



COORDINATED ENTRY SYSTEM

Policies and Procedures for Calhoun County

FEBRUARY 1, 2018

**Coordinated Entry System
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The Coordinated Entry System (CES) is a critical component to our community's efforts to meet the goals of *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. Per HUD CPD-17-01, local planning bodies (HARA) must allow for coordinated screenings, assessments, and referrals. This is to ensure that everyone is served in a client-centered, non-discriminatory process and that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how consumers present.

CES helps us prioritize assistance based on vulnerability and severity of service needs to ensure that consumers who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help us plan our assistance and identify needed resources.

Coordinated Entry is broken down in to two categories, prioritization and defining roles:

Prioritization:

- Most vulnerable and severe service needs; chronically homeless with greatest needs
- Integrating youth into coordinated entry
- Fleeing domestic violence
- Wait times
- Effective assessment tools (VI-SPDAT) and process

Defining roles in the homeless assistance system:

- Homeless assistance organizations
- Mainstream housing and services
- Prevention and diversion

Coordinated entry screenings/assessments and referrals are broken down into seven (7) different categories:

1. Planning
2. Access
3. Assessment
4. Prioritization
5. Referral
6. Data Management
7. Evaluation

Calhoun County currently has seven (7) access points for individuals and families including:

- HMIS Assessments:
 - Summit Pointe Housing:
 - Housing Assessment Resource Agency (HARA)
 - Housing resource and assistance
 - Assessments Include:
 - HARA Screening
 - VI-SPDAT, Full-SPDAT (if needed)
 - Self-Sufficiency Matrix
 - SHARE Center:
 - Drop-In Day shelter
 - Meal provider
 - Vital records assistance
 - Assessments Include:
 - VI-SPDAT (done for street outreach and if not done at shelter entry)

- Self-Sufficiency Matrix
- The Haven:
 - Shelter services for individuals and families (households with children)
 - Transitional housing services
 - Assessments Include:
 - VI-SPDAT (at initial intake of shelter entry)
- Own Internal Assessments:
 - Community Action Agency:
 - Utility assistance
 - Housing resource and assistance
 - Transportation services
 - Short-term voucher
 - Salvation Army:
 - Utility assistance
 - Rental resource and assistance
 - Household goods assistance
 - SAFE Place:
 - Domestic violence shelter
 - Department of Health and Human Services:
 - Family Independence Program (TANF)
 - Medical Assistance Program
 - Food Assistance Program
 - Refugee Assistance Program
 - Child Development and Care
 - State Disability Assistance
 - State Emergency Relief (SER)

**Youth services are referred to the Ark Youth Shelter in Kalamazoo, MI.

The HARA, a subsidiary of the community mental health authority (Summit Pointe), provides coordination for all Continuum of Care (CoC) agencies and fosters partnerships with governmental and non-profit organizations throughout Calhoun County that work in health and human services.

The Calhoun County Continuum of Care (CoC), Housing Solutions Board, and Homeless Coalition work in concert to ensure that the coordinated entry policies and procedures are being followed, evaluated, and refined.

Policies and Procedures

I. Planning:

Eligibility:

When an individual and/or family presents at a shelter or the HARA, with the exception of the domestic violence shelter, the applicable VI-SPDAT assessment is completed. In the instance of an alternative access point (i.e. CAA, Salvation Army, SAFE Place, DHHS), a formal written referral is given to a consumer. This is to ensure that the appropriate referrals are documented for housing and/or other services that are needed. We strongly encourage all agencies to refer consumers to the HARA for assessment. Therefore, most referrals in the community are sent to the HARA for further qualification of ESG Rapid Re-Housing, and other services utilizing the score of the VI-SPDAT.

Utilizing the score of the VI-SPDAT at the HARA for Rapid Re-Housing assistance, an individual or family is added to the prioritization wait list; based on full qualifications of the ESG program.

We operate under a ‘no wrong door’ policy in our community, but work hard to channel consumers to the central location of the HARA whenever possible. Individuals and families are coordinated by the referral process within the community to find the best path that will meet their needs.

The CoC encourages all access points to send consumers through the HARA for initial screening. If individuals and families are not able to make it directly to the HARA, staff will perform outreach so consumers have full access to the community resources. Continuous communication flows through the monthly Interagency Service Team (IST), openly and as needed with case managers, and at monthly Homeless Coalition meetings.

Populations/Subpopulations:

Through the coordinated entry process, participating projects are aligned with the assessment and referral process. This process also ensures all consumers in different populations and subpopulations in the CoC’s geographical area are served, including consumers who are:

- Experiencing chronic homelessness: VOA, Salvation Army, SHARE Center, Haven of Rest, Summit Pointe Housing, Community Action Agency, DHHS
- Veterans: VOA, Salvation Army, SHARE Center, Haven of Rest, Summit Pointe Housing, Community Action Agency, DHHS
- Families with children: Haven of Rest, Summit Pointe Housing, Community Action Agency, DHHS, Salvation Army, SHARE Center (as applicable)
- Unaccompanied youth:
 - Catholic Family Services dba Catholic Charities Diocese of Kalamazoo Ark Youth Shelter, 990 W Kilgore Rd, Kalamazoo, MI 49008
- Survivors of Domestic Violence
 - SAFE Place

Each access point will, as appropriate or necessary, contact the McKinney Vento Education Coordinator for those families presenting with school age children to ensure access and transportation to appropriate education, including public preschool education.

Nondiscrimination:

All participating projects comply with applicable civil rights and fair housing laws and requirements. All recipients and sub-recipients of CoC Program and ESG Program-funded projects are required to comply with the nondiscrimination and equal opportunity provisions of Federal Civil Rights laws, including:

- Fair Housing Acts
- Section 504 of the Rehabilitation Act
- Title VI of the Civil Rights Act
- Title II of the Americans with Disabilities Act
- Title III of the Americans with Disabilities Act

And HUD’s Final Rule:

Equal Access to HUD programs Regardless of Sexual Orientation or Gender Identity which will ensure all rental housing and homeownership programs in Calhoun County will remain open to all eligible persons regardless of sexual orientation, gender identity, or marital status.

These laws and CoC Policy prohibits housing discrimination based on race, color, religion, sex, national origin, familial status, and disability and includes sexual orientation, gender identity, or other protected classes. No individual, program consumer or employee who raises a concern or files a non-discrimination complaint will be retaliated against.

The coordinated entry process is used universally in our community to all those eligible. Using the VI-SPDAT assessment, organizations are able to uniformly prioritize consumers on the wait list, make referrals for housing and/or supportive services, and ensure that needs are met regardless of race, color, national origin, religion, gender identity, actual or perceived sexual orientation, age, familial/marital status, handicap, or those who are least likely to apply in the absence of special outreach. Persons with Limited English Proficiency (LEP) are offered translators through community partnerships.

All participating projects are required to have Fair Housing notifications available, accessible, and viewable by consumers. This notification has contact information with an accompanying tear sheet for consumers to have quick and easy access. Additionally, the HARA personnel have been trained to assist consumers with how to file a complaint to the Fair Housing office for a discriminatory act.

All participating projects are required to inform consumers of their ability to file a nondiscrimination complaint. A document outlining the CoC Nondiscrimination Policy is given to each client at intake and contains the name and address of Fair Housing (below). An acknowledgement form is signed by the head of household and kept with all records.

