

## COORDINATED ENTRY SYSTEM (CES) POLICY and PROCEDURES

### TABLE OF CONTENTS

I.	BACKGROUND.....	2
II.	PURPOSE.....	2
III.	DEFINITIONS.....	2
IV.	GEOGRAPHICAL SERVICE AREA.....	2
V.	TARGET POPULATIONS.....	3
VI.	COORDINATED ENTRY SYSTEM.....	3
	A. Access points.....	3
	B. Assessment Process .....	4
	C. Prioritization.....	6
	D. Referrals.....	9
	E. Grievances.....	10
VII.	EVALUATION of CES.....	11
VIII.	NON-DISCRIMINATION.....	11
IX.	MARKETING.....	12
X.	EMAIL LISTS.....	12
XI.	HMIS.....	12
XII.	PRIVACY.....	13
XIII.	AGENCY TRAINING and Technical Assistance.....	13
XIV.	MONITORING.....	13
XV.	REVISIONS to this Policy.....	13
XVI.	APPROVAL by the CoC Board.....	14
	Appendices	
	A. Intention of CE	
	B. Data Sharing Agreement (Privacy pg. 2)	
	C. Domestic Violence and Emergency Contacts	
	D. Pre-Screen Intake Form	
	E. Eligibility and Prioritization Guidelines by Bed and Program Type	
	F. Coordinated Entry System flow Chart	

Approved January 2025

## **I. BACKGROUND**

The United States Department of Housing and Urban Development (HUD) designated name of the county Continuum of Care to which this policy pertains is the; *MI-507 Portage/Kalamazoo City and County Continuum of Care (CoC)*. In accordance with the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, and Notice Establishing Additional Requirements for a Centralized or Coordinated Assessment System (CPD-17-01) the CoC, herein, provides a comprehensive description of the policies and procedures for Coordinated Entry System (CES) for those experiencing homelessness.

## **II. PURPOSE**

With this policy, the MI-507 Portage/Kalamazoo City and County CoC seeks to provide a standardized and transparent entry, assessment and referral process for people experiencing a housing crisis or homelessness to access community resources. And further, to improve collaboration, communication, efficiency, and transparency between agency service providers; and improve service to program participants through a participant-focused and coordinated system. *See Appendix A, Intention of CES.*

## **III. DEFINITIONS**

This policy includes the following abbreviations, acronyms and definitions:

CES	Coordinated Entry System. HUD & Federal partners use the terms “coordinated entry” or “CE process;” CoC & ESG Interim Rules use the terms “centralized or coordinated assessment system.”
CoC	Continuum of Care; MI-507 Portage/Kalamazoo City and County CoC
DV	Domestic Violence
HARA	Housing Assessment and Resource Agency
HDC	Housing Determination Committee, Community Prioritization
HEARTH ACT	Homeless Emergency Assistance and Rapid Transition to Housing Act
HMIS	Homeless Management Information System
HUD	United States Department of Housing and Urban Development
MSHDA	Michigan State Housing Development Authority
PROGRAM	The various and/or aggregate types of activities eligible for funding
SPDAT	Service Prioritization Decision Assessment Tool
TAY-VI-SPDAT	Transitional-Age-Youth Vulnerability Index-SPDAT
VI-F-SPDAT	Vulnerability Index-Family-SPDAT
VI-SPDAT	Vulnerability Index-SPDAT

## **IV. GEOGRAPHIC AREA**

This document serves as the CoC policies and procedures for the Coordinated Entry System (CES) for geographic service area that includes all of Kalamazoo County and the cities and villages of:

<u>Cities</u>	<u>Villages</u>
Galesburg	Augusta
Kalamazoo	Climax
Parchment	Richland
Portage	Schoolcraft
	Vicksburg

## **V. TARGET POPULATION**

The CoC CES is inclusive of all persons experiencing homelessness; including all subpopulations such as those experiencing chronic homelessness, veterans, families, youth, LGBTQ and survivors of domestic violence and human trafficking. However, different processes and assessment for coordinated entry may exist for the following populations due to federal/state regulations or other funder requirements: unaccompanied youth, households fleeing domestic violence or those with severe mental illness. All access point providers will coordinate with the appropriate providers for these subpopulations to ensure access to housing and services. Individuals and households who are at imminent risk of homelessness will also be referred to available community resources to help prevent a homeless episode.

## **VI. COORDINATED ENTRY PROCESS**

The CES is mandated for all recipients of Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funding, CoC mini-grants and CoC Community Grants and was developed in conjunction with CoC and ESG recipients and other homeless service providers within our geographic service area. The CoC will welcome and continue to invite all housing programs serving people experiencing homelessness to join the system in order to develop a community-wide response system.

**A. Access points.** Access points are locations where people who are experiencing homelessness or are at risk of becoming homeless go to determine eligibility for housing assistance. These access points work in partnership with other community providers to complete the CES and assessment process.

i. The current list of agencies and programs serving as Access Points for the CES are:

**Catholic Family Services dba Catholic Charities Diocese of Kalamazoo**

Ark Youth Shelter, 990 W Kilgore Rd, Kalamazoo, MI 49008

**Housing Resources Inc. (HRI) CoC's Housing Assessment and Resource Agency (HARA)**

643 W. Crosstown Pkwy Kalamazoo, MI 49008

**Integrated Services of Kalamazoo (ISK) 1223 Oakland Ave, Kalamazoo, MI 49007**

All access points are physical locations and are accessible to individuals with disabilities including wheelchair access. All sites are also in close proximity to or on the public transportation route which has wheelchair accessible transportation.

Each access point serves unique populations and receives HUD or MSHDA ESG funding for housing programs. Households included in more than one of the populations for which an access point is dedicated may be served and assessed at any access point. Program participants may cross over into appropriate housing held by other providers when available. Each access point will, as appropriate or necessary, contact the McKinney Vento Education Coordinator for those families presenting with school age children to ensure access and transportation to appropriate education, including public preschool education.

When an individual actively fleeing domestic violence (DV) or household is determined to be at imminent risk of harm due to DV or human trafficking presents at a non-victim service agency, the agency or the CES assessor should immediately connect the household to the YWCA and insure their immediate transportation and security needs are met. The YWCA will complete a safety plan and may also provide shelter, advocacy, legal services or offer therapy at the survivor's election. See related CoC Emergency Transfer Plan for Victims of Domestic Violence Policy.

