



**Coordinated Assessment Model (CAM)  
Policies and Procedures Manual  
Detroit, Michigan**

We would like to extend a special thank you to CSH for assistance in completing these policies and procedures.

**Narrative Manual  
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## I. Purpose and Background

### Federal Level Guidance

Coordinated Entry is a centralized and streamlined system for accessing housing and support services to end homelessness in a community, and is required by the U.S. Department of Housing and Urban Development (HUD) for all Continuums of Care (CoC) as stated in 24 CFR 578.7 (a)(8) of the CoC Program Interim Rule.<sup>1</sup> Each community's CoC is designed to "promote community-wide commitment to the goal of ending homelessness; provide funding for efforts to quickly re-house individuals and families who are homeless, which minimizes the trauma and dislocation caused by homelessness; promote access to and effective use of mainstream programs; and optimize self-sufficiency among individuals and families experiencing homelessness."<sup>2</sup> HUD's primary goals for a CoC's Coordinated Entry System "are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present."<sup>3</sup> Operating a Coordinated Entry System is an effective key to federal, state, and local resources. HUD released guidance to CoCs outlining Coordinated Entry requirements in January 2017.<sup>4</sup>

Detroit's Coordinated Entry System, the Coordinated Assessment Model (CAM), aims to work with households to understand their strengths and needs, provide a common assessment, and connect them with housing and homeless assistance based on this information and on availability. By operating a process that is easily accessible to people experiencing homelessness or in a housing crisis and using standardized tools and practices, prioritizing those with the highest service needs from initial engagement through referral, and facilitating exits from homelessness to an appropriate, stable housing resource in the most rapid manner possible, the CAM aims to incorporate the principles of a system-wide Housing First approach. The CAM also provides vital information for the Detroit CoC about service needs and gaps to help the CoC plan its assistance and identify needed resources.

All recipients and subrecipients of the CoC Program and Emergency Solutions Grant (ESG) Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights law, including the following federal regulations: [Fair Housing Act](#) (including [Equal Access and Family Separation](#)), the [Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity](#) regulations, and the [Americans with Disabilities Act](#) regulations. The CAM ensures accessibility to all eligible persons (Fair Housing protected classes) experiencing homelessness regardless of age, race, national origin, sex, color, religion, familial status, disability status, source of income, sexual orientation (including gender identity), marital status, military discharge status, gender, English as a second language, and persons with limited literacy.

### Local Vision and Values

The Continuum of Care (CoC) Coordinated Entry system, serving the Cities of Detroit, Hamtramck, and Highland Park, locally referred to as the Coordinated Assessment Model (CAM), ensures that people experiencing or at-risk of homelessness in the CoC's geographical catchment will be assessed and guided to the appropriate resource that prevents or end their homelessness. The CAM is a systematic approach to homelessness that focuses on aligning the needs of individuals and families experiencing homelessness or at imminent risk of becoming homeless to available shelter and housing resources. The CAM's vision is to orchestrate a community response that creates an accessible, efficient path to housing for households facing homelessness. This community response upholds the principle outlined in HUD's Coordinated Entry guidelines: access, assess,

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<sup>1</sup> The Department of Housing and Urban Development, Coordinated Entry Policy Brief, (2015)

<sup>2</sup> U.S. Department of Housing and Urban Development, Continuum of Care Duties: Establishing and Operating a Continuum of Care

<sup>3</sup> The Department of Housing and Urban Development, Coordinated Entry Policy Brief, (2015)

<sup>4</sup> [HUD Coordinated Entry Notice](#)

prioritize, and refer. The CAM accounts for the diversity of needs of people experiencing homelessness and urgently responds to these needs through operating navigable entry points for access; standardized utilization of a universal assessment tool to prioritize the most vulnerable households; and appropriate referrals based on community resources and level of support for households experiencing homelessness.

The CAM's goals include: strengthening accessibility for households in need of assistance; ensuring the standardization of intakes and assessments; increasing collaborative community partnerships; and improving the alignment of resources with local need. Underpinning these goals are the CAM's guiding values: collaboration, responsiveness, accountability, and continuous quality improvement for efficiency.

Integral to CAM's success is a community wide understanding of what CAM is and is not. The CAM is a process by which homeless households access emergency shelter and housing resources. The CAM is operated through intense collaboration with a coalition of agencies working together to end homelessness. The CAM is a concerted effort to create a standard and uniform process of assessing, prioritizing, and referring households seeking homeless or prevention assistance. The CAM is the CoC's intervention to make best use of the resources in the community. Conversely, the CAM is not a program or housing provider, does not increase the amount of resources available, and is not solely one organization. Lastly, due to the prioritization of limited resources, CAM cannot guarantee that any individual will receive a referral to a particular housing option.

Due to resource limitations, not every household experiencing homelessness will get access to housing resources, and the CAM cannot directly address the lack of housing resources, but can ensure that the agencies within Detroit's CoC use the resources available in the best possible way.

The Detroit CoC implemented the CAM in 2014. Continuous improvements to the CAM have been made since this time including more intentional coordination of Rapid Re-housing (RRH) referrals, streamlining the Permanent Supportive Housing (PSH) match process, and launching a chronic by-name list. In order to necessitate significant, collaborative, and community-wide change for persons experiencing homelessness or a housing crisis, the CAM transitioned in 2018 from access through shelters and a Call Center Model to an In-Person Access Point Model with entry points for families, singles, youth, and veterans.

