



# Muskegon County Continuum of Care

Coordinated Entry Policies and Procedures

## Coordinated Entry Policy and Procedures

Muskegon County Continuum of Care

A Coordinated Community Approach for Housing for All People Experiencing Homelessness



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Coordinated Entry Policies and Procedures

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### Coordinated Entry System (CES) Overview

Coordinated Entry is a streamlined system for accessing housing to end homelessness and is required by the U.S. Department of Housing and Urban Development (HUD) for all Continuums of Care (CoCs) as stated in 24 CFR 578.7 (a) (8) of the Continuum of Care Program Interim Rule. Coordinated Entry in Muskegon County follows a Housing First approach for all participating projects and prioritizes individuals, families and transition-aged-youth for housing for those with the highest vulnerability and needs.

Coordinated Entry is the primary process for assessing severity of needs and ensuring that people can receive assistance in a timely fashion. Utilization of the VI-SPDAT as the standardized assessment tool, with additional local scoring metrics, as well as full geographic coverage, enables providers to ensure those experiencing homelessness have equal access to housing and resources.

All CoC and ESG funded projects are required to participate in and accept referrals only from Coordinated Entry. Coordinated Entry covers the entire geography of the Muskegon County Continuum of Care and is the primary Access Point for referrals for Permanent Supportive Housing, Rapid Re-housing, and other housing projects that are required or choose to participate in CES.

### Muskegon County CES Vision

The vision of the CES is to provide assessment, prioritization, and matching of people experiencing homelessness to housing and supportive services in the most transparent, person-centered, equitable, and trauma-informed way possible.

### Governance

Primary oversight of the CE System is performed by the CES Committee. The CoC Steering Council shall be responsible for final approval of all CE policies and procedures and shall approve revisions to these Policies and Procedures.

The CoC Steering Council shall be responsible for adopting any revisions of the CE system based on recommendations from the CoC's CES Committee. The CoC Data/CQI Committee assists the CoC CES Committee with annual evaluation of the CE System.

### Coordinated Entry Participation Requirements and Nondiscrimination Compliance

HUD guidance released in January 2017 requires all projects receiving HUD funding to participate in their local CE system. Any project that receives HUD funding (CoC Program, Emergency Solutions Grants) as well as CDBG-funded public services grants must comply with CE participation requirements as established by the local CoC. Recipients and subrecipients of these programs must comply with the nondiscrimination and equal opportunity provisions of Federal Civil Rights including Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, Title II of the Americans with Disabilities Act (ADA), and Title III of the ADA.

The Network has developed and maintains non-discrimination policies in the following areas:



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- The overall Coordinated Entry System Process
- The overall operation of Network housing programs

These policies identify and describe the federal and state laws and regulations requiring compliance.

A minimum of once a year, or in response to HUD or MSHDA guidance, the Steering Council is charged with reviewing existing Non-Discrimination Policies, and recommending revisions when appropriate. Non-Discrimination Policies are maintained as attachments to this CES Policies and Procedures document.

### Coordinated Entry Cooperating Agencies

Cooperating agencies include agencies not required to participate in Coordinated Entry but that have agreed to participate in order to improve access, flow, and implementation of Coordinated Entry. These include Muskegon County Access Points and Partners (see Types of CES Cooperating Agencies) as well as homeless and housing providers that have entered into data sharing agreements with HMIS and actively engaged in CE and/or are entering and accessing data through the Muskegon County HMIS.

### Coordinated Entry HMIS Vendor

Service Point Wellsky is the HMIS vendor for the Continuum of Care. Every Woman's Place is the lead agency for the Muskegon County HMIS and is responsible for data quality and technical support.

### Guiding Principles

The Coordinated Entry System (CES) for the Muskegon County Homeless Continuum of Care Network (the Network) as detailed in this manual has been established in order to ensure the following guiding principles are upheld by all participating members of the Network CES:

#### Ensure service accessibility

- a) All people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs
- b) The geographic area claimed by the Network and covered by the Coordinated Entry System is Muskegon County, Michigan
- c) The Coordinated Entry System has established access points that are easily accessible throughout the entirety of the geographic area served by the Network
- d) Ensure that staff conducting the assessments are trained and competent in the assessment process
- e) A specific procedure is put into place to guide the operation of the Coordinated Entry System to address the needs of individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking, but who are seeking shelter or services from non-victim specific providers



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### Align services to meet client need

- f) Individuals and families are offered the most appropriate housing intervention based on their needs and strengths in order to end their homelessness or prevent homelessness as quickly and efficiently as possible
- g) Consistent use of comprehensive and standardized assessment tools and process throughout the Network in order to provide initial, comprehensive assessment of individuals and families for housing and services
- h) Diversion of individuals and families away from the homeless response system who are able to self-resolve and end their homelessness on their own

### Prioritize services for clients with the greatest need

- i) Facilitate exits from homelessness to stable housing in the most rapid manner possible given available resources
- j) People who have been homeless the longest and/or are the most vulnerable have priority access to scarce permanent supportive housing resources

### Build a system that works efficiently and effectively for clients, referral sources and receiving programs

- k) Incorporate provider and client choice in enrollment decisions
- l) Promote collaboration, communication and knowledge sharing regarding resources among providers
- m) Assessors have knowledge and real-time access to eligibility for all receiving programs
- n) All agencies participating in the coordinated entry system comply with the equal access and nondiscrimination provisions of Federal civil rights laws

### Ensure data collection and management is a critical function of the coordinated entry system

- o) Providers limit data collection to only that which is relevant to the Coordinated Entry System
- p) Providers use HMIS as part of the coordinated entry system, collecting, using, storing, sharing, and reporting participant data associated with the coordinated entry system
- q) Leverage Homeless Management Information System (HMIS) data and infrastructure whenever possible for system evaluation, monitoring, and client care coordination and ensure data quality

### Invest in continuously evaluating and strengthening the coordinated entry system

- r) Continue to make enhancements to the Coordinated Entry System in response to enhanced policy and innovative ideas as related to needs and changes in city, state or federal policy
- s) Coordinated Entry providers consult with each participating project and project participants at least annually to evaluate the intake, assessment, and referral processes associated with coordinated entry. Solicitations for feedback must address the quality and effectiveness of the entire coordinated entry experience for both participating projects and households
- t) Coordinated Entry providers participate in Coordinated Entry Continuous System meetings related to improving processes and procedures for the Network Coordinated Entry System



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### Definitions

**Access Points** – Designated areas located within the Network where individuals or families can go to for intake and assessment of homeless prevention and housing services for which they may qualify.

