



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

Policies/Procedures for Vote

December 11, 2019 CoC Meeting

Coordinated Entry System – RRH / PSH Separate Lists

BNL - Revisions

QBNL - Adopt

Meeting Status - Adopt

Weather Cancellation - Adopt



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

**CES Policies and Procedures
(Procedures – Page 17, Policy – Page 12)**

Vote to Separate RRH / PSH Lists

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

Coordinated Entry System – Procedures
October 10, 2018

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I. 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.

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.

A. 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

B. 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.

II. GENERAL STANDARDS FOR OFFERING ASSISTANCE

A. PARTICIPANT ELIGIBILITY

Eligibility to receive assistance under all CoC-funded programs will be based on determining if the individual or family qualifies as “homeless” or as "at-risk of homelessness".

The members of the Continuum 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.

B. 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.

C. 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.

D. 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.

E. 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.

III. SERVING THOSE FLEEING DOMESTIC VIOLENCE

A. PRIVACY & SAFETY

All efforts shall be made to 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.
- For each program participant who moved to a different Continuum of Care due to imminent threat of further violence, 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.

IV. REQUIREMENTS FOR ALL COC PROGRAMS

A. PROGRAM REQUIREMENTS FOR ALL COC

- 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 who serve children must comply with the McKinney Vento procedures found in Section 2.E above.

- Programs receiving 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.

B. 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.
- 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.

C. 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.
- Must have an occupancy policy appropriate to the circumstances of the participants and 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.

D. HMIS STANDARDS

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 partners.

E. 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).

F. ACCESS

The Genesee County coordinated entry utilizes a “no wrong door” approach comprised of a partnership between all but not limited to participating CoC organizations. 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.

G. 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 definition of homelessness and what steps need to be taken next. The assessment process provides options and recommendations that guide and inform client choices.

The HARA is the advertised entry point for new persons who are seeking services. The role of the 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.

1. At risk of homelessness

- 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)).

2. 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.

3. 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.

4. 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.

5. 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.

6. 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.

V. 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 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.

A. 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.

B. 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.

C. 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.

D. 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.

E. 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.

F. 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.

G. 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. **COC decision!!!**
- 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.

VI. CASE MANAGEMENT

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

- 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.

VII. POLICIES & PROCEDURES – APPROVAL AND UPDATES

In collaboration with partner agencies, the Genesee County CES Policies & Procedures was approved on November 11, 2017.

As a direct result of ongoing system evaluation, as client needs and funding opportunities become available, this document will be updated at least annually to reflect changes and improvements to the Genesee County CES.

Changes to this document were most recently approved by the CES Committee on September 21, 2018.

VIII. GRIEVANCE PROCEDURES

All providers must abide by the rules set forth in this document. Any client that feels they were mistreated or denied due to a violation of these rules may file a grievance with the CoC.

- 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.



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

**CES Policies and Procedures
(Procedures – Page 17, Policy – Page 12)**

Vote to Separate RRH / PSH Lists

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

Coordinated Entry System – Policies & Procedures
November 8, 2017

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I. 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.

The written standards 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 will be given similar information and support to access and maintain permanent housing.

II. GENERAL STANDARDS FOR OFFERING ASSISTANCE

A. PARTICIPANT ELIGIBILITY

Eligibility to receive assistance under all CoC-funded programs will be based 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).

The members of the Continuum and local ESG-funded program recipients/subrecipients 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.

B. HOUSING FIRST

Housing First is a systematic approach that centers on providing people who are homeless with housing quickly and then providing the services as needed. The Genesee County CoC hereby implements a Housing First model that provides a range of housing services to persons experiencing or at-risk of homelessness, including outreach and engagement, emergency and youth transitional housing, rapid re-housing, homeless prevention and permanent supportive

housing. 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

C. NON-DISCRIMINATION

The Genesee County CoC commits to a policy of non-discrimination for all CoC projects and activities. Elements of this principle include:

- As stated in our governance charter, members, officers, committee members, and contractors of the Genesee County CoC 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 and assertively outreach to people least likely to engage in the homeless system
- Providers must comply with all federal statutes including the Fair Housing Act and the Americans with Disabilities Act, **Section 504 of the Rehabilitation Act**, all state statutes including the Elliot-Larsson Civil Rights Act and the Persons with Disabilities Civil Rights Act, and all local laws.
- Genesee County CoC is committed to abiding by the Equal Access to Housing in HUD Programs – Regardless of Sexual Orientation or Gender Identity Final Rule published in 2012, found here:
<https://www.hudexchange.info/resource/4428/notice-cpd-15-02-appropriate-placement-for-transgender-persons-in-single-sex-emergency-shelters-and-other-facilities>

D. FAMILY ADMISSION/SEPARATION POLICIES

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 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 to avoid involuntary family separation, including referring clients for the most appropriate services and housing to match their needs.

