Before Starting the Exhibit 1 Continuum of Care (CoC) Application

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:
- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements. - Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps. - As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at www.hudhre.info.

CoC Name and Number (From CoC Registration): (dropdown values will be changed)	MI-501 - Detroit CoC
Collaborative Applicant Name:	Homeless Action Network of Detroit
CoC Designation:	CA

1B. Continuum of Care (CoC) Operations

Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

Name of CoC Structure:	Homeless Action Network of Detroit
How often does the CoC conduct open meetings?	Bi-monthly
Are the CoC meetings open to the public?	Yes
Is there an open invitation process for new members?	Yes

If 'Yes', what is the invitation process? (limit 750 characters)

Organizations that express interest in the Continuum of Care generally contact HAND staff to learn more about the CoC. These organizations are invited to attend the next scheduled CoC meeting to learn more about what the CoC is, how it operates, and the goals/priorities it has established. Organizations that want to join the CoC demonstrate this commitment by paying membership dues, participating in CoC events such as the advocacy/community awareness events, the point-in-time count, and attending meetings.

Are homeless or formerly homeless representatives members part of the CoC structure?	Yes
If formerly homeless, what is the connection to the community?	Agency employee

Does the CoC provide

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	No
ESG monitoring?	Yes

**If 'No' to any of the above what processes does the CoC plan to implement in the next year?
(limit 1000 characters)**

The CoC will be implementing Coordinated/Centralized Assessment in the coming year. The CoC has been planning for the implementation of Coordinated Assessment throughout 2012 by researching other coordinated assessment models, working with technical assistance consultants, and conducting a series of community forums. The Coordinated Assessment process will be fully in place by August 2014, as needed to be in compliance with the HEARTH regulations.

**Based on the selection made above, specifically describe each of the processes chosen
(limit 1000 characters)**

Written Agendas: The CoC provides written agendas for each meeting. The CoC also informs CoC participants of agenda topics prior to the meeting.

ESG Monitoring: The CoC Collaborative Applicant (HAND) is the fiduciary for state ESG funds. As the fiduciary, HAND is responsible for sub-contracting and monitoring sub-recipients. HAND monitors the sub-recipients for program outcomes as well as for timely and appropriate expenditure of funds. In the coming year, HAND will continue working with the City of Detroit to establish procedures for monitoring and evaluating City-ESG funded programs.

Does the CoC have the following written and approved documents:

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	Yes
Written process for board selection	Yes
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	No

1C. Continuum of Care (CoC) Committees

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, LGBT homeless issues, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meets less than quarterly, please explain.

Committees and Frequency:

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Detroit Team to End Chronic Homelessness (DTECH)	Role of this committee is to increase supportive housing for homeless and chronically homeless serving organizations by sharing information, opportunities, best practices, and developing policy recommendations to be considered by HAND's Board of Directors. The group is comprised of cross-sector representation and identifies and addresses barriers to housing and improving access to mainstream resources.	Bi-monthly
Project Review Committee	This committee reviews applications for state and federal homeless assistance funding and makes recommendations to HAND's Board of Directors. The committee reviews, scores, and ranks projects for funding based on established criteria. The committee makes recommendations on project(s) to be funded based on the extent to which the applicant demonstrates the experience and capacity to implement the project, and the extent to which the project is aligned with the CoC's goals and priorities, as given in the 10-Year Plan.	quarterly (once each quarter)
SOAR Committee	This committee is responsible for overseeing the implementation of the SOAR work plan for the Detroit CoC. The committee is comprised of service providers, Community Mental Health, and State Housing Authority Representatives. The purpose of this committee is to ensure the SOAR Initiative is fully implemented into the CoC, and that it continues to be successfully in helping people gain access to mainstream resources.	Bi-monthly

If any group meets less than quarterly, please explain (limit 750 characters)

1D. Continuum of Care (CoC) Member Organizations

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Public Sector
Private Sector
Individual

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Public Sector
Click Save after selection to view grids

Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Total Number	1	6	0	2	2	1	1

Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Subpopulations							
Seriously mentally ill	0	2	0	0	0	0	0
Substance abuse	0	2	0	0	0	0	0
Veterans	0	1	0	0	0	0	0

HIV/AIDS	0	0	0	0	0	0	0
Domestic violence	0	0	0	0	0	0	0
Children (under age 18)	0	0	0	0	1	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0	0	1	0	0

Number of Public Sector Organizations Participating in Each Role

	Law Enforcement/ Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/ Universities	State Government Agencies	Other
Roles							
Committee/Sub-committee/Work Group	1	5	0	0	0	0	0
Authoring agency for consolidated plan	0	1	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	2	0	0	0	0	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	1	0	0	0	0	0
Lead agency for 10-year plan	0	0	0	0	0	0	0
Attend 10-year planning meetings during past 12 months	1	5	0	1	1	2	1
Primary decision making group	0	4	0	1	1	1	0

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Private Sector
Click Save after selection to view grids

Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Total Number	1	4	4	5	31	0

Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Subpopulations						
Seriously mentally ill	0	2	0	0	16	0
Substance abuse	0	4	0	0	21	0
Veterans	0	2	0	1	6	0
HIV/AIDS	0	0	0	0	1	0
Domestic violence	0	0	0	0	6	0
Children (under age 18)	0	1	0	0	4	0
Unaccompanied youth (ages 18 to 24)	0	2	0	0	4	0

Number of Private Sector Organizations Participating in Each Role

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
Roles						
Committee/Sub-committee/Work Group	0	2	3	0	12	0
Authoring agency for consolidated plan	0	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	1	0	0	2	0
Attend Consolidated Plan focus groups/ public forums during past 12 months	0	0	0	0	2	0
Lead agency for 10-year plan	0	0	0	0	1	0

Attend 10-year planning meetings during past 12 months	1	4	2	2	29	0
Primary decision making group	0	2	1	1	8	0

1D. Continuum of Care (CoC) Member Organizations Detail

Instructions:

Enter the number or public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC's planning process.
Enter the number of organizations that serve each of the subpopulations listed.
Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC's planning process.
Enter the number of individuals that serve each of the subpopulations listed.
Enter the number of individuals who participate in each of the roles listed.

Type of Membership: Individual
Click Save after selection to view grids

Number of Individuals Represented in Planning Process

	Homeless	Formerly Homeless	Other
Total Number	40	2	2

Number of Individuals Serving Each Subpopulation

	Homeless	Formerly Homeless	Other
Subpopulations			
Seriously mentally ill	0	0	0
Substance abuse	0	0	0
Veterans	0	0	0

HIV/AIDS	0	0	0
Domestic violence	0	0	0
Children (under age 18)	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0

Number of Individuals Participating in Each Role

	Homeless	Formerly Homeless	Other
Roles			
Committee/Sub-committee/Work Group	40	0	0
Authoring agency for consolidated plan	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	0	0
Lead agency for 10-year plan	0	0	0
Attend 10-year planning meetings during past 12 months	0	0	0
Primary decision making group	0	2	2

1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of project applications and the project application selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s). Where applicable, describe how the process works.

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods (select all that apply):	c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, e. Announcements at CoC Meetings
Rating and Performance Assessment Measure(s) (select all that apply):	m. Assess Provider Organization Capacity, h. Survey Clients, i. Evaluate Project Readiness, p. Review Match, o. Review CoC Membership Involvement, r. Review HMIS participation status, k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, j. Assess Spending (fast or slow), b. Review CoC Monitoring Findings, a. CoC Rating & Review Commitee Exists, e. Review HUD APR for Performance Results, c. Review HUD Monitoring Findings

Describe how the CoC uses the processes selected above in rating and ranking project applications.
(limit 750 characters)

The CoC relies on a committee of reviewers to review and score new project applications. The reviewers have no affiliation with any of the projects applying for funding. The committee reviews and scores the projects, with additional discussion occurring to develop final recommendations for funding. The committee develops recommendations on which projects should be submitted for funding. The Board of Directors makes the final decision on these recommendations. Any Board member with a conflict of interest is recused from the decision making process.

