Coordinated Entry System Policies and Procedures

MI- 503 St. Clair Shores/Warren/Macomb County

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1. INTRODUCTION AND OVERVIEW

The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 reauthorized the McKinney-Vento Homeless Assistance programs, introducing the Continuum of Care (CoC) Program interim rule in 2012, revised in 2016. This rule mandates that each CoC implement a Coordinated Entry System (CES), to ensure a systematic and equitable response to homelessness.

CES is designed to assess and match individuals and families experiencing or at risk of homelessness with appropriate interventions. Key components include:

- **Access Points:** Designated location and staff for intake.
- **Standardized Assessment:** Tools to evaluate client needs.
- **Targeted Referrals**: Connecting clients to housing and support services.
- **Data Collection:** Utilizing the Homeless Management Information System (HMIS).
- **Prioritization:** Aligning services based on client needs and resource availability.

Responsibilities of the Continuum of Care

Coordinated Entry (CE) is vital to the success of homeless assistance and prevention programs, enabling communities to systematically assess client needs and connect individuals and families to the most appropriate resources.

The CoC is responsible for establishing and operating a centralized or coordinated entry system in consultation with Emergency Solutions Grants (ESG) recipients and, where possible, Shelter Assistance Funding recipients and other funders in the area. For the HUD CoC Interim Rule, see Appendix H.

The CE system must:

- Provide a comprehensive initial assessment of housing and service needs.
- Include policies for assisting individuals and families fleeing domestic violence, dating violence, sexual assault, or stalking, including those seeking help from non-victim service providers.
- Comply with all HUD requirements and Notices.

CE Process Definition:

HUD mandates that each CoC establish a "centralized or coordinated assessment system" to enhance local crisis response efficiency and improve access to resources, including mainstream systems.

Participating projects use the CoC's coordinated entry process to manage intake and assessment, standardize prioritization, and facilitate referrals to housing and resources. The CE system helps prioritize assistance, ensuring that those most in need receive help promptly.

When appropriate data is collected, CE processes also provide valuable insights into service gaps and needs, enabling CoCs to strategically allocate resources and identify areas requiring additional support.

This Document

These policies and procedures govern the implementation, governance, and evaluation of the Macomb CoC Coordinated Entry System. This living document will be reviewed annually in accordance with the Macomb CoC Governance Charter. Updates may be made based on evaluation findings or changes in practice.

A: CE Participation Expectations

Policy: All CoC- and ESG-funded projects must participate in the Coordinated Entry System (CES). The CoC aims for full participation of all homeless assistance projects within its geographic area and collaborates with local projects and funders to achieve this goal.

Procedure: The Macomb CoC requires each community partner making homelessness assistance referrals – whether through HMIS or non-HMIS processes - to have at least one agency representative present for CES prioritization calls. Additionally, agencies involved in the CES are strongly encouraged to have at least one representative attend the CoC CES committee meetings.

B: CoC and ESG Coordination

Policy: The CoC ensures that CE policies and procedures for assessment, eligibility, and prioritization align with the written standards for administering CoC and ESG program funds.

Procedure: CoC and ESG grantees must annually certify alignment and compliance with Macomb CE policies by signing a statement. Compliance is verified by Lead Agency monitoring and is a component of monitoring by the CoC Grant Ranking and Compliance Committee and ESG Fiduciary. Non-compliant agencies will be given a timeframe to achieve compliance, and failure to do so may impact grant ranking outcomes. For details, see the CE Partnership Agreement in Appendix D.

C: Guiding Principles

The Macomb County CoC and its partners use CE to efficiently address immediate and long-term housing needs while minimizing service duplication. CE provides a standardized, comprehensive assessment of individuals' and families' needs, aligning with current HUD requirements. The system maps housing and services to prevent homelessness and rapidly re-house those experiencing it.

Core Principles:

- **Coordination:** CoC projects must coordinate with other homeless services and mainstream resources, including housing, social services, employment, education, and youth programs.
- **Policies:** CoC projects must establish and consistently apply written policies and procedures to all participants.
- **Housing First:** The Macomb CoC adopts this person-centered, low-barrier approach to housing which prioritizes quickly housing individuals experiencing homelessness and providing supportive services. This principle is applied to all housing programs.
    - Housing is provided without preconditions or program participation requirements.
    - Participants are required only to comply with standard lease or occupancy agreements.
    - Once housed, participants are offered supportive services to help maintain permanent housing.

The Macomb County CoC formally integrates the Housing First approach into its CES and funding priorities. Fidelity to Housing First is evaluated during project compliance reviews and is a factor of grant rating and ranking procedures. Non-compliance with the Housing First approach may result in findings that could affect the project's standing in the local CoC rating and ranking process.

System Goals:

- Divert individuals from shelter by sustaining existing housing or finding alternatives and matching them with housing and services based on assessed needs.

- Prioritize individuals experiencing chronic homelessness with severe service needs to reduce the average length of homelessness.

- Maximize limited resources using standardized tools like the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT).

- Ensure CE is accessible across Macomb County and effectively addresses the needs of all populations, including survivors of domestic violence, dating violence, human trafficking, sexual assault, and stalking, whether served by victim service providers or not.

Due to limited resources, CE prioritizes assistance based on chronic status, length of homelessness, vulnerability, and severity of needs, aligning with the Macomb CoC action plan to end homelessness.

D: Non-Discrimination

The non-discrimination section of the Macomb County CoC's CE Policies and Procedures outlines a commitment to equal access and non-discriminatory practices across all CoC projects and activities. This commitment aligns with various federal and state laws designed to protect individuals from discrimination.

Federal Laws:

- **Fair Housing Act:** Prohibits discrimination in housing based on race, color, religion, sex, national origin, disability, or familial status.

- **Section 504 of the Rehabilitation Act:** Prohibits discrimination based on disability in programs receiving federal financial assistance.

- **Title VI of the Civil Rights Act:** Prohibits discrimination based on race, color, or national origin in programs receiving federal financial assistance.

- **Americans with Disabilities Act (ADA):**
    - *Title II:* Prohibits state and local governments from discriminating against individuals with disabilities in all services, programs, and activities, including housing-related services.
    - *Title III:* Prohibits private entities operating public accommodations, such as shelters and social service establishments, from discriminating based on disability.

- **HUD's Equal Access Rule**: Ensures equal access to HUD programs regardless of sexual orientation, gender identity, or marital status. Federal Register

State Law:

- **Michigan's Elliott-Larsen Civil Rights Act:** Prohibits discrimination based on religion, race, color, national origin, age, sex, sexual orientation, gender identity or expression, height, weight, familial status, or marital status. Michigan Legislature

Policy: The CE system must adhere to all applicable federal, state, and local civil rights and fair housing laws and regulations.

Procedure: The Lead Agency and Collaborative Applicant will monitor agencies for compliance with CE requirements, including adherence to civil rights and fair housing laws. Non-compliance may result in findings that could affect the project's standing in the local CoC rating and ranking process.

By incorporating these legal frameworks, the Macomb County CoC ensures that its CE system operates equitably, providing fair access to housing and services for all individuals, regardless of their protected characteristics.

E: Full Geographic Coverage

Policy: The CoC's CE process covers all of Macomb County, MI. See Appendix A for a detailed map.

Procedure: The CE process is available to all individuals residing in Macomb County and can be accessed through any designated access points listed in Appendix B.

F: Affirmative Marketing and Outreach

Policy: All individuals participating in any aspect of the CE process, including access, assessment, prioritization, or referral, will have equal access to services and resources, regardless of their actual or perceived membership in a federally protected class (e.g. race, color, national origin, religion, sex, age, familial status, marital status, or disability). This includes individuals in subpopulations such as chronic homelessness, veterans, families with children, youth, and survivors of domestic violence.

Procedure: Each CE-participating project must display a notice (provided by the CoC) describing the CE process. Outreach efforts will include posting this notice in waiting areas, service areas, and any locations where participants may congregate. Agency staff must be knowledgeable about CE and able to direct participants to appropriate personnel for further information. See the Coordinated Entry Flowchart Appendix C. The CE Notice is accessible here.

G: Safety Planning and Risk Assessment

Policy: Individuals fleeing or attempting to flee domestic violence, dating violence, sexual assault, human trafficking, or stalking will have immediate, confidential access to available crisis services with the CE geographic area. All CE access points will provide services consistent with the Violence Against Women Act (VAWA) Final Rule, (effective December 16, 2016). The locations of Domestic Violence shelters/programs will remain confidential, and participants may decline to sign a Release of Information (ROI) or request that their information not be shared.