Persons who believe they've been a victim of housing discrimination, may contact the:

- **Fair Housing Center of Southwest Michigan Center (FHCSWM)**
405 West Michigan Avenue, Kalamazoo, M 49007, Toll free (866) 637-0733
The Center also provides fair housing training; email info@fhcswm.org for more information.
- **Legal Services of South Central Michigan**
123 W. Territorial Road Battle Creek, MI 49015
Office Phone (Receptionist): (269) 965-3951
Direct Dial Number: 269-224-5045
- **HUD.GOV**
https://www.hud.gov/program_offices/fair_housing_equal_opp

If an individual believes that they have been excluded from participation in, denied the benefits of, or subjected to discrimination on the basis of race, color, national origin including individuals with limited English proficiency (LEP), sex, religion, age, and disability, the individual may file a program discrimination complaint by contacting:

Calhoun County Office of Prosecuting Attorney, Civil Rights Complaint Coordinator (CRCC)
161 E Michigan Ave, Battle Creek, MI 49014, phone 269-969-6980

II. Access:

The CoC offers the same assessment approach at all access points and all access points are useable by all consumers who may be experiencing homelessness or at risk of homelessness.

Accessibility:

- Through the sharing QSOBAA (Qualified Services Organization Business Associates Agreement) we ensure that households who are included in more than one population for an access point can be served at all of the access points for which they qualify as a target population.
- Standardized decision-making is done by providing the same assessment approach, at all access points. The standardized decision-making process is done through information sharing that is done monthly at the Interagency Service Team (IST), case conferencing, or any other method of case worker input between the HARA and other agencies. Communication in our community is open and frequent.

The IST is composed of all agencies that act as access points for the community. Cases are presented with case managers involved to review cases.

- Consumers are not denied access to the coordinated entry process on the basis that the consumer is or has been a victim of Domestic Violence, dating violence, sexual assault or diagnosis, whether it be physical or mental illness.
- Access point(s) are easily accessed by individuals and families seeking homeless or homelessness prevention services as the participating agencies are close to public transportation areas and are handicap accessible at each of the locations.

Street Outreach staff are available to assist individuals and/or families who are on the streets and not in shelter. Information is presented by the Street Outreach staff to the individual/families. If, the individual/family is interested in learning more about the community projects available, Street Outreach staff do the necessary transporting and referral process for them. With the HARA and Drop-In day shelter being in the same building, easy access is available. A full time Street Outreach staff person is employed at the Drop-In day shelter.

Emergency Services:

Gryphon Place’s 2-1-1 Information and Referral service provides quick and easy access to information about service agencies (24 hours, 365 days) in Calhoun and Kalamazoo Counties. Community Resource Advisors work with callers to assess their needs and refer them to community resources including after-hour contacts for local housing agencies and shelters. Summit Pointe (the Community Mental Health) has a Mobile Crisis Response team and public safety (welfare check, adult/child protective services) is available. The CoC distributes emergency contact cards with information for those experiencing homelessness to churches, public safety, shelters and drop-in centers.

- Emergency services can also be accessed through these Access Points:
 - SAFE Place for all domestic violence, sexual assault, trafficking
 - The Ark Shelter for Youth (age10-17yrs) – 24 hour hotline (269.385.3587 and 800.873.8336)
 - Emergency shelters: The Haven of Rest Ministries and SHARE Center Drop-In Day Shelter

Consumers are able to access emergency shelters independent of the operating hours of the system’s intake and assessment process. For specific services, a referral will be needed. Specific services include but are not limited to:

- Household goods
- Rental assistance (prevention or rapid re-housing)
- Clothing
- Employment referrals
- Housing opportunities

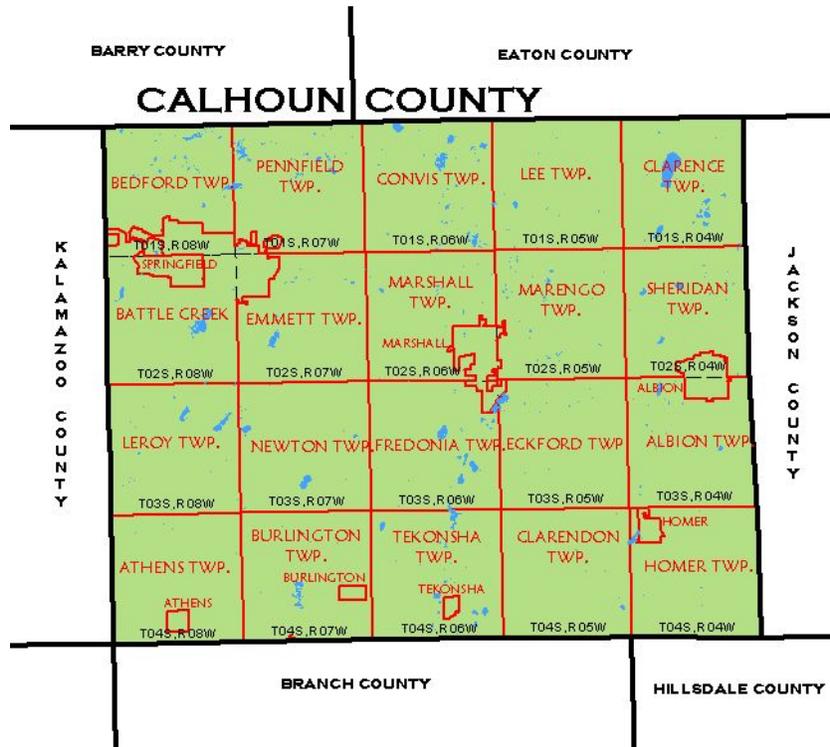
- Consumers are connected, as necessary, to coordinated entry as soon as the intake and assessment processes are being conducted. Hours and times vary, but access is five (5) days a week, eight (8) hours a day at a minimum.

Prevention Services:

Consumers are prioritized for referrals to homelessness prevention services through the community referral process. Prioritization is based on the status of the eviction. An assessment is completed to show how the individual or family is going to be able to maintain their housing for the future, whether that is through a short-term voucher, continual rental assistance, or gaining income. All CoC agencies are encouraged to channel consumers through the HARA. Other homelessness prevention service agencies participating in the coordinated entry process, will use a formal written referral to the HARA. The HARA will assess whether assistance can be provided directly or if a referral will need to be made to another access point for assistance.

Full Coverage:

Access points cover and are accessible throughout the entity of the CoC and corresponding geographic area. The map below shows the full CoC geographic coverage area of Calhoun County.



Marketing:

CoC *affirmatively markets* housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, handicap or who are least likely to apply in the *absence of special outreach* to ensure all consumers in different populations and subpopulations in the CoC’s geographic area, including consumers experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have *fair and equal entry/access* to the coordinated entry process.

- ◆ Access: To overcome barriers and increase communication with clients who are least likely to request assistance, we have implemented 2-1-1 access, multi-lingual/sign language interpreters, and internet access through public libraries, shelters, and DHHS.
 - All physical locations are accessible to individuals with disabilities, including:
 - Individuals who use wheelchairs
 - Those least likely to access homeless assistance
 - For effective communication with individuals with disabilities, agencies contact the appropriate interpreter service for accommodation of a language barrier. Appropriate auxiliary aids and services necessary to ensure effective communication are provided, including but not limited to:
 - Audio
 - Large type
 - Assistive listening devices
 - Sign language interpreters
 - Access point(s) have appropriate resources to offer process materials and consumer instructions in multiple languages to meet the needs of minority, ethnic, and groups with Limited English Proficiency (LEP).
- ◆ Website: Our CES Policies are documented on our website (www.tcccalhoun.org/coordinatedentry) and a Housing Resource Guide is also provided for our community on the site which identifies all access points. The Housing Resource Guide is used by hospitals, churches, schools, libraries and other places known to be frequented by the target population. Information and resources are disseminated at various outreach events in the community across the county.
- ◆ Monthly meetings: CES is a standing agenda item at every monthly CoC workgroup meeting including: Homeless Coalition, Interagency Service Team (IST), HMIS User/Data Quality, Veteran's Resource and the Housing Solutions Board.
- ◆ Listserv: All CoC agencies are requested to be a part of the CoC listserv with which information and notices on community events, opportunities, trainings and emergencies are distributed on a weekly basis.