#### Participation Requirements

The U.S. Department of Housing and Urban Development (HUD) and Veteran's Affairs (VA) have recently established guidance that instructs all CoC projects to participate in their CoC's Coordinated Entry System. Any project that receives HUD funding (CoC Program or ESG) or VA funding (Supportive Services for Veteran Families, Grant and Per Diem or Veterans Affairs Supportive Housing) for PSH, RRH, and Transitional Housing (TH) programs must comply with the participation requirements as established by the corresponding CoC jurisdiction. Similarly, the MI Department of Health and Human Services (MDHHS) mandates that Emergency Shelter and PATH grantees utilize and participate in Coordinated Entry. The Michigan State Housing Development Authority (MSHDA) also mandates that its grantees providing homeless and housing services utilize and participate in Coordinated Entry. Finally, the City of Detroit has also required the use of Coordinated Entry for ESG and Community Development Block Grant (CDBG) homeless funded programs.

#### Governance and Accountability

The Continuum of Care (CoC) Board serves as the governing body for the CoC and is ultimately responsible for operating an effective CAM that is in compliance with HUD's requirements. The CAM Governance Committee is a CoC Committee that reports to the CoC Board and is responsible for providing oversight to the CAM and bringing policy level recommendations to the CoC Board. PSH providers, RRH providers, TH providers, and SSO

programs are monitored, depending on their funding, by HUD, the CoC Lead Agency, and/or the City of Detroit. Emergency shelter providers are monitored, depending on their funding, by MDHHS and/or the City of Detroit.

Per [HUD's Coordinated Entry Self-Assessment](#)<sup>5</sup>, CAM consumers have the right to file a non-discrimination complaint. Consumers can file a grievance at any point throughout the CAM process based on the [CoC-wide Grievance Policies and Procedures](#). If a consumer feels they have been discriminated against and their complaint is not adequately addressed through the CoC's established grievance process, they are directed to file a complaint with HUD's Fair Housing and Equal Opportunity Office:  
[https://www.hud.gov/program\\_offices/fair\\_housing\\_equal\\_opp/complaint-process](https://www.hud.gov/program_offices/fair_housing_equal_opp/complaint-process)

#### CAM Participating Agencies

Participating agencies includes all agencies operating housing and homeless programs required to participate in CAM due to funding and/or contract requirements. All CAM participating agencies must comply with Fair Housing and all other funding and program requirements. A list of all CAM participating agencies can be found in Appendix 1.

#### Data Management and Homeless Management Information System

The Homeless Management Information System (HMIS) is a database that the CAM uses to record and track consumer-level information on the characteristics and service needs of homeless persons. HMIS ties together homeless service providers within a community to help create a more coordinated and effective housing and service delivery system. Per [Detroit's CoC HMIS Policies and Procedures](#), the CAM ensures the protection of consumer data and obtains consumer consent in order to share and store participant information.

#### *Protection of data for consumers who are domestic violence survivors*

Providers funded to specifically serve survivors of domestic violence do not enter data in HMIS. Data for consumers presenting as survivors of domestic violence is entered in HMIS by the CAM to be used for the purposes of matching the household to a housing and/or service intervention.

## **II. Coordinated Assessment Model Roles and Expectations**

#### *Continuum of Care (CoC) General Membership*

- Responsible for providing input and feedback about the effectiveness of the CAM

#### *Continuum of Care Board*

- Responsible for operating an effective Coordinated Entry System that is in compliance with HUD's requirements

#### *Coordinated Assessment Model (CAM) Governance Committee*

- Responsible for providing direct oversight to the CAM
- Responsible for bringing policy level recommendations to the CoC Board

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<sup>5</sup> <https://www.hudexchange.info/resources/documents/coordinated-entry-self-assessment.pdf>

**Coordinated Assessment Model (CAM) Internal Work Group**

Comprised of mid-level leadership from CAM Lead Agency and CAM Implementing Agencies and is responsible for managing the day-to-day operations of the CAM and for bringing process level recommendations to the CAM Governance Committee.

**Shelter and Transitional Housing Provider Work Group**

- Review and provide feedback about CAM processes and procedures related to shelter and TH
- Suggest new procedures to implement
- Bring up concerns or provide a voice for consumers served in emergency shelter and transitional housing