Procedure: The CE system includes a 24/7 local domestic violence hotline, which includes a forensic nurse examiner to ensure immediate access to crisis response services for survivors. CE staff will receive training on maintaining the safety and privacy of individuals fleeing violence.

For survivors of domestic violence, dating violence, sexual assault, or stalking:

- All CoC-defined access points will refer participants to Turning Point for initial risk. If a risk is identified, participants will be referred to specialized services and housing assistance using a trauma-informed approach.

- Participants have the option to keep their information private in HMIS, or request that their information be locked or opt-out from HMIS entirely.

Emergency Transfer Plan (ETP):

The Macomb CoC ETP, developed in compliance with HUD's VAWA regulations, allows survivors to request a transfer to a safe unit. Key elements include:

- **Eligibility:** Survivors may request a transfer if they fear imminent harm or have experienced sexual assault on the premises within the past 90 days.

- **Documentation:** Survivors can provide self-certification or third-party documentation to request a transfer. All housing providers track their ETP requests adhering to HUD guidelines.

- **Confidentiality:** Housing providers will protect all information related to transfer requests and new housing locations.

- **Process:**
  - Housing providers will first attempt to transfer survivors within their own programs.
  - If no safe units are available, referrals will be made through CE for external transfers.
  - Emergency Transfer Requests will be prioritized on the CE By-Name-List to ensure swift rehousing.

- **Safety Measures:** Pending transfer approval, participants are encouraged to use safety resources, such as the 24/7 Turning Point helpline, the National Domestic Violence Hotline, and other listed services.

This Emergency Transfer Plan ensures that survivors retain housing assistance without discrimination or penalty while prioritizing their safety and privacy. The full ETP is accessible [here](#).

2. ACCESS

A: Access Model

Policy: The CoC adopts a decentralized approach to CE, which ensures that no matter which homeless assistance provider a person goes to for assistance, they will be referred to the Homeless Assessment and Resource Agency (HARA) for the appropriate resources, referrals, assessment, and prioritization processes based on their unique circumstances.

Procedure: A person or family that presents with an episode of homelessness or housing crisis (facing eviction) will not be turned away from any agency and will be assisted and/or referred by that agency if they meet service criteria. The agencies will utilize interpreter services to accommodate those speaking a language other than English.

B: Access Coverage

Policy: The CoC's entire geographic area is accessible to CE processes through defined location- specific access points or through a 211-community information and referral hotline.

Procedure: The 211 hotline provides information and referral services 24 hours daily and can be contacted from any location within the CoC. The HARA can be contacted for assistance between 9:00 a.m. and 4:00 p.m., Monday through Friday by contacting 586-469-5656. The HARA follows the federal holiday schedule.

Persons experiencing homelessness with a last permanent address in Macomb County who are accessing shelter or otherwise not residing in the county and wish to return to permanent housing in Macomb County will be assisted by a Macomb County provider.

In order to receive ESG funds, the persons served must be Macomb County residents to be eligible. All CE participants will assist those with establishing Macomb County as their residence, e.g., obtaining state-issued ID, if this is a barrier.

C: Designated Access Points

Policy: In Macomb County, CE utilizes a decentralized approach comprised of a partnership between the Macomb Community Action (HARA), The Salvation Army MATTS, MCREST, Family Youth Interventions, Turning Point, Macomb County Community Mental Health, PATH Outreach, Community Housing Network, and Amelia Agnes Transitional Home. Participants can access information and referrals by contacting or appearing at any homeless assistance agency within the community. Please see Appendix *B* for a list of all access points in the community.

Procedure: Each homeless assistance provider designated by the HARA and Collaborative Applicant assists persons experiencing homelessness or at imminent risk of literal homelessness. All designated access points shall execute a CE Partnership Agreement with the HARA, which documents all required functions and responsibilities to ensure CE access.

D: Specialized Access Points for Subpopulations

Policy: Macomb CoC offers specialized access points for unaccompanied youth and households fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking or human trafficking.

These are the only groups for which different access points are specifically used. The CoC continuously evaluates and improves the process, ensuring that all subpopulations are well served.

Procedure: Survivors of domestic violence, dating violence, sexual assault, stalking or human trafficking will be referred to Turning Point, Macomb County's leading domestic violence service provider. The CES procedures will ensure that people fleeing domestic violence have safe and confidential access to domestic violence services and that any data collection adheres to the Violence Against Women Act (VAWA). People referred to Turning Point may access homeless assistance resources available through the CES. CE partners refer unaccompanied youth to Family Youth Interventions (FYI).

E: Accessibility of Access Sites

Policy: The CoC will ensure all CE services are physically accessible to persons with mobility barriers. All CE communications and documentation will be accessible to persons with limited reading and understanding of English.

Procedure: The HARA is the primary point of contact for ensuring that all CE materials are available in English, Arabic, Spanish, and other locally common languages.

In addition, CE participating agencies will, to the greatest extent practicable, provide communication accommodation through translation services to effectively and clearly communicate with persons who have disabilities, as well as with any person with limited English proficiency. Please see Appendix *G.*

The Lead Agency will provide visually and audibly accessible CE materials when requested by agencies or participants in CE.

Each designated access point will ensure effective communication with individuals with disabilities, including appropriate auxiliary aids and services necessary to ensure effective communication, which includes ensuring that information is provided in properly accessible formats as needed, e.g., Braille, audio, large type, assistive listening devices, and sign language interpreters. Access points must be accessible to individuals with disabilities, including accessible physical locations for individuals who use wheelchairs and people in the CoC who are least likely to access homeless assistance.

F: Emergency Services (ES)

Policy: CE initial screening and assessment services may only be available during business hours— 9:00 a.m. to 4:00 p.m. daily. When prospective participants present for services during non-business hours, participants will still be able to access emergency services, including emergency shelter, when those emergency services are available.

Procedure: If prospective participants attempt to access designated access points during non-business hours, 211 and The Salvation Army MATTS shelter are available. A winter shelter may be available seasonally during the operational period (may vary from year to year). Persons may be able to access emergency shelter at The Salvation Army MATTS (if available) or the winter shelter without first receiving an assessment through CE. CE pre-screening is done initially, and a VI-SPDAT assessment will be completed on all ES participants within 48-72 business hours after entry to ES.

Households needing emergency shelter will be referred to a service provider with a vacancy. If there are no vacancies, the HARA (Macomb Community Action) or partner agency will provide contact information for shelters from the neighboring counties for possible placement. The Macomb County CoC will continuously work to establish strong working relationships with local motel owners and management to ensure a supply of alternative shelters for households experiencing homelessness in the event no emergency shelters are available. If funding is available, the Macomb CoC may attempt to place the families in a local motel until the next shelter opening becomes available.

G: Prevention Services

Policy: The CE system will ensure that all potentially eligible homeless prevention participants will be screened or referred to a partner agency for homelessness prevention assistance, depending upon the access point at which they initially seek assistance.

Procedure: Homeless prevention access points and general homeless assistance access points will assist if possible or refer to the HARA to coordinate information and referrals to ensure persons at imminent risk of literal homelessness are provided coordinated access to CoC homelessness prevention and shelter diversion services.

H: Street Outreach

Policy: Street outreach teams will function as access points to the CE process and will seek to engage persons who may be served through CE but are not seeking assistance or are unable to seek assistance via projects that offer crisis housing or emergency shelter.

Procedure: Street outreach teams will be considered an access point for CE. Street outreach teams will be knowledgeable and trained about CE and the assessment process. Street outreach teams can refer participants they contact through their street outreach efforts to the HARA.

The Macomb County CoC Lead Agency and their partner agencies will implement an aggressive *Community Outreach Engagement Plan* to engage unsheltered homeless individuals/families and at-risk households, by educating and encouraging a connection to CE. This plan will be posted on the CoC website. Outreach includes but is not limited to hosting community outreach events, searching known sleeping areas on the street and other outdoor areas, and visiting service sites such as drop-in centers, warming centers, shopping malls, libraries, and meal providers.

The Plan will also include a communication strategy from the Lead Agency to reach individuals and families who need assistance through the media, print material, presentations, and local government. Based on system performance measures and participant satisfaction surveys, the Lead Agency and their partner agencies will at least annually assess the Community Outreach Engagement Plan and identify additional methods and approaches.