Any client that believes that they or a family member has experienced involuntary separation may report the issue to the CoC coordinator. The CoC will investigate the claim and take appropriate remedial action.

E. EDUCATION POLICIES

Consistent with the CoC Program Interim Rule 24 CFR 578.23, all CoC and ESG programs assisting families with children or unaccompanied youth must:

- Take the educational needs of the children into account when placing families in housing and will, to the maximum extent practicable, place families as close as possible to their school of origin so as not to disrupt such children's education.
- 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 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 original school.
- Post notices of student's rights at each program site that serves homeless children and families in appropriate languages.
- Designate staff that will be responsible for:
 - 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.

Any client that believes that a child/youth has not been given the opportunities provided in this policy may report the issue to the CoC coordinator. The CoC will investigate the claim and take appropriate remedial action.

III. SERVING THOSE FLEEING DOMESTIC VIOLENCE

All efforts shall be made to protect the privacy and safety of domestic violence survivors and to uphold client choice by presenting a range of housing and service options. The following privacy and safety procedures are in place to accomplish this.

A. PRIVACY & SAFETY

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.

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.

IV. REQUIREMENTS FOR ALL COC PROGRAMS

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.

A. PROGRAM REQUIREMENTS FOR ALL COC

- 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 CoC funding must participate in HMIS (Homeless Management Information System), unless otherwise stated by federal regulations. However, all homeless programs are strongly encouraged to participate in HMIS.
- 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 documents.
- 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
 - 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 activities, or has a record of such an impair, 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 clients 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 clients 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 or ESG. These activities can be conducted but must be separate and voluntary for program participants.

B. DOCUMENTATION & RECORDKEEPING REQUIREMENTS

- All records containing personally identifying information must be kept secure and confidential
- Programs must have written confidentiality/privacy notice a copy of 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

C. OCCUPANCY STANDARDS

All CoC and ESG-funded programs must meet applicable housing quality inspection and/or habitability standards (see Appendix CoC and ESG-funded program requirements). 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 Section 504 of the Rehabilitation Act, the Fair Housing Act and the Americans with Disabilities Act where applicable
- Must provide an acceptable place to sleep and adequate space and security for themselves and 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 be at least one smoke detector in each occupied unit of the program; and where possible near sleeping areas. The fire alarm system must be designed for hearing impaired participants. There must be 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.

The Program, Recordkeeping and Occupancy Standards as represented above apply to all programs regardless of the type of services/housing that they provide.

D. 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 (24 CFR 576.107).
- 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

E. RELEASE OF INFORMATION

A client signed standardized Release of Information (ROI) is utilized by the Housing Assistance Referral Agency (HARA) and their partner agencies 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. This ROI is based on a Michigan statewide adopted, Health Insurance Portability and Accountability Act (HIPAA) - compliant ROI. 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, our 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 our 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.

F. 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.

G. ASSESSMENT

When a household contacts a partner agency for services, an intake advisor will conduct an interview utilizing a standard questionnaire which will be utilized by all partner agencies to determine if the household is within HUD definition of homelessness (see appendix).

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.

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 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).

Individuals or families who are literally homeless (HUD category 1) are assessed by the Genesee County CoC HARA or one of the partner agencies through the use of the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) tool for singles, TAY-VI-SPDAT for transitional-aged youth and F-VI-SPDAT for families, a common assessment tool for prioritizing. 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 VI-SPDAT and F-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 VI-SPDAT, TAY-VI-SPDAT or F-VI-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.

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 homeless household 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 homeless household 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.

