



Wednesday March 10, 2020

9:00 AM

**Location: Zoom Teleconference**

**Our Mission:**

*“A community working together to achieve access to safe and affordable housing for all residents of Genesee County.”*

**A G E N D A**

- |   |                    |
|---|--------------------|
| <b>I. Welcome</b>   | Essence Wilson     |
| <b>II. OLD BUSINESS</b>   |                    |
| A. Approval of <u>February</u> minutes  | Essence Wilson     |
| B. Governance Council update  | “                  |
| <b>III. REPORTS</b>   |                    |
| A. Warming Center Update  | Vicky Schultz      |
| B. Street Outreach  | Jim Perlaki        |
| C. Coordinated Entry  | Antoinette McClain |
| D. HMIS Admin   | David Tweedie      |
| E. Subcommittee/Work Group reports  | Chairpersons       |
| <b>IV. NEW BUSINESS</b>   |                    |
| A. 2021 Genesee County ESG Recommended Funding  | Damon Fortney      |
| 1. Vote   |                    |
| B. Dorsey The Digital Marketing Agency  | Shaundale Richmond |
| 1. Continuum of Care (CoC) Website  |                    |
| <b>V. OTHER BUSINESS</b>  |                    |
| A. Michigan State Housing Authority (MSHDA)   | Glory White        |
| 1. Homeless Preference Vouchers   | Becka Management   |
| <b>VI. Announcements</b>  |                    |
| Sharing, Client Successes, announcements & opportunities, email for distribution:<br><a href="mailto:flint-geneseecoc@metroflint.org">flint-geneseecoc@metroflint.org</a> |                    |
| <b>VII. Adjournment</b>   | Essence Wilson     |
| <b>Next meeting April 14, 2021 9:00 AM Location: Teleconference</b>   |                    |



## ***Flint/ Genesee County CoC Minutes***

Meeting Minutes

February 10, 2021

9:00 AM Zoom Teleconference Call

**Attendance:** China Aquino, OLHSA; Angela Beaugard, FGLN; Kelly Bidelman, CCJ; Linda Bielskis, SOF; Misty Bowers, GCYC; Donna Bunin, OLHSA; Maurice Bush, Wellness; Tamara Chambers, Catholic Charities; Dwayne Clemons, Hamilton; Kanisha Clemons, YWCA; Judy Creed, YWCA; Denise Diller, Crossover; Bill Doub, GHS; Michelle Edwards, MSHDA; Tiffani Ferrier, Family Promise; Jessica Flint, CCJ; Damon Fortney, GCMPC; Jamie Gaskin, United Way; Brian Glowiak, MCD; Alice Green, MCAH; Danielle Greene, SOF; Elisabeth Hamilton, Crossover; Debra Hayes, MBK; Denyatta Henry, McLaren Flint; Allie Herkenroder, FHC; Myra Hinkle, MCD; Shelly Hoffman, SOF; Jim Hudgens, New Paths; Latoya Jenkins, GCCARD; Cindy Johns, CTM; Lori Kunkel, GFHC; Erin Markell, OLHSA; Antoinette McClain, MCD; Amy Meister, Red Cross; Molly Mueller, Communities First; Beth Noye, Salvation Army; Jill Nylander, LSEM; Shaundale Richmond, MCD; Trina Sander, YWCA; Vicky Schultz, Catholic Charities; Ashley Seeback, Odyssey House; Polly Sheppard, Sheppard Consulting; Kirk Smith, GFHC; Shearese Stapleton, Mothers of Joy Family Foundation; Mike Striler, GCYC; Lydia Tabat, Habitat for Humanity; Chris Townsend, Salvation Army; Kevin Thompson, Ann Arbor VA; David Tweedie, OrgCode; Kasie White, UM-Flint Social Work; Angela Willie, CTM; Essence Wilson, Communities First; Rayetta Wyatt, State of Michigan Veteran Employment; Ashnee Young, LSEM & Power Initiative; Cheryl Zapfe, GISD

**Welcome:** Meeting call to order by Essence Wilson at 9:03 AM.

### **OLD BUSINESS**

**Approval of January minutes:** Minutes were approved.

**Governance Council Update:** Essence stated that the Governance Council have been meeting for productive discussion and will have deliverables by the next CoC meeting.

**Governance Structure and Process Breakout:** During the CoC meeting there were nine specific CoC questions given to the breakout groups facilitated by Angela Beaugard, Polly Sheppard, Essence and the Governance Council for better participation and deeper dives into issues with the CoC structured processes. The breakout group discussions were created to ensure that everyone has a voice in fulfilling the mission of the CoC. There was rich dialogue had and Essence thanked everyone for being participatory in the process. Angela stated that the link for the survey will be shared back out to the community for any additional feedback and full opportunity to share your thoughts.

Polly can be reached regarding any feedback or concerns on the CoC structures at [sheppardconsult@aol.com](mailto:sheppardconsult@aol.com) or Essence at [ewilson@communitiesfirstinc.org](mailto:ewilson@communitiesfirstinc.org).

**2021 Point in Time Count (PIT):** Shaundale Richmond gave thanks to all the shelter and outreach partners involved in helping to conduct this year's PIT Count.

**MSHDA Funding Update:** Michelle Edwards stated that the MSHDA application for Genesee County has been approved and she is in the process of completing the updated grant agreement for Catholic Charities for the MSHDA ESG-CV Round 2 funding. Michelle stated the COVID Emergency Rental Assistance (CERA) funding is still being worked through in terms of when the funding will come in, legislation, and the updated budget with state of Michigan. She stated that MSHDA will not request much HMIS data entry for the funding this round as the process will be done online.

### **REPORTS**

**H.A.R.A:** Tammy Chambers provided the following numbers:

Eviction Diversion Program:

Assisted: 1,662

Unable to Assist: 325

#### Homelessness

Homelessness Calls: 18  
Homeless Walk-Ins: 25  
Housing/ Case Management: 28  
Rapid Rehousing Referrals: 10  
Homeless Prevention Assistance: 65 (\*assisting those we could not help with EDP)  
HCV Additions: 52  
Warming Center Assessments: 38

#### Community Outreach:

Pieces of Mail Distributed: 1,590 (590 individuals, 32 workers, 61 volunteers, 248 volunteer hours)  
CCSGC Programs:  
    Soup Kitchen: 2,794 (2,708 clients, 32 workers 61 volunteers, 248 volunteer hours)  
    Personal Needs: 2,356  
    Clothing: 22,612 pieces distributed  
    Work-Ready Room: served 11 men/18 women (10 pair of steel-toed boots)  
    Household Goods/Toys:  
Eastside Ride to Hope:

**Warming Center Update:** Vicky Schultz stated that \$165 million in CERA funding was approved but are awaiting information on what share of the funding will be available for Genesee County and how it will be divided between GCCARD and Catholic Charities.

**Street Outreach (SO):** Jim Perlaki stated that SO has been involved with Sunset Village Apartments in relationship to the city condemning the housing. SO, United Way, HARA and Coordinated Entry have been working closely to try and help the tenants as best as they can. Misty Bowers stated that she, and Stan Page, have been conveying tenants' needs and the major needs currently are storage and helping the majority of those who are elderly and with disability/health issues with picking up income paperwork. She stated that there is still quite a bit of work to do and she does not anticipate that all tenants will be able to get out within 10 days. Everyone that she and Stan have reached out has been great on trying to work with the re-location process. There are 16 units occupied, majority are elderly, and a few are on Section 8 or with the Flint Housing Commission and are having issues with relocating due to properties not being available and/or COVID issues. Anyone with resources or thoughts that can be of assistance can share with Misty Bowers at [mistyb@reach-traverseplace.org](mailto:mistyb@reach-traverseplace.org) or the Street Outreach team. Debra Hayes asked the question if HUD has a budget where they can provide funding in emergent situations such as this? Essence stated that this is an opportunity for our community to make sure this process is documented. She stated that there has been a lot of good things done as a community, but we must make sure all these resources are pulled in and accessible to everyone who would need to know when emergent situations arise. It was noted that as a community we should be aware of the need to address other apartment complex structures in the community as well (Richfield Court and Lapeer Gardens).

**Coordinated Entry:** Antoinette McClain stated that we may need to convene a meeting to address some concerns and trends within Coordinated Entry and refine its processes. She is willing to work with Jim Perlaki and finalize meeting arrangements with Shaundale. She stated that if we all come together and try as a community to address concerns that she has noticed, the Coordinated Entry system can assist a lot more people into securing housing. Essence stated that the Coordinated Entry Governance workgroup has been looking at policies and procedures so they will continue that conversation and identify those issues in discussion.

