



Wednesday May 12, 2021

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**

- I. **Welcome** Essence Wilson
  
- II. **Community Presentations** Erik Soderburg  
Becka Management LLC
  
- III. **OLD BUSINESS**
  - A. Approval of April minutes Essence Wilson
  - B. Governance Council update “  
Polly Sheppard  
Sheppard Consulting LLC
  
  - C. Coordinated Entry Policy and Procedures
    - 1. Vote to approve
  
- IV. **REPORTS**
  - A. H.A.R. A Vicky Schultz
  - B. Street Outreach Jim Perlaki
  - C. Coordinated Entry Antoinette McClain
  - D. HMIS Admin David Tweedie
  - E. Subcommittee/Work Group reports Chairpersons
  
- V. **NEW BUSINESS**
  
- VI. **OTHER BUSINESS**
  - A. Continuum of Care New Website Kermyra Hinkle  
<https://flintgeneseecountycoc.org/>
  
- VII. **Announcements**

Sharing, Client Successes, announcements & opportunities, email for distribution:  
[flint-geneseecoc@metroflint.org](mailto:flint-geneseecoc@metroflint.org)
  
- VIII. **Adjournment** Essence Wilson

**Next meeting June 9, 2021 9:00 AM Location: Teleconference**



## *Flint/ Genesee County CoC Minutes*

Meeting Minutes

April 14, 2021

9:00 AM Zoom Teleconference Call

**Attendance:** Greg Abler, CCJ; China Aquino, OLHSA; Kelly Bidelman, CCJ Linda Bielskis, SOF; Jodi Blair, GHS; Misty Bowers, GCYC; Donna Bunin, OLHSA; Maurice Bush, Wellness; Dwayne Clemons, Hamilton; Kanisha Clemons, YWCA; Tina Counterman, Sacred Heart Center; Judy Creed, YWCA; Sharda Davis, GCCARD; Bill Doub, GHS; Damon Fortney, GCMPC; James Gaskin, United Way; Allison Green, MCAH; Danielle Greene, SOF; Debra Hayes, MBK; Allie Herkenroder, FHC; Myra Hinkle, MCD; Angela Hood-Beaugard, Literacy Network; Shelly Hoffman, SOF; Sheery Houston, Ennis Center for Children; James Hudgens, New Paths; Tracey Jackson, MCD; Tanya Jefferson, Catholic Charities; Latoya Jenkins, GCCARD; Lori Kunkel, GFHC; Tamika Mack, MDHHS; Sandy Manssur, Sunshine Family Care Clinic; Erin Markell, OLHSA; Antoinette McClain, MCD; Maeko McGovern, City of Flint Public Health Navigators; Kevin Miller, City of Flint; Molly Mueller, Communities First; Elizabeth Noye, Salvation Army; Jill Nylander, LSEM; Nicole Palmerton, MCAH; Jim Perlaki, GCYC; Shaundale Richmond, MCD; Trina Sander, YWCA; Dinah Schaller, MCC; Vicky Schultz, Catholic Charities; Ashley Seebach, FOH; Kirk Smith, GFHC; Grace Taylor, GHS; Kevin Thompson, Ann Arbor VA; Chris Townsend, Salvation Army; David Tweedie, OrgCode; Jamie-Lee Venable, United Way; Angela Willie, CTM; Essence Wilson, Communities First; Rayetta Wyatt, State of Michigan Veteran Employment Services; Ashnee Young, LSEM; Cheryl Zapfe, GISD

**Welcome:** Meeting call to order by Essence Wilson at 9:06 AM.

**Addressing Barriers to Housing:** Jill Nylander of Legal Services of Eastern Michigan announced a reminder of the Legal Lounge Facebook Livestream on Thursday, April 15<sup>th</sup> for Fair Housing Month regarding 'Barriers to Affordable Housing.' The hope is that this will be an informative forum for an audience of caseworkers and housing navigators on how to help homeless clients get identification and understand the workings of Homeless Court and subsidized housing. Debra Hayes of My Brothers Keeper and Essence Wilson of Communities First will be presenting as well. This training was created in place of the CoC discussion last month about housing barriers. A Facebook live replay will be available on the Legal Services of Eastern Michigan social media page.

**Lead Agency:** Tracey Jackson of Metro Community Development presented a high-level overview of Metro Community Development's lead agency role and key tasks as lead agency. She discussed in detail five key areas that the lead agency operates.

