlated with the VI-SPDAT to determine the eligibility of housing prior to moving to a final determination.
- E. In such cases, HUD expects us to use the VI-SPDAT 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.

- F. 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.
- G. A 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.
- H. 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:

Order of Priority	Meet’s HUD’s Chronic Homeless Definition (Final Rule)	High Need VI-SPDAT Scores	Requirement Description
1	Yes	Yes	Meets HUD’s Final Rule for Chronic Homelessness: At least 12 months of continuous or at least 12 months cumulative across 4 occasions in three years.

2	Yes	No	Meets HUD's Final Rule for Chronic Homelessness: At least 12 months of continuous or at least 12 months cumulative across 4 occasions in three years.
3	No	Yes	Does not meet the new HUD Final Rule for Chronic Homelessness: Individual/Household has 12 months cumulative homelessness with <4 occasions in 3 years.
4	No	No	Does not meet the new HUD Final Rule for Chronic Homelessness: Individual/Household has 12 months' cumulative homelessness with < 4 occasions in 3 years.
5	No	Yes	Does not meet the HUD Final Rule for Chronic Homelessness: Less than 12 months cumulative across 4 occasions in three years.
6	No	No	Does not meet the HUD Final Rule for Chronic Homelessness: Less than 12 months cumulative across 4 occasions in three years.

- I. If a PSH bed is not dedicated for chronically homeless households, the Interagency Services Team (IST) 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:

- J. Total length of homelessness of the current episode
- K. HUD priority populations of chronically homeless, veteran, families, and unaccompanied youth
- L. The housing structure and the cash assistance available for housing needs through the funding source providing support.
- M. Unsheltered Sleeping Location: Households with children given priority. Prioritized over those with a sheltered sleeping location.
- N. 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.
- O. 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.
- P. 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.

## **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 6. Permanent Supportive Housing (PSH), criteria describing in the event of a tie.

## **11. PSH PROGRAM REFERRAL**

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

- A. By providing all available resources to those with the highest VI-SPDAT scores, prioritization will allow those households who are most vulnerable, or have the more severe service needs, to receiving available housing in accordance with Housing First principle.
- 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.
- D. 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.

- E. 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 on different days during the 14 day period.
- F. If a household cannot be contacted within the 14 days, the household will be placed on inactive status within the QBNL.
- G. A household shall remain on the inactive list and remain there for an annual review by the QBNL and the IST teams prior to being removed.
- H. 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.

**VI CASE MANAGEMENT POLICY**

Regardless of the type of housing program, all case managers will support the household toward securing stable housing.

**PROCEDURE**

1. Upon initial referral to a housing program, the TH, RRH, PSH, and PBV case manager 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 as possible.
2. Housing programs will use the full VI-SPDAT, VI-F-SPDAT or VI-TAY-SPDAT on a community agreed upon frequency for case management.
3. 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 Continuum of Care. The Governance Council of the CoC are responsible for creating a system for the decision to create these policies and procedures. After doing so, the 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.

**PROCEDURES**

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 date and approval of October 11, 2023.

## **VIII GRIEVANCE POLICY**

All providers must abide by the rules 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.

### **PROCEDURES**

If a grievance is filed with the CoC, the resolution of the grievance will follow the established Flint/Genesee County CoC grievance policies and procedures adopted through the membership.

**IX. APPENDIX - DEFINITIONS**

**At-risk of Homelessness** – An individual or family who has income below 30% of area median family income for the area, as defined by HUD, and who does not have sufficient resources or support networks immediately available to prevent them from moving into an emergency shelter or other place described in the “homeless” definition and meets one if the following definitions defined under 24 CFR 578.3 (CoC program) or 24 CFR 576.2 (ESG program). This may also include a child or youth who qualifies as homeless under other Federal programs.

**Chronically Homeless -**

1. A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:
  - (i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; **and**
  - (ii) Has been homeless and living as described in paragraph (1) (i) of this definition continuously 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 in paragraph (1) (i).

An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) 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 in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

**CoC - Continuum of Care** – A group composed of representatives of relevant organizations, which generally includes nonprofit homeless providers; victim service providers; faith-based organizations; governments; businesses; advocates; public housing agencies; school districts; social services providers; mental health agencies; hospitals; universities; affordable housing developers; law enforcement; organizations that serve homeless and formerly homeless veterans, and homeless or formerly homeless persons that are organized to plan for and provide a system of outreach, engagement, and assessment; emergency shelter; rapid re-housing; transitional housing; permanent housing; and prevention strategies to address the various needs of homeless persons and persons at risk of homelessness for a specific geographic area.