**Acuity** – When utilizing the VI-SPDAT and SPDAT, acuity speaks to the presence of a presenting issue based on the prescreen score. Acuity refers to the severity of the presenting issues. The VI-SPDAT prescreens are evidence-informed common assessment tools that will inform acuity scores for each screened individual or family.

**Assessor**- Assessors are individuals who complete the common assessment tools for housing triage and enter the information into HMIS.

**Chronically Homeless** – An individual or family who: (i) resides in a place not meant for human habitation, a safe haven, or in an emergency shelter or institutional care facility (has been living in the institutional care facility fewer than 90 days and was living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the care facility) and has been homeless and residing in such a place for at least 12 months or on a least four separate occasions in the last three years where the combined occasions must total at least 12 months; and (ii) has a head of household with a diagnosable substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability.

In order to meet the “chronically homeless” definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven.

#### NOTE:

- *Transitional Housing does not qualify an individual/family for chronic status; meaning that if an individual/family enters transitional housing they would not continue to add months to their chronic status, but would maintain their literally homeless status.*
- *Veterans receiving Supportive Services for Veteran Families (SSVF) or other grant per-diem programs offered by the Veterans Administration do maintain their Chronic Status;*
- *ESG Rapid Re-housing is not considered transitional housing; RRH is considered permanent housing;*
- *Institution stays of less than 90 days do not constitute a break and can be included in the time calculation as long as the individual/family were on the streets, in emergency shelter, or safe haven when they began;*
- *Stays in “housed” environments that are less than seven (7) consecutive nights do not constitute a break in homelessness.*
- *A BREAK in homelessness is defined as a stay in housing that lasts at least seven (7) consecutive nights; therefore, a client must have at least four (4) separate occasions to qualify under this option.*

### Disability – (HUD Definition)

HUD defines a person with disabilities as a person who:

1. has a disability as defined in Section 223 of the Social Security Act (42 U.S.C.423), or



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2. is determined by HUD regulations to have a physical, mental or emotional impairment that:
  - a. is expected to be of long, continued, and indefinite duration;
  - b. substantially impedes his or her ability to live independently; and
  - c. is of such a nature that such ability could be improved by more suitable housing conditions, **or**
3. has a developmental disability as defined in the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 15002(8)), **or**
4. has the disease acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome (HIV).

**Diversion** – Diversion is a strategy that prevents homelessness for people seeking shelter, or other homeless assistance, by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program wait lists.

**Family** – Includes but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status: (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: (i) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family); (ii) An elderly family; (iii) A near elderly family; (iv) A disabled family; (v) A displaced family; and (vi) The remaining member of a tenant family. 24 CFR 5.403

**Housing Assessment and Resource Agency (HARA)** – The intent of the HARA is for a single agency or a collaboration of multiple agencies working together to provide housing access and referral to individuals and families who are experiencing homelessness or who are at-risk of homelessness.

**HMIS** – Homeless Management Information System; is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness. Each Continuum of Care is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

**Homeless** – (Category 1) an individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) an individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) an individual or family living in a supervised 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, or local government programs for low- income individuals); or (iii) An individual who is exiting an institution where he or she 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) An individual or family who will imminently lose their primary nighttime residence, provided that: (i) The primary nighttime 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





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individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing; or (Category 4) Any individual or family who: (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing. 24 CFR 578.3.

**Homeless Prevention (HP)**-is an initiative aimed at providing individuals in identified at-risk groups facing homelessness with portable rent supplements and support services to help them access rental housing in the private (non-subsidized) housing market.

**Housing First** –Housing First is 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 Supportive Housing (PSH)** – Community-based housing without a designated length of stay. PSH program participant(s) must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long, and is terminable only for cause. Permanent supportive housing means permanent housing in which supportive services are provided to assist homeless persons with a disability to live independently. 24 CFR 578.3.

**Rapid Re-Housing (RRH)** –An intervention designed to help individuals and families exit homelessness as quickly as possible, return to permanent housing, and achieve stability in that housing. Rapid re-housing assistance is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household. The core components of a rapid rehousing program are housing identification and relocation, short-and/or medium-term rental assistance and move-in (financial) assistance, and case management and housing stabilization services.

**SPDAT (Service Prioritization Decision Assistance Tool)**—The evidence-informed assessment utilized by all trained Network providers in either enacting more detailed determinations of acuity for housing placement and/or ongoing use in case management to ensure housing stabilization. The SPDAT (or “Full SPDAT”) has an individual and family tool. Staff must be trained by OrgCode Consulting or an entity approved by the Network on the SPDAT.

**Transitional Housing (TH)** – Housing, where all program participants have signed a lease or occupancy agreement, the purpose of which is to facilitate the movement of individuals and families experiencing homelessness into permanent housing within 24 months. 24 CFR 578.3.

**VI SPDAT** – (Vulnerability Index-Service Prioritization Decision Assistance Tool) Assessment tool developed and owned by OrgCode and Community Solutions that is utilized by projects in the Network to



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determine initial acuity and to recommend the level of housing supports necessary to resolve the presenting crisis of homelessness.