- (1) CoC Program NOFA submission,
- (2) Grant administration
- (3) Meeting management
- (4) CoC leadership
- (5) Data and information flow

### **OLD BUSINESS**

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

**Governance Council Update:** Essence stated that the Executive Committee, Governance Council, and the Governance workgroups are continuing to meet. The Governance communications workgroup met with Metro Community Development (MCD) staff regarding the new website and offered feedback. Also, Essence stated that the RFP process has been drafted and is being reviewed. Going forward the RFP process will be proposed in selecting the lead agency, HARA and possibly other key roles and vendors for a broader range of services. There has also been more progress on the bylaws and charter as a comprehensive and guiding document. The Executive committee members and some members of the MCD

staff have provided feedback as well as an opportunity to optimize operations and incorporate the Governance charter that was put in place.

**Continuum of Care Membership Survey:** Jill Nylander stated that the Continuum of Care membership survey's end goal is that it will be the means for creating the CoC Directory. Jill stated that Angela Beaugard has been very hands on with the work in finalizing the survey as well. The survey was also sent to the Governance council last week for refinement and final review. Completing the survey will be useful in collecting information about agency services so there is a better sense of how we can all collaborate and coordinate together. Please complete the survey link attached to the CoC agenda before the next CoC meeting.

**Coordinated Entry Policies and Procedures:** The motion to approve the Coordinated Entry Policies and Procedures as presented was brought forth with one opposed from the Flint Housing Commission. The suggestion was noted that specific concerns from the Flint Housing Commission will be discussed and clarified with the Coordinated Entry Policies and Procedures workgroup lead and be presented back to the committee for review to move. The Policies and Procedures can be drafted so the assessment is referenced and dated as an updated addendum. The motion has been resent.

## **REPORTS**

**HARA:** Vicky Schultz stated that the CERA (COVID Emergency Rental Assistance) program is currently operating with the two program providers, Catholic Charities and GCCARD. The CERA work and funding in Genesee County is divided by zip codes and the software training for the CERA program work took place last week. The process for applying into the program is on the Catholic Charities website and it is strongly encouraged that the tenant and landlord apply through the online application. Vicky stated they have spent over \$410,000 in funding since March 22<sup>nd</sup> in paying utilities, water, and internet bills as well as other bill coverage that tenants may need for homeless prevention. Catholic Charities and GCCARD staff presented to the Genesee County Landlord Association and the landlords are eager to participate and learn the process.

Discussion ensued about how calls are routing from HARA at (810) 600-4525 and the Coordinated Entry Helpline at (810) 544-4357 and the need to ensure that there is a process in place, so callers are being assisted without creating more barriers. An ad-hoc workgroup will meet to discuss how this call line routing process can evolve.

**Continuous Quality Improvement (CQI):** Jim Perlaki stated that the first CQI meeting will be held at 1 pm on Thursday, April 29<sup>th</sup>. A recurring call calendar invite will be coming via CoC email soon.

**Street Outreach:** Jim Perlaki stated that the Street Outreach has engaged with 174 individuals, in addition to their engagements with the community efforts at Sunset Village apartments and Richfield Court apartments. He stated that 18 homeless verifications were completed this month. There were four homeless verifications that were not done due to the persons not meeting qualifications of homelessness or not being able to locate the person listed on the homeless verification. He stated that the Street Outreach team gave out numerous bus passes and made many connections with community partner organizations.

**Coordinated Entry:** Antoinette McClain stated that there is an increase in trend with individuals housed within the last two months. She also stated that Homeless Preference Vouchers (HPV) are still available through Flint Housing Commission for anyone impacted by COVID-19. MSHDA has Housing Choice Vouchers (HCV) openings as well, the recurring issue is the lack of case management in fully completing the initial application as well as including all the identification documentation required. Essence stated the barriers of the HCV process will be discussed once a meeting date can be finalized among all of the individuals who expressed interest in attending.

**HMIS Administrator:** David Tweedie stated that 220 individuals in Flint and Genesee County experienced homelessness at the beginning of March with 122 new inflow entries. There were 30 people who moved into housing and 101 people who exited elsewhere. This resulted in 211 people experienced homelessness at the end of the month which is an overall reduction from the beginning to end of the month but an overall increase in the last six months. David stated he is looking forward to working with the Coordinated Entry group and CQI group to look at some analysis and discuss some nuance approaches. The OrgCode report data will be sent via CoC email when available.

**Subcommittee/Work Group reports:**

**SOAR: Bill Doub** stated that the SOAR subcommittee met in March and many participants on the call expressed interest in the SOAR process and training. He stated there has been discussion about whether the CoC will consider locating a SOAR trained individual to assist providers in the Continuum. He stated they are working with some CoC member agencies now and he appreciates the support. These objectives will be discussed at the May SOAR meeting.