#### **Subcommittee/Work Group reports:**

**ESG Spending Report:** Please view report.

**HUD Spending Report:** Shaundale Richmond stated that they are starting a new grant with the YWCA, the Coordinated Entry Domestic Violence grant.

**Shelter of Flint:** Danielle Green stated they are set on being able to spend down on the chronic homeless families grant. She stated that they have two families they are in the process of trying to house but they must verify their chronic status to ensure placement and qualify for the program. Discussion ensued about the issues and processes of verifying chronicity. There will be a workgroup established in streamlining the chronicity verification processes so the funding can be utilized to qualify more people for housing. Essence stated she will communicate with Shaundale in getting an email out for individuals interested in participating.

**Metro Community Development (MCD):** Shaundale stated that her and Tracey have worked on the numbers and are confident that the Coordinated Entry and CoC Planning will be spent down.

**Shelter of Flint Veteran Lease Up (SOF V-LUP):** Danielle stated that through SOF V-LUP they do not have other veterans scoring into permanent supportive housing, PSH aside from one veteran currently on VISPDAT. A lot of the veterans referred have received the HUD VASH vouchers. Angela pointed out that the Coordinated Entry data, according to the current QBNL list as of February 5<sup>th</sup>, shows six homeless veterans on the list and there is \$26,000 available to stabilize PSH veterans that are scoring on the VISPDAT. She stated that if we are approaching a functional zero then we might need to look at reallocating those funds to rapid re-housing or housing not airmarked for veterans and structured to another category. Antoinette stated that the active veterans on the QBNL have all been referred to veteran programs and are in process of being housed. She stated that there is an abundance of funding for veterans and she has been receiving referral requests from the VA, My Brother's Keeper, SSVF and VA-Ann Arbor for veterans that need housing choice vouchers. Essence stated that we may need to re-evaluate and discuss those funds being allocated to a different program especially through an established financial/fiscal subcommittee group.

**SOAR:** Bill Doub stated that there has been one 3-week SOAR approval for social security benefits for a veteran. He stated the next SOAR training has been announced for the coming cycle and he hopes to see more people in the training. The facilitator for the children and family SOAR curriculum, Melissa Mays, has a 100% approval rate in Genesee County. There will be a SOAR support group meeting on Thursday, February 18<sup>th</sup> at 10 AM.

**HMIS Administrator:** David Tweedie stated that the January 2021 count of people experiencing homeless has increased and is cause for concern. He stated that he needs Family Promise, Carriage Town, GCCARD and OLHSA to reach out to him at [David@orgcode.com](mailto:David@orgcode.com) or Metro Community Development to make sure the organizations' QSOBAs forms are signed. This is imperative in ensuring that QBNL list can be re-outlined as quickly as possible.

## **NEW BUSINESS**

**2021 Genesee County ESG:** Damon Fortney stated that the list of projects through the 2021 Genesee County ESG grant will be brought to the Executive Committee on March 2<sup>nd</sup> to address any questions and then it will be brought back to the CoC body for final approval at the March CoC meeting. He stated the list reflects the county's recommendations on the applications received back in December. They have reviewed and scored all the applications and listed the amounts available for each ESG category.

**New HUD CPD Representative Change:** Shaundale stated that as of February 4<sup>th</sup> the information was relayed that there is a new HUD representative, Carrie Fortune. She stated that MCD had the opportunity to meet with her Thursday afternoon and are confident that they will have a good working relationship.

**NOFA 2021 Announcement:** Shaundale stated that due to COVID-19, Congress has passed a non-compete to enable HUD to utilize the grant inventory worksheet. As a result the programming for funding and all agencies is remaining the same. She compiled a report titled, the 2021 NOFA Renewal Funding Report and it shows that list of agencies and is included in the CoC packet. There are no details on the NOFA 2022 as of now.

**OTHER BUSINESS**

**Adjournment: Essence adjourned meeting at 10:32 AM. Next meeting: February 10, 2021, 2021 9:00 AM Location: Teleconference**

**Submitted by** Myra Hinkle



## Sub-Committees, Work Groups, Financial Reports

Mission: A community working together to achieve access to safe and affordable housing for all residents of Genesee County.

### Monthly Report Submissions

**March 10, 2021**

Continuous Quality Improvement – Jim Perlaki

Coordinated Entry System (CES)/QBNL – Antoinette McClain

HMIS Administrator – David Tweedie

Social Security Outreach Accessibility and Recovery (SOAR) – Bill Doub

### *Financial Reports:*

County ESG – Damon Fortney

HUD – Shaundale Richmond

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

Coordinated Entry System  
Policies and Procedures  
Last approved - June 10, 2020

Annual Review and Draft  
Combining Policies and Procedures into a Single Document

Final Draft to be submitted to the CoC Governance Council  
February 23, 2021

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## **IA. POLICY - INTRODUCTION & BACKGROUND**

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.

## **IB. PROCEDURES - INTRODUCTION & BACKGROUND**

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 Entry System and that all will be given similar information and support to access and maintain permanent housing.

### **1. COORDINATED ENTRY PROCESS**

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. In addition, the system will:

- Divert entry into a shelter by finding alternative housing or sustaining existing housing.
- Match appropriate level of housing and services based upon need
- Prioritize persons with the longest histories of homelessness coupled with most severe service needs
- Decrease the average length of a homeless episode.
- Align scarce community resources through the use of the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT).
- Cover and be accessible to all of Genesee County.
- 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.

In the Genesee County CoC, the CES is led by our designated lead agency for HMIS. This organization is responsible for:

- The establishment, measurement, and assessment of the quality and effectiveness of our system.
- Annually analyze data and report system performance to the CoC Coordinated Entry Committee.
- The system performance measurements will include:
  - The length of time people experience homelessness,
  - The number of people returning to homelessness,
  - The number of people becoming homeless for the first time, and

- The overall number of people experiencing homelessness.

The CoC will conduct:

- An annual evaluation of the CES effectiveness and make recommendations for implementation based on participant data, provider input, community input, and self-assessment.
- This information, along with participant satisfaction surveys, will be used to improve the CES and its effectiveness in addressing the needs of persons experiencing homelessness.
- In addition, the data will help guide the CoC Board of Directors and Membership in homeless assistance planning and system change including identifying service and funding gaps. The Genesee County CoC will proactively take steps to close these gaps that are identified by pursuing new funding sources and new affordable housing providers.

## **2. MARKETING AND COMMUNICATIONS**

The Continuum of Care will make every effort to communicate to the greater community the access points for persons 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:

- GISD – McKinney Vento Liaisons and school systems
- CoC members and other human service agencies
- Libraries
- Police Stations
- Chamber of Commerce
- City Hall, County Courts
- Retail outlet community bulletin boards such as: Starbucks, Grocery Stores, Panera, Landmark, Genesee Valley Mall
- University Pavilion, as well as, Colleges and Universities
- Public offices such as: MIDHHS, Social Security Office, Secretary of State
- MTA
- Community Access Center – serving those experiencing deafness and hard of hearing
- Visually Impaired Center – American Foundation for the Blind
- Churches and places of worship
- Health Care providers, such as: Hospitals – Emergency Rooms, FQHC – Hamilton Health Network, Genesee County Health Department, Pharmacies
- Genesee County Community Collaborative
- Housing Commissions
- Soup Kitchens
- Radio PSA
- Television PSA and news outlets
- Newspaper and local magazine publications
- Web-site of lead agency and all partner agencies

- Fliers

In addition, the effort of the coordinated entry system will be communicated and supported through collaboration with the following efforts:

- Genesee County HARA
- Community 211 operated through Jackson County
- Simms Project supported by the United Way

### 3. TRAINING REQUIREMENTS

To support the development and on-going efficient utilization of the CES, the community is committed to providing training to community partners in how to use the system.

- Trainings will be provided annually and coordinated through the CoC Continuous Quality Improvements committee.
- The HARA will provide training on use of the CES and the CESA form
- 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 none DV provider.
- The local Mental Health provider will provide training on a trauma informed care approach to serving those experiencing homelessness.
- 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 trainings. Others are encouraged and welcomed to attend.

## IIA. POLICY - GENERAL STANDARDS FOR OFFERING ASSISTANCE

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 Availability (NOFA).

**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 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.**

## IIB. PROCEDURES - GENERAL STANDARDS FOR OFFERING ASSISTANCE

The members of the Continuum of Care **and local 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. The following principles will be utilized in setting forth that assistance.