### Roles

|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CoC Board             | Responsible for the general oversight of the CE system.                                                                                                                                                                                                                                                                                                                                                                                                                  |
| CE Coordinator        | Staff position responsible for supporting or managing day-to-day functions of CE, which may include any combination of the following: maintaining a prioritization list, assisting with matching participants to available housing resources, communicating referrals, facilitating case conferencing meetings, assisting with grievance and appeal processes, monitoring CE activity, and preparing CE monitoring and evaluation reports.                               |
| HARA                  | Homeless Assessment Resource Agency-MSHDA ESG funds Recipient.                                                                                                                                                                                                                                                                                                                                                                                                           |
| HMIS Lead Agency      | Operates the Homeless Management Information System on the CoC's behalf. Ensures the CE system has access to HMIS software and functionality for the collection, management, and analysis of data on persons served by coordinated entry. Entity designated by the CoC in accordance with HUD's CoC Program interim rule to operate the HMIS on the CoC's behalf. The HMIS Lead designated by the CoC may apply for CoC Program funds to establish and operate its HMIS. |
| participating project | Agency or organization that has agreed to provide homelessness supports/services on behalf of the CoC. A participating project must execute a CE Participation Agreement with the CoC.                                                                                                                                                                                                                                                                                   |



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|                                                        |                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                        | The Participation Agreement outlines the standards and expectations for the project's participation in and compliance with the policies and procedures governing CE operations. For a project to receive CoC or ESG Program funding from HUD, it is required to participate in coordinated entry. |
| referral partner                                       | A type of participating project. Referral partner will receive and consider referrals to its project from the CE system. It will sign a Referral Partner Agreement with the CE management entity affirming it is aware of and will adhere to all expectations for coordinated entry               |
| mainstream system provider                             | Agency or entity that can provide necessary services or assistance to persons served by coordinated entry. Examples of mainstream system providers include hospitals, mental health agencies, employment assistance programs, and schools.                                                        |
| U.S. Department of Housing and Urban Development (HUD) | Federal agency responsible for administering housing and homelessness programs including the CoC and ESG Programs.                                                                                                                                                                                |
| U.S. Department of Veteran Affairs (VA)                | Federal agency responsible for providing health care and other services, including assistance to end homelessness, to veterans and their families.                                                                                                                                                |

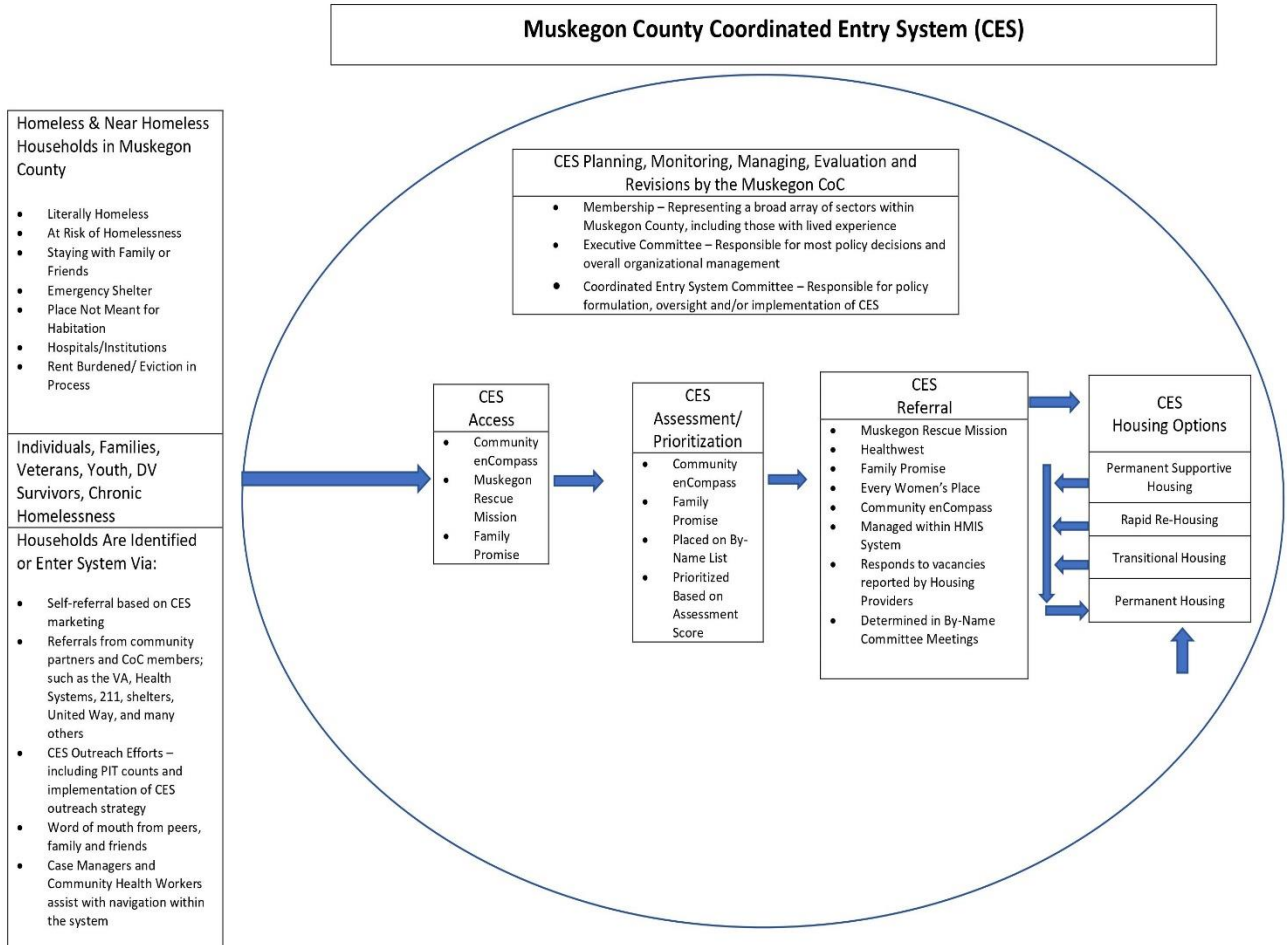
### Planning

The Network, in defining its Coordinated Entry System, has developed, maintains, updates and utilizes these Policies and Procedures and attached documents. Many of the policies and procedures were developed and adopted over a period of years. Others were developed more recently in response to guidance from HUD and MSHDA. The Network has formalized and maintains a Coordinated Entry System Committee, which serves as a forum for sharing information between Network CES providers, monitors and evaluates the functions of the CES, generates reports shared with the Network, and makes policy recommendations to the Steering Council. A map of the Access and Prioritization components of the system follows.



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## Access

The CoC strives to provide a Coordinated Community Approach: any homeless family or individual shall be able to present at any homeless housing and service provider in the geographic area for linkage to Coordinated Entry. Coordinated Entry Access Points shall be available in all sub-regions of the CoC's geographic area. A toll-free phone number 211 is available for individuals to contact from any point in the County for information on Access Points and shelters. Access Points are affirmatively marketed to eligible individuals and families regardless of race, color, national origin, sex, religion, familial status, age, or disability, with a focus on those who are least likely to access homeless services.



