

**Detroit CoC PSH Match Policies and Procedures Comments and Recommended Responses**

The [revised PSH Matching Policies and Procedures](#) were released for comment on December 16, 2020. Comments were received through January 28, 2021. Following are the comments received, with recommended responses to those comments. The responses to these comments were vetted by the PSH workgroup at the March 25, 2021 PSH workgroup meeting. The CAM Governance Committee approved these responses in April 2021.

Text in red denotes where a change will be made to the Policies and Procedures, in response to the comment received.

*Comments may have been edited slightly for clarity.*

Comments to Introduction	Recommended Response
Under the introduction, I recommend that you add what agencies are considered access points and include street outreach among them. This should also probably be mentioned under roles and responsibilities also.	Thank you for your comment. We are going to modify introduction to be more general. <b>Recommending Street Outreach be added to the Roles &amp; Responsibilities</b>
Comments to: Applicable Projects	Recommended Responses
The clarification of which PSH projects the matching P&Ps apply to is an excellent addition.	Thank you for this comment.
With #3, I'm concerned about limiting ourselves...I think we should be thinking about existing LIHTC projects that were designated as PSH but went through the LIHTC process prior to there being a requirement for them to take referrals through CAM...those projects, by and large, have never served the PSH population and do not have the services in place to do so...if we want to, at some point, negotiate with them to take referrals through CAM, we may need to bend a bit on who is referred to them.	Thank you for your comment. It is recommended this be discussed with CAM Gov prior to modifying language. Currently the PSH Match Policies and Procedures apply to voluntary agencies that choose to participate.  Language will also be added to this section that other PSH projects to which these P&Ps will apply will be reviewed on a case-by-case basis based on CAM Gov Committee's assessment and review of these projects.
Comments to PSH Matching & Prioritization Process	Recommended Responses
Creating buy-in for better shelter data and holding shelters responsible for data integrity or onus will be placed on navigators to confirm every status.	Thank you for your comment. There are currently efforts underway to improve Emergency Shelter data integrity via the Longitudinal System Analysis (LSA) and System Performance Measures (SPM). Improving shelter data will positively impact PSH Match efforts.
The PSH Matching and the PSH List sections are very thorough.	Thank you for your comment.

<p>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.</p> <p>-Who is responsible for ensuring that there is a structured collaboration and that changes or decisions are made as a team and not individually?</p> <p>A. PSH Prioritization List Management</p> <p>-For clients that have never had a shelter stay, I'm not understanding why there isn't something that specifically speaks to Street Outreach Programs: If a client has an open street outreach (PATH or City Outreach) entry in HMIS, the client will remain on the list.</p>	<p>Thank you for your comment.</p> <p>Recommending adding language that any policy changes be vetted by the PSH Workgroup and sent to CAM Governance Committee for approval.</p> <p>Recommending Street Outreach be added to the Roles &amp; Responsibilities; Language will be added to note that Street Outreach clients with an open entry clients are not to be purged (as long as entry is valid)</p>
<p>2/1st paragraph -2nd sentence:2/might want to re-word the last part of this sentence to read "CoC prioritization CRITERIA as outlined in THE PSH Policy and Procedures."</p>	<p>Thank you for your comment, we will make sure to add your edits to those sections.</p>
<p>3/ 2nd paragraph-4th sentence: last sentence 2nd parag - for THE detailed process</p>	<p>Thank you for your comment, we will make sure to add your edits to those sections.</p>
<p style="text-align: center;"><b>Comments to: PSH Order of Priority</b></p>	<p style="text-align: center;"><b>Response</b></p>
<p>We as a provider have been aware of the ratings implemented in 2019 to prioritize consumers being referred for vacancies to PSH projects both single adults and families. To have it presented in chart form makes it much easier to determine where a consumer is, at a glance, as opposed to having to read through literature.</p>	<p>Thank you for this comment.</p>
<p>Unsheltered clients should be prioritized over sheltered clients (for both chronic and non-chronic).</p>	<p>Thank you for your comment. Recommending language be added to clarify the ranking order within prioritization.</p>
<p style="text-align: center;"><b>Comments to PSH Waitlist Mgt</b></p>	<p style="text-align: center;"><b>Response</b></p>
<p>Might wish to reword as "If the client is no longer active in HMIS, move the client TO the INACTIVE tab OF the PSH Prioritization list."</p>	<p>Thank you for your comment, we will make sure to add your edits to those sections.</p>