**1. HOUSING FIRST**

Through these standards, the Genesee County CoC formally incorporates the Housing First approach into the coordinated entry system and its funding priorities.

- Housing is not contingent on compliance with services.
- Rapid exit from homelessness.
- Participants are expected to comply with a standard lease or occupancy agreement and are provided with services and supports to help maintain housing and prevent eviction.
- Services are provided in housing to promote housing stability and well-being.
- 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:

- 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.
- Providers must have non-discrimination policies in place.

**3. FAMILY ADMISSION/SEPARATION**

Programs and projects may not involuntarily separate families based on.

- 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.
- 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:

- 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 defined as the school last attended when permanently housed or enrolled in last.

- 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.
- Not require children and unaccompanied youth to enroll in a new school as a condition of receiving services.
- Allow parents or the youth (if unaccompanied) to make best interest decisions about school placement.
- 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.
- Post notices of student's rights at each program site that serves homeless children and families in appropriate languages.
- Ensuring that homeless children and youth in their programs are in school and are receiving all educational services they are entitled to.
- 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.

### **IIIA. POLICY - SERVING THOSE FLEEING DOMESTIC VIOLENCE**

All efforts shall be made to **assure that those fleeing domestic violence receive safe and appropriate services to meet their needs**. The following privacy and safety procedures are in place to accomplish this.

### **IIIB. PROCEEDURES - SERVING THOSE FLEEING DOMESTIC VIOLENCE**

Victims of domestic violence, dating violence, sexual assault, or stalking will be referred to Genesee County's domestic violence service provider. Our Coordinated Entry System procedures will ensure that people fleeing domestic violence has a 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 our coordinated entry process.

#### **1. PRIVACY & SAFETY**

**In an effort to efficiently meet their needs, providers shall** protect the privacy and safety of domestic violence survivors and to uphold client choice by presenting a range of housing and service options.

- Programs which are primarily for survivors of violence are prohibited from contributing client-level data into the HMIS.
- However, these programs must record client-level data within a comparable internal database and be able to generate aggregate data for inclusion in reports.

- 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.
- The location of Domestic Violence shelters/programs shall not be made public.
- 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. 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:

- 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.
- 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.
- 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 with the victim.

### IVA. POLICY - REQUIREMENTS FOR ALL COC PROGRAMS

The Genesee County Continuum of Care 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 services. 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 provided 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.

## **IVB. PROCEDURES - REQUIREMENTS FOR ALL COC PROGRAMS**

### **1. GENERAL PROGRAM REQUIREMENTS**

- Programs must coordinate with homeless or at risk of homeless services within the CoC
- Programs must coordinate with mainstream resources in the community including housing, social services, employment, education and youth programs for which participants may be eligible
- Programs must have written policies and procedures, consistently apply them to all participants and make them publicly available to the CoC and participants when requested
- 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.
- Programs receiving ESG and/or CoC funding must participate in HMIS (Homeless Management Information System), unless otherwise stated by federal regulations.
- Programs must meet HMIS data quality standards as set by HUD and the Genesee County CoC.
- Programs providing Domestic Violence or Legal Services may opt out of HMIS participation but must utilize a comparable database to collect HUD required data elements.
- Programs must participate in the Coordinated Entry System (CES) and use the prioritization criteria established in this document.
- Programs must conduct an initial assessment utilizing the approved CoC CES assessment (CESA) to determine the amount and type of assistance needed to regain or maintain stability in permanent housing.
- Programs must have a formal procedure for terminating assistance to a participant that recognizes the civil rights of the participant(s) involved.
- Programs must:
  - use professional standards and social services best practices in determining that a violation should result in termination,
  - assure termination practices follow the CoC rules and laws of non-discrimination, and
  - assure that termination does not preclude assistance at a future date.
- Programs must make known that use of the facilities and services are available to all on a nondiscriminatory basis.
- 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.
  - 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.

- 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.
- 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.
- 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 comprised of a partnership between all but not limited to participating CoC organizations. In an effort to support ease of access to the Genesee County CES, a household seeking assistance may contact any of those participating organizations by phone, in-person, or by email. The Genesee County CoC HARA and their partner agencies partners will continue to provide community outreach to engage unsheltered homeless individuals and families and at-risk households providing educating and encouraging connection to our CES.

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. The CES will support the ease of access to the Genesee County providers.

- Individuals or households seeking assistance may contact any of those participating organizations by phone, in-person, or by email.
- The CoC HARA and partner agencies will continue to provide community outreach to engage unsheltered homeless individuals and families and at-risk households providing education and encouragement to connect with the CES.
- An individual or household that presents with an episode of homelessness or housing crisis may access services and programs regardless of which organization or agency they approach throughout the community or location in Genesee County.
- Outreach efforts to persons in the community will be supported by partner agencies doing street and community outreach. They include: SOF, GCYC, GHS/PATH, Hamilton Health System.

- 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.
- Each partner agency providing occupancy to the homeless will be required to identify a point person who will provide a call in of their daily bed census to the HARA by 10:00 am.
- The community goal is to create an electronic, web-based census report that is password protected for each agency to communicate daily their bed utilization census. Therefore, the information will be accessible to the entire community of referral agencies to help support appropriate referrals.

### 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 resource utilizing a mainstream resource list accepted through the CoC partnership. The assessment process provides options and recommendations that guide and inform client choices.

The Coordinated Entry System in partnership with the community HARA is the advertised entry point for new persons who are seeking services. The role of the CES and HARA is to provide the initial assessment, determine the level of need of the individual or family and make an appropriate referral for them to the right agency in the community to meet that need. For those who the referral is undetermined due to a special need that is not represented by an existing agency providing that level of care, the HARA will work to navigate the system to best meet that person(s) needs.

In the event that 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) having to make several calls to connect with the right provider. The representative agency may call upon the HARA for assistance when they are unsure of what steps to take to help a person seeking help.

The goal is the agency representative shall work to support the needs of that person(s) internally whenever possible. As a last resort, a referral to the HARA should be made to support the community wide collaborative process.

#### a. At risk of homelessness

Households that are at imminent risk of homelessness will be connected to the CES first and then 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”. With regard to 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).

- If a resource referral is needed, then an intake advisor will refer them to the appropriate resource utilizing a mainstream resource list accepted through the CoC partnership.
- Households that are at imminent risk of homelessness will be connected to a HARA Housing Resource Specialist to assess their needs for prevention and/or eviction diversion services.
- The Emergency Solutions Grant (ESG) program may be utilized to offer 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 service providers listed in the mainstream resource list.
- Individuals and households who meet program eligibility are served on a “first come first serve basis”.
- Homeless Prevention Assistance is provided with the financial assistance for eligible households as indicated in (24 CFR 576.106(a)).

**b. Literally homeless**

Individuals or families who are literally homeless are assessed by the HARA or partner agency through the use of the Vulnerability Index - Service Prioritization Decision Assistance Tool, a common assessment tool for prioritizing homeless needs:

- VI-SPDAT tool for singles
- TAY-VI-SPDAT for transitional-aged youth, and
- F-VI-SPDAT for families.
  
- The tool is used to determine each household’s housing and services needs and to provide a common approach to prioritize households for housing program referrals.
- The HARA will utilize the full SPDAT in supporting the work of appropriate referrals of those seeking care.
- All other partners are encouraged to utilize the full SPDAT and enter the data into HMIS, when possible, to support coordinated entry.
- Those who score in the range of eligibility for PSH services are referred to IST for access to the full array of services in the community available to them.
- If an individual or family refuses to complete a SPDAT, services shall not be withheld.

- Professional discretion from those administering the SPDAT needs to be exercised to determine if a greater level of care is needed than may be indicated by the answers provided by those seeking care.
- 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.
- After the SPDAT is completed in HMIS, the intake advisor will enter referral to the HARA.
- The HARA will provide a referral to a provider partner. Each community partner may serve the household in their own program but will still connect the clients with the HARA.

**c. Shelter**

Households needing emergency shelter, if being assessed at a shelter, will stay if eligible and a bed is available. If not, or if they are being assessed at a non-shelter, an intake advisor will refer households to emergency shelter as beds are available.

- All shelters are required to notify partners of vacancies via the CoC website on a daily basis.
- 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.
- 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.
- If transportation is not available, a household experiencing homelessness will receive a bus ticket, as funding allows, to access needed housing and services.
- As a last resort, if funding is available, the household may stay at a local motel until the next shelter opening.
- The Genesee County CoC 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 CES 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.

- The CoC HARA verifies applicant homeless status every 120 days.
- When vouchers become available, the MSHDA intake advisor pulls applicants from the HCV waitlist and notifies the CoC HARA to expect a list of applicants.