**NEW BUSINESS**

**2021 Continuum of Care Program, Notice of Funding Availability (NOFA):** Tracey Jackson stated that in the next few weeks the CoC will receive emails about community meetings and assessing our projects as well as 2019-2020 scoring sheets etc. It will be discussed as a community so we can be ready when it drops in July. She stated they will begin to look at/discuss the Strategic Plan (formerly known as the 10-Year Plan). As well as the coordinated entry data and trends that David Tweedie has noted. The subrecipients interested in direct relationship with HUD that will be a discussion and an overview discussion for new agencies that would like to apply for funding and new programming. Stay tuned as the information will be coming out to the community within a couple weeks.

**OTHER BUSINESS**

**My Brothers Keeper of Genesee County Notice of Funding Opportunity (NOFO):** Debra Hayes stated that the Department of Veteran Affairs for COVID-19 has developed a plan in reducing the congregate settings in a shelter/grant per diem and increasing the number of single units with a bathroom. She stated that the requirement is that all grant per diem beds must be in a single unit with a bathroom. Our goal is to move the grant per diem program to a different location and the Department of Veteran Affairs is giving 50 thousand dollars per grant per diem bed to make that happen. Debra stated that an organization they are working with the board of directors to ensure that they can find the property access to acquire. My Brothers Keeper is asking for CoC support in helping build a veteran's community with that funding. The request was reviewed by the Executive Committee the Governance Council to be forwarded the general CoC body for motion of approval for the letter of support. The motion was approved with one abstention from Center of Civil Justice.

**Adjournment: Essence adjourned meeting at 10:29 AM. Next meeting: May 12, 2021, 2021 9:00 AM Location: Teleconference**

**Submitted by** Myra Hinkle

**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.



## Sub-Committees, H.A.R.A., 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

**May 12, 2021**

Housing Assessment and Resource Agency (H.A.R.A.) – Vicky Schultz

Continuous Quality Improvement – Jim Perlaki

Coordinated Entry System (CES)/QBNL – Antoinette McClain

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

#### *Financial Reports:*

County ESG – Damon Fortney

HUD – Tracey Jackson

# CATHOLIC CHARITIES OF SHIAWASSEE & GENESEE COUNTIES

## HARA/CERA Monthly Report

**April 2021**

March/April 2021 - Three (3) staff members no longer work at Catholic Charities in the HARA Program. The past month or so, has been a bit trying to re-group and continue to provide services at the same time as hiring new staff, and rolling out the new CERA Program.

Customer Service Representatives – Two (2) new employees were hired to be at the front desk to handle walk-ins and customer calls.

Total Calls	-	881
Walk-Ins	-	191
Appts	-	25 (helping with applications)

### Homeless Prevention

Andrea Lasley, has been hired as the new full-time Housing Specialist. Andrea jumped in to help the CEO, Vicky Schultz, take on many of the tasks dealing with the residents of Sunset and Richfield Apts. along with the entire group that was helping. Catholic Charities placed 24 individuals/families in hotels.

12 Active Cases

28 Cases were paid/closed

745 Calls

### Rapid ReHousing

Ardelia Mincey, full-time Housing Specialist, currently has 10 open cases she is case managing. And, in the process of getting 10 new cases.

### Housing Choice Vouchers

Previous Employee resigned with “no notice”. No activity on HARA’s end for the month of April.

Catholic Charities is contracting with Misty Bowers, Outreach Specialist, to maintain the HCV Waiting List, since Misty has prior experience with this list.

## CERA (Covid Emergency Rental Assistance) Program

The Program officially started March 15, 2021. At which time, I had staff hired to start taking paper applications, since the on-line software was not introduced yet. We started with processing applications the week of March 22, 2021.

Three (3) full-time CERA Housing Specialists:

530 Calls Taken

173 Open Applications

159 Applications Completed/Paid

Over 200 Paper Applications were submitted between March 15 – April 30, 2021; of which 127 Rental payments have been made for a total of **\$610,568.61** and 125 applications for utility assistance (gas, electric, water/sewer, internet) in the amount of **\$95,016.25**.

There are many applications that come in without all the necessary documentation. There are an enormous amount of phone calls (outbound) that are not even recorded.

Software Training occurred on April 8 & 9, 2021 – with a one-hour webinar. MSHDA is really pushing for the on-line application. On-line applications began coming in on Tuesday, April 13, but none of the rights were established at that time. By the end of the week, we could go in and see how many were applying on-line. All Genesee Counties applications were coming into Catholic Charities and still do, but we re-assign to GCCARD daily, until the software can be programmed to do this automatically.

We are currently pushing to get all the paper applications into the new software. The deadline is Friday, May 7, 2021.