All access points have executed data sharing agreements to ensure assessments, referrals, services, performance measurement data and documents from all agencies are electronically captured in the Homeless Management Information System (HMIS). *See Appendix B for Data Sharing Associates Agreement.*

If, upon determination that all requirements for participation as an access point are met, the CoC Board may approve additional access points.

- ii. **Emergency Services and Outreach.** The access points will: provide directly, utilize the CoC referral form, or make arrangements through other means to ensure universal access to crisis response services for program participants seeking emergency assistance during operating hours. All emergency shelters and outreach teams may utilize the standardized pre-screening form and refer to the designated CES agencies for services. Emergency shelters are accessible to anyone presenting for service and program participants are not prioritized for entry; shelters respond to the immediate need for emergency housing. Following an initial triage to determine literally homeless or fleeing DV and/or family violence or human trafficking, shelters will proceed with the appropriate standardized assessment or refer homeless to a CES access point for assessment and begin to coordinate with available resources.

The access point agencies conduct Outreach two or three times a week, or as needed by a mobile intervention team. Outreach efforts include intake with assessment at day and overnight shelters, outreach satellites, with the McKinney-Vento liaison homeless liaisons and Domestic Violence service provider (YWCA). Public safety departments are surveyed for knowledge about homeless encampments; case workers are deployed to engage those least likely to request assistance where they are on the street or in encampments.

- iii. **After Hours Access.** Gryphon Place's 2-1-1 Information and Referral service provides quick and easy access to information about service agencies (24 hours, 365 days) in Kalamazoo County. Community Resource Advisors work with callers to assess their needs and refer them many resources including after-hour contacts for local housing agencies and shelters, the Access Center (Community Mental Health), Mobile Crisis Response (Youth), and public safety (welfare check, adult/child protective services). The YWCA (Domestic Violence, sexual assault, trafficking) and the Ark Youth Shelter maintain 24-hour Hotlines; (269) 385-3587 and (800) 873-8336, respectively. The CoC distributes emergency contact cards, in English and Spanish, with information for those experiencing homelessness to churches, public safety, shelters and drop-in centers.

*See Appendix C for Emergency Contact and Domestic Violence Information.*

- B. **Assessment Process.** The CoC utilizes a standardized pre-screening form, developed in conjunction with mainstream services providers; to identify potential barriers that might prevent them from entering or maintaining housing. Housing Specialists also refer and connect with TANF, State Emergency Relief, food, Employment and Community Mental Health programs. Designated case managers are available for SSI/SSDI Outreach, Access and Recovery (SOAR).

The pre-screening form is administered at a CES access point, at shelter entry or through linkage with an outreach team. Participants have the right to refuse to provide any requested information in the coordinated entry or assessment process. Program participants may refuse to sign the ROI or provide information to an access point without retribution or limiting their access to other forms of assistance. See Appendix D: Pre-Screen Intake Form.

- i. **Screening and Housing Barriers.** The CES will not screen out or deny housing or services for program participants based on any perceived barriers. Barriers may include but are not limited to lack of employment or income, drug or alcohol use, criminal records, race, color, national origin, sex, age disability, religious beliefs, victims of domestic violence, sexual assault, human trafficking or gender identification. The CoC utilizes the Housing First model and abides by its Housing First Policy; when units are available, program participants will be quickly housed without preconditions or service participation requirements. All CoC funded agencies who provide housing or services to the homeless population are required to adhere to these standards.
- ii. **Screening for Diversion and Prevention.** All access points assist households to prevent entry into homelessness whenever possible. Program participants or referring agencies should contact the HARA for financial assistance to divert homelessness or prevent eviction. If the offered diversion and prevention resources do not resolve a person's need for housing, access point staff should connect the participant to local emergency shelter resources to solve their immediate housing crisis while longer term resources (rapid rehousing, transitional, permanent housing) are explored.
- iii. **Shelter and Emergency Needs.** People presenting at an emergency shelter are offered a bed in the emergency shelter where they arrived. If they are not population-appropriate, or a bed is not available, they are referred to a shelter that is population-appropriate or has available space. If no shelter has available space, the presenting participant is referred to alternative resources including the Red Cross, churches, hotels or motels, 211 or MI Bridges. If the participant does not initially present at a population appropriate emergency shelter, they are referred to one. All physical access points maintain after-hours hotlines or answering services that provide information on accessing emergency shelters. The next available day that assessment hours are open, the participant is asked the pre-screening questions and, if needed, referred to a designated access point for assessment.
- iv. **Evaluating Vulnerability.** If the pre-screening intake form indicates the need for housing assistance, the evidence-informed, VI-SPDAT prioritization assessment used by all access points to determine the acuity and vulnerability of an individual, family or unaccompanied youth experiencing homelessness. The CoC uses a different referral process for households fleeing or attempting to flee domestic violence (Non-HMIS Prioritization List).

The COC Coordinated Entry System utilizes three tools for the purposes of prioritizing individuals and families for housing services. These tools are:

- a. Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) *Used for single adults and households without children under the age of 18*
- b. Family Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-F-SPDAT) *Used for households with at least one adult and one child under age 18*
- c. Transition-Age Youth Vulnerability Index-Service Prioritization Decision Assistance Tool (TAY-VI-SPDAT) *Used for youth aged 24 years and younger*

All staff are trained in using a trauma-informed approach to conducting assessments to reduce the risk of re-traumatization. The assessment space and manner of conducting the assessment should provide privacy to allow people to safely reveal sensitive information or safety issues. This includes gathering information from each adult in the household separately, if appropriate.

- a. **Release of Information.** All program participants must sign a release of information (ROI) prior to the assessment (VI-SPDAT) process. Program participants may refuse to sign the ROI or provide information to an access point without retribution or limiting their access to other forms of assistance.
- b. **VI-SPDAT Score.** VI-SPDAT, VI-F-SPADAT and TAY-VI-SPDAT expresses acuity as a single score with a higher number representing more complex, co-occurring issues that are likely to impact overall housing stability. The VI-SPDAT indicates the best potential intervention by assessing:
  - Wellness: Chronic health issues and substance use, daily functioning
  - Meaningful daily activities: social supports and income
  - History of Housing and Homelessness: Cumulative and length of time homelessness
  - Risks: Crisis, medical, law enforcement, coercion, trauma, sleeping place
  - Family Unit (Family VI-SPDAT Only): School enrollment and attendance, familial interaction, family makeup and childcare

The SPDAT tools are to be used as a guide with recommendations for appropriate housing placements. However, providers will use housing options available to serve the households/program participants with the most needs and provide appropriate supports and interventions to achieve housing stability.

