WASHTENAW COUNTY CONTINUUM OF CARE COORDINATED ENTRY POLICIES & PROCEDURES

Washtenaw County Office of Community & Economic Development

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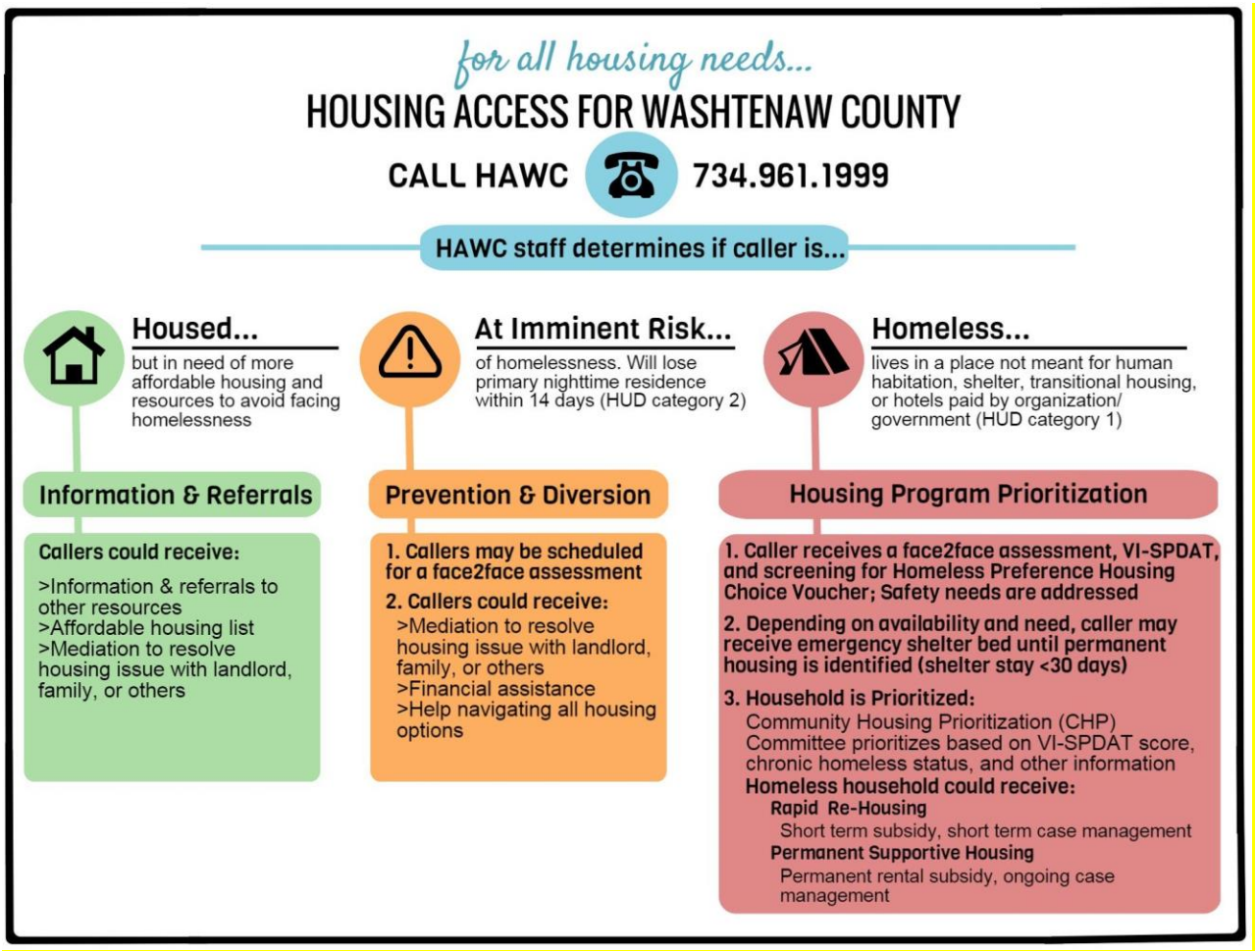
Coordinated Entry Overview

The Washtenaw County Continuum of Care (CoC) uses *coordinated entry* as a standardized way to meet the immediate and long-term needs of those at-risk of or experiencing homelessness in the CoC's geographic area, Washtenaw County. Coordinated entry provides centralized intake, assessment, and referral as appropriate to anyone calling with a housing crisis or concern. This document outlines how households experiencing a housing crisis flow through the coordinated entry system, from intake to housing placement, and all associated policies. Further, this document outlines policies in compliance with the CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System.

In Washtenaw County, Housing Access for Washtenaw County (HAWC), housed within the Salvation Army of Washtenaw County, has operated the centralized intake and assessment components of coordinated entry since 2011. HAWC makes referrals through the Community Housing Prioritization (CHP) Committee, which is responsible for overseeing the centralized referrals process for Rapid Re-Housing (RRH), Permanent Supportive Housing (PSH), and other permanent housing programs for individuals and families (households with children). While most RRH and PSH resources are funded through CoC dollars, the CoC seeks to coordinate and prioritize other resources in tandem, including those funded by the Emergency Solutions Grant (ESG), to streamline processes and prioritize scarce resources to those with the most need.

The image below outlines the coordinated entry and housing program prioritization process that is further explained in this manual.



CoC-Wide Commitments & Policies

The CoC and its service providers understand that coordinated entry and prioritization requires community buy-in and consistency across all CoC partners. In addition to CoC and ESG funded providers and include shelters,

permanent housing providers, the Veterans Administration, Public Housing Authorities, and others as listed on page 7-8.

In an effort to align partner agency services with best practices, the CoC has committed to supporting and funding programs that share the following values and practices:

- Coordinated Entry All partners, including ESG and CoC recipients, commit to access and deliver housing and homelessness services through the coordinated entry system.
- Housing First All partners, including HAWC and other housing providers agree to the principle of Housing First[i]. The US Department of Housing and Urban Development (HUD) defines Housing First as "[a program that] offers individuals and families experiencing homelessness immediate access to permanent affordable or supportive housing, without clinical prerequisites like completion of a course of treatment or evidence of sobriety and with a low-threshold for entry." Moreover, partners are committed to implementing national best practices through permanent housing programs, such as Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH).
- Diversion All partners commit to diverting households from homelessness by helping the individual or household quickly identify resources and immediate alternatives to shelter.
- Homeless Management Information System (HMIS) All partners commit to real-time HMIS data entry, except those agencies that are exempt, such as domestic violence shelters. Further, all partners agree to routinely review and correct HMIS data quality issues and monitor outcome performance.
- Community Housing Prioritization Partners agree that all literally homeless clients must first be screened by HAWC, assessed by the appropriate agency (see page 13), and then referred by HAWC to the appropriate housing resources based on acuity and vulnerability in accordance with HUD Notice CPD-16-11: Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons and with HUD Notice CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System. Permanent housing unit placements are completed through the Community Housing Prioritization Process, outlined in this document.
- Staff Training All community partners agree to attend CoC-required trainings and community meetings to provide consistent services across the continuum that are based on best practices. See page 21 for training protocols.
- Screening In, Not Out All community partners agree and commit that households will not be screened out of the coordinated entry process due to any perceived barriers to housing, including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of a disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record.

To comply with funding regulations, each agency must follow the regulations provided by HUD and/or Michigan State Housing and Development Authority (MSHDA), depending on the agency's funding source. This includes, but is not limited to, mandatory documentation, program eligibility, grant administration, reporting requirements, and match/leverage requirements. Links to regulations are as follows:

Continuum of Care (HUD)[ii]
Emergency Solutions Grant (HUD)[iii]
Emergency Solutions Grant (MSHDA)[iv]

In order to best meet the needs of the community and to comply with the above regulations, the following overarching policies have been established to ensure consistent practices across the CoC.

Persons with Limited English Proficiency

The CoC and partner agencies will take reasonable steps to ensure meaningful access to their programs and activities for persons who are limited in their English proficiency, regardless of national origin. Such steps may include translating marketing materials and documents essential to providing services into languages prevalent

in the community, as well as providing language assistance while providing services, including oral and written translation where appropriate.