- The COC HARA is responsible for reviewing applicant's contact information as indicated on the list, and providing updated applicant contact information to the intake advisor, as applicable.
- Together, the intake advisor and the CoC HARA obtain the required HCV documents in order to ensure that voucher briefings and lease up occur in a timely manner.

**e. Veterans**

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

- The veteran by-name committee, operating within the coordinated entry system, will coordinate housing assistance services and mainstream resources in keeping with the identified needs.
- Those people referred to Genesee County Veterans Services can access homeless assistance resources available through the coordinated entry process.
- Veterans will be referred to agencies specializing in veteran services for assessment of programs offered through the Veterans Administration (VA).

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

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

**f. Unaccompanied Youth**

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

**4. OCCUPANCY STANDARDS**

All CoC funded programs must meet applicable housing quality inspection and/or habitability standards. Generally, all programs should meet the following:

- Buildings must be structurally sound to protect from the elements and not pose any threat to health and safety of the residents.
- Must be accessible in accordance with the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable.
- Must provide an acceptable place to sleep for participants and adequate space and security for their belongings.
- Each room must have a natural or mechanical means of ventilation.
- Must provide access to sanitary facilities that are in operating condition, private and clean.
- Water supply must be free of contamination.
- Heating/cooling equipment must be in working condition.
- Must have adequate natural or artificial illumination and adequate electrical resources to permit safe use of electrical appliances.
- Food preparation areas must have suitable space and equipment to store, prepare and serve food in safe and sanitary manner.
- Building must be maintained in a sanitary condition.
- Must have at least one smoke detector in each occupied unit of the program; and where possible near sleeping areas.
- Have a fire alarm system that is designed for hearing impaired participants.
- Must have a second means of exiting the building in case of fire or other emergency.
- 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.
- 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.
  - 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 the Housing Assistance Referral Agency (HARA) and their partner agencies. The ROI will be used under the following conditions:

- 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.
- It will be adopted from the Michigan HMIS statewide template.
- It will be compliant with the Health Insurance Portability and Accountability Act (HIPAA).
- ROI sharing is always based on informed client consent and is not mandatory to receive services.

- Sharing between agencies will occur as signed and agreed upon as outlined in the community's Qualified Services Organization Business Associates Agreement (QSOBAA).

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 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. In addition, the system will:

- Divert entry into a shelter by finding alternative housing or sustaining existing housing.
- Match appropriate level of housing and services based upon need
- Prioritize persons with the longest histories of homelessness couple with most severe service needs
- Decrease the average length of a homeless episode.
- Align scarce community resources through the use of the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT).
- Cover and be accessible to all of Genesee County.
- 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 Entry System must prioritize assistance based on vulnerability and the severity of service needs with focus on the goals of our strategic plan to end homelessness for veterans and the chronically homeless by the end of 2016 and end chronic homelessness by the end of 2017.

In the Genesee County CoC, the CES is led by the designated lead agency for HMIS. This organization is responsible for the establishment, measurement, and assessment of the quality and effectiveness of our system. The HMIS lead agency annually will analyze data and report system performance to the CoC Coordinated Entry Committee. The system performance measurements will include:

- The length of time people are experiencing homelessness
- The number of people returning to homelessness
- The number of people becoming homeless for the first time
- The overall number of people experiencing homelessness

The COC will conduct an annual evaluation of the CES effectiveness and make recommendations for implementation based on participant data, provider input, community input, and self-assessment. This information, along with a participant satisfaction survey, will be used to improve the CES and its effectiveness in addressing the needs of persons experiencing homelessness. In addition, the data will help guide the CoC Board of Directors and Membership

in homeless assistance planning and system change including identifying service and funding gaps. The Genesee County CoC will proactively take steps to close these gaps that are identified by pursuing new funding sources and new affordable housing providers.

## **6. DOCUMENTATION & RECORDKEEPING REQUIREMENTS**

- All records containing personally identifying information must be kept secure and confidential.
- 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.
- Documentation of homelessness or at-risk of homelessness (following program specific funding guidelines)
- A record of services and assistance provided to each participant.
- Documentation of any applicable requirements for providing services/assistance.
- Documentation of use of coordinated assessment system.
- Documentation of use of HMIS.
- Records must be retained for the appropriate amount of time as prescribed by HUD and/or program specific funding guidelines.

Financial recordkeeping requirements include:

- Documentation for all costs charged to the grant.
- Documentation that funds were spent on allowable costs.
- Documentation of the receipt and use of program income.
- Documentation of compliance with expenditure limits and deadlines.
- Retain copies of all procurement contracts as applicable.
- Documentation of amount, source and use of resources for each match contribution.

## **7. 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:

- Minimum standards:
  - Providers, except for victim service providers, shall actively utilize the Homeless Management Information System (HMIS), to enter data on people served and assistance provided.
  - Victim service providers shall actively utilize a comparable data system that meets HUD's standards.
  - 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 into the HMIS system.
  - Those seeking services may also be entered into HMIS anonymously.
  - For those who refuse HMIS entry, the community and its partner agencies cannot deny providing care.

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

## **VA. POLICY - PRIORITIZATION & ORDER OF PRIORITY**

It is the intent of Genesee County CoC to provide the right service, to the right person at the right time in every situation. In order to accomplish this, tools such as the 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 assuring 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 assure that all persons 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 persons 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 assure 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 a PSH registry 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 Services Team (IST) has a goal to develop a by-name list for all those experiencing homeless people within the community that is similar to the veterans by-name list presently used.

## **VB. PROCEDURE - PRIORITIZATION & ORDER OF PRIORITY**

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 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 supports.

- 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.
- It is expected that the CoC membership is educated regularly on the services of these agencies and changes that may occur that effect the referral process.
- 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.

### **2. 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. In addition, 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 shelter services.

- It is expected that the CoC membership is educated regularly on the services of these agencies and changes that may occur that effect the referral process.
- These emergency service providers are required to participate in the CES and utilize the CESA form.

### **3. 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. In an effort to do this, street outreach workers will:

- SOP teams will provide the least intrusive level of interview with a goal of compiling as much information as possible on the CESA form.
- Utilize the referral network of agencies referenced on the CESA form to determine where to refer an individual or family.
- When electronic means are available, complete the CESA form electronically and uploaded to the partner.
- When electronic means are not available send the completed CESA form to the referred agency by fax or deliver in person as soon after the encounter as is possible.
- The SOP team will enter the information gleaned in the encounter into HMIS.

#### **4. TRANSITIONAL HOUSING**

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:

- The CoC will first prioritize literally homeless persons (category 1) with CH (Chronically Homeless) persons having first priority.
- The CoC will also prioritize literally homeless persons (category 1) based on their VI-SPDAT/F-VI-SPDAT/TAY-VI-SPDAT scores, with CH (Chronically Homeless) persons having first priority.
- They will be referred to the appropriate provider based on their identified needs and the scores determined by the SPDAT.

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

Genesee County CoC HARA or one of the partner agencies through the use 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.

- 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.
- This means that if a household is prioritized for PSH, but if PSH is not available or the PSH has a long registry list, that household will be prioritized for RRH.
- For those seeking services with an identified veteran status will be referred to the appropriate SSVF CoC provider.

#### **6. 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.

- The minimum threshold must be: category 1, a score at a minimum of 8 and a documented disability.
- Those eligible households who meet the definition of chronic homelessness are also referred to the PSH regardless of their score.
- The CoC will incorporate the orders of priority described in HUD’s Notice CPD-14-012 into our prioritization for PSH.
- Persons with the highest VI-SPDAT/F-VI-SPDAT/TAY-VI-SPDAT score may not necessarily meet the highest priority according to the notice.
- 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 considered to be either dedicated or prioritized.

- A PSH bed is considered to be “dedicated” when the project recipient has committed to exclusively serving the persons experiencing chronic homelessness for the duration of the grant.
- A PSH bed is considered to be “prioritized” when a project recipient has prioritized persons experiencing chronic homelessness in some or all of its beds even though this was not the target population identified in the original project application.
- The CoC has adopted the orders of priority described in the Notice, so recipients of either dedicated or prioritized CoC Program-funded PSH and recipients of either non-dedicated or non-prioritized CoC Program-funded PSH are selected for permanent supportive housing in the following order:

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.