Providers must employ a 'Hard to Engage' outreach protocol for people experiencing homelessness who may be reticent to get involved with street outreach and service providers. Eight documented staff attempts at engagement over two months are suggested. Protocols for switching staff and provider agencies will be made if needed.

3. ASSESSMENT

A: Standardized Assessment Approach

Policy: The CoC's CE process will provide a standardized assessment process to all CE participants, ensuring uniform decision-making and care coordination for persons experiencing a housing crisis.

Procedure: All persons served by CE are assessed using the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT). The Macomb County CoC Lead Agency and its partner agencies utilize this assessment to determine the appropriate housing intervention needed. All access points must use this tool to ensure that all persons served are assessed consistently, using the same process. The VI-SPDAT documents participant conditions, attributes, need level, and vulnerability. This process allows the access point and assessment staff to identify a service strategy for the HARA and manages the CoC's prioritization list. Please see Appendix F for links to view the following: VI-SPDAT, F- SPDAT, and TAY-SPDAT.

B: Phases of Assessment

Policy: All projects participating in CE will follow the assessment and triage protocols of the CE system. The assessment process will progressively collect only enough participant information to prioritize and refer participants to available CoC housing and support services.

Procedure: The CoC has adopted the following phased approach to engage and appropriately serve persons seeking assistance through the CE system.

1. *Initial Triage (Immediately):* This first phase will focus on identifying the immediate housing crisis and clarifying whether the CoC crisis response system is appropriate for addressing the potential participant's immediate needs.

2. *Diversion or Prevention Screening (Immediately):* The second phase can happen immediately upon engaging with a participant. During this phase, CE staff will examine the CoC resources and options that could be used to prevent the participant from entering the homeless system of care.

3. *Crisis Services Intake- Coordinated Entry screening tool (Immediately):* The third phase should also happen immediately to collect all the information necessary to enroll the participant in a crisis response project such as an emergency shelter or other homeless assistance projects. A lack of identification should not prevent the system from arranging enrollment in any support service or from seeking housing. CE staff will check HMIS first to avoid duplication of clients.

4. *Initial Assessment - VI-SPDAT (within 48-72 hours of intake; completed after intake and no more than every six months or after a life-changing event):* During the fourth phase, assessors will collect information to identify a participant's housing and service needs to resolve that participant's immediate housing crisis. CE staff will check HMIS first to avoid duplication of VI-SPDAT scores.

5. *Comprehensive Assessment (SPDAT: 30, 60, 90, and 360 days):* In the fifth phase, the assessor will seek information necessary to refine, clarify, and verify a participant's housing and homeless history, barriers, goals, and preferences. Assessment information supports

the evaluation of the participant's vulnerability and prioritization for assistance. A lack of identification should not prevent the system from arranging enrollment in any supportive services or seeking housing.

6. *Next Step/Housing-Based Case Management/Stabilization/Move-on Assessment (Ongoing):* A final review will re-evaluate participants stably housed to determine the need for continued support and to what degree. It will re-evaluate participants who have been stably housed for some time and might be ready for less-intensive housing and service strategies.

C: Assessment Screening

Policy: The Macomb CoC will ensure that assessment data is not used to screen out households for housing and services based on a participant's membership in a protected class, such as a particular disability. Providers and staff will employ trauma-informed culturally competent practices, language, and approaches in assessment and engagement with people from varying backgrounds, ethnicities, and the LGBTQ+ population.

Procedure: The CE process and participant agencies may collect and document participants' membership in Civil Rights protected classes but will not consider membership in a protected class (race, color, religion, sex, national origin, disability, or familial status) as justification for restricting, limiting, or steering participants to particular referral options. Staff administering assessments must be trained to ask appropriately worded questions and offer options/recommendations that meet a person's specific needs.

D: Assessor Training

Policy: The Macomb CoC is committed to ensuring that all staff who assist with CE operations receive sufficient training to implement the CE system in a manner consistent with the vision and framework of CE and following the current policies and procedures of its CE system.

Procedure: The CoC will provide notice of available training opportunities for persons who will manage access point processes and conduct assessments for CE. Training will be offered at no cost to the agency or staff and will be delivered by an experienced and professional trainer whom the CoC identifies. Topics for training will include the following:

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

E: Participant Autonomy

Policy: Persons served by the CoC's CE system must have the autonomy to identify whether they are uncomfortable or unable to answer any questions during the assessment process or refuse a referral. In both instances, the refusal of the participant to respond to assessment questions or to accept a referral shall not adversely affect their position on the CE's prioritization list.

Note: Some funders require collecting and documenting a participant's disability or other characteristics or attributes to determine eligibility. Participants who choose not to provide information in these instances could limit potential referral options.

Procedure: Ensure all agency partners and staff are trained on the participant's right to refuse to answer questions during the CE process.

F: Non-discrimination Complaint and Appeal Process

Policy: The CoC is committed to ensuring that no information is used to discriminate or prioritize households for housing and services on a protected basis, such as race, color, religion, national origin, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status.

Procedure: CE points of entry must include information provided to the participant that details who the point of contact is for filing and addressing any discrimination complaints, which participants can file if they believe the non-discrimination policy has been violated in their case during the CE process.

Additionally, this form will describe and provide contact information for accessing the appeal process if they are unsatisfied or have any questions regarding how their complaints are handled. CE staff must review this form at the access point and signed by each participant.

The Discrimination Form can be found here.

G: Privacy Protections

Policy: CE participating agencies must notify and obtain participant consent for collecting, using, and disclosing participants' personally identifiable information (PII).

All participant information collected, stored, or shared in the operation of CE functions, regardless of whether those data are stored in HMIS, shall be considered personal and sensitive information worthy of the full force of protection and security associated with data collected, stored, or shared in HMIS.

Procedure: A participant's request for housing crisis response assistance initiated through phone or email communication will be considered notification of intent and inferred to be client consent to collect, use, and disclose that PII collected via phone or email. CE participating agencies shall obtain written client consent from the participants when they come in, and additional data will be collected during an in- person assessment.

The CoC will protect all participants' PII, as required by HUD's HMIS Data and Technical Standards, regardless of whether the PII is stored in HMIS. All CE participating projects will ensure participants' PII will only be collected, managed, reported, and potentially shared if those data can be secured in compliance with the HUD-established HMIS privacy and security requirements.

H: Disclosure of Disability or Diagnostic Information

Policy: Throughout the assessment process, participants will not be pressured or forced to provide CE staff with information they do not wish to disclose, including specific disability or medical diagnosis information.

Procedure: Providers will have available a standard COC-wide uniform statement that staff will use to inform participants and make them aware that not disclosing certain information on disabilities may limit or affect the range of eligible housing options.

I: Updating the Assessment

Policy: Participant assessment information will be updated at least once a year if CE serves the participant for over 12 months. Additionally, staff may update participant records with new information as new or updated information becomes known. The VI-SPDAT is only done once per 12 months.

However, a life-altering event would be the exception to having the VI-SPDAT done a second time within 6-12 months.

Procedure: Individuals who choose not to participate in data collection upon initial assessment or project entry may later decide that their information can be collected and entered into HMIS. Participant data in HMIS can be updated after an initial CE data collection period and throughout project enrollment to reflect the emergence of new information, corrections to previously collected information, or additions of previously unanswered questions. Macomb CoC will continuously improve participant engagement strategies to achieve completion rates of required HMIS data elements.

4. PRIORITIZATION

A: Standardized Prioritization

Policy: Macomb CoC will use data collected through HMIS and the CE process to prioritize homeless persons within the CoC's geography and direct them to appropriate programs.

Procedure: **Permanent Supportive Housing (PSH)**
The Macomb County CoC will first prioritize chronic, literally homeless households, also considering the VI/F/TAY-SPDAT score that meets the community-established thresholds. Those eligible households who meet the chronic homeless definition are added to the Chronic Prioritization List managed by the HARA. The CoC will incorporate the orders of priority described in HUD's *Notice CPD-16-11* and *Notice CPD- 17-01 (Additional Requirements)* into the prioritization for PSH (see Appendix I). In conjunction with the Case Conferencing and Referral Group, the HARA discusses clients' vulnerabilities and severity of needs during the case conferencing call or in-person meeting. The CoC prioritizes household(s) for the available PSH units during referral and case conferencing meetings.