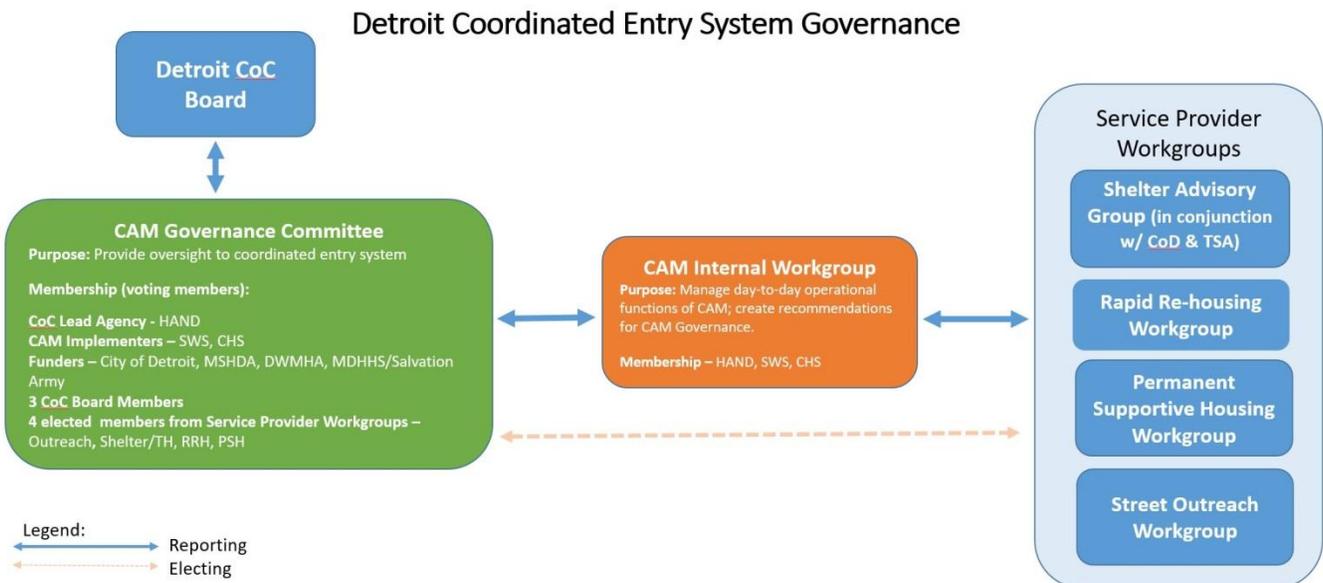
**Rapid Re-Housing Provider Work Group**

- Review and provide feedback about CAM processes and procedures related to RRH
- Suggest new procedures to implement
- Bring up concerns or provide a voice for consumers served in RRH Projects

**Permanent Supportive Housing Work Group**

- Review and provide feedback about CAM processes and procedures related to PSH
- Suggest new procedures to implement
- Bring up concerns or provide a voice for consumers served in PSH projects

Below is a visual representation of these relationships. Additional information about committee members can be found at [www.camdetroit.org](http://www.camdetroit.org). CAM is only possible when each partner embodies their respective role and continuously develops their relationships with other entities participating in the CoC.



### *Continuum of Care (CoC) Lead Agency*

- Reports to CoC Board
- Responsible for assisting the CoC Board, CAM Governance Committee, and CAM Lead Agency in overseeing and operating the CAM.

Duties include but are not limited to:

- Assist in developing CAM policies and procedures and ensuring CoC-funded RRH & PSH providers and CAM Implementers adhere to CAM policies & procedures
- Handling grievances against CAM (in coordination with CAM Governance Committee and CoC Grievance Committee)
- Chairing CAM Sub-Committees (RRH & PSH)
- Evaluating CAM Lead Agency and participating agencies (in coordination with CAM Governance Committee)
- Communicating information and outcomes about CAM to the CoC and community stakeholders

### *Homeless Management Information System (HMIS) Lead Agency*

- Reports to CoC Board
- Responsible for providing oversight and implementation support to the Detroit CoC's HMIS.

Duties include but are not limited to:

- Managing the HMIS buildout
- Providing the HMIS technical assistance to CAM Implementers and CAM-participating agencies

### *Coordinated Assessment Model (CAM) Lead Agency*

- Reports to CoC Board (via the CAM Governance Committee)
- Responsible for implementing and operating the CAM, in accordance with the CAM Policies and Procedures.

Duties include but are not limited to:

- Operating and staffing the CAM including, but not limited to:
  - Overseeing and making decisions related to day-to-day functions of CAM
  - Making appropriate referrals to shelter and housing resources and tracking consumers through the CAM process into housing
  - Populating the Homeless Preference HCV waitlist
- Coordinating and collaborating with key system partners including, but not limited to:
  - Attending, actively participating in, and staffing and facilitating (as determined by the CAM Governance Committee or CoC Board) the Outreach, Shelter, RRH, & PSH Provider Workgroups;
  - Managing outward communication and PR requests related to CAM; coordinating PR requests with the CoC Lead Agency and CoC Board when necessary;
  - Providing training and communication for CAM staff, CoC partners, and community stakeholders
- Creating system accountability including, but not limited to:
  - Recommending changes and improvements to the CAM
  - Reporting agency-level and system-level CAM-related outputs and outcomes to the CAM Governance Committee, CoC and community stakeholders

### *Coordinated Assessment Model (CAM) Implementing Partners*

- Reports to CAM Lead Agency and CAM Governance Committee

Responsible for providing staff to support CAM designated activities.

Duties may include but are not limited to, providing staff for Diversion, Assessment, and Resource Navigation.

Below is a visual representation of these relationships. CAM is only possible when each partner embodies their respective role and continuously develops their relationships with other entities participating in the CoC.