- 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 (~~only going to the next level as needed to break a tie between two or more households~~):

- Total length of homelessness of the current episode
- HUD priority populations of chronically homeless, veteran, families and unaccompanied youth
- The housing structure and the cash assistance available for housing needs through the funding source providing support
- Unsheltered Sleeping Location: Households with children given priority. Prioritized over those with a sheltered sleeping location
- 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
- 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
- Overall Wellness: Behavioral health, mental health, history of substance use, or other behavioral health conditions that mark or exacerbate medical conditions.

## 7. ADDITIONAL FUNDING SOURCE CONSIDERATIONS

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

- In all cases, the CoC membership will honor the CES process as defined in this document, while respecting the nuances of the funding sources that allow for services to be provided to other populations
- 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.

- 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.
- 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.

#### **8. 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”.

#### **9. PSH PROGRAM REFERRAL**

Programs that participate in the Coordinated Entry System must accept all eligible referrals. If there are no openings for an eligible household in a PSH program, the household will be referred to an appropriate RRH program.

- By providing all available resources to those with the highest 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 and prevent them from languishing in shelters.
- If a PSH bed is not dedicated for chronically homeless households, the Interagency Services Team will recommend housing to persons experiencing chronic homelessness first, to the maximum extent possible.
- Once selected for a program with an opening, the household will be contacted by their intake advisor.
- If there is no response or if the household cannot be located, the next prioritized household selected for that program will be contacted and so on down the list.
- 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.
- If a household cannot be contacted with the 14 days, the household waitlist status will be changed to inactive.
- A household shall remain on the inactive list and remain there for an annual review by the IST prior to being removed.
- 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.

## VIA. POLICY – CASE MANAGEMENT

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

## VI.B PROCEDURE – CASE MANAGEMENT

- Upon initial referral to a housing program, the TH, RRH or PSH 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.
- Housing programs will use the full VI-SPDAT, VI-F-SPDAT or VI-TAY-SPDAT on a community agreed upon frequency for case management.
- **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.**

## VIIA. POLICY – APPROVAL AND UPDATES

**The Coordinated Entry System Policies and Procedures are the property of the Continuum of Care. The leadership 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.**

## VII.B PROCEDURES – APPROVAL AND UPDATES

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 Genesee County CES.

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

- The modification of the policies and procedures are the responsibility of the leadership of the CoC.
- The leadership shall appoint a workgroup or committee to study the need for or regular annual review of the policies and procedures.
- The workgroup and/or committee will solicit input from the broader CoC membership and where possible, persons experiencing homelessness, to make the necessary modifications.

- 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.
- The final approval of all changes to the document will through the CoC membership based on the voting requirements of the CoC.
- Communications and implementation will be the responsibility of the

## 2. HISTORICAL TRACKING OF APPROVALS

- In collaboration with partner agencies, the Genesee County CES Policies & Procedures was approved on **November 8, 2017**.
- Changes to the policies were most recently approved by the CES Committee on **November 3, 2017**.
- In collaboration with partner agencies, the Genesee County CES Policies & Procedures was approved on **November 11, 2017**.
- Changes to this document were most recently approved by the CES Committee on **September 21, 2018**.
- **Changes to this document were most recently approved by the CES Committee and taken before the CoC membership for approval on June 10, 2020.**
- **Changes to this document were most recently approved by the CES Committee and taken before the CoC Governance Council and full membership for approval on XXXX, 2021**

### VIIIA. POLICY – GRIEVANCE

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.

### VIIIB. PROCEDURES – GRIEVANCE

**If a grievance is filed with the CoC, the following steps must be followed to find resolution to the grievance:**

- The CoC coordinator will investigate the claim and take appropriate remedial action.
- Should the CoC coordinator determine that there could be a potential fair housing issue, the matter may be referred the Legal Services of Eastern Michigan’s Fair Housing Center of Eastern Michigan to address all legal claims.
- Legal actions may be taken to assure the provider abides by all fair housing laws and does not discriminate against clients on the basis of the federal, state, and local protected classes.
- If it is determined that the concerns can be addressed through mediation and the parties are in agreement, a referral will be provided to the Community Resolution Center.

**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/documents/HEARTH\\_ESGInterimRule&ConPlanConfirmingAmendments.pdf](https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRule&ConPlanConfirmingAmendments.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 HARA’s 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 are able to 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:

<p><b>Category 1</b></p>	<p><b>Literally Homeless</b></p>	<p><b>Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</b>            (i) Has a primary nighttime residence that is a public or private place not meant for human habitation;            (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            (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</p>
<p><b>Category 2</b></p>	<p><b>Imminent Risk of Homelessness</b></p>	<p><b>Individual or family who will imminently lose their primary nighttime residence, provided that:</b>            (i) Residence will be lost within 14 days of the date of application for homeless assistance;</p>

		(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.

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

**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 persons 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.

**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 in order to maintain permanent housing.

Severe service needs should be identified and verified through the use of 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.

**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 in order 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.

## QBNL Update

**Date: February 2021**

1. a) Chair Name: Antoinette McClain      b) Co-chair Name:
2. Purpose: Development of an implementation policy and strategy for QBNL within in the Flint/Genesee County CoC.
3. a) Meeting Date:                      b) Frequency: Monthly  
     Attendees: [Click to tap here to enter text.](#)
4. Goals (short term/ long term):
  - a. Short term: Effectively manage the QBNL and ensure that all data is accurate and up to date.
  - b. Long term: Effective prioritization plan for those individuals to ensure highest vulnerability individuals are housed first. To end the cycle of homelessness for our community.
5. Outcomes:

### A. Quantitative:

#### 1. CESA forms received February 1st – February 28<sup>th</sup> = **38 Total**

a) Comments: *CESA's from partner agencies are continuing (MBK, Carriage Town, Shelter of Flint, YWCA, and Street Outreach.) Clients continue form all shelters/community continue to utilize Metro Community Development HELP hotline. The number of calls received on the hotline has decreased for the month of February*

#### 2. Referrals from CE February 1st – February 28<sup>th</sup> = **23 Total**

- a) My Brother's Keeper –5
- b) Shelter of Flint –11
- c) Catholic Charities-1
- d) GHS-6

#### Comments:

1. Flint Housing Commission has 40 homeless preference vouchers available. CE has only received three (All 3 approved) completed applications package so far.

#### 3. Housed MTD February 2021- **15**

- a) Catholic Charities- 3
- b) Berkley Place PBV-8
- c) GHS-1
- d) MBK-3

#### 4. Housed YTD with CES –**89\*(Includes 1 client not counted in January)**

- a) GHS – **24** (15 RRH and 9 PSH)
- b) Shelter of Flint – **21** (18 PSH and 3 Rosewood)

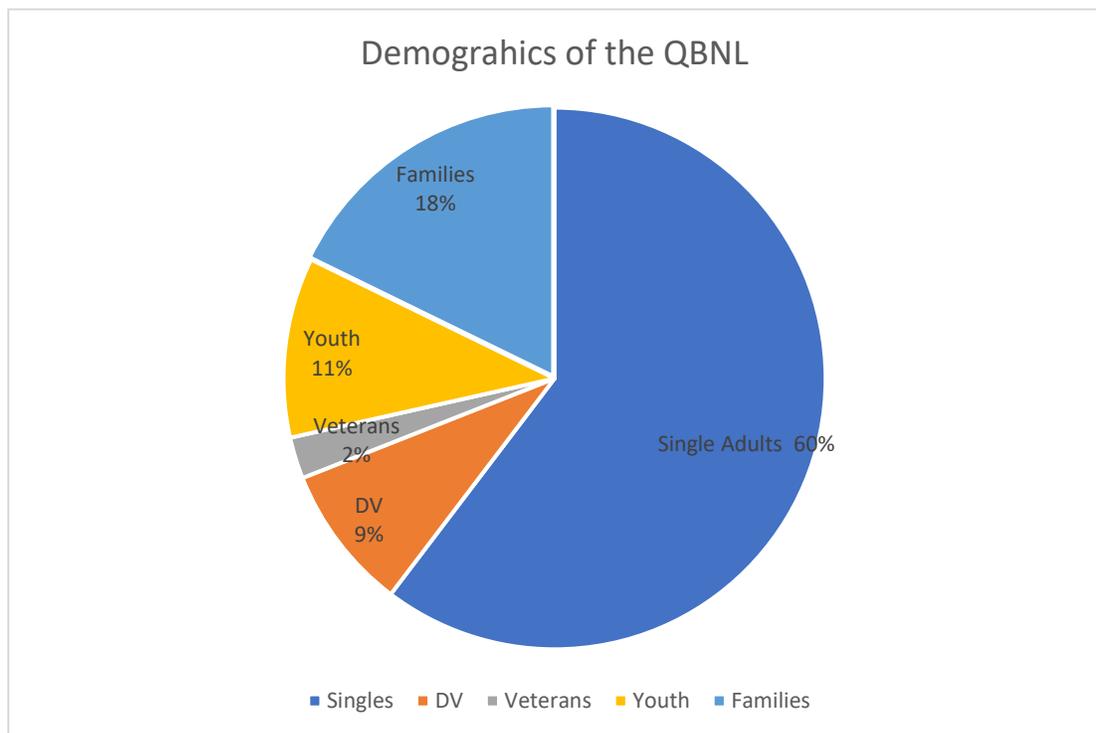
- c) MCD – 6 (TBRA)
- d) GCYC – 6
- e) Catholic Charities – **17(RRH)**
- f) Swayze Court-**1(PSH)**
- g) PBV-Willowhaven-**2(PSH)**
- h) PBV-Berkley Place-**8(PSH)**
- i) MBK-**3(RRH)**