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All Access Points utilize a Housing First approach in the CE Assessment process. Participants may not be denied access to Coordinated Entry CE Assessment for any of the following reasons:

- Perceived barriers to housing
- Little to no income
- Active or history of substance abuse
- Domestic violence history
- Resistance to receiving services
- Type or extent of disability related services or supports needed
- History of evictions or poor credit
- Criminal Record
- Lease violations or lack of rental history

The Muskegon Housing Assessment and Resource Agency (HARA), initially housed within a local substance use treatment agency, and now located within Community enCompass, continues to evolve in response to Network priorities regarding the prioritization of vulnerable populations, as well as MSHDA and HUD requirements and guidance. The attached HARA Request for Service Workflow one pager describes how access to housing services by those experiencing homelessness is enabled by:

- Publicizing all means of access to the HARA
- Walk-in or call-in access procedures
- Referrals from 211
- Referrals from Community Outreach
- Referrals from Shelters, MCHCCN members and other community organizations

Responsibilities of the HARA include:

- Maintaining good standing as a Member of the Network
- Participating in training on the use of Homeless Verification and other Referral forms.
- Participation with the marketing and community outreach strategies.
- Conduct intake and assessments. Participate in trainings on the use of the HMIS system and SPDAT assessment tools.
- Coordinate with the HMIS Administrator to maintain a Centralized Registry or By Name List of Households who are at risk of homeless and individuals who are homeless and are seeking housing.
- Maintain a list of temporary and permanent housing opportunities for households who are homeless.
- Make referrals of households to their choice of available HP, RRH or PSH for which they are eligible. Referrals are made in priority order based on the Centralized Registry or By Name Lists of Households.
- Fully participate in the meetings and activities of the Coordinated Entry System Committee.
- Track status and results of referrals

### Collaboration with Street Outreach

The Network recognizes that many of the most vulnerable households who are homeless often reside outside and move around without a working phone. The Network has developed a policy that incorporates the efforts of the Outreach Team to help locate individuals who are on the Coordinated Registry (By-Name-List) and have been pulled for a housing opportunity.



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### Assessment

Housing assessment through the Network Coordinated Entry System is consistently applied at every access point. When diversion is unsuccessful or not appropriate, a housing assessment takes place in order to assess the current vulnerability and needs of the household seeking housing assistance. The housing assessment acts as a prioritization tool in order to ensure the most appropriate housing intervention is recommended to each household as well as to give priority to those experiencing the greatest need. The common assessment tool(s) utilized throughout the Network are designed to assess vulnerability and life areas affected by homelessness. Tools utilized include the VI SPDAT and the “full” SPDAT. The assessment is completed and is then coordinated within the HMIS system in order to begin the prioritization process and creation of the centralized registry or by name list(s).

The HARA Request for Service Workflow document outlines the procedures for assessing and prioritizing households who are experiencing homelessness in the following manner:

- Referrals to the HARA receive an intake screening for an assessment of need and assistance with accessing housing and/or support services
- Intake assessments are implemented, utilizing the VI-SPDAT and full SPDAT if warranted
- Households are entered into HMIS or their records are updated
- Households are placed on a prioritized registry maintained by the HMIS administrator, based on assessment scores, and other prioritization factors for referrals to HP, RRH or PSH

### Designated Assessment Agency

Definition and Role of Assessment Agency – The Coordinated Entry System Committee can recommend to the Network, the designation of one or more agencies to be an Assessment Agency. An Assessment Agency will administer the VI-SPDAT or other Network approved assessment tool and submit the results to the HMIS Administrator for entry into the Centralized Registry of Households, or By Name List if applicable.

A resolution from the Coordinated Entry System Committee to designate an Assessment Agency will include the following elements:

- Rationale for the designation, including one or more of the following:
  - To reach households in the community who could otherwise not be reasonably accessed by the HARA
  - To assist the HARA, address the volume of households requiring an assessment within the prescribed timeframe.
  - To assist the HARA, maintain the quality of assessments administered.
- A recommendation that a MOU be executed between the Network and the Assessment Agency.
- A Conflict-of-Interest Form, completed by the proposed Assessment Agency. The Form should disclose potential financial or programmatic interests the Assessment Agency has regarding the results of potential assessments they would administer.



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Upon approval of the CoC, a MOU between the Assessment Agency and the Network will be executed, including, but not limited to the following elements:

- A term consisting of a single calendar year.
- Provisions for discontinuation of the MOU by either party.
- Designation of contact information and organizational representatives.
- Communication and Problem-Solving procedures.

### Responsibilities of the Network

- Overall responsibility to establish and manage procedures for the administration of the assessment process, including conformity with Network, HUD, MSHDA and other funding agency requirements. Work with Assessment Agencies to develop and maintain these procedures.
- Procedures for assignment of households for assessment
- Reporting requirements for households assessed, including HMIS entry, SPDAT scores, and changes of housing status for assessed households
- In-person or on-line training requirements.
- On-going training requirements.
- Maintain a list of designated Assessment Agency staff approved to administer the VI-SPDAT.
- Establish and manage a system for quality improvement of VI-SPDAT Assessment scores, including regularly scheduled meetings.

### Responsibilities of the Assessment Agency

- Responsibility to follow procedures established by the Network for the administration of the VI-SPDAT Assessment process, including conformity with the Coordinated Entry System, MSHDA and other funding agency requirements. Work with the Network to develop and maintain these procedures.
- Procedures for assignment of households for assessment.
- Reporting requirements for households assessed, including HMIS entry, VI-SPDAT scores, and changes of housing status for assessed households.
- Submit names and qualifications to the Network of each employee requesting approval to administer VI-SPDAT Assessments.
- Require employees to maintain all Network initial and on-going training requirements to administer VI-SPDAT Assessments.