- c. **Assessments and VI-SPDAT Prioritization List.** The VI-SPDAT assessment forms are accessible to all agencies with a HMIS user license. Street outreach workers and providers not actively participating in HMIS may refer participants to the HARA to complete a VI-SPDAT and be entered into HMIS for consideration of the community-wide prioritization list. Paper copies of the VI-SPDAT can also be obtained from the assessment developer's website: <http://www.orgcode.com/product/vi-spdatt/>.

All assessments completed using the VI-SPDAT will be stored in ServicePoint HMIS, building a community-wide prioritization list for housing. When a VI-SPDAT assessment is completed for anyone entering the homeless services system, providers can tag the VI-SPDAT to be included in their prioritization or by-name list.

The VI-SPDAT should be administered once every six months *for the purposes of placement on the housing prioritization list*. If a participant experiences a change in circumstances that may significantly impact his or her vulnerability score, a new VI-SPDAT may be administered or these changes may be noted in the Client Notes section of HMIS by the current provider. Participants with multiple VI-SPDAT scores over a six-month period are assessed for housing using the earliest score within that timeframe.

- C. **Prioritization.** The CES ensures that those program participants who are most vulnerable or that have the most severe service needs, receive priority for housing and homeless assistance available including permanent supportive housing, rapid rehousing (RRH), transitional housing (TH),

prevention or other appropriate interventions. Program participants are prioritized for housing and services based on their VI-SPDAT score, length of time homeless, chronic homeless, family's w/children homeless, health/behavioral challenges, substance disorders, youth and DV at high risk.

- i. VI-SPDAT scores may assist providers in identifying optimal housing and support interventions as follows;

Information and Referral

*For VI (individuals) SPDAT, VI-F (family) and TAY-VI (Transitional Age Youth) with scores 0-3:* No housing intervention, Emergency Assistance Only. Counseling and case management services are offered and participant referred to appropriate mainstream services.

RAPID Rehousing

*For VI SPDAT scores 4-7, VI-F scores 4-8, and TAY-VI scores 4-7:* Assess for Rapid-Rehousing Intervention (or Transitional), place on HCV list, short-term rental assistance, housing based case management

Permanent Supportive Housing

*For VI SPDAT scores 8+, VI-F scores 9+, and TAY-VI scores 8+.* : Assess for Permanent or Permanent Supportive Housing Intervention, place on HCV list, rental subsidy for affordability, housing based case management, no time limit on rental subsidy or case management services.

See Appendix E Prioritization Guidelines by Housing Model and Population Type.

- ii. The Housing Determination Committee (HDC) is composed of representatives from the access point agencies, and is responsible for managing the CoC-wide, by-name prioritization list. Each CoC funded agency must designate at least one member to the HDC. This group coordinates across the CoC geographic area to match persons on the prioritization list to available housing opportunities regardless of geography. Internal transfers within an agency DO NOT require HDC approval. However, agencies do not have discretion to switch between RR, TH and PSH during placement unless the assignment is verified by the HDC. The HDC also reviews any instance where referral is made but housing placement does not happen. There is no consequence to participants choosing not to accept a referral.

In the interest of fairness to all participants, and to maximize utilization rates for the limited local housing inventory, beds/units are held a maximum of seven (7) days after the HDC has identified an appropriate participant for that housing intervention. This does not mean the placement is completed in that time. It means that those being offered have been contacted and their intent regarding the resource is determined. At the same time as reaching out to offer a resource, multiple back- ups will be contact per the prioritization list. If the participant offered cannot accept the referral within seven days (either through direct refusal or inability to contact), the participant's name is returned to the prioritization list and the bed/unit is offered to the next appropriate participant.

- iii. All participants discussed, offered resources or approved as back up in the HDC meetings are documented. Minutes are circulated to the HDC and agencies who have housing vacancies within two business days. Hard copies of the minutes are kept on site at the HARA offices.



- iv. Housing by-name lists for those experiencing homelessness will be developed and the HDC will meet at least bi-weekly to review program participant status, barriers, and housing needs and placement. Those with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with lesser needs and lower levels of vulnerability.
- v. CoC recognizes the value of familial relationships. Provided the individual / head of household is next on the prioritization list, CoC will make all efforts to keep those relationships intact.
- vi. For the purposes of coordinated entry, one prioritization or by-name list is maintained for the entire CoC. Referrals can be made across providers based on the availability of services within an area, as well as participant preferences and needs. The CoC has adopted HUD CPD Notice 16-11 along with the Final Rule on Chronically Homeless. As such it is acceptable to move down the vulnerability order in the event no chronically homeless persons are identified at the time of a vacancy.
- vii. Participants have the right to refuse to provide any requested information in the coordinated entry or assessment process. However, the case manager or person conducting the intake should ensure that the participant understands that incomplete information could result in an inaccurate assessment of the participant's housing needs and vulnerability, potentially lowering their placement on the prioritization list. If a participant's case manager has evidence that indicates a person or family should be prioritized for housing, they may contact the CoC to advocate for them and/or arrange to attend the next HDC meeting.
- viii. Prioritization Status. As the initial point of contact for participants in the coordinated entry system, access points are likely to get questions from people asking about their status of the prioritization list and when they will be referred to housing. In these instances, agency's will:
  - / Check the HMIS to determine if the individual or household has a VI-SPDAT completed within the past six months.
  - / If yes, communicate to the individual or household that they are current in the system and will be contacted if appropriate housing or services become available. If no, work with them to complete a standard intake process and VI-SPDAT assessment.
  - / If older than 6 months, work the individual/household to complete an updated assessment. Confirm that the living situation and contact information for the individual/household is current and up-to-date.
  - / Providers should not communicate the individual's or household's number or placement on the prioritization list as this placement may change frequently as new assessments are entered into the system.
  - / When supportive housing is not immediately available, individuals and households seeking these resources may be connected with the HARA to be assisted in identifying any, more readily available, temporary housing options.
- ix. Project Enrollment. It is prohibited for any CoC-funded or ESG-funded housing project to serve individuals and/or families experiencing homelessness or who are at imminent risk of homelessness, without the household first going through the Coordinated Entry System and receiving a referral to the Prioritization List. Once the project has verified and documented a household's eligibility, and the person(s) has accepted the offer of homeless prevention assistance, the project can enroll the household.



x. Housing Choice Voucher

For the first draw of 2025, households eligible for Housing Choice Vouchers will be selected from the existing by name list. MSHDA tentatively informed MI-507 that Q1 pulls would be 144 or less. Those households will be populated from the existing households on the BNL chronological order first come first served. Utilizing by name list data the distribution will be single unhoused and in shelter and families unhoused and in shelter. Future pulls will be taken from the by name list. This order of priority will be assessed on a quarterly basis during 2025. It will continue to be monitored throughout the year by the HDC.

