Greater Lansing Homeless Resolution Network
Policies and Procedures Manual

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BYLAWS

ARTICLE 1 - NAME OF ORGANIZATION

Article 1, Section 1. Name

The name of this organization shall be The Greater Lansing Homeless Resolution Network, hereinafter referred to as the Network.

ARTICLE 2 - PURPOSE AND RESPONSIBILITY

Article 2, Section 1. Mission

To serve as the continuum of care for Ingham County, leading a collaborative, community approach to
addressing and ending homelessness.

The corporation is organized exclusively for the purpose of receiving and administering funds for charitable, religious, educational, or scientific purposes as described in Section 501(c)(3) of the Internal Revenue Code of 1986 (or any corresponding provision of the Internal Revenue Code).

ARTICLE 3 - MEMBERSHIP

Article 3, Section 1. General Membership

Members of the Network shall be organizations, agencies, and individuals concerned with housing, shelter, health care, mental health, substance abuse, education, employment, and other services that address the needs of the homeless and those at risk of homelessness. The business of the Network shall be managed by the Board of Directors.

Article 3, Section 2. Membership Categories

There shall be two categories of membership: voting members and community members. The Network Secretary shall maintain a list of the names, addresses, and status of all members.

Article 3, Section 3. Voting Members

1. An individual or representative of an organization or agency completing the annual membership application and paying the annual membership dues shall hereafter be known as a voting member.
2. Annual dues shall be billed at such time as the Board of Directors determine is reasonable of each year and shall be paid by the end of August of that year to determine and secure voting membership for the following fiscal year, October 1-September 30.
3. If an organization or individual cannot pay the annual membership, that entity can submit a written request for a waiver in writing to the Chair or Chief Executive Officer (CEO) for approval by the Board of Directors.
4. Each individual or agency/organization representative shall have one vote.
5. An agency/organization may have additional representatives participate in committees.
6. Each voting member shall serve on at least one standing committee.
7. Voting members are eligible to serve on the Board of Directors.
8. Voting members shall recuse themselves from any vote that considers a project in which they or the organization they represent have a financial or other interest. Voting members shall also recuse themselves when a majority vote of the Board of Directors

determines a failure to recuse would result in a possible appearance of impropriety.

ARTICLE 4 - GENERAL NETWORK MEETINGS

Except as otherwise provided for in these Bylaws, General Network meetings shall be held at a frequency determined by the Board of Directors, at least quarterly, for the purpose of receiving input from the community, providing interagency education and collaboration, and supporting the mission of the Network.

ARTICLE 5 - ANNUAL MEETING

Article 5, Section 1. Purpose

An Annual meeting of all eligible voting members shall be held to elect members to the Board of Directors and consider proposed revisions to the bylaws.

Article 5, Section 2. Annual Meetings

The Annual Meeting shall be held the third Thursday of October, or at such time and place as the Board determines is reasonable and that notice gives members a reasonable time to attend, in accordance with MCL 450.2404.

Article 5, Section 3. Voting at Annual Meetings

1. Each voting member or his/her alternate shall have one vote.
2. Proxy voting is allowed by written notification to the Network Secretary at least 24 hours in advance of the Annual Meeting.
3. For the purposes of the Annual Meeting, a two-thirds majority of eligible members is required, either in person, through electronic media attendance, or by approved proxy.
4. Items requiring Network action shall be determined by a majority vote of the established quorum.

ARTICLE 6 – BOARD OF DIRECTORS

Article 6, Section 1. Authority of Board of Directors

1. Each member of the Board of Directors shall abide by the position description established in the Board Governance Policies
2. The Board of Directors shall have the authority to establish the long term goals of the Network and to establish the policies for the administration of all programs, business, and property of the Network.
3. No individual Director of the Network may commit the Network to a policy or expenditure without the express authority of a majority of the Board of Directors.
4. The Board of Directors shall be authorized to employ and discharge a chief executive officer and resident agent to implement the Network's mission, goals, policies, and strategic plans. The Chief Executive Officer is responsible for personnel management including the hiring and discharge of Network staff. In the absence of a Chief Executive Officer, the duties described in this subsection shall be discharged by the Board Chair.

Article 6, Section 2. Composition of Board of Directors

The Board of Directors is composed of fifteen members, eleven of whom shall be elected by the

general membership. Three seats shall be reserved for one representative each from the Ingham County Commissioners, the field of education, and one consumer representative, who shall be appointed by the Board of Directors. Another seat shall be reserved for the fiduciary with the majority of GLHRN funding, as determined by the Board.

Article 6, Section 3. Board Terms of Office

The eleven elected members shall serve two-year terms, six elected on even years and five elected on odd years. All elected directors shall serve beginning on the date of the annual meeting of their election and ending on the date of the annual meeting at the end of their term. Board officers shall serve until their replacement is elected at the first board meeting of the new fiscal year. Board-appointed members shall serve a one-year term, which shall be from October 1 through September 30th.

Article 6, Section 4. Board Nominations

Nominations for directors shall be received by the Membership Committee and voted on at the Annual Network meeting in October. Any voting Network member may submit the name of any voting Network member as a nominee for the Board of Directors to the Membership Committee. The Membership Committee shall present all eligible candidates to the voting members. Candidates for appointed positions shall be identified by the Membership Committee and presented at the November meeting of Board of Directors each year.

Article 6, Section 5. Board Elections

Each Director shall be chosen by majority vote. If no majority is obtained for an office, a run-off election shall commence immediately between the two persons receiving the largest number of votes.

Article 6, Section 6. Non-Officer Board Vacancies

1. The resignation of any board member shall be in writing and addressed to the Executive Committee.
2. Any Director may be removed by a majority of directors at a special board meeting called for that purpose. Removal may be with or without cause.
3. The Board of Directors shall determine whether it is necessary to hold an election to fill mid-term vacancies on the Board of Directors.

Article 6, Section 7. Frequency of Meetings

The Board of Directors shall meet monthly.

Article 6, Section 8. Board of Directors, Quorum

One half of the elected board members must be present at the meeting to constitute a quorum. If less than a quorum is present, a meeting may be conducted, but no action can be taken.

ARTICLE 7 - OFFICERS

Article 7, Section 1. Network Officers

The minimum officers of the Network shall be the Chair, Vice-Chair, Secretary, and Treasurer.

Article 7, Section 2. Election of Officers

1. Officers shall be elected at the first meeting of the Board of Directors. Officers shall be

selected from the Board of Directors following the annual meeting by a majority vote of the Board of Directors.
2. Officers shall serve one year terms.

Article 7, Section 3. Duties and Responsibilities of Chair

The Chair shall fulfill all responsibilities listed in the Board-approved Network Chair position description. The Chair shall chair the Network meeting and Executive Committee. The Chair shall provide supervision of the CEO. The Chair shall act as an authorized signatory on Network contracts.

Article 7, Section 4. Duties and Responsibilities of Vice-Chair

The Vice-Chair shall fulfill all responsibilities listed in the Board-approved Network Vice-Chair position description. The Vice-Chair shall act as Chair in the temporary absence of the Chair. The Vice Chair shall oversee the annual review of the CEO, or other applicable staff member.

Article 7, Section 5. Duties and Responsibilities of Secretary

The Secretary shall fulfill all responsibilities listed in the Board-approved Network Secretary position description. The Secretary shall ensure that a written accurate record of the minutes of all official meetings is maintained. The Secretary shall also ensure that the following records are properly recorded and maintained:

1. Meeting Attendance
2. Membership lists containing names, addresses, and voting status
3. Membership Forms and Documentation
4. Agency governing documents, contracts, and other legal documents

Article 7, Section 6. Duties and Responsibilities of Treasurer

The Treasurer shall fulfill all responsibilities listed in the Board-approved Network Treasurer position description. The Treasurer shall ensure network dues are paid and deposited, and that an accurate record of any Network finances is maintained. The Treasurer shall also ensure the following:

1. All Network financial accounts are current
2. All financial records of the Network are accurate and up to date
3. The status of Network finances and membership is reported to Network membership

Article 7, Section 7. Officer Vacancies

Should the Chair be unable to complete a term, the Vice-Chair shall assume the Chair responsibilities for the remaining term of the Chair. The Board of Directors shall determine whether it is necessary to hold an election to fill mid-term vacancies for other positions on the Executive Committee.

Article 8 - STANDING AND AD HOC COMMITTEES

Article 8, Section 1. Establishment of Committees

The Board of Directors of the Network may designate ad hoc committees to complete temporary or limited assigned tasks. In addition, the Network shall maintain the following standing committees:

1. Membership Committee responsibilities:

- Recruit new members for the network, perform orientation of new members, and review applications for membership.
- Ensure that activities and issues important to those served by the GLHRN are presented to

and promoted within the community at large in a timely and effective manner.

- Accept nominations in accordance with Article 6, Section 4, and present a slate of eligible candidates.
- Identify candidates for appointed positions in accordance with Article 6, Section 4.

2. Continuous Quality Improvement Committee responsibilities:

- Oversee data management.
- Monitor agency reporting and performance.
- Perform grievance management within the Network.
- Manage all other quality improvement activities

3. **Human Services Committee responsibilities:**

- Identify gaps in services.
- Identify opportunities and challenges.
- Coordinate discharge planning.
- Provide training and information for Interagency Service Teams.

4. **Finance Committee responsibilities:**

- Oversee of all finances administered by the Network.
- Serve as the Audit Committee for the Network.

The committee shall be chaired by the Network Treasurer. Funding recommendations shall be made by the Finance Committee and reported to the Board of Directors for a vote.

Article 8, Section 2. Frequency

Except as otherwise provided for in these Bylaws, standing committees shall meet monthly. Ad hoc committees shall meet at the frequency determined by their Chair.

Article 8, Section 3. Committee Chairs

The Network Chair shall appoint all committee chairs, except for the Chair of the Finance Committee. All committee chairs shall serve one-year terms. The committee chairs' responsibilities include but are not limited to the following:

1. Setting the Agenda for the committee meeting
2. Conducting the committee meeting
3. Recruiting committee members as needed from the membership
4. Ensure the compiling and mailing of meeting notices
5. Accurate documentation of meeting minutes and attendance
6. Communicating with the Board of Directors

ARTICLE 9 – GRIEVANCE REVIEW BOARD

The Grievance Review Board shall be appointed by the Board of Directors to address grievances and establish a process for concerns to be addressed that involve and impact the Network, clients, and agencies.

ARTICLE 10 – BYLAWS

Article 10, Section 1. Adoption

Adoption of these Bylaws shall require a two-thirds majority vote of eligible voting members.

Article 10, Section 2. Amendments

Proposed amendments to these Bylaws may be initiated by any member and presented to the Executive Committee for their approval at least 60 days in advance of the annual meeting or of the April Network meeting. Upon approval, the Executive Committee shall present proposed amendments to be voted upon at the annual meeting or the April Network meeting. If bylaw amendments would be voted at the April Network meeting, it is subject to the same meeting requirements of the Annual Meeting, as described in Article 5.

ARTICLE 11 – OPEN MEETINGS

Article 11, Section 1. Compliance with Open Meetings Act

Except as otherwise provided for in these Bylaws, the Network shall abide by the provisions of the State of Michigan's "Open Meetings Act".

Article 11, Section 2. Parliamentary Authority

All meetings shall be ordinarily conducted in an informal manner, but may be conducted by Robert's Rules of Order (revised edition) as deemed appropriate by the Chair.

Article 11, Section 3. Non-discrimination

The Greater Lansing Homeless Resolution Network is committed to equal opportunity for all persons without regard to sex, age, race, color, religion, creed, national origin, marital status, disability or sexual orientation. It is the policy of The Greater Lansing Homeless Resolution Network to comply with all federal, state and local laws and regulations regarding equal opportunity. In keeping with that policy, The Greater Lansing Homeless Resolution Network is committed to maintaining an environment that is free of unlawful discrimination and harassment.

GLHRN
Board Governance Manual

Congratulations!
Welcome to the Board of Directors for GLHRN. I am glad you have chosen to serve with us as we guide the direction of GLHRN. With this position comes responsibilities and decision-making powers that will shape the operations and future of GLHRN and its ability to serve the homeless community in significant ways. Your role on this board will include not only participation as a voting member, but also duties as a committee member. I will talk to you when we meet about the unique talents that you offer to our board and which committees could make the best use of these skills. In addition, every member of the board is expected to contribute to the fiscal responsibilities needed to keep GLHRN functioning.
The Board currently meets on the last Tuesday of each month at 9:00 am in the Lansing City Rescue Mission Women and Children Shelter's conference room. The meetings generally last about two hours. Please make sure the Coordinator has all of your information as all reminders and agendas are sent out electronically prior to each meeting. It is an honor to have you agree to serve on our board and I hope that this will be the beginning of a rewarding experience for you. If you should have any questions, please do not hesitate to contact me.

Sincerely,
Chairperson of the Board

General Information
Office Address: 743 N Martin Luther King Jr Blvd Lansing, MI 48915
Office Hours: as needed
Jurisdictions Served: Ingham County

1. GLHRN OVERVIEW

1.1 Mission Statement
To serve as the continuum of care for Ingham County, leading a collaborative, community approach to addressing and ending homelessness.
The corporation is organized exclusively for the purpose of receiving and administering funds for charitable, religious, educational, or scientific purposes as described in Section 501(c)(3) of the Internal Revenue Code of 1986 (or any corresponding provision of the Internal Revenue Code).

1.2 Statement of Purpose and Organizational Philosophy
1. The Network integrates and evaluates the delivery of services and prevention activities for the homeless and facilitates efforts to address shelter and housing needs for households with limited resources in Ingham County.

2. The Network planning activities comprehensively address all elements of a strategic approach to outreach, homelessness prevention, emergency shelter/transitional housing, supportive services and permanent supportive housing for the homeless and households with limited resources.
3. Where unmet needs are identified, the Network is responsible for developing new services and promoting collaboration between existing service providers.
4. The Network, reviews, evaluates and approves funding proposals for the delivery of services to the homeless and at risk households when funding is available from federal, state or local agencies.
5. The Network is committed to maintaining its own credibility as a collaborative organization and to establishing trust among its members. The Network may offer recommendations regarding funding applications and letters of support to its members who are applying for funding.

2. BOARD MEMBERS

2.1 Board Role in Supporting the GLHRN Mission Goals and Philosophy

The Board of Directors, as the governing body of the Greater Lansing Homeless Resolution Network shall develop and monitor policies of the organization that are consistent with its stated philosophy.

2.2 Board Meetings

Board meetings are convened once a month. Written agendas must be distributed to the board members prior to each meeting. One half of the elected board members must be present at the meeting to constitute a quorum. If less than a quorum is present, a meeting may be conducted, but no action can be taken. In matters of a time sensitive nature, as determined by the Chair, an emergency meeting may be called.

2.3 Board Member List

A list of all the current board members, including their names, addresses, phone numbers, fax numbers, and e-mail addresses is available from the Coordinator.

2.4 Board Member Description

Title: Member, GLHRN Board of Directors
Reports to: Chairperson of the Board
Purpose: To serve the board as a voting member; to develop policies, procedures, and regulations for the operation of GLHRN; to monitor finances of the organization, its programs, and performance.
Term: Staggered 2 year terms

2.5 Board Member Responsibilities

The Board of Directors governs the agency according to the specifications detailed in the Board Governance Policies. The Board is interested in the overall direction of the organization, focused on results, not in details of operation. The Board's involvement in programs and operations should be limited to setting overall policy, assisting in oversight and monitoring results, unless there are extenuating circumstances. The Board establishes a long-range plan for the organization and monitors its implementation.

1. Setting policy:

Your primary board function is to fashion policies that ensure GLHRN is run effectively, legally, and ethically.

2. Supporting the Executive Director:
Without your director's day-to-day management skills, the policies and plans adopted by the board would be of little impact. He or she truly is the person who makes your ideas and visions real. As you work together to achieve GLHRN's goals, however, you must also remember that your job and the director's job are quite different. You make the plan, but the director decides how the plan is implemented and the goals accomplished.

3. Managing committees and implementing policies:
The board, in its initial stage, will operate without a Director to implement the policies set by the board. Therefore, while in transition, the board directly manages committee work and implements the policies it sets to further the mission and goals of GLHRN.

4. Guiding long-range planning and development:
The board gives direction to GLHRN through long-range goals ranging at least three to five years into the future. During the course of your service, you will be asked to assess the present and future needs of the community and to determine how GLHRN fits into that picture.

5. Hiring an Executive Director:
When the transition to a 501(c3) is complete and GLHRN becomes financially able, the board is responsible for hiring an Executive Director. The board will then be responsible for reviewing the work product and salary of the Executive Director on an annual basis.

6. Raising money and monitoring finances:
As a "trustee" for this organization's money, you are responsible for seeing that it is spent effectively in delivering programs and services. You're also responsible for looking into the financial future. When you plot GLHRN's goals, you must review your ability to pay for your plans. That means fundraising when appropriate.

7. Working cooperatively with other board members:
If you cannot work with your peers, the board will accomplish nothing. This is true in every aspect of board service -- meeting efficiency, conflict management, recruitment, training, and evaluation.

2.6 Guidelines for Minimizing Risk of Liability

1. Attend board and committee meetings in accordance with the attendance policy.
2. Be familiar with the minutes of board meetings and the minutes of your committee assignments.
3. Make sure a written permanent record is maintained of all board minutes and official actions.
4. Exercise general supervision over GLHRN's affairs.
5. Be certain your organization's records are audited in compliance with Federal guidelines.
6. Be familiar with GLHRN's goals, objectives, and operations.
7. Insists that all committee meetings are reported at board meetings either in oral or written form.
8. Know GLHRN's budget, budget process and financial situation.
9. Know who is authorized to sign checks and in what amount.

10. Avoid self-serving or self-enriching policies.
11. Inquire if there is something you do not understand or if something comes to your attention which causes you to question a policy or practice.
12. Make sure GLHRN is fulfilling all 990 IRS requirements.
13. Avoid the substance or appearance of conflicts of interest.
14. Be certain GLHRN is fulfilling all aspects of its non-for-profit and tax exempt status.
15. Insist on a written and followed board membership and nominating committee procedure.
16. Monitor the community and professional image of GLHRN.
17. Be certain that policies are clearly identified and the Board acts on them as a whole rather than action by a small group of individuals.
18. Know GLHRN's organization & structure.
19. Require that GLHRN has proper legal counsel when necessary.
20. Monitor the activity of your executive committee to ensure that it does not overstep its authority.
21. Insist on meaningful board meetings with full disclosure of operating results.

2.7 Policies and Procedures

1. Ethics Policy:

As a member of this board, I will:

- Represent the interests of all people served by GLHRN and not favor special interests inside or outside of this non-profit.
- Not use my services on this board for my own personal advantage or for the advantage of my friends or associates.
- Keep confidential information confidential.
- Respect and support the majority decisions of the board.
- Approach all board issues with an open mind, prepared to make the best decisions for everyone involved.
- Do nothing to violate the trust of those who elected or appointed me to the board, or of those I serve.
- Focus my efforts on the mission of GLHRN and not on my personal goals.
- Never exercise authority as a board member except when acting in a meeting with the full board or as I am delegated by the board.
- Consider myself a "trustee" of GLHRN and do my best to ensure that it is well maintained, financially secure, growing and always operating in the best interests of those we serve.

2. Conflict of Interest and Voting:

No member of this Board shall participate in the voting process regarding the provision of services by that member, or any organization which that member directly represents, or vote on any matter which would provide direct financial benefit to that member.
GLHRN as a nonprofit, tax-exempt organization, depends on charitable contributions from the public. Maintenance of its tax-exempt status is important both for its continued financial stability and for the receipt of contributions and public support. Therefore, the IRS as well as state corporate and tax officials, view the operations of GLHRN as a public trust which is subject to scrutiny by and accountability to such governmental authorities as well as to members of the public. Consequently, there exists between GLHRN and its board, a fiduciary duty which carries with it a broad and unbending duty of loyalty and fidelity. The board has the responsibility of administering the affairs of GLHRN honestly and prudently, and of exercising their best care, skill, and judgment for the sole benefit of GLHRN. Board

member shall exercise the utmost good faith in all transactions. The interests of GLHRN must have the first priority in all decisions and actions. This statement is directed not only to directors and officers, but to all employees who can influence the actions of GLHRN. The Board shall disclose their involvement with other organizations, with vendors, or any association which might produce a conflict as it occurs. A board member shall not use her/his board status to request special access or privilege as a consumer of the organization's services. Disclosures of conflicts of any kind should be made to the board chair, who shall bring these matters, if material, to the board. The board shall determine whether a conflict exists and is material, and in the presence of an existing material conflict, whether the contemplated transaction may be authorized as just, fair, and reasonable to GLHRN. The decision of the board on these matters will rest in their sole discretion, and their concern must be the welfare of GLHRN and the advancement of its purpose.

