Grand Rapids Area Coalition to End Homelessness
MI-506 Grand Rapids/Wyoming/Kent County Continuum of Care

Coordinated Entry Policies

Approved by Steering Council: August 18, 2023

Contents

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. It provides a uniform and coordinated referral process for all beds, units, and services funded through HUD CoC, HUD ESG, HUD HOME as well as other participating projects within the CoC's geographic area for referral to housing and services. 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 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. 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.

Components of Coordinated Entry are the completion of the Community Housing Connect assessment and 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 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 fleeing 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.

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, participating agencies will 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. Participating agencies will take reasonable steps to ensure meaningful access to their programs and activities for persons who are limited in their English proficiency, regardless of national origin. Steps may include 1) translating documents advertising assistance, services, and contact information into other languages common in our community, including notices about participant's rights, grievance forms and other documents vital for program access and, 2) working with language services or pool of interpreters to assist persons who speak an alternate primary language other than English and need assistance communicating.

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

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. The CoC's Equity Index will be leveraged to ensure that the CE process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status

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 strategize corrections. 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.

Throughout Coordinated Entry processes, a consumer's self-reported race, ethnicity, and gender shall be utilized.

Coordinated Entry is prohibited from screening people out due to perceived barriers to housing or services including, but not limited to, too little or no income, active or a history of substance abuse, domestic violence history, resistance to receiving services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, or criminal record. In addition, participants will not be "steered" toward any particular housing facility or neighborhood because of race, color, national origin, religion, sex, disability, or the presence of children.

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.

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.

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

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. All Coordinated Entry access points must take reasonable steps to provide materials on CE process and instructions for participants in multiple languages.

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 identity, 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. Throughout all of these efforts the CoC ensures information is made available to local hospitals, law enforcement, first responders, private shelters, community mental health, private pay & faith-based service providers. Methods include:

- CoC newsletter: One function of this weekly newsletter is to inform subscribers of any programmatic or process changes. The primary audience for the newsletter is service providers though it is open to any community member interested in subscribing. Information shared in the newsletter is also shared to the CoC's Facebook page. This regular contact with a wide variety of service providers ensures access to housing and services for persons seeking a wide range of services in Kent County.
- Email: Important programmatic and funding updates are shared with the appropriate CoC committee(s) and partners via email listserv.
- Public Posting: advertising, brochures, and other informational material may be found at locations throughout the county where persons experiencing a housing crisis are served or likely to be found. Locations include MDHHS office, food distribution sites, public transportation, healthcare facilities, and religious organizations.
- Community Partnerships: The CoC has many partnerships that expand beyond providers typically engaged with the homelessness system. This serves for strategic dissemination of pertinent information. One key partnership is the Essential Needs Task Force (ENTF). ENTF is a network of service providers and advocates engaging in the food, transportation, workforce development, energy efficiency/utilities, and digital inclusion systems in Kent County. Their communications are far reaching and a good way to disseminate information to providers in numerous systems and thus to their clients and neighbors. This regular contact with a wide variety of service providers ensures access to housing and services for persons seeking a wide range of services in Kent County.
- Street Outreach: these efforts seek to reach those persons least likely to apply for services. Outreach providers utilize a person-centered approach, make repeated offers of assistance through engagement, and provide warm handoffs to Coordinated Entry or shelter, housing, and service providers. All outreach staff have access to communication services to assist with those who may have limited English proficiency, be hard of hearing, and/or blind. Street outreach efforts are also documented by the CoC through the Outreach Work Group.
- Community Outreach: Coordinated Entry or CoC staff will attend community events and agency resource fairs to share information about the CE process and how to access the process. This may include the development and dissemination of a clear, detailed, brief, and precise CE process document for navigators in the housing and other systems. Focused outreach should occur to the following groups: schools, law enforcement, and healthcare.

The CoC is responsible for documenting efforts to ensure all community members are aware of the CE system and how to access it. Organizations utilizing Coordinated Entry must provide clients with information on their Fair Housing rights.

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.

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).

Consistent with VAWA confidentiality standards, providers whose primary mission is serving those fleeing domestic violence keep comparable client databases from which data is reported to inform community services.