## CAM Partnership Organizational Chart



### *Prevention Provider*

Responsible for providing prevention services

Duties include but are not limited to:

- Closely coordinating with CAM on activities, as outlined in the CAM Partnership MOU and the CAM Operations Manual, such as:
  - Swift responsiveness to consumers referred to their agency, completing applicable HMIS duties

### *Street Outreach Provider*

- Reports to MDHHS and City of Detroit, depending on funding

Responsible for providing street outreach services

Duties include but are not limited to:

- Closely coordinating with CAM on activities, as outlined in the CAM Partnership MOU and the CAM Operations Manual, such as:
  - Swift responsiveness to consumers referred to their agency, completing applicable HMIS duties, facilitating access to RRH or PSH programs for consumers who are referred to these programs

### *Shelter Provider*

- Reports to MDHHS and City of Detroit, depending on funding

Responsible for providing emergency shelter services.

Duties include but are not limited to:

- Closely coordinating with CAM on activities, as outlined in the CAM Partnership MOU and the CAM Operations Manual, such as:
  - Acquiring accurate shelter bed vacancies, streamlining eligibility/screening criteria, providing feedback on referrals that are rejected, completing applicable HMIS duties, facilitating access to RRH or PSH programs for consumers who are referred to these programs
- Collaboration with Rapid Rehousing and Permanent Supportive Housing providers when consumers are referred to these programs

#### *Transitional Housing Provider*

Responsible for providing Transitional Housing services

Duties include but are not limited to:

- Closely coordinating with CAM on activities, as outlined in the CAM Partnership MOU and the CAM Operations Manual, such as:
  - Swift responsiveness to consumers referred to their agency, completing applicable HMIS duties, facilitating access to RRH or PSH programs for consumers who are referred to these programs

#### *Rapid Rehousing (RRH) Providers*

- Reports to HUD, CoC Lead Agency, and City of Detroit, depending on funding

Responsible for providing Rapid Rehousing activities

Duties include but are not limited to:

- Closely coordinating what with CAM on activities, as outlined in the CAM Partnership MOU and the CAM Operations Manual, such as:
  - Acquiring accurate program vacancies, streamlining eligibility/screening criteria, providing feedback on referrals that are rejected, completing applicable HMIS duties
- Swift responsiveness to consumers referred to their agencies for RRH

#### *Permanent Supportive Housing (PSH) Providers*

- Reports to HUD and CoC Lead Agency

Responsible for providing Permanent Supportive Housing activities

Duties include but are not limited to:

- Closely coordinating what with CAM on activities, as outlined in the CAM Partnership MOU and the CAM Operations Manual, such as:
  - Acquiring accurate program vacancies, streamlining eligibility/screening criteria, providing feedback on referrals that are rejected, completing applicable HMIS duties
- Swift responsiveness to consumers referred to their agencies for PSH

#### *CAM Liaisons*

Responsible for serving as point person between their respective agency and the CAM; some agencies appoint multiple CAM Liaisons, one for each program “type” the agency operates.

Duties include, but are not limited to:

- Actively participate in applicable CAM sub-committee/workgroup meetings

- Serve as primary point of contact for CAM and relay information learned through sub-committee meetings and other CAM Liaison communications to other staff at their agency
- Communicate CAM-related concerns, issues, recommendations, and/or feedback from their agency to the appropriate CAM sub-committee
- If interested, nominate themselves or other CAM Liaisons to serve as the one individual appointed from each sub-committee to the CAM Governance Committee

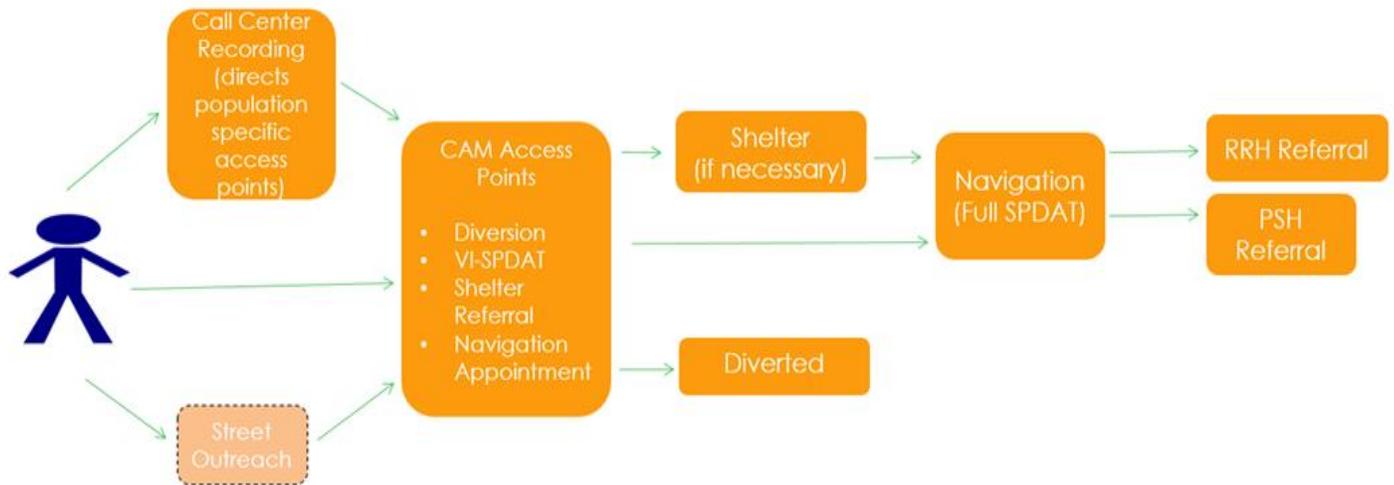
### III. Target Population

The CAM is open to all households who meet the HUD definition of homeless under Categories 1, 2, or 4 (see glossary in Appendix for more information), as outlined in the new HEARTH Act regulations, with a focus on prioritizing the most vulnerable households.

