



Grand Rapids/Wyoming/Kent County – MI 506  
Continuum of Care Membership Meeting Agenda  
October 22, 2020 ▫ 9:30-11:00 am ▫ Zoom Meeting link:

<https://us02web.zoom.us/j/83423191762?pwd=MXVac1BScEM1RFRxRGJGTFRhQjRwdz09>

Or dial +1 929 205 6099 Meeting ID: 834 2319 1762, Passcode: 205714

1. Call to Order
2. Approval of August 27, 2020 Minutes\*
3. Strategic Priorities and Goals\*
4. Governance Charter\*
5. Grand Rapids Housing Commission Mainstream Voucher Program
6. Isolation Update
7. MSHDA Eviction Diversion Program Update
8. CoC Updates
  - a. Coordinated Entry Policies
  - b. Strategic Planning Update
  - c. Financial Monitoring
  - d. Dashboard Review
  - e. Data Reports: Shelter Counts, CE Flow Numbers, Summer Pilot Count
9. Organizational Announcements and Updates
10. Adjournment
  - a. Next Meeting: Thursday, December 17<sup>th</sup>, 2020

**CoC 2020 Calendar: All Meetings - 9:30 to 11 am via Zoom**

- December 17 - *third Thursday*

*\*indicates potential action item*



## CoC MEMBER MEETING MEETING MINUTES - DRAFT

August 27, 2020

9:30-11:00am

Facilitator:	Casey Gordon		
Meeting Attendees:	Alisa White (LINC UP), Alisha Pennington (MDHHS), Becky Diffin (YWCA), Brandon Frierson (VOA), Catherine Landers (North Kent Connect), Cathy LaPorte (Salvation Army), Casey Gordon (Kent ISD) Elizabeth Stoddard (Fair Housing Center), Erin Banchoff (City of Grand Rapids), Erin Donnelly (Consumers Energy), Eunice Link (MCAH), GRFD Lts. Mike and Erik (HOT Team), Emily O'Brien (Salvation Army), Emily Schichtel (HWMUW), Jeffrey King (Community Rebuilders), John Bosma (GRPL), John Wynbeek (Genesis), Kaelin Hopson (Sacred Beginnings), Kat Griffith (Sacred Beginnings), Kate Soul (Pine Rest), Kathy Besaw (Genesis), Kristi VanderWoude (Sacred Beginnings), Lauren VanKeulen (3:11), Lisa Cruden (Family Promise), Marissa Lee (Degage), Sarah Weir (Kentwood PS), Sherrie Gillespie (KCCA), Stephanie Gingerich (LINC UP), Stephanie Brock-Knoper (City of Wyoming), Tammy Britton (City of Grand Rapids), Wanda Couch (Grand Rapids Housing Commission), Wende Randall (ENTF) Staff: Courtney Myers-Keaton, Brianne Czyzio Robach		
Time Convened:	9:35	Time Adjourned:	10:55

Approval of Minutes		February 27, April 23, June 25	
Motion by:	Lauren VanKeulen	Support from:	Elizabeth Stoddard
Discussion			
Amendments	None.		
Conclusion	All in favor, motion passes		
CoC Updates			
Discussion			
<u>Program Competition Update</u>			
There are no updates from HUD, but it seems that HUD is working on alternate plan for a simplified local competition. Staff will share all updates as they become available. Grant Inventory Worksheets were recently finalized and returned to HUD.			
<u>Meeting Guidance</u>			
Casey Gordon overviewed the virtual meeting document. Given the current situation, virtual meetings will be best for all committees through the remainder of 2020, with re-evaluation of the situation in January. Virtual meeting guidance is detailed in the document. Feedback and suggestions for the document can be sent to CoC staff ( <a href="mailto:brobach@hwmuw.org">brobach@hwmuw.org</a> )			
<u>Dashboard Walkthrough</u>			
Courtney overviewed the dashboard with CoC data from the Longitudinal Services Analysis (LSA). This data represents those who are entered into a program. Daniel Gore, HMIS Administrator, is working to make updates to the dashboard so it is easier to view. The dashboard can be found at: <a href="http://endhomelessnesskent.org/about/data/dashboard/">http://endhomelessnesskent.org/about/data/dashboard/</a> . If you have questions or feedback on the dashboard, please share with CoC staff ( <a href="mailto:brobach@hwmuw.org">brobach@hwmuw.org</a> ).			



## CoC MEMBER MEETING MEETING MINUTES - DRAFT

August 27, 2020

9:30-11:00am

### Data Reports

Courtney overview recently released reports for the 2020 Point in Time Count and 2019 Annual Count. Thanks to Emily Madsen, Data Analyst with ENTF, for her time in putting these reports and visualizations together.

Action Items	Person Responsible	Deadline

### **MSHDA Eviction Diversion**

#### Discussion

Funds available for eviction diversion from the state. These funds require a notice to quit or court summons and have a few other eligibility parameters. Salvation Army is processing applications and provide funds for the landlord. Landlords must forgive 10% of back rent that is due to receive payment. This has been an emerging issue, especially with larger management companies. Community members can call 2-1-1 if they receive notice to quit for help with the screening process and application. CoC staff will share written update from Salvation Army when the minutes are sent to the group.

Action Items	Person Responsible	Deadline

### **Strategic Plan Update**

#### Discussion

Recognizing that we are in a pandemic, want to ensure that work is focused on tangible activities and outputs. Staff have drafted priority areas.

Draft priority areas:

1. Develop plan for communication and coordination of various funding resources coming into the community
2. Decrease # of persons experiencing unsheltered homelessness
3. Increase access to housing
4. Coordination of prevention resources and establishing a coordinated approach for consumers to access them

Attendees broke into smaller groups to discuss:

- If these key priority areas make sense and/or should be edited.
- What activities and/or outputs should fall under these priorities?

If you have any thoughts or feedback on the priority areas or activities, please send to CoC staff ([brobach@hwmuw.org](mailto:brobach@hwmuw.org))

Action Items	Person Responsible	Deadline

### **CE Flow**

#### Discussion

Courtney shared call and referral numbers from HAP over the course of the pandemic. Call volume has increase. Volume dropped in the middle of the pandemic with eviction moratorium and shelter in



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place order. There has been a large increase in prevention calls in the previous 2 weeks, which likely due to the end of the eviction moratorium.

Many referrals over the past few weeks have been for prevention, due to eviction diversion funding. RRH referrals have fluctuated based on the openings available, low numbers over the past month may be due to the end of the program year. PSH referrals tend to be particularly low, which is concerning given the rise of chronic homelessness numbers. Conversation is needed around how to classify openings, as well as the numbers from CE and the needs to address a bottleneck.

Jeffrey asked how 'other permanent housing' is classified. CoC staff will get this information from Salvation Army.

Action Items	Person Responsible	Deadline

**Agency Updates**

Discussion

**Essential Needs Task Force** – is going through a strategic planning process. Wende thanked all who participated in a focus groups or surveys. An email update will be shared broadly next week with a large stakeholder meeting planned for the end of September.

**KCCA** – is the hub for mask distribution in Kent County. Masks available for neighbors and providers. To access, call 616-632-7950 and let the receptionist know your needs.

**Disability Awareness Day** is happening in a virtual format instead on September 18th. You can register at <https://disabilityawarenessday2020.eventbrite.com>

**Consumers Energy** – home energy assessments available for community members. Please connect with Erin Donnelly ([edonnelly@seillc.com](mailto:edonnelly@seillc.com)) to get clients set up for an assessment.

**Adjourn**

Motion by:	Stephanie Gingerich	Support from:	Lisa Cruden
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Grand Rapids/Wyoming/Kent County CoC  
Strategic Priorities and Goals  
October 22, 2020\* – November 1, 2021

<b><i>Explore and address root causes of racial inequity in the homelessness response system</i></b>		
<b>a. Outputs</b>	<b>Time Frame</b>	<b>Responsible Entity</b>
i. Coordinate review of disaggregated data with Data Analysis Committee.		
ii. Collaborate with the Housing Stability Alliance to identify root causes of racial disparities in the system		
iii. Perform a gaps analysis to identify where additional resources are needed		
iv. Use data in meaningful way to identify disparities		
<b>b. Indicators</b>	<b>Time Frame</b>	<b>Responsible Entity</b>
i. Prioritize the mitigation of root causes of racial disparities into the upcoming strategic planning process		
ii. Test recommended strategies to decrease disparate outcomes		
<b><i>Increase access to and supply of permanent housing</i></b>		
<b>a. Outputs</b>	<b>Time Frame</b>	<b>Responsible Entity</b>
i. Outreach campaign to private landlords regarding program participation, forms of rental housing assistance, Housing Choice Vouchers, etc.		
ii. Coordinate with organizations not receiving CoC funds and/or not currently engaged		
<b>b. Indicators</b>	<b>Time Frame</b>	<b>Responsible Entity</b>
i. Increase in the number of households accessing permanent housing		
ii. Decrease in the number of households experiencing homelessness		



Grand Rapids/Wyoming/Kent County CoC  
Strategic Priorities and Goals  
October 22, 2020\* – November 1, 2021

<b>Improve Coordinated Entry System</b>		
<b>a. Outputs</b>	<b>Time Frame</b>	<b>Responsible Entity</b>
i. Utilize Coordinated Entry for prevention resources		
ii. Increase transparency around available housing resources and eligibility criteria		
iii. Strategic pairing of an appropriate housing resource at the time of crisis bed intervention		
iv. Increase staff/capacity for individualized assessment and case management and/or increase support for those experiencing unsheltered homelessness		
<b>b. Indicators</b>	<b>Time Frame</b>	<b>Responsible Entity</b>
i. Coordinated approach for consumers to access prevention resources established		
ii. Updated Coordinated Entry Policy adopted by Steering Council		
iii. Reduce length of time homeless from baseline of beginning of March (onset of pandemic)		
iv. Process established to share available resources and made publicly available (i.e. public google doc/resource dashboard made available)		



## Grand Rapids Area Coalition to End Homelessness<sup>1</sup> Governance Charter

The Grand Rapids Area Coalition to End Homelessness is a community collaborative that is actively working on systems change in the area of homelessness. The goal of the Coalition is to prevent and end systemic homelessness in Kent County, guided by the values and philosophy set forth in the original 10-year community developed plan, the *Vision to End Homelessness*.