Safety Planning:

The needs of individuals and families who are fleeing or attempting to flee, but are seeking shelter or services from non-service providers are referred to the domestic violence shelter, SAFE Place. Fleeing or attempting to flee Domestic Violence or victims of trafficking have safe and confidential access to the coordinated entry and victim services. HARA staff provide education on housing resources within the community directly at the domestic violence shelter. This ensures that confidentiality is in place. Individuals and/or families are assessed for the need, then set-up with a full intake at the HARA to provide the necessary housing needs.

Street Outreach:

Street Outreach staff, regardless of funding source, offer persons encountered the same standardized process as those accessing the coordinated entry process through site-based access points. Street Outreach staff, conduct an assessment (VI-SPDAT). With the VI-SPDAT score, individuals and/or families are then prioritized at the HARA. Contact is made with those individuals and families from the HARA to do further assessments, if necessary, and make appropriate referrals to fit the needs.

Accessibility:

- Access point(s) are easily accessed by individuals and families seeking homeless or homelessness prevention services as the participating agencies are close to public transportation areas and are handicap accessible at each of the locations.
- Access points provide connections to mainstream and community based emergency assistance services such as supplemental food assistance programs and applications for income assistance.

Access Models:

- Access points that utilize HMIS, provide immediate entry where individuals and families experiencing a housing crisis may present for initial assessment. The initial assessment is the VI-SPDAT. Access points that do not utilize HMIS, have their own internal assessment process. Those access points are encouraged to provide a referral to the HARA for assessment of individuals and families.
- The multiple access points facilitate admission in to the coordinated entry processes, and improve the quality of information for the following sub-populations:
 - Adults without children
 - Adults accompanied by children
 - Unaccompanied youth
 - Households fleeing or attempting flee Domestic Violence
 - Persons at risk of homelessness
- The CoC has a “no wrong door” approach in which a homeless families or individuals can present at any homeless housing and service provider in the CoC geographical area and be prioritized for housing assistance.

III. Assessment:

Assessment Process:

- The CoC consistently uses standardized assessment tool(s). This applies a consistent process throughout the CoC to achieve fair, equitable, and equal access to services. The standardized assessment tool(s) utilized include:
 - Self-Sufficiency Matrix
 - Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)
- The standardized assessment process, including assessment information, factors, and documentation of the criteria is used for information decision-making across access points and staff. For the access points that utilize HMIS, a sharing QSOBAA is in place which allows data to be shared with individuals and families signing a community release of information for this information to be shared.
- The CoC actively encourages the HARA to partner with Veteran Affairs (VA) and other Veteran’s services to conduct assessments and make direct placements into any homeless assistance program. CES with various agencies is performed at monthly Veteran’s Resource workgroup meetings.
- The coordinated entry process prohibits screening consumers out of the coordinated entry process due to perceived barriers to housing or services included but not limited to:
 - Utilizing the Housing First approach
 - Too little income or no income
 - Active or a history of substance use
 - Domestic Violence history
 - Resistance to receiving services

- The type or extent of a disability-related services or supports that are needed
 - History of evictions or poor credit
 - Lease violations or history of not being a leaseholder
 - Criminal record
- An individualized assessment approach and tools are used to reflect the characteristics and attributes of the CoC and its consumers.
 - A valid, tested, and reliable assessment process gathers only enough consumer information to determine the severity of need and eligibility for housing and related services.
 - A phased approach to assessment progressively collects only enough consumer information to prioritize and refer to available CoC housing and supportive services. Primary access points that utilize HMIS, use the VI-SPDAT for assessing the needs and housing assistance that is required. Non-HMIS participating access points utilize their own assessment tools for this process. If a non-HMIS access point is unable to obtain the necessary information for assessment, individuals and/or families are referred to an HMIS participating access point to obtain information using the appropriate referral process.
 - A phased approach is used to perform the assessment which collects segments of participation information into the following stages:
 - Initial Triage – resolving the immediate housing crisis; identification of the CoC crisis response system as the appropriate system to address the potential consumer’s immediate needs.
 - Diversion and/or Prevention Screening – examination of existing CoC and consumer resources and options that could be used to avoid entering the homeless system of care.
 - Crisis Services Intake – information necessary to enroll the consumer in a crisis response project such as emergency shelter or other homeless assistance projects.
 - Initial Assessment – information to identify a consumer’s housing and service needs with the intent to resolve a consumer’s immediate housing crisis.
 - Comprehensive Assessment – information necessary to refine, clarify, and verify a consumer’s housing and homeless history, barriers, goals, and preferences.
 - A Housing First oriented assessment is focused on, to quickly and successfully connect consumers without preconditions and barriers to entry. Supportive services are offered and provided to maximize housing stability.

Assessor Training:

With the initial implementation of the Coordinated Entry System policy and procedures, all organizations and staff will be trained with all necessary materials. Initial trainings will be done on an agency to agency basis. This will ensure that there are smaller focused groups and that training will be thorough and relevant. Trainings will initially target CoC funded agencies and then primary alternative access points.

Trainings are provided annually to organizations and or to staff persons at organizations that serve as access points. On-demand training will also be available upon request. Training materials are updated and distributed at least annually. This is to reaffirm commitment and provide on-going training for staff. Access to materials will be on the publically shared website as well as distributed if changes take place.

Subpopulation trainings occur during the monthly Homeless Coalition meetings. Agencies specializing in a subpopulation are invited to present on how to work with, support and create a safe and welcoming environment.

An overarching training will be conducted at least on an annual basis. This will take place in the month of March each year. This training will be conducted at the SHARE Center.

- Coordinated entry process training curricula includes the following topics for staff conducting assessments:
 - Review of CES written policies and procedures, including any adopted variations for specific subpopulations. This is included, but not limited to domestic violence survivors, youth, individuals, families, chronically homeless, etc.
 - Requirements for use of assessment information to determine prioritization; and
 - Criteria for uniform decision-making and referrals.
- Coordinated entry process training materials include the following (this is subject to change with additional topics covered in an annual training):
 - Coordinated Entry System policy and procedures
 - Resource guide
 - No Wrong Door Coordinated Entry flow chart
 - Nondiscrimination policy and acknowledgement form
 - Domestic violence safety planning process
 - Participating Agency MOU
 - Universal intake form for access points
 - Clients Rights & Responsibilities
 - HMIS Safety Plan
- Staff administering assessments use culturally and linguistically competent practices, including the following:
 - CoC incorporates cultural and linguistic competency training into the required annual training protocols for participating projects and all staff members.
 - Assessment uses culturally and linguistically competent questions for all persons that reduce cultural or linguistic barriers to housing and services for special populations.
- Staff are trained on how to conduct a trauma-informed assessment of consumers. Special consideration and application of trauma-informed assessments are afforded for victims of Domestic Violence or sexual assault. This is to reduce the chance of re-traumatization.
- Assessment staff are trained on safety planning and other next step procedures if safety issues are identified in the process of a consumer assessment.
- Listserv: All CoC agencies are requested to be a part of the CoC listserv with which information and notices on community events, opportunities, trainings and emergencies are distributed on a weekly basis.
- CES is a standing agenda item at every monthly CoC group meeting including: Homeless Coalition, IST, HMIS User/Data Quality and the Housing Solutions Board.