To determine the level of need in Washtenaw County among persons with limited English proficiency, the CoC will conduct a four-factor analysis and develop a Language Access Plan, in accordance with HUD guidance established in the Final Guidance to Federal Financial Assistance Requirements Regarding Title VI Prohibition against National Origin Discrimination Affecting Limited English Proficient Persons. The Coc will make the analysis and plan available to partner agencies. CoC- and ESG-funded partners must comply with the CoC Language Access Plan or develop their own plan as specified in the guidance.

Preventing Family Separation

Families experiencing homelessness should not be separated when receiving services unless the health and well-being of children are at immediate risk. The age and gender of a child under the age of 18 shall not be used as a basis for denying a family's admission to any housing services. In addition, a broad definition of family must be used that allows for single parent households of any gender identity, two parent households including same sex parents and LGBT parents, and extended families to be served together with their children.

Furthermore, in compliance with HUD's Equal Access in Accordance with Gender Identity Rule, all households that present as a family must be served together as a family, whether that family includes adults and children, or just adults, and regardless of the age, disability, marital status, actual or perceived sexual orientation, or gender identity of any member of the family.

Education

The educational needs of children and youth must be accounted for, to the maximum extent practicable, and families with children and unaccompanied youth must be placed as close as possible to the school of origin so as not to disrupt the children's education. Projects that serve homeless families with children and/or unaccompanied youth must have policies and practices in place that are consistent with the laws related to providing education services to children and youth. These recipients must have a designated staff person to ensure that children and youth are enrolled in school and receive education services. Homeless families with children and unaccompanied youth must be informed of their eligibility for McKinney-Vento education services and other available resources. Recipients shall maintain documentation in the participant's case file to demonstrate that these requirements have been met and that applicants and participants understand their rights.

Equal Access & Non-Discrimination

All services coordinated through the Continuum of Care must be available to all eligible persons, regardless of actual or perceived race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, marital status, height, or weight. The CoC and its partners will take all necessary steps to ensure that housing and services are administered in accordance with all applicable Federal, State, and local civil rights laws, including, but not limited to:

- Fair Housing Act, a Federal law which prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.
- Section 504 of the Rehabilitation Act, a Federal law which prohibits discrimination on the basis of disability under any program or activity receiving Federal financial assistance.
- Title VI of the Civil Rights Act, which prohibits discrimination on the basis of race, color, or national origin under any program receiving Federal financial assistance.
- Title II of the Americans with Disabilities Act, which prohibits public entities, which including State and local governments, 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, which 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.
- HUD's Equal Access in Accordance with Gender Identity Rule, which prohibits discrimination based on sexual orientation, gender identity, and marital status.

- 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 clients 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. Grievance process information is located on page 21 of this manual.

Adherence to CoC-wide commitments and policies is monitored by the CoC in several ways: committee review (e.g. evaluations), OCED compliance monitoring as ESG fiduciary, and review and scoring of projects during CoC and ESG funding competitions.

Compliance with Violence Against Women Act

In accordance with the Violence Against Women Act of 2013, (VAWA), all CoC providers must comply with the core protections of VAWA. CoC providers are prohibited from denying admission, evicting, or terminating assistance to an individual or family solely on the basis that the individual is a victim of domestic violence, dating violence, stalking, or sexual assault.

VAWA additionally requires the CoC and all CoC providers offering rental assistance to have an emergency transfer plan which allows tenants to qualify for a transfer to another unit when, due to domestic violence, dating violence, stalking, or sexual assault, believe they cannot safely remain in their current unit. While housing providers will first attempt to locate a safe unit within their own housing stock or with another provider, a safe unit may not be immediately available when a tenant qualifies for a transfer. In such cases, tenants who qualify for an emergency transfer, but a safe unit is not immediately available for an emergency transfer with their current agency, shall have priority over all other applicants for rapid rehousing, permanent supportive housing, and other rental assistance projects in the CoC provided that the:

- individual or family meets all eligibility criteria required by Federal law or regulation or HUD NOFA; and
- individual or family meets any additional criteria or preferences established in accordance with § 578.93(b)(1), (4), (6), or (7).

See the Washtenaw County CoC Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking for more details.

Planning & Oversight

Coordinated entry planning and oversight is led by the CoC lead agency Washtenaw County Office of Community & Economic Development (OCED), the Washtenaw Housing Alliance (WHA), and HAWC. OCED works closely with the CoC Board, CoC-appointed committees, and critical partners to ensure proper and inclusive planning and oversight. This includes close and strategic coordination with CoC and ESG recipients to ensure the CoC's coordinated entry process allows for coordinated screening, assessment and referrals for CoC and ESG projects. Facilitating close coordination is OCED's role as fiduciary for federal and state ESG funds and for HAWC's administration of prevention and RRH financial assistance.

Community Housing Prioritization (CHP) Committee

Prioritization is overseen and implemented by the Community Housing Prioritization (CHP) Committee, an official committee of the CoC. This committee is staffed by OCED, WHA, and HAWC, and governed by the CHP Operating Agreement.

The CHP Committee meets twice-monthly, or as needed. In addition to referring households into housing programs, the committee makes procedural decisions and conducts case consultations during face-to-face meetings. To ensure housing program referrals are not delayed between the meetings, HAWC staff continues referrals between meetings as openings become available via the same CHP process.

Committee members include agencies that provide housing services to those experiencing homelessness as well as agencies that have housing stock, including: HAWC, emergency shelter (ES) providers (including shelter for single-adults, family, domestic violence survivor, and youth), permanent housing (RRH and PSH) providers, Public

Housing Authorities (PHA), the Veterans Administration (VA), PORT/PATH (community mental health (CMH) street outreach), Department of Health & Human Services (DHHS), CMH, Grant Per Diem (GPD) providers, Supportive Services for Veteran Families (SSVF) providers. All committee members commit to the procedures and standards as set by the CHP Operating Agreement.

To account for the distinct needs of each population, the CHP Committee is divided into three meetings by population all meeting on the same day. The veterans meeting is held first, followed by the single-adults meeting, and then the families meeting. This allows for more focused and productive meetings that recognizes each population's unique barriers and resources, while also allowing overlap between meetings for targeted discussions, trainings, or policy decisions.

CHP Partners

This section outlines partners that are expected to participate in CHP Committee meetings, per the CHP Operating Agreement, though other partners are consulted as needed. Those that receive CoC or ESG funded are denoted by an asterisk in the following list:

Ann Arbor Housing Commission*: Public Housing Authority (PHA)
Avalon Housing*: Permanent Supportive Housing (PSH) & Rapid Re-Housing
Community Mental Health (CMH)
Department of Health & Human Services
Interfaith Hospitality Network at Alpha House (IHN)*: Family Emergency Shelter (ES), family RRH
Michigan Ability Partners (MAP)*: PSH, Supportive Services for Veteran Families (SSFV), & Grant Per Diem transitional housing for Veterans (GPD)
Ozone House*: Youth ES, youth RRH
CMH Project Outreach Team (PORT) Street outreach
SafeHouse: Domestic Violence ES
Salvation Army of Washtenaw County*: HAWC (intake, assessments, referrals), GPD, family & single-adults ES, Homeless Preference Housing Choice Voucher (HCV) waitlist management
Shelter Association of Washtenaw County (SAWC)*: Single adults ES
SOS Community Services*: Family ES, family RRH
Veterans Administration (VA): Veteran Affairs Supportive Housing
Washtenaw County Office of Community & Economic Development (OCED)*: Coordinating body, CoC lead
Washtenaw Housing Alliance (WHA): Coordinating body, housing advocacy
Ypsilanti Housing Commission: PHA

Marketing & Information-Sharing

The CoC and its partners are committed to affirmatively marketing housing and services to all eligible persons in Washtenaw County, regardless of race, color, national origin, religion, sex, age, height, weight, familial status, or handicap, and to those least likely to apply for housing and services in the absence of special outreach. To accomplish this, the CoC and HAWC advertise and disseminate information through to the following strategies:

HAWC website: HAWC's website www.housingaccess.net is well-known and used by clients, providers, staff, and the community at-large. OCED and WHA have provided template language to housing providers and other partners so that they can include HAWC information and a link to the website on their websites as well. Additionally, information about HAWC is available on the WHA and OCED websites, which are heavily trafficked as well.

HAWC newsletter: This monthly newsletter helps inform subscribers what prevention funding is available, any programmatic changes, upcoming HAWC events. It also helps the community-at large get to know who is on the other side of the phone.