- D. **Referrals.** The CE access points make referrals to those providers receiving ESG and CoC Program funds, including emergency shelter, RRH, PSH and TH, prevention and rapid rehousing, as well as other housing and homelessness programs (low income housing projects, project based voucher programs), mainstream benefit services and assist program participants with applications for food and income assistance. Participant choice should be at the center of any referral and housing placement; there is no consequence to participants choosing not to accept a referral and they will remain on the prioritization list until housed.

Program participants must be provided the ability to enroll in CoC component types that are less intensive than the CE referral choice offered. The CE agency must provide possible impact associated with accepting, rejecting or changing the project type recommended by the CE. If the program participant/family is identified to be experiencing a mental health crisis, medical emergency, or fleeing domestic violence, staff should provide the appropriate response immediately by calling 911 or the mental health crisis hotline for intervention.

- i. *As practicable*, and after HMIS set-up, all outgoing and incoming referrals are documented using ServicePoint in the HMIS as follows:

HMIS-Participating Program to HMIS-Participating Program. Programs that are active users of HMIS are responsible for monitoring the status of both outgoing and incoming referrals and ensuring they are addressed in an appropriate timeframe. For HMIS-participating agencies, communication outside of HMIS is not required.

HMIS-Participating Program to non-HMIS Participating Program. HMIS-participating agencies wishing to make a referral to an agency not on HMIS should document the referral in HMIS; this will allow service providers to follow the participant's service history across providers and allow for consistent tracking of referrals. The referring (sending) agency should then notify the receiving agency by telephone of the referral. Non-HMIS programs that receive referrals from HMIS-participating programs should call the referring agency to confirm that the referral was followed up on and processed; the HMIS user at the referral agency is responsible for updating the status of the referral in the system for the purposes of communicating within the coordinated entry system.

- ii. To process a referral in ServicePoint, an HMIS user will navigate to the Client Profile:
- | Click on the "Service Transactions" tab
  - | Click on the "Add Referral" tab
  - | Select the household member(s) to be included in the referral
  - | Add service codes associated with the participant's need(s)
  - | Search for provider by need type or target population
  - | Select the desired service provider
  - | Attach a VI-SPDAT score
  - | Select "Save ALL" to send referral and save documented need(s)
- iii. Non-HMIS Participating Program to HMIS-Participating Program. Non-HMIS participating programs wishing to make a referral to a program that participates in HMIS should contact an identified CES access point to receive assistance in entering an electronic referral into the HMIS. The access point will then submit the electronic referral to the designated receiving agency or program.

- iv. Program participant focused: The CE will honor program participant choice for location and type of housing, level of services and other relevant options related to housing and services.
- v. Denial or rejection of referral. Program participants may decline a referral because of program requirements that are inconsistent with their needs or preferences. Program participant service denials must be documented in HMIS with specific justifications. In the case of a denial, the denying agency will attempt to work with the program participant to explore other housing alternatives. At a *minimum* program/program participant rejection/denial reasons must include the following:
  - | Program participant refused further participation in program
  - | Program Participant moved out of the CoC area
  - | Program participant does not meet required criteria for program eligibility
  - | Program participant unresponsive to multiple communication attempts
  - | Program participant resolved crisis without assistance
  - | Program participant safety concerns; Program participant health or well-being or safety of current program participants would be negatively impacted or other programmatic issues
  - | Program participant needs cannot be addressed by the program; program does not offer services/supports necessary to successfully serve the household
  - | Program at bed/service capacity

There is no limit to the number of times that a participant or household may decline a referral. Should a participant decline a referral, their name remains on the prioritization list and the Housing Determination Committee offers the available bed/unit to the next appropriate participant on the prioritization list. The original participant is given equal consideration when the next bed/unit becomes available but cannot be guaranteed top priority based on vulnerability scores.

If a participant declines a resource because of location, they may be offered a non-preferred location two times. If they decline for a second time they will be informed of the ramifications – i.e. this may drastically effect the length of time they remain homeless. Also, they should be told that if their geographical preference broadens at any time, they can contact the HARA or referring agency to update their information.

Individual agencies participating in the coordinated entry process have the discretion to determine their own guidelines for addressing participants that do not follow through with referred appointments to a program. However, guidelines should be clearly established and communicated both to participants and to the HDC so that all cases are handled consistently and fairly.

- E. **Grievances.** There may be rare instances in which programs decide not to accept a referral from the coordinated entry process. Refusals are acceptable only in certain situations, including:
  - | The person does not meet the program's established eligibility criteria;
  - | The person is a danger to themselves or others if allowed to remain in programs; or
  - | The person has previously caused serious conflicts within the program (e.g., was violent)

- i. If the program determines that a participant is not eligible for their program after receiving a referral from the coordinated entry process, the participant should be redirected back to the HDC to determine the best next step for the participant. Any cases that are unable to be resolved to the participant's satisfaction will be referred to the CoC's Program/Coordinated Entry Committee to be addressed as soon as possible. Any program that is consistently refusing referrals or refusing referrals without appropriate reason will be called to meet with the HDC to discuss the issue that is causing the refusals. Any denials for eligibility reasons will be stored in the HMIS by participating agencies.
- ii. Provider Grievances. Providers should address any concerns about the coordinated entry process to the CoC's CES, HDC or planning committee, unless they believe a participant is being put in immediate or life-threatening danger, in which case they should deal with the situation immediately. A summary of concerns should be provided via email to the CoC Director who will contact the chair of the Coordinated Entry System/HDC Committee. The chair of the committee should then arrange for a representative of that provider to attend the next scheduled CES Committee or HDC meeting so the issue can be presented and discussed, and a resolution proposed. If the issue requires more immediate resolution, the chair will be responsible for determining the best of course of action to address the issue.
- iii. Participant Grievances. Grievances that should be addressed directly by the assessment staff or assessment staff supervisor include grievances about how the participant was treated by assessment/program staff, assessment center conditions or violation of confidentiality agreements. Any other grievances should be referred to the CoC Director via email to be addressed in a process similar to the one described above for providers. Any grievances filed by a participant should note their name and contact information so that the CoC may contact them and ask them to appear before the committee to discuss the issues of concern.

