

Detroit Continuum of Care

Permanent Supportive Housing (PSH) Match Policies and Procedures for Coordinated Entry (CE)

Effective: April 2021

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I. Introduction

The Detroit Continuum of Care (CoC) prioritization and matching process for Permanent Supportive Housing (PSH) represents the uniform method to be used across the community for assessing, prioritizing, and matching individuals and/or families into permanent supportive housing. The VI-SPDAT assessment tool will be used as an initial assessment to determine the need for a more comprehensive assessment under the Full SPDAT. The Coordinated Assessment Model (CAM) Lead Agency, the entity tasked with managing Coordinated Entry, will triage individuals into the appropriate category of intervention.

II. Applicable Projects

The following PSH Matching Policies and Procedures apply to the following types of PSH projects:

1. All PSH projects receiving Continuum of Care funding;
2. All other PSH projects with a funder requirement to only take referrals to their units via the CoC's Coordinated Entry process;
3. All PSH projects that voluntarily choose to only take referrals to their units via the CoC's Coordinated Entry process.

Additional PSH projects to which these policies and procedures will apply will be reviewed on a case-by-case basis based on CAM Governance Committee's assessment and review of these projects.

III. PSH Matching & Prioritization Process

The PSH Matching Process is a coordinated activity of linking eligible clients to permanent supportive housing in the Detroit CoC. It involves structured collaboration between the Coordinated Assessment Model Lead Agency, the CoC Navigators, the CoC PSH providers, the CoC Lead Agency (HAND) and the CoC HMIS team. "Matching" occurs when PSH vacancies are available in the Detroit CoC. Clients matched to Permanent Supportive Housing are determined using the CoC Prioritization criteria as outlined in these PSH Match Policies and Procedures. Please see the **PSH Access Flowchart (Appendix 1)** for the detailed process.

A. PSH Prioritization List Management

CAM Intake staff maintain an electronic PSH Prioritization list, which is the sole mechanism for referring clients to PSH units in the Detroit CoC. The PSH Prioritization List will be purged by the CAM Intake staff monthly using the following process:

- If a client has an open shelter entry in HMIS, the client will remain on the list.
- If a client has an open entry in HMIS for a Street Outreach program, the client will remain on the list.
- If a client does not have an open shelter entry in HMIS, CAM Intake staff will follow up with the Navigator to verify homeless status.
- If a client is confirmed as no-longer homeless, no longer active in HMIS, or cannot be contacted by the Navigator, the client will be moved to the inactive tab of the PSH Prioritization List.

B. PSH Order of Priority

Because the CoC prioritizes housing resources for people who are chronically homeless first, staff at Access Points make a preliminary determination (based on HMIS activity and disclosure of a disability) of whether or not a person is chronically homeless before connecting them with CAM Navigation staff. When a CAM Navigator meets with a consumer to conduct the Full SPDAT, they also conduct a housing history interview to determine potential chronic status for the purposes of acuity grouping.