3. Proxy Representation and Voting:
A member may designate a representative to attend in his/her absence. The representative may participate in discussions but may not make or second motions or vote. A member providing written voting instructions to the Chairman may have his/her representative cast a vote in accordance with the instructions on the specific item(s).

4. Confidentiality:
Board members and employees of GLHRN may not disclose, divulge, or make accessible confidential information belonging to, or obtained through their affiliation with GLHRN to any person, including relatives, friends, and business and professional associates, other than to persons who have a legitimate need for such information and to whom GLHRN has authorized disclosure. Board members and employees shall use confidential information solely for the purpose of performing services as a board member or employee for GLHRN. This policy is not intended to prevent disclosure where disclosure is required by law. Board members, employees, volunteers and contractors must exercise good judgment and care at all times to avoid unauthorized or improper disclosures of confidential information. Conversations in public places, such as restaurants, elevators, and public transportation, should be limited to matters that do not pertain to information of a sensitive or confidential nature. In addition, board members and employees should be sensitive to the risk of inadvertent disclosure and should for example, refrain from leaving confidential information on desks or otherwise in plain view and refrain from the use of speaker phones to discuss confidential information if the conversation could be heard by unauthorized persons. At the end of a board member's term in office or upon the termination of an employee's, volunteer's or contractor's relationship with GLHRN, employment, he or she shall return, at the request of GLHRN, all documents, papers, and other materials, regardless of medium, which may contain or be derived from confidential information, in his or her possession.

5. Non-Discrimination and Anti-Harassment Policy:
GLHRN is committed to equal opportunity for all persons without regard to sex, age, race, color, religion, creed, national origin, marital status, disability or sexual orientation. It is the policy of GLHRN to comply with all federal, state and local laws and regulations regarding equal opportunity. In keeping with that policy, GLHRN is committed to maintaining a work environment that is free of unlawful discrimination and harassment. Accordingly, GLHRN will not tolerate unlawful discrimination against or harassment of any of our employees or

others present at our facilities by anyone, including any supervisor, co-worker, vendor, client, or other associate of GLHRN.

6. Grievance Procedure:
All complaints against the Board shall be directed to an independent corporate compliance firm, referred by the Board.

7. Attendance Policy
Board members shall attend all board meetings unless excused for reason. Each Board member shall be allowed 3 excused absences. Excused absences defined as prior written notice given to Chairperson of the Board.

8. Communications:
All media inquiries and press releases shall be approved by the Chairperson of the Board. The Board shall speak as one body. No member shall speak as a representative of the Board unless he or she has been designated by the Board to speak on its behalf.

9. Letters of Support:
Requests for Letters of Support shall be submitted to the Chairperson of the Board and approved by the Board. Any request for a letter that asks for an endorsement more specific than what is included in our template Letter of Good Standing, shall be submitted to the coordinator 14 days in advance of the next regularly scheduled board meeting to be voted on and approved by the Board.

10. Goals & Objectives:
The Board may set annual goals and objectives and may review all policies and procedures. All revisions shall be approved by the Board.

11. Self-Assessment:
The Board shall conduct an annual self-assessment with regard to goals and objectives set/achieved for the year prior, the 10 Year Plan, the Strategic Plan.

12. Performance Review of Coordinator/Staff:
The Board shall conduct an annual review, evaluating the performance of the coordinator and staff.

13. Annual Financial Report:
The Board shall produce an annual financial report and audit, conducted by a reputable CPA firm when necessary.

2.8 Annual Report
The Board shall provide a synopsis of what GLHRN achieved during the last year. It could be an annual narrative or consist only of graphs and charts to show the progress of GLHRN over the last fiscal or calendar year.

2.9 Budget

The Board should report quarterly on the budget, and supply updated versions with the most recent revenues and expenditures at board meetings. The quarterly financial statement should be prepared by the board treasurer and should include a number of basic elements:
1. indication of the period covered by the report
2. the "beginning balance" (which should correspond with the ending balance of the previous month's report)
3. listing of income received during the quarter
4. listing of expenditures indicating amount
5. totals for income and expenditures
6. indication of "ending balance" (sum of "beginning balance" and income minus expenditures)
7. compare revenue and expense to budgeted amounts

3. BOARD OFFICERS & COMMITTEES

3.1 Officers of the Board

Chair of the Board of Directors

The Chair shall fulfill all responsibilities listed in the Board-approved Network Chair position description. The Chair shall chair the Network meeting and Executive Committee. The Chair shall provide supervision of the CEO. The Chair shall act as an authorized signatory on Network contracts.

Vice Chair of the Board of Directors

The Vice-Chair shall fulfill all responsibilities listed in the Board-approved Network Vice-Chair position description. The Vice-Chair shall act as Chair in the temporary absence of the Chair. The Vice Chair shall oversee the annual review of the CEO.

Secretary

The Secretary shall fulfill all responsibilities listed in the Board-approved Network Secretary position description. The Secretary shall ensure that a written accurate record of the minutes of all official meetings is maintained. The Secretary shall also ensure that the following records are properly recorded and maintained:
1. Meeting Attendance
2. Membership lists containing names, addresses, and voting status
3. Membership Forms and Documentation
4. Agency governing documents, contracts, and other legal documents

Treasurer

The Treasurer shall fulfill all responsibilities listed in the Board-approved Network Treasurer position description. The Treasurer shall ensure network dues are paid and deposited, and that an accurate record of any Network finances is maintained. The Treasurer shall also ensure the following:
1. All Network financial accounts are current
2. All financial records of the Network are accurate and up to date
3. The status of Network finances and membership is reported to Network membership

3.2 Officer Nominations and Voting

The Board shall elect officers to the Executive Board at the first meeting after election to the Board of Directors at the Annual Meeting, in accordance with GLHRN By-laws. Each Officer position shall be nominated and voted on individually, in the following order: Chair, Vice Chair, Secretary, and Treasurer. Nominations may be made by any board member, must be accepted, and a short

discussion period may be conducted before a vote may occur. Votes must be stated verbally, or written, and recorded. The nominee with the most votes wins the position on the Executive board.

3.3 GLHRN Coordinator Responsibilities
The Coordinator shall perform in the best interest of the organization, in all relations with the Board, staff, constituencies, and members of the public. The Coordinator shall interpret and implement policies authorized by the Board. The Coordinator is accountable to the Board for the successful administration of Board policy.

3.4 Board Committee Structure
All committee chairs and committee members, with the exception of the Executive Committee shall be appointed annually by the Board Chair beginning at the first meeting of the Board of Directors following the first of October. Committees shall operate based on the following guidelines:

1. Committees have executive or decision making authority only when specifically delegated by the full Board.
2. Committees or committee members are not to manage the agency, staff or any program.
3. Committees are to prepare and recommend policies and/or procedures for Board deliberation and approval.
4. Committees requiring appropriate information directly related to the responsibilities of their committee shall request the information from the Coordinator in a timely fashion.
5. Committees shall be proposed and assigned in accordance with formal Board Governance Policy.
6. Committees (with the exception of the Executive Committee) may consist of Board Members, staff, outside experts and volunteers interested in participating in Board committee work.
7. Ad Hoc committees may be established to conduct specific activities.
8. Each elected board member shall chair one committee and serve on others.

3.5 Executive Committee
The Executive Committee is chaired by the Board Chair. The Executive Committee shall consist of the elected officers of the Board of Directors. The Executive Committee has the authority to make decisions as necessary to guide the organization between board meetings. The Executive Committee can act on behalf of the Board on any item requiring action prior to the next scheduled meeting of the Board. The Executive Committee shall meet at all times necessary to meet the needs of the Board.

Responsibilities include:

- To make recommendations to the Coordinator on Board training needs.
- All applicable duties as defined in Board Governance Policies and By-laws.
- To ensure the annual review of the Coordinator.
- To annually review that insurance coverage is appropriate and policies are current.
- To oversee Network activities to ensure compliance with the Mission Statement.
- To ensure Board Monitoring Calendar activities are completed on time.
- To review and update organizational policy, procedures, By-laws, and Governance Policies as necessary, and to ensure the Board Governance policies are implemented.

3.6 Standing Committees
Standing committees shall include Finance Committee, Human Services Committee, Quality Improvement Committee, and Membership Committee. Each standing committee shall operate by and within the guidelines set in the GLHRN By-laws, submitting recommendations for approval of the Board.

3.7 Ad Hoc Committees
The Board of Directors may establish such other committees and assign duties that are necessary. At the time of the appointment, the Board shall establish a review date in order to determine the status of and continued need for the group, and to establish a sunset date when appropriate.

APPENDIX A

PLEDGE FORM

My Role

I acknowledge that my primary role as a board member is to contribute to the defining of GLHRN's mission and governing the fulfillment of that mission, and to carry out the functions of the office of Board Member and/or Officer as stated in the bylaws.

My role as a board member will focus on the development of broad policies that govern the implementation of institutional plans and purposes. *This role is separate and distinct from the role of the Director, who determines means of implementation.*

My Commitment

I will exercise the duties and responsibilities of this office with integrity and collegiality.

I Pledge

1. To abide by and uphold each policy and procedure in the Board Governance Manual.
2. To establish as a high priority, and always in accordance with the Attendance Policy, my attendance at all meetings of the board, committees and task forces on which I serve.
3. To come prepared to discuss the issues and business to be addressed at scheduled meetings having read the agenda and all background material relevant to the topics at hand.
4. To work with and respect the opinions of my peers who serve this board, and to leave my personal prejudices out of all board discussions.
5. To always act for the good of the organization.
6. To participate in the annual strategic planning, board self-evaluation programs, and board development events that enhance my skills as a board member.
7. To agree to chair one committee, attend all meetings in accordance with the Attendance Policy, and participate in the accomplishment of its objectives. If I chair the board, a committee, or ad-hoc committee, I will:

a) call meetings as necessary until objectives are met;
b) ensure that the agenda and support materials are mailed to all members in advance of the meetings;
c) conduct the meetings in an orderly, fair, open and efficient manner;
d) make committee progress reports/minutes to the board at its scheduled meetings.

If, for any reason, I find myself unable to carry out the above duties as best as I can, I agree to resign my position as a board member/officer.

_____ _____

Board member signature *Date*

Greater Lansing Homeless Resolution Network

Member Conflict of Interest Policy

No member of the Greater Lansing Homeless Resolution Network shall derive any personal profit or gain, directly or indirectly, by reason of his or her participation in the Greater Lansing Homeless Resolution Network.

As a GLHRN Member

1) I will not participate, directly or indirectly, in any arrangement, agreement, investment, or other activity with any vendor, supplier, or other party; doing business with the Greater Lansing Homeless Resolution Network which has resulted or could result in personal benefit to me.
2) I will not receive directly or indirectly, any salary payments or loans or gifts of any kind or any free service or discounts or other fees from or on behalf of any person or organization engaged in any transaction with the Greater Lansing Homeless Resolution Network.

In addition to my service for Greater Lansing Homelesss Resolution Network, I am a member or an employee of the following affiliated organizations:

1.
2.
3.
4.
5.

I accept the duties assumed as a member of Greater Lansing Homelesss Resolution Network and understand that I am required to declare any potential conflict of interest in matters that come before the Membership.

Signature: _____ Date _____

General Policies

1. Coordination with Clinton and Eaton Counties
Per the tri-county MOU, GLHRN and its agencies will coordinate with Clinton and Eaton providers to help clients originally from Clinton or Eaton enter into services in their county of origin, if they so choose.

2. Establishing a HARA Committee
The HARA ad-hoc committee will oversee HARA policies and procedures.

3. Time for Homeless Verification
Shelters must wait 14 days to issue homeless verification.

4. PSH Client Referrals
All PSH referrals must come from the HARA, which will prioritize the most vulnerable with disabilities.

5. Grant-applying Agency Rules
All agencies applying for CoC-guided funds must be a member in good standing for one year prior to applying. All such agencies must pay dues on time and follow the meeting attendance policy of 75% of Board meetings and 9 additional CoC meeting throughout the past calendar year.

6. Reallocation Process
The GLHRN (MI-508 Lansing/East Lansing/Ingham County CoC) considers reallocation throughout the year primarily during meetings of the GLHRN Board. This process includes a review of HUD priorities, gaps analysis of homeless populations and types of housing and services available in the community, reviews of HMIS data including the PIT and HIC counts and data trends over time, threshold review of the current CoC and ESG funded programs and their efficacy, and prioritizing needs of subpopulations.
Any decision to reallocate is made with the involvement of the CoC Board, who is elected by the CoC membership at large to conduct strategic planning for the area. All CoC funded agencies are encouraged to attend these meetings. Reallocation occurs during the NOFA process once the targets for reallocation have been announced by HUD. The Board reviews the current inventory of CoC programs and votes on whether a reallocation is needed. This information is posted to the website along with the Opportunity for Funding announcement, delineating the new program criteria, the target population to be served, and a proposed overall budget. An application informational meeting is offered to new applicants. New project proposals are reviewed and ranked along with all other projects. All applicants are notified at least 15 days in advance of the NOFA submission deadline to allow for solo applicant procedures.

Financial Grant Monitoring Policy and Procedure

Policy:
The Greater Lansing Homeless Resolution Network (GLHRN) has authorized the Finance Committee along with the collaborative applicant/recipient to oversee the responsibility of monitoring the financial position of GLHRN approved grants. The Finance Committee will bring recommendations to the Board. The Board along with the collaborative applicant/recipient will make decisions regarding action to be taken.

Procedure:

1. The GLHRN Finance Committee will review the financial position of each Continuum of Care (CoC) approved grant, including the City Emergency Solutions Grant (ESG), MSHDA ESG, and HUD CoC grants quarterly.
2. A 10% variance of a grant's spending will trigger a discussion at the Finance Committee related to the Subrecipient's grant financial performance.
3. The Finance Committee may recommend to the Board the need for a Subrecipient to submit a Corrective Action Plan (CAP) to ensure that services with related expenditures are performed on a timely basis to avoid a potential negative impact on the community. The collaborative applicant/recipient will work with the Subrecipient regarding the CAP.
    a. A CAP will trigger a monthly Finance Committee review of the grant performance.
    b. If the funded Subrecipient does not show significant improvements in spending in a reasonable time, as designated by the Finance Committee and the collaborative applicant/recipient, then the Finance Committee may recommend to the GLHRN Board the need for a subcontractor (GLHRN and collaborative applicant/recipient approved agency) to work with the Subrecipient to ensure services and related expenditures are performed in the community in the grant time frame.
    c. The need for a CAP and if applicable the need for a subcontractor will result in the loss of points during the next competitive grant application process of the same grant type.

Consumer Grievance Policy

It is the policy of the Ingham County Continuum of Care to establish an efficient and fair procedure for the resolution of consumer complaints and problems.

1. Specific Objectives

1.1 The objectives of this policy are to:

a. provide a means of fair, expedient and equitable treatment of all consumers

b. minimize potential causes of consumer dissatisfaction

c. provide a mechanism for the acceptable solution of problems regarding consumers and the Continuum's members

2. Definitions

2.1 Grievance: A complaint which is registered by a consumer as a result of an unresolved problem, misunderstanding or disagreement

2.2 Grievance Review Committee: The committee consisting of the Executive Members of the Board and the Chair of the CQI Committee

2.3 Member agency: An entity which is officially a member of GLHRN in good standing

2.4 Network agency: An entity which is connected to GLHRN unofficially

Note: Please note the purpose of a *Consumer Grievances Policy* is to give consumers ample time and opportunity to voice their grievances. Consumers must not be made to feel threatened or guilty for making such grievances known. It is the responsibility and obligation of the Continuum of Care to ensure that complaints registered with the Grievance Review Committee are investigated and appropriate actions are taken where necessary.

3 Responsibilities

3.1 The Grievance Review Committee will:

a. review, amend, and adopt changes to the *Consumer Grievances Policy*

b. conduct investigations, where appropriate, regarding the consumer complaint or grievance

c. take corrective actions, where appropriate, to resolve the consumer complaint or grievance

d. ensure the proper implementation and administration of the *Consumer Grievances Policy*

e. ensure that member agencies and consumers are aware of the *Consumer Grievances Policy* and its contents

3.2 Other Greater Lansing Homeless Resolution Network Committees and Member agencies will:

a. recommend changes to the *Consumer Grievances Policy* when appropriate to the Grievance Review Committee

b. ensure, in co-operation with the Grievance Review Committee, that the *Consumer Grievances Policy* is properly implemented

c. ensure that their consumers are aware of the *Consumer Grievances Policy* and its contents

4. Grievance Procedure

4.1 The causes for grievance may include but are not limited to the following:

a. lack of an established network policy or procedure
b. a member agency or network policy or procedure which is perceived to be unfair or causes the consumer a hardship or concern
c. a deviation from an accepted network policy or procedure
d. disagreement or misunderstanding with a member or network agency
e. a discretionary action of the network in the application and/or interpretation of the policies, procedures, rules or regulations of the network

4.2 Eligibility for Grievance

a. Any consumer of services or housing offered by an agency or individual member of the network may grieve a particular matter.

4.3 The Formal Grievance Procedure

a. Prior to the initiation of the formal grievance procedure the consumer(s) and network member(s) are encouraged to discuss problems and consider possible solutions. If the discussion between the consumer(s) and network member(s) does not lead to a satisfactory and timely resolution of the problem, the consumer and/or the member(s) are encouraged to proceed with the formal grievance procedure as soon as possible.

4.3.1 Step 1: Submission of the Grievance to the Network

a. The consumer(s) shall complete the Consumer Grievance Review Request form and deliver it the Network Coordinator, who shall deliver it to the Grievance Review Committee and any involved agency within seventy-two (72) hours.

b. Upon receipt of the Grievance Review form, the parties being grieved will review the form and submit to the Grievance Review Committee a written response to the allegations within five (5) business days of receipt. This will then be forwarded to the consumer.

b. The Grievance Review Committee shall hold a meeting within thirty (30) days of receiving the Consumer Grievance Review Request Form. The consumer making the grievance and any members named in the grievance shall be required to attend. Any other involved party will be invited to attend.

4.3.2 Step 2: Review of Grievance at Grievance Review Committee Meeting

a. The Grievance Review Committee shall review the Grievance and hear any discussion related to the grievance offered by consumers and/or members.

b. The Grievance Review Committee will make (a) recommendation(s) to the consumer filing the grievance and/or the member agency involved in the grievance and any other involved party. Any action taken by the network will first be approved by the Board of Directors for the Network. All involved parties will receive notice of the decision and action within 5 business days.

4.4 Records of Grievance Procedures and Decisions

a. A copy of a grievance submitted at any level and any official action taken shall be retained by the Network Coordinator.

4.5 Revision to Policies

a. Any agreed upon changes or revisions to the formal policies utilized by the network which arise as a result of the consumer grievance process will be developed by the CQI Committee, or designate, and forwarded to the Board for review, amendment, and approval.

ESG Process for Monitoring Outcomes of ESG Recipients

HMIS data is used to evaluate performance on a quarterly basis for the following outcomes:
Households served by type, prevention and homeless assistance
Percent of clients with "known" exit destinations (Engagement)
Percent of clients discharged to permanent housing
Percent of clients discharged from shelter to permanent housing within 30 days
Percent of clients recidivating in the emergency shelter system
Percent of adults with Earned Income, SSI/SSDI or TANF at exit
Percent of adults with any cash or non-cash income/benefits at exit
Percent of adults employed at exit
Percent of total CoC clients who were served by the HARA

The CoC evaluates the performance of the ESG funded programs using data from HMIS (or a comparable database for DV and legal services providers). On a quarterly basis the CoC's Continuous Quality Improvement Committee reviews the performance of ESG funded program outcomes to ensure that programs are meeting their performance expectations and to identify opportunities for improvements. The baseline for comparison of the performance measures was set using historic data from the ESG programs and other similar programs types in the CoC. High performing programs are asked to share their practices with other providers and programs performing below targets are expected to be able to explain the reasons behind the low achievement and how they plan to improve going forward.
Following the CQI committee's approval of the accuracy and completeness of the ESG quarterly report the information is sent to the CoC Board for their review and approval.

ESG program monitoring is conducted annually by the Grantee agency, the City of Lansing, using HUD guidelines (exhibits) that cover compliance with HUD regulations, HMIS use, desk audits, client outcomes, exits, and terminations, APRs and barriers. Monitoring results are shared with the agency, the GLHRN Board and the CoC Ranking/Applications review committees during their capacity review. A monitoring letter is sent to the agency with any findings, recommendations or corrective actions. Program expenditures are reviewed via monthly desk audits.