Client-Centered:

- Assessments are safe and confidential to allow for individuals to identify sensitive information or safety issues in a private and secure setting.
- Assessment (VI-SPDAT) questions and responses are adjusted according to specific subpopulations:
 - Youth
 - Individuals

- Families
- Questions and instructions reflect the developmental capacity of consumers.
- The assessment process incorporates a person-centered approach including:
 - Assessments that are based in part on consumer’s strengths, goals, risks, and protective factors.
 - Tools and assessment processes are easily understood by consumers.
 - Assessments are sensitive to consumers’ lived experiences.
 - Consumers are offered a choice in decisions about location and type of housing.
 - Consumers are:
 - Able to easily understand to which program they are being referred
 - What the program expects of them
 - What they can expect of the program
 - Evidence of the program’s rate of success

Consumer Autonomy:

Consumers are freely allowed to decide what information they provide during the assessment process, refuse to answer assessment questions, and to refuse housing and service options without retribution or limiting their access to other forms of assistance. If a consumer refuses information, to answer questions, or refuse housing and service options; the consumer is presented at the IST to see what referrals and resources are available to meet their needs.

Further, consumers are not denied assessment or services for refusal to provide certain pieces of information or if they refuse to sign a sharing agreement.

For a consumer to maintain their position in the coordinated entry prioritization list, individuals and/or families will need to recertify their household status with either the HARA or other participating project, which would include shelters. This will need to be done approximately every 30-days.

When needing to recertify to maintain a position on the prioritization list, consumers will need to present at the shelter or at the HARA and either provide a letter from a shelter setting or complete a self-certification form to report continuous homelessness. This does not prevent individuals or families from accessing housing assistance, turning consumers away, or screening out consumers.

A client-centered approach is utilized in the referral process. A client-centered approach includes:

- Consumer choices in decisions such as location and type of housing, level and type of services, and other project characteristics, including assessment processes that provide options and recommendations that guide and inform consumer choice, as opposed to rigid decisions about what individuals and families need.
- Clear expectations concerning where consumers are being referred, entry requirements, and services provided.

Privacy Protection:

- Protection of all data is covered under the CoC Homeless Management Information System (HMIS) privacy policy.
- The CoC HMIS privacy policy has established that the assessment process cannot require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.

Mainstream Services:

- Relevant mainstream service providers (i.e., shelters, HARA, drop-in day shelter, DV shelter) do the following:
 - Identify consumers at risk of homelessness;
 - Facilitate referrals to and from the coordinated entry process;
 - Align prioritization criteria where applicable;
 - Coordinate services and assistance; and
 - Conduct activities related to continual process improvement.

IV. Prioritization:

Core Requirements:

- The CoC ensures that consumers with more severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with less severe service needs and lower levels of vulnerability.
- Utilizing the score of the VI-SPDAT at the HARA for Rapid Re-Housing assistance, an individual or family is added to the prioritization wait list; based on full qualifications of the ESG program. If an individual or family does not qualify for ESG assistance, they are then referred to an access point agency or a funding source outside of access points that will be able to assist them. The referral process is followed just the same for agencies outside of the access points as it is for those agencies that are access points.
- We operate under a ‘no wrong door’ policy in our community, but try to channel consumers to the central location of the HARA whenever possible. This is including, but not limited to having an assessment done and being added to the prioritization list. Having individuals and families channeled through the HARA is encouraged.
- The CoC ensures that persons with the longest histories residing in places not meant for human habitation, in emergency shelters, and safe havens and with the most severe service needs are given first priority, i.e., chronically homeless with the greatest needs. Prioritization, under no circumstances is the order of priority based upon diagnosis or disability type.
- Order of priority for housing 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, are therefore the most at risk of becoming chronically homeless, are prioritized.
- The CoC’s prioritization policies and procedures are consistent with CoC and ESG written standards under 24 CFR 578(a)(9) and 24 CFR 576.4 and HUD Prioritization Notice CPD-16-11.

Prioritization Specifics. The CES ensures that those program consumers who are most vulnerable or that have the most severe service needs, receive priority for housing and homeless assistance available including permanent supportive housing, rapid rehousing (RRH), transitional housing (TH), prevention or other appropriate interventions. Program consumers are prioritized for housing and services based on their VI-SPDAT score, length of time homeless, chronic homeless, family’s w/children homeless, health/behavioral challenges, substance disorders, youth and DV at high risk.

VI-SPDAT scores may assist providers in identifying optimal housing and support interventions as follows;

Information and Referral:

For VI (individuals) SPDAT, VI-F (family) and TAY-VI (Transitional Age Youth) with scores 0-3: No housing intervention, Emergency Assistance Only. Counselling and case management services are offered and consumer referred to appropriate mainstream services.

RAPID Rehousing

For VI SPDAT scores 4-7, VI-F scores 4-8, and TAY-VI scores 4-7: Assess for Rapid-Rehousing Intervention (or Transitional), place on HCV list, short-term rental assistance, housing based case management

Permanent Supportive Housing

For VI SPDAT scores 8+, VI-F scores 9+, and TAY-VI scores 8+. : Assess for Permanent or Permanent Supportive Housing Intervention, place on HCV list, rental subsidy for affordability, housing based case management, no time limit on rental subsidy or case management services.

Transitional Housing:

Goal is to transition successfully from homelessness to permanent housing. VI-SPDAT score must be within acceptable range for either an individual or family. Other initial criteria includes:

- Income sources from all sources is 30% or less of the area AMI.
- Family should be willing to work with support services provider.
- Family must meet HUD definitions of homelessness.
- HMIS intake with VI-SPDAT score.
- Third party documentation such as written referral/observations from case worker.
- Referral from a releasing institution (hospital, mental health provider)
- Referral from a parole or probation office.
- Self-Certification describing how the family meets the definition of homelessness accompanied by intake worker's documentation of efforts to verify potential program consumer's self-claim.
 - Recipients or sub-recipients must own the housing unit or have a lease or sublease for the housing unit. Consumers must have a lease, sublease, or occupancy agreement with recipient or sub-recipient.

Though transitional housing is typically 24 months or less, consumers are eligible to stay in transitional housing if there is no permanent housing available or the consumer is in need of more time to prepare for other housing. If the program has more than half of the program consumers for more than 24 months, HUD may discontinue funding assistance.

The Interagency Service Team (IST) is composed of representatives from the access point agencies, and is responsible for managing the CoC-wide, by-name prioritization list. Each CoC funded agency must designate at least one member to the IST. This group coordinates across the CoC geographic area to match persons on the prioritization list to available housing opportunities regardless of geography. Internal transfers within an agency DO NOT require IST approval. However, agencies do not have discretion to switch between RR, TH and PSH during placement unless the assignment is verified by the IST. IST also reviews any instance where referral is made but does not happen. There is no consequence to consumers choosing not to accept a referral.

In the interest of fairness to all consumers, and to maximize utilization rates for the limited local housing inventory, beds/units are held a maximum of seven (7) days after the IST has identified an appropriate consumer for that housing intervention. This does not mean the placement is completed in that time. It means that those being offered have been contacted and their intent regarding the resource is known. At the same time as reaching out to offer a resource, multiple back- ups will be contacted per the prioritization list. If the consumer offered cannot accept the referral within seven days (either through direct refusal or cannot be contacted), the consumer's name is returned to the prioritization list and the bed/unit is offered to the next appropriate consumer.

All consumers discussed, offered resources or approved as back up in the IST meetings are documented. Minutes are circulated to the IST and agencies who have housing vacancies within two business days. Hard copies of the minutes are kept on site at the HARA offices.

Housing by-name lists for those experiencing homelessness will be developed and the IST will meet at least monthly to review program consumer status, barriers, and housing needs and placement. Those with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance before those with lesser needs and lower levels of vulnerability.