Comments to Section 4: Roles and Responsibilities: PSH Navigator	Response
<p>Mention should be made to Acuity Group when determining PSH Eligibility. Verification of Chronicity (VOC) is sole indicator of eligibility for PSH prioritization not disability. VOC by nature includes disability. Delineation of AG1 and AG2 in policy and procedure. Navigation activities can and should be able to be completed in person, virtual, or by phone. Housing Match Assessment is no longer completed by navigators. Housing Match Assessment is completed by CAM Lead as a part of HUD CE Data Standards. Navigator as more aligned with intake and reasonable support after PSH matching</p>	<p>Thank you for your comment. Prioritization &amp; AG1 &amp; AG2 are covered in the P&amp;P. <b>Recommending adding language that addresses the New CE Data Standard protocols</b></p>
<p>It has been my experience that the navigators fulfill each duty and responsibility given to them to service any of our consumers and this description best fits what their roles and responsibilities entail.</p>	<p>Thank you for this comment.</p>
Comments to Roles and Responsibilities: CAM Lead Agency	Response
<p>Mention should be made that client's who are chronic supersede other workflows. CAM Lead makes determination if case meets minimum documentation standards to be added to the PL. CAM Lead should be responsible for other responsibilities such as holding providers accountable to pnp and mitigating other navigation/provider concerns as a neutral third party. Referral Coordinator is responsible for advocating for client over providers in process. Complete all new HUD Data Standards.</p>	<p>Thank you for your comment. We recommend that all involved parties should hold each other accountable for the P&amp;P. If there are concerns that should be addressed with CoC Lead and/or CAM Governance Committee</p>

<p>Add "NSO City of Detroit Street Outreach Navigation" Add New Navigation Teams Add Access Point roles and responsibilities.</p> <p>Enforce In-Person case management (Add SPDAT being completed face-to-face).</p> <p>Verification of Disability (VOD) being completed only by appropriately credentialed staff (as required by HUD).</p> <p>Respond to correspondence from CAM Intake staff monthly to verify whether a consumer is still homeless.-If the client is open in shelter or with street outreach with a recent currently living situation assessment, then this step should be bypassed.</p> <p>CAM Acknowledgement Form-should be updated to include CoC Prioritization.</p>	<p>Thank you for your comment. <b>Recommending Street Outreach be added to Roles &amp; Responsibilities section.</b></p> <p><b>Recommending language be added around in-person services for PSH providers and Navigation staff be strongly encouraged.</b></p> <p><b>Not recommending change in language for VOD.</b></p> <p><b>Recommending adding language for using HMIS versus monthly emails to verify homelessness (unless no HMIS data present).</b></p> <p>Will follow up with CAM to better clarify this “acknowledgement form”</p>
<p>The CAM Lead Agency Staff roles and responsibilities are clearly defined.</p>	<p>Thank you for this comment.</p>
<p><b>Comments to Roles and Responsibilities: PSH Provider</b></p>	<p><b>Response</b></p>
<p>I'm guessing the navigation HMIS activities part needs to be updated. Can entry of project entry and HMD also be added to the PSH provider HMIS activities part?</p>	<p>Thank you for your comment. <b>We recommend adding language to include CE Data Standards protocols. Recommending adding language to include Project Start date and Housing Move In Date in HMIS.</b></p>
<p>We as a PSH provider are complying with all of the requirement listed as well as going above and beyond to attempt to house all referrals. This includes but is not limited to working on files a little longer if we are unable to make contact with a particular consumer as well as teaming- up with navigators to located certain individuals, finding alternate contact information and even having the navigators bring the consumer to meet with our Utilization Director.to assist in the process</p>	<p>Thank you for this comment.</p>

<p>Staff that attend consult meetings should have intimate knowledge of case and be able to contribute to conversation and plan of action to move client towards housing. Provider should contact client and navigator/navigation supervision within two business days of receiving referral to inform navigation of intake availability/protocol and create an plan of action for intake and steps toward housing. Provider should ensure proper ROI is submitted at time of referral. Every client interaction should be documented prior to client being housed in profile page and outcomes in live time as possible and clearly explain progress and steps needed to be taken in order for client to become housed. Updates should be weekly until housed. Direct PSH Case Manager should have contact information (phone and email) in HMIS, not agency lead or contact that does not have direct responsibility in client interaction within one week of match or less.</p>	<p>Thank you for your comment. PSH Consult meeting representation should reflect attendees with knowledge of consumers. Currently the Policy calls for bi-weekly updates in HMIS as well as at PSH consult meetings. E-ROI should be back dated and/or current dated prior to PSH Provider data entry. <b>The recommendation for "who" should be added in the HMIS Case Manager tab in HMIS will be added to this policy.</b> These concerns will be discussed and trained on after policy launched.</p>
<p align="center"><b>Comments to : Minimum Require Documents for PSH</b></p>	<p align="center"><b>Response</b></p>
<p>Need to be clear on role of navigators to continue assisting people in collecting their docs even after they are placed on PL and/or referred to PSH provider - maybe a sentence like, "if needed for PSH project that household is referred to, navigators will continue to assist household in collecting photo ID, SSC, proof of income, utility documentation, birth certificate (for children), and custody paperwork."</p>	<p>Thank you for your comment. <b>Recommending adding this language to the Minimum Required Docs Section &amp; PSH Navigator Responsibilities</b></p>
<p>All documentation needed is listed and categorized properly for head of household, children and additional household members.</p>	<p>Thank you for this comment.</p>
<p>Social Security Card cannot be uploaded. Navigator should not be responsible for obtaining DTE documentation. Roles and responsibilities need to occur when provider or unit has additional request for documentation ie PBV (income docs dated in 60 days, proof of DHHS benefits, proof of assets, etc).</p>	<p>Thank you for your comment. At this time we are asking for Navigators to obtain (if available). There are currently processes being explore to help improve barriers caused by PBV documentation requirements. A specific Roles &amp; responsibilities for those unit types will be forthcoming.</p>