Email: Important programmatic and funding updates are shared with various listservs, including the CoC and the Barrier Busters listservs. Barrier Busters is a network of more than 80 service providers in Washtenaw County, thus this listserv is far reaching and a good way to disseminate information to providers and their clients. The HAWC newsletter is also shared this way to reach those that have not

subscribed. This regular contact with a wide variety of service providers ensures access to housing and services for persons seeking a wide range of services in Washtenaw County.

Public Posting: HAWC advertising, brochures, and other informational material may be found at locations throughout the county where persons experiencing a housing crisis are served or likely to be found. Locations include the Department of Health and Human Services, Community Mental Health at both the Annex and Towner Locations, Ann Arbor Housing Commission, Ypsilanti Housing Commission, St. Joseph Mercy Ann Arbor, University of Michigan Hospital, Aid in Milan, Faith in Action, Ypsilanti Salvation Army, Friends in Deed, and many area congregations.

Community Partnerships: The WHA and OCED, as county government, also have many partnerships that expand beyond providers typically engaged with the homelessness system. This serves for strategic dissemination of pertinent information. HAWC Coordinator and Community Relations Liaison are available to attend community meetings and also provide training and information to any agency that is interested, including hospitals. Attending community meetings keeps HAWC abreast of community need, but also is an opportunity for providers to learn more about HAWC and stay connected. An examples of a regular community meeting HAWC attends and present at regularly is the monthly in-service Barrier Busters meeting.

HAWC has developed partnerships with religious organizations, such as local congregations, to address community needs. These relationships often involve social service organizations that serve households outside of the urban core, where many households experiencing homelessness are found. In addition to referring those experiencing a housing crisis to HAWC, religious organizations may be able to provide financial assistance or help with providing space to meet specific needs (e.g. warming center for families). HAWC is also on the Friends Indeed listserv that helps churches understand how they have provide assistance to those with needs not currently being met by other community resources.

Mobile Assessments & Outreach: The CoC is committed to assisting those experiencing homelessness in any way possible. In order to assist those that are unsheltered, least likely to access housing services, or experiencing barriers to assessment, street outreach and mobile assessments are coordinated as explained on page 14.

In addition to the above, HAWC and the CoC regularly solicit feedback from service providers, committee and board members, elected officials, the Barrier Busters network, and the general public to identify anyone in Washtenaw County who may be eligible and in need of services, but is not currently engaged in services, and to determine if special outreach is needed to reach such persons.

The Coordinated Entry Oversight and Evaluation Committee will review the above strategies and feedback on an annual basis to ensure that coordinated entry is well-advertised and accessible to all eligible persons.

Data Management & Privacy

The Continuum of Care is committed to ensuring the protection and privacy of all client information collected through the coordinated entry process.

All information collected and stored as part of coordinated entry is subject to the privacy policies and procedures of the Michigan Statewide Homeless Management Information System (MSHMIS), as detailed in the MSHMIS Operating Policies and Procedures. This includes information entered into HMIS and the CHP by-name-lists. Current copies of privacy materials provided to clients can be found on the Washtenaw County HMIS Privacy Documents page of the OCED website.

As the coordinated entry processes involve sharing information between agencies, the CoC has adopted the following principles to protect client data:

- Data sharing may only take place in accordance with the CHP Operating Agreement, the Michigan Statewide Homeless Management Information System (MSHMIS) Participation Agreement, the Qualified Service Organization Business Associate Agreement (QSOBAA), the HMIS Release of Information, and all applicable privacy laws and regulations.

• No data will be shared without obtaining informed client consent. Agencies can document this consent through a completed Washtenaw County HMIS Release of Information, which is then uploaded to the client's HMIS profile. This standardized ROI is utilized by all providers to input data and VI-SPDAT information into HMIS, and is based on a ROI adopted statewide in Michigan that is fully HIPAA compliant.

Veteran households may use an additional ROI developed by the Department of Veterans Affairs (VA). The veteran-specific ROI enables effective service coordination between the service providers and VA representatives.

• Clients have the right to view and request corrections to their HMIS record. Upon written request, agencies will prepare a report of a client's records or provide assistance in viewing them within three business days. If the agency believes the existing record is accurate and complete, the correction request may be noted in the record rather than changing the information.

• Clients may refuse to provide information asked as part of the coordinated entry process. The CoC and partner agencies may not deny assessment or services to a client if the client refuses to provide certain pieces of information, unless the information is necessary to establish or document program eligibility. For instance, CoC services that require a person to be experiencing literal homelessness may not be available to a person who refuses to provide the information required to establish literal homelessness.

• The CoC and its partner agencies may not deny access to the coordinated entry process on the basis that the client is or has been a victim of domestic violence, dating violence, sexual assault or stalking.

• Clients are not required to disclose a specific disability or diagnosis. Specific diagnosis or disability information may only be obtained for purposes for determining project eligibility to make appropriate referrals.

• Because disability status is used by the CoC to determine the chronicity of homelessness and as part of the criteria used to prioritize households for housing resources, the CoC and partner agencies may ask for documentation establishing a qualifying disability, defined as significant challenges or functional impairments, including any physical, mental, developmental or behavioral health disabilities regardless of the type of disability, which require a significant level of support in order to maintain permanent housing. Supporting documentation need not state the specific disability or diagnosis, only that such a disability or diagnosis exists. *It is the policy of the CoC and partner agencies to use supporting documentation that does not state the specific disability or diagnosis wherever possible.*

In addition to the above principles, the CoC and its partner agencies will adhere to the following processes when sharing data for the purposes of coordinated entry:

• No information will be shared between agencies without a current, signed ROI uploaded to the HMIS profile.

• Wherever possible, information to be shared between agencies or projects should be uploaded to the client profile in HMIS rather than transmitted by other means. This ensures that the information is kept secure and is shareable between agencies as long as there is an active HMIS release of information. For instance, documentation gathered in support of establishing a client's homeless history should be uploaded onto the client profile, rather than emailed between agencies, when confirming chronicity for a referral to permanent supportive housing.

• Where documentation containing a client's personally identifiable information does need to be shared outside of HMIS, the information can only be emailed as a password-protected file. The password must be communicated separately from the email containing the password-protected file.

• No personally indefinable information may be contained in the body of an email. This includes use of a client's first and last name. Clients should be referred to in email using only their unique HMIS ID. The first letter only of the client's first and last name may also be included to ensure the correct profile is being used. For example, a client named Bob Smith with an HMIS ID of 12345 would be referred to in email as "HMIS #12345" or "BS 12345". No additional identifying information should be used.

• There may also be a need to store or share client-level data containing information about multiple clients, such as for research purposes or reporting requirements. Wherever possible, such information should be anonymized before being stored or transmitted, that is, any personally identifying information should be removed. Any file containing client-level information about one or more clients may only be stored or sent in a password-protected file. The password must be communicated separately from the email containing the password-protected file.

• One special example of documents containing client-level data are the CHP lists used by the CoC to prioritize clients for housing resources. These lists contain personally identifiable information and are shared among CHP partners for this purpose, and therefore must only be transmitted in a password protected files. Passwords for CHP lists will be changed every 90 days by the HMIS administrator, and must always be communicated separately from the email containing the CHP list.

•CHP partner agencies also agree not to store any CHP lists for longer than 30 days after the CHP meeting for which they were prepared. OCED will maintain a historical archive of CHP lists.

Access, Assessment, Prioritization, & Referrals

The Washtenaw County coordinated entry utilizes a phased assessment approach to determine the appropriate housing intervention needed. As seen in the chart on page 4, HAWC staff screens to determine if households are: **housed**, but need resources; **at imminent risk of homelessness** (U.S. Department of Housing and Urban Development (HUD) category 2); or, **literally homeless** (HUD category 1).

As individuals and families experiencing a housing crisis call HAWC, calls are taken and the following coordinated entry core components are completed to ensure appropriate referrals and resources are provided:

1. Access (Intake Screening) Intake Specialists follow a script to determine need and eligibility, as well as discern primary and urgency of need.
2. Assessment A face-to-face assessment is scheduled for those who are literally homeless (including attempting to or feeling domestic violence), seeking shelter or, if prevention funding is available, for those that need prevention financial assistance (at imminent risk- HUD Category 2). Common assessment tool is administered at time of assessment and barriers to housing are identified.
3. Prioritization Households experiencing literal homeless are then placed on a By-Name List (BNL) used by a committee to prioritize the most acute for permanent housing resources (e.g. RRH, PSH).
4. Referral- Households prioritized and matched to a permanent housing resource are referred for services by HAWC to the appropriate agency. HAWC also completes emergency shelter referrals as shelter space becomes available.