**Continuum of Care – Housing Quality Standards** – 24 CFR 578.75(b)

**Code of Federal Regulations (CFR)** – Is the codification of the general and permanent rules and regulations (sometimes called administrative law) published in the Federal Register by the executive departments and agencies of the federal government of the United States.

**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

**ESG – Habitability Standards** - 24 CFR 576.403 (b)(c)

**ESG – Rapid Re-Housing 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](https://www.hudexchange.info/resources/CES/documents/HEARTH_ESGInterimRule&ConPlanConformingAmendments.pdf)

**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.

**Families** – Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the followings: (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or (2) A group of persons residing together, and such group includes, but is not limited to (a) A family

with our 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** – Michigan has implemented HARAs across the state to serve as “single points of entry” for homeless persons. HARAs work with other service providers to ensure that access to homeless resources is optimized and based on assessment of need.

**HCV – Housing Choice Voucher** – A federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. 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.

**HMIS** – Homeless Management Information System means the information system designated by the Continuum of Care to comply with the HMIS requirements prescribed by HUD.

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

**Homeless** – There are 4 categories within the definition of homelessness, as defined under the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act); the most common definition being an individual or family who lacks a fixed, regular, and adequate nighttime residence under Category 1. **CRITERIA FOR DEFINING HOMELESS** is as follows:

<b>Category 1</b>	<b>Literally Homeless</b>	<p><b>Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</b></p> <ul style="list-style-type: none"> <li>(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;</li> <li>(ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or</li> <li>(iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution</li> </ul>
<b>Category 2</b>	<b>Imminent Risk of Homelessness</b>	<p><b>Individual or family who will imminently lose their primary nighttime residence, provided that:</b></p> <ul style="list-style-type: none"> <li>(i) Residence will be lost within 14 days of the date of application for homeless assistance;</li> </ul>

		(ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
<b>Category 3</b>	<b>Homeless under other Federal Statutes</b>	<b>Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</b> (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers
<b>Category 4</b>	<b>Fleeing/ Attempting to Flee DV</b>	<b>Any individual or family who:</b> (i) Is fleeing, or is attempting to flee, domestic violence; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing

**Homeless Prevention** – A program targeted to individuals and families at risk of homelessness. Specifically, this includes those that meet the criteria under the “at risk of homelessness” definition at 576.2, as well as those who meet the criteria in Category 2, 3, and 4 of the “homeless definition and have an annual income below 30% of family median income for the area.

**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. Under the HOPWA Program, HUD makes grants to local communities, States, and nonprofit organizations for projects that benefit low-income persons living with HIV/AIDS and their families.

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

**Moving-up** – A MSHDA voucher program – people must have been in PSH for at least one year and successfully achieving their goals and no longer in need of intensive case management under PSH. Annual renewal required the same as under section 8 with financial assistance for rent.

**Permanent Housing** – Community-based housing without a designated length of stay and includes both Permanent Supportive Housing and Rapid Re-housing.

**Permanent Supportive Housing** – Permanent housing in which supportive services are provided to assist homeless people with a disability to live independently.

**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** – Are attached to a specific unit whose landlord contracts with the state or local public housing agency to rent the unit to low-income families. Families can move without losing rental assistance if another voucher is available.

**QBNL – Quality By-Name List, or Quality Data** – This is by-name list 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 entry includes an individual name, history, health, and documentation of specific needs. Homelessness 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 Re-housing** – Housing relocation and stabilization services and short- or medium-term rental assistance as necessary to help a homeless individual or family move as quickly as possible into permanent housing and achieve stability in that housing. Assistance may be provided for up to 24 months during any 3-year period and may include rental arrear for up to six months, to eligible persons who qualify as homeless under Category 1 and 4 of the “homeless” definition.

**Recipient** – An applicant that signs a grant agreement with 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 VI-SPDAT, TAY-VI-SPDAT, or F-VI-SPDAT. 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, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), is a national 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.

**Street Outreach** – The act of reaching out to unsheltered homeless people; connecting them with emergency shelter, housing, or critical services; and provide urgent, non-facility-based care to unsheltered homeless people who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

**SPDAT - Service Prioritization Decision Assistance Tool** – The SPDAT is an evidence-informed approach to assessing an individual’s or family’s acuity. The tool, across multiple components, prioritizes who to serve next and why, while concurrently identifying the areas in the person/family’s life where support is most likely necessary to avoid housing instability.