Comments to: Client Choice	Response
The verbiage used is user friendly because it stresses that the match must be appropriate with housing that will best suit the consumers' needs and preferences without being over bearing.	Thank you for this comment.
Navigator should not be responsible for documenting provider choice or geographic preference at point of intake. Client choice should include units within a clients desired geographic preference that would pass HQS inspection and falls under FMR or rent reasonableness. Standard should include three units meeting the above conditions.	Thank you for your comment. <b>We recommend adding language to support showing units in person.</b>
Comments to: Special Population Section	Response
The examples of Special Populations being listed is helpful because it brings to the light that the CAM Lead Agency Staff are very knowledgeable of the different type of projects available to accommodate consumers which helps to strengthen confidence in the referral process.	Thank you for this comment.
Should include FUSE. Process should be in place to notify navigators that list has depleted before moving into dedicated plus or AG2.	Thank you for your comment. <b>We recommend adding a bullet point to include FUSE. We recommend adding language to the CAM lead Agency Responsibilities to notify Navigation &amp; PSH partners when the PSH Prioritization List (AG1 consumers) has been depleted.</b>
Comments to: Consult Group	Response
All information is covered thoroughly.	Thank you for this comment.
All clients should be added to the PSH Consults after referral for discussion, updates, and planning around lease-up	Thank you for your comment. Please see Section 8 for details on who is included in PSH Consult.
Comments in response to Client Refusal	Response
The script that is included is a very good tool to have incorporated in the body of the document.	Thank you for this comment.

<p>Client choice should include units within a clients desired geographic preference that would pass HQS inspection and falls under FMR or rent reasonableness. Standard should include three units meeting the above conditions. Client must see unit, not hear about it or be described unit or simply shown area only.</p>	<p>Thank you for your comment. There is current language in the P&amp;P that recommends the number of units to be shown.</p>
<p><b>Comments to: Match Return Policy</b></p>	<p><b>Response</b></p>
<p>The Match Return policy has been explained very well.</p>	<p>Thank you for this comment.</p>
<p>Return rationale should not include previous match or previous arrearage. Clients should be discussed in consult before return and navigator/navigation supervision should be contacted by email prior to return. Provider should make multiple attempts to client, alternate contact, current living situation, and other providers/agencies such as homeless drop-in center or workgroup. Providers and client should consult when client denies provider to safeguard client from declining after agitation or other unreasonable factor. Provider must document all attempts and frequency of return in profile page.</p>	<p>Thank you for your comment. At this time return reason will include arrearage if that is a barrier for the PSH provider; Reasons for return are currently in the P&amp;P and will be reiterated after the policy is launched. All clients should come to consult group prior to return.</p>
<p><b>Comments on Internal &amp; External Transfers</b></p>	<p><b>Response</b></p>
<p>CAM Lead and navigation should be notified if internal transfer occurs before client is housed, especially in situations that needed documentation may differ such as from PBV to Scattered-Site or vice versa.</p>	<p>Thank you for your comment. The PSH P&amp;P states from PSH to PSH in the first sentence (bullet 1). You cannot transfer from TH to PSH directly. Clients may exit from PSH to various exit destinations including TH.</p>
<p>As a provider I have had the opportunity to initiate client transfers and the detailed description of the process answers all questions including, the who, what, when and how's for both internal and external transfers.</p>	<p>Thank you for this comment.</p>
<p><b>Comments to : PSH client transfers (internal &amp; external)</b></p>	<p><b>Response</b></p>
<p>The step by step explanation of how to handle a transfer of a consumer already housed is very clear.</p>	<p>Thank you for this comment.</p>

<b>Comments on Appendix's 1-4 (pages 13-16)</b>	<b>Response</b>
The information provided in the appendix will be useful tools to refer to, when a question arises as to the Match Flow, the HMIS workflow or the Dedicated Plus Chart once provided along with the glossary terms that provide clarity to some of the language used throughout this process of housing consumers.	Thank you for your comment
<b>ADDITIONAL COMMENTS</b>	<b>Response</b>
Intent that policy and procedure notates main differences in new prioritization system and has language around length of time homeless (chronicity) and not disability. As a CoC we have a P&P that protects and advocates for clients over providers.	Thank you for your comment.
<b>IMPLEMENTATION TIMELINE</b>	
<b>PSH P&amp;P ( 2021 UPDATED) SHARED WITH CAM GOVERNANCE COMMITTEE</b>	<b>7-Apr-21</b>
<b>PSH MATCH POLICY &amp; PROCEDURE EFFECTIVE DATE</b>	<b>TBD</b>
<b>TRAINING FOR PSH PROVIDERS</b>	<b>Target: May PSH workgroup</b>