The Macomb County CoC adopted the orders of priority described in HUD's *Notice CPD-17-01*, so recipients of either dedicated or prioritized CoC Program-funded PSH and recipients of either non-dedicated or non-prioritized CoC Program-funded PSH are selected for PSH in the following order:

1. Dedicated/prioritized PSH -Those individuals with the longest histories residing in places not meant for human habitations, in emergency shelters, in safe havens, and with the most severe service needs are given priority.
2. Non-dedicated/prioritized PSH for chronic homelessness – Those 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.

Please see Appendix I for the Methodology of Prioritization.
The CoC adopts the definition of "chronically homeless," as stated in the chronically homeless final rule which can be found in the Definitions Section.

As the Notice states, *Severity of Service Needs* (also found in the Definitions Section) means an individual for whom at least one of the following is true:

a) History of high utilization of crisis services, which include but are not limited to emergency rooms, jails, and psychiatric facilities; and/or
b) Significant health or behavioral health challenges, substance use disorders, or functional impairments that require a substantial level of support to maintain permanent housing.
c) For youth and victims of domestic violence, there is a high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.

Severe service needs, as defined above, should be identified, and verified through data-driven methods such as an administrative data match or 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 the needs of the individual.

When a PSH bed is not dedicated to chronically homeless households, the Case Conferencing and Referral Group will offer housing to persons experiencing chronic homelessness or most at risk of becoming chronically homeless to the maximum extent possible.

Tie Breaker - When two households in the same priority are scored equally on the Prioritized List, the following tiebreakers are used in this order: veteran household and severity of service needs

Procedure: **Rapid Re-Housing (RRH)**

All partnering agencies within the CoC will refer all households to Coordinated Entry that meet the community-established thresholds for Rapid Re-Housing. This threshold consists of a VI/F/Tay-SPDAT score, which will be evaluated periodically for continued effectiveness. Per HUD guidance in Notice CPD-17-01, to reduce time spent waiting on the prioritization list, the threshold will be evaluated by the Coordinated Entry Systems Committee. This review will ensure that those who are placed on the RRH list will not be stagnant on the list for more than 60 days. To be successful, the HARA will monitor the ongoing list and suggest realignment of community thresholds to the CE Systems Committee every six months.

Current community thresholds:
All youth (up to age 24) referred - no threshold
All chronic Households referred - no threshold
SPDAT scores of 4-7 referred for RRH
SPDAT scores of 8+ referred for PSH

When agencies identify a family eligible for RRH assistance, they will refer families through HMIS or through a Non-HMIS Rapid Re-Housing Referral Form if the agency is not an HMIS user. Within HMIS, agencies will complete the MSHMIS Coordinated Entry Assessment, identifying the need for Rapid Re-Housing, and send the referral to the Macomb Community Action - Macomb Co. - CE HARA (13221) provider page. Once received, the HARA will add the referrals to the RRH list.

The order of prioritization is as follows:
1. Households with 12+ months homeless history
2. Unsheltered
3. Approximate Date Homelessness Began
4. VI/F/TAY SPDAT Score

During the Coordinated Entry Registry and Case Conferencing weekly meetings, updates will be provided on RRH households. Community conversation will be encouraged to advocate for households that may need immediate assistance with RRH outside of the identified prioritization process. For example, those who will be exiting shelter soon or those who have identified housing.

If there is a time-sensitive housing situation wherein a household could move into housing using RRH in between case conferencing meetings, these referrals will be directed to the HARA to expedite. Updates on these households will take place at the subsequent meeting. Every agency is required to have a representative present for the meetings to report on the progress of clients and facilitate their pulls. Each agency will come to the weekly meetings and share how many RRH household slots they have available to assist. Households will be assigned to available slots per the prioritization guidelines.

Once a household is assigned to a RRH provider, that provider will attempt to contact the client to begin assessment. Providers, at a minimum, will make four separate contact attempts within a 30-day period utilizing all means available (telephone, email, text, secondary contact, community contact attempts through other providers). If the potential client is unable to be reached after the minimum contact attempts have been made, deactivation from the list may be requested at the next meeting. This does not prohibit the client from being re-referred in the future if contact is made and the client is eligible again for RRH assistance.

Procedure: **Transitional Housing (TH)**
The Macomb County CoC has two transitional housing (TH) programs:

1. Amelia Agnes is a women's and children's transitional living program.
2. Family Youth Interventions is the only TH program serving youth that receives CoC funding and participates in the CES.
   a. This program provides supportive housing in a resident congregate facility for six homeless unaccompanied youth ages 16 through 20.

Prioritization will occur as follows:
The Macomb County CoC will first prioritize literally homeless youth (category 1) under 18, with chronically homeless youth having priority. Of the six (6) beds in the program, two (2) will be available for this category.

The Macomb County CoC will also prioritize literally homeless youth (category 1) between the ages of 18 - 20 based on their TAY-SPDAT scores, with chronically homeless) youth having priority. Of the six (6) beds in the program, four (4) will be available for this category.

If there are two or more individuals with the same score, they are prioritized based on the following criteria (only going to the next level as needed to break a tie):
1. Medical Vulnerability - Those with significant medical needs often utilize crisis or emergency services, including emergency rooms, jails, and psychiatric facilities, that could lead to illness or death.
2. Age – The younger children will be given priority.
3. Length of Time Homeless - Priority to those experiencing homelessness the longest.

If no youth meet the homeless definition, then those youths who are at imminent risk of losing their nighttime residence within 14 days and have no subsequent housing identified, and lack the resources to obtain housing, such as youth aging out of foster care, will be referred to the program.

Additionally, the FYI TH program has committed to facilitating the movement of five individuals to permanent housing during the current grant period, opening beds for more unaccompanied youth.

B: Emergency Shelter

Policy: Emergency shelter services are a critical crisis response to those in need within the CoC's geography. Access to such services is entirely inclusive and is not prioritized.

Procedure: Households needing emergency shelter, if being assessed at a shelter, will stay depending upon bed availability. If not, or if they are being assessed at a non-shelter, they will refer households to emergency shelters as beds are available.

All shelters are first come, first served. If a Macomb County shelter has an open bed and the household meets eligibility, the HARA will contact the shelter to verify the opening and to reserve the bed. The

homeless household will be directed to the shelter with the reserved bed, and the household should arrive at the designated shelter within the community-established timeframe. If transportation is unavailable, a homeless household may receive a bus ticket, as funding allows, to access needed housing and services.

If there are no vacancies, the HARA or a partner agency will provide shelter information from the Tri-County Shelter Guide to the household for possible placement.

As a last resort, depending on if funding is available, the household may stay at a local motel until the next shelter opening is available. The Macomb County CoC will establish strong working relationships with local motel owners, churches, and non-profit organizations to ensure a supply of alternative shelters for households experiencing homelessness in the event no emergency shelters are available.

C: Prioritization List (Registry a.k.a. By-Name-List)

Policy: The CoC has established a community-wide list of all known homeless persons residing in the CoC's geography who are seeking or who may need CoC housing and services to resolve their housing crisis. The prioritization list will be organized according to participant needs, vulnerability, and risk. The prioritization list provides an effective way to manage an accountable and transparent prioritization process. The CoC has one priority list split into two sections: Chronic and Non-Chronic.

Procedure: The CoC's prioritization list will be managed by the HARA/Collaborative Applicant. Decisions regarding placement into PSH and prioritizations are made by the CoC Coordinator in conjunction with the Case Conferencing and Referral Group. New, eligible participants will be added to the prioritization list as they are referred through HMIS or the Non-HMIS User Referral Form. The prioritization list will be managed according to the principles established by the CoC's written policies and procedures. Participating agencies are required to provide the following information about participants within the referral:

- HMIS ID (if applicable)
- Assessment score
- Participant's household size
- Any additional special housing needs such as physically accessible units or other accommodation needs
- Veteran Status
- Disability
- Contact Information for the participant (if available)

Eligible households will also be referred to PSH Providers when chronic homelessness status and the VI-SPDAT score meet the community-established threshold.

The HARA and its partner agencies utilize a standardized Release of Information (ROI) to input data and VI-SPDAT and F-VI-SPDAT information into HMIS. This ROI is based on a Michigan statewide adopted HIPAA-compliant ROI. Service providers serving veteran households use an additional ROI developed by the Department of Veterans Affairs (VA). The veteran-specific ROI enables effective service coordination between service providers and VA representatives.