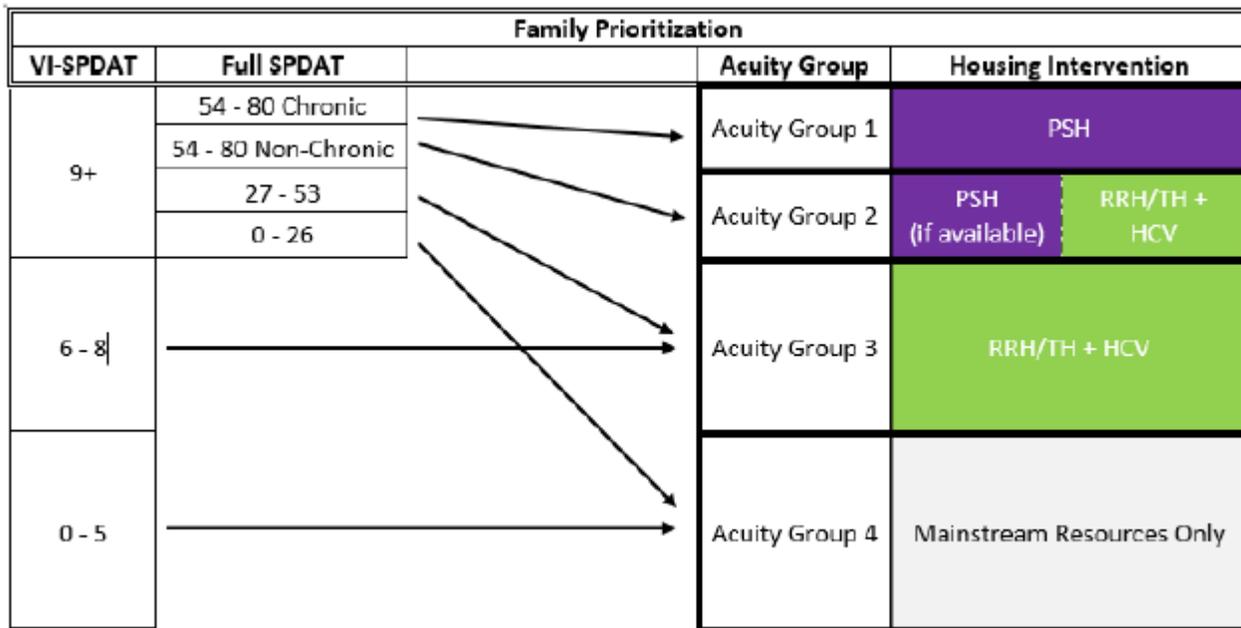
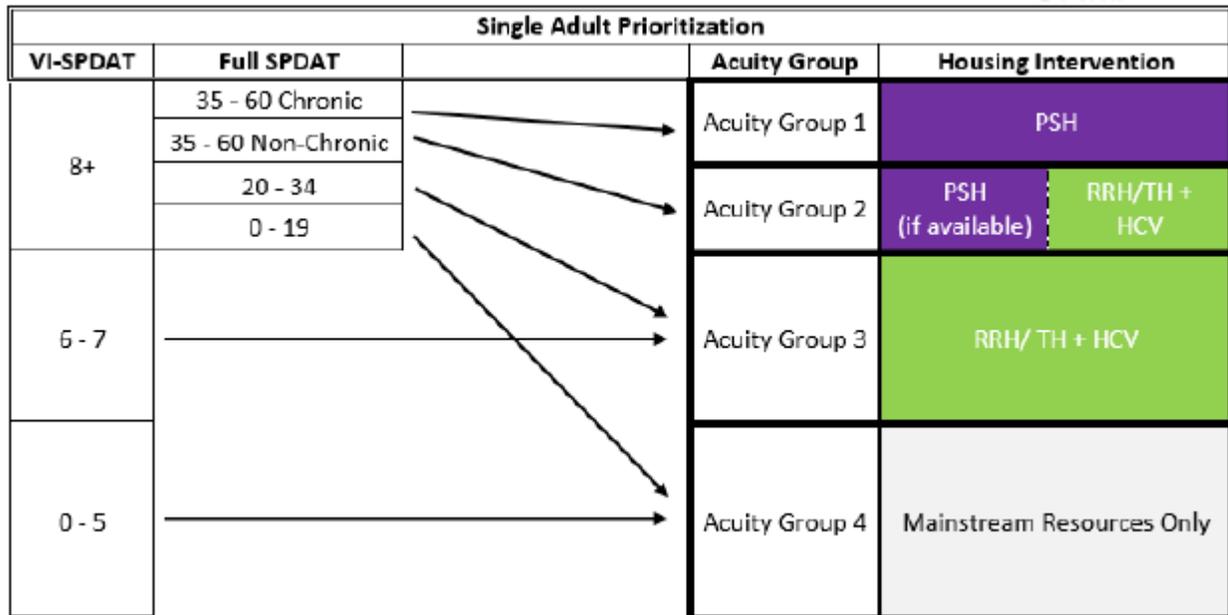
VI – SPDAT Recommendations			
Single		Family	
0-5	Acuity Group 4 – Mainstream Resources Only	0-5	Acuity Group 4 – Mainstream Resources Only
6-7	Acuity Group 3 - Recommended for RRH or TH- complete HCV pre-application	6-8	Acuity Group 3 - Recommended for RRH or TH-complete HCV pre-application
8+	Complete Full SPDAT to determine acuity group and housing intervention	9+	Complete Full SPDAT to determine acuity group and housing intervention
Full SPDAT Recommendations			
Single		Family	
0-19	Acuity Group 4 – Mainstream Resources Only	0-26	Acuity Group 4 – Mainstream Resources Only
20-34	Acuity Group 3 - Recommended for RRH or TH- complete HCV pre-application	27-53	Acuity Group 3 - Recommended for RRH or TH- complete HCV pre-application
35-60 Non- Chronic	Acuity Group 2 – Recommended for either PSH, <i>or</i> RRH or TH, and HCV	54-80 Non- Chronic	Acuity Group 2 – Recommended for either PSH, <i>or</i> RRH or TH, and HCV
35-60 Chronic	Acuity Group 1 – Recommended for PSH	54-80 Chronic	Acuity Group 1 – Recommended for PSH

Consumers in Acuity Group 4 are recommended for mainstream resources only and will not be considered for CoC funded housing assistance. Shelter case managers assist this population in developing strategies to resolve their homelessness.

Consumers in Acuity Group 3 are recommended for RRH or TH as well as an HCV. CAM Navigators meet with consumers in this group to complete an HCV pre-application.

Consumers in Acuity Group 2 are recommended for PSH *or* RRH or TH, and HCV based upon resource availability. The CAM Lead Agency is responsible for determining what intervention/s households in Acuity Group 2 are navigated based on analysis of resource supply.

See charts below for a visual representation of the housing intervention recommendation process.



Available housing assistance is prioritized sequentially by acuity group, and then within acuity group according to the following order:

CAM Housing Resource Prioritization Order
<i>Each of these prioritizing factors will be applied in sequential order. When there are insufficient resources to serve all of the households within a given category, then the next factor in the list will be considered.</i>
1. Chronic Households
2. Unsheltered Households
3. Households Fleeing Domestic Violence
4. VI-SPDAT and/or SPDAT Score
5. Families then singles (<i>*when the vacancy can be flexibly used for either population</i>)
6. Length of time homeless

Prioritization is used to determine which household will be referred for the next available resources that they are eligible for. Households will not be prioritized for assistance that they are not eligible for even if they are higher on the list. For example, if a project serves only youth ages 18-24 then someone older than 24 will not be referred even if they are highest on the prioritization list. It is important to note specifically that chronic households will not be prioritized for Transitional Housing.