The GLHRN Board works closely with the City of Lansing staff of the Planning and Neighborhood Development (PND) Office that is responsible for the Consolidated Plan. PND is also a voting member of the Board. Information is provided to PND through the CoC's CQI committee, Finance Committee, Strategic Planning Committee (chaired by a PND staff person) and the HMIS Lead Agency (City of Lansing, HRCS Department) quarterly reporting process, monitoring and other information gathered as part of the CoC application process. HRCS staff and key CoC providers provide most of this information directly to PND. CoC members and HRCS staff attend and provide comments at the PND Public Hearings.

2015 Michigan Statewide Homeless Management System (MSHMIS) Operating Policy and Procedure

The purpose of HMIS is to record and store client-level information about the numbers, characteristics and needs of persons who use homeless housing and supportive services, to produce an unduplicated count of homeless persons for each Continuum of Care; to understand the extent and nature of homelessness locally, regionally and nationally; and to understand patterns of service usage and measure the effectiveness of programs and systems of care. These are the minimum standards of operation, CoCs may elect to include more rigorous standards as agreed upon by their local CoC. **The following operating policies and procedures apply to all designated HMIS Lead Agencies and participating Agencies (Contributing HMIS Organizations – CHOs).**

PRIVACY STATEMENT

MSHMIS is committed to make Michigan's HMIS safe for all types of programs, the clients whose information is recorded, and to maximize the opportunities to improve services through automation.

Toward that end:

 Sharing is a planned activity guided by Sharing Agreements between agencies (QSOBAAs). The agency may elect to keep private some or all of the client record including all identifying data.

 All organizations will screen for safety issues related to the use of the automation.

MSHMIS has systematized the risk assessment related to clients through the MSHMIS Release, offered options in terms of the SS#, and provided guidance around the use of Un-Named Records and how the Privacy Notice is explained.

 MSHMIS has adopted a Privacy Notice (with minor modifications) that was developed in close collaboration with those providers that manage information that may put a client at risk.

 The MSHMIS System runs in compliance with HIPAA, and all Federal and State laws and codes. All privacy procedures are designed to insure that the broadest range of providers may participate in the Project.

 Privacy Training is a requirement for all agencies and users on the MSHMIS system.

We view our Privacy Training as an opportunity for all participating organizations to revisit and improve their overall privacy practice. Many agencies have elected to put all of their staff through the training curricula – not just those with user access to the system.

 All those issued user access to the system must successfully complete privacy training and sign a User's Agreement and Code of Ethics, and agencies must sign a MSHMIS Participation Agreement. Taken together, these documents obligate participants to core privacy procedures. If agencies decide to share information, they must sign an agreement that defines sharing practice and prevents re-release of information (the Sharing QSOBAA).

 Policies have been developed that protect not only client's privacy, but also agency's privacy. Practice Principles around the use and publication of agency or CoC specific data have been developed and included in both the Participation Agreement and the Policies and Procedures.

 The MSHMIS System allows programs with multiple components/locations that serve the same client to operate on a single case plan, reducing the amount of staff and client's time spent in documentation activities and ensuring that care is coordinated and messages to clients are reinforced and consistent.

 MSHMIS has incorporated Continuous Quality Improvement Training designed to help agency administrators use the information collected in the HMIS to stabilize and improve program processes, measure outcomes, report to their many funders, and be more competitive in funding requests.

Key Terms and Acronyms:

Term	**Acronym (if used)**	**Brief Definition**
Homeless Management	**HMIS**	Data systems that meet HUD requirements and are used throughout the nation

Information System		to measure homelessness and the effectiveness of related service delivery systems. The HMIS is also the primary reporting tool for HUD homeless service grants as well as other public money's related to homelessness.
Continuum of Care	**CoC**	Planning body charged with guiding the local response to homelessness.
Independent Jurisdictions	**IJs**	CoCs that are recognized by HUD usually organized around the higher population counties. Detroit is its own IJ.
Balance of State CoCs	**BOS**	MSHDA/MHAAB have organized local planning bodies throughout Michigan that make up the "Balance of State" IJ. These groups are called BOS CoCs as they are organized like Independent Jurisdictions with many of the same rules, however they have no legal status with HUD.
Michigan Homeless Assistance Advisory Board	**MHAAB**	The BOS IJ CoC Governance Board. The Statewide HMIS reports to MHAAB – the BOS IJ CoC Planning Group
Michigan State Housing Development Authority	**MSHDA**	MSHDA is the grantee for the Statewide HMIS and subcontracts with MCAH for administration of the System.
Joint Governance Charter		The Agreement between Michigan's IJ CoCs and MSHMIS that supports a statewide HMIS operating in a single system environment.
Contributing HMIS Organizations	**CHO**	An organization that participates on the HMIS.
Participation Agreement		The Agreement between all participating agencies and MCAH that specifies the rights and responsibilities of MCAH and participating agencies.
Administrative Qualified Services Organization Business Associates Agreement	**Admin. QSOBAA**	The Agreement signed by each Agency, local Lead HMIS Agency, MCAH, and MSHDA that governs the privacy standards for all those that can see multiple organization data.
Sharing Qualified Services Organization Business Associates Agreement	**Sharing QSOBAA**	The Agreement between agencies that elect to share information using the HMIS. The Agreement prevents the re-release of data and, in combination with the Participation Agreement, defines the rules of sharing.
User Agreement & Code of Ethics		The document each HMIS User signs agreeing to the HMIS standards of conduct.
Release of Information	**ROI**	An electronic ROI must be completed to share any persons data within the HMIS. A signed (paper) ROI giving informed client consent for sharing is also required to share data between agencies.
Sharing		Sharing refers to the sharing of data between agencies. It does **not** refer to basic entry into the HMIS. Sharing data requires a signed client Release of Information. Basic entry does not require an ROI as there is implied consent for the agency to keep records when a client provides information..
Visibility		Refers to the ability to see a client's data between provider pages on the HMIS. Visibility is configured on the HMIS system in each Provider Page.
Visibility Groups		Visibility Groups are defined groups of Provider Pages where data is shared. Internal Visibility Groups control internal sharing. External Visibility Groups control sharing with other agencies and are defined with a Sharing QSOBAA.
Coverage Rate		For MSHMIS - The percent of the Homeless Population that is measured on the HMIS. Coverage estimates are used to project to a total homeless count that includes those served in Domestic Violence Providers or other non-participating Shelters or Outreach Programs. See Coverage Memo for guidance. HUD also defines Bed Coverage (beds covered on the HMIS) and Service Coverage (person coverage for none residential programs.
Program Types		**HUD defines 9 basic Program Types**
		• ES: Emergency Shelter- Overnight shelters or shelters with a planned length of stay of less than 3 months. • TH: Transitional Housing- Transitional environments with a planned LOS of not more than 2 years and provide supportive services. • PSH: Permanent Supportive Housing- Permanent Housing for the formerly homeless with services attached to persons served under this program. • PH: Permanent Housing- Permanent housing that may be supported

		by a voucher but does not have services attached to the housing. • RR: Rapid Rehousing- A program that rapidly rehouses those that are identified at Literally Homeless. • HP: Homeless Prevention- A program that helps those are at imminent risk of losing housing, to retain their housing. • SOP: Street Outreach Program- A program that serves homeless persons that are living on the street or other places not meant for habitation. • SSO: Services Only Program- A program that serves only with no residential component. These programs often provide case management and other forms of support and meet with clients in an office, at the household's home, or in a shelter. • Safe Haven: A program that provides low-demand shelter for hard-to-serve persons with severe disabilities. The clients have often failed in other sheltering environments.
Length of Stay	**LOS**	The number of days between the beginning of services and the end of services. It is calculated using entry and exit dates or shelter stay dates. The HMIS offer calculations for discrete stays as well as the total stays across multiple sheltering events.
Point in Time Count	**PIT**	An annual count during the last week in January that is required for all CoCs. Every other year, that count also included an "unsheltered" or street count.
Housing Inventory Chart	**HIC**	All residential programs (both HMIS and non-participating) must specify the number of beds and units available to homeless persons. The numbers are logged into related Provider Pages where the corresponding person data is recorded (for participating programs).
SOAR Across Michigan	**SOAR**	Using the nation "best practice" curriculum, the SOAR project, led by Department of Community Health, reduces the barriers and supports the application for Social Security Benefits for Michigan's disabled homeless.
Department of Human Services Emergency Services Program	**DHS ESP**	DHS general fund and TANF dollars designated for homeless services primarily sheltering. The dollars are managed through the Salvation Army and require HMIS participation.
Homeless Definition		**See Homeless Definition Crosswalk.** **Hearth defines 4 categories of homelessness.** Not all programs can serve all categories and some may utilize a different definition when delivering services. MSHMIS has adopted the HUD definition for counting the homeless. • Category 1: Literally Homeless • Category 2: Imminent Risk of Homelessness • Category 3: Homeless under other Federal Statute • Category 4: Fleeing/Attempting to Flee DV
Projects for Assistance in Transition from Homelessness	**PATH**	PATH is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) administered by the Michigan Department of Community Health. It provides services to mentally ill homeless people, primarily through street outreach, to link them to permanent community housing. This program has different reporting requirements than HUD funded programs and uses HMIS to collect this information.
Shelter Plus Care	**S+C**	Lead by the Michigan Department of Community Health, provides Permanent Supportive Housing to disabled persons throughout the State of Michigan and reports to the HMIS.
Housing Opportunities for Persons with AIDS	**HOPWA**	Lead by the Michigan Department of Community Health, provides housing assistance and related supportive services for persons with HIV/AIDs and family members who are homeless or at risk of homelessness. This program has different program reporting requirements than the other HUD funded programs in this document.
Housing Assessment and	**HARAs**	Michigan has implemented HARA's across the state to serve as "single points of

Resource Agencies		entry" for homeless persons. HARAs work with other service providers to insure that access to homeless resources is optimized and based on assessment of need.

Policy Disclaimers and Updates

Operating Procedures defined in this document represent the minimum standards of participation on MSHMIS and general "best practice" operation procedures. Local Lead Agencies in coordination with their CoCs may include additional standards.
Operation Standards in this document are not intended to supersede grant specific requirements and operating procedures as required by funding entities. Path, HOPWA and VA providers have operating rules specific to HHS and VA.
The MSHMIS Operating Policies and Procedures are updated routinely as HUD publishes additional guidance or as part of the annual review. Updates will be reviewed at the Monthly System Administrator Call-In and included the Meeting Minutes distribution email. To allow for evolution of compliance standards without re-issuing core agreements, updated policies supersede related policies in previously published Policies and Procedures or Agreements. Any changes from the previous year will be highlighted. A current copy of the Procedures may also be found on the MSHMIS WEB Site www.mihomeless.org .

Agreements, Certifications, Licenses and Disclaimers:

1) All CoCs participating on the MSHMIS must sign a **Joint Governance Charter** that designates the use of the Michigan Statewide HMIS Vendor and identifies the Michigan Coalition Against Homelessness as the Statewide Lead Agency for administration of the statewide database. Each Jurisdiction will also identify a local Lead Agency that coordinates with the Statewide Agency and is responsible for specific tasks. The Charter supports the ability for multiple jurisdictions to participate on a single HMIS information system.

2) All Agencies must have all User Agreements and Training Certifications on file as well as agency related Participation Agreements and documentation?

3) All Agencies must have fully executed and be in compliance with the following Agreements and Policies:

a) Administrative QSOBAA governing administrative access to the System.
b) Participation Agreement governing the basic operating principals of the System and rules of membership.
c) Sharing QSOBAA's (if applicable) governing the nature of the sharing and the re-release of data.
d) A board certified Confidentiality Policy governing the over Privacy and Security standards for the Agency.
e) User Agreement and Code of Ethics governing the individual's participation in the System.

4) Agencies must have an assigned Agency Administrator. The Agency Administrator maintains files that document:

a) Workflow and provider page training (and have documentation of training)
b) All users have signed User Agreements/Code of Ethics documents on file
c) All Users have refreshed Privacy Training since moving to ServicePoint 5.x (June 2011 or later) and Privacy Training is refreshed thereafter annually. Successful completion of the Certification Questionnaire is required for Privacy Training.

d) All users have completed workflow training and related updates and have documentation of training. Further, Agencies must have users certified by completing the associated Certification Questionnaire and returning it to MCAH.

e) Reports Training (agency users and leadership are tasked with supporting data quality as well as monitoring outcome and other performance issues).

Privacy and Security Plan:

All records entered into the HMIS and downloaded from the HMIS are required to be kept in a confidential and secure manner.

Oversight:

1) All Agency Administrators with support of agency Leadership must:

a) Insure that all staff using the System complete annual privacy & security training. Training must be provided by MSHMIS Certified Trainers and based on the MSHMIS Privacy/Security Training Curriculums.

b) Conducts quarterly review of their Providers Visibility insuring that it properly reflects any signed Sharing QSOBAAs, their adapted Release of Information, and the Script used to explain privacy to all clients.

c) Insure the removal licenses to the HMIS when a staff person leaves the organization or revision of the user's access level as job responsibilities change.

d) Report any security or privacy incidents to the local Lead HMIS System Administrator for the CoC Jurisdiction. The System Administrator investigates the incident including running applicable audit reports. If the System Administrator and Security Officer determine that a breach has occurred and/or the staff involved violated privacy or security guidelines, the System Administrator will report to the chair of the CoC. A Corrective Action Plan will be implemented. Components of the Plan must include at minimum supervision and retraining. It may also include removal of HMIS license, client notification if a breach has occurred, and any appropriate legal action.

2) Criminal background checks must be completed on all Local System Administrators by the Lead Agency that employs the local SA. All agencies should be aware of the risks associated with any person given access to the System and limit access as necessary. System Access levels should be used to support this activity.

3) The HMIS Lead Agency conducts routine audits of participating agencies to insure compliance with the Operating Policies and Procedures. The audit will include a mix of system and on-site reviews. The Lead Agency document the inspection and recommendations.

Privacy:

1) All Agencies are required to have the **HUD Public Notice** posted and visible to clients where information is collected. See Appendix A for link to the Notice.

2) All Agencies must have a **Privacy Notice**. They may adopt the MSHMIS sample notice or integrate MSHMIS into their existing Notice. See Appendix A for a link to the sample Notice with required sections highlighted. All Privacy Notices must define the uses and disclosures of data collected on HMIS including:

a) The purpose for collection of client information.

b) A brief description of policies & procedures governing privacy including protections for vulnerable populations.

c) Data collection, use and purpose limitations. The Uses of Data must include de-identified data.

d) The client right to copy/inspect/correct their record. Agencies may establish reasonable norms for the time and cost related to producing any copy from the record. The agency may say "no" to a request to correct information, but the agency must inform the client of its reasons in writing within 60 days of the request.

e) The client complaint procedure

f) Notice to the consumer that the Privacy Notice may be updated overtime and applies to all client information held by the Agency.

3) All Notices must be posted on the Agencies WEB Site.

4) All Agencies are required to have a **Privacy Policy**. Agencies may elect to use the Sample Privacy Policy provided by MSHMIS. See Appendix A for link. All Privacy Policies must include:

a) Procedures defined in the Agencies Privacy Notice

b) Protections afforded those with increased privacy risks such as protections for victims of domestic violence, dating violence, sexual assault, and stalking. Protection include at minimum:

i) Closing of the profile search screen so that only the serving agency may see the record.

ii) The right to refuse sharing if the agency has established an external sharing plan.

iii) The right to be entered under an Un-Named Record Protocol where identifying information is not recorded in the System and the record is located through a randomly generated number (note: this interface does allow for unduplication because the components of the Unique Client Id are generated)

iv) The right to have a record marked as inactive.

v) The right to remove their record from the System.

c) Security of hard copy files: Agencies may create a paper record by printing the Assessment screens located within the HMIS. These records must be kept in accordance with the procedures that govern all hard copy information (see below).

d) Client Information Storage and Disposal: Users may not store information from the System on personal portable storage devises. The Agency will retain the client record for a period of **7** years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.

e) Remote Access and Usage: The Agency must establish a policy that governs use of the System when access is approved from remote locations. The policy must address:

i) The use of portable storage devises with client identifying information is strictly controlled.

ii) The environments where use is approved are not open to public access and all paper and electronic records that include client identified information are secured in locked spaces or are password controlled.

iii) All browsers used to connect to the System must be secure. **No user is allowed to access the database from a public or none-secured private network such as an airport, hotel, library, or internet café.**

iv) All computers accessing the System are owned by the agency.

5) Agencies must protect **hard copy data** that includes client identifying information from unauthorized viewing or access?

a) Client files are locked in a drawer/file cabinet

b) Offices that contain files are locked when not occupied.

c) Files are not left visible for unauthorized individuals.

6) Agency provides a **Privacy Script** to all staff charged with explaining privacy to standardize the explanation of agency privacy rules.

a) The Script must be developed by the Agency Leadership to reflect the agencies sharing agreements and the level of risk associated with the type of data the Agency collects and shares.

b) The Script should be appropriate to the general education / literacy level / language of the Agencies clients.

c) A copy of the Script should be available to clients as they complete the intake interview.

7) Agencies that plan to share information through the System must sign a **Sharing QSOBAA** (Qualified Services Organization Business Associates Agreement).

a) The Agreement proscribes the re-release of information shared under the terms of the Agreement.

b) The Agreement specifies what is shared with whom.

c) Agencies may share different thing with different partners and may sign multiple Sharing QSOBAAs to define the layered practice.

d) The signatories on the Agreement include authorized representatives from all Agencies covered by the Agreement.

e) All members of the existing Sharing QSOBAA are informed that, by sharing the electronic record they are creating a common record that can impact the data reflected on Reports. Members of the sharing group agree to negotiate data conflicts. The data quality of the agency applying for membership should be considered in the decision.

f) No Agency may be added to the Agreement without the approval of all other participating agencies.

i) Documentation of that approval must be available for review and may include such items as meeting minutes, email response or other written documentation.

g) When a new member is added to the Sharing QSOBAA, the related Visibility Group is end-dated and a new Visibility Group is begun**. A new member may not be added to an existing Visibility Group.**

8) Agencies must have appropriate **Release(s) of Information** that are consistent with the type of data the agency plans to share.

a) The Agency has adopted the MSHMIS basic Release of Information appropriate to their sharing practice to share basic demographic and transaction information.

b) If the Agency integrates the MSHMIS Release into their existing Releases, the Release must include the following components:

i) A brief description of MSHMIS including a summary of the HUD Public Notice.

ii) A specific description of the Client Profile Search Screen and an opportunity for the client to request that the Screen be closed.

iii) A description of the Agencies sharing partners (if any) and a description of what is share, and must reflect items negotiated in the Agencies Sharing QSOBAA.

iv) A defined term of the Agreement.

v) Inter-Agency sharing must be accompanied by the negotiation of a Sharing QSOBAA.

c) A HIPAA compliant **Authorization to Release Confidential Information** is also required if the planned sharing includes any of the following:

i) Progress Notes

ii) Information or referral for health, mental health, HIV/AIDs, substance abuse, or domestic violence.

iii) To streamline paper, the basic HMIS Release may be adapted to include the language necessary for a HIPAA compliant release if sharing practice is likely to include the items above in ii.

9) An **automated ROI** is required to enable the sharing of any particular client's information between any Provider Pages on the System.

i) Agencies should establish internal sharing by creating a Visibility Group(s) that includes all Agency provider pages where sharing is planned and allowed by law.

(1) **Internal sharing** does not require a Client Release of Information unless otherwise specified by law.

(2) If new provider pages are added to the Agency tree, they may be included in the existing Visibility Group. The information available to that Provider Page will include all information covered by the Visibility Group from the beginning date of the Group – sharing will be retrospective.

ii) Agencies may elect to share information with other Agencies – **External Sharing** - by negotiating a Sharing QSOBAA (see 7 above).

(1) A signed and dated Client Release of Information(s) must be stored in the Client Record (paper or scanned onto the System) for all Automated ROIs that release data between different agencies – external sharing.

(2) To prevent retrospective sharing, a new Visibility Group is constructed whenever a new sharing partner is added to the agencies existing sharing plan / QSOBAA.

10) The Agency must have a procedure to assist clients that are hearing impaired or do not speak English as a primary language. For example:

a) Provisions for Braille or audio
b) Available in multiple languages
c) Available in large print

11) **Agencies are required to maintain a culture that supports privacy**.

a) Staff do not discuss client information in the presence of others without a need to know.
b) Staff eliminate unique client identifiers before releasing data to the public
c) The Agency configures workspaces for intake that supports privacy of client interaction and data entry
d) User accounts and passwords are not shared between users, or visible for others to see
e) Program staff are educated to not save reports with client identifying data on portable media as evidenced through written training procedures or meeting minutes.
f) Staff are trained regarding use of email communication.

12) All staff using the System must complete Privacy and Security Training annually. Certificates documenting completion of training must be stored for review upon audit.