D: Housing Choice Voucher (HCV) Homeless Preference (HP)

Policy: The Housing Choice Voucher (HCV) Homeless Preference (HP) program will be incorporated into the CE process to streamline referrals and address homelessness effectively. Eligibility for HCV prioritization requires households to meet the HUD-defined categories of homelessness (Category 1 or

Category 4) at the time of referral. Referrals will be prioritized using the By-Name List (BNL), ensuring decisions are guided by local data and tailored to community-specific needs.

Procedure: Households referred to the HCV waiting list must meet one of the following HUD categories of homelessness:

- Category 1: Literal homelessness (residing in a place not meant for human habitation, emergency shelter, or safe haven), or
- Category 4: Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking.

Verification of homelessness, participant identification, and Macomb County residency must be obtained before placement on the HCV waitlist. Agencies utilizing HMIS must upload these documents and attach them to the participant's profile. Non-HMIS using agencies will provide them to the HARA.

The HARA will receive quarterly notifications of voucher pulls from MSHDA. Eligibility and prioritization will be confirmed using the BNL during CE Weekly Registry and Case Conferencing Meetings. Upon notification, the HARA will add eligible households to the HCV waitlist within 10 business days, ensuring the number of households added matches the allotted vouchers, with all households being drawn from the list.

Prioritization Factors:
The CoC will prioritize households for HCV referrals based on the following factors, supported by community needs and local data:

1. Sheltered
   a. VI-SPDAT
   b. Category IV with Highest Lethality Score
   c. Highest Number of Episodes of Homelessness and Longest Length of Time Homeless
   d. Disability

During CE Registry meeting, CE-participating agencies will engage in case conferencing to collaboratively review and discuss individuals being prioritized for vouchers. This process may also implement dynamic prioritization, when necessary, by evaluating specific needs to ensure that households are appropriately matched to available resources, maximizing the effectiveness of the HCV program.

5. REFERRAL

A: Notification of Vacancies

Policy: All CE participating providers will enroll new participants into programs only from the CoC's CE referral process. To facilitate prompt referrals and reduce vacancy rates, participating providers must notify the CE coordinating entity of any known and anticipated upcoming vacancies.

Procedure: All CoC CE participating agencies are required to complete a CE assessment in HMIS and send the referral to the *Macomb Community Action – Macomb Co. – CE HARA (13221)* provider page to refer people experiencing homelessness or housing crisis to the CoC's HARA. This will then notify the HARA who needs to be added to the CE registry. Those not using HMIS will use the Non-HMIS Referral Form and send this form to the HARA via email.

The HARA and partner agencies will provide current updated vacancy information to the Case Conferencing and Referral Group, which will work to identify a prioritized household to fill the vacancy during the next regularly scheduled weekly referral and case conferencing meeting.

The HARA will keep an up-to-date funding grid with funding information from CE providers and update the grid as needed. The HARA will take meeting minutes during the weekly referral and case conferencing meetings regarding CE processes, referrals, and any gaps or trends, which the HARA will store. The HARA will report to the CES Committee and to the CoC Board of Directors to ensure optimal communication and provide for follow-up and coordination.

Veterans will be referred to the Veteran's Community & Referral Resource Center (VCRRC) for assessment for programs offered through the Veterans Affairs (VA). The Macomb County Veteran By-Name-List Work Group operates a master list process for veterans, including many veteran housing assistance service providers and mainstream resources through the Macomb Veterans Action Collaborative and Veterans Affairs Medical Center. People referred to Macomb County Veterans Services can access homeless assistance resources through the coordinated entry process. The HARA maintains the Veteran-By-Name List.

Victims of domestic violence, dating violence, sexual assault, or stalking will be referred to Turning Point, Macomb County's domestic violence service provider. The Macomb CoC CES procedures will ensure people fleeing domestic violence have safe and confidential access to domestic violence services and that any data collection adheres to the Violence Against Women Act (VAWA). People referred to Turning Point can access homeless assistance resources through the CE process.

B: Participant-Declined Referrals

Policy: The Coordinated Entry (CE) system prioritizes participant choice at all stages, including referrals. Individuals and families have the right to decline housing options or service strategies without penalty.

Procedure: Participants will receive information about available programs based on assessment results, vulnerability and need scores, preliminary eligibility determinations, personal preferences, and available resources. They will be given the opportunity to choose from the options available to them.

If a participant on the Prioritization List declines a referral to a specific housing program, they will remain on the list until the next available housing opportunity. Providers must distinguish between:

- A participant declining a specific unit or project but remaining open to the intervention.
- A participant declining the intervention type (e.g., Permanent Supportive Housing).

This distinction ensures that individuals continue to receive appropriate referrals aligned with their needs and preferences.

C: Provider-Declined Referrals

Policy: Provider agencies may occasionally decline referrals from the CE system. When an agency rejects a prioritized household, it must notify the Housing Assessment and Resource Agency (HARA) of the denial and provide the reason.

Procedure: Referral rejections are only acceptable under the following conditions:

- The individual or household does not meet the project's eligibility criteria.
- The individual poses a danger to themselves or others at the project.
- The project lacks the appropriate level of services to meet the participant's needs.
- The project is at full capacity and unable to accept referrals.

The agency must communicate the refusal to the HARA within two business days, providing:

- The reason for rejection.
- How the participant was informed.
- What alternative resources were offered.
- Whether similar refusals are anticipated in the future.

The HARA will share this information with the CES Committee, which will determine the appropriate next steps for both the project and the participant.

6. DATA CONTROL

A: Data System(s)

Policy: CE partners and all participating agencies contributing data to Macomb CoC CE must ensure participants' data are secured regardless of the systems or locations where participant data are collected, secured, or shared, whether on paper or electronically. Additionally, participants must be informed how their data are being collected, secured, managed, and potentially shared, with whom, and for what purpose.

Procedure: Participants must receive and acknowledge a consent form before collecting data for CE. The form identifies what data will be collected, where those data will be secured/managed, how those data will be used to help the participant obtain housing and assistance and for other administrative purposes, and what data will be shared with others (if the participant consents to such data sharing). A copy of the consent form is given to the participant, and the original goes in the participant's file. Please see Appendix E for the link to the consent form housed within the MSHMIS ROI & Sharing Plan.

HMIS Standards

The Macomb CoC is part of the Michigan Statewide HMIS (MSHMIS). The CoC, therefore, adopted the MSHMIS Operating Policies and Procedures, which outlines detailed HMIS standards, requirements, and lead agency responsibilities. Generally, HMIS minimum standards and HMIS Lead responsibilities are as follows:

Minimum standards:

- Providers, except for victim service providers, shall actively utilize the Homeless Management Information System (HMIS) to enter data on people served and assistance provided under CoC- and ESG- funded programs.
- Victim service providers shall actively utilize a comparable data system that meets HUD's standards (24 CFR 576.107).

Macomb CoC HMIS Lead is responsible for the following:

- Maintaining and updating the HMIS data system
- Providing training and support to all HMIS users
- Generating regular reports based on HMIS data, including counts of homeless persons and performance reports for CoC & ESG recipients/subrecipients

B: Data Collection Stages and Standards

Policy: Participating agencies must collect all data required for CE as defined by the CoC, including the "universal data elements" listed in HUD's HMIS Data Standards Data Manual.

Procedure: Agencies participating in CE Intake and Assessment must enter information into HMIS: *Macomb Community Action – Macomb Co. – CE HARA (13221)* provider page within 48-72 business hours of client entry. Entries and exits must be completed within no more than five business days, with live entries being ideal if possible.

Please see the previous section in this document, Section 3: Assessment, for all requirements of entering assessments into HMIS.

C: Participant Consent Process

<u>Policy</u>: Data is not collected without the consent of participants, according to the defined privacy policies adopted by the CoC.

<u>Procedure</u>: As part of the assessment process, participants are provided with a written copy of the CoC's Release of Information, identifying what data will be collected and shared, with which agencies, and for what purpose. Participants can decline to share data; doing so does not make them ineligible for CE. Please see Appendix E for a copy of the Macomb County MSHMIS Client Release of Information and Sharing Plan.

7. EVALUATION

A: Evaluation of CE System

Policy: The Macomb CoC conducts regular evaluations of the Coordinated Entry (CE) system to identify improvement opportunities, ensure accountability, and share results with stakeholders.