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 LGBTQIA+ 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 have immediate and confidential access to available crisis services through a 24-hour hotline and domestic violence crisis center. "Domestic Violence" includes dating violence, sexual assault, stalking, and other dangerous or life-threatening conditions that relate to violence against the individual or family member that either takes place in, or him or her afraid to return to, their primary nighttime residence (including human trafficking). Households connected to or who requested services directly from DV providers participate in immediate risk assessment and safety planning. Following this immediate triage, clients are assessed for all available housing resources within the Coordinated Entry system. Through the CE intake process, clients can make determinations about their personally identifiable information and sharing of that information. Processes should be documented and provided to the CoC who will ensure the process is visible to the Coordinated Entry Committee.

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 an intake 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 an intake 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, including ES referrals for persons fleeing or attempting to flee, domestic violence, sexual assault, stalking, or human trafficking.

Families and individuals can access an emergency shelter for assistance. 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. 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 an intake 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 an intake 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 and TAY-VI-SPDAT, may be required by a program or program funding source. All assessments will be coordinated through the CoC.

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 or access to other forms of assistance. 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

MSHDA's Housing Choice Voucher (HCV) program 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 MSHDA HCV program includes a homeless preference waiting list, which is managed locally by the Housing Assessment & Referral Agency (HARA).

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 pre-application includes:
- Letter verifying homelessness (a new letter is required during each re-certification)

Additional documentation required to access a Housing Choice Voucher:

- Valid Michigan ID
- Social security card (for all household members)
- Verification of income for the past 30-60 days
- HCV Application
- HCV Statement of Understanding
- Salvation Army Release of Information
- HCV Release of Information
- Birth certificates (for children only)

HCVs become available within a county through attrition and households are selected through a lottery system. When a consumer is selected to receive an HCV, the local MSHDA appointed housing agent for the voucher 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. Coordinated Entry does not use the HMIS Universal Data Elements (UDEs) collected during the screening process regarding eligibility to discriminate or prioritize households for housing and services. Further, eligibility for a certain program or service does not guarantee that a consumer will be prioritized for that program or service. 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.

See Appendix C for Common Assessment Tool and Risk Assignments

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

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-recurring. 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):

1st priority - Chronically homeless individuals and families with the longest history of homelessness and with the most severe service needs.
2nd Priority—Chronically homeless individuals and families with the longest history of homelessness but without severe service needs.
3rd Priority—Chronically homeless individuals and families with the most severe service needs.
4th Priority—All other chronically homeless individuals and families not already included in priorities one (1) through three (3).

SECTION 5: REFERRAL

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), Referrals are managed by the Ending Veterans Homelessness Committee. GPD and Contract Beds are available for veterans eligible for VA resources.

Referrals for Permanent Supportive Housing (PSH)

See Appendix D for Prioritization of Persons Experiencing Chronic Homelessness Policy

Referrals for Rapid Re-Housing (RRH)

See Appendix E for Rapid Rehousing Service Standards. These standards will be used to determine what percentage or amount of rent each program participant must pay while receiving RRH assistance.

Referrals for Transitional Housing (TH)

Referrals to Joint TH-RRH projects will be prioritized based on RRH prioritization.

Referral for Voucher-based Tenant-Based Rental Assistance (TBRA)

Referrals to TBRA projects will follow RRH prioritization through the threshold prioritization may differ from the threshold for RRH.

Referrals for Other Permanent Housing (OPH)

Referrals to OPH projects will follow RRH prioritization through the threshold prioritization may differ from the threshold for RRH.

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). Based on resource availability and highest need, the threshold for prioritization may change.

- 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 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 CoC.

3. If multiple resources are available for which the consumer is eligible, service providers coordinate with CoC referral entity 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 CoC 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 submit 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 intake 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.

The CoC 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. The evaluation will also include review of this policy's appendices and assessment of the success of affirmative marketing actions. Any necessary corrective actions will be determined by the Coordinated Entry Committee. Consumer feedback opportunities will be communicated publicly and the CoC's Advisory Council will also provide feedback during evaluations. 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

Note: appendices may be updated in accordance with the annual evaluation.

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

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

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

Grand Rapids Area Coalition to End Homelessness
MSHMIS CLIENT RELEASE OF INFORMATION & SHARING PLAN

Many Michigan shelters and helping programs use the Michigan Statewide Homeless Management Information System (MSHMIS) to keep information about the people that they help. We collect personal information from you that we need to help us, help you. We have strict rules about sharing your information.

Why do we collect information about you?

- Work with other agencies to help you.
- Help case managers work together for you.
- Connect you with other helping agencies. You may be eligible for other benefits.
- Reduce the number of times you tell your story.
- Allow us to be paid for our work with you and to help us apply for additional dollars that can be used to help you.
- Help us meet our legal obligations.