B. **Qualitative:** The QBNL helped Genesee County House the most vulnerable clients first.

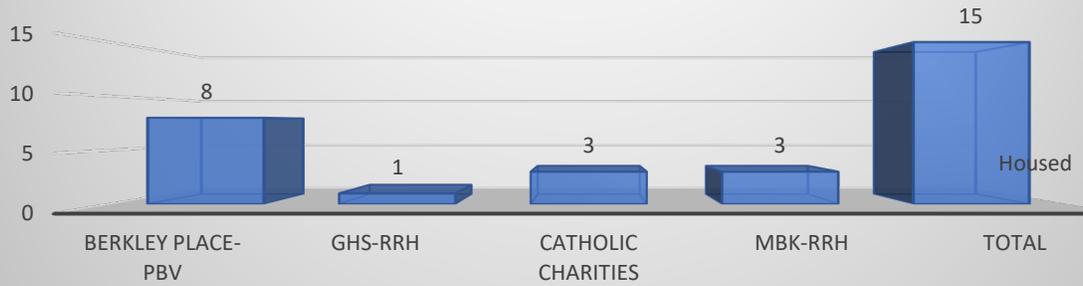
C. **Observations, Comparisons/Trends:** For the month of February the number of clients on the QBNL has remained consistent. There has been an increase of clients that are reentering the CE system. The clients who have returned where either exited due to non-compliance or lack of progress. Available PBV Apartments continue to provide alternative housing options for clients who score into PSH.

## COORDINATED ENTRY Updates

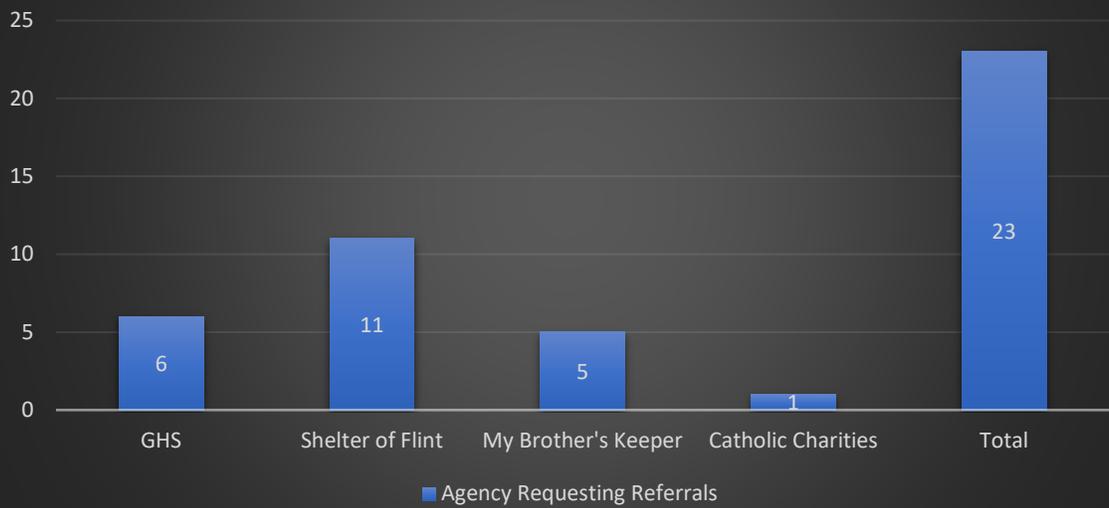
- I. Total number of Clients on the QBNL as 3/5/2021-242 (**Scored into Housing Intervention**)
- II. Demographics of the QBNL
  - a. Singles- 146
  - b. Families-43
  - c. Youth-26
  - d. Veterans-6
  - e. DV-21



## Housed February 2021

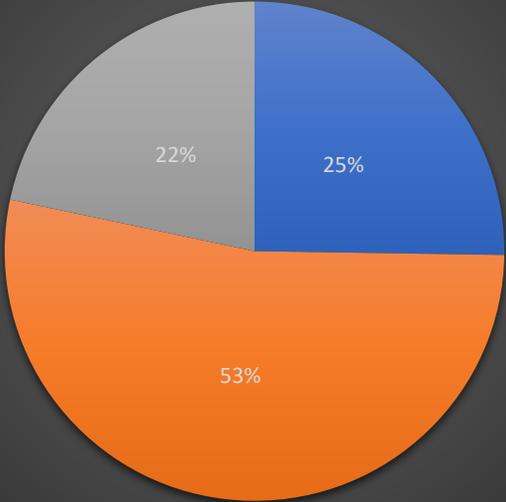


## Agency Requesting Referrals February-23 Total Referrals



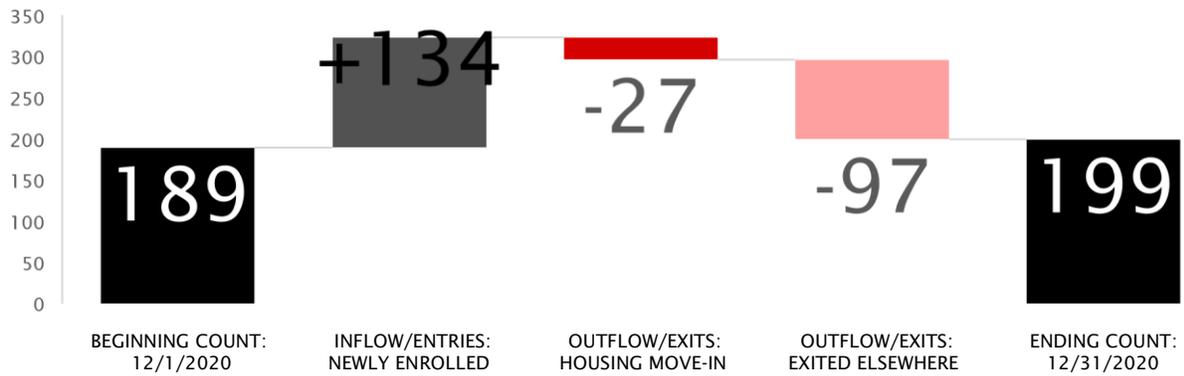
**QBNL Acuity as of 03/05/2021**

**164 RRH, 78 PSH, 67 NHI**

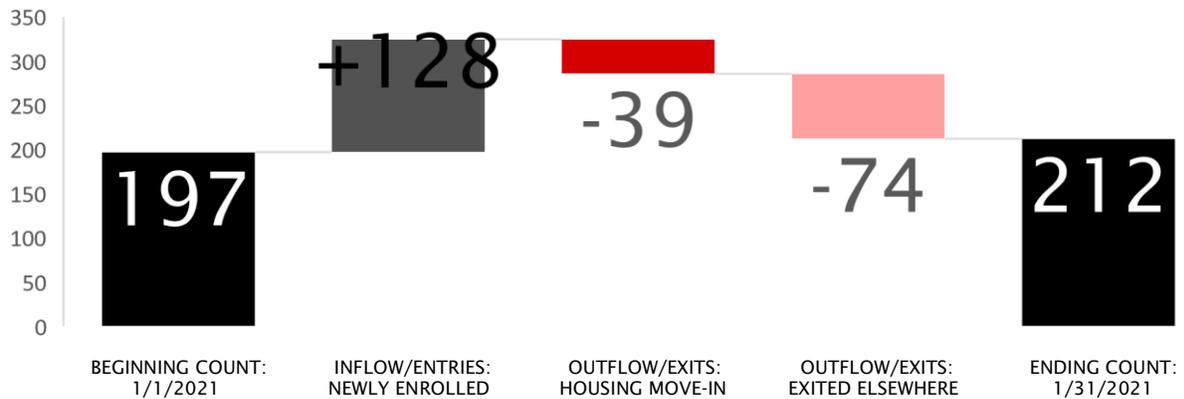


■ Permanent Supportive Housing (Scored 8+) ■ Rapid Re-Housing (Scored 4-7) ■ No Housing Intervention