### Housing First Policy

The Network has developed and maintains a Housing First policy the covers the following areas:

- Description of Housing First Principles
- Application of Housing First Principles as part of the Screening, Assessment, Prioritization and Referral Process
- Elimination of barriers in accordance with Housing First Principles
- Integration of Housing First Policies in all levels of the Network structure and the Coordinated Entry System



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A minimum of once a year, or in response to HUD or MSHDA guidance, the Network Steering Council is charged with reviewing the Housing First Policy and recommending revisions when appropriate. The Housing First Policy is maintained as an attachment to this CES Policies and Procedures document.

### Prioritization

It is the policy of the Muskegon County Homeless Continuum of Care Network to provide equitable and consistent access to all potential program participations seeking housing in our local community. The purpose of the Policy is to establish a centralized intake process with prioritization standards and to provide continued implementation and oversight of the disposition process.

### Procedure:

1. Ensure that a QSOAA (Qualified Service Organization Business Associate Agreement) is in place to allow for sharing of information for those that share data in HMIS as well as Coordinated Entry partners that work with those experiencing domestic violence.
2. Ensure that a Memorandum of Agreement is in place with a release of information and referral process between partners to coordinate services for the client.
3. Ensure that the partners are utilizing a Network approved assessment tool to determine potential eligibility for permanent supportive housing to streamline the system, without duplication of HARA duties and do not take the place of other assessments for other programs.

| VI ASESSMENT SCORE RANGE<br>AND<br>RECOMMENDED INTERVENTION |                                                              |
|-------------------------------------------------------------|--------------------------------------------------------------|
| 0 – 3                                                       | Diversion, referral to housing program or community resource |
| 4 – 8                                                       | Rapid Rehousing                                              |
| 9 - 17                                                      | Permanent Supportive Housing                                 |

Clients scoring one or two points above the recommended Rapid Re-housing range may indicate their preference for Rapid Re-housing over Permanent Supportive Housing.

4. Once the assessment is conducted and recorded in HMIS. The HMIS Administrator will generate a report out of the system and add the participants to the Coordinated Entry Housing Registry.
5. The HMIS Administrator was assigned this task to ensure transparency as this position is neutral when it comes to Coordinated Entry vacancies and disposition as there is no invested role in this





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process as this is a completely separate function than Coordinated Entry. This document serves as the Coordinated Entry registry for the community.

6. Domestic violence service agencies will notify the HMIS Administrator that a client needs to be added to the Coordinated Entry Registry (By-Name-List). The assessor will send over an email with the DV client number as well as a completed VI-SPDAT.
7. The HMIS Administrator then prepares the registry adding the names/client number to the Coordinated Entry Registry daily for a bi-weekly disposition and facilitates a meeting of the Coordinated Entry partners. This occurs on a scheduled basis. Typically, the group meets weekly via conference call as is done with the Veteran population.
8. The available homeless referrals are first sorted by VI SPADT score, length of time homeless Disability Status and ranked from highest need to lowest need.
9. The available homeless prevention referrals are first sorted by Date of Eviction, Date Client was identified, and Disability Status and ranked from the highest need to the lowest need.
10. The community will prioritize at least 85% of available beds to chronic individuals and households available from turnover.
  - It will be responsibility of each organization, and subsequent Coordinated Entry program, to track their individual turnover rate and numbers regarding vacancies filled by households and individuals experiencing homelessness
  - There may be situations where a housing unit is not the appropriate fit for a program participant experiencing chronic homelessness. For instance, some programs have minimal supportive services built into their program. In these situations, the group will discuss the appropriateness of the available slot of housing.
11. Certain subgroups or subpopulations will be prioritized. Additional consideration will be provided for those who have been living on the street the longest, homeless households with children living in unsheltered situations, total length of homelessness and those who are medically vulnerable. These additional factors will be included in consideration when the group meets for disposition.
12. The group will consider the following information to determine the individual or household meets these considerations as follows: and those utilizing shelter or a program that provides short term temporary financial assistance
  - For medically vulnerable the definition will include those that have been recently discharged from a hospital or have a chronic or acute health conditions.
13. For veterans who are unable to be served effectively with VA housing and services should receive priority over non-veterans with the same level of need when using a standardized tool for assessment.



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14. The available referrals are then compared to the available vacancies/slots of Coordinated Entry per provider. The potential program participant with the highest score that matches specific eligibility for the grant and vacancy characteristics is referred to the Coordinated Entry provider.
15. A variety of methodologies will be used to match the program participant with the housing. As potential participants are matched to available slots of Coordinated Entry, the registry will be updated to reflect which agency received the referral. Those who are unable to be referred, due to a lack of available slots will remain on the registry for further review at subsequent meetings. Notes will be updated as need on these potential program participants.
16. In Coordinating efforts between the HMIS Administrator and case managers/street outreach workers will contact clients on the registry monthly to get any housing status updates. If the client is unable to be contacted for 3 consecutive attempts that are 30 days apart the client will be moved to the inactive page of the registry.
17. At subsequent meetings the team will review progress toward successfully securing housing through the individual Coordinated Entry programs Coordinated Entry partners will provide updates and these will be recorded during the disposition of the registry.
18. Once a potential program participant has successfully completed the process and is housed, the record will be highlighted in green and placed in the housed section of the registry.
18. If a potential participant is unable to successfully access the Coordinated Entry program, the team will review the reason why. If a program was unable to provide the housing because of specific grant requirements the group will work to place the potential participant in the next available slot/vacancy.
19. If a potential program participant is unable to successfully access the Coordinated Entry program because they are ineligible or have not maintained contact with the Coordinated Entry provider, the group will update notes in the record and deactivate the record. It should be noted, that if the potential program participant re-engages with a provider, a new updated referral will be made.

### **Coordinated Entry Registry to House Targeted Populations**

It is the policy of the Muskegon County Homeless Continuum of Care Network to end homelessness for targeted populations in Muskegon County by utilizing the Coordinated Entry Registry to effectively allocate resources. The purpose of the Policy is to outline the procedure for the Coordinated Entry Registry to effectively house targeted populations by utilizing resources in the community in a timely and efficient manner.