Submitted by,

Vicky L. Schultz, CEO

# Monthly Subcommittee Report Out Form

Date: 4-29-2021

1. **Subcommittee Name:** Continuous Quality Improvement (CQI)
2. **a) Chair Name:** Jim Perlaki                      **b) Co-chair Name:** Co-chair now open
3. **Purpose:** Review the needs of the community in response to determining future Quality Improvement strategies
4. **a) Meeting Date:** 4/29/2021                      **b) Frequency:** Third Thursday each month at 1:00 pm  
Attendees: Jim Perlaki, Melissa Mehalko, Shaundale Davis-Richmond, Jodi Blair, Kermyra Hinkle, David Tweedie, Danielle Greene, Allie Herkenroder, Maurice Bush, Antoinette McClain, Tracey Jackson, Jamie Lee Venable
5. **Goal (short/long term):** Short term – brainstorm ideas of projects that need to be addressed for community efficiencies. Long term – Plan for strategies to address the projects determined to be highest priority.
6. **Outcomes:**
  - a. **Quantitative:** The team generated an early list of the projects that can be addressed to build stronger community efficiencies.
  - b. **Qualitative:** The team determined that the first project that they wish to address is the strengthening of the Coordinated Entry System.

**Observations, comparisons/Trends:** Jim started the meeting with discussing what CQI is and what it is not. He provided a historical perspective of the community's implementation of the CQI committee under the CoC. The committee will review data and use data to inform the direction of and outcomes of the committee's work. However, the CQI committee is not a data collection committee. That is left to the HMIS administrator's committee. Assurance of the accuracy and integrity of the data is critical and will be addressed. The committee will focus on outcome that the community would like to address beyond those required by HUD, MSHDA and/or other funding sources.                      The following is a list of projects presented to review for the future: *landlord accountability (slumlords) system, coordinated entry system and relationship with the HARA, a vital records system, increased affordable housing stock, review of the*

## Monthly Subcommittee Report Out Form

Date: 4-29-2021

*economic costs of housing, sustainability of housing for individuals and families, looking for changes in the PSH system of housing as a long term option, the lack of moving up vouchers, need to increase the delivery of support services to increase independence.*

There was much discussion regarding long-term projects and short-term projects. Members discussed different members addressing different projects, however, the present priority focus should be on reviewing and making recommendations for improvements to the coordinated entry system. There was concern raised if the right people are at the table to address the projects determined as a priority. Concerns were raised regarding who has the authority to implement any changes recommended and if this committee has any further role in changing direction. Jim will present the concerns to the Executive Committee for review by Governance.

**The committee will meet on the third Thursday of each month at 1:00 pm**

## QBNL Update

### Date: March 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 April 1st – April 30<sup>th</sup> = **40 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.*
2. **Referrals** from April 1st – April 30<sup>th</sup>= **25 Total**
  - a) My Brother's Keeper –5
  - b) SSVF–4
  - c) MCD-TBRA-2
  - d) GHS-14
  - e) **Comments:**
    1. Flint Housing Commission has 37 homeless preference vouchers available. CE has only received three (All 3 approved) completed applications package so far.
3. **Housed MTD** April 2021- **3**
  - a) HCV- MSHDA-- 2
  - b) GHS-1
4. **Housed YTD** with CES –**102**
  - a) GHS – **26** (17 RRH and 9 PSH)
  - b) Shelter of Flint – **25** (22 PSH and 3 Rosewood)
  - c) MCD – **6** (TBRA)
  - d) GCYC – **6**
  - e) Catholic Charities – **17(RRH)**