We need additional identifying information so that you are not confused with someone else. We also need to learn more about your situation to make sure you are eligible for services.

SECTION 1 – Basic Identifying Information

So that agencies that use our MSHMIS system can find your record, agencies can see the following basic identifying information about you:

- Your name
- Your gender
- The last four digits of your Social Security Number
- Your year of birth
- Your veteran status

We use this information to select the correct record and to better coordinate services for you. All persons using MSHMIS are trained and certified in privacy.

> If you have a specific reason why other MSHMIS agencies shouldn't be able to find your record in MSHMIS you can ask to have this basic identifying information secured so that only our agency can see it.

> PLEASE NOTE: If you have received services from other agencies who use MSHMIS we may not be able to secure this information. PLEASE TALK WITH YOUR CASE MANAGER for more information. A separate document has been attached).

I have reviewed the attached document named **"Securing Basic Identifying Information."**
I understand the implications and I am asking that my client profile be secured.
Do not initial here unless you have discussed this with your case manager
Please initial here to secure this basic identifying information _____

SECTION 2 – Acknowledgement of Rights

Many agencies also use the system to improve services delivered to you. The following are your rights concerning your data. Please review and initial in the box next to **each right to show that you understand it. If you have questions, please discuss them with your case manager.**

____	I have received a copy of the Agency's Privacy Notice/script that explains MSHMIS and my rights and responsibilities. It explains how information is kept and shared through this system.
____	**I understand that the confidentiality of my records is protected by law**. I understand that this agency will never give information about me to anyone outside the agency without my specific written consent through a Coordination of Care Sharing Plan or as required by law, including the Federal Law of Confidentiality for Alcohol and Drug Abuse Patients, (42 CFR, Part 2), the Health Insurance Portability and Accountability Act of 1996 (HIPAA, 45 CFR, Parts 160 & 164 as revised by the Health Information Technology for Economic and Clinical Health Act of 2009 aka the HITECH Act), and certain Michigan laws.
____	I can withdraw my consent to share at any time, but any information already shared with another agency cannot be taken back. If sharing information on the system poses an imminent health or safety risk, I will talk with my case manager.
____	I understand that I have the right to see my information, request changes, and to get a copy of my information by written request. An agency can refuse to change my record but must provide a written explanation of why they refuse the change within 60 days. Agencies may charge for reproducing a record.
____	I understand that agencies included in my Sharing Plan must follow strict privacy guidelines.
____	I understand that my written consent allows the information listed in Section 3 - Coordination of Care Sharing Plan to be shared among the agencies listed in the sharing plan. All sharing agencies where I am receiving services will update that information as I provide new or additional information. The purpose of sharing my information is to better coordinate care for me and my family.
____	I understand that I will not be denied services (emergency assistance, outreach, shelter, housing assistance, etc.) if I refuse to share information in this system.
____	I understand that my name and other identifying information may be used to match records through a trusted partner for academic research purposes or to determine eligibility for other resources. If I am eligible to receive additional resources, my case manager may contact me. None of my additional identifying information outside of my name will be shared with other organizations unless I sign an additional release of information.

Prior to academic research being done, my identifying information will be removed, before data analysis takes place.	

SECTION 3 – Coordination of Care Sharing Plan

The information (listed below) can be seen by the following agencies to help coordinate your care. These agencies can share your information with each other.

AYA Youth Collective	Community Rebuilders
Covenant House Michigan	Degage Ministries
Dwelling Place	Family Promise of Grand Rapids
Genesis Nonprofit Housing Corp.	Grand Rapids Housing Commission
Grand Rapids Urban League	Heart of West Michigan United Way
Hope Network	Inner City Christian Federation
Kent County Community Action	Mel Trotter Ministries
Network180	North Kent Connect
Pine Rest	Salvation Army of Kent County
Volunteers of American Michigan	Well House

In addition to the Basic Identifying Information listed in Section 1 above, additional shared information may include:

Full Date of Birth	Race and Ethnicity	Assessment Responses
Household Members/ Relations	Housing Status and Homeless History	Current Living Situation / Location
Disability Status	HIV/AIDS	Other Chronic Health Conditions
Substance Abuse History	Health Insurance	Income / Benefits
Military Service History	Employment Status	Educational Attainment
Domestic Violence history	Destination at Project Exit	Address History
Services and Financial Assistance	Referrals and Service Connections	Eligibility Information
Screening and Housing Prioritization Results	Documentation and Files	Contact information

Instructions: Check the box next to the statement that you understand and agree to:

I agree to have my information visible to all of the helping agencies listed above.

a. ☐ Yes, I agree to share according to the Coordination of Care Sharing Plan.

b. ☐ No, I do not agree to the Coordination of Care Sharing Plan (only our agency will able to see all your detailed information.