The Grand Rapids Area Coalition to End Homelessness, also known as the Kent County Continuum of Care (CoC), is an independent, non-incorporated membership entity comprised of numerous organizations and individuals. It was formed in response to federal requirements in the McKinney-Vento Homeless Assistance Act of 1987 reauthorization in 1994 and amended in the Homeless Emergency Assistance and Rapid Transition (HEARTH) Act of 2009 for administration of US Department of Housing and Urban Development (HUD) funding to address homelessness as described in 24 CFR Part 578.5. The CoC Governance Charter and subsequent amendments are approved, consistent with 24 CFR Part 578.5, by the CoC membership. Governance decisions on behalf of the CoC are made by a Steering Council elected from the membership, in accordance with the CoC Governance charter. Annually the Continuum of Care applies to the HUD Continuum of Care (CoC) Program for funding to address homelessness.

The CoC is committed to collaboration where ever possible to accomplish its stated goals to end homelessness. The Essential Needs Task Force (ENTF), a broader community effort to coordinate the response to basic needs and strengthen communications across systems in Kent County is one such effort that the CoC is committed to participation in. (To learn more about ENTF, see [entf Kent.org](http://entf Kent.org)). The ENTF functions with subcommittees that include Housing, Energy Efficiency, Economic & Workforce Development, Transportation, Food & Nutrition.

### **I. Continuum of Care (CoC)**

#### **A. Role**

The Continuum of Care champions the *Vision to End Homelessness*, convening to determine local priorities, strengthen communication, encourage best practices, and promote collaboration to achieve goals.

As a community collaborative, the Continuum of Care:

- Promotes community commitment to the goal of ending homelessness,
- Gathers and analyzes information to determine local needs of individuals experiencing homelessness,
- Provides a comprehensive, well-coordinated, and clear planning process,
- Promotes access to and effective use of existing programs,
- Implements strategic responses and measures results,
- Applies for funding from the U.S. Department of Housing and Urban Development (HUD) and other funding sources based on local priorities.

#### **B. Responsibilities**

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<sup>1</sup> Resource documents: Coalition Structure, March 2010; *Establishing and Operating a Continuum of Care*, 2012, US Department of Housing and Urban Development

The major responsibilities that must be carried out by the CoC to comply with HUD expectations are as follows:

1. Convene regular meetings of the full membership, with published agendas, at least semi-annually
2. Issue a public invitation for new members within Kent County at least annually
3. Adopt and follow a written process to select a board to act on behalf of the CoC (identified as the Steering Council for Continuum of Care) and review that process at least once every 5 years
4. Appoint additional committees, subcommittees, or work groups comprised of provider representatives and community advocates; and action boards comprised of consumers, as needed.
5. Designate the Homeless Management Information System (HMIS) lead for the CoC
6. In consultation with the collaborative applicant for HUD funds and the HMIS lead, develop, follow and update annually:
  - a. A governance charter
  - b. A code of conduct and recusal process for the board, its chairperson and any person acting on behalf of the board
7. Establish and operate a centralized or ~~coordinated assessment~~ coordinated entry system
8. Develop a plan for a coordinated housing and service system that meets the needs of individuals, unaccompanied youth, and families experiencing homelessness
9. Plan and conduct an annual Point-in-Time count of sheltered and unsheltered persons that meets HUD guidelines
10. Establish performance targets appropriate for population and program type in consultation with recipients and sub-recipients
11. Monitor recipient and sub-recipient performance and address concerns of poor performance
12. Work with Emergency Solutions Grants recipients and Consolidated Plan jurisdictions within the geographic boundaries of the CoC to allocate, report and evaluate use of funds, and inform the plan
13. In consultation with recipients of Emergency Solutions Grants program funds, establish and consistently follow written standards for providing CoC assistance with those funds

The CoC is responsible for carrying out all activities listed above. In Kent County, the CoC delegates these responsibilities to its Steering Council which may, in turn, delegate some of these responsibilities to other organizations. Because the Kent County CoC is not incorporated, Memorandums of Understanding (MOU)s rather than contracts are used whenever any of these responsibilities are delegated to other entities. These MOUs are reviewed on an annual basis by the CoC Steering Council against performance expectations outlined in the MOU. Under the current Governance Charter three particular tasks are delegated to other entities through MOUs. These include:

- o Fiscal Agent (Entity that provides paid staff support for the CoC)
- o HMIS Lead Agency (entity holding responsibility for Homeless Management Information System (HMIS) management and maintenance)
- o Collaborative Applicant (entity formally completing the HUD CoC Competition application)

### C. Members & Term of Service

The Continuum of Care is comprised of agencies and organizations that provide direct services to households experiencing a housing crisis, other related service organizations that engage directly or indirectly with households that experience a housing crisis, and homeless or formerly homeless individuals, and is open to:

1. nonprofit homelessness assistance providers,
2. victim services providers,
3. faith-based organizations,
4. government entities,
5. businesses,
6. advocates,



7. public housing authorities,
8. school districts,
9. social services providers,
10. mental health agencies,
11. hospitals,
12. universities,
13. affordable housing developers,
14. law enforcement,
15. organizations serving veterans,
16. homeless or formerly homeless individuals.

A public invitation must be issued for new members from Kent County a minimum of once each year. While membership is voluntary, organizations and homeless or formerly homeless individuals are required to formally sign-up as members and affirm their commitment to the mission of the Coalition to End Homelessness in order to have voting and other privileges with the group. Member organizations or entities must designate one person to serve as the voting representative. Annually, members of the Continuum of Care must renew their membership and confirm the designation of their voting representative.

A roster of voting representatives is maintained and updated at least annually. A voting representative from an organization or agency may assign their proxy to another individual from their organization; however, at no time will any organization be provided with multiple votes. The voting representative must provide a 24 hour notice to CoC staff via email indicating which pre-registered alternate voter (of which there can be no more than two) will be voting for their organization. Additionally, any voting representative can only vote once and cannot represent more than one organization or person.

Continuum of Care members may continue to participate indefinitely. Members are expected to attend CoC meetings a minimum of twice a year and are strongly encouraged to participate in committees and work groups.

#### **D. Meetings**

The Continuum of Care must meet a minimum of twice a year although more meetings may be held as needed.

1. Steering Council Chairperson presides at Continuum of Care meetings.
2. Meeting agenda are developed by the Steering Council and published in advance of the Continuum of Care meeting.
3. Continuum of Care members have the right to suggest additional agenda items for a Continuum of Care meeting, but additional agenda items must be approved by a majority vote of those in attendance at that Continuum of Care meeting.
4. Meetings may include opportunities to share information about local partners, best practices from the field, progress toward achieving the goals of the Coalition, and Coalition activities.
5. Attendance records must be maintained, and the records must include the names of all individuals, with organizations noted as appropriate.

## **II. Steering Council**

### **A. Role**

The Coalition Continuum of Care represents many community stakeholders in carrying out the mission of leading the community in finding solutions for preventing and ending homelessness. To facilitate effective execution of Coalition goals, a Steering Council performs the functions of a CoC board, with certain specific responsibilities assigned by the Continuum of Care through this Governance Charter.

### **B. Responsibilities**

The Steering Council is responsible for ensuring that the seven major HUD defined responsibilities in Section I.B. are carried out. In addition, the Steering Council is authorized by the Continuum of Care to:

1. Serve as the primary decision-making entity for the Continuum of Care according to the approved governance structure,
2. Set the agenda for the Continuum of Care meetings,
3. Establish policies, principles and priorities and select the Collaborative Applicant for the HUD NOFA process,
4. Determine project priorities and monitor the outcomes of those projects,
5. Oversee the competitive process for annual CoC application submissions to HUD and other funding sources and provide final approval for those application submissions,
6. Establish policies for data release and monitor HMIS Standard Operating Procedures either through direct administration of or designation of an HMIS implementing agency,
7. Direct system planning activities that engage CoC members,
8. Direct analysis of system-wide data to identify community needs and gaps and report to the CoC

### C. Participants and Terms of Service

The Steering Council is comprised of up to twenty-one (21) seats representing the broad array of interests within the Coalition and must:

1. Include at least **two homeless or formerly homeless individuals**
2. At a minimum, represent the relevant organizations and projects serving homeless subpopulations, such as persons with substance use disorders; persons with HIV/AIDS; veterans; the chronically homeless; facilities with children; unaccompanied youth; the seriously mentally ill; formerly incarcerated; and victims of domestic violence, dating violence, sexual assault, and stalking. One member may represent the interest of more than one homeless subpopulation, and the Steering Council must represent all subpopulations within the Coalition to the extent that someone is available and willing to represent the subpopulation.