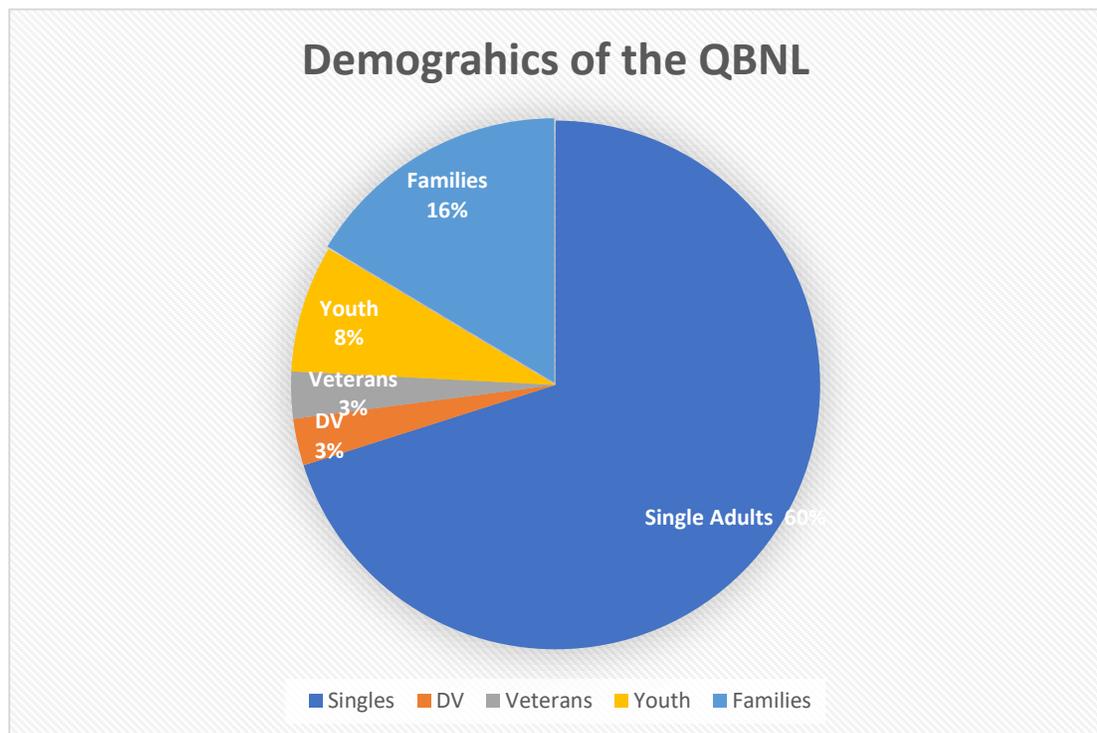
- f) Swayze Court-1(**PSH**)
- g) PBV-Willowhaven-2(**PSH**)
- h) PBV-Berkley Place-12(**PSH**)
- i) MBK-3(**RRH**)
- j) HCV-MSHDA-3

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

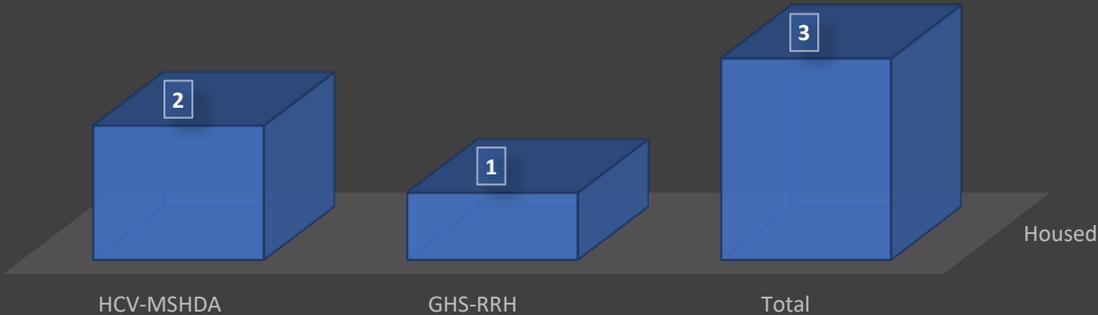
C. **Observations, Comparisons/Trends:** For the month of April the number of clients on the QBNL has remained consistent. There was a decline in client housed for the month of April. Clients who have been pulled from the HCV list are not completing HCV applications. See a need for more case management for clients who have been pulled for HCV.

## COORDINATED ENTRY Updates

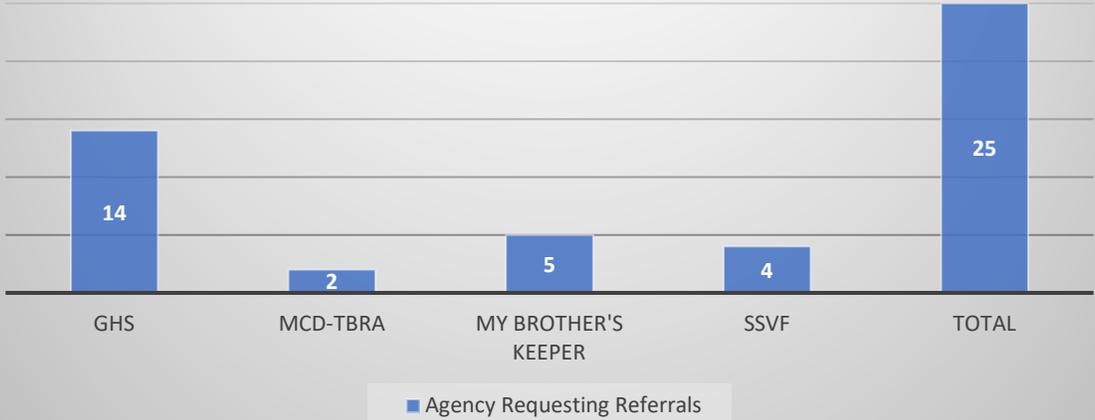
- I. Total number of Clients on the QBNL as 5/7/2021-**244 (Scored into Housing Intervention)**
- II. Demographics of the QBNL
  - a. Singles- 171
  - b. Families-40
  - c. Youth-19
  - d. Veterans-7(All actively engaged with veteran service/housing programs)
  - e. DV-7