13) Victim Service Providers are precluded from entering client level data on the HMIS or providing client identified data to the HMIS. These providers will maintain a comparable database to respond to grant contracts.

Data Security:

1) All licensed Users of the System must be assigned **Access Levels** that are consistent with their job responsibilities and their business "need to know".
2) All computers have **virus protection with automatic updates**.
   a) Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to insure:
      i) The Anti-Virus Software is using the up-to-date virus database.
      ii) That updates are automatic.
      iii) OS Updates are also run regularly.
3) All computers are protected by a Firewall.
   a) Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to insure:
      i) For Single Computers, the Software and Version is current.
      ii) For Network Computers, the Firewall Model and Version is current.
      iii) That updates are automatic.
4) Physical access to computers that connect to the HMIS is controlled.
   a) All workstations in secured locations (locked offices).
   b) Workstations are logged off when not manned.
   c) All workstations are password protected.
   d) **All HMIS Users are proscribed from using a computer that is available to the public or from access the System from a public location through an internet connect that is not**

secured. That is staff are not allowed to use Internet Cafes, Libraries, Airport Wifi or other non-secure internet connections.

5) A plan for remote access if staff will be using the MSHMIS System outside of the office such as doing entry from home. Concerns addressed in this plan should include the privacy surrounding the off-site entry.
   a) The computer and environment of entry must meet all the standards defined above.
   b) Downloads from the computer may not include client identifying information.
   c) Staff must use an agency-owned computer.
   d) System access settings should reflect the job responsibilities of the person using the System. Certain Access levels do not allow for downloads.

Remember that your information security is never better than the trustworthiness of the staff you license to use the System. The data at risk is your own and that of your sharing partners. If an accidental or purposeful breach occurs, you are required to notify MCAH. A full accounting of access to the record can be completed.

Disaster Recovery Plan:

The HMIS can be a critically important tool in the response to catastrophic events. The HMIS data is housed in a secure server bank in Shreveport, LA with nightly off-site backup. The solution means that data is immediately available via Internet connection if the catastrophe is in Michigan and can be restored within 4 hours if the catastrophe is in Louisiana.

1) HMIS Data System (see "Bowman Systems Securing Client Data" for a detailed description of data security and Bowman's Disaster Response Plan):
   a) MSHMIS is required to maintain the highest level disaster recovery service by contracting with Bowman Systems for Premium Disaster Recovery that includes:
      i) Off site, out-of state, on a different Internet provider and on a separate electrical grid backups of the application server via a secured Virtual Private Network (VPN) connection.
      ii) Near-Instantaneous backups of application site (no files older than 5 minutes)
      iii) Nightly off site replication of database in case of a primary data center failure.
      iv) Priority level response (ensures downtime will not exceed 4 hours).
2) HMIS Lead Agencies:
   a) HMIS Lead Agencies are required to back-up internal management data system's nightly.
   b) Data back-ups will include a solution for off-site storage for internal data systems.
3) Communication between staff of the Lead Agency, the CoC, and the Agencies in the event of a disaster is a shared responsibility and will be based on location and type of disaster.
   a) Agency Emergency Protocols must include:
      i) Emergency contact information including the names / organizations and numbers of local responders and key internal organization staff., designated representative of the CoCs, local HMIS Lead Agency, and the MSHMIS Project Director.
      ii) Persons responsible for notification and the timeline of notification.
   b) In the event of System Failure:
      i) The MSHMIS Project Director or designee will notify all participating CoCs and local System Administrators should a disaster occur at Bowman System's or in the MSHMIS Administrative Offices. Notification will include a description of the recovery plan related time lines. Local/assigned System Administrators are responsible for notifying Agencies.
      ii) After business hours, MSHMIS staff report System Failures to Bowman System using the Emergency Contact protocol. An email is also launched to local System Administrators and Emergency Shelter designated staff no later than one hour following identification of the failure.

c) MSHMIS Project Director or designated staff will notify the HMIS Vendor if additional database services are required.

4) In the event of a local disaster:

a) MSHMIS in partnership with the local Lead Agency will provide access to additional hardware and user licenses to allow the CHO(s) to reconnect to the database as soon as possible.

b) MSHMIS in collaboration with the local Lead Agencies will also provide information to local responders as required by law and within best practice guidelines.

c) MSHMIS in collaboration with the local Lead Agencies will also provide access to organizations charged with crisis response within the privacy guidelines of the system and as allowed by law.

System Administration and Data Quality Plan:

1) Provider Page Set-Up:

a) Provider Page are appropriately named per the MSHMIS naming standards **<agency name>, <location>, <program>, <project/funding>.** Example: "The Salvation Army, Delta, Hotel Voucher Program, ESG, ESP". Identification of funding stream is critical to completing required reporting to funding organization.

b) Inactive Provider Pages are properly identified with "XXX Closed"> followed by the year of the last program exit > Provider Page Name.

c) HUD Data Standards are fully completed on all Provider Pages:

i) CoC code is correctly set

ii) Program type codes are correctly set

iii) Geocodes are set correctly

iv) Bed and Unit Inventories are set for applicable residential programs.

d) All Agency Administrators and System Administrators must complete Provider Page Training. Set-up instruction is offered for System 5 by Funding Stream / Program type.

2) Data Quality Plan:

a) Agencies must require documentation at intake of the homeless status of consumers according to the reporting and eligibility guidelines issued by HUD. The "order of priority" for obtaining evidence of homeless status are (1) third party documentation, (2) worker observations, and certification from the person. Lack of third party documentation may not be used to refuse emergency shelter, outreach or domestic violence services. Local CoCs may designate the local HARA's to establish the homeless designation and maintain related documentation.

b) 100% of the clients must be entered into the System within 15 days of data collection. If the information is not entered on the same day it is collected, the agency must assure that the date associated with the information is the date on which the data was collected by:

(1) Entering the entry/exit data including the UDEs on the Entry/Exit Tab of ServicePoint or

(2) Backdating the information into the System

c) All staff are required to be trained on the definition of Homelessness.

i) MSHMIS providers a Homeless Definition Cross-Walk to support agency level training.

ii) Documentation of training must be available for audit.

iii) There is congruity between the following MSHMIS case record responses, based on the applicable homeless definition: (Housing Status and Residence Prior to Project Entry are being properly completed).

d) Agency has a process to ensure the First and Last Names are spelled properly and the DOB is accurate.

i) An ID is requested at intake to support proper spelling of the client's name as well as the recording of the DOB.

ii) If no ID is available, staff request the legal spelling of the person's name. **Staff should not assume they know the spelling of the name.**

iii) Programs that serve the chronic and higher risk populations are encouraged to use the Scan Card process within ServicePoint to improve un-duplication and to improve the efficiency of recording services.

iv) Data for clients with significant privacy needs may be entered under the "Un-Named Record" feature of the System. However, while identifiers are not stored using this feature, great care should be taken in creating the Un-Named Algorithm by carefully entering the first and last name and the DOB. Names and ServicePoint Id #s Cross-Walks (that are required to find the record again) must be maintained off-line in a secure location.

e) Income and non-cash benefits are being updated at least annually and at exit.

i) For PH Projects, incomes over two years old must be updated by closing the existing income and entering a new income record even if the income has not changed. This assures that the Income has been reconfirmed.

ii) For all other Project Types, incomes should be closed at exit unless the client is transferring within your agency or you are referring the client to a sharing partner.

f) Agencies have an organized exit process. Discharge Destination has been changed to a required element in the 2015 update.

i) Projects must have a defined process for collecting destination information on as many clients as possible.

ii) Clients and staff must be educated on the importance of planning and communicating regarding discharge. This is evidenced through staff meeting minutes or other training logs and records.

iii) There is a procedure for communicating exit information to the person responsible for data entry if not entering real time.

iv) Discharge Destinations are properly mapped to the HUD Destination Categories.

(1) MSHMIS provides a Destination Definition Document to support proper completion of exits (see Appendix A for link. All new staff must have training on this document.

g) Agency Administrator/Staff regularly run data quality reports.

i) Report frequency should reflect the volume of data entered into the System. Frequency for funded programs will be governed by Grant Agreements, HUD reporting cycles, and local CoC Standards. However, higher volume programs such as shelters and services only programs must review and correct data at least monthly. Lower volume programs such as Transitional and Permanent Housing must run following all intakes and exits and quarterly to monitor the recording of services and other required data elements including annual updates of income and employment.

ii) The program entry and exit dates should be recorded upon program entry or exit of all participants. Entry dates should record the first day of service or program entry with a new program entry date for each period/episode of service. Exit dates should record the last day of residence before the participant leaves the shelter/housing program or the last day a service was provided.

iii) Data quality screening and correction activities must include the following:

(1) Missing or inaccurate information in (red) Universal Data Element Fields.

(a) The Relationship to Head of Household assessment questions is completed.

(b) The Client Location question is completed.

(c) Time on Streets in Shelter or Safe Haven is completed including the revised 2015 Homeless History Chronic question series is properly completed.

(2) All program specific required field are completed. Of special interest:

(a) The status of Domestic Violence flight is completed (new question)

(b) HUD Verifications are completed on all Income, Non Cash Benefits, Insurance and Disability sub-assessments are completed.

(c) The Residential-in-date is completed for all PH – RRH programs.

(3) Un-exited clients using the Length of Stay and Un-exited Client Data Quality Reports.

(4) Provider Page Completion Reports with an Annual update of the HUD DATA Standard Elements.

(a) The Federal Partner Funding Source is completed with "NA" if no source or the name of the Federal Partner and the Grant Number.

(b) New CoC sub-assessment is completed and aged-out pages are identified via page naming and CoC code convention.

(c) The primary provider contact information reflects where the services are being delivered.

h) CoCs and Agencies are required to review Outcome Performance Reports defined by HUD and other funding organizations. Measures are adjusted by Program Type. The CoC Lead Agency, in collaboration with the CoC Reports Committee or other designated CQI Committee, establishes local benchmark targets for performance improvement on shared measures. See Appendix A for links and "Setting Targets" training podcast.

i) MSHMIS publishes regional benchmarks on all defined measures annually (see Appendix A).

j) Agencies are expected to participate in the CoCs Continuous Quality Improvement Plan. See CQI materials designed to support Data Quality through Continuous Quality Improvement (see Appendix A).

3) Workflow Requirements:

a) Assessments set in the Provider Page Configuration are appropriate for the funding stream.

b) Users performing data entry have latest copies of the workflow guidance documents.

c) If using paper, the intake data collection forms correctly align with the workflow.

d) 100%of client information is entered into the system within 15 days of collection from the client.

e) Agencies are actively monitoring program participation and exiting clients. Clients are exited within 30 days of last contact unless program guidelines specify otherwise.

f) All required program information is being collected.

i) All HMIS participants are required to enter at minimum the Universal Data Elements and if completing entry and exits, the Michigan Basic Exit Form.

ii) Programs that serve over time are required to complete additional program elements as defined by the funding stream. If the Agency is not reporting to a funding stream, they are encouraged to use the Michigan Basic Entry and Exit forms.

g) Data sharing is properly configured for sharing information internally between programs, including use of visibility groups.

h) External data sharing aligns with any Sharing QSOBAA's including use of visibility groups

i) Visibility groups are managed appropriately (see Privacy 9).

4) Electronic Data Exchanges:

a) Agencies electing to either import or export data from the MSHMIS must assure:

i) The quality of data being loaded onto the System meets all the data quality standards listed in this policy including timeliness, completeness, and accuracy. In all cases, the importing organization must be able to successfully generate all required reports including but not limited to the APR and the Michigan Basic Counting Report.

ii) Agencies exporting data from MSHMIS must certify the privacy and security rights promised participants on the HMIS are met on the destination System. If the destination System operates under less restrictive rules, the client must be fully informed and approve the transfer during the intake process. The agency must have the ability to restrict transfers to those clients that approve the exchange.

b) MSHDA/ MCAH or your local CoC may elect to participate in de-identified research data sets to support research and planning.

i) De-identification will involve the masking or removal of all identifying or potential identifying information such as the name, Unique Client ID, SS#, DOB, address, agency name, and agency location.

ii) Geographic analysis will be restricted to prevent any data pools that are small enough to inadvertently identify a client by other characteristics or combination of characteristics.

iii) Programs used to match and/or remove identifying information will not allow a re-identification process to occur. If retention of identifying information is maintained by a "trusted party" to allow for updates of an otherwise de-identified data set, the organization/person charged with retaining that data set will certify that they meet medical/behavior health security standards and that all identifiers are kept strictly confidential and separate from the de-identified data set.

iv) CoCs will be provided a description of each Study being implemented. Agencies may opt out of the Study through a written notice to MCHA or the Study Owner.

c) MSHDA/ MCAH or your local CoC may elect to participate in identified research data sets to support research and planning.

i) All identified research must be governed through an Institutional Research Board including requirements for client informed consent.

ii) CoCs will be provided a description of each Study being implemented. Agencies may opt out of the Study through a written notice to MCHA or the Study Owner.

5) Staff Training and Required Meetings. See the Michigan Training Certification Site Guide in Links attached.

a) All Users are recertified in Privacy Training Annually.

b) All Users participate in Workflow Training and Training Updates for their assigned Workflows.

c) All Users are trained in Data Standard data element definitions.

d) All Agency Administrators participate in:

i) Provider Page Set-Up Training

ii) Workflow Training sponsored by the funding agency or MSHMIS

iii) Reports Training

(1) Data Quality

(2) Progress Reporting

(3) Outcome Reporting

iv) Other training specified by the CoC.

v) CoC Agency Administrator Meetings and Trainings

vi) Agency specific User Meetings or preside over an HMIS specific topic during routine staff meetings.

vii) A local Reports Committee that governs the publication of information as requested.

e) All System Administrators participate in:

i) All System Administrators are required to read and understand the HUD Data Standards that underpin the rules of the HMIS.

ii) System Administrator Orientation

iii) Provider Page Set-Up Training

iv) Workflow Training sponsored by the funding agency or MSHMIS

v) Reports Training

(1) Data Quality

(2) Progress Reporting

(3) Outcome Reporting

vi) CQI Training

vii) HUD Initiative Training (AHAR, PIT, APR, etc.)

viii) On Site and System Audits of Agency compliance of Date Privacy, Security and Oversight standards as well as item1 through 4 under System Administration and Data Quality.

ix) The Monthly System Administrator Call-In (3rd Wednesday of every Month at 1pm).

x) The CoC Reports Committee or CoC Meeting where data use and release is discussed.

xi) Michigan's Campaign to End Homelessness Work Groups and Regional Meetings as assigned.

Appendix A: Links to Documents referred to in this Policy

http://mihomeless.org/index.php/user-resources/hmis-training-certification/downloads/2014-01-07-21-22-49/viewcategory/235-5-hud-definitional-files

- HUD Data Standards/Dictionary 2015
- 2015 HUD Data Standard Changes
- HMIS Requirements Proposed Rules Federal Registered (Hearth)
- MSHMIS Homeless Definition Crosswalk
- HUD Homeless Definition Matrix
- Discharge Destination Guidance

http://mihomeless.org/index.php/user-resources/hmis-training-certification/downloads/contracts-agreements-policies

- Participation Agreement
- Administration QSOBAA
- Sharing QSBAA
- HMIS Operating Policies and Procedures
- Joint Governance Charter

https://vimeo.com/mcah/review/112953319/799d7bfa50

- Privacy and Security Recorded Training (Training/Quiz found in certification site)

http://mihomeless.org/index.php/2012-11-28-14-24-30/programs/hmis/hmis-training/viewcategory/194-privacy-training-documents

- HUD Public Notice
- User Agreement and Code of Ethics
- Privacy Script Suggestions
- Privacy Workflow

http://mihomeless.org/index.php/2012-11-28-14-24-30/programs/hmis/hmis-training/viewcategory/432-privacy-notices-scripts-and-rois

- Privacy Notice Sample (Grayed Sections Required) Updated
- MSHMIS Release of Information
- HIPAA compliant Authorization to Release Confidential Information
- Translated Notice for Spanish and Arabic

http://mihomeless.org/index.php/user-resources/hmis-training-certification/downloads/continuous-quality-improvement-cqi/viewcategory/64-continuous-quality-improvement-cqi

- CQI Curriculums
- Outcomes Matrix (Michigan State)
- Various Outcomes Training Documents and Pod Casts
- CQI Products from Implementations

http://mihomeless.org/index.php/2012-11-28-14-24-30/programs/hmis/hmis-training/viewcategory/144-self-sufficiency-matrix

- Self Sufficiency Matrix Training Materials

http://mihomeless.org/index.php/workflow-and-addenda-downloads/viewcategory/261-3-workflows-and-grant-specific-documents

- All technical workflow and training documents and podcasts

http://mihomeless.org/index.php/user-resources/hmis-training-certification/downloads/system-admin-meetings

Coordinated Assessment/Entry Policies and Procedures, and Standards for Administering Assistance

The Coordinated Assessment and Entry system of Ingham County represents standardized access and assessment for all individuals, as well as a coordinated referral and housing placement process to ensure that people experiencing homelessness receive appropriate assistance with both immediate and long-term housing and service needs. All people within Ingham County, MI can access the coordinated entry (CE) process, regardless of where or how they present for services. People cannot be screened out of the process because of perceived barriers to housing or services, including but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record. People are housed quickly without preconditions or service participation requirements.

The purpose of these policies is to provide consistent and standard treatment of program participants who may apply for assistance through the Ingham County Housing Assessment and Resource Agency (HARA) CE system. The HARA coordinates an accessible, inclusive, and transparent process of participant intake, assessment, and referrals for housing and services assistance from GLHRN CoC member agencies who may be funded from a variety of federal, state, and local sources including the US Department of Housing and Urban Development (HUD), Michigan State Housing and Development Agency (MSHDA), Emergency Solutions Grant (ESG) programs, HUD ESG programs, or other (CoC) funded programs. These standards meet the ESG requirements per 24 CFR, Part 576.400(c)(3) as amended, and HUD CoC regulations per 24 CFR 578 for Permanent Housing (PH), Permanent Supportive Housing (PSH), and Rapid Rehousing (RRH) referrals and eligibility. They may also be used as guidelines to administer locally of privately funded programs.

1. HARA Policies

The system may be accessed in person, electronic device, by phone, on-line, or at any participating Ingham County service agency. To access by phone, please call 517-484-4414, option 1 or email hara@voami.org.

*The assessment may not be a one-time event but a process to gather needed information to identify and match needs with the best available services. The intent is to seek information necessary to determine the severity of need and eligibility for housing and services and is based on evidence of the risk of becoming or remaining homeless. Participants may refuse to answer questions without retribution or limiting their access to assistance. The assessment process may provide options and recommendations that will help to guide and inform clients of available choices. The process is person-centered knowing that the participant has the option to make their own choices as they know their needs and goals better than anyone else.

a. All individuals and families who need assistance from participating GLHRN sponsored programs will be screened using the Vulnerability Index – Specialized Prioritization Determination Assessment Tool (VI- SPDAT) to determine their eligibility for available resources. The VI-SPDAT is the community-wide assessment tool used to gather information to help guide decisions regarding services and resources. If the assessment (VI-SPDAT) indicates there is NOT an immediate need for housing (but other needs are present), then households will be referred to the appropriate resources to address the need(s) (e.g., Food Assistance through the Department of Health and Human Services (DHHS) and/or mental health through the Community Mental Health Agency

(CMH), etc.). The participant will make the final choice regarding the available resources and services.
b. If the screening concludes there IS an immediate need for housing, households will be prioritized according to chronicity (longest history of homelessness), severity of need, and participant preferences in conjunction with programs that meet/fit the needs of the participants (See Section 10 for detailed prioritization policy). As resources become available, client information will be obtained from the Homeless Management Information System (HMIS) and prioritized by vulnerability and severity of need as measured by the VI-SPDAT score, program eligibility, homelessness status, and current Funder and GLHRN priorities. The Ingham County CoC uses HMIS to collect and manage data associated with assessments and referrals except for situations that may be abusive, i.e. Domestic Violence Victims or other participants with risk factors. If a participant prefers an alternative option, some available choices are Ending Violent Encounters (24 -hour crisis line 517-372-5572), Protective Services for adults or children (confidential referral 1-855-444-3911), and Tri-County Office on Aging (1-800-405-9141). If someone is in immediate danger, please call 911.