Housing Choice Vouchers (HCV) are a critical resource in Genesee County's housing resources portfolio and CES housing inventory for those household experiencing homelessness. Through a coordinated approach, the Genesee County CoC HARA is responsible for assessing and qualifying applicants for the HCV waitlist. In addition, the Genesee County 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 Genesee County CoC HARA to expect a list of applicants. The Genesee County 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 Genesee County CoC HARA obtain the required HCV documents in order to ensure that voucher briefings and lease up occur in a timely manner.

Veterans will be referred to agencies specializing in veteran services for assessment of programs offered through the Veterans Administration (VA). The by-name subcommittee to End Veteran Homelessness operates a separate coordinated entry system for veterans that include many veteran housing assistance service providers and mainstream resources. Those people referred to Genesee County Veterans Services can access homeless assistance resources available through our coordinated entry process.

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.

V. PRIORITIZATION & ORDER OF PRIORITY

A. 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 Genesee County CoC will first prioritize literally homeless persons (category 1) with CH (Chronically Homeless) persons having first priority.
- The Genesee County 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.

B. 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 are 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.

C. PERMANENT SUPPORTIVE HOUSING (PSH)

The Genesee County CoC will first prioritize literally homeless households (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. Those eligible households who meet the chronic homeless definition are also referred to the PSH regardless of their score. The Genesee County CoC will incorporate the orders of priority described in HUD's Notice CPD-14-012 into our prioritization for PSH (see appendix). 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 Genesee County 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.

Even if a PSH bed is not dedicated for chronically homeless households, the committee 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
- Homeless households 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.

D. 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 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 principle and prevent them from languishing in shelters. If a PSH bed is not dedicated for chronically homeless households, the committee will offer 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. If a household cannot be found, the household waitlist status will be changed to inactive.

VI. CASE MANAGEMENT

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

VII. POLICIES & PROCEDURES – APPROVAL AND UPDATES

In collaboration with partner agencies, the Genesee County CES Policies & Procedures was approved on November 8, 2017. As a direct result of ongoing system evaluation, as client needs and funding opportunities become available, this document will be updated at least annually to reflect changes and improvements to the Genesee County CES.

Changes to this document were most recently approved by the CES Committee on November 3, 2017.

VIII. GRIEVANCE PROCEDURES

All providers must abide by the rules set forth in this document. Any client that feels they were mistreated or denied due to a violation of these rules may file a grievance with the CoC. 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 to the Legal Services of Eastern Michigan's Fair Housing Center of Eastern Michigan. The 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 -

- | |
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| <p>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:</p> <ul style="list-style-type: none">(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). |
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<p>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</p>
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<p>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.</p>

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&ConPlanConfomingAmendments.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 insure that access to homeless resources is optimized and based on assessment of need.

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>Category 1</p>	<p>Literally Homeless</p>	<p>Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (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</p>
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		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
Category 2	Imminent Risk of Homelessness	Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
Category 3	Homeless under other Federal Statutes	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: (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
Category 4	Fleeing/ Attempting to Flee DV	Any individual or family who: (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.

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.

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.



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

BNL / VETERAN WORKGROUP Policy (changes on pages 1,2, 8,9)

FLINT/GENESEE COUNTY CONTINUUM OF CARE
VETERAN WORKGROUP
POLICIES AND PROCEDURES FOR A QUALITY BNL

Date Approved by Flint/Genesee County CoC Veteran Workgroup:

~~11/08/2018~~

Date Approved by Flint/Genesee County CoC:

~~12/12/2018~~

Revision Date:

~~08/26/2019~~

Applicability

All homeless assistance projects seeking to end Veteran Homelessness in the Flint/Genesee County Continuum of Care, regardless of funding source, are expected to adhere to the policies and procedures promulgated herein.

Responsibility of Oversight

The Flint/Genesee County CoC Veteran Workgroup with support from ~~Metro Community Development staff~~ the HMIS Lead Agency is charged with managing the By-Name List (BNL), ensuring that the policies and procedures outlined in this document are implemented appropriately at the system, provider, and client level, and are regularly monitoring progress toward ending Veteran homelessness.

Common Terms

Continuum of Care (CoC) - CoC refers to both the planning body that coordinates the provision of housing and services for individuals and families experiencing homelessness in a defined geographic area, as well as the geographic area itself. Geographic area is defined as Genesee County and the City of Flint.