### **Procedure for Utilization of Coordinated Entry Registry(By-Name-List):**

- A. Gaining Access



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- The HMIS administrator will give participating Agency representatives access to a google drive document. This document provides an overview of the status of the individual to be used. The information will be used for case conferencing by the participating agencies assist in housing the individual or family. The google document cannot be shared with anyone unless permission is given by the HMIS Administrator. (*Active Muskegon CoC shared Master List Veterans/ Coordinated Entry Registry.*)

### B. Procedure for Coordinated Entry Registry:

- In the event a member of the targeted population enters an agency seeking services the individual to be served, must agree to the sharing of information in the Release of Information (ROI) to be added to the list.
  - The member of the targeted population should be added to HMIS database within 24 hours of intake process. Once the intake is completed, if the member has a score corresponding to a Coordinated Entry referral, a referral should be entered into HMIS.
  - HMIS numbers will be used to add additional security to identifying information in addition to first and last name.
  - For Domestic Violence Service agencies, client ID number will be used instead. DV providers do not record in HMIS and therefore need to be present at meetings to ensure housing coordination for those clients.
  - Coordinated Entry Registry should be updated within 24 hours of a change to the status of the member of the targeted population.

If the member of the targeted population is a veteran, place the veteran's name on the Coordinated Entry List as well as the Veterans By-Name-List until confirmation of veteran status can be obtained.
  - A member of the targeted population will be moved to the Housed Status when they are permanently housed regardless of whether they are receiving case management.
  - If a member of the targeted population is no longer in contact with our System, they will be moved to Inactive Status. This means that we have documented three contact attempts to reach the individual. This documentation will go on Coordinated Entry Registry.
  - The Committee members who are assigned a client should update the Coordinated Entry Registry using a standardized note field that follows date initials of Case manager and update status.
  - The Committee assigned to that target population will meet on a bi-weekly basis or as often as needed, to review the housing status of each person on the Coordinated Entry Registry and to try to eliminate any obstacles to housing that individual or family. Bi-weekly meetings will be hold until functional zero is obtained and then the Committee will meet on a monthly basis. The Committee can decide to meet via phone as often as needed.
  - The HMIS Administrator will use the data in the By-Name List to complete any and all reports required by our community partners, funders and stakeholders.



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- The HMIS Administrator will report to the CoC Coordinator and the Committee assigned to the target population any deficits in the data in the Coordinated Entry Registry at its regularly scheduled meeting so that help can be assigned to the Agency to ensure that the data is entered in a timely manner.
- The Coordinated Entry Chair will report the results of the individuals housed to the Steering Council on a monthly basis.

## Referral

Referrals to Coordinated Entry are done in the following manner:

1. Coordinated Entry providers coordinate with the HARA and other housing providers regarding housing opportunities/vacancies, as well as their related eligibility requirements and support services offered.
2. The Assessment organizations will make referrals to Coordinated Entry for the prioritized household through HMIS.
3. The HARA and all homeless housing providers participate in the Network Coordinated Entry Sub-Committee meetings to review the status of the prioritized Coordinated Entry registry and seek additional housing opportunities
4. The HARA and all homeless housing providers participate in the Network Steering Council and Membership Meetings to review the status of the prioritized Coordinated Entry registry and seek additional housing opportunities

## Directory of Housing Resources

Directory of Housing Resources – The HARA will maintain the Directory of Housing Resource opportunities -- housing units or rental subsidies, owned, managed or administered by designated Housing Providers participating in the CES, in the following categories:

- Homeless Prevention
- Rapid Re-Housing
- Permanent Supportive Housing
- Temporary Housing, such as Transitional Housing or Emergency Shelters

Directory of Housing Resources Information will include:

- The name and contact information for each Housing Provider
- A description of sites or subsidies, number and types of units, eligibility requirements, and application requirements for all housing included on the Directory

List of Affordable and Subsidized Housing – The HARA will maintain a list of affordable and subsidized housing available in Muskegon County, but not exclusively linked to referrals from the CES.

Vacancy List – The HARA will maintain an updated list, based on information supplied by Housing Providers, of vacancies that have or will soon occur in units or subsidies listed on the Central Housing Registry.



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Matching households to housing – On an ongoing basis, the HARA will review the Centralized Registry of Households who are homeless, review the Directory of Housing Resources vacancies, and match households to housing opportunities on a prioritized basis:

- The highest ranked household from the Rapid Re-Housing or Permanent Supportive Housing Centralized Registry of Households will be contacted and offered the opportunity to apply for one of the current vacancies for which they are eligible
- The highest rank household from the Homeless Prevention Central Registry of Households will be contacted and offered the opportunity to apply for Homeless Prevention assistance with the HARA.
- A referral to temporary housing may be made by the HARA if no vacancies exist in housing for which the household is eligible
- Information from the List of Affordable and Subsidized Housing will also be made available to households if no vacancies exist in housing for which the household is eligible

Referring households– Once a household has chosen a housing opportunity offered by the HARA a referral will be made to the Housing Provider.

- The household may be referred to a service provider if one is designated to assist with the application process.
- Documents and information provided by Outreach and Referral agencies, or acquired by the HARA, and which could assist the household with the application process, will be forwarded as part of the referral for housing.
- The household may be referred for temporary housing for the duration of the application process.

### Designated Housing Provider

Definition and Role of designated Housing Provider – The CES Committee can recommend one or more organizations to be a designated Housing Provider of the CES, for the purpose of providing housing opportunities for households who are homeless. The Network Executive Committee can approve the designation, which becomes official upon execution of a Memorandum of Understanding between the Provider and the Network, specifying roles and responsibilities.

The types of housing opportunities that may be provided for households that are homeless/at risk of homelessness include:

- Rapid Re-Housing – A combination of affordable housing and services. While rental subsidies and services are provided for a period of limited duration, the household retains their housing on an ongoing basis.
- Homeless Prevention- A combination of affordable housing and services to prevent a homeless episode.
- Permanent Supportive Housing – A combination of affordable housing and services provided as a permanent housing opportunity.



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- Temporary Housing – Emergency Shelter which offer housing and services as a temporary solution until a permanent housing opportunity is acquired by the household.