*For more information on Dedicated Plus, please see Special Populations in **Section VI**.

IV. Roles & Responsibilities

A. CAM Navigators

CAM Housing Navigators will serve as the main point of contact for homeless households determined to be eligible for Permanent Supportive Housing, per outcome score on the Full SPDAT assessment and presence of a disabling condition. The CAM Navigator’s primary responsibility is to provide case management services, at the level and intensity required to ensure the household is submitted to the PSH Prioritization List.

As of the publication of these policies, CAM Navigation is being provided by the following entities:

- Community and Home Supports (CHS), the CAM Lead Agency partner, via referral from the CAM Lead Agency.
- NSO PATH Outreach Team
- Street Outreach Teams funded via other sources (including City ESG) additionally function as a CAM Access Point

B. Navigation Activities:

- Accept referrals from the CAM Lead Agency of clients that score for PSH on the VISPDAT or clients that Access Point staff believe would benefit from a full SPDAT.
- Assess consumers referred to Navigation for PSH eligibility (i.e., presence of HUD approved disability).
- Complete a Homeless Preference Housing Choice Voucher (HPHCV) pre-application and CAM HMIS referral for consumers with no verified disability.

- Develop a client-centered Individualized Housing Assistance Plan (IHAP) to address/remove PSH eligibility barriers. The IHAP should be completed in person, and at the initial Navigation meeting with consumer.
- Monitor the IHAP bi-weekly and document progress toward meeting goals/objectives in HMIS case notes section and provide consumer with bi-weekly PSH Match status updates until a consumer is matched with a PSH provider or otherwise no longer literally homeless.
- Provide community resources/referrals to address barriers identified in the IHAP, and provide direct assistance with helping the household access these resources and benefits (i.e., mainstream and entitlement benefits, linking/coordinating mental health services, follow-up with primary care physician, legal services, etc.).
- Provide in-person case management and supports coordination to assist households in obtaining the following documentation. See **Section V** for details on when following documentation should be gathered:
 - Government issued identification
 - Social Security Card(s)
 - Birth Records (when applicable for minor children)
 - CoC approved Homeless Verification (dated within 30 days of packet being submitted and at time of referral to PSH provider)
 - Chronic documentation, when applicable
 - Verification of Disability
- Explain PSH CoC Prioritization.
- Respond to correspondence from CAM Intake staff monthly to verify whether a consumer is still homeless, if this information cannot be confirmed via HMIS.
- Complete required HMIS activities:
 - Full SPDAT
 - ROI
 - Housing Plan
 - Update Housing Match Assessment
 - PSH Referral
 - RRH Referral (Consumers that score PSH with no disability)
 - Document all client engagement in case notes
 - Upload allowable documents in HMIS
- Navigation staff are responsible for ensuring compliance with HMIS data entry and compliance with Coordinated Entry Data Standards, as applicable.
- To the fullest extent possible, and taking precautions as needed to prevent the spread of COVID-19, Navigation staff are ***strongly encouraged*** to provide in-person services to the persons being navigated.

C. CAM Lead Agency Staff

- Refer clients that score for PSH on the VI-SPDAT or clients that staff believe would benefit from a full SPDAT to CHS (or PATH for unsheltered clients) for PSH Navigation.
- Receive and audit PSH packets submitted by Navigators to ensure minimum documents are included; return to Navigators any PSH packets that do not meet minimum documentation standards. See **Section V** for minimum documents needed for a person to be placed on the PSH Prioritization List.
- Maintain PSH Prioritization List.
- Prepare client lists for PSH consult groups; facilitate PSH consult group meetings.
- Maintain communication (via email) with Navigation leadership to ensure efficiency and on-going quality improvement.

- Make referrals to PSH Providers based on vacancies submitted by PSH Provider and PSH program criteria.
- Notify Navigators and PSH Providers when the PSH Acuity Group 1 Prioritization list has been, or is close to, being depleted.
- CAM Lead Agency staff are responsible for ensuring compliance with HMIS data entry and compliance with Coordinated Entry Data Standards.