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Definition of Homeless – For the purposes of entering names of individuals on the By-Name List, the following definition of homeless must be applied uniformly, as follows: A Veteran can be literally homeless in a shelter, or living in a place not meant for human habitation, or can be imminently at risk of losing their housing with no other housing options, financial, or other resources. Documentation of homeless status is an eligibility requirement. ~~In addition, the individual must meet specific eligibility criteria for Grant and Per Diem Housing, SSVF Rapid Re-Housing or SSVF Homeless Prevention, and HUD VASH.~~

Emergency Shelter - Any facility for which the primary purpose is to provide a temporary shelter for those experiencing homelessness, in general, or for specific populations of the homeless and which does not require occupants to sign a lease or occupancy agreement.

Flint/Genesee County By-Name List (BNL) - The Flint/ Genesee County BNL is the primary means used to identify and track all Veterans currently experiencing homelessness (in shelters, safe havens, transitional housing, or unsheltered) in the Flint/Genesee County area and to report on current housing plans and movement towards permanent housing.

Housing Assessment and Resource Agency (HARA) -

Homeless Management Information System (HMIS) - The CoC's data system that houses client level data on all persons assisted by HMIS participating homeless assistance providers in the CoC. The Flint/Genesee County HMIS is the primary data source for the BNL and includes multiple data fields necessary to identify and track assistance and outcomes for individual Veterans and their families. *Note: A*

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separate signed Release of Information is required for the veteran's name to be entered into HMIS.

Household - All persons as identified by the Veteran, who together present for services, and identify themselves as being part of the same household. A household may consist of one person – the veteran being served.

Permanent Supportive Housing - Permanent Supportive Housing is housing with indefinite leasing or rental assistance, paired with supportive services to assist persons experiencing homelessness who have a diagnosed disability or families with an adult or child member who have a diagnosed disability achieve housing stability. Documentation of homeless status is an eligibility requirement.

Rapid Re-Housing – A homeless assistance project type that quickly moves households out of homelessness and into permanent housing through the provision of case management services and limited financial assistance, as needed. Documentation of homeless status is an eligibility requirement. Note: Rapid Re-Housing is time limited. Households maintain their status as HUD-defined literally homeless thus maintaining eligibility to transition to other homeless housing programs when their rapid re-housing term is complete.

Release of Information - A document signed by the veteran being served granting permission for their name to be entered on to the By-Name List and disclosure of their information directly related to their housing situation.

Service Prioritization Decision Assistance Tool (SPDAT) - The **Service Prioritization Decision Assistance Tool (SPDAT)** was developed as an assessment tool for service providers, who work with homeless clients,

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including veterans, to prioritize which of those clients should receive assistance first. For the purposes of using BNL to determine critical need, the SPDAT score will be used to identify those veterans with the highest and most critical needs.

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and may not have the resources to conduct a full SPDAT assessment for every client. It is a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low service needs (acuity). The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Supportive Services for Veterans Families - Through the SSVF Program, the Veterans Administration aims to improve the housing stability of very low-income Veterans and their families. Towards this end, SSVF grantees provide a set of required SSVF services and have the option of providing additional SSVF services as outlined below.

Required SSVF Support Services

1. Outreach
2. Case management
3. Connection to VA benefits and programs
4. Connection to public benefits and mainstream, community resources
5. Temporary Financial Assistance (TFA)

Release of Information- A document signed by the veteran being served granting permission for their name to be entered on to the By-Name

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List and disclosure of their information directly related to their housing situation.

Transitional Housing - A homeless assistance project type that provides households with up to 24 months of housing and services assistance. Documentation of homeless status is an eligibility requirement.

Veteran - A Veteran is someone who, regardless of discharge status, has served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

VETERAN – For the purposes of placing a person on the Veteran By-Name List and meeting the requirements set forth in this Policy and Procedure, a veteran must have at least one (1) day active duty and any discharge besides a ‘dishonorable’ or ‘bad conduct, via court martial’ and meet income eligibility guidelines (50% HUD guideline level).