The seats referenced above are rotating seats with alternating, three-year terms, elected by the Continuum of Care annually. Steering Council members whose terms are expiring are allowed to campaign for re-election for continuing terms.

Six seats are considered permanent, non-rotating seats assigned to the following entities:

- a. Units of local government that are HUD Grantees:
  1. City of Grand Rapids
  2. City of Wyoming
  3. Kent County
- b. HARA (Housing Assessment and Resource Agency)/Central Intake
- c. Action Boards
  1. Youth Action Board
  2. Veteran Action Board

These entities are responsible for designating their representative to the Coalition Steering Council.

Steering Council members must serve on committees and work groups, including those organized by the CoC, those organized by external groups, or other existing community forums with relevant objectives. Service on committees and work groups is critical to ensuring effective liaison and coordination of activities.

Steering Council members serve for three-year terms, staggered so that approximately one-third of all terms end in any given year. The Continuum of Care shall determine the specific fiscal year period for terms on the Steering Council.

The selection process for Steering Council members is described under the Nominating Committee. This process is subject to review and alteration on an annual basis by Continuum of Care but no less frequently than every five years.

**D. Meetings and Attendance**

The Steering Council meets a minimum of six times annually.

The Steering Council responsibilities are such that at each meeting the group should be capable of voting on an issue. This requires members to be present for the vote and involved to make an informed decision. Therefore, Steering Council members should maintain a minimum attendance rate of 75% of all Steering Council meetings. If any member falls below this amount, they will be asked to re-evaluate and ensure they are able to maintain their commitment. If at least 50% of meetings have been missed in the twelve-month period of October –September, the seat will be considered open in the next Steering Council election.

**E. Officers**

1. Chairperson, vice chairperson, secretary, and treasurer;
2. Elected by the Steering Council annually during a specific month as determined by the Steering Council but no longer than 60 days following the annual election by the Continuum of Care of new members to that Council;
3. Officer terms are one year and can be renewed;
4. Steering Council chairperson, or vice-chairperson in the absence of the chairperson, presides at meetings of the Steering Council, the Executive Committee, and CoC Continuum of Care;
5. In absence of a sitting Chairperson, ENTF staff will Chair the Steering Council meeting with the sole purpose of executing officer elections;
6. All Steering Council members are expected to observe the Code of Conduct and the Conflict of Interest Policy.

**A-F. Decision Making**

The presence of a majority of Steering Council members then holding office shall constitute a quorum at all meetings. If a quorum is not present, no voting will occur. A simple majority of those in attendance and eligible to vote is necessary for any resolution to be passed.

Within elected seats of the Steering Council, no alternate representative will be given a proxy vote. For appointed seats, those ~~four~~ six held by the HUD Participating Jurisdictions, ~~and~~ the HARA, and action boards an alternate representative is able to vote. Advance notice of which member will be attending and voting should be provided in writing to CoC staff.

In the matter of approving funding recommendations made by the Funding Review Committee, the Steering Council will give final approval. Once approval is secured, CoC staff shall inform applicants of the outcome of their application in writing. Included in this notice should be the Funding Decision Appeal policy of the CoC, informing applicants of their right to appeal and the process in which to do so.

There may be instances when a decision is needed by the Steering Council between regularly scheduled meetings. When this happens, electronic voting may be completed. A simple majority of current Steering Council members is necessary for any resolution to be passed. Members who do not subscribe to an email service must have contact attempted to allow them to vote verbally.

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### III. Committees

In the interest of transparency and community involvement, all committees except those requiring election, shall be open to all CoC members.

#### A. Executive Committee

##### Role and Responsibilities

In accordance with resolutions passed from time to time by the Steering Council delegating specific tasks to the committee, the Executive Committee may meet as needed to:

1. Consider and recommend the annual budget,
2. Consider staffing needs and make recommendations on fulfilling necessary functions,
3. Review financial reports and present them to the Steering Council,
4. Consider and recommend policy,
5. Prepare annual work plan and calendar including required CoC functions,
6. Plan Steering Council meeting agenda,
7. Plan Continuum of Care meeting agenda,
8. Appoint members to serve in the case of a vacancy to the Steering Council or nominating committee,
9. Make recommendations on committees, task forces, or work groups and recommend members,
10. Lead the process to create a strategic plan that advances the goal of ending homelessness.

##### Limitations

Unless otherwise specifically delegated by Steering Council resolution for Executive Committee action, all Executive Committee determinations are presented to the Steering Council for final review and/or decision-making.

##### Participants and Terms of Service

The executive committee of the Steering Council is made up of the four officers plus a minimum of one other Steering Council member.

##### Meetings

The executive committee meets as needed between meetings of the Steering Council.

In the event of a resignation from the Steering Council, the Executive Committee shall appoint a member to serve on the Council until the next election. Priority for the appointment shall be given to the organization or population area the resigning member had represented, with consideration given to any population areas unrepresented in the current Steering Council membership.

#### B. Nominating Committee

##### Role and Responsibilities

The Nominating Committee is responsible for proposing election or re-election of the ~~sixteen~~ **fifteen** rotating seats of Steering Council members whose terms are coming to an end or to fill positions that have been vacated. Nominating Committee members serve staggered two-year terms.

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Members of the Nominating Committee must:

1. Review the current composition of the Steering Council to determine satisfactory systemic representation in accordance with the approved policy of the Continuum of Care;
2. Evaluate attendance of members who are completing a term and, if eligible for reappointment, determine their willingness to continue;
3. Seek recommendations from the Continuum of Care membership for qualified candidates;
4. Deliberate and compile a list of eligible candidates to present to the Continuum of Care for election;
5. Provide for an open process allowing nominations from the floor at the Continuum of Care meeting convened for the annual election.

#### **Officers**

The Nominating Committee also is responsible for preparing a slate of officers for presentation to the Steering Council for annual election to take place no later than 60 days after the beginning of the annual term for Steering Council members. To carry out this responsibility, the Nominating Committee will review officers' participation and term end dates, recruit candidates, and prepare a slate to present to the Steering Council for election.

#### **Participants and Terms of Service**

The Nominating Committee is comprised of five individuals, including three CoC members and two members of the Steering Council who are not currently serving as officers. Nominating Committee members must have a working knowledge of CoC responsibilities and structure, the Coalition, and the *Vision to End Homelessness*.

The Nominating Committee is formed to serve for two years.

1. The Steering Council selects a Steering Council member to chair the Nominating Committee and selects one additional Steering Council member to serve on the committee
2. The Continuum of Care members elect Nominating Committee members by the following process:
  - a. A minimum of three weeks in advance of a scheduled Continuum of Care meeting, candidates to serve on the Nominating Committee are sought through distribution of a message to all Continuum of Care' voting representatives of record;
  - b. A written ballot is distributed to voting representatives at the Continuum of Care meeting; each qualified voting representative can vote for three candidates;
  - c. Votes are tallied and the three candidates receiving the highest number of votes serve on the Nominating Committee;
  - d. In the event of a resignation from the committee, the Executive Committee shall appoint a member to serve until the next election.

#### **Meetings**

Six months prior to the end of the fiscal year: Nominating Committee formed based on process above

Four/five months prior to the end of the fiscal year: Nominating Committee meets

One month prior to the end of the fiscal year: Continuum of Care elects new or renewing Steering members

First month of the fiscal year: New Steering Council members join and within sixty days the Steering Council elects officers from a slate prepared by the Nominating Committee

### **C. Funding Review Committee**

#### **Role and Responsibilities**

The Funding Review Committee is responsible for reviewing applications and making prioritized project funding recommendations to the Steering Council for action. Funding sources include the Homeless Emergency Assistance

and Rapid Transition to Housing (HEARTH Act) grant funds under the Continuum of Care Program administered by HUD.

The Funding Review Committee develops the scoring criteria for rating and ranking applications based on local needs and priorities and HUD priorities for program services as outlined in the Notice of Funding Availability (NOFA). The committee is responsible for understanding the NOFA, considering local priorities, and evaluating applicant agencies' program performance based on evidence and data.

#### **Participants and Terms of Service**

The Funding Review Committee is comprised of community members who represent systems that fund or interface with the homeless system, are knowledgeable about homelessness and housing, but are not applicants. This includes individuals from the various homeless sub-populations; homeless service providers (e.g., prevention, emergency housing, transitional housing, permanent and permanent supportive housing); municipalities and governmental units that fund the Coalition; and community representatives (e.g., business, foundations, United Way). Members of the Funding Review Committee need not be Coalition members.

The Steering Council is responsible for appointing the Funding Review Committee members. In selecting committee members, the Steering Council will attempt to avoid even the appearance of impropriety. All committee members will review the Conflict of Interest policy and complete the disclosure form prior to beginning their service on the committee. Potential conflicts of interest could include: participation in the planning of a project or providing technical assistance in the preparation of a project application in either a paid or volunteer capacity or active involvement as a board or staff member of any agency that has a proposal for funding pending. Perceived advocacy for a project can also disqualify an individual from serving on the committee.