SECTION 4 – Outreach Sharing Plan

We partner with Michigan community programs to see if you might qualify for housing or income supports. **Please read each statement below and circle your response.**

1. **Coordinated Entry / Housing Prioritization:** If you are homeless, you may be eligible for housing in our community. We have a Coordinated Entry System made up of representatives from our service providers. To participate in this process, these providers may need to see your information. With your permission, an agency may contact you if your information shows that you may be eligible for local housing services. A list of service providers involved in this process is available on request. *Information that may be shared includes: Name, coordinated assessment information, homeless status, chronically homeless status, veteran status, disability and any additional information that may be used to connect you with appropriate housing options.*

   Yes - I agree to share my information with the Coordinated Entry System: (circle response): Yes / No / NA

2. **Homeless History:** We may need to document your homeless history throughout the state of Michigan to see if you are eligible for specific community programs. Your case manager may contact the Michigan Coalition Against Homelessness (MCAH, the MSHMIS lead agency) to view data recorded in HMIS to complete a housing history document. With your permission, MCAH will complete the document and give it to your case manager. This document may be uploaded to your client record and shared according to the coordination of care sharing plan. *Information that will be shared includes: HMIS number, name, and a 3-year statewide homeless history that includes service provider names and dates of service.*

   Yes - I agree that MCAH may share data with my Case Manager: (circle response): Yes / No / NA

3. **Medicaid Benefits:** If you are already a Medicaid beneficiary or could be eligible for Medicaid, the regional organization responsible to provide you with those benefits or can enroll you for those benefits may contact you about potential healthcare services. With your permission, they may use the information you give this agency to contact you, if you are eligible for benefits. *Information that will be shared includes: name, date of birth, coordinated assessment information, homeless status, housing history, contact information, chronically homeless status*

   Yes - I agree to share my HMIS data for Medicaid benefits: (circle response): Yes / No / NA

This Release is active for FIVE (5) years effective from the date of Signature.

Client signature (head of household): _____, Date: _____/_____/_____

Adult Household Member signature: _____, Date: _____/_____/_____

Adult Household Member signature: _____, Date: _____/_____/_____

Adult Household Member signature: _____, Date: _____/_____/_____

Signature of guardian or authorized-representative (when required): _____

Relationship to client: _____   Date signed by guardian/authorized representative: _____

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

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

RAPID REHOUSING SERVICE STANDARDS

OVERVIEW

Rapid re-housing is an intervention designed to help individuals and families to quickly exit homelessness, return to housing in the community, and not become homeless again in the near term.

The three core components of a rapid re-housing program are: housing identification, move-in and rent assistance, and rapid re-housing case management and services. [1]

Programs proposing to provide rapid re-housing services within the Continuum of Care are expected to align their policies and procedures with the standards outlined within this document.

ELIGIBILITY REQUIREMENTS

- Programs offering rapid re-housing programs shall utilize the coordinated assessment system for all program referrals.
- In the coordinated assessment/central intake process, all households will be assessed and prioritized using a standard tool. Households who are literally homeless (HUD definition category 1) and have a high level of acuity will receive priority for referral to rapid re-housing.
    - o No participants will be denied a referral based on no or too low income, or poor credit history.

Core Component Program Standards

While a household that is rapidly rehoused is not required to utilize all three core components, a rapid re-housing program must offer program participants all three core components: housing identification, move-in and rent assistance, and rapid re-housing case management and services. The core components can be provided by a single agency or in partnership with other agencies and still meet these program standards.

---

[1] This document has been adapted from the National Alliance to End Homelessness' document *Rapid Rehousing Performance Benchmarks and Program Standards* which was based on what are currently considered promising practices by the National Alliance to End Homelessness, the U.S. Department of Veteran Affairs (VA), the U.S. Department of Housing and Urban Development (HUD), U.S. Interagency Council on Homelessness (USICH), federal technical assistance providers, and nationally recognized, high-performing rapid re-housing providers. Continuums of Care are required to develop standards locally for providers that include who receives rapid re-housing and how much rent a participant is required to pay.