# HOUSED APRIL 2021

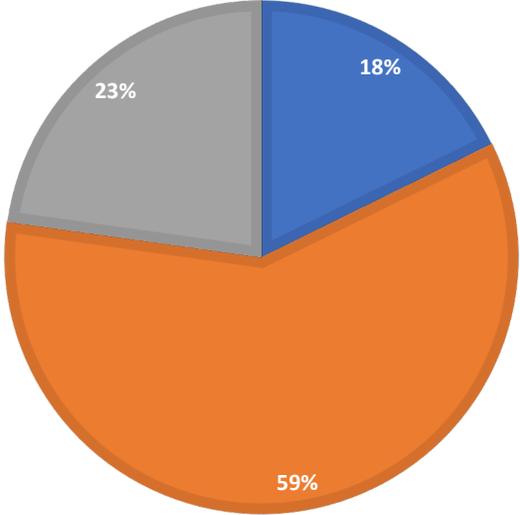


## Agency Requesting Referrals April-25 Total Referrals



**QBNL ACUITY AS OF 05/07/2021**  
**188,RRH,56 PSH, 72 NHI**

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



# SOAR Stakeholder's Workgroup Report

Out Form Date: 04/07/2021

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: 4/15/2021                      b) Frequency: Monthly
  - a. **Attendees:** **Melissa Mays**, GHS; **Tim Higgins**, OLHSA; **LaToya Jenkins**, GCCARD; **Denyatta Henry**, McLaren; **Lydia Tabat**, Habitat for Humanity; **Shaundale Richmond**, **Myra Hinkle**, Metro; **Jordan Stonehouse**, Unknown; **Geraldine Redmond**, City of Flint; **Chad Adams**, Shelter of Flint; **Anthony Barker**, Hope Network.  
**Note: MDHHS has announced new cohort training dates, with registration beginning April 5<sup>th</sup> and ending April 30<sup>th</sup>. The Training Cohort begins May 3<sup>rd</sup> thru June 10<sup>th</sup>. However, the on-line training can be done independently at one's own pace. These dates were shared with Metro and distributed to the Continuum.**
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 interest in SOAR among the Continuum Community has been continuously growing with each workgroup meeting. Attendees represent all stages of the SOAR training process including those already certified, those newly certified, those in process with the SOAR training, and those considering the SOAR training for themselves and their respective agencies.
  - Information for SOAR training Cohort C was shared among the group and two individuals expressed interest in completing the training with a cohort.
  - The need for a countywide process for SOAR navigation was again expressed, particularly as many new agencies are being represented with this workgroup.

Thank You for your support for SOAR!

**Flint/Genesee County 2021/2021 HUD Grant Spending Report through Feb/March 2021**

*Red: concern/discussion      Yellow : Caution      Green: on track      Blue: grant ended*