2. Eligibility Standards
*Eligibility criteria are limited to conditions required by federal or local statute or by funding sources ONLY (no additional requirements are imposed on participants).
a. Eligibility will be based primarily on federal, state, or local funding source homeless program criteria. The HUD federal homeless and "at-risk" of homelessness definitions are key to determining eligibility and can be found in the ESG regulations at 24 CFR, Part 576.2. ESG services funded through MSHDA must adhere to MSHDA policies (Office of Rental Assistance and Homeless Solutions – ESG Funds, Policy and Procedures 12-2014) that requires specific documentation of homelessness. Eligibility for services provided by HUD ESG and CoC funded programs can be determined through a review of the homeless definition, ESG regulations at 24 CFR Part 576 and CoC regulations at 24 CFR Part 578, the population targeted for the specific program component, and a review of HUD and GLHRN priorities that address those with the most severe needs, (as determined by the VI-SPDAT,) among eligible persons. Chronic homeless individuals and families should be prioritized for ALL available openings for housing. (Please refer to the GLHRN for a list of HUD currently funded programs in Ingham County.)
b. For further information, please see part 5,a, of this document for the Coordinated Entry intake and assessment process.

3. Standards for targeting and providing essential services related to street outreach:
a. Many GLHRN agency outreach activities take place throughout the year to make contact with street homeless or those residing in places not meant for or ordinarily used as regular sleeping accommodations. This includes shelter and agency staff who encounter people in the regular course of business, day shelter staff, special outreach to known encampments sometimes resulting from alerts by law enforcement or code enforcement, weather disasters that threaten health of those living outside, locally funded efforts to provide assistance and necessities, and the annual Point in Time (PIT) outreach that goes to more than 100 sites in the community where people may seek temporary shelter. It is the policy of the HARA to work closely with all outreach efforts and prioritize chronic homeless individuals and families for housing resources as determined by history of homelessness and VI-SPDAT score.

4. Policies and procedures for admission, diversion, referral and discharge by emergency shelters assisted under ESG, including standards regarding length of stay, if any, and safeguards to meet the safety and shelter needs of special populations e.g., victims of

domestic violence, dating violence, sexual assault, and stalking; and individuals and families who have the highest barriers to housing and are likely to be homeless the longest: Although policies are established for shelter admission for the general population that will safeguard the majority of participants, the HARA provides referrals to specialized services for those who do not meet the criteria listed below, such as youth under 18 are directed to a youth shelter that includes both an emergency shelter and transitional housing, and for criminal sexual conduct (CSC) persons who are referred to the prisoner re-entry systems for housing placement and assistance. Shelter diversion is key to reducing the shelter population and using ANY alternative resources available to the individual or family prior to shelter admission.

a. Policies/eligibility for shelter admissions:

i. All clients must be at least 18 years of age or accompanied by an adult at all times

ii. All intake screening forms must be completed and they must not have a CSC (criminal sexual conduct charge).

iii. Case managers or HARA managers do *referrals* for employment, health care, substance abuse and related services within the community.

iv. Shelters funded by ESG grants in the CoC apply Housing First principles and engage in low barrier policies that do not set up additional barriers for access to programs.

b. Discharge procedure: in most shelters, the length of stay is a 30 to 90-day maximum, varying by shelter.

i. Extensions may be given by a Case Manager or supervisor and are based on a resident's completing an intake with a Case Manager, progressing on the resident's Individual Action Plan, and demonstrating respectful and cooperative behavior.

ii. A 30-day wait period must occur before re-entering the shelter program.

iii. Exceptions may be made based on:

1. The "Cold Weather Policy"
2. Extreme emergencies.

iv. Not showing up for one night will be considered a self-discharge from the program.

5. Policies and procedures for assessing, prioritizing, and reassessing individuals' and families' needs for essential services related to emergency shelter:

a. Coordinated Intake and Housing Assessment Process – HARA staff

i. Triage (VI-SPDAT) -

1. All applicant households will be triaged (screened) either by phone or in person to determine their prioritization of resources. The screening will use the VI-SPDAT tool to prioritize clients into PSH resources, Rapid Re-Housing Resources, or General Assistance. HARA staff and emergency shelters coordinate their efforts in the VI-SPDAT process.

2. Protocol has been developed between the HARA and 211, taking calls during non-traditional work hours. Households who present with immediate safety issues will be re-directed appropriately (Domestic Violence shelters, 24 hour DV hotline or 911).

ii. Determining Acuity (SPDAT) -

1. To determine acuity, assessments will be completed using the VI-SPDAT. The VI-SPDAT assessment will be reviewed and eligible persons prioritized according to SPDAT scores, when PSH or Rapid Rehousing resources in the community become available. Staff who complete VI-SPDAT assessments are required to determine prioritization, either by phone or in person, and maintain a centralized list.

2. If the Triage process concludes there is not an immediate housing need (but other needs are present), the households will be referred to the appropriate resource to address the need (food assistance through DHHS, mental health through CMH, etc.)
3. If the Triage process concludes there is an immediate housing need, households will be prioritized based on severity of need. An executed sharing agreement (QSOBAA) exists to allow sharing of client information in HMIS between agencies.
4. The Housing Resource Specialists or other appropriate staff will identify the most appropriate resources for applicant households and provide this information to them both verbally and in written form as part of the Housing Plan.
5. Data entry into HMIS is mandatory for HARA and shelter staff funded by ESG, with the exception of legal or victim service providers.
6. Housing Resource Specialists or other appropriate staff will perform the following activities: intake, assessment, creation of a personalized Housing Plan that includes a path to permanent housing stability, arrangement, coordination, monitoring, referral and delivery of services to assist participants to obtain housing stability.

6. Policies and procedures for coordination among emergency shelter providers, essential services providers, homeless prevention, and rapid re-housing assistance providers, other homeless assistance providers, and mainstream service and housing providers;

1) Local partner collaboration will allow leveraging and coordination of HUD and mainstream community resources. It is extremely critical to partner with local organizations to ensure a "personalized" coordination of available resources and supports for each participant.
   i. Partners" include organizations, agencies and members of the public who fund programs or regularly interact with people who are in crisis, poverty, are homeless or are at risk of homelessness. They may include:
      1. Head Start and Early Head Start Agencies;
      2. Department of Health and Human Services (DHHS); Child Welfare Agencies; Unemployment
      3. WIC Agencies; Hospitals and Health Clinics; Mental Health Agencies;
      4. Public Housing Agencies; Public Housing Tenant Associations; Property Managers/ Landlords
      5. Utility Companies;
      6. Substance Abuse Treatment Programs; Domestic Violence Programs
      7. Food Banks; Community Action Agencies; Help Lines (and 211 lines);
      8. Police; Jails; Prisons; and Probation Offices; Courts; Michigan Prisoner Re-Entry Program;
      9. Culturally Specific Organizations; Shelters and Homeless Assistance Providers; Veterans Services Organizations; Legal Aid Agencies; School Homeless liaisons; Community Resource Centers;
      10. Family Support Centers; Businesses; Workforce Centers;
      11. Churches and other Faith-Based Organizations.
      12. Local governments.

7. Policies and procedures for determining and prioritizing which eligible families and individuals will receive homeless prevention assistance and which eligible families and individuals will receive rapid re-housing assistance:

Eligibility is determined by funding source and in the regulations that govern the programs or services. The following excerpts are shown here, as applicable to ESG prevention assistance, but the entire regulation should be reviewed.

Prevention: Intended to serve those certified as Homeless, Categories 2-4; certified At Risk of Becoming Homeless, Categories 1-3. (see 24 CFR, Part 576.103)

Housing relocation and stabilization services and short-and/or medium-term rental assistance (see 24 CFR, Part 576.105) as necessary to prevent the individual or family from becoming homeless if:

- Annual income of the individual or family is below 30 percent of median family income,
- Assistance is necessary to help program participants regain stability in their current permanent housing or move into other permanent housing and achieve stability in that housing,

Eligible costs include security deposits, rent arrearages, 1st month's rent, utility deposits/arrearages, housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services, and credit repair. (see limits in the next section)

Rapid Re-Housing: To serve those certified as Homeless, Category 1 – only

- Annual income of the individual or family is below 30 percent of median family income
- Housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to help individuals or families living in shelters or in places not meant for human habitation move as quickly as possible into permanent housing and achieve stability in that housing. Eligible costs also include security deposits, 1st month's rent, utility deposits/arrearages, housing stability case management, landlord-tenant mediation, tenant legal services, and credit repair.

7b. Standards for determining what percentage or amount of rent and utilities costs each program participant must pay while receiving homelessness prevention or rapid re-housing assistance:

The amount of rent and utilities cost each participant must pay is determined by the amount owed minus the amount of assistance they are able to receive from other agencies, such as DHHS and other agencies. The remainder is their co-pay up to 30% of adjusted gross income.

8. Standards for determining how long a particular program participant will be provided with rental assistance and whether and how the amount of that assistance will be adjusted over time:

A range of allowable rental assistance is permitted within the CoC depending on several factors including the funding source and amount available within any established limits. The amount of rental assistance is determined based on grant allocations, according to individual/family needs, usually ranging from 1 – 6 months. These amounts and length of time may be adjusted based on ongoing client needs' assessments.

9. Standards for determining the type, amount, and duration of housing stabilization and/or relocation services to provide a program participant, including the limits, if any, on the homelessness prevention or rapid re-housing assistance that each program participant may receive, such as the maximum amount of assistance, maximum number of months program participant may receive assistance, or the maximum number of times the program participant may receive assistance.

Prevention Financial Assistance

- Rental Arrearages up to 3 months maximum
- Rental Assistance 6 months maximum
- NOTE: Total per household/per grant year is capped at 6 months of rental assistance for the combination of rental arrearages and leasing assistance – NOT 6 months for each

category.

- Qualifications (income below 30% AMI); Current Fair Market Rent (FMR) guidelines must be used.
- Target group: Available to homeless definition categories 2, 3, 4 (Homeless Certification required) and at risk of homelessness categories 1, 2, 3 (At Risk of Homelessness Certification required).
- Verified income: recertification is required after 3 months' assistance (if participant continues to need assistance for months 4-6, income must be re-verified.)
- Prioritization for those participants most in need by targeting those closest to going to a shelter, car, or the street with the following Risk Factors:
    - Extremely Low Income
    - Criminal Histories
    - Behavioral Health Issues
    - Poor Employment Histories

Security Deposits

Allowed under Prevention if it prevents a household from becoming homeless. Must first attempt to get funds from DHHS State Emergency Relief (SER) or other community programs.

Utility Deposits

Generally, these are capped at $200 per household.

Utility Arrearages

Generally, these are capped at $1,500 per household/per year.

NOTE: Total per household/per year is $1,500 for the combination of prevention and re-housing. Not $1,500 for each category.

Legal Assistance (Mediation)

Referral to Ingham County HUD ESG Prevention-Funded Program as determined by client need/assessment.

Rapid Rehousing Financial Assistance

- Rental Assistance up to 6 months maximum per year
- Qualifications (if income is below 30% AMI)
- Target Population - Certified Homeless - Category 1 - Only. (Homeless Certification required)
- Verified income
- Recertification is required after 3 months' assistance (if participant continues to need assistance for months 4-6, income must be re-verified.)
- Priority populations:
    - Homeless with a Disability – as defined by HUD
        - Chronically Homeless – use orders of priority – CPD-14-012
- General Homeless

Security Deposit

Generally, security deposits should not exceed one month's rent. Must attempt to get funds from Department of Health and Human Services first. (Allowed under Rapid Re-housing, if needed, to assist in getting household in a unit.)

Utility Arrearages

Available only if it enables utilities to be turned on at a new address. Generally are capped at $1,500 per household/per year. Note: Total per household/per year is $1,500 for the combination of prevention and re-housing, not $1,500 for each category.

Utility deposits

Generally capped at $200 per occurrence.
Legal Assistance (Mediation)
Referral to Ingham County HUD ESG Prevention-Funded Program as determined by client need/assessment.

10. Policies related to referrals to CoC funded Permanent Housing.
All CoC Program-funded PSH programs in GLHRN accept referrals only through the HARA.[1] The HARA conducts an initial needs assessment using the VI-SPDAT tool (per 24 CFR 578.3) to ascertain the most appropriate referrals for the individual or family. This determines the priority participants for Ingham County PSH openings as they arise, using a single prioritized list for all CoC Program-funded PSH within the CoC that is informed by the CoC's street outreach. The single, prioritized list for PSH is updated monthly by the HARA, or more frequently as new data is available, working closely with the HMIS Administrator and the InterDisciplinary Team (IDT). Regulations for the PH program are found at 24 CFR, Part 578.37 and should be reviewed by all HARA coordinated entry staff.

- **Permanent Supportive Housing (PSH)** in the COC regulations prioritizes housing to individuals and families with disabilities in which one adult (head of household) has a disability. Supportive services are made available to program participants in a voluntary, non-discriminatory manner. The Orders of Priority for new and vacant units are not based upon diagnosis or disability type but rather on the following:
    - **Target Population:** For CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness, the highest priority is given to a chronically homeless individual or family with the longest length of time homeless with the highest severity of needs (see HUD Orders of Priority and Record-keeping procedures later in this policy.)
    - **Uses CPD Notice CPD-14-012** for open PSH slots that prioritize chronically homeless who have been homeless the longest with the most severe service needs.[2] These HARA standards were updated to reflect the new Orders of Priority in CPD Notice CPD 16-11, Section III, issued July 2016.[3]
    - **No designated length of stay** is established for PSH participants.
    - **PSH funds may be used for** acquisition, rehabilitation, new construction, leasing, rental assistance, operating costs or supportive services according to the current HUD Project Grant Agreement approved by HUD and submitted by the GLHRN CoC in the most recent NOFA.
    - **PSH programs use current FMR or per unit costs** as approved by HUD in the most recent grant agreement governing the PSH Project.

The CoC's Coordinated Entry system will coordinate and prioritize participants for the Ingham County CoC funded Rapid Rehousing programs as follows:

- **Rapid Rehousing (RRH)** is for homeless individuals and families, with or without disabilities, to move as quickly as possible into PH. Supportive services must be provided at least monthly per CoC or ESG regulations.
    - **Target Population:** Current GLHRN CoC RRH grant agreement is for families (FY16-17). MSHDA ESG funded RRH is for individuals or families and must follow MSHDA guidelines.

[1] GLHRN Board minutes, July 2015
[2] GLHRN Board minutes, October 2015
[3] GLHRN Board minutes, August 2016

- **Allows short term (up to 3 months and/or medium term (for 3 to 24 months) tenant based rental assistance.** Must limit rental assistance to no more than 24 months per household, but local program guidelines are for 5 months maximum. MSDHA ESG funded RRH is limited to 6 months of rental assistance.
- **Must follow written policies established by the CoC** for determining and prioritizing which eligible families and individuals will receive RRH assistance through administration of the VI-SPDAT assessment tool, as well as the amount or percentage of rent each program participant must pay. (578.37(a)(1)(ii) *Rapid Rehousing.)*
- **Annual Re-evaluation** of program participants' service needs is required.
- **Monthly meetings** with a case manager.

Orders of Priority Process to be followed for filling new CoC funded PSH units and/or vacancies.[4]

"III. Order of Priority in CoC Program-funded Permanent Supportive Housing

The definition of chronically homeless included in the final rule on "Defining Chronically Homeless", which was published on December 4, 2015 and went into effect on January 15, 2016, requires an individual or head of household to have a disability and to have been living in a place not meant for human habitation, in an emergency shelter, or in a safe haven for at least 12 months either continuously or cumulatively over a period of at least 4 occasions in the last 3 years. HUD encourages all CoCs adopt into their written standards the following orders of priority for all CoC Program-funded PSH. CoCs that adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the most recent CoC Program Competition are strongly encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. Where a CoC has chosen to not incorporate HUD's recommended orders of priority into their written standards, recipients of CoC Program-funded PSH are encouraged to follow these standards for selecting participants into their programs as long as it is not inconsistent with the CoC's written standards.

As a reminder, recipients of CoC Program-funded PSH are required to prioritize otherwise eligible households in a nondiscriminatory manner. Program implementation, including any prioritization policies, must be implemented consistent with the nondiscrimination provisions of the Federal civil rights laws, including, but not limited to the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Title II or III of the Americans with Disabilities Act, as applicable. For example, while it is acceptable to prioritize based on level of need for the type of assistance being offered, prioritizing based on specific disabilities would not be consistent with fair housing requirements or program regulations.

A. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. CoCs are strongly encouraged to revise their written standards to include an order of priority, determined by the CoC, for **CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual's or family's service needs.** Recipients of CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic

[4] Excerpts from CPD-16-11 Orders of Priority, pp. 7-11, published by HUD on July 25, 2016. The full Notice is included with this CoC policy

homelessness would be required to follow that order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.
2. Where there are no chronically homeless individuals and families within the CoC's geographic area, CoCs and recipients of CoC Program-funded PSH are encouraged to follow the order of priority in Section III.B. of this Notice. For projects located in CoC's where a sub-CoC approach to housing and service delivery has been implemented, which may also be reflected in a sub-CoC coordinated entry process, need only to prioritize assistance within their specified sub-CoC area.
3. Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section III.A.1. of this Notice to the extent in which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless within the CoC's geographic area, the recipient should follow the order of priority under Section III.B for persons with a serious mental illness.
4. Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. HUD recognizes that some persons–particularly those living on the streets or in places not meant for human habitation–might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable. Therefore, a person experiencing chronic homelessness should not be forced to refuse an offer of PSH if they do not want to participate in the project's services, nor should a PSH 2 For the State of Louisiana grant originally awarded pursuant to "Department of Housing and Urban Development— Permanent Supportive Housing" in chapter 6 of title III of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 122 Stat. 2351), projects located within the geographic area of a CoC that is not the CoC through which the State is awarded the grant may prioritize assistance within that geographic area instead of within the geographic area of the CoC through which the State is awarded the grant. 9 project have eligibility criteria or preconditions to entry that systematically exclude those with severe service needs. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these chronically homeless persons must continue to be prioritized for PSH until they are housed.
B. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness (Note: As of 9/1/16, all CoC funded PSH beds are either dedicated or prioritized for Chronic Homeless persons or families, thus this information is for use when all known CH persons in this CoC are housed.)
1. CoCs are strongly encouraged to revise their written standards to include the following order of priority for non-dedicated and non-prioritized PSH beds. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH that is not dedicated or prioritized for the chronically homeless would be required to follow this order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

(a) **First Priority**–Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months and has been identified as having severe service needs.

(b) Second Priority–Homeless Individuals and Families with a Disability with Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs. An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(d) Fourth Priority–Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

2. Recipients of CoC Program-funded PSH should follow the order of priority above, as adopted by the CoC, while also considering the goals and any identified target populations served by the project. For example, non-dedicated or non-prioritized CoC Program-funded PSH that is permitted to target youth experiencing homelessness should follow the order of priority under Section III.B.1. of this Notice, as adopted by the CoC, to the extent in which youth meet the stated criteria.

3. Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are prioritized for assistance based on their length of time homeless and the severity of their needs following the order of priority described in this Notice, and as adopted by the CoC. HUD recognizes that some persons–particularly those living on the streets or in places not meant for human habitation–might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant indefinitely while waiting for an identified eligible individual or family to accept an offer of PSH (see FAQ 1895). Recipients of CoC Program-funded PSH are encouraged to follow a Housing First approach to the maximum extent practicable. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these individuals and families must continue to be prioritized until they are housed." *(End of Excerpt from CPD-16-11)*

Supplemental PSH procedures for Exhausting CH households

Determining PSH administrator has exhausted reasonable efforts to house the most chronically homeless households:

1. Call the applicant three times over seven days. If there is no available phone number, move to next step.
2. Contact DHHS, Advent House, and the City Rescue Mission (in writing) to request staff assistance at overnight and weekday shelters that they search for this person or household from X date to X date (allowing no more than 3 weeks for search process, which should be done simultaneously with search at Advent House).
3. Request a staff notice for the same 21-day period above for VOA, Advent House, and the City Rescue Mission, requesting Applicant to call/drop into the office at LHC or Advent House, as appropriate per HIPA rules and regulations.

Steps 1, 2, & 3 should be concurrent and/or overlap

In writing means both letter and e-mail. Request should include a response time and respondent.

If all Chronically homeless households are not accessible after following the protocol above and the file is documented, then households that have been determined to be high acuity but are not chronically homeless can be offered PSH assistance.

Also:

1. The "by-name" list of eligible CH clients may only contain those who have been fully vetted (in process is not fully vetted) with all required documentation uploaded to HMIS.
2. The process to vet household as CH require the following:
    a. Household is interviewed by the HARA staff, which
        i. EITHER establishes CH immediately and uploads all required documentation AND adds the household to CH "by-names" list
        ii. OR determines through household reporting and existing HMIS records that there MAY be sufficient episodes of homelessness and refers household to VOA Clinic or other resource to secure all required documentation of disability, if documentation does not already exist, ADD the household to a NON-CH HIGH ACUITY list. NON-CH/HIGH ACUITY does not qualify for placement on the CH by names list.
    b. Household on CH "by-names" list is referred to appropriate PSH program.
    c. Household WITH disability documentation and documentation of at least 12 months of homelessness but in process of seeking verification of appropriate episodes of homelessness will remain on the NON-CH/HIGH ACUITY list and work with HARA staff until other program resources are available.
    d. All NON-CH/HIGH ACUITY households will be eligible to enter PSH programs once the CH "by-names" list has been exhausted, as outlined in the process stated above.