**VI SPDAT - Vulnerability Index - Service Prioritization Decision Assistance Tool**

- **VI SPDAT** - The VI-SPDAT allows communities to assess clients’ various health and social needs quickly and then match them to the most appropriate-- rather than the most intensive-- housing interventions available. In some cases, the VI-SPDAT may help make the case for Permanent Supportive Housing. In other cases, it may encourage practitioners to choose Rapid Rehousing or even to do nothing when clients are statistically likely to escape homelessness on their own. Because the tool is rooted in exhaustive research, service providers can be sure that the recommended intervention (or non-intervention) is the most appropriate path for the client in front of them.
- **TAY-VI-SPDAT - Transition Age Youth**
- **F-VI-SPDAT - Families**

**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 project.

**TBRA – Tenant Based Rental Assistance** – Is a rental subsidy that participating jurisdictions (PJs) can use to help individual households afford housing costs such as rent and security deposits. PJs may also assist tenants with utility deposits but only when HOME is also used for rental assistance or security deposits.

**Transitional Housing** – Facilitates the movement of homeless individuals and families to permanent housing within 24 months.

**Unaccompanied Youth** – Unaccompanied youth are persons under age 25 who are not accompanied by a parent or guardian and are not a parent presenting with or sleeping in the same place as his/her child(ren). Unaccompanied youth are single youth, youth couples, and groups of youth presenting together as a household.

**Victim Service Provider** – A private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women’s shelters, domestic violence transitional housing programs, and other programs.

**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.

**X STRATEGIC PLANNING PROCESS CHARTS AND MAPS**

**Flint-Genesee County Client Resource Guide for Housing Access Needs**



Call **1-810-544-HELP**

Hours of Operation: 9 am – 5 pm M-F

Catholic Charities Walk-In Hours: 8:30 am – 5:30 pm M-Thur./8:30 am – 4:30 pm  
Fridays

Street Outreach/Shelters: 810-533-0056 or 810-449-3667

The following is a guide of what types of services for which you may be eligible as well as a list of resources.

 <p><b>If you are <u>not</u> homeless... but are in need of other services, you may be eligible for:</b></p>	 <p><b>If you are at risk of losing your primary nighttime residence... within 14 days, you may be eligible for:</b></p>	 <p><b>If you are experiencing homelessness... and are without a place to sleep at night, you might be eligible for:</b></p>
<ul style="list-style-type: none"> <li>• Rental Assistance</li> <li>• Mediation to resolve issue with landlord or other</li> <li>• Affordable housing list</li> <li>• Food Vouchers</li> <li>• Clothing</li> <li>• Health</li> <li>• Education</li> <li>• Vocational</li> <li>• Re-habilitation</li> </ul>	<ul style="list-style-type: none"> <li>• Homeless Prevention Assistance</li> <li>• Emergency Solutions Grant (ESG)</li> <li>• Rapid Re-housing</li> <li>• Rental Assistance</li> <li>• Transitional Housing</li> <li>• Shelters</li> <li>• Mediation to resolve housing issue with landlord</li> </ul>	<ul style="list-style-type: none"> <li>• Shelter Services</li> <li>• Rapid Re-housing</li> <li>• Permanent Supportive Housing</li> </ul> <p>Veterans:</p> <ul style="list-style-type: none"> <li>• Referred to My Brother’s Keeper</li> </ul> <p>Victims of Domestic Violence:</p> <ul style="list-style-type: none"> <li>• Women referred to YWCA</li> <li>• Men referred to Shelter of Flint</li> </ul>