Access

All individuals and families experiencing homelessness or at-risk of becoming homeless can call HAWC at (734) 961-1999 or visit the HAWC website at www.housingaccess.net. The call center operates Monday-Friday from 8:30am to 5:00pm. Callers have the option to leave a message rather than hold for the next available intake specialist. Their call will be returned within 24 hours. Households can also use email as a way to get in touch with HAWC by emailing HAWC_Washtenaw@usc.salvationarmy.org.

HAWC also has walk-in screenings available at two locations:

Tuesdays | 9:00am- 12:00pm
The Salvation Army
9 South Park Street
Ypsilanti, MI, 48197

Thursdays | 1:00pm- 4:00pm
The Salvation Army
100 Arbana Drive
Ann Arbor, MI, 48103

Both locations are accessible by public transportation and to individuals with disabilities, including for individuals who use wheelchairs. Walk-in times are for any housing need, such as accessing HAWC for the first time, prevention and literally homeless assessments, completing homeless preference Housing Choice Voucher (HCV) paperwork, obtaining housing resources, etc.

To make it easy for households to access intake, assessment, and services, HAWC staff is available by phone, email, and in-person at various locations. Further, this manual outlines other ways that that accessibility is increased, such as mobile assessments and outreach.

Intake Screening

Households that call HAWC or come into a walk-in location are screened by HAWC intake specialists to determine immediate safety concerns, identify housing crisis, and determine program eligibility and next steps.

> Households that are **housed and in need of resources**, may receive information and referral to resources, including affordable housing. They may also receive prevention and diversion assistance in order to resolve any issues related to housing.
>
> Households that are found to be **at imminent risk of homelessness** or **literally homeless** are given an assessment by HAWC or a partner agency, as indicated on page 13. To help solve their housing issue(s), at-risk households could receive prevention and diversion, as well as financial assistance if funding is available. When a household is unsheltered, a referral to the appropriate emergency shelter is made.

Based on demographic information, special populations may be referred to other agencies for intake as appropriate.

> **Unaccompanied youth** (aged 10-20) are referred to Ozone House, the CoC's sole runaway and homeless youth provider and shelter.
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> Those **fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or supports to obtain other permanent housing** (HUD Category 4) are referred to SafeHouse Center, the local domestic violence survivor service provider, for intake and assessment. These households may also choose to receive services from a non-victim provider and will be referred appropriately according to client choice. More information on SafeHouse Center's intake and assessment process can be found on page 20.
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> Any **family with school-aged children** are referred to McKinney-Vento Liaisons to ensure appropriate connections to the schools are made.

All HAWC intake specialists follow a script to ensure that all pertinent information is gathered to make an informed decision about clients' housing needs. While Intake Specialist use diversion first, they follow this decision tree to connect clients to the appropriate resources if diversion is not an option.

The CoC and projects participating in the coordinated entry process do not screen potential project participants out for assistance based on perceived barriers related to housing or services. For households with English as a second language or a disability, HAWC staff will confer and coordinate with local agencies to provide services necessary to ensure effective communication (e.g. translation services, braille, sign language interpreters, etc.) at all points of contact (intakes, assessments, etc.).

Outreach

Street outreach is conducted primarily through Project Outreach Team (PORT), housed within Community Mental Health (CMH). PORT provides homeless outreach services to adult individuals who have mental illness and/or a co-occurring substance use disorder. Outreach services are intended to engage individuals struggling with homelessness, with the goal of building relationships in order to link homeless individuals to housing, treatment services and eligible entitlements. PORT conducts daily street outreach. The VA conducts regular street outreach and quarterly Point-In-Time Counts to identify unsheltered veterans. The VA and PORT works closely in identifying unsheltered veterans, as well as others who may need to be connected to homeless and mental health services.

HAWC staff also provides intake and assessment at other locations on a standing basis as part of outreach efforts. HAWC attends Landlord Tenant Court to provide eviction prevention. Judges rely on HAWC staff to provide information on what assistance can be made available before making their judgment. For example, a judge could give more than the standard 10 days for eviction to give more time for the household to work with HAWC to determine resources based on eligibility. HAWC is also present monthly at the Women's Correction Center to provide outreach for women who have recently been paroled and don't have housing identified upon

exit. HAWC staff provides housing search tools to help the women navigate the various systems involved in finding housing.

After-Hours & Emergency Services

If a household is experiencing an unsheltered housing crisis outside of HAWC's operating hours, they can call the United Way 211 line or they may be instructed to call 911 as appropriate for the type of emergency. If the household is experiencing an unsheltered emergency, 211 will connect the household to Salvation Army emergency shelter staff to determine next steps, which may include being placed in a shelter or hotel/motel depending on availability and funding. The household will be scheduled for a full assessment with HAWC as soon as possible during normal business hours. Further, 211 staff are trained to connect households to other emergency services, such as referrals for persons fleeing or attempting to flee, domestic violence, sexual assault, or stalking. While HAWC refers unsheltered households to emergency shelters as appropriate during regular business hours, individuals and families can still walk into an emergency shelter to be assessed at any time.

HAWC may access funds in emergency situations to place unsheltered households in a hotel or motel. This resource is limited and intended to be used when a household is moving into a shelter space, RRH, PSH or other permanent housing within 48 hours. The option to utilize hotel or motel stay may only be used after diversion strategies are exhausted, with documentation assuring shelter space, RRH, PSH and/or permanent housing within 48 hours from a provider representative and/or landlord. Other funding sources may be available for hotel or motel stays throughout the year, but this funding is limited.

Winter Shelter Response

The Shelter Association of Washtenaw County (SAWC) operates a 50 bed single-adult shelter in Washtenaw County. During the cold months of the year (November-March), SAWC operates an overnight warming center that increases their capacity to shelter individuals overnight to 113 beds. A daytime warming center is operated by volunteers and housed at various churches on a rotating basis typically December through March.

Prevention & Diversion

As part of the screening process, households who qualify are identified for two strategies designed to prevent homelessness or identify alternatives to emergency shelter other housing services that may not have immediate access. These strategies are known as *prevention* and *diversion*. Prevention and diversion strategies are similar strategies that both seek to prevent homelessness. The main difference between the two is timing. Prevention targets people and households who are highly at risk, but are not yet homeless, where diversion targets people who lack an immediate, safe space to sleep *tonight*.

> **Prevention** strategies include services designed to prevent homelessness for individuals or households at imminent risk of homelessness (HUD Category 2). When prevention resources are available, households who meet eligibility requirements will be provided financial assistance to pay for rental arrearages or security deposits, subject to availability of funds. To determine eligibility, households are scheduled for a prevention assessment appointment as described in the following section. By providing financial assistance at critical times to households who are otherwise able to support housing, prevention strategies reduce the number of households entering homelessness.
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> **Diversion** is a strategy that seeks to quickly end homelessness for people experiencing literal homelessness (HUD Category 1) *and* who are in need of emergency shelter. Diversion seeks to help an individual or household identify resources and immediate alternatives to needing shelter, connecting them to services and other assistance as necessary and when available. Diversion is a person-centered and strength-based approach, relying on a client's own strengths and resources as the best means to resolve their housing crisis.
>
> Washtenaw County CoC does not currently have a formal diversion program, but screening and assessment staff attempt to practice diversion at any appropriate time within the coordinated entry process. A diversion conversation can occur during screening or assessment, or while the household is waiting for shelter availability if there is not an immediate shelter opening available to the household. The CoC and partner agencies are currently examining how diversion is practiced in the CoC and is looking to develop a comprehensive and collaborative diversion strategy in the near future.