D. Permanent Supportive Housing Provider

- Ensure that all clients housed in Detroit CoC PSH Units are referred from the Detroit CoC PSH Prioritization list only.
- Report vacancies for every program within 2 business days of units becoming available via the CAM website. See Appendix 2 for details on how vacancy requests are to be submitted.
- Designate staff to attend bi-weekly PSH Consult Group when clients are on list for discussion.
- Adhere to post-referral contact and return policy as outlined in the **PSH HMIS Workflow – Appendix 4**.
- Make initial contact attempt to client or navigator within 2 business days of receiving the referral.
- Provide client with written receipt of refusal if client declines/refuses offered PSH Unit(s) or declines/refuses the PSH provider they were matched to.
- Provide client with written receipt of refusal if provider refuses client entry into project/unit.
- HMIS duties:
 - Document client contact and status in HMIS case notes.
 - Identify your agency as PSH provider in the Agency Contacts section on the Housing Match Assessment
 - Update PSH Outcomes on the Housing Match Assessment biweekly until client is housed or returned (**see PSH HMIS Workflow – Appendix 4**)
 - Update Referral Outcome upon receipt of client referral to one of the following:
 - ✦ Accepted- PSH Provider is accepting the client and plans to house him/her
 - ✦ Declined- PSH Provider is declining client (see **Section X** for allowable reasons for match returns) (please see Client Contact and Return)
 - ✦ Canceled- Can't contact client or client refuses unit
 - Enter Project Start Date. A Project Start Date should be entered when:
 - Client is eligible for the unit
 - Provider has a slot available within a reasonable amount of time
 - Client agrees to work with them
 - PSH providers have been asked that the Project Start Date should be the same date, or before, the provider does the intake with the client.
 - Enter Housing Move In Date when the client moves into housing.
- PSH providers are also responsible for being compliant with all HMIS data entry requirements, in addition to those specifically identified above.
- When PSH Provider returns a match file they must submit new vacancy request to receive additional files.
- To the fullest extent possible, and taking precautions as needed to prevent the spread of COVID-19, PSH providers are **strongly encouraged** to provide in-person case management services. This includes showing potential units to client in person, to the extent this can be done safely.

V. Minimum Documentation for Submission to PSH Prioritization List

The following documents must be included in a PSH match packet in order for the client to be added to the PSH Prioritization List:

- PSH Face Sheet
- Verification of Disability (VOD)
- Verification of Homelessness (VOH) dated within 30 days of submission
- Verification of Chronicity (VOC), if applicable

If available, the following documents may also be included in a PSH packet prior to submission to the PSH Prioritization list. Attempts should be made by Navigation staff to obtain these documents prior to placement on the PSH Prioritization List and Navigators should assist in collecting this documentation if it is known the client is being matched to a PSH project requiring such documentation:

- For the head of household:
 - Photo ID
 - Social Security Card
 - Proof of Income
 - DTE Documentation
- For children under 18
 - Birth certificate
 - Custody paperwork (If a minor child is not in the head of household's legal custody, proof must be provided that custody will be obtained with housing stability.)
- For additional household members over the age of 18:
 - Photo ID
 - Social Security Card

VI. Special Populations

When necessary, the matching process will match clients of special populations with agencies that receive funding to work with specific populations.

- ○ Example: Veterans, Severely Mentally Ill (SMI), families, HIV, FUSE units

A. Dedicated Plus

The matching process will match clients to DedicatedPlus projects that meet the following criteria, as defined by HUD. PSH units funded as DedicatedPlus units may serve any of the following populations:

1. People who are chronically homeless; or
2. People residing in Transitional Housing (TH) that will be eliminated who met the definition of chronically homeless upon entry to the project; or
3. People had been chronically homeless and placed into housing within the last year, but lost that housing and are now currently in Emergency Shelter (ES), Safe Haven, or unsheltered; or
4. People who are residing in a joint TH-RRH project who were chronically homeless upon entry into that project; or
5. People residing in an Emergency Shelter (ES), Safe Haven, or unsheltered for at least 12 months in the last three years, but have not done so on four separate occasions; or
6. People receiving assistance through a VA funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

Note: Persons who are chronically homeless will be prioritized first for PSH vacancies, over persons who meet the other criteria in the DedicatedPlus definition. See the Prioritization Chart in **Section III**.

VII. Client Choice

Client choice will be exercised with the PSH Matching Process whenever possible:

- **Before Match:**
 - Navigators will address client needs related to housing (i.e. geographic location, provider preferences) and identify these needs on **PSH Face sheet** prior to matching.
- **After Match:**
 - PSH providers will address client choice post-match as determined by their funder and/or indicated in their agency policy and procedures. Every effort will be made to appropriately match clients with housing that will best suit their needs.

VIII. PSH Consult Groups

Clients who have been matched to a PSH provider will be added to the PSH Consult Group lists by CAM staff following the methodology listed below. PSH providers are required to attend PSH Consult Group meetings any time a client in their program is on the list.

Adding clients to the PSH Consult Group List

Clients will be added to the PSH Consult Group list when:

- It has been 2 weeks or more since the client was matched and there are no notes (Outcome Report Sub-Assessment or other case note) in HMIS indicating the client's status.
- If has been 6 weeks or more since client was matched (regardless of whether there are notes indicating status in HMIS).
- The PSH provider has requested to return the client for any reason.
- A PSH provider, Navigator, or Street Outreach staff requests for a client to be added.

IX. Client Refusal

The client has a right to refuse his or her match to a PSH provider. Navigators and PSH Providers will document client refusals and inform them of their rights:

- **Before Match:**
 - Navigators are responsible for explaining to the client their right to refuse a PSH provider and possible implications of refusal related to prioritization.
- **After Match:**
 - Providers will show clients a minimum of **3 units** and document client refusals in HMIS
 - PSH providers are responsible for explaining the client's right to refusal and possible implications. See below for suggested language:

"You were matched to [insert agency] for Permanent Supportive Housing. You have the right to turn down this placement, but if you do, you won't be guaranteed a placement with another agency within a certain time period because housing placements are limited. It will depend on the availability of Permanent Supportive Housing and the new people who are added to the prioritization list each week."

X. Match Returns Policy

A PSH match may be returned to CAM only for the following reasons:

- There have been past documented incidents working with the client where there was potential harm to the service provider or if the client was at risk of harming themselves.
- There is a balance owed from a previous tenancy with said client.