VASH - The HUD-**VASH** Program combines the Department of Housing and Urban Development (HUD) Housing Choice **Voucher** (HCV) rental assistance for homeless veterans and their families with case management and clinical services provided by the Department of Veterans Affairs (VA) at its medical centers and in the community. HUD-VASH assists homeless veterans and their families with securing safe, affordable, decent housing through the distribution of housing vouchers. Beneficiaries are selected based on certain requirements including health care eligibility, homelessness status, and income. Since 2008, beneficiaries are no longer required to be chronically mentally ill or have chronic substance abuse disorders. However, chronically homeless veterans are a target population for HUD-VASH. Homeless veterans and their families receiving HUD-VASH rental assistance must

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receive VA case management services until the VAMC determines that it is no longer necessary.

Identifying Homeless Veterans:

1. **Policy:** *All literally homeless Veterans in the Flint/Genesee County CoC geographic are immediately identified.*

Outreach Procedure: Street Outreach teams locate and engage veterans, in the service area, weekly, as appropriate, for purposes of identifying all Veterans experiencing unsheltered homelessness. All Veterans experiencing homelessness are immediately referred to the Flint/Genesee County Continuum of Care Coordinated Entry System and SSVF Providers. A signed Consent to Release Information is obtained at intake for the purpose of entering the veteran's name and information into HMIS and on to the By-Name List.

Non-HMIS Participating Procedure: Non-HMIS- Participating agencies serving Veterans experiencing homelessness will immediately (within 1 business day) refer Veterans to the Flint/Genesee County Continuum of Care Coordinated Entry System and SSVF Providers. Non-HMIS Participating agencies will have a staff member participate in the Case Conference Meeting to ensure accurate reporting.

Coordinated Entry System: For the purposes of identifying those veterans with critical needs, the VI- SPDAT will be completed for each individual by the Outreach and/or Coordinated Entry worker. The score will be entered on to the list and prioritized during the bi-weekly conference calls. (See Below)

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VA Procedure: Veteran Administration staff identifying and/or assisting literally homeless Veterans will immediately (within 1 business day) refer Veterans to the Flint/Genesee County Continuum of Care Coordinated Entry System and SSVF Providers. Veteran Administration will have a staff member participate in the Case Conference Meeting to ensure accurate reporting.

2. **Policy:** *All literally homeless Veterans identified in the Flint/Genesee County CoC are tracked on the Flint/Genesee County By-Name List.*

Procedure – HMIS Program Coordinator maintains and populates the Flint/Genesee County BNL

HMIS Program Coordinator runs the Homeless Veterans Report out of HMIS, on a bi-weekly basis, updates the Flint/Genesee County BNL accordingly, and submits the report to the Veterans Workgroup Chair for distribution to the workgroup. The Veterans Workgroup Chair sends an electronic version of the Flint/Genesee County BNL to all members of the Veterans Workgroup Case Conferencing Subgroup. All Veterans experiencing homelessness must have a signed Release of Information.

- The Flint/Genesee County BNL includes data on all literally homeless Veterans in the CoC
- HMIS serves as the primary data source for the Homeless Veterans' Report, although Homeless Veterans' Workgroup members may add Veterans during the Case Conference Meeting

Procedure: Providers, Outreach staff, and staff of Non-HMIS Participating Agencies servicing Veterans experiencing homelessness are responsible for providing updates.

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Procedure: The Homeless Veterans Workgroup reviews the Homeless Veterans' Report monthly or as needed.

- Case Conferencing Meetings will be conducted monthly as a minimum or as needed;
- Agenda will consist of the following items minimally:
 - Total number on active list at beginning of meeting;
 - Identify Veterans not on the list;
 - Housing Celebration (identifying those who have been housed);
 - Case Conferencing (discussing client specific barriers for those who remain on the list with no housing identified); and
 - Total number on active list at end of meeting.

Procedure: Those who have not had contact within the service provider network for 30 days will be moved to Inactive.

3. **Policy:** *The Flint/Genesee County By-Name List is used to report action steps/interventions taken to assist all Veterans currently experiencing homelessness throughout the Flint/Genesee County.*

Procedure: Using the individual data collected for the By-Name List, the ~~assigned Metro Community Development~~HMIS Lead Agency staff will prepare and submit reports to the ~~Michigan State Housing Development Authority and to~~ Community Solutions on the benchmarks showing the progress the City of Flint/Genesee County Continuum of Care has made towards ending veteran homelessness, The MSHDA identified HMIS Administrative Agency will report to the Michigan State Housing Development Authority (MSHDA), as follows:

FLINT/GENESEE COUNTY CONTINUUM OF CARE
VETERAN WORKGROUP
POLICIES AND PROCEDURES FOR A QUALITY BNL

1. Chronic and long-term homelessness among Veterans has been ended with rare exceptions - the community through its Continuum of Care partners will continue to do outreach to any Veteran experiencing long-term homelessness, who has not accepted an offer of a permanent housing intervention, and offer an available permanent housing intervention to those veterans at least once every two weeks.
2. Veterans have quick access to permanent housing – The community has a system in place to connect Veterans experiencing homelessness to permanent housing in an average of 90 days or less measured from the day they are identified as experiencing homelessness to the day they enter permanent housing.
3. The community has sufficient permanent housing capacity – The number of persons exiting homelessness and entering permanent housing is greater than or equal to the number Veterans entering homelessness.
4. The community is committed to Housing First and provides service-intensive transitional housing to Veterans experiencing homelessness only in limited instances.



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

QBNL Policies and Procedures Vote to Adopt

FLINT/GENESEE COUNTY CONTINUUM OF CARE
POLICIES AND PROCEDURES FOR A QUALITY BY NAME LIST (QBNL)

Date Approved by Flint/Genesee County CoC:

Revision Date: _____

Applicability

All homeless assistance projects seeking to end homelessness in the Flint/Genesee County Continuum of Care, regardless of funding source, are expected to adhere to the policies and procedures promulgated herein.

Responsibility of Oversight

The Flint/Genesee County CoC with support from Metro Community Development staff is charged with managing the Quality By-Name List (QBNL), ensuring that the policies and procedures outlined in this document are implemented appropriately at the system, provider, and client level, and are regularly monitoring progress toward ending homelessness.

Common Terms

Continuum of Care (CoC) - CoC refers to both the planning body that coordinates the provision of housing and services for individual and families experiencing homelessness in a defined geographic area, as well as the geographic area itself. Geographic area is defined as Genesee County and the City of Flint.

Definition of Homeless – For the purposes of entering names of individuals on the Quality By-Name List, the following definition of homeless must be applied uniformly, as follows:

- Category 1 Literally Homeless (1) Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has

FLINT/GENESEE COUNTY CONTINUUM OF CARE
POLICIES AND PROCEDURES FOR A QUALITY BY NAME LIST (QBNL)

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

- Category 2 Imminent Risk of Homelessness (2) Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing
- Category 3 Homeless under other Federal statutes (3) 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: (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
- Category 4 Fleeing/ Attempting to Flee DV (4) Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic

FLINT/GENESEE COUNTY CONTINUUM OF CARE
POLICIES AND PROCEDURES FOR A QUALITY BY NAME LIST (QBNL)

violence; (ii) Has no other residence; and (iii) Lacks the resources or Documentation of homeless status is an eligibility requirement.

Emergency Shelter - Any facility for which the primary purpose is to provide a temporary shelter for those experiencing homelessness, in general, or for specific populations of the homeless and which does not require occupants to sign a lease or occupancy agreement.

Flint/Genesee County Quality By-Name List (QBNL) - The Flint/ Genesee County QBNL is the primary means used to identify and track all persons currently experiencing homelessness (in shelters, safe havens, transitional housing, or unsheltered) in the Flint/Genesee County area and to report on current housing plans and movement towards permanent housing.

Homeless Assessment Resource Agency (HARA) – provides centralized intake and housing assessment, thereby assuring a comprehensive communitywide service and housing delivery system

Homeless Management Information System (HMIS) - The CoC's data system that houses client level data on all persons assisted by HMIS participating homeless assistance providers in the CoC. The Flint/Genesee County HMIS is the primary data source for the QBNL and includes multiple data fields necessary to identify and track assistance and outcomes for individual and their families. *Note: A separate signed Release of Information is required for the individuals name to be entered into HMIS.*

Household - All persons as identified, who together present for services, and identify themselves as being part of the same household. A household may consist of one person – the person being served.

FLINT/GENESEE COUNTY CONTINUUM OF CARE
POLICIES AND PROCEDURES FOR A QUALITY BY NAME LIST (QBNL)

Permanent Supportive Housing - Permanent Supportive Housing is housing with indefinite leasing or rental assistance, paired with supportive services to assist persons experiencing homelessness who have a diagnosed disability or families with an adult or child member who have a diagnosed disability achieve housing stability.