CoC recognizes the value of familial relationships. Provided the individual / head of household is next on the prioritization list, CoC will make all efforts to keep those relationships intact.

For the purposes of coordinated entry, one prioritization list is maintained for the entire CoC. Referrals can be made across agencies based on the availability of services within an area, as well as consumer preferences and needs. The CoC has adopted HUD CPD Notice 16-11 along with the Final Rule on Chronically Homeless. As such it is acceptable to move down the vulnerability order in the event no chronically homeless persons are identified at the time of a vacancy.

Consumers have the right to refuse to provide any requested information in the coordinated entry or assessment process. However, the case manager or person conducting the intake should ensure that the consumer understands that incomplete information could result in an inaccurate assessment of the consumer's housing needs and vulnerability, potentially lowering their placement on the prioritization list. If a consumer's case manager has evidence that indicates a person or family should be prioritized for housing, they may contact the IST to advocate for them and/or arrange to attend the next IST meeting.

Prioritization Status. As the initial point of contact for consumers in the coordinated entry system, access points are likely to get questions from consumers asking about their status of the prioritization list and when they will be referred to housing. In these instances, agencies should be able to:

- Check the HMIS to determine if the individual or household has a VI-SPDAT completed within the past six months.
- If yes, communicate to the individual or household that they are current in the system and will be contacted if appropriate housing or services become available. If no, work with them to complete a standard intake process and VI-SPDAT assessment.
- If older than 6 months, work with the individual/household to complete an updated assessment Confirm that the living situation and contact information for the individual/household is current and up-to-date.
- Providers should not communicate the individual's or household's number or placement on the prioritization list as this placement may change frequently as new assessments are entered into the system.
- When supportive housing is not immediately available, individuals and households seeking these resources may be connected with the HARA to be assisted in identifying any, more readily available, temporary housing options.

Project Enrollment. It is prohibited for any CoC-funded or ESG-funded housing project to serve individuals and/or families experiencing homelessness or who are at imminent risk of homelessness, without the household first going through the Coordinated Entry System and receiving a referral to the Prioritization List. Once the

project has verified and documented a household's eligibility, and the person(s) has accepted the offer of homeless prevention assistance, the project can enroll the household.

Emergency Services:

The CoC **will not** prioritize consumers based on the severity of service need or vulnerability, such as:

- Entry to an emergency service or shelter.
- Allowing for an immediate crisis response.

The results from the assessments are what secures a consumers place on the coordinated entry prioritization list.

Prioritization Lists:

- The CoC extends the same HMIS data privacy and security protections prescribed by HUD for HMIS practices in the HMIS Data and Technical Standards.
- There is an established community-wide list of all known homeless persons who are seeking or may need CoC housing and services to resolve their housing crisis. The community-wide list provides an effective way to manage a transparent prioritization process. This is the same list that utilizes the score from the VI-SPDAT.

Prioritization Factors:

Using a combination of the following factors participating agencies prioritize homeless individuals and families:

- Significant challenges or functional impairments, including physical, mental, developmental, or behavioral health challenges, which require a significant level of support in order to maintain permanent housing.
- High utilization of crisis or emergency services to meet basic needs.
- Vulnerability to illness or death.
- Risk of continued homelessness.
- Vulnerability to victimization, including physical assault, trafficking, or sex work.
- Length of time in a place not meant for human habitation and the severity of need.

Prioritization Process:

- The HARA, within the CoC is to manage the process of determining and updating consumer prioritization for available CoC housing and supportive services.
- When the assessment tool does not produce the entire body of information necessary to determine a household's prioritization, due to the nature of self-report, withheld information, or circumstances outside the scope of assessment questions, the CoC allows all those working with the households' to provide additional information through the Interagency Service Team (IST), case conferencing, or any other method of case worker input.
- The prioritization list that is maintained within the CoC is to allow consumers to wait no longer than 60-days for a referral to housing or other necessary services. If a housing resource cannot be offered to every prioritized household experiencing homelessness within 60-days or less, the CoC can adjust prioritization standards in order to more precisely differentiate and identify resources for those households with the most needs and highest vulnerabilities.
- If two (2) or more homeless households are identically prioritized for the next unit, with each household eligible for that unit, the household selected is the one that presented first for assessment and assistance at an access point. This is to determine which household receives a referral to the next available unit for Permanent Supportive Housing. If one household has a history of homelessness and fits under the

Chronically Homeless definition, this will play in to factor when making the decision of who receives the next available unit.

V. Referral:

Referrals to Participating Projects:

- A uniform and coordinated referral process is in place for all beds, units, and services available at participating projects within the CoC for referrals to housing and services.
- Those participating in the coordinated entry process do not screen potential project consumers out for assistance based on perceived barriers related to housing or services.
- The CoC and ESG program recipients and sub-recipients use the coordinated entry process established by the CoC as the only referral source from which to consider filling vacancies in housing and/or services funded by the CoC and ESG programs.
- The CoC maintains and annually updates a list of all resources that may be accessed through referrals from the coordinated entry process. This is also coordinated through the 2-1-1 service available.
- Each CoC project establishes and makes publically available the specific eligibility criteria the project uses to make enrollment determinations.

Non HUD-funded CoC agencies participating in the coordinated entry process fill project vacancies only through referrals from the referring agency/entity. If an access point is not funded through HUD, the referral process goes in to effect for a consumer to be able to have an assessment completed at the HARA.

- If during the coordinated entry process a referral is rejected, the agency must connect the rejected household with a new project.

A denial can include, but not limited to:

- Not meeting the needs of the consumer.
- Consumers unable to receive assistance (recently received assistance from that agency/access point recently).

At the time of rejection, the consumer will be referred back to the originating access point. That starting access point will then work with the IST group to see what the next option would be as a referral for a consumer. This cycle will continue until the appropriate assistance is found for the consumer to lead them to the most direct path of success.

- Upon referral, the CoC consumers receive clear information about the project they are referred to, what consumers can expect from the project, and expectations of the project.
- Through the IST case management group, the CoC identifies the standardized referral process for consumers that provides available housing and supportive services. This is implemented, updated, and provided to the access point staff from the CoC.
- If a CoC consumer is prioritized for permanent supportive housing (PSH), but no PSH resources are available, that consumer is offered any other CoC resource available in the CoC's geographic area.

- At a minimum, basic demographical information associated with a referral will be shared by a referring agency/entity with the project receiving the referral with full client consent.
- The participating projects will continue working with consumers to identify all suitable options when projects reject a consumer and when consumers reject a project.

The CoC transmits consumer referral information electronically via HMIS. If a participating project does not use HMIS, a written referral is given to the consumer and a copy is retained by the referring agency. Once a referral is given, depending on the availability and the access point, transportation may be provided or if available a consumer is given bus tickets. All access points are within an area that are easily accessible to all consumers.

Consumer Autonomy:

Refer to Consumer Autonomy under the Assessment section.

VI. Data Management

Core Requirements:

With using HMIS to manage coordinated entry, the CoC ensures adequate privacy protections of all consumer information per the HMIS Data and Technical Standards at 24 CFR 578.7(a)(8).

Privacy Protections:

- Protocols are in place through the sharing QSOBAA for obtaining consumer consent to share and store consumer information for purposes of assessing and referring consumers through the coordinated entry process.
- The CoC prohibits denying services to consumers if the consumer refuses to allow their data to be shared unless Federal statute requires collection, use, storage, and reporting of a consumer's personally identifiable information (PII) as a condition of program participation.
- When using HMIS to manage coordinated entry functions, the CoC ensures all users of HMIS are informed and understand the privacy rules associated with collection, management, and reporting of client data.