**RESOURCES:**

<p><b><u>Housing Agencies</u></b></p> <ul style="list-style-type: none"> <li>• Catholic Charities of Genesee &amp; Shiawasee Counties <a href="https://catholiccharitiesflint.org/">https://catholiccharitiesflint.org/</a> 810-232-9950</li> <li>• Metro Community Development (affordable housing assistance) <a href="http://metroflint.org">metroflint.org</a> 810-767-4622</li> </ul>	<p><b><u>Shelters</u></b></p> <ul style="list-style-type: none"> <li>• Shelter of Flint <a href="http://shelteroflint.org">shelteroflint.org</a> 810-239-5433</li> <li>• My Brother’s Keeper <a href="https://mybrotherskeeperflint.org">https://mybrotherskeeperflint.org</a> 810-234-1163</li> <li>• Carriage Town Ministries <a href="http://carriagetown.org">carriagetown.org</a> 810-238-6827</li> </ul>	<p><b><u>Other Supportive Services</u></b></p> <ul style="list-style-type: none"> <li>• Genesee Community Health Center <a href="http://genchc.org">genchc.org</a> 810-496-5777</li> <li>• Flint Odyssey House (in-house rehab) <a href="https://www.odysseyvillage.com">https://www.odysseyvillage.com</a> 810-238-0483</li> <li>• Crossover Outreach <a href="http://crossoveroutreach.org">crossoveroutreach.org</a></li> </ul>
--	--	--

<ul style="list-style-type: none"> <li>• Communities First, Inc. <a href="http://communitiesfirstinc.org">communitiesfirstinc.org</a> 810-422-5358</li> <li>• Habitat for Humanity <a href="https://www.geneseehabitat.org">https://www.geneseehabitat.org</a> 810-766-9089</li> <li>• Michigan State Housing Development Authority (MSHDA). <a href="http://michigan.gov/MSHDA">michigan.gov/MSHDA</a> 517-373-8370</li> <li>• Flint Housing Commission <a href="https://flinthc.org/section-8">https://flinthc.org/section-8</a> 810-736-3050</li> <li>• OLSHA <a href="https://www.olhsa.org/en-us/housing-homelessness-veterans-supports">https://www.olhsa.org/en-us/housing-homelessness-veterans-supports</a> 248-209-2600</li> </ul>	<ul style="list-style-type: none"> <li>• Genesee Health System <a href="http://genhs.org">genhs.org</a> 810-257-3740</li> <li>• Salvation Army <a href="https://centralusa.salvationarmy.org/genesee">https://centralusa.salvationarmy.org/genesee</a> 810-232-2196</li> <li>• <a href="http://james-moorehouse.com">James-moorehouse.com</a> 312-702-2131</li> <li>• YWCA Great Flint (domestic violence &amp; sexual assault) <a href="http://ywcaflint.org">ywcaflint.org</a> 810-732-9622</li> <li>• Building Strong Women <a href="https://buildingstrongwomencommunity.org">https://buildingstrongwomencommunity.org</a> 810-234-7933</li> <li>• Family Promise of Genesee County <a href="https://familypromiseofgc.org">https://familypromiseofgc.org</a> 810-234-9444</li> </ul>	<p>810-234-2479</p> <ul style="list-style-type: none"> <li>• Hope Network <a href="http://hopenetwork.org">hopenetwork.org</a> 810-213-1803</li> <li>• Genesee County Youth Corporation <a href="https://www.reach-traverseplace.org">https://www.reach-traverseplace.org</a> 810-341-6328</li> <li>• United Way of Genesee County <a href="http://unitedway.org/2-1-1">unitedway.org/2-1-1</a> 810-232-8121</li> <li>• The Disability Network <a href="https://disnetwork.org">https://disnetwork.org</a> 800-742-1800</li> <li>• Genesee County Community Action <a href="https://gccard.org">https://gccard.org</a> 810-232-2185</li> <li>• Genesee Health System <a href="http://genhs.org">genhs.org</a> 810-257-3705</li> <li>• New Paths Inc (drug &amp; alcohol addictions) <a href="http://newpaths.org">http://newpaths.org</a> 810-233-5340</li> <li>• MADE Institute (support for ex-offenders) <a href="https://madeinstitute.org">https://madeinstitute.org</a> 810-835-8304</li> <li>• Michigan Health &amp; Human Services Department <a href="https://www.michigan.gov/mdhhs">https://www.michigan.gov/mdhhs</a> Sexual Assault Hotline: 855-VOICES-4</li> <li>• Building Strong Women <a href="https://buildingstrongwomencommunity.org">https://buildingstrongwomencommunity.org</a> 810-234-7933</li> <li>• Legal Services of Eastern Michigan <a href="https://lsem-mi.org">https://lsem-mi.org</a> 800-322-4512</li> </ul>
--	---	--