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 Reimburse-ment	Notes	
APR 2020	<b>GCCY- Homeless Outreach</b>	<b>0147-911</b>	supp svc	\$100,203.00	\$100,203.00	\$17,604.30	12	100.00%	0.00%	1	\$17,604.30	\$9,747.00		
	4/1/2020-3/31/2021		admin	\$7,014.00	\$7,014.00	\$0.00		100.00%	0.00%		\$0.00			
		Total		\$107,217.00	\$107,217.00	\$0.00		100.00%	0.00%		\$0.00			
		<b>SOF- Chronic Homeless Families</b>	<b>0343-905</b>	supp svc	\$14,911.00	\$14,911.00	\$0.00	12	100.00%	0.00%	1	\$0.00	\$1,297.75	less than HUD \$5,000 threshold BALANCE OF \$2,595.50
	4/1/2020 - 3/31/2021		leasing	\$79,029.00	\$76,433.50	\$2,595.50	96.72%		3.28%	\$2,595.50				
			admin	\$6,000.00	\$6,000.00	\$0.00	100.00%		0.00%	\$0.00				
		Total		\$99,940.00	\$97,344.50	\$2,595.50	97.40%		2.60%	\$1,297.75				
		<b>SoF - Veterans Lease Up</b>	<b>0344-906</b>	supp svc	\$25,461.00	\$23,709.12	\$1,751.88	12	93.12%	6.88%	1	\$2,121.75	\$4,445.10	more than HUD \$5,000 threshold BALANCE OF \$8890.20
	4/1/2020-3/31/2021		leasing	\$79,818.00	\$75,218.98	\$4,599.02	94.24%		5.76%	\$6,651.50				
			admin	\$6,056.00	\$3,516.70	\$2,539.30	58.07%		41.93%	\$504.67				
		Total		\$111,335.00	\$102,444.80	\$8,890.20	92.01%		7.99%	\$4,445.10				
		<b>MCD-Coordinated Entry</b>	<b>613-901</b>	supp svc	\$69,509.00	\$61,858.96	\$7,650.04	8	88.99%	11.01%	3	\$7,650.04	\$8,339.74	Grant was action 9/23/2020 History: CE: Spent down DV: New
		DV	\$50,000.00	\$1,216.25	\$48,783.75	2.43%	97.57%							
7/1/2020 - 6/30/2021		admin	\$4,865.00	\$3,642.67	\$1,222.33	74.88%	25.12%		\$1,222.33					
	Total		\$124,374.00	\$66,717.88	\$57,656.12	53.64%	46.36%		\$19,218.71					
JUL 2020	<b>SoF - CoC Lease Up</b>	<b>0143-912</b>	ops	\$17,490.00	\$12,367.06	\$5,122.94	9	70.71%	29.29%	3	\$1,707.65	\$21,927.88		
	7/1/2020-6/30/2021		supp svc	\$80,613.00	\$52,583.78	\$28,029.22		65.23%	34.77%		\$9,343.07			
			leasing	\$163,736.00	\$126,677.72	\$37,058.28		77.37%	22.63%		\$12,352.76			
			admin	\$16,253.00	\$5,722.32	\$10,530.68		35.21%	64.79%		\$3,510.23			
		Total		\$278,092.00	\$197,350.88	\$80,741.12		70.97%	29.03%		\$26,913.71			
		<b>SoF - Rosewood Manor</b>	<b>0150-912</b>	ops	\$30,242.00	\$15,262.31	\$14,979.69	9	50.47%	49.53%	3	\$4,993.23	\$4,964.43	OPS 3 mos rr soon (\$6-\$9K)
	7/1/2020		supp svc	\$33,657.00	\$25,841.49	\$7,815.51	76.78%		23.22%	\$2,605.17				
	6/30/2021		admin	\$4,172.00	\$3,576.11	\$595.89	85.72%		14.28%	\$198.63				
		Total		\$68,071.00	\$44,679.91	\$23,391.09	65.64%		34.36%	\$7,797.03				