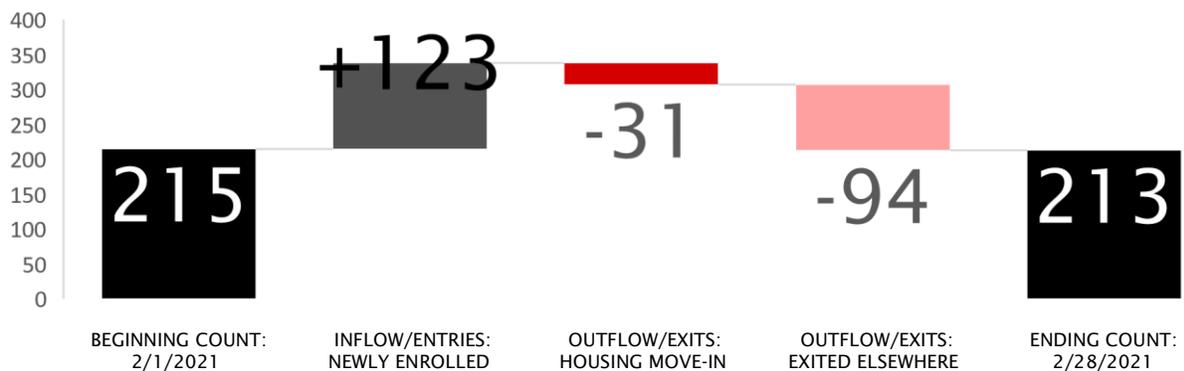
### DECEMBER 2020 HMIS-REPORTED HOMELESSNESS INFLOW AND OUTFLOW



### JANUARY 2021 HMIS-REPORTED HOMELESSNESS INFLOW AND OUTFLOW



### FEBRUARY 2021 HMIS-REPORTED HOMELESSNESS INFLOW AND OUTFLOW



# Governance Workgroup Report Out Form

Date: 03/05/2021

1. Subcommittee Name: CoC SOAR Stakeholder's Workgroup
2. a) Chair Name: William A. Doub                      b) Co-chair Name(s): Melissa Mays, Allie Herkenroder
3. Purpose: Assisting SHP program participants and other vulnerable individuals with applying for Federal, State and local benefits is an important adjunct to the accomplishing the purpose of the Continuum of Care – that of assisting consumers with moving from homeless to housing and having the supports and income to sustain their housing.
4. Meeting Date: 2/18/2021                      b) Frequency: Quarterly or as needed
  - a. **Attendees:** See attached list of attendees at SOAR Stakeholder meeting.  
**Note: MDHHS has announced new cohort training dates, which began in January 2021. Bill Doub will secure the dates for the next training cohort. These dates will be shared with Metro for distribution to CoC Membership and their network of service providers. As an outcome from last month's CoC meeting, Bill Doub would like to schedule a meeting of current and potential SOAR Stakeholders to discuss referrals and the SOAR Methodology.**
5. Goals:
  - b. **Short term:** Increase the number of SOAR Trained staff using SOAR Principles and Methodology to assist with applying for benefits.
  - c. **Long term:** Establish a network of SOAR trained staff and SOAR Stakeholders to assist SHP housing recipients and other vulnerable individuals with applying for benefits.
6. Outcomes:
  - a. **Quantitative:** 1) Increase the number of approvals for clients receiving Federal, State, and local benefits; 2) increase the number of SOAR Trained staff assisting SHP clients with applying for benefits. 3) Increase the amount of dollars returned to the County as a direct benefit utilizing SOAR.
  - b. **Qualitative:** Establishment of a network of SOAR – Trained Cadre to assist individual clients with applying for Federal and State benefits.
7. Observations, comparisons/Trends: **The SOAR Support Group met as scheduled in February. The next support group meeting is scheduled for March 18<sup>th</sup>. MDHHS has announced the SOAR Cohort Training Schedule beginning with registration for the First Cohort which began in January 2021. We have had requests asking for when the Second Cohort will be scheduled. Bill Doub will secure those dates from the MDHHS SOAR Specialist. Plans for next two months include a meeting with MDHHS and the social Security Administration to review the state SOAR process and guidelines. Quick update: Melissa Mays, GHS – Family Navigator was acknowledged by SAMHSA/PRAINC as achieving a 100% approval rate for all applications. In recognition that agencies are concerned about the cost of sending staff to the SOAR – Training, the United Way of Genesee County has offered financial assistance to cover the training expenses. The SOAR training itself is free and conducted on-line.**

Thank You for your support for SOAR!

**Genesee County - 2020 ESG, HOME and CARES Act Spending Report - as of 3/1/2021**

Agency	Activity	HUD AWARD	Disbursed	Balance	% of grant spent	% of grant remaining	Contract End Date
<b>MBK</b>	2020 ESG Shelter Operations	\$26,018.00	\$25,878.12	\$139.88	99.5%	0.5%	7/31/2021
	ESG-CV Shelter Operations	\$30,016.00	\$0.00	\$30,016.00	0.0%	100.0%	9/30/2021
	ESG-CV Shelter Improvements	\$59,920.00	\$0.00	\$59,920.00	0.0%	100.0%	9/30/2021
<b>Shelter of Flint</b>	2020 ESG Shelter Operations	\$19,273.00	\$12,691.10	\$6,581.90	65.8%	34.2%	7/31/2021
	ESG-CV Shelter Operations	\$27,067.00	\$5,004.77	\$22,062.23	18.5%	81.5%	9/30/2021
	ESG-CV Shelter Improvements	\$165,080.00	\$29,062.41	\$136,017.59	17.6%	82.4%	9/30/2021
<b>Catholic Charities</b>	2020 ESG Homelessness Prevention	\$13,780.00	\$0.00	\$13,780.00	0.0%	100.0%	7/31/2021
	2020 ESG Rapid Rehousing	\$21,201.00	\$0.00	\$21,201.00	0.0%	100.0%	7/31/2021
	CDBG-CV Rent, Mortgage, Utility Asst.	\$108,422.00	\$0.00	\$108,422.00	0.0%	100.0%	9/30/2021
<b>Metro</b>	2020 ESG HMIS	\$8,030.00	\$0.00	\$8,030.00	0.0%	100.0%	7/31/2021
	CDBG-CV Rent, Mortgage, Utility Asst.	\$108,422.00	\$30,495.35	\$77,926.65	28.1%	71.9%	9/30/2021
	2020 HOME - TBRA	\$43,000.00	\$10,680.02	\$32,319.98	24.8%	75.2%	7/31/2021
<b>GCYC</b>	2020 ESG Shelter Operations	\$31,800.00	\$9,210.06	\$22,589.94	29.0%	71.0%	7/31/2021
	ESG-CV Shelter Operations	\$17,917.00	\$0.00	\$17,917.00	0.0%	100.0%	9/30/2021
<b>GCCARD</b>	2020 ESG Homelessness Prevention	\$9,187.00	\$0.00	\$9,187.00	0.0%	100.0%	7/31/2021
<b>YWCA</b>	2020 ESG Shelter Operations	\$19,273.00	\$5,783.70	\$13,489.30	30.0%	70.0%	7/31/2021

