

As an attachment to the overarching Continuum of Care Policies, this document provides procedural instructions for coordinated entry and housing program prioritization for households at risk of or experiencing homelessness.

# Attachment B: HAWC Coordinated Entry & Housing Program Prioritization

Washtenaw County Continuum of Care | FY14-15

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## Overview

The Washtenaw County Continuum of Care (CoC) uses *coordinated entry* as a standardized way to meet the immediate and long-term needs of those at-risk of or experiencing homelessness. Coordinated entry provides centralized intake, assessment, and referral to anyone calling with a housing crisis or concern. In Washtenaw County, coordinated entry is operated by Housing Access for Washtenaw County (HAWC), comprised of a partnership between the Salvation Army, Interfaith Hospitality Network at Alpha House (IHN), and the Shelter Association of Washtenaw County (SAWC).

In addition, the HAWC Community Housing Prioritization (CHP) Committee is responsible for overseeing the centralized referrals process for Rapid Re-Housing (RRH) and Permanent Supportive Housing (PSH) programs. All information and data used for this process is entered- in real time- into the Homeless Management Information System (HMIS).

Attachment A outlines the HAWC coordinated entry and housing program prioritization process, as well as the HAWC and CHP partners.

## Intake & Assessments

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

Households that are **housed**, and in need of resources, may receive information and referral to resources, including affordable housing. They may also receive prevention and diversion assistance in order to resolve any issues related to housing. Those households that are found to be **at imminent risk of homelessness** or who are **literally homeless** are given an assessment by a HAWC Partnership agency. To help solve their housing issue(s), at-risk households could receive prevention and diversion, as well as financial assistance if funding is available. If the household is found to be **literally homeless**, providers administer the Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) tool, a common assessment tool for prioritizing. The tool is not only used to determine each household's housing and services needs, but also to provide a common approach to prioritize households for housing program referrals using the CHP process. The CoC has a team of trainers to train those who need to administer the VI-SPDAT.

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

**Permanent Supportive Housing:** Individuals or families who need permanent housing with ongoing access to services and case management to remain stably housed.

**Rapid Re-Housing:** Individuals or families with moderate health, mental health and/or behavioral health issues, but who are likely to be able to achieve housing stability over a short time period through a medium or short-term rent subsidy and access to support services.

**Affordable Housing:** Individuals or families who do not require intensive supports but may still benefit from access to affordable housing. In these cases, the tool recommends affordable or subsidized

housing but no specific intervention drawn uniquely from the homeless services world. (In most cases, this amounts to saying simply, “no case management.”)

When a household is found during assessment to be literally homeless, they will receive a VI-SPDAT from the following agencies dependent on the population:

- **Individuals:** SAWC at Delonis Center & Salvation Army
- **Families:** IHN at Alpha House & Salvation Army
- **Unsheltered:** PORT
- **Youth:** Ozone House
- **Victims of Domestic Violence:** SafeHouse Center
- **Frequent Users of Crisis Systems:** FUSE

After the VI-SPDAT is administered to a literally homeless household, the following happens:

1. The staff person who completes the VI-SPDAT places the household on the housing prioritization list to be prioritized for referral to the identified PSH or RRH housing program.
2. As housing program openings become available, the CHP Committee prioritizes households for referral to the RRH or PSH program openings, per the prioritization process explained below.
3. Once a household is referred, HAWC sends the referral via HMIS to the identified housing program provider. Provider staff begins to work with the household to find housing and provides appropriate supports.
4. After housing is identified, provider staff administers ongoing assessment and case management as appropriate.

## Community Housing Prioritization (CHP) Process

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

### Release of Information(ROI)

A standardized ROI is utilized by all providers to input data and 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 the service providers and VA representatives.

### Housing Prioritization List in HMIS

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

### Prioritization Criteria

HUD regulations only allow RRH and PSH programs to serve people who are literally homeless ([Category 1](#)) or people who are homeless because they are fleeing domestic violence ([Category 4](#)). In addition,

HUD mandates that communities prioritize literally homeless households who are [chronically homeless \(CH\)](#) for housing and services.