#### **Meetings**

The Funding Review Committee meets as needed to carry out its duties. Typically, this includes an orientation session, a meeting to consider priorities, one or more meetings to evaluate applications, and one or more meetings to score and rank applications. New members will also be required to meet as necessary to complete the committee training curriculum as approved by the Steering Council. Meetings are scheduled to provide sufficient time to complete the work, forward recommendations for Steering Council action, and submit the completed application to meet HUD deadlines.

#### **Appeals**

An Appeals Panel shall be assembled for each funding round consistent with the Appeals Policy for funding recommendations that is adopted and updated by the Steering Council.

### **D. HMIS Data Quality Committee**

#### **Role and Responsibilities**

The Homeless Management Information System (HMIS) is a tool for the community and HUD to develop better information on the nature of homelessness, the number of people experiencing homelessness, the existing patterns in housing programs and services, and the effectiveness of programs and services in addressing homelessness. HMIS must be used by the CoC and all recipients of HUD program funds.

The HMIS Data Quality Committee performs several important functions: insuring that the HMIS is administered in compliance with requirements prescribed by HUD, reviewing, revising, and recommending adoption of an HMIS privacy plan, security plan, and data quality plan, and ensuring the consistent participation of recipients and sub recipients in the HMIS.

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The HMIS Data Quality Committee is responsible for on-going system wide analysis to identify strengths and gaps in the data system and for preparing and/or updating data quality standards for consideration by the Steering Council.

A subcommittee, the HMIS Users Group, is responsible for ensuring that all agency and program staff with responsibility for data entry are appropriately trained on system use and for assisting with formulation and periodic review of policy and procedures, such as the privacy plan.

#### **Participants and Terms of Service**

Members of the HMIS Data Quality Committee are selected based on their knowledge of data systems, standards for data quality, and relevant policy and procedures, for example, policy related to data privacy. Members must commit to understanding basic HUD requirements in relation to data collection and reporting.

Committee members are drawn from Coalition CoC member agencies and include representation from HUD-funded agencies and non-HUD-funded agencies. Other individuals may be appointed to the committee based on specific expertise.

The HMIS Users Group, a subcommittee of the Data Quality Committee, is open to all member agency staff members with direct, hands-on, responsibility for entering data and using the data system.

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### **E. Coordinated Assessment-Entry Committee**

#### **Role and Responsibilities**

The primary role of the Coordinated Assessment-Entry Committee is to provide oversight and review to the Coordinated Assessment-Entry system for households experiencing homelessness to be served by both temporary and permanent housing, according to eligibility and service standards of the community.

#### **Participants and Terms of Service**

The Coordinated Assessment Committee-Entry is made up of representatives of those Coalition CoC member agencies that participate in the Coordinated Assessment-Entry system. Coordinated Assessment-Entry Committee should likewise include representation from community systems level and other CoC members not directly participating in the Coordinated Assessment-Entry system.

### **F. Data Analysis Committee**

#### **Role and Responsibilities**

The Data Analysis committee is responsible for regular review of multi-level data to evaluate system level progress toward ending homelessness. The work of this committee shall inform the work of other committees to ensure activities are contributing to improved system level outcomes. This committee is specifically charged with preparation and review of annual HUD System Performance Measures reports, Point-in-Time and Housing Inventory reports. The committee is responsible for reporting to the Steering Council on a regular basis regarding the effectiveness of the comprehensive system to address homelessness. This should include specific attention to system level performance measures established by the CoC (see Sec I. A, Continuum of Care: Implements strategic responses and measures results).

#### **Participation and Terms of Service**

Members of the Data Analysis Committee are drawn from the Coalition CoC membership and wider community and should have a basic understanding of data and its use in evaluation.

### G. Ad-Hoc Workgroups

Workgroups are time-limited, task-oriented groups that are recruited and assigned responsibility for addressing a specific issue or challenge, including achieving the strategic plan objectives. Such groups will be formed as need is determined by Steering Council, or upon recommendation of one of the standing committees. A representative of each workgroup shall be appointed to report to one of the standing committees to ensure communication and coordination of work. Workgroups also may form organically as a result of individuals coming together around a shared concern or interest. When such work groups form organically, there should be brief written statement of purpose, focus, including expected time span of work and expected outcome. Such statement is to be submitted to Steering Council for reference.

### H. Action Boards

Action Boards are established to ensure that the effort to end homelessness in Kent County incorporates the expertise of ~~people at risk of becoming homeless, those experiencing homelessness or who are formerly homeless.~~ The Action Boards ~~will shall have voting representation on the CoC's Steering Council and as necessary shall independently advise the CoC, serve as recommending bodies to the CoC to incorporate consumer feedback within policy and strategic decisions and action items related to the CoC's efforts to end homelessness.~~

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Designees, elected by a majority of the ~~committee's membership~~ Action Board, shall serve as a single voting member of the Steering Council. Action Board members are also encouraged to serve on subcommittees and workgroups.

#### Role and Responsibilities

1. Provide feedback to the CoC on prevention, crisis response, and housing solutions to end homelessness
2. Recommend policies and practices to prevent and respond to homelessness
3. Assist in project development and funding decisions
  - o Action Boards shall inform planning efforts
  - o To review and recommend funding priorities and applications in addressing homelessness for specific application as required by funding applications
4. Advise on and support education and advocacy efforts for systems reform on the local, state and federal levels to support the plans to end homelessness.

#### Participation and Terms of Service

Action Boards shall consist of no fewer than three (3) members and no more than eight (8) members of the designated population group. Members must have experienced homelessness previously or currently be experiencing homelessness. The Action Board shall meet a minimum of quarterly. The Action Boards will seek to ensure cross-representation among over-represented sub-populations. Individuals may fulfill cross-representation of categories.

#### Current Action Boards

1. Youth Action Board
2. Veteran Action Board

## IV. Conflict of Interest



No Steering Council member may vote on matters concerning the award of a grant or other financial benefits if it might affect the organization that member represents. In addition, members will avoid conflicts of interest between the Coalition and any personal, professional, and business interests.

In any vote that might create a conflict of interest for the voting member, it is their responsibility to state that they recuse themselves from the vote. In written records of the vote, these members should be noted as having abstained.

At the beginning of each fiscal year, Steering Council members are expected to sign the Conflict of Interest policy document and to abide by the provisions regarding disclosure at all meetings. The signed policy documents are kept on file with meeting minutes and other records.

## **V. Code of Conduct**

The Coalition prohibits the solicitation and acceptance of gifts or gratuities (anything of monetary value) by officers, employees and agents for their personal benefit.

The Coalition promotes impartiality in performing official duties and prohibits any activity representing a conflict of interest. Individual members should not act on a matter if a reasonable person who knew the circumstances of the situation could legitimately question that individual's fairness.

The Coalition prohibits the misuse of position for personal gain or for the benefit of family or friends.

Officers and employees shall put forth honest effort in the performance of their duties. They shall not knowingly make unauthorized commitments or promises of any kind purporting to bind the Coalition without previous Steering Council approval.

Officers and employees shall disclose waste, fraud, abuse, and corruption to appropriate authorities.

## **VI. Schedule of Review**

This Governance Charter for the Grand Rapids Area Coalition to End Homelessness CoC is subject to annual review. All responsibilities required of a Continuum of Care must be thoroughly documented in the CoC's governance charter.

Specifically, the Continuum of Care "in consultation with the collaborative applicant and the Homeless Management Information System (HMIS) lead, must develop, follow, and update annually (1) a governance charter that includes all procedures and policies needed to comply with 24 CFR Part 578.5(b) and with HMIS requirements as prescribed by HUD and (2) a code of conduct and recusal process for the board, its chair(s), and any person acting on behalf of the board." (2012, *Establishing and Operating a Continuum of Care*, US Department of Housing and Urban Development, page 4)

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## SECTION 1: WHAT IS COORDINATED ENTRY?

### Introduction

The Grand Rapids Area Coalition to End Homelessness, also known as the Grand Rapids/Wyoming/Kent County Continuum of Care entity and here forward referenced as the CoC, is committed to ending homelessness across Kent County. Coordinated entry is an important process through which people experiencing or at risk of homelessness can access the crisis response system in a streamlined way, have their strengths and needs quickly addressed, and quickly connect to appropriate, tailored housing and mainstream services within the community. The Coordinated Entry (CE) system in Kent County is a cross-agency community-wide approach to ending homelessness. This document is designed to outline the foundational policies of our community. It outlines how families and individuals experiencing a housing crisis flow through the coordinated entry system, from assessment to referral, 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.

Coordinated Entry (CE) helps people in Kent County, who are or are about to become homeless. This process treats homelessness like the crisis it is, and supports an equitable, efficient response to families and individuals experiencing homelessness. The response is focused on immediately helping persons secure a safe place to stay, while at the same time, partnering to find a permanent solution to the homeless episode. Access points and services are coordinated with the Continuum of Care Coordinated Entry program, Housing Assessment Program (HAP) with the goal of addressing the unique and immediate needs of households who are experiencing homelessness which should be rare, brief, and non-recurring.