## Flint-Genesee County CoC Service Process & Resource Guide

Call  1-810-544-HELP

**Hours of Operation: 9:00 am – 5 pm M-F**

**Staff of Coordinated Entry, the HARA\*, Shelter or Street Outreach  
Determines if caller is...**

 <b>Housed...but</b> may need more affordable housing and/or resources to avoid becoming homeless.	 <b>At Imminent Risk...of homelessness. Will lose primary nighttime residence within 14 days. (HUD Category 2)</b>	 <b>Literally Homeless... living conditions are not fit for human habitation, shelter, or transitional housing. (HUD Category 1)</b>
Information & Referrals	Prevention & Services	Housing Program Prioritization & Services
Information & Referrals could be for: <ul style="list-style-type: none"> <li>Rental Assistance</li> <li>Mediation to resolve issue with landlord or other</li> <li>Affordable housing list</li> <li>Food Vouchers</li> <li>Clothing</li> <li>Health</li> <li>Education</li> <li>Vocational</li> <li>Re-habilitation</li> </ul>	Caller may be scheduled for an assessment and could receive assistance & referrals as follows: <ul style="list-style-type: none"> <li>Homeless Prevention Assistance</li> <li>Emergency Solutions Grant (ESG)</li> <li>Rapid Re-housing**</li> <li>Rental Assistance</li> <li>Transitional Housing</li> <li>Shelters</li> <li>Mediation to resolve housing issue with landlord</li> </ul>	Caller will be scheduled for an assessment and based on priority scoring can get assistance and/or referrals as follows: <ul style="list-style-type: none"> <li>Shelters</li> <li>Rapid Re-housing</li> <li>Permanent Supportive Housing***</li> </ul> Veterans: <ul style="list-style-type: none"> <li>Referred to My Brother's Keeper</li> </ul> Victims of Domestic Violence: <ul style="list-style-type: none"> <li>Women referred to YWCA</li> <li>Men referred to Shelter of Flint</li> </ul>

<p><b>An Intake Specialist:</b></p> <ul style="list-style-type: none"> <li>Verifies homeless status</li> <li>Does a SPDAT scoring assessment****</li> <li>Enters information into Homeless Management Information System (HMIS)</li> <li>Sends data to Coordinated Entry Coordinator or may make a direct referral based on status of homelessness.</li> </ul> <p><b>Coordinated Entry Coordinator :</b></p> <ul style="list-style-type: none"> <li>Adds the individual/family name to the By-Name-List (BNL) based on priority status determined by SPDAT score</li> <li>Refers individual/family to appropriate agency/shelter</li> </ul>
---

**Continuum of Care Partners/Resources**

<p><u>Housing Agencies</u></p> <ul style="list-style-type: none"> <li>Catholic Charities of Genesee &amp; Shiawasee</li> </ul>	<p><u>Shelters</u></p> <ul style="list-style-type: none"> <li>Shelter of Flint</li> </ul>	<p><u>Other Supportive Services</u></p> <ul style="list-style-type: none"> <li>Genesee Community Health Center <a href="http://genchc.org">genchc.org</a></li> </ul>
--	---	--