To this end, the CHP Committee first prioritizes literally homeless households (who meet the household size requirements for the available permanent housing unit) based on their VI-SPDAT scores, with CH households having first priority. If there are no CH households on the housing prioritization list, households are still prioritized based on their VI-SPDAT scores. If there are two or more households with the same score, households are prioritized based on the following criteria (*only going to the next level as needed to break a tie between two or more households*):

<b>PRIORITIZATION TIE BREAKERS*</b> <i>(only used if households have the same CH status and VI-SPDAT score)</i>	
VI-SPDAT Score Ranges: Families: RRH 6-11   PSH 12+ Individuals: RRH 5-9   PSH 10+	
<b>1. Veteran Status</b>	
<b>2. Unsheltered Sleeping Location:</b>	Prioritized over those with a sheltered sleeping location (Question 13 of VI-SPDAT).
<b>3. Medical Vulnerability:</b>	Those with severe medical needs who are at greater risk of death (22-34 of the VI-SPDAT, with a maximum score of 5), <i>with priority given to those with trimorbidity.</i>
<b>4. Overall Wellness:</b>	Behavioral health, mental health, history of substance use, or other behavioral health conditions that mark or exacerbate medical conditions (questions 21-50 of the VI-SPDAT).
<b>5. Length of Time Homeless:</b>	Priority to those experiencing homelessness the longest (question 1 of VI-SPDAT).
<b>6. Date of VI-SPDAT:</b>	Priority given to the earliest date of assessment.
* NOTE: Age of the head of household may also be considered in the prioritization process. The creator of the VI-SPDAT, OrgCode Consulting, acknowledges that the VI-SPDAT works for youth so long as youth are compared to youth, and are not compared to the general population. There are a limited number of youth-dedicated PSH slots, and no youth-dedicated RRH slots, in the Washtenaw County CoC. Therefore, adjustments to the prioritization criteria may be made for age of the head of household.	

### Updating the Housing Prioritization Lists

The CHP Committee uses three lists for housing program referrals & prioritization: one for individuals, one for families, and one for housing program openings. The housing prioritization list for individuals uses real time data and is pulled from HMIS, while the family housing prioritization list is on a Google spreadsheet.

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

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

## Housing Liaisons

The Community Housing/Landlord Liaisons will maintain an ongoing list of available housing and will work with the RRH and PSH case managers to assist with identifying housing. These Liaisons will also assist with connections to landlords and will provide RRH program information to landlords, including specific subsidy information. Liaisons will also conduct Housing Quality Standard (HQS) inspections for all RRH placements. Liaisons will work together to facilitate placements of all RRH households.

## Case Management

Regardless of the type of housing program, all case managers will support the household toward securing housing, will assist households with obtaining necessary documentation, and will complete, scan and upload all necessary paperwork into HMIS. Necessary documents for housing include: 1. Birth Certificate 2. Social Security card 3. Government issued photo ID 4. Proof of any income or zero income statement 5. Verification of homelessness 6. DD-214 if the person is a Veteran.

Upon initial referral from HAWC to a housing program, the RRH or PSH case manager will connect with the household to inform them of their selection for the program within 24 business hours, and will meet with them face-to-face within 48 business hours. In the case of RRH, case managers will meet with the household at least monthly while subsidy is provided according to the chart below.

<b>RRH DECREASING SUBSIDY GUIDELINES</b>			
<b>VI-SPDAT Score Singles</b>	<b>VI-SPDAT Score Families</b>	<b>Subsidy Eligibility</b>	<b>Decreased Subsidy</b>
5-7	6-7	3 months subsidy	Security Deposit + 100% rent for up to 3 months
8-9	8-9	6 month subsidy	Security Deposit + 100% rent for up to 3 months; 30% of income up to 4-6 months
10-11	10-11	1 year subsidy	Security Deposit + 100% rent for up to 3 months; 30% of income up to 4-6 months; 50% rent up to 7-9 months
13+	12+	18 month subsidy	Security Deposit + 100% rent for up to 3 months; 30% of income; for chronic/PSH Bridge