Coordinated Entry assesses and evaluates the psychological, safety, and material conditions related to a person's housing crisis. It identifies those conditions that require immediate attention (those that pose the greatest danger or threat), while supporting the development of a permanent housing plan. Upon review of available services and completion of the Community Housing Connect assessment, households have the option of scheduling an appointment with a Community Solutions Specialist. CE reduces stress related to the experience of being homeless by limiting assessment wait times and interviews while focusing on only the most pertinent information necessary to solve the immediate housing crisis.

A component of Coordinated Entry is the utilization of Supported Solutions. Supported Solutions is a strategy that seeks to quickly resolve a housing crisis for families and individuals who need temporary, immediate, and safe housing accommodations. Supported Solutions seeks to help families and individuals identify resources and immediate alternatives to needing shelter, connecting them to services and other assistance as necessary and when available. Supported Solutions is a person-centered and strength-based approach, relying on a consumer's own strengths and resources as the best means to resolve their housing crisis. A Supported Solutions conversation can occur during screening or assessment. The Supported Solutions component incorporates a model of diversion at the both the "front door" of the system, and for the duration of the consumer's housing crisis.

Coordinated Entry makes referrals through the completion of a self-anchored, self-assessment of risk, which includes protective and predictive factors that influence the overall health and well-being of families and individuals experiencing a housing crisis. Coordinated Entry utilizes a phased assessment approach to determine the appropriate housing intervention needed and desired. Coordinated Entry screens to determine if families and individuals 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).

Threat or danger levels are highest for persons experiencing unsheltered homelessness (meaning they are residing in a place not meant for human habitation) and for whom there is actual or perceived violence against any household member occurring in their primary nighttime residence. Additionally, Coordinated Entry takes into consideration a person's involvement with child welfare, the safety and/or livability of the current environment, previous episodes of homelessness, and financial stability. Emergency and urgent concerns identified by the individual are prioritized first through the provision of housing and services. Fundamental needs and the overall health of the individual is assessed and prioritized for non-urgent community-based services.

As persons experiencing a housing crisis complete the CE assessment, the following coordinated entry core components are completed to ensure appropriate referrals and resources are provided:

1. **Access:** Access points are the virtual or physical places where a person in need of assistance accesses the coordinated entry process.
2. **Assessment/Prioritization of Risk:** Coordinated Entry utilizes a standardized process to determine need and eligibility, as well as discern primary needs and their urgency. 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 of homelessness- HUD Category 2.) A common assessment tool (provided in Appendix C) is administered at time of assessment, which identifies strengths, natural supports, and housing resources. CE ensures that consumers quickly receive access to the most appropriate resources and housing services available.
3. **Referral:** Households prioritized and matched to a permanent housing resource are referred for services to the appropriate project.

## Terms and Definitions

**Assessment:** The process of documenting consumer needs and strengths, identifying barriers to housing, and clarifying consumer's preferences and goals.

**By Name List:** A list used to identify persons experiencing homelessness in real time.

**By Name List Prioritization:** the use of by name list(s) to prioritize receipt of resources

**Continuum of Care (CoC):** Group responsible for the implementation of the requirements of HUD's CoC Program interim rule and the requirements set forth in this Policy. The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.

**Community Housing Connect:** Web-based platform designed to progressively gather information necessary to evaluate risk and match consumers with needed resources.

**Community Solutions Specialists:** Trained staff at participating provider agencies who employ Supported Solutions and match consumers with available supports.

**Dynamic Prioritization:** the process used to identify the household(s) with the highest needs at that point-in-time in the prioritized group(s), determine if referral is appropriate based on needs and preferences, and consider their eligibility for program(s).

**Emergency Solutions Grant (ESG):** HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the quantity and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.

**Homeless Management Information System (HMIS):** Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

**Michigan State Housing Development Authority (MSHDA):** MSHDA serves as the state housing development authority and operates a variety of programs related to housing and homelessness in Michigan.

**Prioritization:** The process of identifying which households, among all those assessed, have the greatest needs and therefore receive accelerated assistance to available housing and services within the CE system.

**Prioritization Pools:** Population(s) or groups(s) targeted for prioritization based on community need, data, and funding availability.

**Progressive Engagement:** Progressive engagement is an approach that provides the minimum amount of assistance necessary to resolve a household's homeless situation. Progressive engagement allows for interventions to increase or decline based on the household's unique needs and ensures the CES is providing a "right-sized" approach to supportive housing services.

**Set Aside Prioritization Pool:** A pool of coordinated resources, assignments, and categories dedicated to address a specific community need or business case within a specific time frame.

**Supported Solutions:** Focuses on providing support to help families and individuals identify a safe, alternative housing option, even if temporary, at or immediately after entry into the coordinated entry system.

**U.S. Department of Housing and Urban Development (HUD):** Federal agency responsible for administering housing homelessness programs including the CoC and ESG Programs.

**U.S. Department of Veteran Affairs (VA):** Federal agency responsible for providing health care and other services, including assistance to end homelessness, to veterans and their families.

## SECTION 2: ACCESS

### Access Points

Community Housing Connect is the designated access tool for families and individuals. The tool can be completed online, over the phone, or in-person. Common access points include the following, but are not limited to:

- 2-1-1
- The Housing Assessment Program
- Shelters
- Housing providers

- Community partner agencies
- Street outreach teams

Any agency interested in assisting with expanding access to our CE system can participate as an access point. Access points may assist consumers by providing a device to access an assessment tool online. They may also assist consumers in calling the Housing Assessment Program to walk through the tool over the telephone.

Each homeless assistance provider provides access to crisis response services for persons experiencing homelessness or at imminent risk of homelessness. All organizations utilizing CE must affirmatively market all housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach, and maintain records of those marketing activities. All services must be made available to families and individuals without regard to actual or perceived sexual orientation, gender identify, or marital status in accordance with 24 CFR 5.105 (a) (2). Further, the CE system itself is affirmatively marketed to the broader community through a variety of methods. The CoC is responsible for documenting efforts to ensure all community members are aware of the CE system and how to access it. Street outreach efforts complement this goal by reaching those persons least likely to apply. Street outreach efforts are also documented by the CoC through the Outreach Committee.

The Kent County CoC uses Coordinated Entry as a standardized way to meet the immediate and long-term needs of all persons at-risk of or experiencing homelessness in the CoC's geographic area. Access to the CE system is available throughout the county. Further, the CoC Data Analysis and Coordinated Entry Committees use data to ensure all access is widely available.

Coordinated Entry ensures that services are physically accessible to persons with mobility barriers and that all communications and documentation is accessible to persons with limited ability to read and understand English. For households with English as a second language or a disability, Community Solutions Specialists coordinate with local agencies to provide services to ensure effective communication (e.g. translation services, braille, sign language interpreters, etc.) at all points of the coordinated entry process.

All services coordinated through Coordinated Entry are 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.

Each project participating in Coordinated Entry is required to post or otherwise make publicly available a notice (provided by the CoC) that describes the community's Coordinated Entry for the CoC. This notice should be posted in the agency waiting areas, as well as any areas where participants may congregate or receive services (e.g., dining hall). All staff at each agency are required to know which personnel within their agency can discuss and explain CE to a participant who seeks more information.

The CE system and partners adhere to all jurisdictionally relevant civil rights and fair housing laws and regulations. The CE and its partners 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:

- a. Fair Housing Act, a Federal law which prohibits discriminatory housing practices based on race, color, religion, sex, national origin, disability, or familial status.

- b. 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.
- c. 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.
- d. 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.
- e. 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.
- f. HUD's Equal Access in Accordance with Gender Identity Rule, which prohibits discrimination based on sexual orientation, gender identity, and marital status.
- g. 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 consumers 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. Adherence to the requirements set forth in this policy is ensured through system evaluations and project compliance monitoring. If the system is found to be operating outside of the parameters set forth in this policy, the CE and Steering Committees are empowered to correct. If a project required to participate in the CE system is not compliant with the requirements outlined in this policy, corrective actions may be enacted by the project's funder.

### [Compliance with Violence Against Women Act](#)

In accordance with the Violence Against Women Act of 2013, (VAWA), all participating providers must comply with the core protections of VAWA. 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 they believe, due to domestic violence, dating violence, stalking, or sexual assault, they cannot safely remain in their current unit. While housing providers 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 for when a safe unit is not immediately available for an emergency transfer with the agency currently providing housing assistance, 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).

## Preventing Family Separation

Families experiencing homelessness should not be separated when receiving services unless the health and wellbeing 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.

## Safety Planning & Risk Assessment

The completion of the Coordinated Entry screening determines immediate safety concerns, identification of the housing crisis, and next steps. Persons who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have immediate and confidential access to available crisis services through a 24 hour hotline and domestic violence crisis center by calling the YWCA West Central MI (616-451-2744) or Safe Haven Ministries (616-452-6664).

Households that are housed and in need of resources, may receive information and referral to resources, including affordable housing. Households that are found to be at imminent risk of homelessness, literally homeless or fleeing or attempting to flee domestic violence are provided an opportunity to schedule an appointment with a Community Solutions Specialist. To help solve their housing crisis, families and individuals could receive supported solutions, as well as financial assistance, if funding is available. A progressive assessment model is utilized to evaluate ongoing risk and higher level of service intervention.