1. Housing Identification

Housing Identification is the first core component of rapid re-housing, the goal of which is to find housing for program participants quickly. Activities under this core component include recruiting landlords with units in the communities and neighborhoods where program participants want to live and negotiating with landlords to help program participants access housing.

Principles

• Within the limits of the participant's anticipated income, a rapid re-housing program should have the ability to help households access units that are desirable and sustainable—those that are in neighborhoods where they want to live in, that have access to transportation, are close to employment, and that pass the applicable HUD-enforced housing quality standards.

• Housing identification efforts should be designed and implemented to actively recruit and retain landlords and housing managers willing to rent to program participants who may otherwise fail to pass typical tenant screening criteria.

• Critical to the formation of landlord-program relationship is the recognition of the landlord as a vital partner. The RRH provider must be responsive to landlords to preserve and develop those partnerships for the purposes future housing placements.

Housing Identification Program Standards

H1. Program has a mechanism by which landlords are identified, recruited and encouraged to rent to homeless households served by the program. Staff have the knowledge, skills, and agency resources to: understand landlords' perspectives, understand landlord and tenant rights and responsibilities, and negotiate landlord supports.

H2. Staff are trained on housing identification, housing inspection, landlord tenant rights and responsibilities, and other core competencies as well as the wider array of housing assistance available within a community. Program has routine ways to onboard new staff and to keep staff regularly updated on new strategies, policies, and housing assistance options in the community.

H3. Program has written policies and procedures for landlord recruitment activities, including screening out potential landlord partners who have a history of poor compliance with their legal responsibilities and fair housing practices.

H4. Program offers a standard, basic level of support to all landlords who lease to program participants. This support is clearly communicated to landlords. Program can negotiate additional supports, as needed, on a case-by-case basis. At a minimum, this policy specifies that program staff:

> H4a. Seek to resolve conflicts around lease requirements, complaints by other tenants, and timely rent payments; and

> H4b. Whenever possible, negotiate move-out terms and assist the person/household to quickly locate and move into another unit without an eviction (see Rapid Re-Housing Case Management Program Standard C15.).

H5. Program has a written policy requiring staff to explain to participants basic landlord-tenant rights and responsibilities and the requirements of their specific lease.

2. Rent and Move-In Assistance

Rent and Move-In Assistance is the second core component of rapid re-housing, the goal of which is to provide short-term help to households so they can pay for housing. Activities under this core component include paying for security deposits, move-in expenses, rent, and utilities.

Principles

• Rent and move-in assistance should be flexible and tailored to the varying and changing needs of a household while providing the assistance necessary for households to move immediately out of homelessness and to stabilize in permanent housing.

• A rapid re-housing program should make efforts to maximize the number of households it is able to serve by providing households with the financial assistance in a progressive manner, providing only the assistance necessary to stabilize in permanent housing.

Rent and Move-In Assistance Program Standards

R1. Program staff are trained on regulatory requirements of all rapid re-housing funding streams and on the ethical use and application of a program's financial assistance policies, including, but not limited to initial and ongoing eligibility criteria, program requirements, and assistance maximums. Program has a routine way to onboard new staff and to keep staff regularly updated on changing regulations and/or program policies.

R2. Programs utilize the principles of progressive engagement in determining rental assistance needs. Guidelines are flexible enough to respond to the varied and changing needs of program participants, including participants with zero income.

R3. Programs may require participants to pay part of their income towards rent. This should be clearly defined in the program's policies and procedures and explained to the participant at the time of program intake or orientation.

R4. Program issues checks quickly and on time and has the capacity to track payments to landlords and other vendors.

R5. The transition off financial assistance is coordinated with case management efforts to assist program participants to assume and sustain their housing costs (see Rapid Re-Housing Case Management and Services Program Standards C18.-C20., C24.).

3. Rapid Re-Housing Case Management and Services

Rapid re-housing case management and services is the third core component of rapid re-housing. The goals of rapid re-housing case management is to help participants obtain and move into permanent housing, support participants to stabilize in housing, and connect them to community and mainstream services and supports if needed.

Principles

• Rapid re-housing case management should be client-driven. Case managers should actively engage participants in voluntary case management and service participation by creating an environment in which the participant is driving the case planning and goal-setting based on what they want from the program and services, rather than on what the case manager decides they need to do to be successful.