- The client was already housed when contacted by the provider.
- The provider was unable to contact the client after three documented attempts (one of which was via the Navigator).
- The client declines working with the agency or the client declines the unit(s).
- Client was institutionalized at the time contacted by the provider.

Providers maintain the right to request case conferencing with Navigator/CAM Lead/CoC Lead **PRIOR** to returning cases, to discuss clients that have been documented as having major barriers impacting housing placement. The case conferencing will provide a setting to determine the best approach/intervention for presenting client(s).

Before returning a file, PSH providers must complete the following steps:

1. PSH provider must attempt to contact the client on **three separate occasions**. These attempts must be documented in HMIS on the Summary Page.
2. One of the three contacts must be to the **Housing Navigator** via email.
3. Client must be brought to **PSH Consult Group** for discussion before returning.

XI. Transfers Policy

The following section describes the policy and process for internal and external PSH transfers.

A. Internal Transfers

Definition

An internal transfer is a transfer that occurs within programs administered by the same PSH provider. With an internal transfer, the client does not change PSH service provider.

When to pursue an internal transfer

Internal transfers could be pursued for various reasons, including, but not necessarily limited to:

- Client is at risk of homelessness and transferring the client to another of the provider's PSH programs will help prevent them from becoming homeless.
- The client is experiencing domestic violence and a transfer is necessary to keep the client and/or members of the client's household safe.
- A provider is ramping down a PSH project and is transferring clients from that program into other PSH programs that provider has.
- There may be administrative reasons, such as budgetary or regulatory reasons, why a client may need to be transferred internally from one program to another.

Client Choice

Any time a client is faced with having to physically move from one unit to another, client choice must be taken into consideration and accommodated when feasible.

Notification Needed

- Before housed: If an internal transfer occurs before a client is moved into housing, no notification is necessary.

- After housed: If an internal transfer occurs after a client is moved into housing (ie, there is a Housing Move In Date entered into HMIS), the CoC Lead Agency and CAM Lead Agency should be notified via email using the form provided.

CAM Lead Agency Role

The CAM Lead Agency does not have any role in facilitating internal transfers, other than receiving any communication from the provider that an internal transfer occurred.

CoC Lead Agency Role

The CoC Lead Agency does not have any role in facilitating internal transfers, other than receiving any communication from the provider that an internal transfer occurred. The exception is for PSH projects that are ramping down, and clients are being transferred internally to other units with that same agency. In these instances, the CoC Lead Agency will monitor the process of ramping-down the PSH project and the transfer of clients to other internal units, to ensure all client are successfully re-housed.

HMIS Protocol

Please reference Appendix 4 for details on steps that must be completed in HMIS when:

- Client stays in unit, with same provider, but is now in a new program
- Client moves to different unit, stays with same provider but is now in a new program

B. External Transfers

Definition

An external transfer is when a client is transferred from one PSH provider to another PSH provider.

When to pursue an external transfer

An external transfer should be pursued for the following reasons. Note this may not be an exhaustive list:

- The client is at risk of becoming homeless, and there is documentation that the current PSH provider's eviction prevention or program termination plans have not been successful.
- The relationship between the client and the current PSH provider has deteriorated to the point where transferring the client to a different provider is in the best interest of both parties.
- The PSH program is being ramped down, the client needs continued PSH supports, and the current PSH provider does not have other PSH for the client to move into.
- The client is experiencing domestic violence and a transfer is necessary to keep the client and/or members of the client's household safe.
- A transfer is recommended by the CoC Grievance Committee as an outcome of a substantiated client grievance.

Policy and Process Before a Client is Housed

If a client has been matched to a PSH provider, but has not yet moved into housing (client may have a Project Start date in HMIS, but has no Housing Move in Date) and the PSH provider cannot house the client, the client must be returned to CAM to be re-matched. *This is not considered an external transfer; it is a match return.* As given in **Section X** above, matches may only be returned for the following reasons:

- There have been past documented incidents working with the client where there was potential harm to the service provider or if the client was at risk of harming themselves.
- There is a balance owed from a previous tenancy with said client.
- The client was already housed when contacted by the provider.

- The provider was unable to contact the client after three documented attempts (one of which was via the Navigator).
- The client declines working with the agency or the client declines the unit.
- Client was institutionalized at the time contacted by the provider.

Policy and Process When a Client is Already Housed

The following policy and process for external transfers will apply once a client has been housed in PSH, regardless of how long a client has been housed in PSH.