Per the community sharing agreement (QSOBAA), the CoC will only share consumer information and documents when the consumer has provided written consent.

HMIS Use:

The CoC uses HMIS as part of its coordinated entry process, collecting, using, storing, sharing, and reporting consumer data associated with the coordinated entry process. The local domestic violence shelter uses a compatible system and does not enter data into HMIS. However, comparable reports based on HMIS data standards are given to the HMIS System Administrator for reporting purposes. The HMIS is used to record and track program consumer level information on the service needs of our homeless persons, and helps coordinate services among all providers to create a more effective housing and service delivery system. Agencies receiving CoC funding are required to participate in the Homeless Management Information System (HMIS) and are governed by the Joint Governance Charter, HMIS Policies, Procedures, data sharing and privacy agreements. They must follow the HUD HMIS Data Standards, enter and report all Universal Data Elements and any other Data Elements designated by the Data Team (CoC Committee) or those required by the Grantor. It is acknowledged that agencies serving special populations (such as domestic violence survivors and youth) may not be able to provide the same level of detail in reporting.

HMIS Functionality:

The CoC automates coordinated entry processes including resource prioritization, prioritization list management, and eligibility determination.

VII. Evaluation:

Core Requirements:

The CoC consults with each participating project and project consumers quarterly to evaluate the intake, assessment, and referral process associated with coordinated entry. This will typically take place at the IST meeting. Feedback addresses the quality and effectiveness of the entire coordinated entry experience for both participating projects and households.

The Data Quality Action Team meets on an every other month basis via webinar with MCAH staff and local System Administrator liaisons. MCAH staff set the agenda and run the meeting to ensure fidelity to our HMIS Policies and Procedures which includes data safety. MCAH continues to work closely with the CoC to evaluate and provide feedback regarding data quality and expectations.

Evaluation Method for Consumers:

- Project consumers, once stable with housing and/or necessary services, will be asked to complete a survey and/or phone interview based on their experience through the entire coordinated entry process. This can also be conducted at the Exit interview.
- The CoC ensures that evaluation is part of the implementation planning process from the inception of coordinated entry:
 - Determining which aspects of the effectiveness of the system will be measured.
 - Determining which aspects of the process will be evaluated for fidelity.
 - Determining how to gather data to track the selected measures.
 - Determining whether and how to use the evaluation results to inform other aspects of the system planning and monitoring.

Stakeholder Consultation:

CES is a standing agenda item at monthly meetings including; Housing Solutions Board, Homeless Coalition, Data Quality Team and IST. CES will be evaluated and updated annually based on feedback from stakeholders. Issues that arise will be presented and discussed as they occur at Housing Solutions Board meetings. Information gathered will be used to guide both the CES process and policy and the CoC in planning programs and housing services in the geographic area.

Intention of CES**Appendix A**

In implementing the Coordinated Entry System (CES), MI-514 CoC's aim is to end homelessness in the community by changing the system to improve how we assign housing opportunities based on appropriate common tools and effective targeting efforts. The CES process is intended to quickly triage consumers in a housing crisis to available resources. Individuals and households experiencing homelessness will enter the system, be assessed and referred to available housing options.

The intention of Coordinated Entry is to:

- **Target** the correct housing intervention to the correct individual and/or family, particularly for those with high acuity and high need.
- **Divert** consumers who can solve their own homelessness away from the system.
- Greatly **reduce the length of time consumers are experiencing homelessness** by quickly moving consumers into the appropriate housing.
- Significantly **improve the possibility of housing stability** by targeting the appropriate housing intervention to the corresponding needs.

Coordinated Entry brings together the strength of community services and resources. When communities come together to implement a coordinated entry system, programs, program consumers and the community at large can benefit:

- The most vulnerable in our community are prioritized for available housing.
- Administrative obstacles and traditional barriers to services are reduced.
- The autonomy and unique nature of programs as they operate within the system become a strength, not a hindrance.
- Every program in a community is sharing the work of intake and entry.
- Service providers are joined into a more unified network.
- Different programs across a community all follow the same process for entry.
- There is a shift in focus from housing readiness to Housing First principles.
- Case Managers can concentrate on providing effective case management.
- Better referrals for eligible program consumers.
- Programs receive referrals for program consumers whose basic eligibility and basic housing needs have been determined through the entry assessment process.
- Programs are well aware of each other and cooperate in the provision of services to program consumers.
- Communities readily see what additional resources they need most.
- Numerous program consumers with mid-level acuity may signal a need for more rapid re-housing.
- Numerous program consumers with high-level acuity may indicate a need for more permanent supportive housing.
- Community success in ending homelessness is significantly increased.
- Targeting our limited community resources in a more deliberate way leads to quicker and more effective long-term housing outcomes.

Data Sharing Agreement

Appendix B

The MSHMIS Client Release Form authorizes the following additional information to be routinely shared with the agencies listed below that use the MSHMIS System to better help consumers.

Evaluation/Assessment Information Related to:	
Client Profile – search screen shard with all users (name, year of birth, gender, partial SS#, and veteran’s status)	Intake Screening Assessment (risk factors and strengths related to getting or retaining housing such as eviction history, credit or criminal history, currency on rent and utility payments, any recent trauma(s) such as medical debt or current eviction, landlord relationships, etc.)
Basic Demographics (date of birth, race, gender, ethnicity, etc.)	Housing Plan that includes the specific tasks you are working on with your Case Manager, case notes and action steps related to the housing plan (only applies if receiving rental subsidy), Household Data Sharing, Services and Goals, Case Notes, Client Record
Homeless Information (prior living situation, extent of homelessness, etc.)	Health and Disability (disability type, start and end dates). <i>Note: only that information required to coordinate services will be shared.</i>
Program Entry and Exit Information	Income and Employment history – Emergency Solutions Grant (ESG) Entry, ESG Exit, MI Basic Entry, MI Basic Exit, Any Entry/Exit
Needs and Services	Release of Information (ROI), Self Sufficiency Matrix, VI-SPDAT, VI-F-SPDAT, Full SPDAT Single, Full SPDAT Family, HARA Screening Assessment, Interim Review Assessment, Follow-Up Assessment

Specific Projects within the agency sharing partners:

- Drop-In-Self-Help, Inc.-Battle Creek-Community Inclusion Program-Drop-In Center (10534)
- Drop-In-Self-Help, Inc.-Battle Creek-Community Outreach Program-ESG Street Outreach (297)
- Haven of Rest Ministries-Women and families In New Life (B) (1971)
- MDHHS-Haven of Rest Ministries-Battle Creek, Haven Men’s Emergency Shelter MSHDA ESG, DHS ESP (B) (285)
- MDHHS-Haven of Rest Ministries-Battle Creek, Woman and Children’s Shelter-MSHDA ESG, DHS ESP (B) (284)
- VOA – Calhoun/Battle Creek CoC – Supportive Services for Veteran Families SSVF – Homeless Prevention (9819)
- VOA – Calhoun/Battle Creek CoC – Supportive Services for Veteran Families SSVF – Rapid Rehousing (9820)
- Summit Pointe-Battle Creek and Calhoun County CoC-HARA Prevention (9903)
- Summit Pointe-Battle Creek and Calhoun County CoC-HARA RRH (9172)
- Summit Pointe-Battle Creek and Calhoun County CoC-HARA Screenings (8018)