Responsibilities of the Housing Provider include:

- Maintaining good standing as a Member of the Network
- Participating in CES Committee meetings and activities.
- Placing all housing units supported with CoC funds (with the exception of Domestic Violence specific housing), and additional housing units if possible, on the Directory of Housing Resources maintained by the HARA
- Notifying the HARA of vacancies that have or will soon occur in housing opportunities listed on the Directory of Housing Resources.
- Notifying the HARA as soon as possible when vacancies in housing listed on the Central Registry have been filled or no longer exist.
- Utilize the CES as the sole source of referrals of applicants for vacancies in units listed on the Directory of Housing Resources and do everything possible to reduce barriers to housing and accept referrals meeting program eligibility requirements, without violating covenants with local investors, lenders or to otherwise become non-compliant with federal, state or local ordinances or contractual agreements.
- Utilize Housing First principles, to the greatest extent possible, to minimize barriers for households to access housing units
- Follow national standards and best practices in the offering of affordability and support services for households acquiring housing as part of the CES
- Housing Providers will provide the result of the referral to HARA as permitted.

Applicant Referrals from the HARA – In an effort to streamline the referral and application process, and increase the likelihood that applicants will be approved by the Housing Provider, the following information should be provided for housing opportunities listed on the Directory of Housing Resources:

- A designation of the type of housing, such as RRH or PSH
- A description of the actual housing units, or type of subsidies, available
- Eligibility requirements for the housing, such as requirements for homelessness, chronic homelessness, and persons with disabilities.
- Requirements for documentation of eligibility requirements.
- Specification as to where applicants should be referred – such as the property management office, or an affiliated service provider who will assist with the application process.

Processing applications and approvals – Housing Providers are solely responsible for processing and approving applications for housing, in accordance with their property management plan and internal procedures. Collaboration with the HARA and other components of the CES, such as Outreach staff and other service providers, is highly encouraged – to find ways to expedite the application process and find reasons to approve household access to housing.



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### Rejection of Referrals

Only three standardized options are available for rejecting a referral from Coordinated Entry: the participant does not meet eligibility requirements, the project is not currently accepting applications, or the participant has disappeared or is not able to be located.

### Participant Declined Referrals

Individuals and families will be given information about the programs available to them and provided choices whenever feasible based on assessment information, vulnerability and need scores, preliminary eligibility pre-determinations, and available resources. Of the options available, participants will be afforded their choice of which project to be referred to. If an individual or family declines a referral to a housing program, they remain on the prioritization list until the next housing opportunity is available.

### Provider Declined Referrals

There may be instances when agencies decide not to accept a referral from the CE system. When a provider agency declines to accept a referred prioritized household into its project, the agency must notify the HMIS Administrator the reason for the denial.

Refusals by projects are acceptable only in certain situations, including these:

- The person does not meet the project's eligibility criteria.
- The person would be a danger to self or others if allowed to stay at this particular project.
- The services available through the project are not sufficient to address the intensity and scope of participant need.
- The project is at capacity and is not available to accept referrals at this time.
- Other justifications as specified by the "referred to" project.

The agency must communicate the refusal to the HMIS Administrator within 2 business days of making the refusal. The agency must notify the HMIS Administrator why the referral was rejected, how the referred participant was informed, what alternative resources were made available to the participant, and whether the project staff foresee additional, similar refusals occurring in the future. This information will then be shared by the HMIS Administrator and with the CE Committee, which will discuss and decide on the most appropriate next steps for both the project and the participant.

### Data Management

The HMIS is key to centralizing information to measure outcomes and determine client needs through Coordinated Entry. Not all stakeholders have direct access to HMIS. Throughout the CoC, service provider agencies that directly interact with people facing homelessness actively use and contribute to the HMIS.

All HMIS Lead personnel (including employees, volunteers, affiliates, contractors and associates), and all participating agencies and their personnel, are required to comply with the HMIS User Policy, Agency Participation Agreement, and Code of Ethics Agreement. All personnel in the CES participating agencies



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with access to HMIS must receive and acknowledge receipt of a copy of the Participation Agreement and receive training on this Privacy Policy before being given access to HMIS. To comply with federal, state, local, and funder requirements, information about the homeless persons, their dependents, and the services that are provided to them, is required to be collected in the HMIS. When assistance is requested, it is assumed that the client is consenting (“inferred consent”) to the use of the HMIS to store this information.

The participants have the right to explicitly refuse the collection of this information, and participating agencies are not permitted to deny services for this reason. However, such refusal may severely impact the ability of any participating agency throughout the CES to qualify the client for certain types of assistance or to meet their needs.

Data collection should not be confused with data sharing (“disclosure”). Participating agencies are required to provide the client with an opportunity to consent to certain disclosure of their information with CE and cooperating agencies, either in writing or electronically. If the client consents to the disclosure of their information, they enhance the ability of CES to assess their specific needs and to coordinate delivery of services for them.

To protect the privacy and the security of client information, the HMIS is governed by data access control policies and procedures. Every user’s access to the system is defined by their user type and role. Their access privileges are regularly reviewed, and access is terminated when users no longer require that access. Controls and guidelines around password protection and resets, temporary suspensions of User Access and electronic data controls are in place and are outlined in detail in the HMIS User Agreement.

Services will not be denied if the participant refuses to allow their data to be shared, unless Federal statute requires collection, use, storage and reporting of a participant’s personally identifiable information as a condition of program participation.

HMIS users will be informed and understand the privacy rules associated with collection, management, and reporting of client data. Privacy Protections the CoC ensures adequate privacy protections of all participant information per the HMIS Data and Technical Standards (CoC Interim Rule – 24 CFR 578.7(a)(8)). All providers participating in Coordinated Entry must undergo training provided by the HMIS Administrator before gaining access to the CE By Names List.

Participant consent is obtained in a uniform written release of information and is stored in a secure location. Participants are informed of all cooperating agencies who may have access to their information for purposes of referral through the CE process. All users of HMIS in cooperating agencies in CE are trained by the HMIS Administrator on data collection, management, and reporting.

The CoC prohibits denying services to participants if they refuse their data to be shared unless Federal statute requires collection, use, storage, and reporting of a participant’s personally identifiable information as a condition of program participation. The CoC only shares participant information and documents when the participant has provided written consent through the CE Release of Information.





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### Evaluation

Regular and ongoing evaluation of the CE system will be conducted to ensure that improvement opportunities are identified that results are shared and understood, and that the CE system is held accountable.