1. If an external transfer seems to be necessary, the current PSH provider must first take one of the following steps:
 - a. Present the case to the PSH case consult group, providing rationale for why an external transfer is being pursued. If the need for an external transfer is not urgent, it is preferred the case be brought to the case consult to ensure all other steps have been pursued. Bringing the case to the consult group allows the current PSH provider to confer with peers to determine if there are other courses of action that could be taken before transferring client to another PSH provider.
 - b. If the need to transfer the client is urgent, and waiting until the next PSH case consult group would be detrimental to the client or the provider, the current PSH provider should send an email to all PSH providers to ask if any providers have current vacancies.
 - c. If a PSH project is ramping-down, an alternate process may be used to communicate with other PSH providers the need for transfers. In these instances, the CoC Lead Agency will be more active in assisting to communicate about the need for transfers.
2. Following either the case consult or reaching out to other PSH providers, a determination will be made on which PSH providers have a vacancy suitable for the client in question, taking into consideration the available size of the unit, chronicity requirements for unit, or other funder-mandated eligibility requirements for the unit. This determination may be made via:
 - a. A PSH provider indicating they have a vacancy; or
 - b. CAM Lead Agency staff reviewing recent referral requests to identify which PSH provider(s) have vacancies and communicating this to the agency requesting an external transfer.
3. Once an appropriate vacancy has been identified, the receiving provider is expected to initially accept the transferring client in the same manner they would if receiving a referral off the PSH prioritization list. The receiving provider may decline a transfer only for the following reasons:
 - a. There have been past documented incidents working with the client where there was potential harm to the service provider or if the client was at risk of harming themselves.
 - b. There is a balance owed from a previous tenancy with said client.
 - c. The client was already housed when contacted by the provider and no longer in need of PSH.
 - d. The provider was unable to contact the client after three documented attempts (one of which was via the Navigator).
 - e. The client declines working with the agency or the client declines the unit(s) offered.
 - f. Client was institutionalized at the time contacted by the provider.
 - g. The transferring agency is unable to provide documentation that the client met eligibility criteria for the receiving agency's PSH project unit at the time the client initially entered the transferring agency's PSH project.

4. In general, the receiving provider is expected to be willing to work with the client's current landlord, if the client is able to stay in that unit. If a new unit must be located for the client, the receiving agency is expected to assist the client with locating, and moving into, another unit.
5. The transferring agency and the receiving agency (and the Navigator, if appropriate) will all meet with the client **at the same time** for a "warm-hand off", with necessary COVID precautions taken as needed. The purpose of this meeting is to ensure there clear, in-person communication to the client regarding his/her transfer to a new PSH provider. This meeting will allow the reason for the transfer to be explained, introduce the client to his/her new PSH provider, and allow the client to ask questions.
6. Following the "warm hand-off" meeting, the client is now considered the client of the **receiving agency**. From this point on, it is the responsibility of the receiving agency to provide on-going PSH services, which, depending on the client's situation may include locating other housing and facilitating moving into that housing. While communication and coordination should occur with the Navigator and/or the prior PSH agency as needed, the receiving PSH agency at this point is the primary service provider responsible for housing and serving the client.
 - a. The transferring agency and the receiving agency will arrange between themselves the transfer of any paper files or electronic files as needed.
7. If needed, the transferring agency, receiving agency, or Navigator may bring this case to the PSH case consult if needed following the transfer to trouble-shoot any concerns arising during or after the transfer.

CAM Lead Agency Role

The CAM Lead Agency's role for external transfers should, in general, be minimal and limited only to reviewing recent referral requests to identify which PSH provider(s) have vacancies and communicating this information to agencies that indicate a need for an external transfer.

CoC Lead Agency Role

The CoC Lead Agency's role for external transfers should, in general, be minimal. The CoC Lead Agency will assist in trouble-shooting concerns as they arise. The exception is for PSH projects that are ramping down, in which case the CoC Lead Agency will monitor the process of ramping-down the PSH project and the transfer of clients to other units, to ensure all client are successfully re-housed.

HMIS Expectations

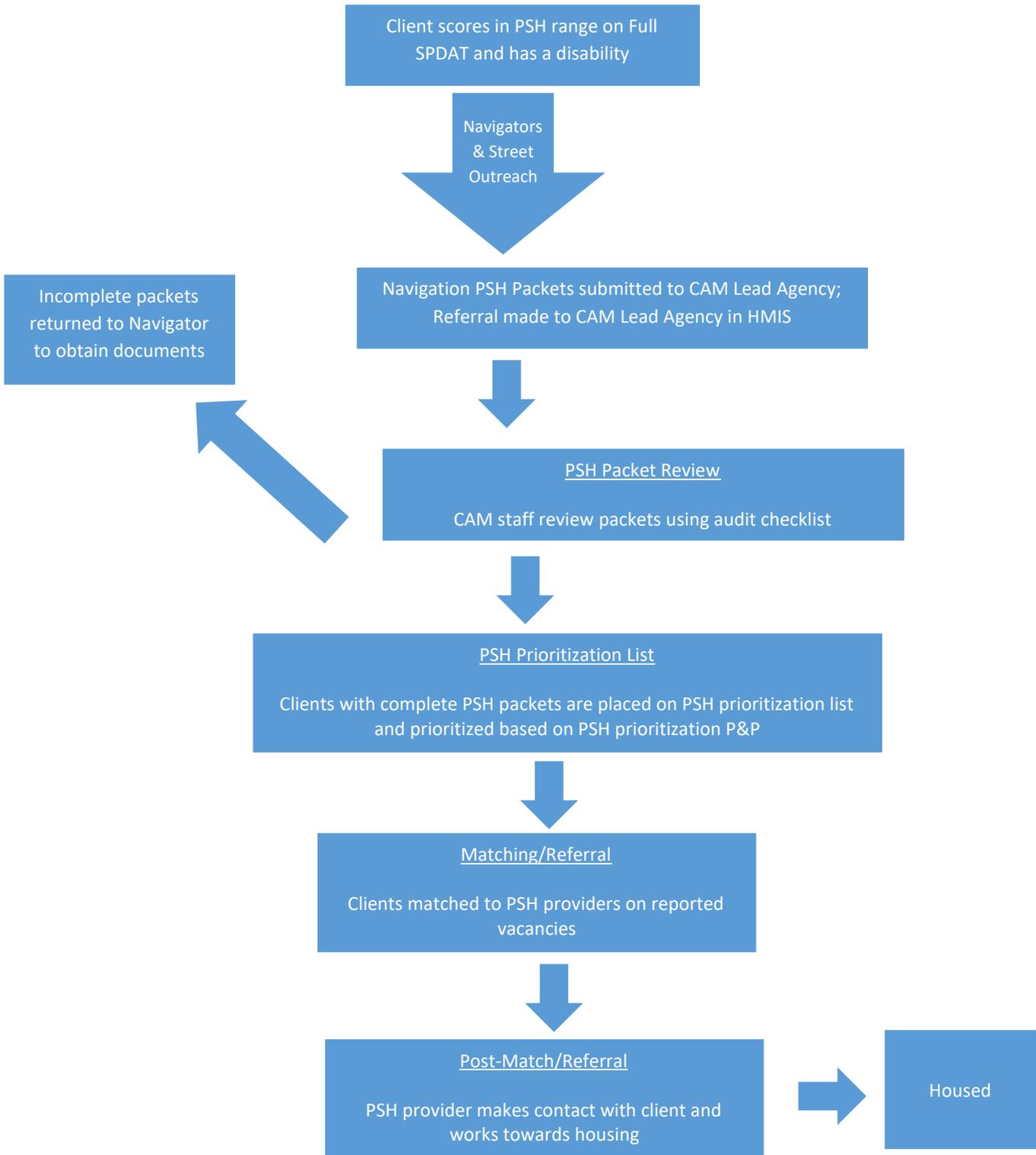
Please reference Appendix 4 for details on steps that must be completed in HMIS when:

- Client stays in unit, but is now with the new provider
- Client moves to different unit, and is with the new provider
- Instructions for exits from former project and entry into the new project

XII. Changes to Policies

Any changes to the policies in this document including, but not necessarily limited to, changes in prioritization factors, documentation required for PSH match packets, or roles and responsibilities must first be reviewed and approved by the PSH workgroup and then approved by the CAM Governance Committee. Any member of the PSH workgroup may request the workgroup discuss and consider changes to these policies and procedures.

Appendix 1: PSH Match Flow Chart



APPENDIX 2: Submitting PSH Vacancy Requests

The following process should be used when a PSH provider has a vacancy:

1. **Provider has vacancy(s) in their program**
2. **Provider uses the [PSH Vacancy Requests 2021 Form](#) to submit vacancy request to CAM**
 - a. The Microsoft form requests basic information about the agency, which program the vacancies should be sent to, and other details about the referral type, like whether the available vacancy(s) are for singles or families
 - b. *Please note:* this form is updated each calendar year. Updated vacancy requests forms will also be posted to CAM's website (www.camdetroit.org).
3. **CAM fills vacancy within 2 business days of request**
 - a. At the point of referral, CAM will:
 - i. Send an email to the provider notifying them of the referral(s), including relevant navigation staff and case managers
 - ii. Send an HMIS referral for clients to the relevant programs
 - iii. Note the referral in "PSH Match Activity" on the client's summary page
4. **Provider follows client contact guidance** (see **Section IV. D.** of the above policy for details)

APPENDIX 3: Glossary of terms

Active Status- refers to a status for the PSH Prioritization list. Active status is determined if the client is still in contact with the PSH process after their packet has been submitted to the PSH match meeting; active status is verified by the PSH navigator.

CAM Navigator- serves as the main point of contact for homeless households determined to be eligible for Permanent Supportive Housing per outcome score on the Full SPDAT assessment. Primary responsibility is to provide case management services, at the level and intensity required to ensure the household is ready for referral to PSH provider.

Coordinated Assessment Model (CAM)- is the CoC's coordinated entry approach to prioritizing and providing services to persons experiencing a housing crisis.

Chronically Homeless- an unaccompanied individual with a disabling condition who has been continuously homeless for one year or more OR an unaccompanied individual with a disabling condition who has had at least 4 separate homelessness occasions in the last 3 years where the combined occasions total at least 12 months.

- Occasions separated by a break of at least seven nights
- Stays in institution of fewer than 90 days do not constitute a break

Homeless Management Information System (HMIS)- is a web-based database used by service organizations to collect and record information on people experiencing homelessness; specific funding partners require use of a HMIS.

Housed- refers to a client placed in a permanent supportive housing unit or other permanent housing.

Inactive Status- refers to a status for the PSH Prioritization list. Inactive status is determined if the client is unable to be located 45 days after their packet has been submitted to the PSH match meeting; inactive status is verified by the PSH navigator.

Ineligible- refers to a client who has applied for assistance through the coordinated assessment model, however, did not meet qualifications for permanent supportive housing.

PSH Consult Group Meeting- refers to a bi-weekly meeting where PSH providers, Navigators, and Street Outreach staff come to discuss client cases.

Pending- refers to a client who has been placed with a provider but has not received a permanent supportive housing unit.