<p>Counties <a href="https://catholiccharitiesflint.org/">https://catholiccharitiesflint.org/</a></p> <ul style="list-style-type: none"> <li>• Metro Community Development (affordable housing assistance) <a href="http://metroflint.org">metroflint.org</a></li> <li>• Communities First, Inc. <a href="http://communitiesfirstinc.org">communitiesfirstinc.org</a></li> <li>• Habitat for Humanity <a href="https://www.geneseehabitat.org">https://www.geneseehabitat.org</a></li> <li>• Michigan State Housing Development Authority (MSHDA). <a href="http://michigan.gov/MSHDA">michigan.gov/MSHDA</a></li> <li>• Flint Housing Commission <a href="https://flinthc.org/section-8">https://flinthc.org/section-8</a></li> <li>• OLSHA <a href="https://www.olhsa.org/en-us/housing-homelessness-veterans-supports">https://www.olhsa.org/en-us/housing-homelessness-veterans-supports</a></li> </ul>	<ul style="list-style-type: none"> <li>• My Brother's Keeper <a href="https://mybrotherskeeperflint.org">https://mybrotherskeeperflint.org</a></li> <li>• Carriage Town Ministries <a href="http://carriagetown.org">carriagetown.org</a></li> <li>• Genesee Health System <a href="http://genhs.org">genhs.org</a></li> <li>• Salvation Army <a href="https://centralusa.salvationarmy.org/genesee">https://centralusa.salvationarmy.org/genesee</a></li> <li>• <a href="http://james-moorehouse.com">James-moorehouse.com</a></li> <li>• YWCA Great Flint (domestic violence &amp; sexual assault) <a href="http://ywcaflint.org">ywcaflint.org</a></li> <li>• Building Strong Women <a href="https://buildingstrongwomencommunity.org">https://buildingstrongwomencommunity.org</a></li> <li>• Family Promise of Genesee County <a href="https://familypromiseofgc.org">https://familypromiseofgc.org</a></li> </ul>	<ul style="list-style-type: none"> <li>• Flint Odyssey House (in-house rehab) <a href="https://www.odysseyvillage.com">https://www.odysseyvillage.com</a></li> <li>• Crossover Outreach <a href="http://crossoveroutreach.org">crossoveroutreach.org</a></li> <li>• Hope Network <a href="http://hopenetwork.org">hopenetwork.org</a></li> <li>• Genesee County Youth Corporation <a href="https://www.reach-traverseplace.org">https://www.reach-traverseplace.org</a></li> <li>• United Way of Genesee County <a href="https://www.unitedwaygenesee.org">https://www.unitedwaygenesee.org</a></li> <li>• The Disability Network <a href="http://disnetwork.org">http://disnetwork.org</a></li> <li>• Genesee County Community Action <a href="https://gccard.org">https://gccard.org</a></li> <li>• Genesee Health System <a href="http://genhs.org">genhs.org</a></li> <li>• New Paths Inc (drug &amp; alcohol addictions) <a href="http://newpaths.org">http://newpaths.org</a></li> <li>• MADE Institute (support for ex-offenders) <a href="https://madeinstitute.org">https://madeinstitute.org</a></li> <li>• Michigan Health &amp; Human Services Department <a href="https://www.michigan.gov/mdhhs">https://www.michigan.gov/mdhhs</a></li> <li>• Building Strong Women <a href="https://buildingstrongwomencommunity.org">https://buildingstrongwomencommunity.org</a></li> <li>• Legal Services of Eastern Michigan <a href="https://lsem-mi.org">https://lsem-mi.org</a></li> <li>• <a href="https://mothers-of-joy-university.business.site/">https://mothers-of-joy-university.business.site/</a></li> </ul>
---	---	--

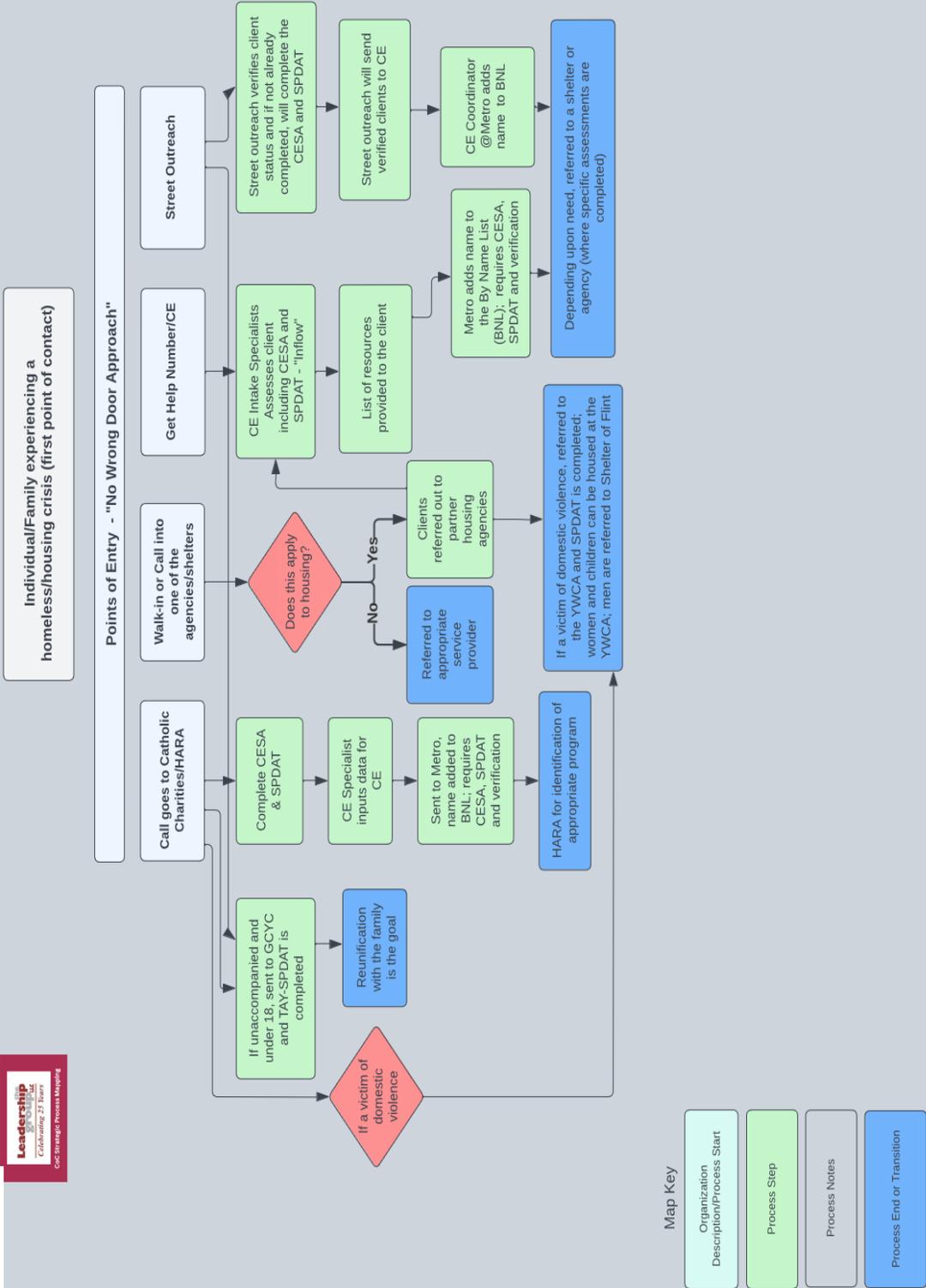
\* Housing Assessment and Resource Agency (HARA) provides centralized intake and housing assessment, thereby assuring a comprehensive communitywide service and housing delivery system. HARAs practice shelter diversion and work to rapidly re-house people who are homeless.