**Flint/Genesee County 2021/2021 HUD Grant Spending Report through January 2021**

*Red: concern/discussion*

*Yellow : Caution*

*Green: on track*

Start Month	Agency/Project Name	Grant #	Funds Req Type	HUD AWARD	Disbursed (eLOCCS)	Balance (eLOCCS)	Months into grant	% of grant spent	% of grant remaining	# of mths remaining	Est mthly \$ to meet reqs.	Avg Mthly Reimbursement	Notes
APR 2020	<b>GCYC- Homeless Outreach</b>	<b>0147-911</b>	supp svc	\$100,203.00	\$89,178.10	\$11,024.90	10	89.00%	11.00%	2	\$5,512.45	\$9,005.49	
	4/1/2020-3/31/2021		admin	\$7,014.00	\$876.75	\$6,137.25		12.50%	87.50%		\$3,068.63		
		Total		\$107,217.00	\$90,054.85	<b>\$17,162.15</b>		83.99%	16.01%		<b>\$8,581.08</b>		
	<b>SOF- Chronic Homeless Families</b>	<b>0343-905</b>	supp svc	\$14,911.00	\$14,911.00	\$0.00	10	100.00%	0.00%	2	\$0.00	\$8,461.12	
	4/1/2020 - 3/31/2021		leasing	\$79,029.00	\$68,200.20	\$10,828.80		86.30%	13.70%		\$5,414.40		
			admin	\$6,000.00	\$1,500.00	\$4,500.00		25.00%	75.00%		\$2,250.00		
			Total		\$99,940.00	\$84,611.20		<b>\$15,328.80</b>	84.66%		15.34%		<b>\$7,664.40</b>
	<b>SoF - Veterans Lease Up</b>	<b>0344-906</b>	supp svc	\$25,461.00	\$23,100.90	\$2,360.10	7	90.73%	9.27%	5	\$2,121.75	\$6,827.48	
	4/1/2020-3/31/2021		leasing	\$34,721.20	\$23,177.48	\$11,543.72		66.75%	33.25%		\$2,893.43		
			admin	\$6,056.00	\$1,514.00	\$4,542.00		25.00%	75.00%		\$504.67		
			Total		\$66,238.20	\$47,792.38		<b>\$18,445.82</b>	72.15%		27.85%		<b>\$3,689.16</b>
	<b>MCD-Coordinated Entry</b>	<b>613-901</b>	supp svc	\$61,858.96	\$42,571.88	\$19,287.08	7	68.82%	31.18%	5	\$3,857.42	\$6,429.20	Grant was action 9/23/2020 History: CE: Spent down DV: New
	7/1/2020 - 6/30/2021		DV	\$50,000.00	\$1,216.25	\$48,783.75		2.43%	97.57%				
			admin	\$4,865.00	\$1,216.25	\$3,648.75		25.00%	75.00%		\$729.75		
			Total		\$116,723.96	\$45,004.38		<b>\$71,719.58</b>	38.56%		61.44%		

JUL 2020	SoF - CoC Lease Up	0143-912	ops	\$17,490.00	\$12,367.06	\$5,122.94	7	70.71%	29.29%	5	\$1,024.59	\$25,601.33
	7/1/2020-6/30/2021		supp svc	\$80,613.00	\$51,620.41	\$28,992.59		64.03%	35.97%		\$5,798.52	
			leasing	\$163,736.00	\$113,190.21	\$50,545.79		69.13%	30.87%		\$10,109.16	
			admin	\$16,253.00	\$2,031.63	\$14,221.37		12.50%	87.50%		\$2,844.27	
		Total		\$278,092.00	\$179,209.31	\$98,882.69		64.44%	35.56%		\$19,776.54	
	SoF - Rosewood Manor	0150-912	ops	\$30,242.00	\$15,262.31	\$14,979.69	7	50.47%	49.53%	8	\$1,872.46	\$5,174.23
	7/1/2020-6/30/2021		supp svc	\$33,657.00	\$20,435.81	\$13,221.19		60.72%	39.28%		\$1,652.65	
			admin	\$4,172.00	\$521.50	\$3,650.50		12.50%	87.50%		\$456.31	
		Total		\$68,071.00	\$36,219.62	\$31,851.38		53.21%	46.79%		\$3,981.42	
	5.00%											
GCCY Transistional Living	0144-912	ops	\$55,869.00	\$54,202.56	\$1,666.44	7	97.02%	2.98%	5	\$333.29	\$12,156.72	
7/1/2020-6/30/2021		supp svc	\$62,500.00	\$28,085.60	\$34,414.40		44.94%	55.06%		\$6,882.88		
		admin	\$8,285.00	\$2,808.90	\$5,476.10		33.90%	66.10%		\$1,095.22		
	Total		\$126,654.00	\$85,097.06	\$41,556.94		67.19%	32.81%		\$8,311.39		
MCD - CoC Planning	0649-900	CoC planning	\$125,000.00	\$22,500	\$102,499.65	4	18.00%	82.00%	8	\$12,812.46	\$5,625.09	
10/1/2020-9/30/2021		admin	\$0.00	\$0.00	\$0.00			100.00%		\$0.00		
	Total		\$125,000.00	\$22,500.35	\$102,499.65		18.00%	82.00%		\$12,812.46		
AUG 2019	SoF - Lease UP	0314-908X	supp svc	\$19,000.00	\$13,286.72	\$5,713.28	6	69.93%	30.07%	6	\$952.21	
8/1/2020-7/31/2021		leasing	\$96,895.00	\$56,545.91	\$40,349.09	58.36%		41.64%	\$6,724.85			
		admin	\$7,147.00	\$893.38	\$6,253.62	12.50%		87.50%	\$1,042.27			

	Total		\$123,042.00	\$70,726.01	\$52,315.99		57.48%	42.52%		\$8,719.33	\$11,787.67	
<b>SoF - Community Lease Up</b>	<b>373-906</b>	supp svc	\$10,579.00	\$8,286.77	\$2,292.23		78.33%	21.67%		\$382.04		
8/1/2020 - 7/31/2021		leasing	\$97,435.00	\$56,509.10	\$40,925.90	6	58.00%	42.00%	6	\$6,820.98		
		admin	\$7,175.00	\$1,663.81	\$5,511.19		23.19%	76.81%		\$918.53		
	Total		\$115,189.00	\$66,459.68	\$48,729.32		57.70%	42.30%		\$8,121.55	\$11,076.61	
<b>GHS - Lease Up</b>	<b>0149-911</b>	leasing	\$259,284.00	\$98,126.81	\$161,157.19		37.85%	62.15%		\$23,022.46		
8/1/2020 - 7/31/2021		supp svc	\$73,548.00	\$19,054.13	\$54,493.87	5	25.91%	74.09%	7	\$7,784.84		History: Spend down
		admin	\$31,816.00	\$12,688.96	\$19,127.04		39.88%	60.12%		\$2,732.43		
	Total		\$364,648.00	\$129,869.90	\$234,778.10		35.62%	64.38%		\$33,539.73	\$25,973.98	
<b>MCD - HMIS</b>	<b>0146-912</b>	HMIS costs	\$85,747.00	\$7,500.00	\$78,247.00		8.75%	91.25%		\$9,780.88		
10/1/2020 - 9/30/2021		admin	\$3,830.00	\$0.00	\$3,830.00	3	0.00%	100.00%	8	\$478.75		History: Spend down
	Total		\$89,577.00	\$7,500.00	\$82,077.00		8.37%	91.63%		\$10,259.63	\$2,500.00	
<b>GHS - RR</b>	<b>0447-905</b>	RA	\$189,360.00	\$71,321.51	\$118,038.49		37.66%	62.34%		\$16,862.64		
8/1/2020 - 7/31/2021		supp serv	\$41,747.00	\$13,275.55	\$28,471.45	5	31.80%	68.20%	7	\$4,067.35		
		admin	\$15,396.00	\$9,622.49	\$5,773.51		62.50%	37.50%		\$824.79		
	Total		\$246,503.00	\$94,219.55	\$152,283.45		38.22%	61.78%		\$21,754.78	\$13,459.94	
<b>GCYC Transistional Living</b>	<b>0670-900</b>	RRH-TH	\$95,940.00	\$34,752.45	\$61,187.55		36.22%	63.78%		\$7,648.44		
10/1/2020 - 9/30/2021		supp serv	\$75,592.00	\$25,717.37	\$49,874.63	4	34.02%	65.98%	8	\$6,234.33		
		admin	\$17,005.00	\$0.00	\$17,005.00		0.00%	100.00%		\$2,125.63		
	Total		\$188,537.00	\$60,469.82	\$128,067.18		32.07%	67.93%		\$16,008.40	\$15,117.46	

**2021 Genesee County ESG - Recommended Funding Amounts**

<b>Category</b>	<b>Amount Available</b>	<b>Agency</b>	<b>Amount Requested</b>	<b>2021 Amount Recommended</b>
<i>Emergency Shelter (60%)</i>	<i>\$96,364</i>	GCYC	\$31,800	\$30,836
		MADE Institute	\$12,500	\$4,818
		My Brother's Keeper	\$27,525	\$24,091
		Shelter of Flint	\$45,600	\$19,273
		YWCA	\$56,482	\$17,346
<i>Homeless Prevention (14.5%)</i>	<i>\$23,288</i>	GCCARD	\$25,000	\$23,288
<i>Rapid Rehousing (13%)</i>	<i>\$20,879</i>	GCYC	\$20,879	\$20,879
<i>HMIS (5%)</i>	<i>\$8,030</i>	Metro	\$8,030	\$8,030
<i>Admin (7.5%)</i>	<i>\$12,046</i>	GCMPC	\$12,046	\$12,046

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