Documentation of homeless status is an eligibility requirement.

Quality By-Name List (QBNL) – a list of individuals/families experiencing homelessness throughout a specific region which is used for prioritizing those individuals/families for service providers.

Rapid Re-Housing – A homeless assistance project type that quickly moves households out of homelessness and into permanent housing through the provision of case management services and limited financial assistance, as needed. Documentation of homeless status is an eligibility requirement. Note: Rapid Re-Housing is time limited. Households maintain their status as HUD-defined literally homeless thus maintaining eligibility to transition to other homeless housing programs when their rapid re-housing term is complete.

Release of Information - A document signed by the individual being served granting permission for their name to be entered on to the QBNL and disclosure of their information directly related to their housing situation.

Service Prioritization Decision Assistance Tool (SPDAT) - The **Service Prioritization Decision Assistance Tool (SPDAT)** was developed as an assessment tool for service providers, who work with homeless clients, including veterans, to prioritize which of those clients should receive assistance first. For the purposes of using QBNL to determine critical need, the SPDAT score will be used to identify those with the highest and most critical needs.

The **Vulnerability Index – Service Prioritization Decision Assistance Tool** (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and may not have the resources to conduct a full SPDAT assessment for every client. It is a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low service needs (acuity). The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Supportive Services for Veterans Families - Through the SSVF Program, the Veterans Administration aims to improve the housing stability of very low-income Veterans and their families.

Transitional Housing - A homeless assistance project type that provides households with up to 24 months of housing and services assistance. Documentation of homeless status is an eligibility requirement.

Veteran - A Veteran is someone who, regardless of discharge status, has served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

VASH - The HUD-**VASH** Program combines the Department of Housing and Urban Development (HUD) Housing Choice **Voucher** (HCV) rental assistance for homeless veterans and their families with case management and clinical services provided by the Department of Veterans Affairs (VA) at its medical centers and in the community. HUD-VASH assists homeless veterans and their families with securing safe, affordable, decent housing through the distribution of housing

Identifying Homeless Individuals and Families:

1. ***Policy:*** *All literally homeless individuals and families in the Flint/Genesee County CoC geographic are immediately identified.*

Outreach Procedure: Street Outreach teams locate and engage all individuals and families, in the service area, for purposes of identifying all individuals and families experiencing unsheltered homelessness. All individuals and families experiencing homelessness are immediately referred to the Flint/Genesee County Continuum of Care Coordinated Entry System. A signed Consent to Release Information is obtained at intake for the purpose of entering their name and information into HMIS and on to the QBNL.

Non-HMIS Participating Procedure: Non-HMIS- Participating agencies serving individuals and families experiencing homelessness will immediately (within 1 business day) refer individuals and families to the Flint/Genesee County Continuum of Care Coordinated Entry System. Non-HMIS Participating agencies will have a staff member participate in the Case Conference Meeting to ensure accurate reporting.

Coordinated Entry System: For the purposes of identifying those with critical needs, the VI- SPDAT will be completed for each individual by the Outreach and/or Coordinated Entry worker. The score will be entered on to the list and prioritized during the bi-weekly conference calls. (See Below)

VA Procedure: Veteran Administration staff identifying and/or assisting literally homeless Veterans will immediately (within 1 business day) refer Veterans to the Flint/Genesee County Continuum of Care Coordinated Entry System and SSVF Providers. Veteran

FLINT/GENESEE COUNTY CONTINUUM OF CARE
POLICIES AND PROCEDURES FOR A QUALITY BY NAME LIST (QBNL)

Administration will have a staff member participate in the Case Conference Meeting to ensure accurate reporting.

2. ***Policy:*** *All literally homeless individuals and families identified in the Flint/Genesee County CoC are tracked on the Flint/Genesee County By-Name List.*

Procedure – Coordinated Entry Specialist housed at Metro Community Development maintains and populates the Flint/Genesee County QBNL

HMIS Program Coordinator runs the report out of HMIS, on a bi-weekly basis, updates the Flint/Genesee County QBNL accordingly, and distributes to the Coordinated Entry Specialist. All individuals and families experiencing homelessness must have a signed Release of Information.