• Rapid re-housing case management should be flexible in intensity—offering only essential assistance until or unless the participant demonstrates the need for or requests additional help. The intensity and duration of case management is based on the needs of individual households and may lessen or increase over time.

• Rapid re-housing case management uses a strengths-based approach to empower clients. Case managers identify the inherent strengths of a person or family instead of diagnoses or deficits, then build on those strengths to empower the household to succeed.

• Rapid re-housing program case management reflects the short-term nature of the rapid rehousing assistance. It focuses on housing retention and helping a household build a support network outside of the program. It connects the participant with community resources and service options, such as legal services, health care, vocational assistance, transportation, child care, and other forms of assistance, that continue beyond participation in the rapid re-housing program.

Rapid Re-Housing Case Management and Services Program Standards

C1. Case manager's job descriptions direct case managers to focus on housing and to use strengths based practices focused on participant engagement and meeting the unique needs of each household.

C2. Case managers are trained on rapid re-housing case management strategies and related evidence-based practices as well as program policies and community resources. Additionally, a program has a regular process for onboarding new staff and regularly updating the training of current staff.

C3. Except where dictated by the funder, program participants direct when, where, and how often case management meetings occur.

C4. Case managers respect a program participant's home as their own, scheduling appointments ahead of time, only entering when invited in, and respecting the program participant's personal property and wishes while in their home.

C5. Services offered by a program have voluntary participation. Programs should seek participant input in determining the type and design of services that are offered in the program to ensure the program is meeting participant need and not providing unnecessary services.

C6. Program has clearly defined relationships with employment and income programs that it can connect program participants to when appropriate.

C7. Program has clearly defined policies and objective standards for when case management should continue and end. These guidelines are flexible enough to respond to the varied and changing needs of program participants. In instances where cases are continued outside of these defined policies and objective standards, there is a review and approval process.

C8. Assessments completed prior to housing are strengths based, limited, and focus on those things necessary to support health and safety and resolve the housing crisis as quickly as possible.

C9. Program has resources and/or be able to connect participants to community resources that help participants: resolve or navigate tenant problems (like rental and utility arrears or multiple evictions) that landlords may screen for on rental applications; obtain necessary documentation such as identification; prepare participants for successful tenancy by reviewing lease provisions; and support other move-in activities such as providing furniture.

C10. Programs offers basic tenancy skills learning opportunities which can include instruction or guidance on basic landlord-tenant rights and responsibilities, requirements and prohibitions of a lease, and meeting minimum expectations for care of the housing unit, such as not causing damage.

C11. Program staff work directly with the participant and landlord to resolve tenancy issues without threatening the participant's tenancy. Program works quickly to mediate the situation, encouraging a strong and healthy landlord and tenant relationship that can continue following the participant's exit from the program.

C12. When necessary, case managers help participants avoid evictions before they happen, and maintain a positive relationship with the landlord.

C13. Housing plans focus on how program participants can maintain a lease and address barriers to housing retention, including maximizing their ability to pay rent; improving understanding of landlord/tenant rights and responsibilities; and addressing other issues that have, in the past, resulted in housing crisis or housing loss. Plans account for participant preferences/choices, and include only goals created with and agreed to by the participant.

C14. Case managers make referrals to appropriate community and mainstream resources, including, but not limited to income supplements/benefits (TANF, Food Stamps/SNAP, etc.), non-cash supports (healthcare, food supports, etc.), legal assistance, credit counseling, and subsidized childcare. A participant may choose not to follow up on or participate in any referred services or programs.

C15. As rapid re-housing assistance is short-term, case managers pay particular attention to participants' incomes moving forward. Though income is not a requirement at the beginning of a program, case managers help participants review their budgets, including income and spending, to make decisions about reducing expenses and increasing income.

C16. Case managers work with participants to identify pathways for increasing earned income, including participating in mainstream and community employment support programs as well as using a program's own employer connections.

C17. If necessary, participants are assisted in identifying existing familial and personal connections that can help them maintain housing by providing supports such as child care, transportation, etc. Participants may choose not to engage in this process.

C18. When closing a case, case managers provide information to participants about how they can access assistance from the program again if needed and what kind of follow-up assistance may be available. In instances when a participant is at imminent risk of returning to homelessness, program has the capacity to either directly intervene or provide referral to another prevention resource.