Based on demographic information, special populations may be referred to other agencies for intake as appropriate. Any family with school-aged children are referred to McKinney-Vento Liaisons to ensure appropriate connections to the schools are made. CE incorporates cultural and linguistic competencies in all engagement, assessment, and referral coordination activities.

## Outreach

Street outreach functions as access points to the Coordinated Entry process and seeks to engage families and individuals who are not seeking assistance or are unable to seek assistance. Street outreach teams are trained on Coordinated Entry and the assessment process and offer CE access and assessment services to families and individuals they contact through their street outreach efforts. Outreach teams



and housing service providers work together to reach populations associated with applicable prioritization pools and engage in system-wide problem solving and mobile outreach.

### After-Hours & Emergency Services

Coordinated Entry provides the ability for families and individuals to complete an assessment and schedule an appointment with a Community Solutions Specialist 24/7. If a household is experiencing an emergency outside of the scope of Coordinated Entry, they are directed to contact 211 or 911. 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.

Coordinated Entry is used to coordinate local service providers to ensure 24 hours/7 day a week access to emergency shelters for families and individuals in need. For families with children, access to emergency shelter managed through a link to a 24 hour on-call advocate who assists with transfers to open beds that are managed through a google doc, coordinated with the CoC Housing Assessment Program. Families and individuals can walk into an emergency shelter to be assessed at any time. Agencies providing shelter may access funds in emergency situations to place unsheltered families or individuals in hotels or motels. The use of hotel/motel vouchers is intended to be used on a limited basis and paired with a permanent resource quickly. Motels may be a primary means of sheltering in times of community emergency such as a pandemic or loss of emergency shelter facility capacity.

### Access to Technology

Coordinated Entry is facilitated through an online portal, [www.communityhousingconnect.org](http://www.communityhousingconnect.org). This tool is optimized for use on desktop computers, tablets, and smart phones. Additionally, partner agencies are encouraged to provide online access to Coordinated Entry.

## SECTION 3: ASSESSMENT

### Standardized Assessment Approach

A simple assessment allows for identification of those conditions that require immediate attention (those that pose the greatest danger or threat), while also supporting the development of a long-term housing plan. Upon review of available services and completion of the Coordinated Entry assessment, families and individuals have the option of scheduling an appointment with a Community Solutions Specialist. See Appendix C: Common Assessment Tool and Risk Assignments.

Emergency and urgent concerns identified by the family or individual are prioritized first through the provision of housing and services. Fundamental needs and the overall health of the family is assessed and prioritized for non-urgent community-based services. Assessments are completed to identify the most vulnerable households based on the number of anticipated housing placements across all resources occurring within the next sixty (60) days.

### Phases of the Assessment

The assessment process progressively collects only enough consumer information to prioritize and refer consumers to available CoC housing and support services. Coordinated Entry uses the following phased approach to engage and appropriately serve families and individuals seeking assistance:

1. Screening (Immediately): This first phase focuses on identifying the immediate housing crisis and addressing any potential immediate needs.
2. Supported Solutions (0-3 days): This second phase, with the partnership of a Community Solutions Specialist, focuses on providing support to help families and individuals identify a safe,

alternative housing option, even if temporary, at or immediately after entry into the coordinated entry system.

3. Housing Security Comprehensive Assessment (0-5 days): This third phase is intended to collect all information necessary to identify a family's housing and service needs with the intent to resolve the immediate housing crisis through housing referral identification, rental assistance, and support services.

### Assessing Set-Aside Prioritization Pools

A phased, progressive assessment is utilized. It is completed by partners serving the population pool, offering triage, diversion, and a housing plan to every household. The assessment process identifies the household with the highest needs at that point-in-time in the prioritized group, determines if referral is appropriate based on household needs and preferences, and considers their eligibility for the program.

### Additional Assessment Tools

Other assessment tools, such as the VI-SPDAT, may be required by a program or program funding source

### Consumer Autonomy and Disclosure of Disability

Persons served by Coordinated Entry have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process, or to refuse a referral that has been made to them. In both instances, the refusal of the consumer to respond to assessment questions or to accept a referral shall not adversely affect his or her position on the CE's prioritization list. Throughout the assessment process, consumers will not be pressured or forced to provide staff with information that they do not wish to disclose, including specific disability or medical diagnosis information. Note that some funders require collection and documentation of a consumer's disability or other characteristics or attributes as a condition for determining eligibility. Consumers who choose not to provide information in these instances are informed of the impact of not providing this information.

### Homeless Preference Housing Choice Voucher Waitlist

The Housing Choice Voucher (HCV) program is a program administered by MSHDA that aims to assist low income families and individuals 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 The Salvation Army Social Services Housing Assessment Program (HAP).

Coordinated Entry 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.

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 90 - 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

Additional documentation required to access a Housing Choice Voucher:

- 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 consumer is selected to receive an HCV, the local MSHDA appointed housing agent for the voucher, Community Housing Advocates notifies the HCV Navigator and mails the MSHDA HCV application to the selected household. The HCV Navigator contacts the applicant to ensure they are aware and that they are prepared to complete the required paperwork.

## SECTION 4: PRIORITIZATION

Coordinated Entry is committed to ensuring that no information is used to discriminate or prioritize households for housing and services on a protected basis such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identify, or marital status. Emergency services are a critical crisis response resource, and access to such services are not prioritized.

### Prioritization of Risk

Once an assessment is complete, the Coordinated Entry process moves on to determine the priority for housing and supportive services. The level of vulnerability and need is determined by analyzing the information obtained from the initial assessment as well as an ongoing evaluation of risk during the case management process. This section explains how this information is managed and how prioritization decisions are made to match households with housing and services.

Risk factors utilized for prioritization of housing services through Coordinated Entry are categorized as emergencies and urgent needs. Additional information obtained on semi-urgent and non-urgent chronic needs is utilized to make additional referrals to community partners. All families and individuals having identified emergent or urgent needs are prioritized for services. In times of an emergency or disaster declaration prioritization standards may be adjusted accordingly and approved by the CE and Steering Committees.

### Influential Factors

Coordinated Entry evaluates not only the material conditions related to a households housing crisis – but influential factors that impact housing instability in Kent County. To that end, Coordinated Entry additionally considers prior zip code, race/ethnicity, income and employment status, English proficiency, and healthcare access.

*Emergencies:* Dangerous situation (literal homeless), health related, immediate danger.

**Factors include:** Unsheltered homelessness, fleeing or attempting to flee domestic violence, removal of dependent children from the household by child welfare as a result of housing instability.

*Urgent Needs:* Fundamental basic needs that require immediate care including: fundamental physiological needs, food, shelter, homelessness, health (reduce barriers to meeting urgent needs).

**Factors include:** Temporary and inadequate housing, such as an emergency shelter, with family or friends or residing in a motel/hotel.

*Semi-Urgent Needs:* Overall health of household, fundamental needs of family that require attention but are not urgent.

*Non-Urgent Chronic Needs:* Consumer identifies and prioritizes these needs which may include risky behaviors, risky situations, and chronic conditions that need to be addressed.

The following parameters for prioritization are utilized and collected during the assessment process:

1. Length of Homelessness
2. Unsheltered location
3. Vulnerability
4. Service Utilization

### Dynamic Prioritization

Include description here.

### By Name List Prioritization and Prioritization Pools

With the goal of driving down the number of persons experiencing homelessness and living unsheltered, a by name list is utilized with the goal of moving from data, to decision, to results. Resources are prioritized in accordance with the HUD Coordinated Entry Notice, under the authority of 24 CFR 578.7(a)(8), Notice CPD 17-01 and CPD 16-11. It is a goal of the Coordinated Entry System to be responsive to community emergencies, data, and effectively coordinate resources to make homelessness rare, brief, and non-reoccurring. It is essential that local data drive prioritization of projects chosen for funding. Funding resources are sometimes dedicated to prioritized populations based on community needs, data, and funding availability. Prioritization pools can be used to target populations like LGTBQ youth, families, Veterans with Health Conditions connected to the VA, chronically homeless, geographically targeted outreach to address an emergency, or to address a particular public health concern or emergency situation. To ensure transparency, prioritization pools must be established and approved by the Coordinated Entry (CE) Committee of the CoC. The prioritization pool can end by notifying the CE Committee that the pool is no longer needed.

### Permanent Supportive Housing (PSH)

Prioritization for PSH is consistent with HUD's Prioritization/PSH Notice, CPD-16-11, July 25, 2016. Persons eligible for PSH are prioritized for available units based on the following criteria (applying the definition of chronically homeless set by HUD):

**1<sup>st</sup> priority** - Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs.

**2<sup>nd</sup> Priority**—Chronically homeless individuals and families with the longest history of homelessness but without severe service needs.

**3<sup>rd</sup> Priority**—Chronically homeless individuals and families with the most severe service needs.

**4<sup>th</sup> Priority**—All other chronically homeless individuals and families not already included in priorities one (1) through three (3).

## SECTION 5: REFFERAL

### Referral Process

Once the prioritization process results in a household being matched to an open permanent housing program, Coordinated Entry completes a referral to the appropriate service. One of the guiding principles of CE is consumer choice. Consumers can reject service strategies and housing options offered to them, without repercussion. Consumers are not steered toward any particular housing program, facility, or neighborhood, but are matched based on eligibility, prioritization, and consumer choice.