## **VII. EVALUATION**

The CES will be evaluated and updated at least annually based on feedback from the Coordinated Entry/Housing Determination Committees, stakeholders, provider agencies and program participants. Participants will be surveyed at all access points and the day shelter. All CoC funded agencies are required to participate in the annual CES evaluation. All data collection during the evaluation process will be done in a private and secure setting to allow program participants to identify sensitive information, and be in compliance with HIPAA, Federal and State laws. Written files will be kept in a secure, locked location. Issues that arise will be presented and discussed as they occur at the Coordinated Entry System, Housing Determination and Planning Committees. Information gathered will be used to guide both the CES process and policies, the CoC in planning programs and housing services in the geographic area.

## **VIII. NON-DISCRIMINATION**

The CoC operates a coordinated entry that requires recipients of Federal and State funds to *comply with applicable civil rights and fair housing laws and requirements*. 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, State of Michigan and the ordinances in the cities of Portage and Kalamazoo as stated in MI-507 FAIR HOUSING POLICY. These laws and CoC Policy prohibits housing discrimination based on race, color, religion, sex, national origin, familial or marital status, and disability and includes sexual orientation, gender identity, or other protected classes. No individual, program participant or employee who raises a concern or files a non-discrimination complaint will be retaliated against.

All participants must be informed of their rights and persons who believe they've been a victim of housing discrimination, may contact the:

Housing Resources Inc. (HRI) CoC Fair Housing Representative  
 , 643 W. Crosstown Pkwy Kalamazoo, MI 49008 (269) 382-0287, or the

Fair Housing Center of Southwest Michigan Center (FHCSWM)  
 405 West Michigan Avenue, Kalamazoo, M 49007, Toll free (866) 637-0733  
 The Center also provides fair housing training; email [info@fhcswm.org](mailto:info@fhcswm.org) for more information.

If an individual believes that they have been excluded from participation in, denied the benefits of, or subjected to discrimination on the basis of race, color, national origin including individuals with limited English proficiency (LEP), sex, religion, age, and disability, the individual may file a program discrimination complaint by contacting:

Kalamazoo County Office of Prosecuting Attorney, Civil Rights Complaint Coordinator (CRCC)  
 330 Eleanor St. Judge Charles A. Pratt Justice Center Kalamazoo, MI 49007, phone 269-383-8900

#### **IX. MARKETING**

CoC *affirmatively markets* housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least likely to apply in the absence of special outreach to ensure all people in different *populations* and subpopulations in the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have *fair and equal entry/access* to the coordinated entry process.

Resources and information about the CE is provided to 24 hour establishments, restaurants, hospitals, hot meal programs, churches, schools, check cashing locations and other places known to be frequented by the target population. In addition, each access point is encouraged to explore various outreach activities such as hosting a booth at local community events, resource fairs, festivals and county fairs to provide information and resources.

In order to overcome barriers and increase communication with clients who are least likely to request assistance, we have implemented toll free and 2-1-1 access, TTYD capabilities, multi-lingual/sign language interpreters, transportation for cognitive/physical limitations, free phones through Ministry With Community (Day Shelter) and the local Salvation Army and internet access through public libraries, shelters, and DHHS. Interpreters to persons with disabilities and those with limited English proficiency, will be Michigan Certified and qualified at the Standard Practice Level appropriate for the setting. In Kalamazoo, people may dial 711(TTY) or 211, Disability Network and El Concilio for assistance.

#### **X. EMAIL LISTS**

Since the CoC notices are disseminated via email, it is the policy of the CoC that the CoC Director will maintain a list of member agencies to which to send related notices. Should an agency wish to have additional contacts (non-Committee members or Grantees) added to the mailing list, they must submit the contact information to the CoC Director in via email.

#### **XI. HMIS**

The CES uses HMIS to collect and manage data associated with assessments and referrals. The local domestic violence shelter uses a compatible system and does not enter data into HMIS. However, comparable reports based on HMIS data standards are given to the HMIS System Administrator for reporting purposes. The HMIS

is used to record and track program participant level information on the service needs of our homeless persons, and helps coordinate services among all providers to create a more effective housing and service delivery system. Agencies receiving CoC funding are required to participate in the Homeless Management Information System (HMIS) and are governed by the Joint Governance Charter, HMIS Policies, Procedures, data sharing and privacy agreements. They must follow the HUD HMIS Data Standards, enter and report all Universal Data Elements and any other Data Elements designated by the Data Team (CoC Committee) or those required by the Grantor. It is acknowledged that agencies serving special populations (such as domestic violence survivors and youth) may not be able to provide the same level of detail in reporting.

## **XII. PRIVACY**

All data collection during the CE or CE Evaluation process will be done in a private and secure setting to allow program participants to identify sensitive information, and be in compliance with HIPAA, Federal and State laws. Written files will be kept in a secure, locked location. Only those with the HMIS System Administrator authorization can access program participant information. The HUD Public Notice and agency privacy policy must be posted at all CE access points. A copy of the privacy notice must be included in the program participant's file. All intake personnel and HMIS data entry personnel will complete privacy training annually, and execute and comply with the HMIS user agreement which defines the user's responsibility in regard to collection, use and protection of all program participant data. Any agency personnel who are found to have misappropriated program participant data (identity theft, releasing personal program participant data to any unauthorized party), will constitute a violation of federal HIPAA regulations and a complaint must be filed with the U.S. Department of Health and Human Services (USDHHS). Each CES access point must assign an individual to act as the Security Officer to ensure that all program participant data is protected. See Appendix B, pg. 2.