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		
	<b>GCYC Transistional Living</b>	<b>0144-912</b>	ops	\$55,869.00	\$54,202.56	\$1,666.44	9	97.02%	2.98%	3	\$555.48				
	7/1/2020 - 6/30/2021		supp svc	\$62,500.00	\$30,179.05	\$32,320.95		48.29%	51.71%		\$10,773.65				
			admin	\$8,285.00	\$5,043.04	\$3,241.96		60.87%	39.13%		\$1,080.65				
		Total		\$126,654.00	\$89,424.65	\$37,229.35		70.61%	29.39%		\$12,409.78			\$9,936.07	
	<b>MCD - CoC Planning</b>	<b>0649-900</b>	CoC planning	\$125,000.00	\$22,500	\$102,499.65	5	18.00%	82.00%	7	\$14,642.81				
	10/1/2020- 9/30/2021		admin	NA	NA	NA			100.00%		NA				
			Total		\$125,000.00	\$22,500.35		\$102,499.65	18.00%		82.00%			\$12,812.46	\$4,500.07
AUG 2019	<b>SoF - Lease UP</b>	<b>0314-908X</b>	supp svc	\$19,000.00	\$13,286.72	\$5,713.28	8	69.93%	30.07%	4	\$1,428.32				
	8/1/2020 - 7/31/2021		leasing	\$96,895.00	\$64,302.20	\$32,592.80		66.36%	33.64%		\$8,148.20				
			admin	\$7,147.00	\$2,728.83	\$4,418.17		38.18%	61.82%		\$1,104.54				
		Total		\$123,042.00	\$80,317.75	\$42,724.25		65.28%	34.72%		\$10,681.06			\$10,039.72	
		<b>SoF - Community Lease Up</b>	<b>373-906</b>	supp svc	\$10,579.00	\$8,286.77	\$2,292.23	8	78.33%	21.67%	4	\$573.06			
		8/1/2020 - 7/31/2021		leasing	\$97,435.00	\$64,338.82	\$33,096.18		66.03%	33.97%		\$8,274.05			
				admin	\$7,175.00	\$3,312.77	\$3,862.23		46.17%	53.83%		\$965.56			
			Total		\$115,189.00	\$75,938.36	\$39,250.64		65.93%	34.07%		\$9,812.66			\$9,492.30
		<b>GHS - Lease Up</b>	<b>0149-911</b>	leasing	\$259,284.00	\$120,856.11	\$138,427.89	7	46.61%	53.39%	5	\$27,685.58		History: Spend down	
		8/1/2020 - 7/31/2021		supp svc	\$73,548.00	\$25,612.35	\$47,935.65		34.82%	65.18%		\$9,587.13			
				admin	\$31,816.00	\$19,489.62	\$12,326.38		61.26%	38.74%		\$2,465.28			
			Total		\$364,648.00	\$165,958.08	\$198,689.92		45.51%	54.49%		\$39,737.98			\$23,708.30
	<b>MCD - HMIS</b>	<b>0146-912</b>	HMIS costs	\$85,747.00	\$17,952.49	\$67,794.51	5	20.94%	79.06%	7	\$9,684.93		History: Spend down		
	10/1/2020 - 9/30/2021		admin	\$3,830.00	\$1,991.58	\$1,838.42		52.00%	48.00%		\$262.63				
		Total		\$89,577.00	\$19,944.07	\$69,632.93		22.26%	77.74%		\$9,947.56			\$3,590.50	
	<b>GHS - RR</b>	<b>0447-905</b>	RA	\$189,360.00	\$71,321.51	\$118,038.49	7	37.66%	62.34%	5	\$23,607.70		History: Spend down		
	8/1/2020 - 7/31/2021		supp serv	\$41,747.00	\$13,275.55	\$28,471.45		31.80%	68.20%		\$5,694.29				
			admin	\$15,396.00	\$12,090.66	\$3,305.34		78.53%	21.47%		\$661.07				
		Total		\$246,503.00	\$96,687.72	\$149,815.28		39.22%	60.78%		\$29,963.06			\$13,812.53	
	<b>GCYC Transistional Living</b>	<b>0670-900</b>	RRH-TH	\$95,940.00	\$42,157.91	\$53,782.09	5	43.94%	56.06%	7	\$6,722.76				
	10/1/2020 - 9/30/2021		supp serv	\$75,592.00	\$25,900.17	\$49,691.83		34.26%	65.74%		\$6,211.48				
			admin	\$17,005.00	\$2,827.07	\$14,177.93		16.62%	83.38%		\$1,772.24				
		Total		\$188,537.00	\$70,885.15	\$117,651.85		37.60%	62.40%		\$14,706.48			\$14,177.03	

**Genesee County - 2020 ESG, HOME and CARES Act Spending Report - as of 5/4/2021**

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	\$26,018.00	\$0.00	100.0%	0.0%	7/31/2021
	ESG-CV Shelter Operations	\$30,016.00	\$18,042.84	\$11,973.16	60.1%	39.9%	9/30/2021
	ESG-CV Shelter Improvements	\$59,920.00	\$7,876.41	\$52,043.59	13.1%	86.9%	9/30/2021
<b>Shelter of Flint</b>	2020 ESG Shelter Operations	\$19,273.00	\$16,403.55	\$2,869.45	85.1%	14.9%	7/31/2021
	ESG-CV Shelter Operations	\$27,067.00	\$6,657.02	\$20,409.98	24.6%	75.4%	9/30/2021
	ESG-CV Shelter Improvements	\$165,080.00	\$139,027.04	\$26,052.96	84.2%	15.8%	9/30/2021
<b>Catholic Charities</b>	2020 ESG Homelessness Prevention	\$20,264.00	\$0.00	\$20,264.00	0.0%	100.0%	7/31/2021
	2020 ESG Rapid Rehousing	\$21,638.52	\$0.00	\$21,638.52	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	\$58,522.32	\$49,899.68	54.0%	46.0%	9/30/2021
	2020 HOME - TBRA	\$43,000.00	\$10,680.02	\$32,319.98	24.8%	75.2%	7/31/2021
<b>GCCY</b>	2020 ESG Shelter Operations	\$31,800.00	\$17,691.39	\$14,108.61	55.6%	44.4%	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
	ESG-CV HP & RRH	\$98,436.00	\$0.00	\$98,436.00	0.0%	100.0%	9/30/2021
<b>YWCA</b>	2020 ESG Shelter Operations	\$19,273.00	\$7,711.60	\$11,561.40	40.0%	60.0%	7/31/2021