\*\*Rapid re-housing provides short-term rental assistance and services in order to help people obtain housing quickly, increase self-sufficiency, and maintain housing stability. It is offered without preconditions, and the resources and services provided are typically tailored to the needs of the household.

\*\*\*HUD Definition of Permanent Supportive Housing:  
Permanent Supportive Housing (PSH) is permanent housing in which housing assistance (e.g., long-term leasing or rental assistance) and supportive services are provided to assist households with at least one member (adult or child) with a disability in achieving housing stability. All Permanent Supportive Housing clients are provided with affordable rents, case management, life skills workshops and other programs that improve quality of life.

\*\*\*\*Assessments: 1). Single Individual – VI-SPDAT. 2) Family – F-VISPDAT. 3) Transitional Age or Youth – TAY-VI-SPDAT

### Genesee County Continuum of Care Coordinated Entry (CE) - First Point of Entry Process





Map 4



## Metro Coordinated Entry Department Process - Roles and Responsibilities

### Definition

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

Call comes into Housing Crisis Help Line.

Coordinated Entry Intake Specialist (CEIS) make a referral to Shelters or Street Outreach. CEIS can assist in completing a CESA and VI SPDAT assessment.

The CEIS calls the Street Outreach Team, who in turn, goes to the address noted on the request form and makes contact with the individual. The Street Outreach Team verifies the client and then scans the verification document, CESA and VI SPDAT to CE specific email.

CE Specialist receives documentation (CESA and VI-SPDAT from Street Outreach, shelters, Wellness, YWCA and other trained community partners.

The CE Specialist (CES) who manages QBNL reviews the documents thoroughly for all necessary information for HUD compliance and inputs the client's data into the Quality By Name List (QBNL) and HMIS.

HUD record keeping documents are submitted to the CES from Emergency Shelters, HARA, Housing crisis Help Line, Street Outreach, YMCA, Wellness and others.

At the end of each day, clients that have been verified as homeless are added to the QBNL and referred to the HARA for placement on the Section 8 Housing Choice Voucher (HCV) wait list.

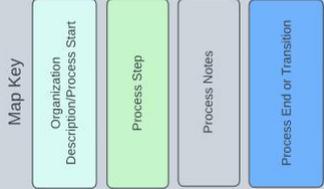
The HARA is the authority on anything HCV

Clients on the QBNL have 7 housing paths. Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Transitional Housing (TH), TH-RRH, Project Based Vouchers (PBV), Emergency Housing Vouchers (EHV) and Housing Choice Vouchers (HCV). Their acuity and placement on the QBNL will determine the appropriate housing path.