## **XIII. AGENCY TRAINING AND TECHNICAL ASSISTANCE**

All CoC funded agencies are required to review the appropriate HUD Notices and attend CES training sessions offered by the CoC, the Michigan State Housing Development Authority or other agencies certified to provide that training at least annually. Staff must also be knowledgeable of the specific CEs and related policies governing prioritization of specific subpopulations and housing options referenced herein. A CES web-training session will be posted on the CoC web-site and should be viewed by all newly hired agency staff. HUD and MSHDA provide technical assistance and other CE resource material/trainings online. Each access point will have a point person to train new project staff who will be completing the VI-SPDAT forms. Other VI-SPDAT Training Resources: <http://100khomes.org/resources/vi-spdatt-prescreen-tool-training>, <http://www.orgcode.com/course/vi-spdatt-v1-training/>

## **XIV. MONITORING**

All agencies receiving CoC funds must participate in annual grant monitoring as required by HUD, MSHDA or the Allocations & Accountability Committee (CoC standing committee). This monitoring will include review of participation in the Coordinated Entry process. In the case of MSHDA Emergency Solutions Grant (ESG), the CoC Director and the Housing Assessment and Resource Agency (HARA) provides grant monitoring as fiduciary/fiscal agent for the CoC. In the case of the CoC HUD Program Competition Funding, monitoring may be scheduled in conjunction with the HARA and/or by the CoC Allocations and Accountability Team.

## **XV. REVISIONS TO THIS POLICY**

This policy is reviewed and updated in the first quarter of every year by the Coordinated Entry Committee, or more often if needed in response to technology advances, program changes or HUD guidance. Suggested revisions to this policy can be submitted to the CoC Director for consideration and review by the appropriate CoC committee. A recommendation regarding any major revisions will be submitted to the CoC Board of Directors for a vote.

**XVI. APPROVAL BY THE CoC Board**

The original Coordinated Entry Policy and Procedures was approved and adopted by the LAB on January 17, 2018.

**XVII. HOUSING FIRST PRINCIPLE**

The MI-507 Coordinated Entry System operates under a “Housing First” model which is mandated by both HUD and MSHDA. Housing First maintains the rights of individuals to secure housing without fear of discrimination due to alcohol/substance abuse issues, sexuality, gender identification, criminal background, or any other barrier creating pre-conditions.

- Under “Housing First,” individuals and families will not be denied housing placement due to pre-housing conditions such as sobriety, rental history, or credit score.
- Individuals and families will be housed first and offered supportive services on-site to address the needs of the individual/family in working towards individual/family sustainability.
  - There is no penalty or loss of housing if the individual/family decides not to take part in the supportive services on-site.



## **INTENTION of CES**

In implementing the Coordinated Entry System (CES), MI-507 CoC's aim is to end homelessness in the community by changing the system to improve how we assign housing opportunities based on appropriate common tools and effective targeting efforts. The CES process is intended to quickly triage people in a housing crisis to available resources. Individuals and households experiencing homelessness will enter the system, be assessed and referred to available housing options.

The intention of Coordinated Entry is to:

- / **Target** the correct housing intervention to the correct individual and/or family, particularly for those with high acuity and high need.
- / **Divert** people who can solve their own homelessness away from the system.
- / Greatly **reduce the length of time people are experiencing homelessness** by quickly moving people into the appropriate housing.
- / Significantly **improve the possibility of housing stability** by targeting the appropriate housing intervention to the corresponding needs.

Coordinated Entry brings together the strength of community services and resources. When communities come together to implement a coordinated entry system, programs, program participants and the community at large can benefit:

- / The most vulnerable in our community are prioritized for available housing.
- / Administrative obstacles and traditional barriers to services are reduced.
- / The autonomy and unique nature of programs as they operate within the system become a strength, not a hindrance.
- / Every program in a community is sharing the work of intake and entry.
- / Service providers are joined into a more unified network.
- / Different programs across a community all follow the same process for entry.
- / There is a shift in focus from housing readiness to Housing First principles.
- / Case Managers can concentrate on providing effective case management.
- / Better referrals for eligible program participants.
- / Programs receive referrals for program participants whose basic eligibility and basic housing needs have been determined through the entry assessment process.
- / Programs are well aware of each other and cooperate in the provision of services to program participants.
- / Communities readily see what additional resources they need most.
- / Numerous program participants with mid-level acuity may signal a need for more rapid re-housing.
- / Numerous program participants with high-level acuity may indicate a need for more permanent supportive housing.
- / Community success in ending homelessness is significantly increased.
- / Targeting our limited community resources in a more deliberate way leads to quicker and more effective long-term housing outcomes.

**DATA SHARING AGREEMENT** (PRIVACY Provisions pg. 2)

**APPENDIX B**

The purpose of this agreement, is to coordinate services and housing placements, and the sharing of data collected in the **Homeless Management Information System (HMIS) of the MI-507 Kalamazoo County Continuum of Care (CoC)**. The following Service Organizations and Business Associates hereby agree to enter into a QSOBAA, also commonly referred to as a “Coordinated Services Agreement” for their locations and programs:

- a. **Catholic Family Services (CCDOK) (1929)**
- b. **Housing Resources, Inc. (HRI) (1862)**
- c. **Goodwill Industries of Southwestern MI (1886)**
- d. **Integrated Services of Kalamazoo (1673)**
- e. **Kalamazoo County Public Housing Commission (6593)**
- f. **Kalamazoo Gospel Mission (1882)**
- g. **Open Doors Kalamazoo (1883)**
- h. **OutFront Kalamazoo (13502)**
- i. **Volunteers of America Michigan (9796)**
- h. **Hope Thru Navigation**
- i. **Battle Creek VA Medical Center**
- j. **United Way of South Central Michigan (12907) & Region 8 Kalamazoo County CoC (1629)**

1. Whereby the above named agencies agree to share the following protected information and have a signed authorization for the Release of Information (ROI) from their program participants to allow said data sharing.
2. The Qualified Service Organizations and Business Associates agree to share the following HMIS information:
  - a. Client demographics, contact information, & housing history information
  - b. Household information
  - c. Entry/Exit
  - d. Measurement Tools (Coordinated Entry Assessments/Housing Screening Tools)
  - e. File Attachments

- f. Needs/Service Transactions
- g. Case notes
- h. Community managed By-Name Lists