### IV. System Overview and Workflow

Households experiencing homelessness flow through the following components of the CAM: access, assessment, prioritization, and referral. The policies and procedures that make up these components align and coordinate with other critical system standards including the [Continuum of Care Written Standards](#), the RRH Policies and Procedures, and the PSH Policies and Procedures.

Below is an illustration of the CAM Workflow



#### Access

The CAM utilizes an automated Call Center (313-305-0311) and a multisite hybrid approach through the operation of five physical Access Point Locations. When a consumer calls the Call Center, they are provided, via a recorded message, with the physical address, hours of operation, and instructions for visiting the appropriate Access Point which reflects their current circumstances.

The CAM Access Points:

- Families and Unaccompanied Youth (ages 18-24):
  - Southwest Counseling Solutions Housing Resource Center, 1600 Porter St., Detroit, MI 48216
    - Monday-Friday between 11:00am and 7:00pm.

- Single Adults:
  - Neighborhood Service Organization Tumaini Center
    - 3430 Third St., Detroit, MI 48201
    - Monday-Friday between 11:00am and 7:00pm
  - NOAH Project
    - 23 East Adams, Detroit, MI 48226,
    - Monday - Thursday between 10:00am and 4:00pm
- Veterans:
  - Veteran Community Resource & Referral Center
    - 301 Piquette St., Detroit, MI 48202
    - Sunday - Saturday between 8am and 8pm
  - Healthcare for Homeless Veterans
    - 4646 John R. Street, Detroit, MI 48201 (Second floor, Red section)
    - Monday - Friday between 8am to 4:30pm

Upon entry at the Access Point, consumers complete initial assessment (diversion and, if necessary, VI-SPDAT). Across all Access Points and populations, diversion is the first strategy. Translation will be provided for consumers whose first language is not English. Transportation to the Access Point or from the Access Point to the shelter are assessed and addressed on a case by case basis.

During non-operating hours at CAM Access Points, consumers can present at any shelter or warming center and then present at the appropriate Access Point the next business day.

All consumers encountered by street outreach are offered the same standardized process as consumers who access the CAM through Access Points. If a consumer is encountered by street outreach during Access Point operating hours, street outreach brings the consumer to an Access Point to be assessed and referred to shelter, if shelter is available. If a consumer is encountered by street outreach after Access Point operating hours and is willing to enter shelter, street outreach transports consumer directly to shelter for the night. The shelter then notifies the client to go to the Access Point the following day to be assessed. Regardless of time of day, if an unsheltered consumer refuses to present at an Access Point and/or refuses shelter for any reason, street outreach attempts to complete the standardized assessment tool with the consumer and report their name, location, and assessment outcome to the CAM for ongoing consumer tracking.

If a consumer presents at an Access Point that is not specifically designated for their household type (ie. a family presents at the single adult access point) every attempt will be made first to assess the household at that Access Point. If the consumer cannot be assessed at that Access Point, the household will be directed to the appropriate Access Point for their household type.

### Assessment

Depending on the consumer's unique situation, there can be up to three levels of comprehensive and standardized assessment tools they engage in. All consumers first participate in a diversion assessment. Entering emergency shelter can be a traumatic experience for consumers, especially for families with children. The CAM is committed to preventing consumers from entering emergency shelter whenever possible. To that end, all households seeking to access emergency shelter in Detroit's CoC are first engaged in the shelter diversion process at the Access Points. Staff use the OrgCode [Diversion Interview Guide](#) and motivational interviewing to identify diversion opportunities with consumers.

For those that are not able to be diverted, they are administered the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT). Consumers are then referred to emergency shelter. The CAM obtains and tracks real-time bed/unit availability for emergency shelter. All emergency shelter vacancies are reported to the CAM as they occur in order to facilitate real-time shelter bed availability within the CoC. Depending on the outcome of the VI-SPDAT, some consumers are subsequently scheduled to later be administered the Full Service Prioritization Decision Assistance Tool (Full SPDAT) with a CAM Navigator.

Prioritization

The CAM utilizes prioritization throughout the entire process to allocate and match consumers in need of homeless assistance with the appropriate referral. The CAM utilizes two sets of prioritization criteria (described on page 13) to best match consumers with either a RRH referral or a PSH referral.

The CAM does not discriminate during the prioritization process based on data collected from the assessment process (for protected classes). Determining eligibility is different from determining prioritization. With the exception of a few unique projects, all PSH and RRH projects in the CAM utilize HUD’s minimum criteria for entry into the project. Therefore, consumers are referred to appropriate housing resources using only the prioritization factors described in detail below. Any additional information gathered during the assessment process is not factored into the prioritization and referral process.

Because the CoC prioritizes people who are chronically homeless for housing resources 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. CAM Navigation staff schedule navigation with consumers following the criteria listed in the table below (which align with the Detroit CoC’s prioritization criteria). People who score in the “No Housing Supports” range on the VI-SPDAT are not prioritized for any CoC-funded resources. Shelter case managers assist this population in developing strategies to resolve their homelessness.