Assessments

To determine eligibility, appropriate service intervention, needs, and acuity, a face-to-face assessment is scheduled within two business days for those who are:

- **Literally homeless** (HUD category 1)
- **Fleeing or attempting to flee domestic violence**, have no other residence, and lack the resources or supports to obtain other permanent housing (HUD Category 4)
- **At imminent risk of homelessness** (HUD Category 2)-*if prevention funding is available*

Literally homeless assessments include the administration of a common assessment tool described on page 14 and are performed by the following agencies based on population:

- **Individuals:** SAWC at Delonis Center
- **Families:** HAWC (Salvation Army)
- **Unsheltered**: PORT
- **Unaccompanied Youth:** Ozone House
- **Households fleeing domestic violence**: SafeHouse Center
- **Frequent Users of Crisis Systems (FUSE):** Avalon Housing

If a household becomes unsheltered after the point of intake when shelter referrals are typically made, a shelter referral will be made as soon as the need arises.

All assessment locations are accessible to individuals with disabilities, including those who use wheelchairs. For those that cannot come to an assessment location for any reason, a mobile assessment will be scheduled at a time and location convenient to the household. For households with English as a second language or a disability, HAWC staff will confer and coordinate with local agencies to provide services necessary to ensure effective communication (e.g. translation services, braille, sign language interpreters, etc) at all points of contact (intakes, assessments, etc). As the CoC is committed to nondiscrimination, data collected from the assessment process will not be used to discriminate or prioritize households for housing and services on a protected basis as stated on page 6.

Prevention Financial Assistance Assessments

Households at imminent risk of homelessness (HUD Category 2) are scheduled for a prevention appointment with HAWC to determine eligibility if funding is available. Prevention assistance is available to persons who are income eligible, have a demonstrated housing crisis and lack necessary resources. Funds are targeted to individuals and families who, if not for this assistance, will become or remain homeless. Prevention assistance can include rental arrearages and security deposits.

Prevention resources are limited within Washtenaw County, therefore HAWC is committed to working with all community partners to use a variety of funding sources and assist as many households as possible. Assistance is one-time only within a rolling calendar year and depends on eligibility. Prevention resources administered by HAWC are funded through ESG and may have a $1,500 cap per household. Prevention resources are also available through Barrier Busters, which administers braided state, federal, and local funding sources, allowing for targeted resource allocation.

Mobile Assessments

Agencies administering assessments (HAWC, SAWC, SafeHouse, PORT) are committed to removing barriers that prevent access to services, including a need for transportation to and from assessment locations. This could involve holding the assessment outside of regularly scheduled assessment times or it could involve physically going to the client, such as meeting them at the hospital where they are currently admitted.

Common Assessment Tool: The VI-SPDAT

Literally homeless assessments include the administration of common assessment tool the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) tool. The tool is not only used to determine acuity and housing and service needs, but also to provide a common approach to prioritize households for housing program referrals using the CHP process. The version of the VI-SPDAT used depends on whether a family, individual, or transition age youth (aged 24 and under) are being assessed.

The VI-SPDAT is designed to quickly assess the health and social needs of those experiencing homelessness and helps identify the best type of support and housing intervention by relying on three categories of housing intervention recommendation as shown below.

VI-SPDAT Score			Housing Intervention	Description
Families	**Individuals**	**Transition Age Youth**		
0-3	0-3	0-3	Affordable Housing	Does not require intensive supports, but may still benefit from access to affordable housing. Household will likely self-resolve and may benefit from affordable or subsidized housing.
4-8	4-7	4-7	Rapid Re-Housing (RRH)	Score indicates moderate health, mental health and/or behavioral health issues, but likely household can achieve housing stability through a medium or short-term rent subsidy and support services.
9+	8+	8+	Permanent Supportive Housing (PSH)	Score indicates a need for permanent housing with ongoing access to intensive services, including ongoing rental subsidy and case management to remain stably housed.

Homeless Preference Housing Choice Voucher Waitlist

The Housing Choice Voucher (HCV) program is a program administered by MSHDA that aims to assists low-income individuals and families in paying a portion of their rent. Participants are usually responsible to pay approximately 30-40% of their income toward rent. All rental units are subject to a Housing Quality Standard (HQS) inspection and both the participants and landlords are bound by the rules and regulations of the HCV Program. Since housing assistance is provided on behalf of the family or individual, participants are able to find their own housing, including single-family homes, townhouses and apartments.

The HCV program includes a homeless preference waiting list, which is managed locally by HAWC. HAWC schedules literally homeless households for an appointment to complete an HCV application with an HCV Navigator. HCV application appointments are scheduled at various locations to be as accessible as possible to applicants. Other than the two walk-in locations available weekly as described on page 14, HCV appointments are also available at the Washtenaw County Community Mental Health and Public Health buildings in Ypsilanti on Tuesdays and at the single adult shelter, Delonis, in Ann Arbor on Monday afternoons. Mobile appointments are offered by the HCV Navigator if the household cannot make it to any of the four locations.

Eligible applicants are entered on the waiting list at the time of appointment if all required documentation is presented. Being on the HCV waiting list *does not* guarantee a voucher and those on the waitlist are required to re-certify as experiencing homelessness every 120 days to remain on the waitlist. This re-certification must occur no earlier than 30 days before the end of the 120 day period.

Required Documentation for HCV application includes:

- Letter verifying homelessness (a new letter is required during each re-certification)
- Valid Michigan ID
- Social security card (for all household members)
- Verification of income for the past 30-60 days
- HCV Application
- HCV Statement of Understanding
- Salvation Army Release of Information
- HCV Release of Information
- Birth certificates (for children only)

HCVs become available within a county through attrition and households are selected through a lottery system. When a client is selected to receive an HCV, the MSHDA-appointed administrative agent for the voucher, locally J. Sells, Inc., will notify the HCV Navigator and mail the MSHDA HCV application to the selected household. The HCV Navigator will contact the applicant to ensure they are aware and that they are prepared to complete the required paperwork.

Prioritization

Once an assessment on a literally homeless household is complete, the coordinated entry process moves on to determining the household's priority for housing and supportive services. The person's level of vulnerability or need is determined by analyzing the information obtained from the assessment against the CoC's prioritization standards. This section explains how this information is managed and how prioritization decisions are made by the CHP Committee to match households with permanent housing resources based on vulnerability and severity of need.

CHP By-Name List (BNL)

The CHP Committee uses three by-name lists (BNL) for housing program referrals & prioritization: one for veterans, one for individuals, and one for families. In addition, agencies with housing program openings submit a form detailing information on open units. The BNLs use real time data and are pulled from HMIS.

All assessments and VI-SPDAT information must be recorded in HMIS within 48 hours of when the information was first collected. Immediately prior to each CHP committee meeting, the HMIS lead staff produces a HMIS-generated BNL. The lists are used during the meetings to facilitate prioritization and housing program referrals.

The staff member who conducts the VI-SPDAT enters the information into HMIS. If a household has a case manager (before referral to a housing program), this case manager is responsible for updating their information. When the household is referred into a housing program, the housing program provider staff takes over updating the information moving forward.

For agencies listing available housing program openings, a Google form is completed for each opening. HAWC staff pulls together the information from each list in preparation for each CHP Committee meeting. It is important that all staff update household information in real time so the lists created are accurate to ensure the best use of meeting time.

Prioritization Criteria

HUD regulations only allow RRH and PSH programs to serve people who are literally homeless (Category 1) or people who are homeless because they are fleeing domestic violence (Category 4). In addition, HUD mandates that communities prioritize literally homeless households who are chronically homeless (CH) for housing and services. Prioritization is in accordance with HUD Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons, which was adopted by the CoC Board 9/13/2017.

Criteria considered to prioritize those with the most need is regarding both the unit and the household.

Unit Criteria

When a permanent housing resource becomes available, eligibility criteria and other information for the specific unit is considered. More specifically, information necessary to inform referrals may include the following:

- Unit size
- Criminal background restrictions
- Accessibility
- Eligibility criteria depending on funding (e.g. FUSE or age restrictions)
- 24/7 on-site staffing (e.g. Miller Manor)

Household Criteria

Currently, CHP Committee first prioritizes literally homeless households who meet the unit criteria for the available permanent housing unit based on the below criteria. If there are no CH households on the housing prioritization list, households are still prioritized based on their VI-SPDAT scores. If there are two or more households within a similar score range, prioritization follows the order shown below. Households that have any of the following may be considered through case conferencing to supersede the VI-SPDAT score to determine prioritization:

- When medical, physical, and/or mental health vulnerability is a safety concern
- Extended stay in emergency shelter and other vulnerabilities as outlined below

- High utilization of crisis or emergency services to meet basic needs, including but not limited to emergency rooms, jails, and psychiatric facilities

When a household's VI-SPDAT score is not reflective of the severity of vulnerabilities, the household may be moved to a place on the CHP list that more accurately reflects their vulnerability and needs. This is decided on a case-by-case basis by a standing CHP subcommittee (see description on page 16). The intent of this committee is to build capacity and be more proactive and strategic. Subcommittee members would be able to discuss households more in depth than a full committee would allow, including discussing strategic housing plans.