3. Furthermore, the Participating Agencies and Organizations acknowledge and agree;

- k. That in transmitting, receiving, storing, processing or otherwise dealing with any consumer protected information, they are fully bound by state and federal regulations governing confidentiality of patient records, including the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and the Health Insurance Portability and Accountability Act of 1996 ('HIPAA', 45 CFR, Parts 160 & 164), and cannot use or disclose the information except as permitted or required by this agreement or by law. And further, agree to use appropriate safeguards to prevent the unauthorized use or disclosure of the protected information.
- l. That they are prohibited from making any disclosure of this information unless further disclosure is expressly permitted by the consent of the person to whom it pertains or as otherwise permitted by state and federal regulations governing confidentiality of patient records, including the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and Health Insurance Portability and Accountability Act of 1996 ('HIPAA', 45 CFR, Parts 160 & 164). A general authorization for the release of information is NOT sufficient for this purpose.
- m. To adhere to standards outlined in the Health Insurance Portability and Accountability Act of 1996 ('HIPAA', 45 CFR, Parts 160 & 164) which provides consumers access to their protected information (164.524), the right to amend protected information (164.526), and receive an accounting of disclosures of protected information (164.528).
- n. To notify each of the other Participating Agencies/Organizations, within one business day, of any breach, use, or disclosure of the protected information not provided for by this agreement.
- o. To notify each of the other Participating Agencies/Organizations of their intent to terminate their participation in this agreement.
- p. To resist, through judicial proceedings, any judicial or quasi-judicial effort to obtain access to protected information pertaining to consumers, unless expressly provided for in state and/or federal regulations.
- g. To complete the CoC's designated Authorization for the Release Information (ROI) and/or in addition to the MSHMIS Release, if any cell contains "restricted information" as defined in the Participation Agreement.
- h. That WellSky, Community Services, the MI-507 Kalamazoo County CoC's Homeless Management Information System's (HMIS) vendor and software, respectively, are in compliance with Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2) and Health Insurance Portability and Accountability Act of 1996 ('HIPAA', 45 CFR, Parts 160 & 164).
  - a. This agreement replaced the previous agreement and shall remain in effect until any party to this agreement or the CoC replaces or revokes it.



**Emergency contact information**

FOOD, SHELTER and Social Service Referrals  
Including crisis, trauma, and grief services:  
Or, text 2-1-1 Crisis Line:

\*Dial 2-1-1  
HELLO to 741-741

HEALTH and SAFETY EMERGENCIES:

Dial 9-1-1

Access Center:

(269) 373-6000 (Mental Health 24 hour hotline)

ARK Youth Shelter 24 Hour Hotline:

(800) 873-8336

Borgess Emergency and Trauma Center:

(269) 226-7000

Bronson Trauma and Emergency Care:

(269) 341-7654

City of Kalamazoo Public Safety:

(269) 337-8994 (welfare check)

Mobile Crisis Response:

(888) 373-6200 (youth, 24 hour page)

Outfront

(269) 349-4234 (LGBTQ)

Police departments in Kalamazoo:

Dial 9-1-1

Resource Center:

(269) 349-7490 (LGBTQ)

Suicide Prevention and Crisis 24 Hour hotline:

(269) 381-HELP (4357)

YWCA 24 Hour Crisis Line: (269) 385-3587

YWCA Domestic Violence, and Sex and Labor TraffickingSexual Assault 24 Hour Crisis Line: (269) 385-3587

\*2-1-1 Access Gryphon Place’s Information and Referral service 24 hours a day, 365 days a year.  
Advisors work with callers to assess their need and they have after-hour contacts for local housing agencies and shelters.

Online: A free MI211 app connects users to thousands of resources & services including food, shelter, childcare, mediation services, and more; search “MI211 Resources Referrals” in your app store.

## EMERGENCY TRANSFER PLAN FOR VICTIMS OF DOMESTIC VIOLENCE POLICY

The United States Department of Housing and Urban Development (HUD) designated name of the county CoC to which this policy pertains is the; MI-507 Portage/Kalamazoo City and County Continuum of Care (MI-507 CoC).

### I. Purpose

MI-507 is concerned about the safety of its tenants, and that concern extends to clients who are victims of domestic violence, dating violence, sexual assault or stalking. Therefore, we allow tenants who are victims of domestic violence or other forms of sexual assault to request an emergency transfer from the tenant's current unit to another unit.

### II. Policy

Policy It is the policy of MI-507 agencies to provide, when possible, emergency transfers for victims of domestic violence, dating violence, sexual assault or stalking to ensure their safety.

### III. Procedure

#### A. Emergency Transfers:

- i. In accordance with the Violence Against Women Act (VAWA), MI-507 agencies allow tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.
- ii. The ability of MI-507 agencies to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether another dwelling unit that is available and is safe to offer the tenant for temporary or permanent occupancy.
- iii. This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security.

#### B. Eligibility for Emergency Transfer:

- i. A tenant who is a victim of domestic violence, dating violence, sexual assault, stalking as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit.
- ii. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.
- iii. A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan. Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

#### C. Emergency Transfer Request Documentation:

- i To request an emergency transfer, the tenant shall notify the agency's management office and submit a written request for a transfer. The agency will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:
  - a. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the agency's housing program; OR
  - b. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer; or in lieu of a written statement by the tenant, an attestation by a YWCA advocate or another victim service provider stating the same.

#### D. Confidentiality:

- i. The housing agency will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives the agency written permission to release the information on a time limited basis, or disclosure of the information is required by law. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant.

ii. The agency cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. The agency will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit.

iii. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. The agency may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

iv. If the Agency has no safe and available units for which a tenant who needs an emergency is eligible, the Agency will contact the YWCA (local DV provider) to assist the Agency and tenant in identifying other housing providers who may have safe and available units to which the tenant could move.

**E. Security and Safety of Tenants:**

i. Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

ii. Tenants who are or have been victims of domestic violence, sexual assault, stalking, or Human Trafficking are encouraged to contact the YWCA or Underground Railroad, Inc. Toll Free: 1-888-399-8385.



**IV Non-Discrimination:**

MI-507 housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

**Reference:** Coordinated Entry Policies and Procedures, Fair Housing and Non-Discrimination Policy.

## Pre-Screening Questionnaire

### Coordinated Entry System Homeless and Housing Programs

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Zip Code \_\_\_\_\_

First Name Middle Initial Last Name

List all members of your household including yourself

First Name, Middle Initial, Last Name	Date Of Birth	Race & Ethnicity	Gender M/F	Social Security	Relationship to applicant

Contact Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

1. Have you or anyone in your household served in the US military? ☐Yes ☐No
  - a. If yes, which family member is/was served US military? \_\_\_\_\_
2. Do you or anyone in your household have a disability? ☐Yes ☐No
  - a. If yes, which family member is it? \_\_\_\_\_ Is the disability long term? ☐Yes ☐No
  - b. What type of disability do you/they have? Please check the boxes that apply: ☐Alcohol Abuse  
☐Drug Abuse ☐Both Alcohol and Drug Abuse ☐Chronic Health condition ☐Developmental ☐HIV/AIDS  
☐Mental Health Problem ☐Physical ☐Physical/Medical