Procedure: The CE system is evaluated quarterly using the Homeless Management Information System (HMIS) data and Longitudinal Systems Analysis (LSA) reporting as required by HUD. The CE Committee reviews the results before publishing them on the public CoC website. Findings inform policy and procedural updates, which are made at least annually to improve system effectiveness.

The CoC CE Committee tracks system performance using the following key outcomes:

1. Reduction in Average Cumulative Days Homeless – Measuring decreases in the total length of homelessness across both system and project levels.

2. Increase in Exits to Permanent Destinations – Tracking the number of individuals and households successfully placed in stable, permanent housing.

3. Reduction in Returns to Homelessness After Exiting to Permanent Destinations – Evaluating the rate at which individuals re-enter homelessness after securing permanent housing.

Participant Feedback:
The CE Committee also evaluates system effectiveness through participant feedback collected by CE-participating agencies at project entry and exit. These surveys are a requirement of all CE- participating agencies to include in their intake process and exit procedures. Key indicators include:

- Relevance of Assessment Questions – Ensuring assessments effectively capture client needs.

- Effectiveness of Referrals – Evaluating the ability of CE to connect participants with appropriate services.

- Satisfaction with Housing Placement – Measuring participant experiences with CE and their housing outcomes.

Survey Links: **Entry Survey Link - Exit Survey Link**

B: Role of Participating Agencies in CE Evaluation

Policy: Participating agencies play a crucial role in the evaluation of CE. Participating agencies will collect accurate and meaningful data on persons served by CE. In addition, participating agencies will review evaluation results and offer insights about potential improvements to CE processes and operations.

Procedure: Each CE agency will participate in CE System evaluation/data and survey collection as part of the CES Committee. The CE committee will review and provide feedback on the results at least annually. Any changes agreed upon by the CE committee because of the CE evaluation will be approved by the COC Board and affirmed by the COC membership.

8. DEFINITIONS

Case Conferencing

Local process for CE staff to coordinate and discuss ongoing case management with persons experiencing homelessness in the community. Conferencing includes the prioritization and CE registry list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and reduce duplication. The group collaborates to overcome barriers, share resources, and discuss prioritization of referrals. This group is the Case Conferencing and Referral Group which meets weekly either in-person or virtually.

Chronic Homelessness

- A homeless individual with a disability as defined in section 401(9) of the McKinney-Vento Assistance Act (42 U.S.C. 11360(9)), who:
  - Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and
  - Has been homeless and living as described for at least 12 months* or on at least four separate occasions in the last three years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least seven consecutive nights of not living as described.
- An individual who has been residing in an institutional care facility for less than 90 days, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, and met all of the criteria of this definition before entering that facility**:
- 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 of this definition, including a family whose composition has fluctuated while the head of household has been homeless.
- *A "break" in homeless is seven or more nights.
- **An individual residing in an institutional care facility does not constitute a break in homelessness.

Continuum of Care (CoC)

The group organized to carry out the responsibilities prescribed in the _CoC Program Interim Rule_ for a defined geographic area. A CoC should be composed of representatives of organizations, including non-profit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons.

Coordinated Entry System or Coordinated Entry (CES) (CE)

HUD requires each CoC to establish and operate a centralized or coordinated assessment system. This centralized process is designed to coordinate program participant intake, assessment, and provision of referrals. The system covers the geographic area, is easily accessible, and should ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.

Responsibilities of a CoC include operating the CoC, designating and operating an HMIS Lead, planning for the CoC (including coordinating the implementation of a housing and service system within its geographic area that meets the needs of the individuals and families who experience homelessness there), and designing and implementing the process associated with applying for CoC Program funds. Macomb County CoC website: www.macombcoc.org

CoC Program

The Continuum of Care (CoC) Program (24 CFR part 578) is designed to promote a community-wide commitment to the goal of ending homelessness and to provide funding for efforts by non-profit providers, states, Indian Tribes, or tribally designated housing entities (as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 USC 4103) (TDHEs)), and local governments to quickly rehouse homeless individuals, families, persons fleeing domestic violence, dating violence, sexual assault, stalking, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless individuals and families, and to optimize self-sufficiency among those experiencing homelessness.

Comparable Database

A database used by victim service or legal service providers that allows them to collect and store personal-identifying information that they do not have to enter or share into HMIS.

Decentralized (No Wrong Door)

The CoC's approach to CE ensures that no matter which homeless assistance provider a person goes to, they will be referred to the Homeless Assessment and Resource Agency (HARA) for the appropriate resources, referrals, assessment, and prioritization processes based on their unique circumstances.

Disability

A person is considered to have a disability if the disability meets all of the following four criteria: 1. is expected to be of long, continuing, or indefinite duration; 2. substantially impedes the individual's ability to live independently; 3. could be improved by the provision of more suitable housing conditions; and 4. is one or more of the following: (a) physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury; and/or (b) developmental disability (please review full definition); and/or (c) the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.

Emergency Shelter

The primary purpose of any facility is to provide temporary or transitional shelter for the homeless in general or for specific homeless populations.

Emergency Solutions Grants (ESG) Program

HUD funding source to (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these

shelters: (4) provide essential services to shelter residents; (5) rapidly rehouse homeless individuals and families; and (6) prevent families and individuals from becoming homeless.

Homeless Management Information System (HMIS)

Local information technology system used by a CoC to collect client-level data and data on the provision of housing and services to homeless individuals and families at risk of and experiencing homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

Housing First

A model of housing assistance that prioritizes rapid placement and stabilization in permanent housing without requiring service participation or preconditions (such as sobriety or a minimum income threshold).

Projects to Assist in Transition from Homelessness (PATH)

Substance Abuse and Mental Health Services Administration (SAMHSA)–funded program to provide outreach and services to people with serious mental illness (SMI) who are homeless, in shelter or on the street, or at imminent risk of homelessness.

Public Housing Authority (PHA)

Local entity that administers public housing and Housing Choice Vouchers (HCV).

Permanent Supportive Housing (PSH)

Permanent Supportive Housing (PSH) is permanent housing in which housing assistance (e.g., long- term leasing or rental assistance) and supportive services are provided to assist households with at least one member (adult or child) with a disability in achieving housing stability.

Rapid Re-Housing Program (RRH)

A permanent housing solution emphasizing housing search and relocation services and short- or medium-term rental assistance to move homeless persons and families as rapidly as possible into housing.

Release of Information (ROI)

Written documentation signed by a participant to release their personal information to authorized partners.

Street Outreach

Essential services who engage with all unsheltered individuals and families experiencing homelessness within the CoC's geographic area, including those least likely to request assistance. Services include connection to emergency shelter, housing, critical/crisis services, and urgent, non-facility-based care.

Transitional Housing (TH)

Designed to provide homeless individuals and families with interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement when residing in transitional housing.

9. ROLES

CoC Board

The CoC Board is the collective of individuals designated to provide oversight and governance on behalf of the CoC. The CoC Board's responsibilities are defined by the CoC and are described in the CoC's governance charter.

Lead Agency

This organization is responsible for the establishment, measurement, evaluation, and assessment of the quality and effectiveness of the system.

CES Committee

Primary governing body for coordinated entry. Meets monthly or as necessary to oversee the implementation and evaluation of the CE system.

Collaborative Applicant (CA)

The CoC designates the eligible applicant to collect and submit the required CoC Application information for all projects the CoC has selected for funding and apply for CoC planning funds on behalf of the CoC. The CoC may assign additional responsibilities to the Collaborative Applicant so long as these responsibilities are documented in the CoC's governance charter.

HMIS Lead Agency

The eligible applicant designated by the CoC, under the CoC Program Interim Rule, to manage the CoC's HMIS on the CoC's behalf. The HMIS Lead Agency will coordinate HMIS policies and procedures and ensure the HMIS meets the needs of their respective programs.

Participating Project

Agency or organization that has agreed to provide homelessness support/services on behalf of the CoC. A participating project must execute a CE Participation Agreement with the CoC. The Participation Agreement outlines the standards and expectations for the project's participation in and compliance with CE operations policies and procedures. For a project to receive CoC or ESG Program funding from HUD, it is required to participate in coordinated entry.

Referral Partner

A type of participating project. A referral partner will receive and consider referrals to its project from the CE system. It will sign a Coordinated Entry Partnership Agreement with the Lead Agency, affirming it is aware of and will adhere to all expectations for coordinated entry.