- The Flint/Genesee County QBNL includes data on all literally homeless individuals and families in the CoC
- HMIS serves as the primary data source for the QBNL, although CoC members may add individuals and families during the Case Conference Meeting

Procedure: Providers, Outreach staff, and staff of Non-HMIS Participating Agencies servicing individuals and families experiencing homelessness are responsible for providing updates.

Procedure: The Coordinated Entry Workgroup reviews the QBNL monthly or as needed.

- Case Conferencing Meetings will be conducted bi-weekly as a minimum or as needed;
- Agenda will consist of the following items minimally:
 - Total number on active list at beginning of meeting;

FLINT/GENESEE COUNTY CONTINUUM OF CARE
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- Identify individuals and families not on the list;
- Housing Celebration (identifying those who have been housed);
- Case Conferencing (discussing client specific barriers for those who remain on the list with no housing identified); and
- Total number on active list at end of meeting.

Procedure: Those who have not had contact within the service provider network for 30 days will be moved to Inactive.

3. Policy: *The Flint/Genesee County By-Name List is used to report action steps/interventions taken to assist all individuals and families currently experiencing homelessness throughout the Flint/Genesee County.*

Procedure: Using the individual data collected for the QBNL, the HMIS Lead Agency for the Flint/Genesee County CoC will prepare and submit reports to Community Solutions on the benchmarks showing the progress the City of Flint/Genesee County Continuum of Care has made towards ending homelessness.

Procedure: Using the VI-SPDAT scoring identified on the QBNL the Coordinated Entry Specialist will prioritize individuals and families experiencing homelessness in accordance with Coordinated Entry Policy and Procedures.



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

Cancellation Procedure Meeting Procedure

Vote to Adopt

Flint/Genesee CoC Cancellation Procedure

Policy:

All community members and stakeholders served by the Flint/Genesee Continuum of Care have the right to be properly notified of any meeting cancellations.

Procedure:

The Flint/Genesee COC, its subcommittees and workgroups may see fit to cancel a meeting for numerous reasons, such as but not limited to: inclement weather (follow the same guidelines set by University of Michigan Flint), unsafe conditions, schedule conflicts which would impact and limit an effective meeting of those normally in attendance and major power outages, etc. The leadership team of the convening body should make every effort to contact all those impacted as soon as possible; and at minimum 2 hours prior to the meeting/event. Once the decision is made to cancel a meeting/event the following steps will happen:

- Notification of cancellation will be sent out electronically by the COC Compliance Officer and the leader of the group (i.e. Chair/Co-chair)
- The Metro Community Development FB page will be updated
- WJRT TV 12 will be notified by the COC Compliance Officer
- All participating persons will be asked to share with their peers via telephone and/or text (as possible).

We realize the value of each person's time and schedule. Every effort will be made to reschedule the collective body when feasible.

Meeting attendance Procedure:

The participation consideration for meeting attendance will not have a negative bearing (restricting voting rights or status of good-standing) due to meeting cancellations.

Contingencies:

Flint/Genesee CoC Meeting Procedure

Policy:

To effectively structure and support the Flint/Genesee County COC meetings and clarify the types of meetings scheduled.

Procedure:

The Flint/Genesee Continuum of Care supports collaborative meetings. These meetings range from those that are general to others with very specific purposes. There are two types of meetings open and closed.

Open meetings - are open invitation and welcome all community members. We further encourage the referral of others concerned with the mission of assisting those who are experiencing or at risk of homelessness. Synergies and cross discipline activities are welcome. An example of an "open" meeting is the monthly COC meetings.

Closed meetings - are more restrictive with attendance due to the purpose, content or desired outcome. An example of a restricted meeting is the Ten-Year plan to end Homelessness Workgroup. Volunteers were sought at the COC meeting. After the first 13 people signed up the group was closed. The working group wanted no more than 13 people involved in drafting the document. In a scenario such as this, it is inappropriate to invite someone without the consent of the leadership.

Meeting Procedure:

All COC meetings will begin to identify as either "closed" or "open" meeting with the meeting notification, agenda and minutes.

If a person presents at a "closed" meeting without the consent of the leadership, it is well within the right of said leadership to ask uninvited guests to excuse themselves; or to allow them to remain. If allowed to remain, the leader should address the open/closed meeting policy with the individual discreetly or forward the concern to the COC Compliance Officer or an Executive Board member of the COC to address as they see fit.

Contingencies