Prioritization Guidelines by Housing Model and Population Type

Appendix C

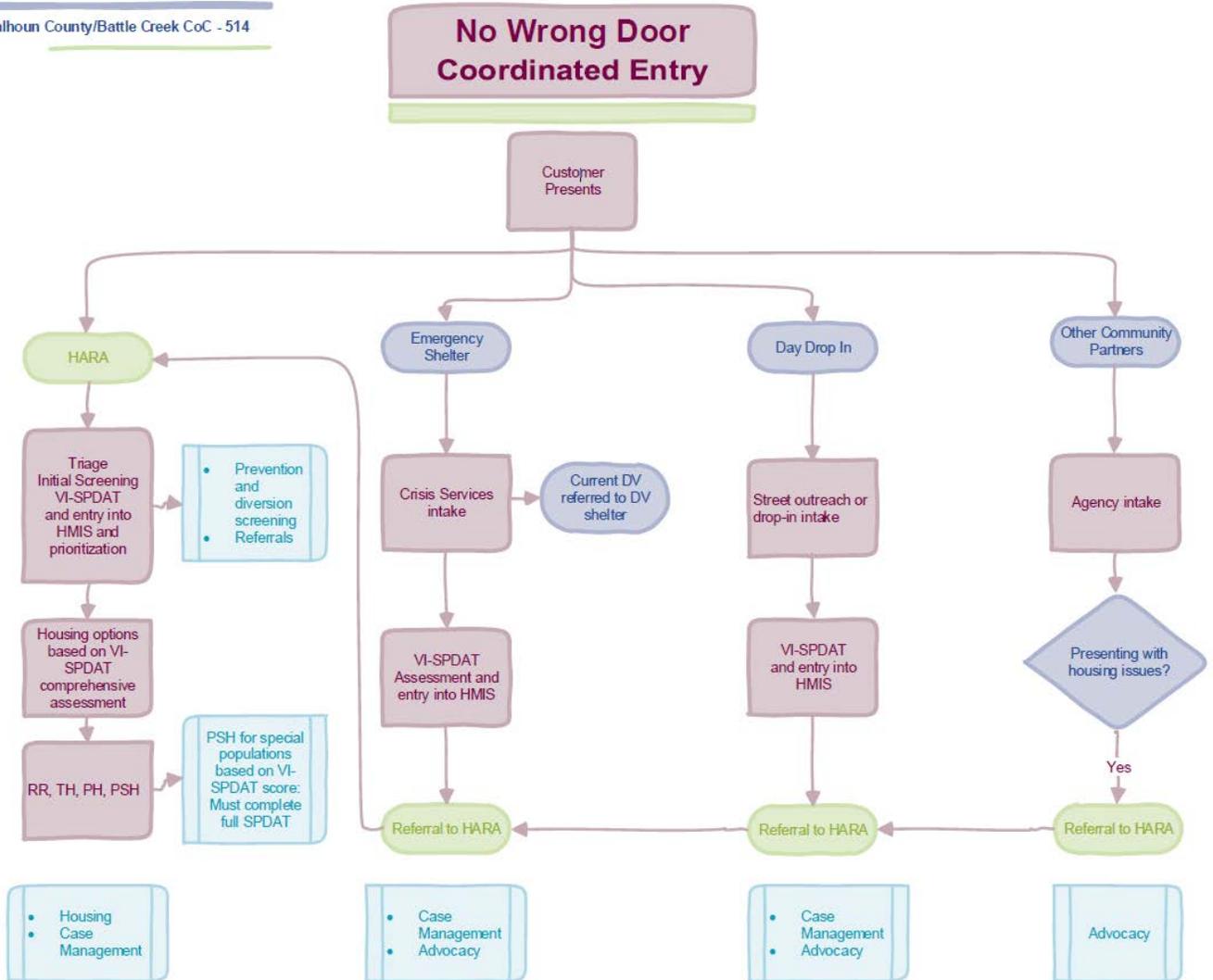
Housing Model	Population/Eligibility	Priority Population
Permanent Supportive Housing	<ul style="list-style-type: none"> • Any high needs individual w/multiple barriers to housing that are literally homeless • Specialized eligibility requirements for subsidies including veterans, disabled, long term homeless or domestic violence • No income or inadequate income • Independent living skills issues <p><i>For PSH beds that are dedicated and prioritized to serve the chronically homeless, the following Order of Priority will be utilized:</i></p> <ul style="list-style-type: none"> • Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs. • Chronically Homeless Individuals and Families with the Longest History of Homelessness. • Chronically Homeless Individuals and Families with the Most Severe Service Needs. • All Other Chronically Homeless Individuals and Families. <p><i>For placement in PSH beds (including turn-over) that are not dedicated or prioritized for the chronically homeless, the following Order of Priority will be utilized:</i></p> <ul style="list-style-type: none"> • Homeless Individuals and Families with a Disability with the Most Severe Service Needs. • Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness. • Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, or Emergency Shelters. • Homeless Individuals and Families with a Disability Coming from Transitional Housing. 	<ul style="list-style-type: none"> • Individuals with a disability and long-term, multiple episodes of homelessness (VI & TAY-VI score 8 or higher) • Individual or households w/children (VI-F score 9+) • Veterans who are not eligible for VA housing subsidies <p>PSH beds shall be filled, <i>to the maximum extent possible</i>, based on Housing First principles and the guidance provided by the Department of Housing and Urban Development (HUD) <i>notice</i> cross referenced in 24 CFR (Code of Federal Regulations) Parts 578 and 42 U.S.C. 11381, <i>et seq.</i></p>
Rapid Re-Housing	<ul style="list-style-type: none"> • Literally homeless households or those residing in a place not meant for human habitation, living in a publicly or privately operated shelter designated to provide temporary living arrangements (including transitional housing and hotels/motels paid for by charitable organizations or by federal state and local government programs); or exiting an institution where they have resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution 	<ul style="list-style-type: none"> • Households with children residing on streets or in emergency shelter • Veteran households with children residing on streets or in emergency shelters who are not eligible for VA funded RRH (VI score 5-9)

	<ul style="list-style-type: none"> Households that have reasonable potential for personal stability post-assistance (regular income, recent work history or ability to quickly increase income) Recently became homeless 	
Transitional Housing	<ul style="list-style-type: none"> Singles Families Youth (15-24) Domestic Violence Pregnant Head of Household Youth parents Households w/recent change in composition Households with repeat episodes of homelessness Those needing substance abuse treatment or mental health recovery treatment Recently released from prison No income or inadequate income Independent living skills issues Veterans 	<ul style="list-style-type: none"> VI & TAY-VI Score 4-7 VI-F 4-8 VI & TAY-VI Score 4-7 VI-F Score 4-8 <p><i>Households that are not chronically homeless and individuals needing prevention or rapid rehousing but suffer from at least one disabling condition (substance abuse, mental health) and could benefit from quickly accessing housing and services.</i></p>
Prevention and Rapid Rehousing (ESG Funding)	<ul style="list-style-type: none"> Individuals or households with children whose primary night time residence will be lost within 14 days Program consumer able to address housing barriers with individual resources and/or additional available community-based resources <i>Housing Assessment and Resource Agency</i> for program consumer eligibility and prioritization 	<ul style="list-style-type: none"> VI & TAY-VI Score 4-7 VI-F Score 4-8, and has supports and income to maintain housing stability Short term assistance <p><i>NOTE: All prevention services program consumers will be referred to the HARA.</i></p>
No Housing Intervention	<ul style="list-style-type: none"> Program consumer is able to address housing barriers with individual resources shall receive counselling; case management services are offered and they are referred to the appropriate mainstream services. 	<ul style="list-style-type: none"> VI Score 0-3