### Veteran Referrals

All eligible veterans are referred for Supportive Services for Veteran Families (SSVF), administered by Community Rebuilders and the VOA. Referrals occur from the Veterans Administration, consumers, Grant Per Diem (GPD) providers, or shelter staff directly to Community Rebuilders or the VOA. Community Rebuilders has GPD and Contract Beds available for veterans eligible for VA resources.

### Referrals for PSH

See Appendix D for Prioritization of Persons Experiencing Chronic Homelessness Policy

### Prevention

Referrals to prevention housing resources available to those at risk of homelessness are also coordinated through the CE system. Households are matched to prevention resources quickly based on need and eligibility. Funders of prevention programs, or the CoC through its CE Committee, may target certain prevention resources temporarily, in response to an emergency or if system data suggests it is needed. Targeted prevention strategies are established and ended using the same process as prioritization pools.

### Referrals using Dynamic Prioritization

Dynamic Prioritization is used to identify the person with the highest needs at that point-in-time in the prioritized group(s), determine if referral is appropriate based on household needs and preferences, and considers their eligibility for the program(s).

- Housing placement occurs within 60 days or as quickly as possible.
- All available CoC resources are leveraged in the most flexible manner possible.
- Project is working towards and contributes to continuous improvement of system measurements.

### System Case Conferencing and By-Name List Management

A transparent list of resources (via HAP Google Doc) allows for transparent real time decision making to fill vacancies using current information about persons in the prioritized group(s).

Partners review:

1. What resources are available
2. If a single resource is available, it is matched based on availability of resources and consumer choice. The referral is made and recorded and required data is provided to HAP.
3. If multiple resources are available for which the consumer is eligible, service providers coordinate with HAP to choose the desired resource, making the best referral possible considering needs and consumer choice.

## Internal Transfers

Housing providers at times may need to make internal transfers between projects at the same agency within the same program model type. While CE Committee approval is not required, transfers must be documented and the CE Lead, HAP, must be notified. Participants must meet eligibility requirements of the project prior to the transfer taking place.

## SECTION 6: COMPLAINTS AND GRIEVANCES

### Consumers

Consumers of the CE system have a right to a fair and equal process as it relates to housing placement and services. Grievances and complaints by consumers of the system will be addressed as outlined below. The CoC values consumer feedback and believes the lived experience of those served must inform system decision-making. Those with lived experience wishing to assist in system decision-making are invited to join the CoC and CE Committee.

All participating provider agencies must have a consumer grievance policy in place, a copy of which should be made available to consumers. The policy included here is intended to cover consumer grievances related specifically to Coordinated Entry related policies, decisions, services, or activities. This policy does not address grievances involving a participating provider agency's internal policies, services, or activities. In the event a grievance is received regarding an agency's internal policies, services or activities, the grievance will be referred to the appropriate agency for resolution under the agency's grievance policy.

Each participating provider agency must make a good faith effort to resolve a Coordinated Entry-related consumer grievance as best they can in the moment. If a consumer complaint or grievance could not be resolved by provider agency staff, the following procedures shall be followed.

1. The provider agency shall provide the consumer with all information necessary to submit their complaint to the CoC CE Committee.
2. Within three (3) business days of the consumer submitting the complaint, the provider agency shall any additional documentation relating to the grievance, including a written statement, to the CE Committee.
3. The CE Committee, or an authorized ad hoc group, will review any documentation provided by the agency or consumer and attempt to mediate a solution within five (5) business days of receiving the complaint. If the CE Committee determines that a consumer grievance is not related to Coordinated Entry, it will refer the grievance to the appropriate body or agency for consideration and resolution.
4. The CE Committee may determine that additional investigation (including interviews, additional documentation or written statements, a grievance hearing, or other relevant sources of information) is necessary. If so, additional time beyond the five (5) working days may be required to attempt to reach a resolution.
5. If no mutually agreeable resolution is reached, the CE Committee will make a final decision to resolve the grievance.

If a consumer has a CE-related grievance and is not working with a particular agency at the time of the complaint, the consumer may submit a complaint directly to the CE Committee.

If a provider agency or consumer is dissatisfied with the resolution by the CE Committee, either can request review by the CoC's Steering Council.

## Partner Agencies

All agencies participating in the CoC have the right to file a complaint or grievance about the operations of the coordinated entry system. The Kent County CoC maintains an agency grievance procedure outlined below to ensure an agency's complaints are dealt with promptly and in an unbiased manner. Please note, complaints regarding CoC funding applications or awards are handled separately.

If an agency in the CoC has a concern regarding the CE system, they are encouraged to first bring the matter to the attention of the parties responsible for the matter(s) at hand. It is intended that discussion between parties shall resolve identified issues. If the issue cannot be solved between parties or would require action on the part of the CE Committee or CoC, the agency must first bring the issue before the CE Committee. CoC staff and CE Committee members must attempt to resolve the issue in a timely manner. If the complainant is not satisfied by the actions taken or not taken by the CE Committee, the matter must be submitted in writing to the Steering Committee of the CoC. Decisions made by the Steering Committee are considered final.

## SECTION 7: DATA SYSTEM(S)

There are many different types of data and data systems that are used to collect, manage, and report out on the persons served by CE. All data systems used to record information from a coordinated entry process meet HUD's requirements in 24 CFR 578.7(a)(8). Examples of the types of data and data systems that are used in the CE system are:

- HMIS or comparable database: Collects personally identifiable information (PII) on consumers, as well as information for the purpose of complying with Federal data collection mandates.
- Acuity Scheduling: Used to integrate appointment scheduling with Supported Solutions staff calendars. Reporting data can be pulled from the website to analyze the different data sets of appointments.
- Community Housing Connect: Used to collect necessary risk factors associated with Coordinated Entry screening assessment.
- Surveys: Used to anonymously collect consumer feedback.

HAP maintains reporting to identify the number of consumers served, referred, or rejected by each project participating in coordinated entry.

## Consumer Consent Process

Data must not be collected without the consent of consumers, according to the defined privacy policies adopted by the CoC. As part of the assessment process, consumers are provided with a written copy of the MSHMIS Privacy Notice which identifies what data will be collected, what data will be shared, which agencies data will be shared with, and what the purpose of the data sharing is. Consumers will have the option to decline sharing data; doing so does not make them ineligible for CE. Please see Appendix C for a copy of the MSHMIS Privacy Notice.

## 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 consumer names or any personally identifying information. If quotes or language from consumers are used in reports, they should only be identified as an anonymous consumer, or with a changed name that could not be used to identify them.

All consumer information collected, stored, or shared in the operation of CE functions, regardless of whether or not those data are stored in HMIS, shall be considered personal and sensitive information worthy of the full force of protection and security associated with data collected, stored, or shared in HMIS. Coordinated Entry must protect all consumers' personally identifiable information (PII), as required by HUD's HMIS Data and Technical Standards, regardless of whether or not PII is stored in HMIS. All CE participating projects ensure consumers' PII will only be collected, managed, reported, and potentially shared if those data are able to be secured in compliance with the HUD established HMIS privacy and security requirements.

## SECTION 8: TRAINING AND EVALUATION

Regular trainings across participating agencies ensures consistent delivery of services with an alignment to best practices. 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. Topics for training may include the following:

- Review of CoC's written CE policies and procedures, including variations adopted for specific subpopulations;
- Requirements for use of assessment information to determine prioritization;
- Intensive training on the use of the CE assessment tool; and
- Criteria for uniform decision-making and referrals.

### System Transparency and Evaluation

The Coordinated Entry Committee of the CoC is responsible for ongoing review of the CE system and makes recommendations regarding the system as needed. Any change to this policy must be first approved by the CE Committee and then approved by the Steering Committee of the CoC. System data collected through the CE process must be available to both the CE Committee and Data Analysis Committee of the CoC.

The CoC is committed to conducting regular and ongoing evaluations of Coordinated Entry. The Coordinated Entry Committee is responsible for ensuring a formal evaluation is conducted no less than annually and reported to the Steering Committee. The feedback gathered through consumer and partner agency evaluations are used to monitor the implementation of coordinated entry, ensure compliance, and update and improve processes. Evaluations include both quantitative and qualitative methods. In addition to regularly scheduled evaluations the CoC and partner agencies may conduct ad hoc evaluations on topics of importance or interest.

## SECTION 9: APPENDICES

### Appendix A: Sources

Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System. Notice CPD-17-01. January 23, 2017.

<https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf>

Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program Interim Final Rule, 24 CFR Part 578. July 31, 2012.

[https://www.hudexchange.info/resources/documents/CoCProgramInterimRule\\_FormattedVersion.pdf](https://www.hudexchange.info/resources/documents/CoCProgramInterimRule_FormattedVersion.pdf)



Emergency Solutions Grants (ESG) Program Interim Rule:

Homeless Emergency Assistance and Rapids Transition to Housing: Emergency Solutions Grant Program and Consolidated Plan Conforming Amendments, 24 CFR Parts 91 and 576. December 5, 2011.