Prioritization by Resource & Population

PSH Prioritization (Individuals & Families)

1. **Current tenants who qualify for an Emergency Transfer under VAWA when no safe unit is immediately available***
2. **CH status (or disability status if there is not a CH household on the list)**
3. **Households receiving RRH and have been identified for PSH****
4. **VI-SPDAT score (highest to lowest):** Families 9+; Individuals 8+
5. **Medical/physical vulnerability:** Medical or physical status (e.g. assault) makes it impossible for them to stay safely outside or in a shelter
6. **Mental health vulnerability:** Mental health status (including substance use) makes it impossible for them to stay safely outside or in a shelter
7. **Length of time homeless:** Priority to those experiencing the longest histories of homelessness, based on the date of VI-SPDAT and/or additional homelessness history present within HMIS will also be utilized to document this length of time

* See section 5, 'Emergency Transfer Timing and Availability" of the Washtenaw County CoC Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking.

** Due to the PSH resource constraints for families, RRH is used for many families that score in the PSH VI-SDPAT range. These households **will** receive priority for PSH openings BEFORE new clients (regardless of VI-SPDAT assessment scores) as stated in the CHP FAQs. See Families PSH List Procedures below for more details. Similarly, **CH** individuals that are receiving RRH, but scored in the PSH range of the VI-SDPAT **may** be prioritized for an open PSH resource as determined by case conferencing.

RRH Prioritization (Families)

1. **Current tenants who qualify for an Emergency Transfer under VAWA when no safe unit is immediately available***
2. **CH Status**
3. **VI-SPDAT Score (highest to lowest)**** Based on the quantity of available units, RRH will be targeted through an equal distribution of VI-SPDAT scores
4. **Unsheltered Status*****: Unsheltered sleeping location prioritized over a household in emergency shelter
5. **Medical/Physical vulnerability:** Medical or physical status (e.g. assault) makes it impossible for them to stay safely outside or in a shelter
6. **Mental health vulnerability:** Mental health status (including substance use) makes it impossible for them to stay safely outside or in a shelter
7. **Length of time homeless:** Priority to those experiencing the longest histories of homelessness, based on the date of VI-SPDAT and/or additional homelessness history present within HMIS will also be utilized to document this length of time

* See section 5, 'Emergency Transfer Timing and Availability" of the Washtenaw County CoC Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking.

** Based on the quantity of available units, RRH will be targeted through an equal distribution of VI-SPDAT scores. Total family RRH openings each fiscal year will be referred for placement in the following way:

- 1/3 of total openings will be filled by households scoring in the 14-22 range
- 1/3 of total openings will be filled by households scoring in the 9-13 range
- 1/3 of total openings will be filled by households scoring in the 4-8 range

*** Families in emergency shelter will get priority for RRH openings over families with a higher VI-SPDAT score who have no connection to an agency – and whose literal homeless status cannot be verified. This does not mean sheltered families always get priority for RRH; it is only for cases where an unsheltered family's homeless status (and eligibility for RRH) cannot be verified.

RRH Prioritization (Individuals)

Individuals that score at least 4 or higher on the VI-SPDAT version 2.0 and who express interest in RRH will be prioritized through the process described below:

1. **Current tenants who qualify for an Emergency Transfer under VAWA when no safe unit is immediately available***
2. **VI-SPDAT****: Based on the quantity of available units, RRH will be targeted through an equal distribution of VI-SPDAT scores
3. **Length of time homeless:** Priority to those experiencing the longest histories of homelessness, based on the date of VI-SPDAT and/or additional homelessness history present within HMIS will also be utilized to document this length of time

* See section 5, 'Emergency Transfer Timing and Availability" of the Washtenaw County CoC Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking.

** Based on the quantity of available units, RRH will be targeted through an equal distribution of VI-SPDAT scores. Total individual RRH openings each fiscal year will be referred for placement in the following way:

- 1/3 of total openings will be filled by individuals scoring in the 13-17 range
- 1/3 of total openings will be filled by individuals scoring in the 8-12 range
- 1/3 of total openings will be filled by individuals scoring in the 4-7 range

CHP Meeting Structure & Case Conferencing

CHP Committee members meet according to the population they serve (veterans, individuals, or families) in order to better tailor the meeting to the unique needs of each population. Since each population is unique, as is the way each meeting is structured. Discuss system-wide initiatives

- **System-wide initiatives and progress:** Members review and discuss policies and procedures, incorporate needed trainings (e.g. PHA paperwork), as well as review progress on Built for Zero efforts by reviewing data, goals, and work plans.
- **CHP list updates:** Members go through the CHP list (veteran, individual, or families) and discuss barriers to housing and updates regarding housing status and what provider is currently working with the household. If a household is in a place on the BNL that does not seem to accurately reflect the severity of need/vulnerability, the household may be moved to a place on the list that is more appropriate, as decided by the VI-SPDAT Score Review Subcommittee (see prioritization section above for policy and below of subcommittee description).
    - **Tracking within CHP lists:** Each committee may look at specific subgroups to track progress in specific processes involved in achieving stable housing or to check in on the most vulnerable. For example, this could involve status updates on RRH clients that need longer term supports, or status updates on a veteran in the midst of completing the VASH voucher process. Intentional tracking above and beyond the CHP list helps to further ensure the most vulnerable are prioritized for referrals.
- **Prioritization & referrals:** Housing/program openings are discussed for prioritizing households for referrals per prioritization policies.
- **Critical case conferencing:** Members bring forward any clients that have a high barrier to housing, have been in the program/shelter for a longer time than average, or have a severe service need that could benefit from discussion and problem-solving with all members. The purpose of critical case conferencing is to problem-solve collectively and systematically address barriers, not to supersede prioritization policies. The following will be provided by members (and included with the meeting agenda) to ensure efficient use of meeting time:
    - Initials & HMIS #
    - Provider working most closely with household
    - CH documentation update
    - Where this person is currently sleeping
    - VI-SPDAT score & date of last assessment
    - Vulnerabilities (health, physical, mental health)
    - Barriers/risk factors to housing

Veterans CHP Committee

The Veterans CHP Committee meetings cover the following at a typical meeting:

- **CHP list updates**
    - **VASH Pipeline Status-** VA staff share steps completed and next steps for veterans to secure VASH vouchers and housing.
- **Prioritization & referrals**
- **Critical case conferencing**
- **USICH Benchmarks-** Tracks progress on ending veteran homelessness by using the United States Interagency Council on Homelessness (USICH) benchmarks and includes discussion on barriers to achieving benchmarks.
- **90-day look back:** The committee reviews client data from the last 90 days periodically, or as needed, to discuss barriers to housing and problem-solve on an individual and systemic level. The data highlights those that have been housed and were not housed within 90 days of program entry (based on VI-SPDAT assessment date) to discuss systemic barriers.

Individuals CHP Committee

The Individual CHP Committee meetings cover the following at a typical meeting:

- **CHP list updates**
  - **Miller Manor List-** Used to prioritize clients that have needs best served with 24/7 onsite staff
- **Prioritization & referrals**
- **Critical case conferencing**
- **CHP Spotlight:** HMIS System administrator may identify households that have been on the CHP list for the longest period of time and those that have returned to homelessness. Members will discuss a specific outreach and housing plan for the individuals on this "Spotlight" list, which rotates each meeting.