Program Philosophy and Design

Beyond ending homelessness for individual households, rapid re-housing plays a key role in ending homelessness overall. To do so effectively and efficiently, a program must coordinate with the broader homeless system, not screen out large portions of the homeless population, and have a commitment to a Housing First approach.

Principles

• In order to identify, engage, and assist as many households experiencing homelessness as possible, a program should coordinate and fully participate with the broader homeless assistance system.

• Rapid re-housing is an intervention designed for and flexible enough to serve anyone not able to exit homelessness on their own. Rapid re-housing programs should not attempt to screen out households based on a score on an assessment tool or criteria that are assumed, but not shown, to predict successful outcomes, such as a minimum income threshold, employment, absence of a criminal history, evidence of "motivation," etc.

• Rapid re-housing participants should have all the rights and responsibilities of typical tenants and should sign a standard lease agreement.

Program Philosophy and Design Standards

P1. Program staff are trained on the principles of Housing First and oriented to the basic program philosophy of rapid re-housing. Program has routine way of onboarding new staff that includes training on Housing First and rapid re-housing principles.

P2. Program uses the standards included in this document (or other similar standards) as the basis for training and supervising staff.

P3. Program has well-defined and written screening processes that use consistent and transparent decision criteria. Criteria do not include screening possible participants out for income or lack thereof.

P4. Eligibility criteria for the program do not include a period of sobriety, a commitment to participation in treatment, or any other criteria designed to "predict" long-term housing stability other than willingness to engage the program and work on a self-directed housing plan.

P5. Disabilities are only assessed insofar as they may be a direct factor causing past housing instability or loss and when related to the participant's ability to obtain a disability-specific benefit, service, or accessible unit.

P6. Leases for program participants are legally binding, written leases. Leases with additional requirements, such as drug testing or program participation, are not allowed.

P7. Program participates in the local community's Homeless Management Information System (HMIS) meaning they collect all required data standards and take steps to ensure quality data entry.

P8. Program participates in and accepts referrals from the local coordinated entry system and participates in efforts to improve the efficiency and quality of referrals when necessary.

P9. Program has an ongoing performance improvement process that includes evaluation of participant outcomes and participant feedback. The performance benchmarks and standards in this document provide a framework for performance evaluation and performance improvement efforts.

RAPID RE-HOUSING PERFORMANCE BENCHMARKS

This document provides details on performance benchmarks that would qualify a program as effective. These benchmarks are accompanied by qualitative program standards for each of the rapid re-housing core components that are likely to help a program meet the performance benchmarks.

Performance Benchmarks

Ultimately the effectiveness of a rapid re-housing program is determined based on a program's ability to accomplish the model's three primary goals:

>   • Reduce the length of time program participants spend homeless,
>
>   • Exit households to permanent housing, and
>
>   • Limit returns to homelessness within a year of program exit.

Benchmarks for performance on the above outcomes are detailed below. When examining a program's ability to meet the benchmarks, it is important to remember that rapid re-housing is a Housing First intervention, meaning, among other things, that programs should not be screening out households based on criteria that are assumed to predict successful outcomes, such as income, employment, criminal history, mental health history, medical history, or evidence of "motivation." The benchmarks detailed below are based on performance data of programs that do not screen households out on the basis of the above barriers. Programs assisting individuals and families with high housing barriers are able to achieve these outcomes. It should also be noted that one of the program standards is that a program does not screen out households on the basis of the above barriers, so a program that met the performance benchmark, would still not meet the accompanying program standards if it was screening out households for those reasons. It may be necessary for rapid re-housing programs to have some prevention capacity to serve high barrier households after placement. It is a possibility that some households that are rapid re-housed will need periodic support to avoid a return to homelessness.

While programs should strive for these benchmarks, funders can use performance on these benchmarks as an opportunity to assess relative effectiveness between programs and to undertake performance improvement efforts, including assessing barriers to better performance and performance improvement planning. The performance benchmarks also provide a baseline from which funders can establish performance improvement goals and performance-based contracting standards.

All of the below performance outcomes can be measured using data in the Homeless Management Information System (HMIS). As such, individual programs must be entering high quality data into HMIS. A rapid re-housing provider who is also a domestic violence provider would not participate in a community's

HMIS. Thus, in order to be able to calculate the performance benchmarks, that provider would be required to use an alternative, equivalent method that collects all of the necessary data points.

Programs that have not been operating for a year will not have sufficient data to meet all of the performance benchmarks, but these programs can meet the program standards, which are intended to design programs that do achieve the benchmarks and are detailed later in this document. Additionally, in the first several months of operations, providers may need time to bring operations to scale and reach full capacity.