[https://www.hudexchange.info/resources/documents/HEARTH\\_ESGInterimRuleandConPlanConformingAmendments.pdf](https://www.hudexchange.info/resources/documents/HEARTH_ESGInterimRuleandConPlanConformingAmendments.pdf)

Homeless Emergency Assistance and Rapids Transition to Housing: Defining “Chronically Homeless,” 24CFR Parts 91 and 578. December 4, 2015.

<https://www.hudexchange.info/resources/documents/Defining-Chronically-Homeless-Final-Rule.pdf>

HUD Exchange <https://www.hudexchange.info>, “HMIS Data and Technical Standards,” 2020.

<https://www.hudexchange.info/resource/3824/hmis-data-dictionary/>

Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing (CPD-16-11). July 25, 2016.

<https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizingpersons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-personsin-psh.pdf>

Violence Against Women Reauthorization Act (VAWA) of 2013: Implementation in HUD Housing Programs.

<https://www.federalregister.gov/documents/2016/11/16/2016-25888/violence-against-women-reauthorization-act-of-2013-implementation-in-hud-housing-programs>

## Appendix B: Consumer Consent Form

Michigan State Homeless Management Information System (MSHMIS) Privacy Notice to Consumers:

Link to website with consumer notice information

## Appendix C: Common Assessment Tool and Risk Assignments

Note this tool is designed to be iterative and predictive in nature. Once in use, the resulting data informs risk levels and predictive factors.

### Influential Risk Factors

- A. In the last 60 days myself or my family (predictive modeling, multiple choice)
  - i. Has been concerned about losing our housing
  - ii. Has changed residences more than twice
  - iii. Lived with a friend or family member we do not normally reside with due to financial hardship
  - iv. Faced eviction or was evicted from our current living situation
  - v. Slept outside, in an abandoned building, or in our car
  - vi. Stayed in an emergency shelter or motel due to financial hardship
- B. What is your housing situation today (assessing risk, single answer)
  - i. I’m staying on the street, in a vehicle, abandoned building, or park due to financial strain, or a dangerous situation related to violence in my home (high risk)
  - ii. I’m staying in an emergency shelter, with family or friends, or in a hotel or motel (elevated risk)
- C. Please tell us a little more about your situation (assessing risk, multiple choice)
  - i. Living under threat of having children removed from the home, or they have already been removed from the home (high risk)

- ii. Lacks the financial resources and support networks to obtain housing on my own (elevated risk)
  - iii. Has had one or more prior episode of homelessness (elevated risk)
  - iv. Residing in an unhealthy physical environment (i.e. bugs, mold, lead paint/pipes, no utilities, water leaks, no smoke detectors) (elevated risk)
  - v. Not able to stay at our current location during the day (elevated risk)
  - vi. Not able to shower where we are currently staying (elevated risk)
  - vii. My child or children are temporarily staying with family or friends (elevated risk)
  - viii. Experiencing conflict with my landlord (base risk)
  - ix. Lacks privacy where we are currently staying (base risk)
  - x. Cannot store our belongings where we are currently staying (base risk)
- D. What is your family size (assessing risk)
- i. 1 to 4 people
  - ii. 5 or more people (elevated risk)
- E. Last known permanent zip code (predictive modeling)
- F. What is your race or ethnicity (assessing risk)
- i. Asian (base risk)
  - ii. Hispanic or Latinx (base risk)
  - iii. Native Hawaiian (base risk)
  - iv. Pacific Islander (base risk)
  - v. Black or African American (base risk)
  - vi. American Indian/Alaskan Native (base risk)
  - vii. Other (base risk)
  - viii. White
- G. Have you served in the U.S. Armed Forces (assessing risk)
- i. Yes (high risk)
  - ii. No
- H. What language are you most comfortable speaking (assessing risk)
- i. English
  - ii. Language other than English (elevated risk)
- I. Do you have a high school degree (assessing risk)
- i. Yes
  - ii. No (elevated risk)
- J. What was your main activity during most of the last 12 months (assessing risk)
- i. Worked for pay
  - ii. Attended school
  - iii. Household duties
  - iv. Unemployed (elevated risk)
  - v. Permanently unable to work (elevated risk)
  - i. Other
- K. What is your main source of health insurance (assessing risk)
- i. Uninsured (elevated risk)
  - ii. Medicaid or Medicare (base risk)
  - iii. Private insurance

## Appendix D: Prioritization of Persons Experiencing Chronic Homelessness Policy



### PRIORITIZATION OF PERSONS EXPERIENCING CHRONIC HOMELESSNESS POLICY GUIDANCE

#### **Background**

The Grand Rapids Area Coalition to End Homelessness, also known as the Grand Rapids/Wyoming/Kent County Continuum of Care entity and here forward referenced as the CoC, is committed to ending homelessness across Kent County.

The US Department of Housing and Urban Development (HUD) issued *Notice CPD-16-11 on July 25, 2016*. This Notice provides guidance to Continuums of Care and recipients of CoC Program funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in all CoC Program-funded PSH. The Notice also establishes recordkeeping requirements for all recipient CoC Program-funded PSH that includes beds that are required to serve persons experiencing chronic homelessness as defined in 24 CFR 578.3, in accordance with 24 CRF 578.103.

“In order to meet the first goal of *Opening Doors*—ending chronic homelessness—it is critical that CoCs ensure that limited resources awarded through the CoC Program Competition are being used in the most effective manner and that households that are most in need of assistance are being prioritized. ... To ensure that all PSH beds funded through the CoC Program are used as strategically and effectively as possible, PSH needs to be targeted to serve persons with the highest needs and greatest barriers towards obtaining and maintaining housing on their own—persons experiencing chronic homelessness. HUD’s experience has shown that many communities and recipients of CoC Program-funded PSH continue to serve persons on a ‘first-come, first-serve’ basis and/or based on tenant selection processes that screen-in those who are most likely to succeed. These approaches to tenant selection have not been effective in reducing chronic homelessness, despite the increase in the number of PSH beds nationally.” (Notice, p. 3)

To achieve the greatest impact on chronic homelessness, it is resolved that the CoC incorporates the order of priority into policy, as described in the Notice. This policy requires recipients of CoC Program-funded PSH beds that are dedicated or prioritized to serve chronically homeless persons, to follow the order of priority in accordance with the details of the Notice and in a manner consistent with their current grant agreement.

#### **Applicability**

This policy refers to permanent supportive housing units that are CoC Program funded and are dedicated or prioritized for chronic homelessness. This policy shall allow for transition time for projects that must work with additional funding source waitlist requirements, with the expectation that they will begin taking referrals from the prioritization list as quickly as possible.

#### **Order of Priority**

All CoC Program-funded PSH beds dedicated to chronically homeless households are required through the project’s grant agreement to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet the criteria for chronic homelessness.

CoC Program-funded PSH beds that are prioritized for chronically homeless households implement an admissions preference for chronically homeless persons.

The following outlines the order for priority for both dedicated and prioritized PSH beds for chronically homeless households:

Order of Priority for Dedicated and Prioritized Permanent Supportive Housing	Meets HUD’s Chronic Homelessness Definition	Has Severe Service Needs?	Other Requirements
1	Yes	Yes	At least 12 months continuous, prioritized based on length of homelessness.
2	Yes	No	At least 12 months continuous, prioritized based on length of homelessness.
3	Yes	Yes	4 episodes of homelessness in 3 years equaling at least 12 months.
4	Yes	No	4 episodes of homelessness in 3 years equaling at least 12 months.

Identification of households experiencing chronic homeless first occurs through coordinated entry. When coordinated entry is informed of an open CoC Program-funded PSH bed that is dedicated or prioritized to a chronically homeless household, the household meeting the highest threshold of prioritization will be referred by coordinated entry to the PSH provider. Severity of need is determined by the use of a standardized assessment tool at coordinated entry, such as the SPDAT.

“CoCs that adopt the order of priority in Section III of this Notice into the CoC’s written standards are strongly encouraged to use their coordinated assessment system in order to ensure that there is a single prioritized waiting list for all CoC Program-funded PSH within the CoC. Under no circumstances shall the order of priority be based upon diagnosis or disability type, but instead on the severity of needs of an individual or family.” (Notice, p. 10)

At which time a referral is requested for a dedicated or prioritized bed and no chronically homeless persons can be identified within the CoC, coordinated entry will provide verification to this effect and refer the next eligible person off the registry. This will ensure that the dedicated and prioritized beds remain in compliance with this policy.

### **Recordkeeping Requirements**

In accordance with the Notice, this policy also states that all recipients of CoC Program-funded PSH are required to document a program participant's status as chronically homeless as defined in 24 CFR 578.3 and in accordance with 24 CFR 578.103. The following is a list of required records for each recipient to maintain:

1. Written intake procedures
2. Evidence of chronically homeless status
  - a. Evidence of homeless status
  - b. Evidence of duration of homelessness
    - i. Evidence that the homeless occasion was continuous, for at least one year
    - ii. Evidence that the household experienced at least four separate homeless occasions over 3 years
  - c. Evidence of diagnosis with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability
3. Evidence of cumulative length of occasions
4. Evidence of severe service needs, as determined with a standardized assessment tool
5. Evidence that the recipient is following the CoC's written standards for prioritizing assistance

**Policy Approved by Steering Council:**  
August 19, 2016