Mainstream Service Provider

Agency or entity that can provide necessary services or assistance to persons served by coordinated entry. Examples of mainstream service providers include hospitals, mental health agencies, employment assistance programs, and schools.

US Dept. of Housing and Urban Development (HUD)

The federal agency responsible for administering housing and homelessness programs, including the CoC and ESG programs.

US Dept. of Veteran Affairs (VA)

The federal agency responsible for providing healthcare and other services, including assistance to end homelessness, to veterans and their families.

Veteran Community Resource and Referral Center (VCRRC)

VCRRCs provide veterans who are homeless and at risk of homelessness with one-stop access to community-based multiagency services to promote permanent housing, health and mental health care, career development, and access to VA and non-VA benefits.

APPENDIX

All items in the Appendix can be found on the Macomb CoC Website at www.macombcoc.org

Appendix A: Entire Geographic Map

Macomb County Reference Map

Sources: Michigan Center for Geographic Information; Data Driven Detroit. Created September, 2013.
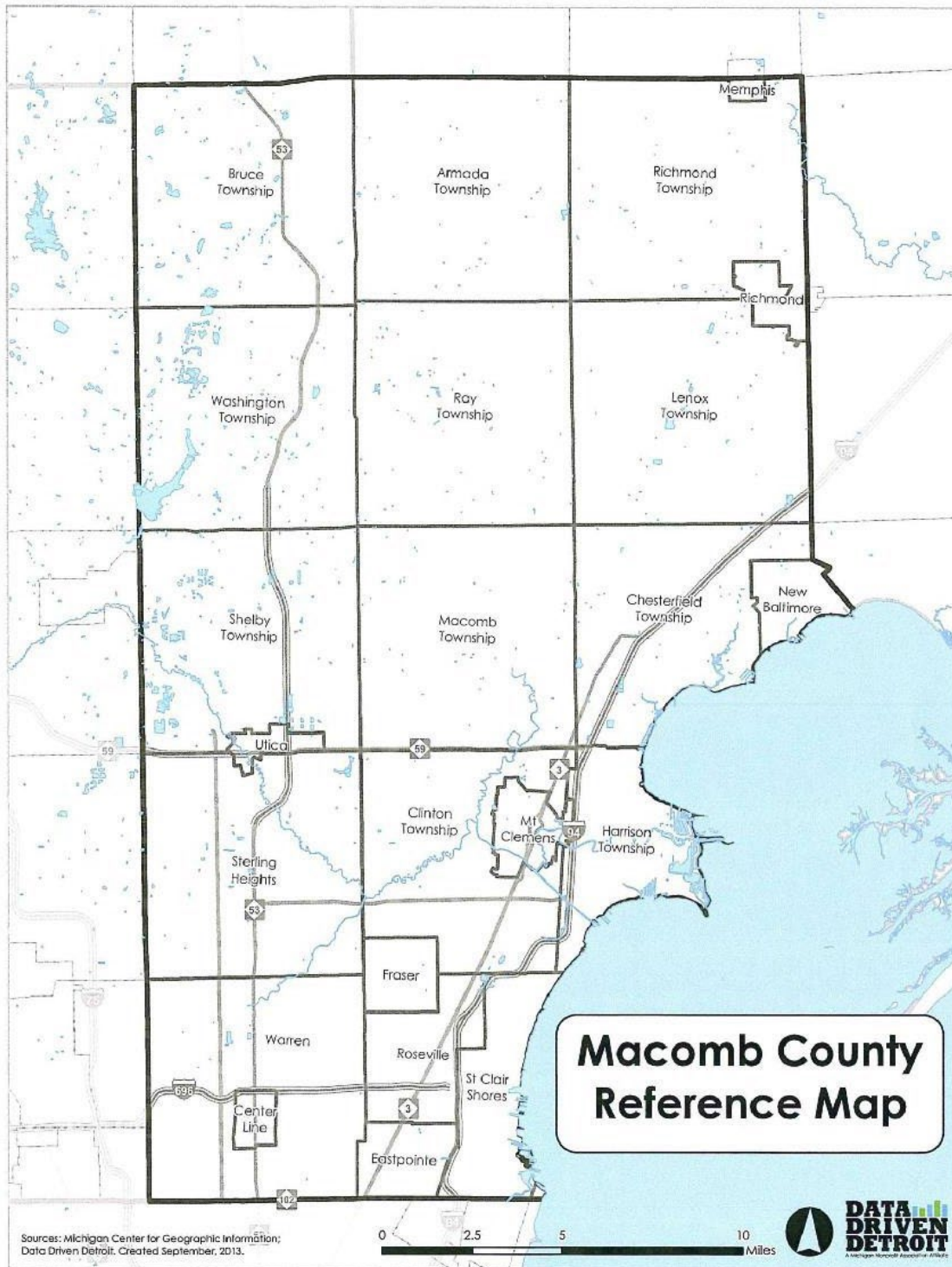
Appendix B: List of Access Points

MACOMB COUNTY
CONTINUUM OF CARE
COORDINATED ENTRY SYSTEM (CES) ACCESS POINTS
HOMELESS RESPONSE

Are you, a loved one, or a friend experiencing a housing crisis and looking for help? The Macomb County Continuum of Care's Coordinated Entry System (CES) can help.

CES helps people who are homeless find housing. It connects participants with services and housing options that best fit their needs. Participants are assessed and added to a list, and then matched with available programs in a streamlined and fair way.

Housing assistance can be accessed at any of the points listed below:

The Salvation Army MATTS
(Emergency Shelter)
Serving General Unhoused Population
(586) 755-5191
24140 Mound Rd.
Warren, MI 48091
Hours: 24/7
centralusa.salvationarmy.org/
warren/provide-housing/

MCREST (Shelter)
(586) 415-5101
215 S. Main St.
Mt. Clemens, MI 48043
Hours: 7 days, 9 a.m. – 5 p.m.
mcrest.org/

The Amelia Agnes Home
Serving Women with or without Children
(586) 323-7066
42960 Ryan Rd.
Sterling Heights, MI 48314
Hours: Mon. – Sat.: 8 a.m. – 4 p.m.
Sunday: 8 a.m. – 10 a.m.
perfectingcdc.org/programs-services/
amelia-agnes-transitional-home/

Macomb Community Action
(CES Lead Agency)
(586) 469-5656
21885 Dunham Rd., Suite 8
Clinton Township, MI 48036
Hours: Mon. – Fri.: 9 a.m. – 4 p.m.
macombgov.org/mca

Community Housing Network
(586) 221-5900
15106 Erin Park Ave.
Eastpointe, MI 48021
Hours: Mon. – Thurs.:
8:30 a.m. – 2:30 p.m.
communityhousingnetwork.org/

Family Youth Interventions
(Emergency Shelter)
Serving Youth ages 12-17
(586) 465-1212
418 Cass Ave.
Mt. Clemens, MI 48043
Hours: 24/7
familyyouth.com

Turning Point Macomb
Serving Survivors of Domestic Violence, Sexual Violence, and Human Trafficking
24/7 Hotline: (586) 463-6990
Administrative Office: (586) 463-4430
Hours: Mon. – Fri.: 9 a.m. – 5 p.m.
turningpointmacomb.org/

IF YOU ARE A VETERAN
Veterans Community Resources and Referral Center
(313) 576-1580
301 Piquette, Detroit, MI 4820
Hours: 7 days, 8 a.m. – 8 p.m.
va.gov/detroit-health-care/

Macomb County Community Mental Health (MCCMH)
24/7 Crisis Line
Dial 998 or locally at (586) 307-6100
Customer Service Line
(855) 99 MCCMH (62264)
Hours: Mon. – Fri.: 8 a.m. – 8 p.m.
mccmh.net

MCCMH North
43740 North Groesbeck Hwy
Clinton Township, MI 48036
Hours: Mon. – Fri.: 8:30 a.m. – 3 p.m.

MCCMH East
25401 Harper Ave.
St. Clair Shores, MI 48081
Hours: Mon. – Fri.: 8:30 a.m. – 3 p.m.

MCCMH West
6555 Fifteen Mile Rd.
Sterling Heights, MI 48312
Hours: Mon. – Fri.: 8:30 a.m. – 3 p.m.