Permanent Supportive Housing (PSH)- refers to CoC and Non-CoC funded housing aimed at reintegrating individuals or families experiencing homelessness into the community by addressing their basic need for housing and providing ongoing support.

PSH Provider- refers to an agency that manages PSH units (CoC and Non-CoC funded) and accepts client referrals through the CAM PSH matching process to fill unit vacancies.

Refusal of Service- refers to a client who has decided to not proceed with assistance for PSH through the coordinated assessment model.

Returned to CAM- refers to a client that has been returned by the PSH provider without locating housing.

SPDAT- Service Prioritization Decision Assistance Tool - it is an evidence-informed assessment tool used to determine an individual's or family's acuity while experiencing homelessness. The tool, across multiple components can be used to assist with prioritizing who to serve next and why, while concurrently identifying the areas in the persons/family's life where support is most likely necessary in order to avoid housing instability.

United States Department of Housing and Urban Development (HUD)- is a department within the federal government who is assigned with developing strong, sustainable, inclusive communities and quality, affordable homes for all.

VI-SPDAT- Vulnerability Index -Service Prioritization Decision Assistance Tool – it serves as prescreen and/or assessment (in some communities) to help identify who should be recommended for various levels of housing and support intervention. While the SPDAT is the full assessment tool, the VI-SPDAT is a survey that can be used to pre-screen and prioritize clients to receive the full assessment.

APPENDIX 4: PSH HMIS Workflow

PSH – HMIS WORKFLOW		
PSH HMIS STEPS: PRIOR TO CLIENT ENTERING HOUSING	LOCATION	FREQUENCY
<ul style="list-style-type: none"> ADD ROI 	CLIENT POINT- ROI TAB	ONCE (use oldest date possible – review Entry/Exit Tab)
<ul style="list-style-type: none"> ADD PSH PROVIDER CONTACT INFORMATION 	HOUSING MATCH ASSESSMENT: AGENCY CONTACTS FIELD	ONCE
<ul style="list-style-type: none"> ADD CASE NOTES RELATED TO CONTACTING CLIENT 	HOUSING MATCH ASSESSMENT, PROFILE PAGE , OR IN CASE PLANS	AS NEEDED UNTIL CLIENT IS REACHED and/or APPOINTMENT SCHEDULED
<ul style="list-style-type: none"> UPDATE PSH SUB ASSESSMENT 	HOUSING MATCH ASSESSMENT: PSH SUB ASSESSMENT FIELDS	EVERY 2 WEEKS UNTIL CLIENT RETURNED OR HOUSED
PSH HMIS STEPS: AFTER CLIENT ACCEPTED IN PSH PROGRAM	LOCATION	FREQUENCY
<ul style="list-style-type: none"> UPDATE CAM INCOMING REFERRAL TO YOUR -> PSH PROVIDER 	SERVICE TRANSACTIONS: REFERRAL TAB <OR> IF AGENCY ADMIN – UPDATE ON REFERRAL REPORT	ONCE; AS NEEDED IF CHANGES OCCUR
<ul style="list-style-type: none"> NEW -> ADD PROJECT START DATE <ul style="list-style-type: none"> AFTER CLIENTS ACCEPTED IN PROGRAM 	ENTRY/EXIT TAB; HMIS ENTRY DATE	ONCE
<ul style="list-style-type: none"> UPDATE 3.917B – QUESTIONS ON ENTRY <ul style="list-style-type: none"> MUST BE UPDATED FOR EVERY CLIENT: <ul style="list-style-type: none"> PRIOR LIVING QUESTION CHRONIC QUESTIONS (Length of time) UPDATE ALL NEEDED FIELDS ON ENTRY FORM 	CLIENT POINT - ENTRY/EXIT → ENTRY TAB	ONCE
<ul style="list-style-type: none"> ADD CASE NOTES RELATED TO HOUSING AND CASE MANAGEMENT 	PROFILE PAGE , OR IN CASE PLANS	AS NEEDED
<ul style="list-style-type: none"> ADD SERVICES 	SERVICE TRANSACTIONS	AS NEEDED
<ul style="list-style-type: none"> EXIT CLIENT FROM PROGRAM 	ENTRY/EXIT → EXIT TAB	AS NEEDED/ LEAVES PROGRAM
PSH HMIS STEPS : AFTER CLIENT IS HOUSED	LOCATION	FREQUENCY
<ul style="list-style-type: none"> NEW -> ADD PSH HOUSING MOVE-IN DATE 	CLIENT POINT – INTERIM ASSESSMENT →HOUSING MOVE-IN DATE FIELD	ONCE
<ul style="list-style-type: none"> ADD CASE NOTES RELATED TO HOUSING AND CASE MANAGEMENT 	PROFILE PAGE , OR IN CASE PLANS	AS NEEDED
<ul style="list-style-type: none"> ADD SERVICES 	SERVICE TRANSACTIONS	AS NEEDED
<ul style="list-style-type: none"> EXIT CLIENT FROM PROGRAM 	ENTRY/EXIT -> EXIT TAB	AS NEEDED/ LEAVES PROGRAM
<ul style="list-style-type: none"> UPDATE INCOME 	INTERIM ASSESSMENT	ANNUALLY (WITHIN 30 DAYS + or - OF ENTRY ANNIVERSARY)

OCTOBER 2017 – HMIS