<b>VI – SPDAT Recommendations</b>			
<b>Single</b>		<b>Family</b>	
<b>0-3</b>	Housing help supports–shelter assist	<b>0-3</b>	Housing help supports–shelter assist
<b>4-7</b>	May be eligible for RRH-complete HCV pre-application	<b>4-8</b>	May be eligible for RRH-complete HCV pre-application
<b>8+</b>	Complete Full SPDAT to determine housing intervention	<b>9+</b>	Complete Full SPDAT to determine housing intervention
<b>Full SPDAT Recommendations</b>			
<b>Single</b>		<b>Family</b>	
<b>0-19</b>	Housing help supports–shelter assist	<b>0-26</b>	Housing help supports–shelter assist
<b>20-34</b>	May be eligible for RRH-complete HCV pre-application	<b>27-53</b>	May be eligible for RRH-complete HCV pre-application
<b>35-60</b>	Maybe be eligible for PSH–scheduled with PSH Navigation	<b>54-80</b>	Maybe be eligible for PSH–scheduled with PSH Navigation

The CAM prioritizes the most vulnerable consumers to obtain a RRH referral on domains associated with shelter status, fleeing or attempting to flee domestic violence, residing in a transitional housing unit, outcome of VI-SPDAT, family status, and length of shelter stay. Consumers who score for RRH on the VI-SPDAT are prioritized according to the following factors.

<b>RRH Prioritization Order</b>
1. Consumers who are unsheltered
2. Consumers who are fleeing domestic violence
3. Consumers who are currently in emergency shelter
When there are multiple Consumers with the same score in any of these three categories and not enough RRH resources available for all of them, Consumers will be prioritized in the following order:
Family status: families and then single adults
Length of time homeless: longest length of time homeless to shortest length of time

The CAM prioritizes the most vulnerable consumers to obtain a PSH referral on domains associated with chronicity of homelessness, shelter status, outcome of Full SPDAT, and length of homelessness.

<b>PSH Prioritization Order</b> <b>FULL SPDAT Score Ranges for PSH:</b> Families:   54-80 Individuals:   35-60 All consumers (including those within prioritization categories, when applicable), are ranked by their Full SPDAT scores; Singles and families are prioritized separately
<b>Permanent Supportive Housing Beds <u>Dedicated to Persons Experiencing Chronic Homelessness</u> and Permanent Supportive Housing <u>Prioritized for Occupancy by Persons Experiencing Chronic Homelessness</u></b>
<b>1. First Priority</b> – Chronically <sup>6</sup> Homeless Individuals and Families with the Longest History of Homelessness and the Most Severe Service Needs.
<b>2. Second Priority</b> –Chronically Homeless Individuals and Families with the Longest History of Homelessness.
<b>3. Third Priority</b> –Chronically Homeless Individuals and Families with the Most Severe Service Needs.
<b>4. Fourth Priority</b> –All Other Chronically Homeless Individuals and Families.
<b>Permanent Supportive Housing Beds <u>Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness</u></b>
<b>1. First Priority</b> –Homeless Individuals and Families with a Disability with the Most Severe Service Needs.
<b>2. Second Priority</b> –Homeless Individuals & Families with a Disability & a Long Period of Continuous or Episodic Homelessness.
<b>3. Third Priority</b> –Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.
<b>4. Fourth Priority</b> –Homeless Individuals and Families with a Disability Coming from Transitional Housing.

<sup>6</sup> Refer to Appendix 1: Glossary of Terms or <https://www.hudexchange.info/resources/documents/Flowchart-of-HUDs-Definition-of-Chronic-Homelessness.pdf>

## Referrals

All CoC and ESG funded providers receive referrals strictly through the CAM. The CAM utilizes a streamlined referral process for emergency shelter, RRH and PSH based on need and availability. Some consumers receive two referrals, one to an emergency shelter and another to a RRH and/or PSH provider. Referrals to emergency shelter are made directly after the consumer accesses the Access Point and completes a standardized assessment. Referrals to RRH and/or PSH are made on an ongoing basis, within 48 hours of vacancy and referral request from a RRH or PSH provider.

The CAM values consumer choice. Consumers have the opportunity to decline assistance at various points in the process without it impacting their access to other forms of assistance and/or their ability to continue moving through the CAM. When a consumer reaches the front of the prioritization process, they are referred to the next available resource. Consumers have the right to decline a referral for whatever reason and, upon declining referral, will be re-prioritized with the consumers on the prioritization list at that time. However, after a consumer declines referrals from two separate agencies, they are placed at the bottom of the prioritization process. In the event that a consumer declines a referral, the RRH or PSH provider explains to the consumer the impact of declining a referral.

## Marketing

The CAM is marketed to consumers and to the general public through various outlets. The CAM maintains a website ([www.camdetroit.org](http://www.camdetroit.org)) and newsletter meant to provide homeless service providers and the general public with timely updates on process changes, training meetings, and data on progress toward the shared goal of ending homelessness. The CAM maintains relationships with local news outlets in an effort to keep the general public informed of current activities within Detroit's homeless system. The CAM staff present regularly at the CoC general membership meetings as a way to keep homeless service providers and mainstream service providers who attend those meetings informed of current CAM activities. An open invitation for new CoC members to attend an annual training is offered at general membership.