Recordkeeping Procedures for the GLHRN-CoC PSH programs will adhere to documentation requirements for all recipients of dedicated and non-dedicated CoC Program-funded PSH as provided in 24 CFR 578.103(a)(4) when determining whether or not an individual or family is chronically homeless for the purposes for eligibility, and maintain

evidence of implementing these priorities, in respect to the Orders of Priority in CPD-16-11 Recordkeeping Recommendations as follows:[5]

"**V. Recordkeeping Recommendations for CoCs that have Adopted the Orders of Priority in this Notice**
24 CFR 578.103(a)(4) outlines documentation requirements for all recipients of dedicated and non-dedicated CoC Program-funded PSH associated with determining whether or not an individual or family is chronically homeless for the purposes of eligibility. In addition to those requirements, HUD expects that where CoCs have adopted the orders of priority in Section III. of this Notice into their written standards. The CoC, as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities. Evidence of following these orders of priority may be demonstrated by:
A. Evidence of Severe Service Needs. Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in Section I.D.3. of this Notice using data-driven methods such as an administrative data match or through the use of a standardized assessment. The documentation should include any information pertinent to how the determination was made, such as notes associated with case-conferencing decisions.
B. Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance. Recipients must follow the CoC's written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC's adoption of 12 written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.
C. Evidence that there are no Households Meeting Higher Order of Priority within CoC's Geographic Area.

(a) When dedicated and prioritized PSH is used to serve non-chronically homeless households, the recipient of CoC Program-funded PSH should document how it was determined that there were no chronically homeless households identified for assistance within the CoC's geographic area – or for those CoCs that implement a sub-CoC 3 planning and housing and service delivery approach, the smaller defined geographic area within the CoC's geographic area – at the point in which a vacancy became available. This documentation should include evidence of the outreach efforts that had been undertaken to locate eligible chronically homeless households within the defined geographic area and, where chronically homeless households have been identified but have not yet accepted assistance, the documentation should specify the number of persons that are chronically homeless that meet this condition and the attempts that have been made to engage the individual or family. Where a CoC is using a single prioritized list, the recipient of PSH may refer to that list as evidence.
(b) When non-dedicated and non-prioritized PSH is used to serve an eligible individual or family that meets a lower order of priority, the recipient of CoC Program-funded PSH should document how the determination was made that there were no eligible individuals or families within the CoC's geographic area - or for those CoCs that implement a sub-CoC planning and housing and service delivery approach, the smaller defined geographic area within the CoC's geographic area - that met a higher priority. Where a CoC is using a single prioritized list, the recipient of PSH may refer to that list as evidence that there were no households identified within the CoC's geographic area that meet a higher order of priority."[6]

[5] CPD-16-11, pp 11-12
[66] CPD-16-011 adopted by GLHRN board August 2016

Attachments and References used by Ingham County CoC

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

Special Attention of:	**Notice: CPD-14-012**
All Secretary's Representatives	**Issued: July 28, 2014**
All Regional Directors for CPD	**Expires:** This Notice is effective until it is amended, superseded, or rescinded
All CPD Division Directors	
Continuums of Care (CoC)	
Recipients of the Continuum of Care (CoC) Program	**Cross Reference:** 24 CFR Parts 578 and 42 U.S.C. 11381, *et seq.*

Subject: Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status

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VI. Questions Regarding this Notice 16

I. Purpose

This Notice provides guidance to Continuums of Care (CoC) and recipients of Continuum of Care (CoC) Program (24 CFR part 578) funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in **all** CoC Program-funded PSH. This Notice also establishes recordkeeping requirements for all recipients of 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 CFR 578.103.

A. Background

In June 2010, the Obama Administration released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* (*Opening Doors*), in which HUD and its federal partners set goals to end Veteran and chronic homelessness by 2015, and end family and youth homelessness by 2020. Ending chronic homelessness is the first goal of *Opening Doors* and is a top priority for HUD. Although progress has been made there is still a long way to go. In 2013, there were still 109,132 people identified as chronically homeless in the United States. 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.

Since 2005, HUD has encouraged CoCs to create new PSH dedicated for use by persons experiencing chronic homelessness (herein referred to as dedicated PSH). As a result, the number of dedicated PSH beds for persons experiencing chronic homelessness has increased from 24,760 in 2007 to 51,142 in 2013. This increase has contributed to a 25 percent decrease in the number of chronically homeless persons reported in the Point-in-Time Count between 2007 and 2013. Despite the overall increase in the number of dedicated PSH beds, this only represents 30 percent of all CoC Program-funded PSH beds.

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.

B. Goal of this Notice

The overarching goal of this Notice is to ensure that the homeless individuals and families with the most severe service needs within a community are prioritized in PSH, which will also increase progress towards the Obama Administration's goal of ending chronic homelessness. In order to guide CoCs in ensuring that all CoC Program-funded PSH beds are used most effectively, this Notice establishes an order of priority which CoCs are strongly encouraged to adopt and incorporate into the CoC's written standards and

coordinated assessment system. With adoption by CoCs and incorporation into the CoC's written standards, **all** recipients of CoC Program-funded PSH must then follow this order of priority, consistent with their current grant agreement, which will result in this intervention being targeted to the persons who need it the most. Such adoption and incorporation will ensure that persons are housed appropriately and in the order provided in this Notice.

HUD seeks to achieve three goals through this Notice:

1. Establish an order of priority for dedicated and prioritized PSH beds which CoCs are encouraged to adopt in order to ensure that those persons with the most severe service needs are given first priority.

2. Inform the selection process for PSH assistance not dedicated or prioritized for chronic homelessness to prioritize persons who do not yet meet the definition of chronic homelessness but are most at risk of becoming chronically homeless.

3. Provide uniform recordkeeping requirements for all recipients of CoC Program-funded PSH for documenting chronically homeless status of program participants when required to do so as well as provide guidance on recommended documentation standards that CoCs may require of its recipients of CoC Program-funded PSH if the priorities included in the Notice are adopted by the CoC.

C. Applicability

The guidance in this Notice is provided to all CoCs and all recipients and subrecipients–the latter two groups referred to collectively as recipients of CoC Program-funded PSH. CoCs are encouraged to incorporate the order of priority described in this Notice into their written standards, in accordance with the CoC Program interim rule at 24 CFR 578.7(a)(9) and 24 CFR 578.93, for CoC Program-funded PSH. Upon incorporation of the order of priority into written standards CoCs may then require recipients of CoC Program-funded PSH to follow the order of priority in accordance with the CoC's revised written standards and this Notice and in a manner consistent with their current grant agreement.

D. Key Terms

1. **Housing First.** Housing First is an approach in which housing is offered to people experiencing homelessness without preconditions (such as sobriety, mental health treatment, or a minimum income threshold) or service participation requirements and in which rapid placement and stabilization in permanent housing are primary goals. PSH projects that use a Housing First approach promote the acceptance of applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable. Any recipient that indicated that they would follow a Housing First approach in the FY 2013 CoC Project Application must do so for both the FY 2013 and FY 2014 operating year(s), as the CoC score for the FY 2013–FY 2014 CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient's FY 2013 and FY 2014 grant agreement.

HUD recognizes that this approach may not be applicable for all program designs, particularly for those projects formerly awarded under the SHP or SPC programs which were permitted to target persons with specific disabilities (e.g., "sober housing").

2. **Chronically Homeless.** The definition of "chronically homeless" currently in effect for the CoC Program is that which is defined in the CoC Program interim rule at 24 CFR 578.3, which states that a chronically homeless person is:

   (a) An individual who:

      i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

      ii. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and

      iii. Can be diagnosed 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;

   (b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice], before entering that facility; or

   (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition [as described in Section I.D.2.(a) of this Notice, including a family whose composition has fluctuated while the head of household has been homeless.

3. **Severity of Service Needs.** This Notice refers to persons who have been identified as having the most severe service needs.

   (a) For the purposes of this Notice, this means an individual for whom at least one of the following is true:

      i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or

      ii. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

Severe service needs as defined in paragraphs i. and ii. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool that can identify the severity of needs such as the Vulnerability Index (VI), the Service Prioritization Decision Assistance Tool (SPDAT), or the Frequent Users Service Enhancement (FUSE). The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual.

(b) In states where there is an alternate criteria used by state Medicaid departments to identify high-need, high cost beneficiaries, CoCs and recipients of CoC Program-funded PSH may use similar criteria to determine if a household has severe service needs instead of the criteria defined paragraphs i. and ii. above. However, such determination must not be based on a specific diagnosis or disability type.

II. Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons

There are two significant ways in which CoCs can increase progress towards ending chronic homelessness in their communities using only their existing CoC Program-funded PSH:

A. Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness.

Dedicated PSH beds 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 that criteria. If this occurs, the recipient may then follow the order of priority in this Notice if it is adopted by the CoC. The bed will continue to be a dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the CoC's geographic area. These PSH beds are reported as "CH Beds" on a CoC's Housing Inventory Count (HIC). A CoC may increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness when it's recipients of non-dedicated CoC Program-funded PSH request a grant amendment to dedicate one or more of its beds for this purpose. A recipient of CoC Program-funded PSH is prohibited from changing the designation of the bed from dedicated to non-dedicated without a grant agreement amendment. Similarly, if a recipient of non-dedicated PSH intends to dedicate one or more of its beds to the chronically homeless it may do so through a grant agreement amendment.

B. Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness.

Prioritization means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds. In the FY 2013-FY 2014 CoC Program Competition, CoCs were scored on the extent to which they were willing to commit to prioritizing chronically homeless persons in a percentage of their non-dedicated PSH beds with the highest points going to CoCs that committed to prioritize the chronically homeless

in 85 percent or more of their non-dedicated CoC Program-funded PSH. Further, project applicants for CoC Program-funded PSH had to indicate the number of non-dedicated beds that would be prioritized for use by persons experiencing chronic homelessness. These projects are now required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds for FY 2013 and FY 2014, as the project application is incorporated into the grant agreement. PSH beds that were included in the calculation for the CoCs commitment in the CoC Application cannot revise their FY 2014 application to reduce the number of prioritized beds; however, recipients of PSH that are currently not dedicated to the chronically homeless may choose to prioritize additional beds in the FY 2014 CoC Project Application. All recipients of CoC Program-funded PSH are encouraged to prioritize the chronically homeless as beds become vacant to the maximum extent practicable. CoCs will be expected to meet or exceed the goals established in the FY 2013/FY 2014 CoC Application and should continue to prioritize persons experiencing chronic homelessness in their CoC Program-funded PSH until there are no persons within the CoC's geographic area who meet that criteria. Further, to the extent that CoCs incorporate this order of priority into the CoCs written standards, recipients of CoC Program-funded PSH will also be required to follow this criterion included in those standards.

III. Order of Priority in CoC Program-funded Permanent Supportive Housing

A. Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. As of the date of this Notice, CoCs are encouraged to revise their written standards to include the following order of priority for CoC Program-funded PSH that is either dedicated or prioritized for use by the chronically homeless. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH would then be required to follow the order of priority when selecting participants for housing in accordance with the CoC's revised written standards in accordance with this Notice and in a manner consistent with their current grant agreement. For CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness, the following order of priority is strongly encouraged:

(a) First Priority–Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and

ii. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs (see Section I.D.3. of this Notice for definition of severe service needs).

(b) Second Priority–Chronically Homeless Individuals and Families with the Longest History of Homelessness. A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,

ii. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

(c) Third Priority–Chronically Homeless Individuals and Families with the Most Severe Service Needs. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

i. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and

ii. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

(d) Fourth Priority–All Other Chronically Homeless Individuals and Families. A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for on at least four separate occasions in the last 3 years, where the cumulative total length the four

occasions is **less than** 12 months; and

ii. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

2. Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in Section III.B. of this Notice, as adopted by the CoC, may be followed.

3. Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness that has been identified as a project that will prioritize a portion or all of its turnover beds to persons experiencing chronic homelessness should follow the order of priority under Section III.A.1. of this Notice to the extent in which persons with serious mental illness meet the criteria.

4. Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are served in the order of priority in this Notice. HUD recognizes that some persons–particularly those living on the streets or in places not meant for human habitation–might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units remain vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts to engage those persons and the CoC and CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable and for those projects that indicated in the FY 2013 CoC Project Application that they would follow a Housing First approach will be required to do so for both the FY 2013 and FY 2014 operating year(s), as the CoC score for the FY 2013 – FY 2014 CoC Program Competition was affected by the extent in which project applications indicated that they would follow this approach and this requirement will be incorporated into the recipient's FY 2013 and FY 2014 grant agreement. For eligibility in dedicated or prioritized PSH serving chronically homeless households, the individual or head of household must meet all of the applicable criteria to be considered chronically homeless per 24 CFR 578.3.

B. Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness

1. As of the date of this Notice, CoCs are encouraged to revise their written standards to include the following priorities for non-dedicated and non-prioritized PSH beds. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH would then be required to follow the order of priority when selecting participants for housing in accordance with the CoC's revised written standards included in this Notice and in a

manner consistent with their current grant agreement. CoCs that adopt this order of priority are encouraged to include in the written standards a policy that would allow for recipients of non-dedicated and non-prioritized PSH to offer housing to chronically homeless individuals and families first, but minimally would be required to place otherwise eligible households in an order that prioritizes, in a nondiscriminatory manner, those who would benefit the most from this type of housing, beginning with those most at risk of becoming chronically homeless. For eligibility in non-dedicated and non-prioritized PSH serving non-chronically homeless households, any household member with a disability may qualify the family for PSH.

(a) First Priority–Homeless Individuals and Families with a Disability with the Most Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution **and** has been identified as having the most severe service needs.

(b) Second Priority–Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness. An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.

(c) Third Priority–Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters. An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.

(d) Fourth Priority–Homeless Individuals and Families with a Disability Coming from Transitional Housing. An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or

safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing–all are eligible for PSH even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing.

2. Recipients of CoC Program-funded PSH should follow the order of priority above, as adopted by the CoC, while also considering the goals and any identified target populations served by the project. For example, in CoC Program-funded PSH where the beds are not dedicated or prioritized and which is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section III.B.1. of this Notice, as adopted by the CoC, to the extent in which persons with serious mental illness meet the criteria.

3. Due diligence should be exercised when conducting outreach and assessment to ensure that persons are served in the order of priority in this Notice, and as adopted by the CoC. HUD recognizes that some persons–particularly those living on the streets or in places not meant for human habitation–might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts with those persons using a Housing First approach to place as few conditions on a person's housing as possible.

IV. Using a Coordinated Assessment and a Standardized Assessment Tool or Process to Determine Eligibility and Establish a Prioritized Waiting List

A. Coordinated Assessment Requirement

Provisions at 24 CFR 578.7(a)(8) requires that each CoC, in consultation with recipients of Emergency Solutions Grants (ESG) program funds within the CoC's geographic area, establish and operate either a centralized or coordinated assessment system that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. 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.

B. Written Standards for Creation of a Single Prioritized Waiting List for PSH

CoCs are also encouraged to include in their policies and procedures governing their coordinated assessment system, a requirement that all CoC Program-funded PSH accept referrals only through a single prioritized waiting list that is created through the CoCs coordinated assessment process. Adopting this into the CoC's policies and procedures for coordinated assessment would further ensure that CoC Program-funded PSH is being used most effectively, which is one of the goals in this Notice. This would also allow for

recipients of CoC Program funds for PSH to maintain their own waiting lists, but all households would be referred olds to each of those project-level waiting lists based on where they fall on the prioritized list and not on the date in which they first applied for housing assistance.

C. Standardized Assessment Tool Requirement

CoCs must utilize a standardized assessment tool, in accordance with 24 CFR 578.3, or process. Appendix A of this Notice–*Coordinated Assessment Tool and Implementation: Key Considerations*–provides recommended criteria for a quality coordinated assessment process and standardized assessment tool.

D. Nondiscrimination Requirements

CoCs and recipients of CoC Program-funded PSH must continue to comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable.

V. Recordkeeping Requirements

This Notice establishes recordkeeping requirements for all recipients of CoC Program-funded PSH that 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. Further, HUD expects that where CoCs have adopted the orders of priority in Section III. of this Notice into their written standards, the CoC as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities.

A. CoC Records

In addition to the records required in 24 CFR 578.103, it is recommended that the CoC should supplement such records with the following:

1. **Evidence of written standards that incorporate the priorities in Section III. of this Notice, as adopted by the CoC.** A CoC adopting the priorities in Section III of this Notice, may be evidenced by written CoC, or subcommittee, meeting minutes where written standards were adopted that incorporate the prioritization standards in this Notice, or an updated, approved, governance charter where the written standards have been updated to incorporate the prioritization standards set forth in this Notice.

2. **Evidence of a standardized assessment tool.** Use of a standardized assessment tool may be evidenced by written policies and procedures referencing a single standardized assessment tool that is used by all CoC Program-funded PSH recipients within the CoC's geographic area.

3. **Evidence that the written standards were incorporated into the coordinated assessment policies and procedures.** Incorporating standards into the coordinated assessment policies and procedures may be evidenced by updated policies and

procedures–that incorporate the updated written standards for CoC Program-funded PSH developed and approved by the CoC.

B. Recipient Recordkeeping Requirements

In addition to the records required in 24 CFR 578.103, recipients of CoC Program-funded PSH that is required by grant agreement to document chronically homeless status of program participants in some or all of its PSH beds must maintain the following records:

1. **Written Intake Procedures.** Recipients must maintain and follow written intake procedures to ensure compliance with the definition of chronically homeless per 24 CFR 578.3. These procedures must establish the order of priority for obtaining evidence as: (1) third-party documentation, (2) intake worker observations, and (3) certification from the person seeking assistance. Records contained in an HMIS or comparable database used by victim service or legal service providers are acceptable evidence of third-party documentation and intake worker observations if the HMIS retains an auditable history of all entries, including the person who entered the data, the date of entry, and the change made; and if the HMIS prevents overrides or changes of the dates entries are made.

2. **Evidence of Chronically Homeless Status.** Recipients of CoC Program-funded PSH whose current grant agreement includes beds that are dedicated or prioritized to the chronically homeless must maintain records evidencing that the individuals or families receiving the assistance in those beds meets the definition for chronically homeless at 24 CFR 578.3. Such records must include evidence of the homeless status of the individual or family (paragraphs (1)(i) and (1)(ii) of the definition), the duration of homelessness (paragraph (1)(ii) of the definition), and the disabling condition (paragraph (1)(iii) of the definition). When applicable, recipients must also keep records demonstrating compliance with paragraphs (2) and (3) of the definition.

    (a) Evidence of homeless status. Evidence of an individual or head of household's current living situation may be documented by a written observation by an outreach worker, a written referral by housing or service provider, or a certification by the household seeking assistance that demonstrates that the individual or head of household is currently homeless and living in a place not meant for human habitation, in an emergency shelter, or a safe haven. For paragraph (2) of the definition for chronically homeless at 24 CFR 578.3, for individuals currently residing in an institution, acceptable evidence includes:

        i. Discharge paperwork or a written or oral referral from a social worker, case manager, or other appropriate official of the institution, stating the beginning and end dates of the time residing in the institution that demonstrate the person resided there for less than 90 days. All oral statements must be recorded by the intake worker; or

        ii. Where the evidence above is not obtainable, a written record of the intake worker's due diligence in attempting to obtain the evidence described in the paragraph i. above and a certification by the individual seeking

assistance that states that they are exiting or have just exited an institution where they resided for less than 90 days; and

iii. Evidence that the individual was homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter, and met the criteria in paragraph (1) of the definition for chronically homeless in 24 CFR 578.3, immediately prior to entry into the institutional care facility.

(b) Evidence of the duration of the homelessness. Recipients documenting chronically homeless status must also maintain the evidence described in paragraph i. or in paragraph ii. below, and the evidence described in paragraph iii. below:

i. Evidence that the homeless occasion was continuous, for at least one year.

Using any combination of allowable documentation described in Section V.B.2.(a) of this Notice, recipients must provide evidence that the homeless occasion was continuous, for a year period, without a break in living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter. For the purposes of this Notice, a break is considered at least seven or more consecutive nights not residing in a place not meant for human habitation, in shelter, or in a safe haven.

At least 9 months of the 1-year period must be documented by one of the following: (1) HMIS data, (2), a written referral, or (3) a written observation by an outreach worker. In only rare and the most extreme cases, HUD would allow a certification from the individual or head of household seeking assistance in place of third-party documentation for up to the entire period of homelessness. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and evidence of the efforts made to obtain third-party evidence as well as documentation of the severity of the situation in which the individual or head of household has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than 1 year and has not had any contact with anyone during that entire period.