Performance Benchmark #1: **Reduce the length of time program participants spend homeless**

The first goal of rapid re-housing is to reduce the amount of time individuals and families spend homeless. The primary opportunity for a rapid re-housing program to impact how much time a household spends homeless is the speed with which it is able to identify and help households access appropriate housing options.

For a program to meet this performance benchmark, households served by the program should move into permanent housing in an average of 30 days or less.

This measure is the average length of time between the date when an individual or family is identified as having entered a rapid re-housing program (HMIS rapid re-housing program entry date) to when they move into permanent housing (HMIS residential move-in date). This measure is only calculated for those households that move into a permanent housing destination and does not include those who have not yet moved in or move into a non-permanent housing destination.

$$Average = \frac{Sum\ of\ number\ of\ days\ from\ program\ entry\ to\ move\ in\ date\ for\ all\ households}{Total\ number\ of\ households}$$

Permanent housing may include private, unsubsidized housing; subsidized housing; permanent supportive housing; or housing shared with friends or family in a sustainable living situation (one that should not be categorized as "temporary"). Permanent housing does not include shelter, a transitional housing program, jail or prison, or a treatment facility.

Performance Benchmark #2: **Permanent housing success rates**

The second goal of a rapid re-housing program is to exit households to permanent housing in the community with or without a subsidy. A rapid re-housing program can impact permanent housing success through the combination of an appropriate housing placement, financial assistance, and effective case management and services (see Housing Identification, Rent and Move-In Assistance, and Rapid Re-Housing Case Management Program Standards)

For a program to meet this performance benchmark, at least 80 percent of households that exit a rapid re-housing program should exit to permanent housing.

This measure is calculated by taking the number of households who were in permanent housing when they exited the rapid re-housing program (HMIS rapid re-housing program exit date and destination at exit) and dividing by all of the households who exited the rapid re-housing program regardless of

destination over the same period of time. This figure should be calculated for households exiting the rapid re-housing program over the preceding 12 month period. A program working on performance improvement, may wish measure this for shorter intervals.

$$Percent = \left(\frac{Total\ number\ of\ households\ exited\ to\ PH\ during\ a\ time\ period}{Total\ number\ of\ households\ that\ exited\ program\ during\ same\ time\ period} \right) 100$$

Permanent housing may include private, unsubsidized housing; subsidized housing; permanent supportive housing; or housing shared with friends or family in a sustainable living situation (one that should not be categorized as "temporary"). Permanent housing does not include shelter, a transitional housing program, jail or prison, or a treatment.

Performance Benchmark #3: **Returns to Homelessness**

The third goal of a rapid re-housing program is to reduce the number of households returning to homelessness following soon after an exit from a rapid re-housing program. The primary opportunities for a rapid re-housing program to impact the success of a household in remaining housed is through the combination of securing appropriate housing and effective case management and services (see Housing Identification and Rapid Re-Housing Case Management Program Standards).

For a program to meet this performance benchmark, at least 85 percent of households that exit a rapid re-housing program to permanent housing should not become homeless again within a year.

This is typically measured by examining HMIS data from homeless programs across the entire community to determine whether people who successfully exit from the rapid re-housing program to permanent housing returned to homelessness, meaning an unsheltered location, emergency shelter, transitional housing, or a Safe Haven, within 12 months of exiting.

$$Percent = \left(\frac{Total\ number\ of\ households\ who\ did\ NOT\ return\ to\ homelessness\ during\ time\ period}{Total\ number\ of\ households\ exited\ to\ permanent\ housing\ during\ the\ same\ time\ period} \right) 100$$

Programs operating for less than a year will not be able to meet this benchmark. Additionally, to calculate this measure, programs must have access to homeless system data for all other programs in the community (open data system) or the ability to access an HMIS report from their community's HMIS lead agency.

This measure of returns to homelessness tracks the percentage of households who do not experience a subsequent episode of homelessness. If a household receives some type of emergency or permanent housing assistance, but does not experience another episode of homelessness, then they should be considered a household that did not return to homelessness for the purpose of this performance benchmark. And, if a household moves from one permanent housing situation to another permanent housing situation or doubled up situation without another episode of homelessness in-between moves, it is also considered a household that did not return to homelessness for the purpose of this measure.

Steering Council Approved 3-17-2023