MCCMH Children's
21885 Dunham Rd.
Clinton Township, MI 48036
Hours: Mon. – Fri.: 8:30 a.m. – 3 p.m.

MCCMH Crossroads Clubhouse
27041 Schoenherr, Suite C
Warren, MI 48088
Hours: Mon. – Fri.: 8:30 a.m. – 3 p.m.

NEED ASSISTANCE? Contact the Macomb County CoC at Macomb Community Action
21885 Dunham Road, Suite 8, Clinton Township, MI 48036 | **586-469-5656** | **housing@macombgov.org**
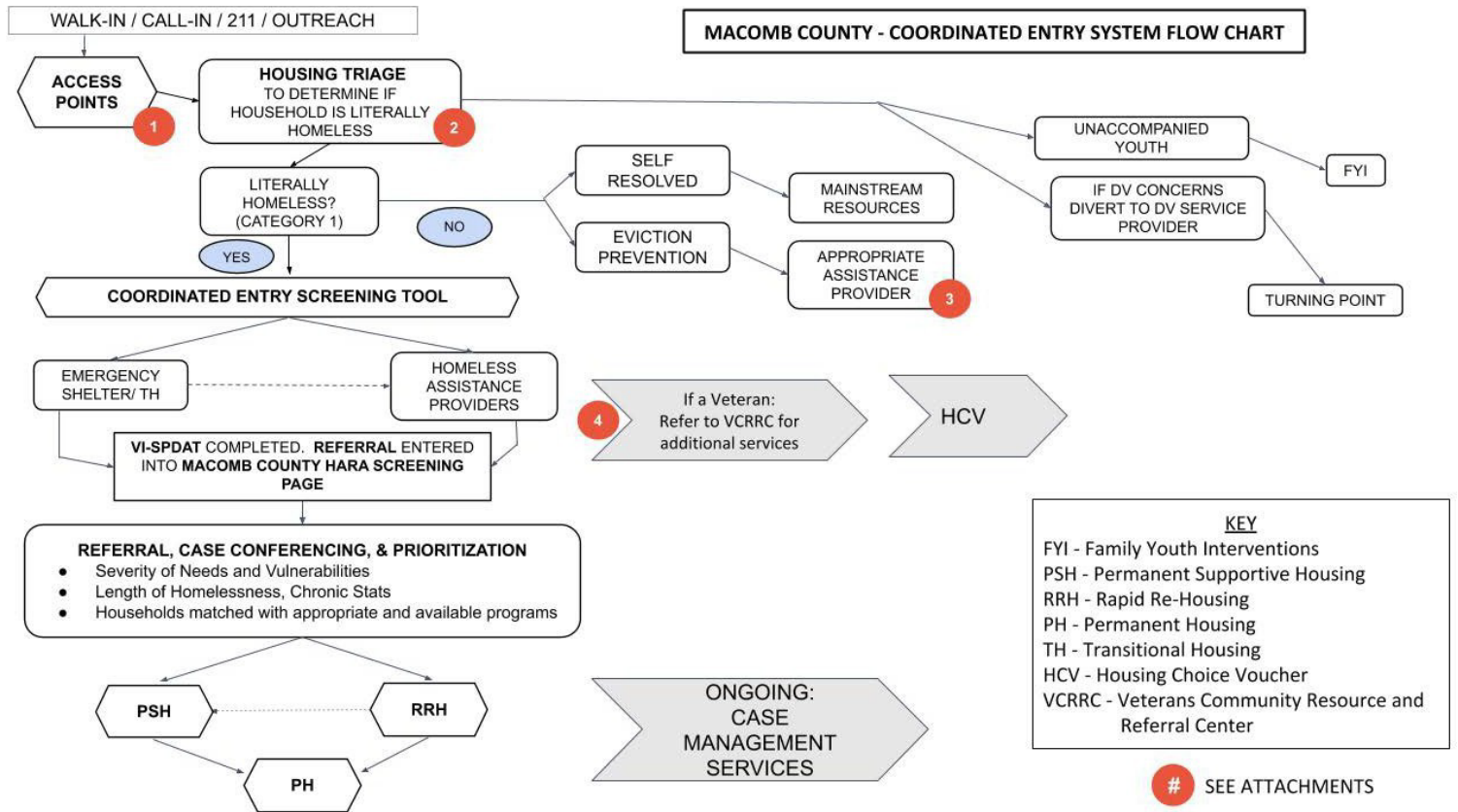
[Access Points Online Link](#)

Appendix C: Coordinated Entry Flow Chart

MACOMB COUNTY - COORDINATED ENTRY SYSTEM FLOW CHART

WALK-IN / CALL-IN / 211 / OUTREACH

ACCESS POINTS (1)

HOUSING TRIAGE
TO DETERMINE IF HOUSEHOLD IS LITERALLY HOMELESS (2)

LITERALLY HOMELESS? (CATEGORY 1)
YES
NO

SELF RESOLVED

EVICTION PREVENTION

MAINSTREAM RESOURCES

APPROPRIATE ASSISTANCE PROVIDER (3)

UNACCOMPANIED YOUTH

IF DV CONCERNS DIVERT TO DV SERVICE PROVIDER

FYI

TURNING POINT

COORDINATED ENTRY SCREENING TOOL

EMERGENCY SHELTER/ TH

HOMELESS ASSISTANCE PROVIDERS

VI-SPDAT COMPLETED. REFERRAL ENTERED INTO MACOMB COUNTY HARA SCREENING PAGE

(4) If a Veteran: Refer to VCRRC for additional services

HCV

REFERRAL, CASE CONFERENCING, & PRIORITIZATION
- Severity of Needs and Vulnerabilities
- Length of Homelessness, Chronic Stats
- Households matched with appropriate and available programs

PSH

RRH

PH

ONGOING: CASE MANAGEMENT SERVICES

KEY
FYI - Family Youth Interventions
PSH - Permanent Supportive Housing
RRH - Rapid Re-Housing
PH - Permanent Housing
TH - Transitional Housing
HCV - Housing Choice Voucher
VCRRC - Veterans Community Resource and Referral Center

SEE ATTACHMENTS

Appendix D: Coordinated Entry Partnership Agreement

Appendix E: Macomb County MSHMIS Client Release of Information and Sharing Plan

Appendix F: SPDAT links

- *Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT)*
  https://www.dochub.com/fillable-form/52532-vi-spdat-application

- *Family Service Prioritization Decision Assistance Tool (F- SPDAT)*
  https://everyonehome.org/wp- content/uploads/2016/02/F-SPDAT-2.0- Families.pdf

- *Youth Service Prioritization Decision Assistance Tool (TAY-SPDAT)*
  Y-SPDAT-v1.0-Youth-Print.pdf

Appendix G: Language Services

- Translation Services in Michigan: Translators Resource List
  Translation Phone Applications:
  Google Translate, Microsoft Translate, TripLingo, iTranslate, Navaer Papgago Translate (best for Asian languages)

- American Sign Language: http://dhisonline.org/, http://www.deafcan.org/

Appendix H: HUD Links

Coordinated Entry Core Elements
Chronic Homeless Definition and Flow Chart
ESG Interim Rule
CoC Interim Rule
VAWA- Violence Against Women Act
Notice CPD – 16-11
Notice CPD-17-01

Appendix I: Methodology of Prioritization

The Macomb County CoC follows HUD Notices CPD-16-11 and CPD-17-01 to prioritize individuals and families for PSH, ensuring that those with the greatest needs are housed first. This approach emphasizes chronic homelessness, severity of service needs, and length of homelessness.

The full Notices can be found under Appendix H. Below is a summary for reference:

Order of Priority for PSH Dedicated to Chronically Homeless Persons
Chronically Homeless Individuals and Families: Prioritized based on length of homelessness and severity of service needs.

No Chronically Homeless Individuals Available: Follow the priority outlined for non-dedicated PSH beds (see below). Housing First Approach: No preconditions (e.g., sobriety or service participation) are required. Providers must engage resistant individuals and prioritize them until housed.

Order of Priority for Non-Dedicated PSH Beds
1. First Priority: Individuals and families with disabilities, long-term or episodic homelessness, and severe service needs.
2. Second Priority: Individuals and families with disabilities and severe service needs, regardless of length of homelessness.
3. Third Priority: Individuals and families with disabilities without severe service needs but coming from homelessness.
4. Fourth Priority: Individuals and families with disabilities coming from transitional housing, especially those fleeing domestic violence.