Note: A single encounter with a homeless service provider on a single day within 1 month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional housing).

ii. Evidence that the household experienced at least four separate homeless occasions over 3 years.

Using any combination of allowable documentation described in Section V.B.2.(a) of this Notice, the recipient must provide evidence that the head of household experienced at least four, separate, occasions of homelessness in the past 3 years.

Generally, at least three occasions must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation. Any other occasion may be documented by a self-certification with no other supporting documentation.

In only rare and the most extreme cases, HUD will permit a certification from the individual or head of household seeking assistance in place of third-party documentation for the three occasions that must be documented by either: (1) HMIS data, (2) a written referral, or (3) a written observation. Where third-party evidence could not be obtained, the intake worker must obtain a certification from the individual or head of household seeking assistance, and must document efforts made to obtain third-party evidence, and document of the severity of the situation in which the individual has been living. An example of where this might occur is where an individual has been homeless and living in a place not meant for human habitation in a secluded area for more than one occasion of homelessness and has not had any contact with anyone during that period.

iii. 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. Evidence of this criterion must include one of the following:

(1) Written verification of the condition from a professional licensed by the state to diagnose and treat the condition;

(2) Written verification from the Social Security Administration;

(3) Copies of a disability check (e.g., Social Security Disability Insurance check or Veterans Disability Compensation);

(4) Intake staff (or referral staff) observation that is confirmed by written verification of the condition from a professional licensed by the state to diagnose and treat the condition that is confirmed no later than 45 days of the application for assistance and accompanied with one of the types of evidence above; or

(5) Other documentation approved by HUD.

C. Recordkeeping Recommendations for CoCs that have Adopted the Order of Priority in this Notice.

Where CoCs have incorporated the order of priority in this Notice into their written standards, recipients of CoC Program-funded PSH may demonstrate that they are following the CoC-established requirement by maintaining the following evidence:

1. **Evidence of Cumulative Length of Occasions.** For recipients providing assistance to households using the selection priority in Sections III.A.1.(a) and (b) of this Notice, the recipient must maintain the evidence of each occasion of homelessness as required in Section V.B.2.(b)(2) of this Notice, which establishes how evidence of each occasion of homelessness, when determining whether an individual or family is chronically homeless, may be documented. However, to properly document the length of time homeless, it is important to document the start and end date of each occasion of homelessness and these occasions must cumulatively total a period of 12-months. In order to properly document the cumulative period of time homeless, at least 9 months of the 12-month period must be documented through third-party documentation unless it is one of the rare and extreme cases described in Section V.B.2.b.ii. of this Notice. For purposes of this selection priority, a single encounter with a homeless service provider on a single day within one month that is documented through third-party documentation is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in HMIS of a stay in transitional housing).

2. **Evidence of Severe Service Needs.** Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in Section I.D.3. of this Notice using data-driven methods such as an administrative data match or through the use of a standardized assessment conducted by a qualified professional.

3. **Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance.** Recipients must follow the CoC's written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC's adoption of written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.

VI. Questions Regarding this Notice

Questions regarding this notice should be submitted to HUD's Ask A Question at: www.onecpd.info/get-assistance/my-question.

Appendix A

Coordinated Assessment Process and Standardized Assessment Tool: Key Considerations

A coordinated assessment process is intended to increase and streamline access to housing and services for households experiencing homelessness, matches appropriate levels of housing and services based on their needs, and prioritizes persons with severe service needs for the most intensive interventions. HUD will be issuing guidance regarding the minimum requirements for establishing and operating a coordinated assessment system, as required by 24 CFR 578.7(a)(8), separately. Meanwhile, this Appendix is intended to help inform CoC efforts to implement an effective coordinated assessment *process* and qualities of an effective standardized assessment tool. As stated in Section III of this Notice, the use of both a coordinated assessment process and assessment tool(s) are critical to effectively implement the order of priority described in Section III.A. and III.B., if adopted by the CoC and incorporated into the CoCs written standards.

Recommendations for Effective Implementation of a Coordinated Assessment Process

The coordinated assessment process must incorporate and defer to any funding requirements established under the CoC Program interim rule, ESG Program interim rule, or a Notice of Funding Availability under which a project is awarded. In addition, the following are recommended as the minimum criteria for the effective implementation of a coordinated assessment process.

1. **Standardized–**The assessment process should rely upon a standardized method and criteria to determine the appropriate type of intervention for individuals or families. This standardized process could encompass the CoC-wide use of a standardized assessment tool, as well as data driven methods.

2. **Improves data management–**Individual tracking, resource allocation and planning, system monitoring, and reporting to the community and to funders is improved by use of a common, coordinated assessment tool.

3. **Non-directive–**The recommendations of the tool can be overridden by the judgment of qualified professionals, especially in where there are extenuating circumstances that are not assessed by the tool are relevant to choosing appropriate interventions. Discretion must be exercised in a nondiscriminatory manner consistent with fair housing and civil rights laws and should be subject to appropriate review and documentation (see Section V. of this Notice for the recordkeeping requirements), to ensure it is applied judiciously.

4. **Mainstream resources–**Effective coordinated assessment facilitates meaningful coordination between the homeless response system and the intake processes for mainstream systems. Connections should be made to public housing authorities, multifamily housing, health and mental health care, the workforce development system, and with other mainstream income and benefits as appropriate and applicable.

5. **Align Interventions–**The various types of interventions that are available are aligned and used strategically.

6. **Leverage local attributes and capacity–**The physical and political geography, including the capacity of partners in a community, and the opportunities unique to the community's context, should inform local coordinated assessment implementation.

7. **Assess program capacity–**Assess the variety and capacity of programs in the community to identify and fill critical gaps in housing and service resources and to ensure that a there is a range of options needed for a coordinated assessment system to work well.

8. **Outreach–**The coordinated assessment system should ensure that connections and ongoing engagement occurs with those not accessing services and housing on their own. Often, these are the highest need and most at-risk people in communities.

9. **Privacy protections–**Protections should be in place to ensure proper use of the information with consent from the client. Assessment should also be conducted in a private location.

10. **Fair Housing and Civil Rights—**Protections should be in place to ensure compliance with all civil rights requirements, including, but not limited to, the Fair Housing Act, Title VI of the Civil Rights Act of 1964, and Section 504 of the Rehabilitation Act of 1973. The assessment tool should not seek disability-related information that is unnecessary for determining the need for housing-related services. The coordinated assessment process should ensure that program participants are informed of rights and remedies available under applicable federal, state, and local fair housing and civil rights laws, in accordance with the requirement at 24 CFR 578.93(c)(3).

11. **Training–**Initial and ongoing training on the use of the assessment tool should be provided to those parties that will be administering the assessment.

12. **Accessible and well-advertised–**The assessment must be well advertised and easily accessed by people seeking services or housing. This can happen in a variety of ways: access to services can be centralized, a one-stop shop approach. Access can be coordinated, leveraging outreach capacity and linking or integrating with mainstream systems. The assessment must be conducted in a manner that is accessible for individuals with disabilities, ensures meaningful program access for persons with Limited English Proficiency, and is affirmatively marketed in order to reach eligible persons who are least likely to seek assistance in the absence of special outreach, in accordance with 24 CFR 578.93(c)(1).

13. **Prioritization–**When resources are scarce, the coordinated assessment process should prioritize who will receive assistance based on their needs. Coordinated assessment should never result in long waiting lists for assistance. Instead, when there are many more people who are assessed to receive an intervention than there are available openings, the process should refer only individuals with the greatest needs.

14. **Inform system change efforts–**Information gathered during the coordinated assessment process should identify what types of programs are most needed in the community and be used by the CoC and other community leaders to allocate resources.

Recommended Qualities of a Good Standardized Assessment Tool

While HUD requires that CoCs use a standardized assessment tool, it does not endorse any specific tool or approach, there are universal qualities that any tool used by a CoC for their coordinated assessment process should include.

1. **Valid–**Tools should be evidence-informed, criteria-driven, tested to ensure that they are appropriately matching people to the right interventions and levels of assistance, responsive to the needs presented by the individual or family being assessed, and should make meaningful recommendations for housing and services.

2. **Reliable–**The tool should produce consistent results, even when different staff members conduct the assessment or the assessment is done in different locations.

3. **Inclusive–**The tool should encompass the full range of housing and services interventions needed to end homelessness, and where possible, facilitate referrals to the existing inventory of housing and services.

4. **Person-centered–**Common assessment tools put people–not programs–at the center of offering the interventions that work best. Assessments should provide options and recommendations that guide and inform client choices, as opposed to rigid decisions about what individuals or families need. High value and weight should be given to clients' goals and preferences.

5. **User-friendly–**The tool should be brief, easily administered by non-clinical staff including outreach workers and volunteers, worded in a way that is easily understood by those being assessed, and minimize the time required to utilize.

6. **Strengths-based–**The tool should assess both barriers **and** strengths to permanent housing attainment, incorporating a risk and protective factors perspective into understanding the diverse needs of people.

7. **Housing First orientation–**The tool should use a Housing First frame. The tool should not be used to determine "housing readiness" or screen people out for housing assistance, and therefore should not encompass an in-depth clinical assessment. A more in-depth clinical assessment can be administered once the individual or family has obtained housing to determine and offer an appropriate service package.

8. **Sensitive to lived experiences–**Providers should recognize that assessment, both the kinds of questions asked and the context in which the assessment is administered, can cause harm and risk to individuals or families, especially if they require people to relive difficult experiences. The tool's questions should be worded and asked in a manner that is sensitive to the lived and sometimes traumatic experiences of people experiencing homelessness. The tool should minimize risk and harm, and allow individuals or families to refuse to answer questions. Agencies administering the assessment should have and follow protocols to address any psychological impacts caused by the assessment and should administer the assessment in a private space, preferably a room with a door, or, if outside, away from others' earshot. Those administering the tool should be trained to recognize signs of trauma or anxiety.

Additionally, the tool should link people to services that are culturally sensitive and appropriate and are accessible to them in view of their disabilities, *e.g.,* deaf or hard of hearing, blind or low vision, mobility impairments

9. **Transparent**–The relationship between particular assessment questions and the recommended options should be easy to discern. The tool should not be a "black box" such that it is unclear why a question is asked and how it relates to the recommendations or options provided.

Special Attention of:
All Secretary's Representatives

Issued:
All Regional Directors for CPD

Expires:
All CPD Division Directors
Continuums of Care (CoC)
Recipients of the Continuum of Care (CoC) Program

Notice: CPD-16-11
Issued: July 25, 2016
Expires: This Notice is effective until it is amended, superseded, or rescinded

Cross Reference: 24 CFR Parts 578 and 42 U.S.C. 11381, *et seq.*

Subject: Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing

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I. Purpose

This Notice supersedes Notice CPD-14-012 and provides guidance to Continuums of Care (CoC) and recipients of Continuum of Care (CoC) Program (24 CFR part 578) funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in **all** CoC Program-funded PSH. This Notice reflects the new definition of chronically homeless as defined in CoC Program interim rule as amended by the Final Rule on Defining "Chronically Homeless" (herein referred to as the Definition of Chronically Homeless final rule) and updates the orders of priority that were established under the prior Notice. CoCs that previously adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the FY2015 CoC Program Competition are encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. CoCs that have not previously adopted the orders of priority established in Notice CPD-14-012 are also encouraged to incorporate the orders of priority included in this Notice into their written standards

A. Background

In June 2010, the Obama Administration released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* (*Opening Doors*), in which HUD and its federal partners set goals to end Veteran and chronic homelessness by 2015, and end family and youth homelessness by 2020. Although progress has been made there is still a long way to go. In 2015, the United States Interagency Council on Homelessness extended the goal timeline for achieving the goal of ending chronic homelessness nationally from 2015 to 2017. In 2015, there were still 83,170 individuals and 13,105 persons in families with children that were identified as chronically homeless in the United States. To end 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.

Since 2005, HUD has encouraged CoCs to create new PSH dedicated for use by persons experiencing chronic homelessness (herein referred to as dedicated PSH). As a result, the number of dedicated PSH beds funded through the CoC Program for persons experiencing chronic homelessness has increased from 24,760 in 2007 to 59,329 in 2015. This increase has contributed to a 30.6 percent decrease in the number of chronically homeless persons reported in the Point-in-Time Count between 2007 and 2015. Despite the overall increase in the number of dedicated PSH beds, this only represents 31.6 percent of all CoC Program-funded PSH beds.

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 or based on tenant selection processes that screen-in those who are most likely to succeed while screening out those with the highest level of need. These approaches to tenant

selection have not been effective in reducing chronic homelessness, despite the increase in the number of PSH beds nationally.

B. Goals of this Notice

The overarching goal of this Notice is to ensure that those individuals and families who have spent the longest time in places not meant for human habitation, in emergency shelters, or in safe havens and who have the most severe service needs within a community are prioritized for PSH. By ensuring that persons with the longest histories of homelessness and most severe service needs are prioritized for PSH, progress towards the Obama Administration's goal of ending chronic homelessness will increase. In order to guide CoCs in ensuring that all CoC Program-funded PSH beds are used most effectively, this Notice revises the orders of priority related to how persons should be selected for PSH as previously established in Notice CPD-14-012 to reflect the changes to the definition of chronically homeless as defined in the Definition of Chronically Homeless final rule. CoCs are strongly encouraged to adopt and incorporate them into the CoC's written standards and coordinated entry process.

HUD seeks to achieve two goals through this Notice:

1. Establish a recommended order of priority for dedicated and prioritized PSH which CoCs are encouraged to adopt in order to ensure that those persons with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens and with the most severe service needs are given first priority.

2. Establish a recommended order of priority for PSH that is not dedicated or prioritized for chronic homelessness in order to ensure that those persons who do not yet meet the definition of chronic homelessness but have the longest histories of homelessness and the most severe service needs, and are therefore the most at risk of becoming chronically homeless, are prioritized.

C. Applicability

The guidance in this Notice is provided to all CoCs and all recipients and subrecipients of CoC Program funds–the latter two groups referred to collectively as recipients of CoC Program-funded PSH. CoCs are strongly encouraged to incorporate the order of priority described in this Notice into their written standards, which CoCs are required to develop per 24 CFR 578.7(a)(9), for their CoC Program-funded PSH. Recipients of CoC Program funds are required to follow the written standards for prioritizing assistance established by the CoC (see 24 CFR 578.23(c)(10)); therefore, if the CoC adopts these recommended orders of priority for their PSH, all recipients of CoC Program-funded PSH will be required to follow them as required by their grant agreement. CoCs that adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the most recent CoC Program Competition are strongly encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. Lastly, where a CoC has chosen to not adopt HUD's recommended orders of priority into their written standards, recipients of CoC Program-funded PSH are encouraged to follow these standards for selecting participants into their programs as long as it is not inconsistent with the CoC's written standards.

D. Key Terms

1. **Housing First.** A model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions for entry (such as sobriety or a minimum income threshold). HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable.

2. **Chronically Homeless.** The definition of "chronically homeless", as stated in Definition of Chronically Homeless final rule is:

   (a) A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:

      i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

      ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;

   (b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;

   (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

3. **Severity of Service Needs.** This Notice refers to persons who have been identified as having the most severe service needs.

   (a) For the purposes of this Notice, this means an individual for whom at least one of the following is true:

      i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or

ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.

iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.

iv. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high-need, high cost beneficiaries.

(b) Severe service needs as defined in paragraphs i.-iv. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a).

II. Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons

A. Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness.

Dedicated PSH beds are those which 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 that criteria. If there are no persons within the CoC's geographic area that meet the definition of chronically homeless at a point in which a dedicated PSH bed is vacant, the recipient may then follow the order of priority for non-dedicated PSH established in this Notice, if it has been adopted into the CoC's written standards. The bed will continue to be a dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the CoC's geographic area at that time. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC).

B. Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness.

Prioritization means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds. During the CoC Program competition project applicants for CoC Program-funded PSH indicate the number of non-dedicated beds that will be prioritized for use by persons experiencing chronic homelessness during the operating year of that grant, when awarded. These projects are then required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds for the applicable operating year as the project application is incorporated into the

grant agreement. All recipients of non-dedicated CoC Program-funded PSH are encouraged to change the designation of their PSH to dedicated, however, at a minimum are encouraged to prioritize the chronically homeless as beds become vacant to the maximum extent practicable, until there are no persons within the CoC's geographic area who meet that criteria. Projects located in CoCs where a sub-CoC approach to housing and service delivery has been implemented, which may also be reflected in a sub-CoC coordinated entry process, need only to prioritize assistance within their specified area. For example, if a Balance of State CoC has chosen to divide the CoC into six distinct regions for purposes of planning and housing and service delivery, each region would only be expected to prioritize assistance within its specified geographic area.[1]

The number of non-dedicated beds designated as being prioritized for the chronically homeless may be increased at any time during the operating year and may occur without an amendment to the grant agreement.

III. Order of Priority in CoC Program-funded Permanent Supportive Housing

The definition of chronically homeless included in the final rule on "Defining Chronically Homeless", which was published on December 4, 2015 and went into effect on January 15, 2016, requires an individual or head of household to have a disability and to have been living in a place not meant for human habitation, in an emergency shelter, or in a safe haven for at least 12 months either continuously or cumulatively over a period of at least 4 occasions in the last 3 years. HUD encourages all CoCs adopt into their written standards the following orders of priority for all CoC Program-funded PSH. CoCs that adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the most recent CoC Program Competition are strongly encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. Where a CoC has chosen to not incorporate HUD's recommended orders of priority into their written standards, recipients of CoC Program-funded PSH are encouraged to follow these standards for selecting participants into their programs as long as it is not inconsistent with the CoC's written standards.

As a reminder, recipients of CoC Program-funded PSH are required to prioritize otherwise eligible households in a nondiscriminatory manner. Program implementation, including any prioritization policies, must be implemented consistent with the nondiscrimination provisions of the Federal civil rights laws, including, but not limited to the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Title II or III of the Americans with Disabilities Act, as applicable. For example, while it is acceptable to prioritize based on level of need for the type of assistance being offered, prioritizing based on specific disabilities would not be consistent with fair housing requirements or program regulations.

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[1] For the State of Louisiana grant originally awarded pursuant to ''Department of Housing and Urban Development—Permanent Supportive Housing'' in chapter 6 of title III of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 122 Stat. 2351), projects located within the geographic area of a CoC that is not the CoC through which the State is awarded the grant may prioritize assistance within that geographic area instead of within the geographic area of the CoC through which the State is awarded the grant.

A. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. CoCs are strongly encouraged to revise their written standards to include an order of priority, determined by the CoC, for CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual's or family's service needs. Recipients of CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness would be required to follow that order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

2. Where there are no chronically homeless individuals and families within the CoC's geographic area, CoCs and recipients of CoC Program-funded PSH are encouraged to follow the order of priority in Section III.B. of this Notice. For projects located in CoC's where a sub-CoC approach to housing and service delivery has been implemented, which may also be reflected in a sub-CoC coordinated entry process, need only to prioritize assistance within their specified sub-CoC area. [2]

3. Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section III.A.1. of this Notice to the extent in which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless within the CoC's geographic area, the recipient should follow the order of priority under Section III.B for persons with a serious mental illness.

4. Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. HUD recognizes that some persons–particularly those living on the streets or in places not meant for human habitation–might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable. Therefore, a person experiencing chronic homelessness should not be forced to refuse an offer of PSH if they do not want to participate in the project's services, nor should a PSH

[2] For the State of Louisiana grant originally awarded pursuant to ''Department of Housing and Urban Development—Permanent Supportive Housing'' in chapter 6 of title III of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 122 Stat. 2351), projects located within the geographic area of a CoC that is not the CoC through which the State is awarded the grant may prioritize assistance within that geographic area instead of within the geographic area of the CoC through which the State is awarded the grant.

project have eligibility criteria or preconditions to entry that systematically exclude those with severe service needs. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these chronically homeless persons must continue to be prioritized for PSH until they are housed.

B. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. CoCs are strongly encouraged to revise their written standards to include the following order of priority for non-dedicated and non-prioritized PSH beds. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH that is not dedicated or prioritized for the chronically homeless would be required to follow this order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

(a) First Priority–Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs

An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months **and** has been identified as having severe service needs.

(b) Second Priority–Homeless Individuals and Families with a Disability with Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(c) Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.

An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

(d) Fourth Priority–Homeless Individuals and Families with a Disability Coming from Transitional Housing.

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

2. Recipients of CoC Program-funded PSH should follow the order of priority above, as adopted by the CoC, while also considering the goals and any identified target populations served by the project. For example, non-dedicated or non-prioritized CoC Program-funded PSH that is permitted to target youth experiencing homelessness should follow the order of priority under Section III.B.1. of this Notice, as adopted by the CoC, to the extent in which youth meet the stated criteria.

3. Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are prioritized for assistance based on their length of time homeless and the severity of their needs following the order of priority described in this Notice, and as adopted by the CoC. HUD recognizes that some persons–particularly those living on the streets or in places not meant for human habitation–might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant indefinitely while waiting for an identified eligible individual or family to accept an offer of PSH (see FAQ 1895). Recipients of CoC Program-funded PSH are encouraged to follow a Housing First approach to the maximum extent practicable. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these individuals and families must continue to be prioritized until they are housed.

IV. Using Coordinated Entry and a Standardized Assessment Process to Determine Eligibility and Establish a Prioritized Waiting List

A. Coordinated Entry Requirement

Provisions at 24 CFR 578.7(a)(8) requires that each CoC, in consultation with recipients of Emergency Solutions Grants (ESG) program funds within the CoC's geographic area, establish and operate either a centralized or coordinated assessment system (referred to in this Notice as coordinated entry or coordinated entry process) that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. CoCs that adopt the order of priority in Section III of this Notice into the CoC's written standards are strongly encouraged to use a coordinated entry process to ensure that there is a single prioritized list for all CoC Program-funded PSH within the CoC. The Coordinated Entry Policy Brief, provides recommended criteria for a quality coordinated entry process and standardized assessment tool and process. Under no circumstances shall the order of priority be based upon diagnosis or disability type,

but instead on the length of time an individual or family has been experiencing homelessness and the severity of needs of an individual or family.

B. Written Standards for Creation of a Single Prioritized List for PSH

CoCs are also encouraged to include in their policies and procedures governing their coordinated entry system a requirement that all CoC Program-funded PSH accept referrals only through a single prioritized list that is created through the CoCs coordinated entry process, which should also be informed by the CoCs street outreach. Adopting this into the CoC's policies and procedures for coordinated entry would further ensure that CoC Program-funded PSH is being used most effectively, which is one of the goals in this Notice. The single prioritized list should be updated frequently to reflect the most up-to-date and real-time data as possible.

C. Standardized Assessment Tool Requirement

CoCs must utilize a standardized assessment tool, in accordance with 24 CFR 578.3, or process. The Coordinated Entry Policy Brief, provides recommended criteria for a quality coordinated entry process and standardized assessment tool.

D. Nondiscrimination Requirements

CoCs and recipients of CoC Program-funded PSH must continue to comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable. See 24 C.F.R. § 5.105(a).

V. Recordkeeping Recommendations for CoCs that have Adopted the Orders of Priority in this Notice

24 CFR 578.103(a)(4) outlines documentation requirements for all recipients of dedicated and non-dedicated CoC Program-funded PSH associated with determining whether or not an individual or family is chronically homeless for the purposes of eligibility. In addition to those requirements, HUD expects that where CoCs have adopted the orders of priority in Section III. of this Notice into their written standards. The CoC, as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities. Evidence of following these orders of priority may be demonstrated by:

A. Evidence of Severe Service Needs. Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in Section I.D.3. of this Notice using data-driven methods such as an administrative data match or through the use of a standardized assessment. The documentation should include any information pertinent to how the determination was made, such as notes associated with case-conferencing decisions.

B. Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance. Recipients must follow the CoC's written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC's adoption of

written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.

C. Evidence that there are no Households Meeting Higher Order of Priority within CoC's Geographic Area.

(a) When dedicated and prioritized PSH is used to serve non-chronically homeless households, the recipient of CoC Program-funded PSH should document how it was determined that there were no chronically homeless households identified for assistance within the CoC's geographic area – or for those CoCs that implement a sub-CoC [3]planning and housing and service delivery approach, the smaller defined geographic area within the CoC's geographic area – at the point in which a vacancy became available. This documentation should include evidence of the outreach efforts that had been undertaken to locate eligible chronically homeless households within the defined geographic area and, where chronically homeless households have been identified but have not yet accepted assistance, the documentation should specify the number of persons that are chronically homeless that meet this condition and the attempts that have been made to engage the individual or family. Where a CoC is using a single prioritized list, the recipient of PSH may refer to that list as evidence.

(b) When non-dedicated and non-prioritized PSH is used to serve an eligible individual or family that meets a lower order of priority, the recipient of CoC Program-funded PSH should document how the determination was made that there were no eligible individuals or families within the CoC's geographic area - or for those CoCs that implement a sub-CoC planning and housing and service delivery approach, the smaller defined geographic area within the CoC's geographic area - that met a higher priority. Where a CoC is using a single prioritized list, the recipient of PSH may refer to that list as evidence that there were no households identified within the CoC's geographic area that meet a higher order of priority.

VI. Questions Regarding this Notice

Questions regarding this notice should be submitted to HUD Exchange Ask A Question (AAQ) Portal at: https://www.hudexchange.info/get-assistance/my-question/.

[3] For the State of Louisiana grant originally awarded pursuant to ''Department of Housing and Urban Development—Permanent Supportive Housing'' in chapter 6 of title III of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 122 Stat. 2351), projects located within the geographic area of a CoC that is not the CoC through which the State is awarded the grant may prioritize assistance within that geographic area instead of within the geographic area of the CoC through which the State is awarded the grant.

Criteria and Benchmark for Achieving the Goal of Ending Chronic Homelessness

The U.S. Interagency Council on Homelessness and its 19 federal member agencies have adopted a vision of what it means to end homelessness in this country, ensuring that it is a rare, brief, and one-time occurrence. In order to help focus and drive progress, we are also developing specific criteria and benchmarks for communities to use as they take action toward goals set forth in *Opening Doors*.

Criteria and benchmarks work together to provide a complete picture of a community's response to homelessness. While the criteria focus on describing essential elements and accomplishments of the community's response, a benchmark serves as an indicator of whether and how effectively that system is working. These criteria and benchmarks represent our best thinking at this time. We will continue to review and evaluate their effectiveness as more communities approach and succeed in meeting these goals.

We know that permanent housing with individually tailored supportive services is the solution to chronic homelessness. To make sure all individuals experiencing chronic homelessness are on a quick path to permanent housing – and that no one else falls into chronic homelessness – communities need robust, coordinated systems that are focused on the same shared outcomes. These criteria and benchmark are intended to help communities build and fine-tune those systems, to help define the vision of ending chronic homelessness for individuals within communities[i], and to align local efforts in support of that vision, with a focus on long-term, lasting solutions. We will soon be releasing a self-assessment questionnaire to further assist you in determining whether your community has achieved the criteria and benchmark, and whether your system has a comprehensive outreach strategy, and a robust, real-time tracking system.

CRITERIA

1. **The community has identified and provided outreach to all individuals experiencing or at risk for chronic homelessness, and prevents chronic homelessness whenever possible.**

   The community coordinates persistent and creative outreach, in-reach, and engagement efforts throughout the geographic area, in conjunction with coordinated entry and other mainstream systems. The community cross-references multiple data sources and uses other methods to identify, enumerate, and assertively engage individuals experiencing chronic homelessness (as defined by HUD), and individuals most at risk of becoming chronically homeless, including people cycling through institutional settings. The community uses HMIS and other data sources to build and maintain an active list of people and to track the homelessness status, engagement attempts, and permanent housing placement for each individual. The community's outreach strategy allows for quick identification and engagement of individuals who may become chronically homeless in the future and individuals experiencing chronic homelessness who newly arrive to the community, and also prevents people from aging into chronic homelessness.

2. The community provides access to shelter or other temporary accommodations immediately to any person experiencing unsheltered chronic homelessness who wants it.

The community has the capacity to immediately offer some form of low-barrier shelter (i.e., emergency shelter, hotel/motel, bridge housing, or other temporary accommodations) to people experiencing chronic homelessness who are sleeping in unsheltered locations, while assisting them to swiftly access permanent housing. Rapid re-housing and transitional housing may be being used as bridge housing for individuals experiencing chronic homelessness. However, because a stay in transitional housing could affect a person's ability to access dedicated permanent supportive housing, such stays are only used in situations where the household has already been enrolled in permanent supportive housing and is actively seeking a unit (see HUD FAQ). Access to shelter and other temporary settings is not contingent on sobriety, minimum income requirements, lack of criminal justice system involvement, or other unnecessary conditions, such as participation in certain activities.

3. The community has implemented a community-wide Housing First orientation and response that also considers the preferences of the individuals being served.

The community has fully embraced a Housing First and low-barrier response across its system and all program types. The community assists individuals experiencing chronic homelessness to move into permanent housing without barriers to entry, using a Housing First response, and is actively implementing alternatives to the criminalization of homelessness. Individuals experiencing chronic homelessness do not decline assistance due to requirements such as sobriety or unnecessary program rules, and programs do not deny assistance based on minimum income requirements, lack of criminal justice system involvement, or other unnecessary conditions.

In order to provide choice to all people experiencing chronic homelessness, there may be a limited number of programs, such as abstinence-focused programs, that may not be implementing all of the principles of a Housing First approach. However, such programs should embrace as many Housing First principles as possible and should be working in partnership with other programs within the larger community's Housing First response.

4. The community assists individuals experiencing chronic homelessness to move swiftly into permanent housing with the appropriate level of supportive services and effectively prioritizes people for permanent supportive housing.

The community has capacity and resources to connect individuals experiencing chronic homelessness to permanent housing within an average of 90 days. If an individual initially declines housing, the community has practices in place to ensure that new offers are made regularly, at least every two weeks. Individuals are also connected to SSI/SSDI benefits, health and behavioral health care, social supports, employment opportunities and workforce programs, and other supportive services that promote health and long-term housing stability. The community follows HUD's prioritization guidelines to ensure that individuals experiencing chronic homelessness and most at risk of becoming chronically homeless have access to permanent supportive housing first.

5. The community has resources, plans, and system capacity in place to prevent chronic homelessness from occurring and to ensure that individuals who experienced chronic homelessness do not fall into homelessness again or, if they do, are quickly reconnected to permanent housing.

The community has an adequate level and range of services and resources, including health and mainstream resources, and appropriate plans and services in place to prevent chronic homelessness from occurring and to promote the long-term housing stability of all individuals experiencing chronic homelessness who have entered into permanent housing. The community also has a system in place to ensure that individuals who might fall back into homelessness are quickly rehoused.

BENCHMARK

A variety of information and data should be assessed to determine if a community has achieved an end to chronic homelessness, including the following benchmark. In order for a community to demonstrate that they have met the goal, the benchmark must be met and maintained for a period of no less than 90 days to ensure that the system is working well enough to prevent individuals from falling into chronic homelessness. Upon achieving the goal, communities should routinely compare the performance of their system against this benchmark.

This benchmark, when considered with the criteria and the forthcoming self-assessment questionnaire, is a critical indicator of how well a Continuum of Care's system is working to ensure that chronic homelessness is rare and non-recurring. The benchmark reflects our understanding that even when a CoC has ensured that all known individuals experiencing chronic homelessness have entered permanent housing, staying at zero people experiencing chronic homelessness at every point of time may not be achievable given a variety of factors:

- Individuals experiencing chronic homelessness may move into the community at any time.
- A small number of individuals with disabilities may newly meet the definition of chronic homelessness.
- Some individuals experiencing long-term homelessness may become newly disabled or have their disability status newly documented.
- There may be a small number of individuals who have not yet accepted the permanent housing opportunities being offered, despite the community's repeated, ongoing, and best efforts.

CHRONIC HOMELESSNESS HAS BEEN EFFECTIVELY ENDED

All individuals known to be experiencing chronic homelessness (including Veterans) have obtained permanent housing with appropriate services (e.g., permanent supportive housing)[ii]. Or, if not all, the number of individuals that continue to experience chronic homelessness does not exceed 0.1% of the total number of individuals reported in the most recent Point-in-Time count, or 3 persons, whichever is greater.

[i] Family households experiencing chronic homelessness are included in the *Opening Doors* goal to end family homelessness. Ending chronic homelessness for families will be addressed in criteria and benchmarks for families released later this year.
[ii] While individuals experiencing chronic homelessness who enter transitional housing are in most cases no longer eligible for Continuum of Care-funded permanent supportive housing that is dedicated to those experiencing chronic homelessness, a CoC must continue to count these individuals against the benchmark until they have been permanently housed.

HUD Chronic Homelessness Interview + Certification

HUD defines chronic homelessness as: an individual or head of household who is 1) currently residing on the streets, in an emergency shelter, or a Safe Haven; 2) has either been continuously homeless for one year or more, OR has had at least four episodes of homelessness in the past three years, AND 3) has a disabling condition. In order to be considered chronically homeless, a person must meet all three the criteria.

Client Name: _____

CRITERIA #1: CURRENT LIVING SITUATION

Client must currently be in one of these locations in order to be considered chronically homeless.

Client is currently:

☐ In Emergency Shelter

☐ On the Streets/Place not Meant for Human Habitation

☐ In the Safe Haven *(The only program in Detroit that qualifies as a Safe Haven for purposes of documenting chronicity is the Cass Community Social Services Safe Haven program.)*

Program Name of Current Living Situation: _____

Documentation Attached: ☐ Yes ☐ No

Eligible documentation includes a signed and dated letter from emergency shelter or Safe Haven provider indicating the client is currently staying in the shelter or a signed, HMIS Certification, or dated street outreach verification letter.

AND

CRITERIA #2: LENGTH OF TIME ON STREET, IN EMERGENCY SHELTER, OR IN SAFE HAVEN

At least one of the gray shaded boxes ("yes" or "4") must be checked in order for person to be considered chronically homeless.

→Continuously Homeless for One Year or More

Client (or head of household) has been continuously homeless, without a break exceeding 6 days, (living on the streets or in an emergency shelter, a Safe Haven, or some combination of all three) for at least one year. Transitional Housing does not count as a form of sheltering.

☐ **Yes**	☐ **No** ☐ **Client Doesn't Know** ☐ **Client Refused**
	If one of these boxes is checked, client must have at least 4 episodes of homelessness in last 3 years in order to be chronically homeless

Documentation Attached: ☐ Yes ☐ No

→Number of Times Client has been Homeless in the Past Three Years

☐ 0 (not currently homeless) ☐ 1 ☐ 2 ☐ 3

☐ **4 or more**

→ If 4 or more: total number of months person was homeless in the past 3 years: _____

Any single day or part of a month person was homeless should be counted as one month. Ex – Person spent one night in an emergency shelter on July 10. The rest of the month of July he was not homeless. This one night is enough to count the entire month of July as one of the months he was homeless.

☐ Client Doesn't Know

☐ Client Refused

→Total # of months client (or HoH) has been continuously homeless immediately prior to project entry: _____ (see chart below to document details)

Summary of homeless episodes. List the most recent episode first (should be where client is currently residing):

	Episode #1	Episode #2	Episode #3	Episode #4
Start (mo/yr)				
End (mo/yr)				
Location	☐ Streets ☐ Shelter ☐ Safe Haven ☐ Combo of these 3	☐ Streets ☐ Shelter ☐ Safe Haven ☐ Combo of these 3	☐ Streets ☐ Shelter ☐ Safe Haven ☐ Combo of these 3	☐ Streets ☐ Shelter ☐ Safe Haven ☐ Combo of these 3
Doc. Attached?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Eligible documentation includes: Third party written documentation provided by a homeless service provider such as an emergency shelter, homeless outreach provider, or other service provider. Written documentation must be on agency letterhead and include the client's name, dates he/she was homeless, and signed by staff with his/her title. A printout from HMIS documenting a client's service history may also be provided.

AND

CRITERIA #3: DISABILITY

Individual (or head of household) has been diagnosed with one or more of the following (check all that apply):

☐ Substance use disorder
☐ Serious mental illness
☐ Developmental disability
☐ Post-traumatic stress disorder
☐ Cognitive impairments resulting from brain injury
☐ Chronic physical illness or disability

Documentation Attached: ☐ Yes ☐ No

Eligible documentation of disability includes: Third party written verification including professional licensed by the state to diagnose and treat disability, certification disability is expected to be long-continuing or of indefinite duration and substantially impedes ability to live independently, or written verification from Social Security Administration, or receipt of a disability check. Intake staff observations or disability may suffice if confirmed and accompanied by written 3rd party verification no later than 45 days after date of intake. Oral 3rd party verification and self-certification are not appropriate sources of verification.

We verify that the information above is true and accurate and that chronic homeless status is met based on the criteria met above.

Signature of Client: _____ Date: _____

Signature of Case Manager: _____ Date: _____

Agency: _____

Third-Party Verification of Homelessness
To Be Printed on Verifying Agency Letterhead

Certification

I certify that _____ (client's name) stayed at
_____ (facility/program name) for the following period of time:

(1) between: _____/_____/_____ and: _____/_____/_____
(2) between: _____/_____/_____ and: _____/_____/_____
(3) between: _____/_____/_____ and: _____/_____/_____
(4) between: _____/_____/_____ and: _____/_____/_____

Additional details about the client's episodes of homelessness may be written below.

This facility is a:

☐ Emergency Shelter

☐ Safe Haven *(the only Safe Haven in the Detroit CoC is operated by Cass Community Social Services)*

☐ Drop-in Center/Soup Kitchen/Other (please specify if other)_____

Staff Signature: _____ Date: _____

Title: _____ Phone: _____

Chronically Homeless Self-Statement Certification

Instructions: This self-statement certification may be used when a homeless person applying to a program serving chronically homeless persons lacks connections with service providers to complete a third party verification of a history of chronic homelessness. This self-statement should be maintained in the client's file.

I certify that I was homeless (that is, sleeping on the streets or in a place not meant for human habitation) OR staying in a homeless emergency shelter during the following time period:

Between _____(month/year) and _____ (month/year) I lived at _____ (place)
Between _____(month/year) and _____ (month/year) I lived at _____ (place)
Between _____(month/year) and _____ (month/year) I lived at _____ (place)
Between _____(month/year) and _____ (month/year) I lived at _____ (place)
Between _____(month/year) and _____ (month/year) I lived at _____ (place)
Between _____(month/year) and _____ (month/year) I lived at _____ (place)
Between _____(month/year) and _____ (month/year) I lived at _____ (place)
Between _____(month/year) and _____ (month/year) I lived at _____ (place)

What else would you like to share about your history?

I certify that the above information is correct.

Client Signature: _____ Date: _____

I reviewed the above statement with the client.

Case Manager Signature: _____ Date: _____

Agency: _____

May 2016

GLHRN
Chronic Certification by Name Report Request Form

Please allow 24-48 hours for processing this request.

Introduction
The Chronic Certification by Name Report provides detailed HMIS data to support a client's chronic certification. It includes a client's services by month, project admissions by month and disability data throughout the CoC.

This report should be only be requested after the client has signed the ROI, granting the City of Lansing, and if needed, MCAH, permission to share the results of the Chronic Certification by Name Report with applicable community sharing partners (as outline in the ROI). The signed ROI must be uploaded into HMIS.

Requestor Information
Name: _____ Phone Number:_____

Email Address: _____

Agency:_____

Client Information
Client ID Number: _____

ROI Start Date: _____ ROI End Date: _____

ROI Uploaded to File Attachments tab in ServicePoint: Yes ____ No _____
(must be completed to allow system admin to share CoC/Statewide data)

ROI Outreach Sharing Plan Subassessment has been completed in SP: Yes___ No___
(must be completed to allow system admin to share CoC/Statewide data)

Client has been homeless outside of Ingham County and needs statewide data included in the report (report will be requested from MCAH): Yes___ No___

I agree to use this information for the purpose of determining a client's chronic status.

Staff Signature **Date**

_____ _____

CHRONIC HOMELESS VERIFICATION TRACKING SHEET

Name: _____Date: _____

This form is to be used to document housing history to determine if a client has 4 episodes of homelessness during the past 3 years that total at least 12 months. You will start with today's date (Month 36) and work backwards to Month 1 (3 years ago).

Date	Month	Did the individual see homeless service provider this month? *If "no" skip to next month*	Provider Name/Provider ID	Third Party/HMIS/ Intake Worker Observation vs. Self Certification Documentation to Verify Homelessness(check appropriate box)	Seven Day Break Documented?
1/15/17	36	YES **NO**		□Third Party □ HMIS □ Intake □Self	YES NO
	35	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	34	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	33	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	32	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	31	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	30	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	29	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	28	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	27	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	26	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	25	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	24	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	23	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	22	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	21	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	20	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	19	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	18	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	17	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	16	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	15	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	14	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	13	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	12	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	11	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	10	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	9	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	8	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	7	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	6	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	5	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	4	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	3	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	2	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO
	1	YES NO		□Third Party □ HMIS □ Intake □Self	YES NO

Number of months homeless: _____Number of Episodes: _____ Date collected/verified by: _____