### Homeless History:

1. Are you entering our program from an Emergency Shelter or from the streets (car, tent, etc.)? ☐Yes ☐No
  - a. If yes, give approximate date that you started living in the shelter or streets:  
\_\_\_\_\_
2. Regardless of where you slept last night;
  - a. How many times have you stayed in a shelter or streets in the last 3 years?  
\_\_\_\_\_
  - b. Total number of months on the streets or in Emergency Shelter in the past 3 years?  
\_\_\_\_\_
3. Where did you sleep last night? (check one) ☐Rental Unit ☐living with family ☐living with friends  
☐Street/Car/Tent ☐Jail, Prison, or Juvenile Detention ☐Shelter (includes hotel paid for by shelter/church) ☐  
Foster Care ☐Transitional Housing ☐Substance Abuse Treatment ☐Hospital ☐Own your Home
4. How long have you stayed there? ☐One day or less ☐2 days to one week ☐more than a week, less than a month  
☐1 to 3 months ☐More than 3 months but less than 1 year ☐More than 1 year
5. Are you a victim of domestic violence? ☐Yes ☐No
  - a. If yes for domestic violence victim/survivor, are you currently fleeing? ☐Yes ☐No
6. What is your emergency need? \_\_\_\_\_

7. Do you have other housing options for the next few days/weeks? ☐Yes ☐No If yes, how long?  
\_\_\_\_\_

## Prioritization Guidelines by Housing Model and Population Type

Housing Model	Population/Eligibility	Priority Population
Permanent Supportive Housing	<ul style="list-style-type: none"> <li>Any high needs individual w/multiple barriers to housing that are literally homeless</li> <li>Specialized eligibility requirements for subsidies including veterans, disabled, long term homeless or domestic violence</li> <li>No income or inadequate income</li> <li>Independent living skills issues</li> </ul> <p><b><u>For PSH beds that are dedicated and prioritized to serve the chronically homeless, the following Order of Priority will be</u></b></p> <ul style="list-style-type: none"> <li>Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.</li> <li>Chronically Homeless Individuals and Families with the Longest History of Homelessness.</li> <li>Chronically Homeless Individuals and Families with the Most Severe Service Needs.</li> <li>All Other Chronically Homeless Individuals and Families.</li> </ul> <p><b><u>For placement in PSH beds (including turn-over) that are not dedicated or prioritized for the chronically homeless, the following Order of Priority will be utilized:</u></b></p> <ul style="list-style-type: none"> <li>Homeless Individuals and Families with a Disability with the Most Severe Service Needs.</li> <li>Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.</li> <li>Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, or Emergency Shelters.</li> <li>Homeless Individuals and Families with a Disability Coming from Transitional Housing.</li> </ul>	<ul style="list-style-type: none"> <li>Individuals with a disability and long-term, multiple episodes of homelessness (VI &amp; TAY-VI score 8 or higher)</li> <li>Individual or households w/children (VI-F score 9+)</li> <li>Veterans who are not eligible for VA housing subsidies</li> </ul> <p>PSH beds shall be filled, <i>to the maximum extent possible</i>, based on Housing First principles and the guidance provided by the Department of Housing and Urban Development (HUD) <i>notice</i> cross referenced in 24 CFR (Code of Federal Regulations) Parts 578 and 42 U.S.C. 11381, <i>et seq.</i></p>
Rapid Re-Housing	<ul style="list-style-type: none"> <li>Literally homeless households or those residing in a place not meant for human habitation, living in a publicly or privately operated shelter designated to provide temporary living arrangements (including transitional housing and hotels/motels paid for by charitable organizations or by federal state and local government programs); or exiting an institution where they have resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution</li> <li>Households that have reasonable potential for personal stability post-assistance (regular income, recent work history or ability to quickly increase income)</li> <li>Recently became homeless</li> </ul>	<ul style="list-style-type: none"> <li>Households with children residing on streets or in emergency shelter</li> <li>Veteran households with children residing on streets or in emergency shelters who are not eligible for VA funded RRH (VI score 5-9)</li> </ul>
	<ul style="list-style-type: none"> <li>Singles</li> <li>Families</li> <li>Youth (15-24)</li> <li>Domestic Violence</li> </ul>	<ul style="list-style-type: none"> <li>VI &amp; TAY-VI Score 4-7</li> <li>VI-F 4-8</li> </ul>

<b>Transitional Housing</b>	<ul style="list-style-type: none"> <li>✓ Pregnant Head of Household</li> <li>✓ Youth parents</li> <li>✓ Households w/recent change in composition</li> <li>✓ Households with repeat episodes of homelessness</li> <li>✓ Those needing substance abuse treatment or mental health recovery treatment</li> <li>✓ Recently released from prison</li> <li>✓ No income or inadequate income</li> <li>✓ Independent living skills issues</li> <li>✓ Veterans</li> </ul>	<ul style="list-style-type: none"> <li>✓ VI &amp; TAY-VI Score 4-7</li> <li>✓ VI-F Score 4-8</li> </ul> <p><i>Households that are not chronically homeless and individuals needing prevention or rapid rehousing but suffer from at least one disabling condition (substance abuse, mental health) and could benefit from quickly accessing housing and services.</i></p>
<b>Prevention and Rapid Rehousing (ESG Funding)</b>	<ul style="list-style-type: none"> <li>✓ Individuals or households with children whose primary night time residence will be lost within 14 days</li> <li>✓ Program participant able to address housing barriers with individual resources and/or additional available community-based resources</li> <li>✓ <i>Housing Assessment and Resource Agency</i> for program participant eligibility and prioritization</li> </ul>	<ul style="list-style-type: none"> <li>✓ VI &amp; TAY-VI Score 4-7</li> <li>✓ VI-F Score 4-8, and has supports and income to maintain housing stability</li> <li>✓ Short term assistance</li> </ul> <p><i>NOTE: All prevention services program participants will be referred to the HARA.</i></p>
<b>No Housing Intervention</b>	<ul style="list-style-type: none"> <li>✓ Program participant is able to address housing barriers with individual resources shall receive counselling; case management services are offered and they are referred to the appropriate mainstream services.</li> </ul>	<ul style="list-style-type: none"> <li>✓ VI Score 0-3</li> </ul>