## Considerations for Special Populations

The CAM provides or employs specific accommodations and processes for the following populations: veterans, persons fleeing or attempting to flee domestic violence including human trafficking, and persons seeking asylum.

### *Veterans*

The CAM, in concert with the VA, outlines policies and procedures for coordinating housing resources for homeless veterans. The most notable difference between coordinated entry for veterans and non-veterans is the housing resources specifically designated for homeless veterans, VA Supportive Housing Program and Supportive Services for Veterans' Families Program, of which homeless veterans are prioritized for the appropriate resource based on vulnerability.

### *Persons fleeing or attempting to flee domestic violence including human trafficking*

The CAM adheres to and enforces a domestic violence policy to ensure that victims of domestic violence cannot be denied access to the CAM process. People who are fleeing or attempting to flee domestic violence are directed to the local domestic violence specific shelter for assessment. If the consumer is not eligible to enter the domestic violence shelter, staff at the domestic violence shelter connects the consumer to an Access Point or another shelter. Consumers fleeing/attempting to flee domestic violence, are also prioritized for RRH and PSH services. Additionally, the Detroit CoC honors emergency transfers for victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA), Detroit CoC and ESG funded programs allows tenants who are victims of domestic violence, dating violence, sexual assault,

or stalking to request an emergency transfer from the tenant's current unit to another unit. Tenants requesting a transfer for this reason are prioritized for the next available unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. The CAM staff are trained in trauma informed care and in working specifically with people who have experienced domestic violence.

#### *Persons seeking asylum*

People seeking asylum are directed to Freedom House, the only transitional housing program in Detroit serving asylum seekers.

#### Safety, Privacy, and Confidentiality

The CAM staff meet consumers in a safe, private, and trauma-informed environment. The CAM staff adhere to requirements set forth by [Michigan's HMIS Policies and Procedures](#) which ensure protections of consumer data and is compliant with HIPAA, and all Federal and State laws and codes. Consumer consent will be obtained in order to share and store participant information as evident by a completed Release of Information. All hard copy consumer data is stored in locked filing cabinets.

#### **V. Conflict of Interest**

In the event that a conflict of interest occurs between a household and CAM staff, emergency shelter staff, or housing provider, the staff must inform their supervisor, who will assign another staff to work with the household as appropriate. Members of the CoC Board, CAM Governance Committee, and CAM implementing agencies are mandated to recuse themselves when a decision is being made at any level that could potentially impact their program or organization.

#### **VI. Continuous Improvement and Data Reporting**

CAM implementation necessitates significant, community-wide change. To help ensure that the system will be effective and manageable for people experiencing homelessness and for the housing and service providers tasked with meeting their needs, the Detroit CoC anticipates adjustments to the processes described in this manual. To inform those adjustments, CAM will be evaluated at least annually, and there will be ongoing opportunities for stakeholder feedback, including but not limited to Service Provider Workgroups, focus groups, and surveys. Evaluation outcomes and results will be shared broadly with CoC General Membership, funders, and other stakeholders.

Specifically, the CoC Board or its designated entity is responsible for:

- Leading periodic (at least annual) evaluation efforts to ensure that the CAM is functioning as intended and to make any adjustments to the CAM as determined necessary;
- Ensuring that evaluation and adjustment processes are informed by a broad and representative group of stakeholders;
- Ensuring that CAM is updated as necessary to maintain compliance with all state and federal statutory and regulatory requirements.

Evaluation efforts shall be informed by metrics established annually by the CoC Board or its designated entity. These metrics will be displayed on dashboards located on CAM's website and shall include indicators of the effectiveness of the functioning of CAM itself, such as:

- Wait times for initial contact
- Extent to which expected timelines described in this manual are met
- Number/Percentage of referrals that are accepted by receiving program
- Rate of missed appointments for scheduled assessments
- Number/Percentage of persons declined by more than one (1) provider

- Number/Percentage of *Eligibility and Referral Decision* appeals
- Number of program intakes not conducted through CAM

These metrics shall also include indicators of the impact of CAM on system-wide CoC outcomes, such as:

- Reduction in length of time homeless
- Reduction in overall number of people experiencing homelessness and chronic homelessness
- Reductions in returns to homelessness (recidivism)
- Reduced rate of households becoming homeless for the first time

The CAM Policies and Procedures Manual will be reviewed and revised at least annually by the CoC Board or its designated entity.

## VIII. Glossary

Terminology is organized alphabetically.

**Chronically Homeless** To be considered chronically homeless, an individual or head of household must meet the definition of “homeless individual with a disability” from the McKinney-Vento Act, as amended by the HEARTH Act and have been living in a place not meant for human habitation, in an emergency shelter, or in a safe haven for the last 12 months continuously or on at least four occasions in the last three years where those occasions cumulatively total at least 12 months. An in-depth definition is available in the [Final Rule](#) “Chronically Homeless.”

**Coordinated Assessment Model (CAM)** is an organized process that helps individuals and families experiencing homelessness access available shelter and housing resources and helps the Detroit CoC prioritize limited resources.

**CAM Lead Agency** refers to the agency selected through a competitive RFP process to implement and operate the coordinated entry system for Detroit.