The CES will be evaluated using HMIS data on a quarterly basis. Results will be published on the public CoC website, after they have been reviewed by the CE Committee. The CE Committee has selected the following as key outcomes for CES:

1. Reduction in the length of time homeless (system and project level).
2. Reduction in the number of persons experiencing first-time homelessness (system and project level).
3. Increase in the number of placements into permanent housing (system and project level).

### Appendix A

MI-516 Norton Shores, City of Muskegon and County Continuum of Care

#### POLICY ADVOCATING COMMUNITY HOUSING FIRST PRINCIPLES

- I. **With the adoption of this policy**, the MI-516 Norton Shores, City of Muskegon and County Continuum of Care (CoC) seeks to document their continued commitment to Housing First Principles and advocate for the adoption the Housing First principles and activities within the larger Kalamazoo community:
  - a. Housing First offers individuals and families experiencing homelessness immediate access to permanent affordable or supportive housing. Without clinical prerequisites like completing of a course of treatment or evidence of sobriety and with a lower-threshold for entry, studies show that Housing First yield higher housing retention rates, lower returns to homelessness, and significant reductions in the use of crisis service and instructions.
  - b. While all CoC funded agencies strive to practice the Housing First Principles, the recent development and utilization of the “Service Prioritization Decision Assistance Tool, or “SPDAT”, enables the CoC to embrace a community-level orientation to ending homelessness in which barriers to housing entry are removed and efforts are in place to prioritize the most vulnerable and high-need people for housing assistance.
  - c. The MI-516 CoC Policy for the Prioritization of Permanent Supportive Housing Beds also states that Permanent Supportive Housing (PSH) beds shall be filled, to the maximum extent possible, based on Housing First Principles.
- II. The CoC endorses the following Housing First Principles for all agencies including tenant screening and selection practices that promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, and participation in services. To the maximum possible at the agency level;



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- a. Housing applicants are seldom rejected on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that indicate a lack of “housing readiness.”
  - b. Housing referrals are accepted directly from shelters, street outreach, drop-in centers, and other parts of crisis response system frequented by vulnerable people experiencing homeless.
  - c. Supportive services emphasize engagement and problem-solving over therapeutic goals. Services plans are highly tenant-driven without predetermined goals. Participation in services or program compliance is not a condition of permanent supportive housing tenancy.
  - d. Use of alcohol or drugs in and of itself (without other lease violations) is not considered a reason for eviction.
  - e. Building and apartment unit may include special physical features that accommodate disabilities, reduce harm, and promote health among tenants. These may include elevators, stove-tops and automatic shut-offs, wall mounted emergency pull-cords, ADA wheelchair complaint showers, etc.
- III. The CoC endorses the following Housing First Principles and activities and utilizes the Case Managers Committee, the Data Committee and general CoC Committee to insure that, to the maximum extent possible, at the Community Level;
- a. Emergency shelter, street outreach providers, and other parts of crisis response system are aligned with Housing First and recognize their roles to encompass housing advocacy and rapid connection to permanent housing. Staff in crisis response system services believes that all people experiencing homelessness are housing ready.
  - b. Strong and direct referral linkages and relationships exist between crisis response system (emergency shelters, street outreach, etc.) and rapid re-housing and permanent supportive housing.
  - c. Community has a unified, streamlined, and user-friendly community-wide process for applying for rapid re-housing, permanent supportive housing and/or other housing interventions.
  - d. Community has a coordinated assessment system (SPDAT) for matching people experiencing homelessness to the most appropriate housing and services, and where individuals experiencing chronic homelessness and extremely high need families are matched to permanent supportive housing/Housing First.
  - e. Community has a data-driven approach to prioritizing highest need cases for housing assistance whether through analysis of lengths of stay in Homeless Management Information Systems (HMIS), vulnerability indexes, or utilization of crisis services data.



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- f. Policymakers, funders, and providers collaboratively conduct planning and raise and align resources to increase the availability of affordable and supportive housing and to ensure that a range of affordable and supportive housing options and models are available to maximize housing choice among people experiencing homelessness.
- g. Policies and regulations related to permanent supportive housing, social and health services, benefit and entitlement programs, and other essential services support and do not inhibit the implantation of the Hosing First approach. For instance, eligibility and screening policies for benefit and entitlement programs or housing do not require the completion of treatment or achievement of sobriety as a prerequisite.

Every effort is made to offer a transfer to a tenant from on housing situation to another, if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.

## Appendix B

### Non-Discrimination and Fair Housing Policy

#### **Policy**

It is the policy of the Muskegon County Homeless Continuum of Care Network (Network) to operate housing programs that permits recipients of Federal and State funds to be in compliance with applicable civil rights and fair housing laws and requirements.

#### **Purpose**

The purpose of the Policy is to identify the various federal civil rights laws with which the Recipients and Sub-Recipients of CoC Program and ESG Program funds must comply.

Recipients and Sub-Recipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws as specified at 24 C.F.R. 5.105(a), including, but not limited to the following:

The Fair Housing Act is a federal law that prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status

Section 504 of the Rehabilitation Act prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance;

Title VI of the Civil Rights Act prohibits discrimination on the basis of race, color or national origin under any program or activity receiving Federal financial assistance; and



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Title II of the Americans with Disabilities Act prohibits public entities, which includes state and local governments, and special purpose districts, from discriminating against individuals with disabilities in all their services, programs, and activities, which include housing, and housing-related services such as housing search and referral assistance. Title III of the Americans with Disabilities Act prohibits private entities that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

In addition, HUD's Equal Access Rule at 24 CFR 5.105(a)(2) prohibits discriminatory eligibility determinations in HUD-assisted or HUD-insured housing programs based on actual or perceived sexual orientation, gender identity, or marital status, including any projects funded by the CoC Program, ESG Program, and HOPWA Program. The CoC Program interim rule also contains a fair housing provision at 24 CFR 578.93. For ESG, see 24 CFR 576.407(a) and (b), and for HOPWA, see 24 CFR 574.603.

Finally, the CoC and its partners will comply with Michigan's Elliott-Larsen Civil Rights Act, which prohibits discrimination based upon religion, race, color, national origin, age, sex, height, weight, familial status, or marital status.

All people shall be informed of their right to access housing and services without discrimination, and of their right to initiate a grievance process if they believe they have been discriminated against.

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