  HMIS Administrator will provide the following prior to the meeting:
  - Initials & HMIS #
  - VI-SPDAT score & date of last assessment

  Committee members are expected to provide the following information:

  - Provider working most closely with household
  - CH documentation update
  - Where this person is currently sleeping
  - Vulnerabilities (health, physical, mental health)
  - Barriers/risk factors to housing

Families CHP Committee

The Families CHP Committee meetings cover the following at a typical meeting:

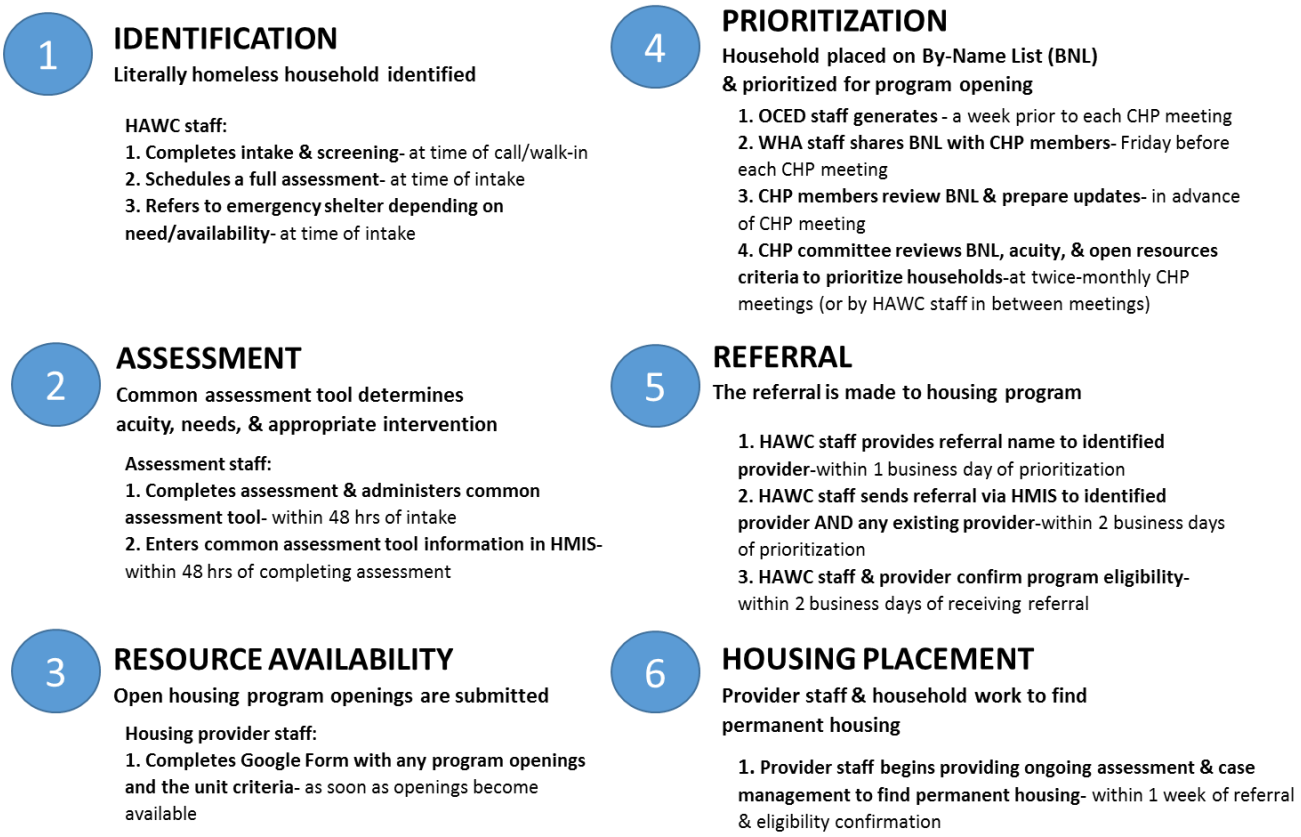
- **CHP list updates**
  - **Families PSH List:** Tracks families that receive RRH, but demonstrate a need for long term supports to remain stably housed, for prioritization into open PSH resources
- **Prioritization & referrals**
- **Critical case conferencing**
- **Returns to homelessness:** Committee will review data quarterly or as needed for households that have returned to homelessness after receiving RRH for the purposes of collective problem-solving and addressing individual and systemic barriers.

VI-SPDAT Score Review Subcommittee

When a household's VI-SPDAT score is not reflective of the severity of vulnerabilities, the household may be moved to a place on the CHP list that more accurately reflects their vulnerability and needs. This subcommittee meets to decide this on a case-by-case basis. The intent of this committee is to build capacity and be more proactive and strategic. Subcommittee members can discuss households more in depth than a full committee would allow, including discussing strategic housing plans. The HMIS Administrator and the HAWC Coordinator co-facilitate this standing meeting.

Referral Process

Once the prioritization process results in a household being matched to an open permanent housing program, HAWC completes a referral to the correct agency. To recap the process from identification and assessment to referral for those experiencing literal homelessness (HUD category 1), the following chart explains the actions that take place, who is responsible, and the timeframe for completing each action step.



To ensure an expedited the referral process, if referrals are not made within 2 business days, providers can send an email to the following: HAWC Coordinator, HMIS System Administrator, OCED Human Services Manager, and Salvation Army Director of Social Services. Once the email is received, action will be taken to get the referral to the correct agency as soon as possible and address any issues relating to the delay.

The CoC works with CoC and ESG programs to ensure that eligibility criteria for each project is publically available. As stated, families experiencing homelessness should not be separated when receiving services unless the health and well-being of children are at immediate risk.

Special Population Referrals

Veteran Referrals

Supportive Services for Veteran Families (SSVF)

All eligible veterans are referred for Supportive Services for Veteran Families (SSVF), administered by Michigan Ability Partners (MAP). Referrals occur from the VA, clients, GPD providers, or shelter staff directly to MAP. Coordinated entry partners are moving towards centralizing this process through HAWC.

Grant Per Diem (GPD) & Contract Beds

The Washtenaw County CoC has Grant Per Diem (GPD) and Contract Beds available for veterans eligible for VA resources. GPD providers MAP and Salvation Army administer a total of 13 GPD units. There are five contract beds available at the single-adults shelter, the Delonis Center, operated by SAWC.

To make the best use of resources, GPD beds are to be filled before contract beds at the shelter. GPD referrals are made by the VA for both GPD and contract beds, though openings are filled at CHP meetings if available at the time of a meeting. Efforts are currently being made to streamline both referrals through HAWC.

Unaccompanied Youth Referrals

Youth identified by HAWC are referred to Ozone for assessment. With Ozone House being the sole provider of homeless/housing services for youth, Ozone fills ES, RRH, and PSH units with clients they assess or serve through their transitional housing or nonresidential case management programs. In the case that open units are not filled internally, Ozone will bring the resource to the CHP committee for prioritization.

Domestic Violence Survivors Referrals

Domestic violence survivors who are identified by HAWC are referred to SafeHouse for safety planning, and may continue to seek housing and services through HAWC following the normal Coordinated Entry process. Privacy measures are in place for data shared between agencies to ensure confidentiality. Survivor's choice is respected if the household prefers to be served by a non-DV agency.

Homeless Verification

HAWC will collect documentation of homelessness and transmit it to the receiving provider at the time of the referral. All homeless verifications must include the zip code where the household stayed the night before and the zip code of the last permanent residence.

For literally homeless households, documentation can happen in one of three ways as written below.

- Written observation by an outreach worker or other professional;
  -OR-
  Written referral by another housing or services provider (such as a shelter); or
- A three-day sheriff's notice (writ of restitution) as part of a legal eviction process; or
- Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter, preferably accompanied by a third party verification (this option should be a last resort).

For households staying with family or friends, a dated letter from the homeowner or leaseholder that the household in question must leave within 24 hours AND certification by the individual or head of household seeking assistance stating that (s)he will become homeless within 24 hours.

For individuals exiting an institution, one of the forms of evidence above and:

- Discharge paperwork or written/oral referral, or
- Written record of assessment worker's due diligence to obtain above evidence and certification by individual that they exited institution

Declined Referrals

A household remains on the CHP BNL until permanent housing is achieved. If a household should decide to not accept a referral or it is determined that the household is ineligible for the referred program, the household would stay or return on the BNL according to their vulnerability and level of need as indicated by the most recent VI-SPDAT score. A program that receives a referral, whether emergency shelter, RRH, PSH, GPD, or any other housing program, accepts each referral it receives unless the household does not meet eligibility criteria.

Complaints & Grievances

Each CoC agency is required to have its own complaint and grievance policies and procedures. The CoC monitors CoC-funded agencies for this by collecting policies and procedures when projects are being reviewed for program outcomes and compliance.