HUD wants the client to make their own decision - empower the individual to have and make some choice.

The CES works closely with the case managers to fulfill their referral request relative to each of the 7 housing paths with the ultimate goal of securing housing for each client.

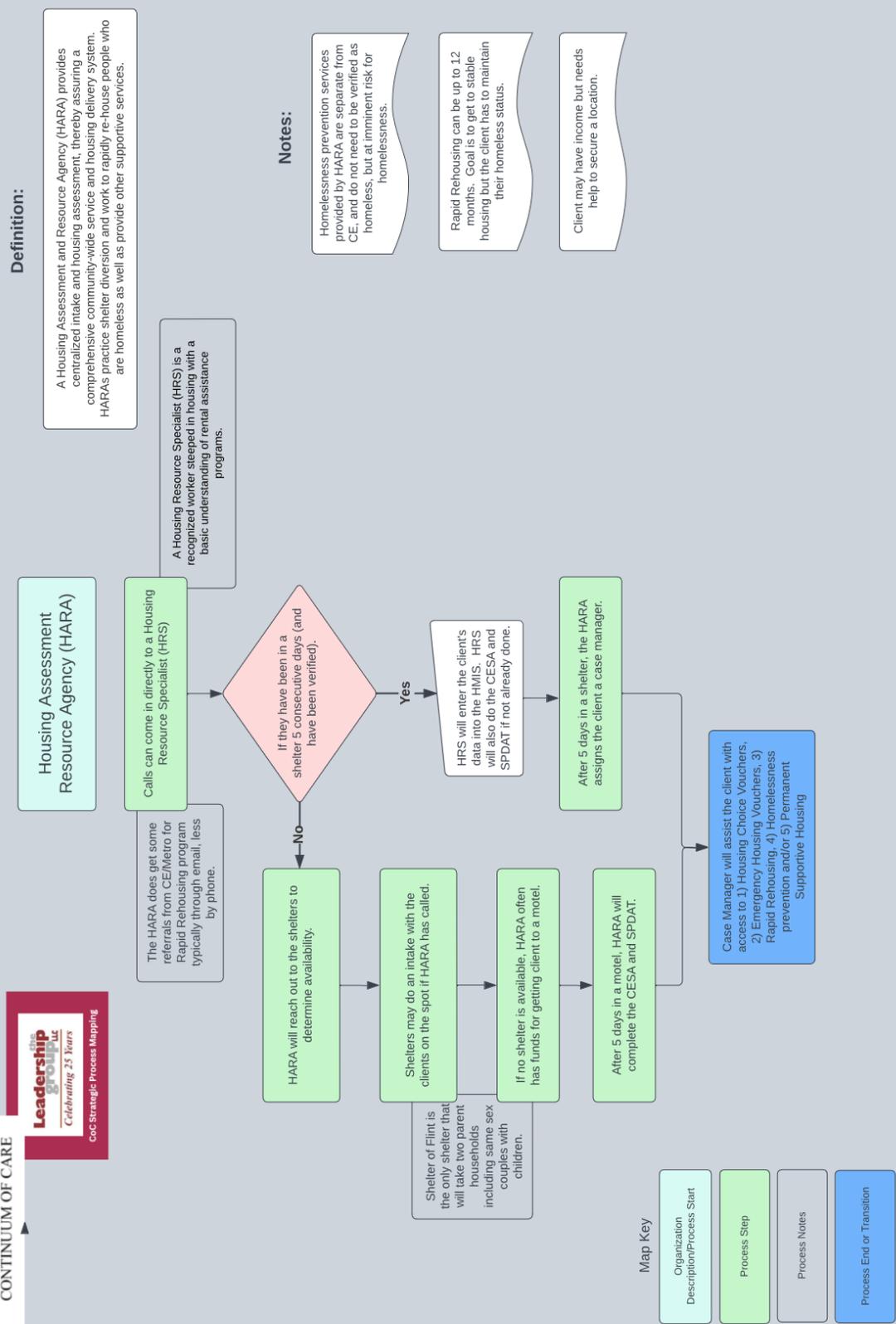
The case managers and HARA inform the CES when the client is housed. The CES then moves the client from the active QBNL to the housed list.





Map 5

## Catholic Charities - HARA Process, Roles & Responsibilities





Map 6



Genesee County Emergency Response Process