Community Referral Flow Chart

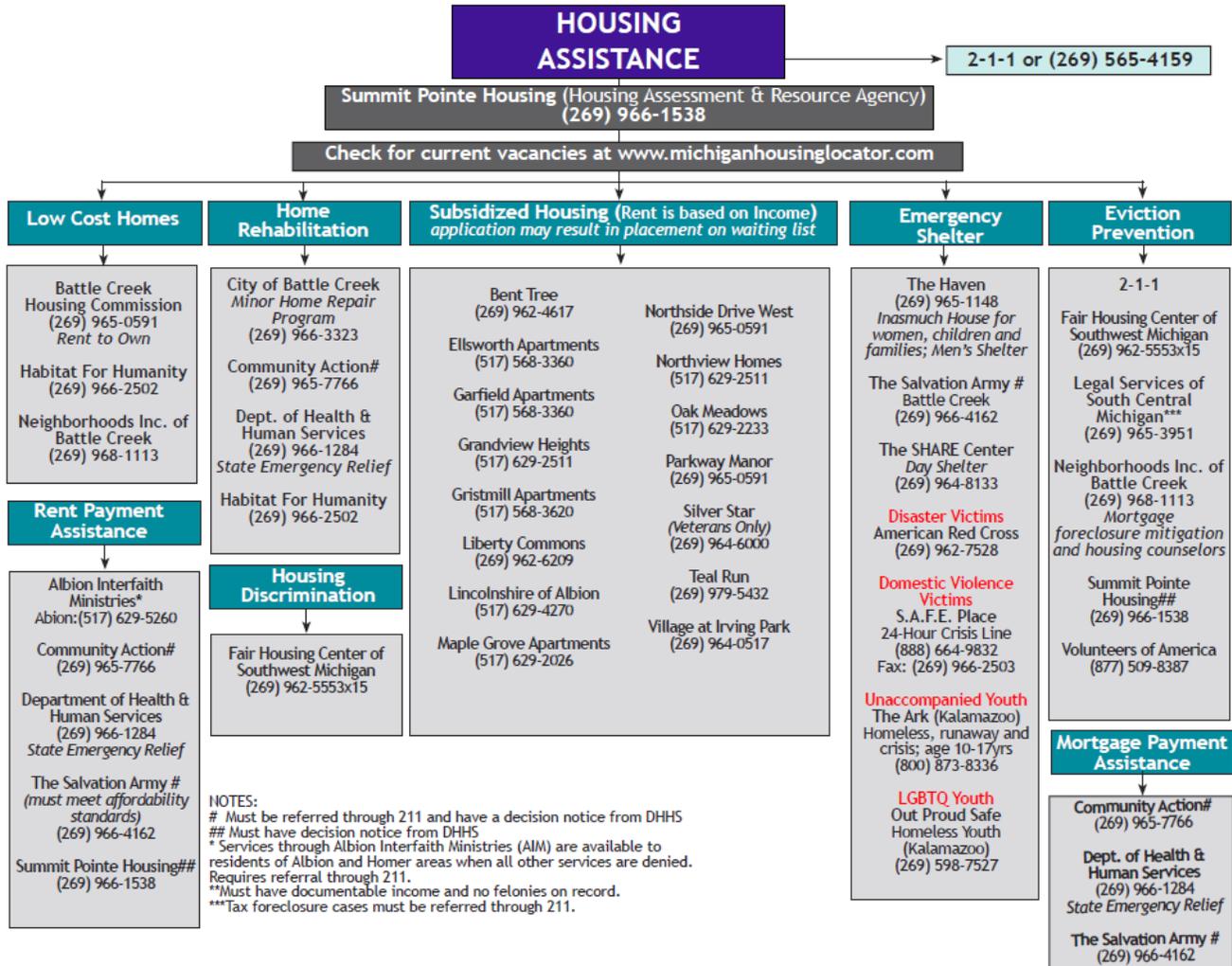
Appendix D

Calhoun County/Battle Creek CoC - 514



Housing Resources

Appendix E



Calhoun County Food Banks**Appendix F**

Name	Address	Phone Number	Operating Hours
Albion Interfaith Ministries	118 West Porter Street Albion, MI 49224	517-629-5620	Monday & Wednesday 1:00 PM-3:00PM Friday 12:00 PM-2:00 PM
Chris Apostolic Church - Harvest Ministries Food Pantry	503 North Superior Street Albion, MI 49224	269-245-6620	2nd Saturday of the month 4:00 PM-6:00 PM
Athens Christian Center	128 E Church Street Athens, MI 49011	269-729-5685	nothing listed
First Congressional United Church of Christ	203 W Burr Oak Athens, MI 49011	269-729-4731	hours posted on church doors
North East Neighborhood Food Pantry	342 Capital Ave NE Battle Creek, MI 49017	269-969-2451	Monday-Friday 9:00 AM-11:45 AM
Battle Creek First Church Of The Nazarene	12866 Beadle Lake Road Battle Creek, MI 49014	269-979-4565	2nd & 4th Wednesday of the month 9:30 AM-11:00 AM
Franklin Neighborhood Food Pantry	111 East Michigan Ave Battle Creek, MI 49014	269-963-5567	Thursday's 1:00 PM-3:00 PM
Food Bank of South Central Michigan	5451 Wayne Road Battle Creek, MI 49016	269-964-3663	multiple sites, locations, and hours
Tri-County Labor Agency	5906 E Morgan Road Battle Creek, MI 49017	269-962-2185	211 referrals only of F&CS, labor unions, or churches
Salvation Army/Battle Creek	400 Capital Ave NE Battle Creek, MI 49017	269-966-4162	Monday through Friday, 12:00 PM-3:30PM
Neighborhood Pantry Associates/Love Thy Neighbor	1391 East Michigan Ave Battle Creek, MI 49014	269-719-2422	Monday 3:00 PM-6:00 PM Tuesday through Friday 9:00 AM-12:00 PM
Neighborhood Pantry Associates/Urbandale	3515 West Michigan Ave c/o Overflow Church Battle Creek, MI 49027	269-965-6213	Monday, Tuesday, & Thursday 10:00 AM-11:55 AM
Dexter Lake Church of God	1555 East Michigan Ave Battle Creek, MI 49014	269-968-8026	Monday through Friday, 4:30 PM-6:30 PM
Ceresco Baptist Church Food Pantry	230 Marshall Street Ceresco, MI 49033	269-964-9669	3rd Monday of the month by appointment
Homer Caring & Sharing Services	102 W Main Street Homer, MI 49245	517-568-7336	nothing listed
Crossroads Church And Ministries	14701 US Highway 27 N Marshall, MI 49068	269-781-9094	2nd Monday of the month 6:30 PM
Four Winds Christian Fellowship	310 East Green Street Marshall, MI 49068	269-420-2854	Sunday 9:00 AM-12:30PM, Monday 9:30 AM-11:30 AM, Wednesday 6:00 PM-8:30 PM

CES Training Check List

Appendix G

The list below is a clear written list of the documentation and information that will be reviewed at each training provided by the CoC for Coordinated Entry. All CoC funded organizations are required to attend all Interagency Service Team (IST) monthly meetings with CES being a standing agenda item.

Training materials include the following and is subject to change with additional programs and topics new to the community:

- Coordinated Entry System policy and procedures
- Resource guide
- No Wrong Door Coordinated Entry flow chart
- Nondiscrimination policy and acknowledgement form
- Domestic violence safety planning process
- Participating Agency MOU
- Universal intake form for access points
- Clients Rights & Responsibilities
- HMIS Safety Plan

The format of each training provided is listed below:

1. Review of CoC's CES written policies and procedures
2. Review of CoC's CES MOU
3. Review requirements of assessment information to determine prioritization
4. Review of criteria for uniform decision-making and referrals (which take place at the monthly IST meeting)
5. Review of all materials listed above and materials relevant to all populations and subpopulations within the community