Coordinated entry complaints and grievances are recorded by CHP partner agencies and reviewed by a CoC-appointed committee as outlined in this section. Since HAWC is the core of the CoC's coordinated entry system, HAWC's complaint and grievance procedures are publically available, overseen by a CoC-appointed committee, and can be escalated to OCED as the CoC lead agency. OCED, as the HMIS lead, is also required

to have a grievance procedure. Any complaints or grievances that are not Coordinated Entry, HAWC or HMIS related can be filed with the agency where the incident occurred.

Definitions

Complaints are can be resolved promptly and informally. They do not require an investigation, but may require some follow-up with agency staff to ensure the issue does not continue. Complaints can involve any time a client feels that they have not been treated with dignity and respect, did not receive accessibly and timely services, or was met with a poor service attitude.

Grievances are related to any time a client feels that they were wrongly denied a service he or she is eligible for and involve an agency's formal process for resolving grievances. Resolving grievances typically involves an investigation and it may take time to resolve the issue.

HAWC Complaints & Grievance Procedure

Clients who feel that they have not been treated with dignity and respect, did not receive accessibly and timely services, or were met with a poor service attitude can file a **complaint** with the HAWC Community Relations Liaison.

Anyone who feels that they were discriminated against or wrongly denied a service he/she is eligible can file a **grievance** once addressing it with HAWC staff has not been successful. The grievance will be investigated by the Rights Advisor for the Salvation Army.

The Complaint and Grievance Procedure located on HAWC's website here contains contact information and the procedures to follow. The timeline of response can be expedited to accommodate court dates, otherwise clients can expect a response within 2 weeks of filing the complaint or grievance.

Washtenaw County HMIS Grievance Procedure

If a client has questions or concerns about their privacy or other rights within the HMIS system, they are encouraged to first contact the agency from which they are receiving services. They may also request a Washtenaw County HMIS grievance from and submit it to OCED. This process and form can be found on OCED's HMIS webpage.

CHP Partner Documentation of Complaints and Grievances

CHP partner agencies are required to keep a log of all complaints and grievances related to Coordinated Entry. Complaints and grievance logs must include at least the following:

- Key dates, including when the complaint or grievance was received, when it was responded to, and when it was fully resolved.
- Contact information for the person making the complaint or grievance
- A summary of the complaint or grievance
- Steps taken to resolve the situation
- Final resolution
- Any suggestions or process changes that were raised as a result of the grievance

For the purposes of this log, **complaints** are understood to be informal processes by which clients or potential clients attempt to resolve a concern. Complaints may be oral or written in form, and may be resolved quickly. Any complaint regarding coordinated entry must be included in the log if the complaint is

(a) Put in writing, or
(b) Results in a change to a process, policy, or practice

Grievances are understood to be any client concerns that have been raised using an agency's formal process for resolving complaints and grievances. The grievance process should always follow the agencies written procedures. All grievances related to coordinated entry must be recorded in the log.

These logs may be used by the CoC, including designated work groups or committees, for the purposes of monitoring and evaluation, as well as to begin gathering information if a complaint or grievance is escalated or filed with the OCED, the CoC Lead.

In any case where an agency is sharing its complaint and grievance log for these purposes, personally identifiable information must be removed prior to sharing, including contact information. Clients may only be referred to by the first initial of their first and last name and their HMIS ID number.

Reviewing Complaints and Grievances

To provide effective monitoring of coordinated entry, the CoC's Coordinated Entry Oversight & Evaluation Committee will be responsible for reviewing complaints and grievances at least every 6 months. CoC partner agencies will be required to submit their complaint logs *with personally identifiable information removed* upon request to this committee for all complaints and grievances related to coordinated entry, including but not limited to complaints and grievances related to the following:

- Screening and Identification
- Assessment
- Prioritization
- Referrals
- Housing Placements

CoC-Wide Training

OCED, WHA, and HAWC work together to update and distribute training protocols annually, including a training calendar. Regular trainings across CoC staff ensures consistent delivery of services with an alignment to best practices. CoC-wide trainings also provide a way for providers and staff to learn from each other and to brainstorm ways to remove systemic barriers to ending homelessness. Trainings may be online, self-administered, or delivered in-person by a local, state, or national expert.

Evaluation

The CoC is committed to conducting regular and ongoing evaluation of its coordinated entry system. The feedback gathered through evaluations will be used to monitor the implementation of coordinated entry, ensure fidelity to legal requirements and policies, and provide stakeholder input that will be used to update and improve coordinated entry policies and procedures. OCED as the CoC lead working closely with two CoC committees (Data and Performance Measurement Committee and the Coordinated Entry Oversight and Evaluation Committee) will be responsible for conducting and reporting on evaluations. Evaluations will include both quantitative and qualitative methods, and will follow the schedule outlined in this section.

Quantitative Evaluation

Quantitative evaluations will be conducted and reported on quarterly. Metrics included will function as indicators of effectiveness and efficiency, and will include:

- **Outputs:** Output metrics will describe the services and work done by the CoC and coordinated entry during the period of measurement, but do not measure the impact of those services or work. They provide context to the size of the system and the amount of clients being served. Examples of output measures include the number of calls to HAWC, the number of referrals to shelter, or the number of CHP referrals to PSH.
- **Outcomes:** Outcome metrics will describe the impact of the CoC and its services, both for the individuals served and for the broader Washtenaw County community. Examples of outcome measures include the number of clients housed and the number of people currently experiencing homelessness.
- **Benchmarks:** Benchmark metrics are used to compare Washtenaw County to specific, well-established outcome goals that exist at the national, state, or local level. Examples of benchmarks include the HUD System Performance Measures or the US Interagency Council on Homelessness Criteria and Benchmarks for Achieving the Goal of Ending Veteran Homelessness.

The primary means for reporting these metrics will be the CoC Dashboard, located on the CoC website, which will be updated according to the following schedule:

Reporting Period	Dashboard update deadline
January through March	April 20th
April through June	July 30th
August through September	October 20th
October through December	January 20th

Quantitative Evaluation

Qualitative evaluations will be performed and reported on annually, and will focus on the quality of service, fidelity to policies and procedures, and aspects of the system that aren't reducible to numbers, with particular attention to coordinated entry:

Evaluation	Measures	Frequency	Timeframe
Coordinated Entry Client Survey	• Client Satisfaction • Quality of the Coordinated Entry experience for clients • Solicits suggestions to improve client experience	Annual	Spring
HAWC Community Survey	• How HAWC works with the wider service provider community • How accessible HAWC is to community members • How effectively messaging and outreach are	Annually	Summer
HAWC Process Evaluation	• How HAWC screeners respond to typical scenarios • Fidelity to policies and processes • Consistency across screeners	Annually	Fall
CHP Partner Survey	• How Coordinated Entry is working from the perspective of CHP members • Effectiveness of CHP processes • Fidelity to processes and procedures • Solicits suggestions to improve CHP process	Annually	Winter

In addition to these regularly scheduled evaluations, OCED will work closely with the CoC Board, Committees, and service providers to conduct ad hoc evaluations on topics of importance or interest to the CoC.

Reporting

All of the evaluations will be reviewed and discussed by the Data and Performance Measurement Committee, the Coordinated Entry Oversight and Evaluation Committee, or both as appropriate, who will make recommendations based on the feedback to HAWC, the CHP Committee, or the CoC Board as appropriate. Reports, including any recommended changes to policies or procedures, will be made available to the CoC, its service providers, and to the general public through the CoC website.

In addition to reporting on regularly scheduled and ad hoc evaluations, OCED will produce and annual report covering all activities of the previous calendar year.

Data and Privacy Protections

The same data and privacy protections that are described above are also extended to any data gathered for the purposes of evaluation. No evaluation materials may be shared if they contain client names or any personally identifying information. If quotes or language from clients are used in reports, they should only be identified as an anonymous client, or with a changed name that could not be used to identify them.

[i] http://usich.gov/resources/uploads/asset_library/Housing_First_Checklist_FINAL.pdf

[ii] https://www.hudexchange.info/coc/coc-program-law-regulations-and-notices/

[iii] https://www.hudexchange.info/esg/esg-law-regulations-and-notices

[iv] http://www.michigan.gov/mshda/0,4641,7-141-5515-241719--,00.html