**CAM Implementing Partner** is an entity selected to provide staffing support to the CAM.

**CAM Participating Agencies** are all entities participating in CAM (ie. taking referrals through Coordinated Entry), either on a voluntary basis or through a funding mandate.

**Disability** is a Physical, Mental or Emotional Impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that is expected to be long-continuing or of indefinite duration, sustainably impeded the individual’s ability to live independently, and could be improved by the provision of more suitable housing conditions. An in-depth definition is available in the [Final Rule](#) “Chronically Homeless.”

**Emergency Shelter** is low barrier, site based, temporary shelter to deal with an individual’s or family’s immediate housing crisis.

**Family/Household** A family or household includes, but is not limited to, the following, regardless of actual or perceived sexual orientation, gender identity, or marital status:

(1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or

(2) A group of persons residing together, and such group includes, but is not limited to: (i) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family). 24 CFR 5.403

**Homeless** The definition of “homeless” under the HEARTH Act consists of four categories:

Category 1 - Literally Homeless

- Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who resided in an emergency shelter or a place not meant for human habitation and who is exiting an institution where he or she temporarily resided

Category 2 - Imminent Risk of Homelessness

- Individuals and families who will imminently lose their primary nighttime residence

Category 3 - Homeless under other Federal Statutes

- Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as homeless under this definition

Category 4 - Fleeing/Attempting to Flee Domestic Violence

- Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.<sup>2</sup>

A more in-depth definition is available within the HEARTH “Homeless” [Final Rule](#).

**Homeless Management Information System (HMIS)** is a database that allows agencies within the homeless system to collect basic demographic information, track services, update case plans, and track outcomes at the project and participant level. The Michigan Coalition Against Homelessness is the vendor for HMIS and uses ServicePoint software. HUD and other planners and policymakers at the federal, state, and local levels use aggregate HMIS data to obtain better information about the extent and nature of homelessness over time. Specifically, HMIS can be used to produce an unduplicated count of homeless persons, understand patterns of service use, and measure the effectiveness of homeless programs.

**Housing First** is an approach to homeless assistance that prioritizes rapid placement and stabilization in permanent housing and does not have service participation requirements or preconditions such as sobriety or a minimum income threshold. Projects using a Housing First approach often have supportive services; however, participation in those services is based on the needs and desires of the program participant. The Detroit CoC should review system- and project-level eligibility criteria to identify and remove barriers to accessing services and housing that are experienced by homeless individuals and families.

**Permanent Supportive Housing** is non time-limited housing that is safe and stable where the household has a lease or sub-lease in their name, a subsidy is provided, and voluntary services (as determined by assessment) are offered to help in retaining the housing.

**Rapid Re-Housing (RRH)** provides short-term rental assistance and services to individuals and families to quickly exit homelessness. Consumers receive RRH assistance and services regardless of employment status, income, criminal record, or sobriety. Resources and services provided are personalized to the unique needs of the household. As noted in the Detroit Written Standards document, Detroit has limited the length of RRH financial assistance to a maximum of 18 months.

**SPDAT and VI-SPDAT:** The SPDAT is an evidence-informed approach to assessing an individual’s or family’s acuity. The tool, across multiple components, prioritizes who to serve next and why, while concurrently identifying the areas in the person/family’s life where support is most likely necessary in order to avoid housing instability. While the SPDAT is an assessment tool, the VI-SPDAT is a survey to help prioritize participants.<sup>7</sup>

**Street Outreach** are programs that enable the CoC to help individuals experiencing homelessness move from an unsheltered situation to an emergency shelter or to permanent housing.

**Transitional Housing (TH)** is short-term temporary housing to facilitate the movement to permanent housing. Homeless persons may live in transitional housing programs for up to 24 months and receive supportive services that enable them to live more independently.

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<sup>7</sup> OrgCode Consulting, Inc.

**Written Standards:** This document outlines the programs that comprise Detroit’s Homeless System. The purpose of this document is to establish policies and procedures for evaluating eligibility for program types, prioritization guidelines for persons entering into a homeless assistance program, duration of assistance, and to determine the minimum or maximum contribution of households receiving rental assistance. The document also includes Essential Elements that apply to all programs within the system either current or in the future.

### Appendix 1: CAM-Participating Agencies

<b>Emergency Shelter Providers</b>	<b>Transitional Housing Providers</b>	<b>Rapid Rehousing Providers</b>	<b>Permanent Supportive Housing Providers</b>
Alternatives for Girls	Community Social Services of Wayne County	Alternatives for Girls	Cass Community Social Services
Cass Community Social Services	Detroit Rescue Mission Ministries	Community & Home Supports	Central City Integrated Health
Coalition on Temporary Shelter	Freedom House	Neighborhood Legal Services Michigan	Community & Home Supports
Covenant House		Neighborhood Service Organization	Coalition on Temporary Shelter
Detroit Rescue Mission Ministries		Southwest Counseling Solutions	Development Centers, Inc.
Mariners Inn		Wayne Metro Community Action Agency	Detroit Rescue Mission Ministries
Neighborhood Service Organization			Mariners Inn
Operation Get Down			Neighborhood Legal Services Michigan
Saint John Community Center			Neighborhood Service Organization
Salvation Army (Booth)			Southwest Counseling Solutions
Emmanuel House			Travelers Aid Society
Love Outreach			
Heartline (Samaritas)			
YWCA			