Applications for renewal funding are reviewed in a similar manner. Renewal projects must meet set performance and scoring thresholds in order to be submitted for funding.

Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community?	Yes
Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds?	Yes
Voting/Decision-Making Method(s) (select all that apply):	b. Consumer Representative Has a Vote, e. Consensus (general agreement), a. Unbiased Panel/Review Commitee, f. Voting Members Abstain if Conflict of Interest
Is the CoC open to proposals from entities that have not previously received funds in the CoC process?	Yes

If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)

The Detroit CoC accepts applications for Permanent Housing Bonus funds from organizations that have not received HUD CoC funding in the past. HAND makes known the availability of applying for these funds via an email listserv, at CoC meetings, and by posting the information on the CoC's website.

Organizations that want to apply must meet basic eligibility criteria, including having 501c3 status and having been involved with the CoC for at least one year prior to applying. Organizations must complete the project application, which provides a description of the proposed project, the applicant's experience, and the applicant's capacity to administer federal funds. The application is reviewed by the project review committee. If the organization is not chosen for funding, written and verbal feedback is provided to the applicant organization on areas in which the organization needs to improve in order to be more competitive for funding.

Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)

1F. Continuum of Care (CoC) Housing Inventory Count - Change in Beds Available

Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable
(limit 750 characters)

The 2012 HIC reported a change of 8 additional emergency shelter beds as compared to the 2011 HIC. The change is the result of several factors: there were a few shelters which either closed or reduced their number of shelter beds between the 2011 HIC and the 2012 HIC while there were also additional shelter programs which came on-line over the past year. Most notably, a new warming center for females and households with children (54 beds) was added to the homeless system. Lastly, one TH program was re-classified as ES for the 2012 HIC. The net result was the addition of 8 ES beds.

HPRP Beds: Yes

Briefly describe the reason(s) for the change in HPRP beds or units, if applicable
(limit 750 characters)

We reported an increase of 91 HPRP Homeless Assistance beds from the 2011 to 2012 HIC, for a total of 223 HPRP beds as of January 2012. The HPRP beds reported in the 2012 HIC were a combination of state and city-funded HPRP beds. By 2012, the program was in its third year and operating efficiently, thus contributing to the higher number of beds. The HPRP program ended for both state and city-funded agencies in 2012.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable
(limit 750 characters)

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters)

The 2012 HIC reflects an overall decrease of 273 transitional housing (TH) beds as compared to the 2011 HIC. There are several reasons for the change in TH beds.

First, there was a decrease of TH beds from 2011 to 2012 due to several tenant-based rental assistance (TBRA) programs, representing approximately 136 beds, which had been reported in the 2011 HIC but had ended by 2012. Additionally, several TH programs reported a change in either unit configuration or family-size, which resulted in a decrease in beds from 2011 to 2012. One TH program with 8 beds was also re-classified as ES for the 2012 inventory.

Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing?	Yes
If yes, how many transitional housing units in the CoC are considered "transition in place":	54

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters)

The 2012 HIC shows a significant decrease in the number of PH beds as compared to the 2011 HIC; however, the CoC actually added PH beds over the past year. The main reason for the decrease shown in the 2012 HIC is that the CoC received clarification from HUD that it should not include its homeless preference, Section 8 housing choice voucher beds on its PSH inventory, since these beds do not qualify as PSH since clients with these vouchers do not receive case management support. In 2011, the CoC showed approx 2900 of these Section 8 beds on its inventory but we removed them for 2012. The 2012 HIC does show 2 large PH projects under development, which accounts for approximately 200 PH beds underdevelopment.

CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding:	Yes

1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

Did the CoC submit the HIC data in HDX by April 30, 2012?	Yes
If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)	
Indicate the type of data sources or methods used to complete the housing inventory count (select all that apply):	HMIS plus housing inventory survey
Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply):	Follow-up, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation
Must specify other:	
Indicate the type of data or method(s) used to determine unmet need (select all that apply):	Unsheltered count, Housing inventory, HUD unmet need formula
Specify "other" data types:	

If more than one method was selected, describe how these methods were used together (limit 750 characters)

HAND used HUD's unmet need formula and the unmet need tool (spreadsheet) provided by HUD. This tool was populated with information from the most recent (2011) unsheltered PIT count, as well information from the 2012 housing inventory survey.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

Select the HMIS implementation coverage area:	Statewide
Select the CoC(s) covered by the HMIS (select all that apply):	MI-523 - Eaton County CoC, MI-503 - St. Clair Shores/Warren/Macomb County CoC, MI-504 - Pontiac/Royal Oak/Oakland County CoC, MI-505 - Flint/Genesee County CoC, MI-515 - Monroe City & County CoC, MI-516 - Norton Shores/Muskegon City & County CoC, MI-514 - Battle Creek/Calhoun County CoC, MI-517 - Jackson City & County CoC, MI-511 - Lenawee County CoC, MI-512 - Grand Traverse, Antrim, Leelanau Counties CoC, MI-501 - Detroit CoC, MI-513 - Marquette, Alger Counties CoC, MI-518 - Livingston County CoC, MI-502 - Dearborn/Dearborn Heights/Westland/Wayne County CoC, MI-507 - Portage/Kalamazoo City & County CoC, MI-509 - Ann Arbor/Washtenaw County CoC, MI-508 - Lansing/East Lansing/Ingham County CoC, MI-506 - Grand Rapids/Wyoming/Kent County CoC, MI-519 - Holland/Ottawa County CoC
Is there a governance agreement in place with the CoC?	No
If yes, does the governance agreement include the most current HMIS requirements?	No

If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)

The Detroit CoC is part of the Statewide and local HMIS implementation. A governance agreement has been drafted between HAND and the StateWide Implementation Administrator. HAND expects the agreement to be finalized and in place within the next couple of months. The draft agreement is included in this application. Although a governance agreement is not currently in place, policies and procedures have governed the implementation since inception and are reviewed at least annually.

For the local implementation, HAND serves as the HMIS Lead Agency. Locally, a governance agreement is not applicable because HAND is botht the CoC and HMIS Lead for the Detroit CoC. Policies and procedures for the local implementation closely align with the State's and are reviewed at least annually.

Does the HMIS Lead Agency have the following plans in place?	Data Quality Plan, Privacy Plan, Security Plan
Has the CoC selected an HMIS software product?	Yes
If 'No', select reason:	
If 'Yes', list the name of the product:	ServicePoint
What is the name of the HMIS software company?	Bowman Systems
Does the CoC plan to change HMIS software within the next 18 months?	No
Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	09/01/2004
Indicate the challenges and barriers impacting the HMIS implementation (select all the apply):	Other, Inadequate resources

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters)

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters)

Inadequate Resources
HMIS staff has been challenged with increased requests by funders and agencies for additional HMIS reporting and support. Therefore, HMIS staff has been time limited when assisting agencies with generating and analyzing HMIS outcome reports. We have applied and were awarded an HMIS Expansion Grant, which will allow us to hire additional resources to address the increased demands for HMIS support.

Other
During the past year, we upgraded our system which involved multiple significant changes to the data entry workflows. Therefore, our end users experienced challenges with adapting to the upgraded system. To address this issue, HMIS staff has provided additional training sessions, both on-site and through webinars. We also provide individual coaching sessions on specific topics.

Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured?	Not Applicable

2B. Homeless Management Information System (HMIS): Funding Sources

In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:

Operating Start Month/Year	July	2012
Operating End Month/Year	June	2013

Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	$190,273
ESG	$12,000
CDGB	
HOPWA	
HPRP	
Federal - HUD - Total Amount	$202,273

Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	
Department of Health and Human Services	
Department of Labor	
Department of Agriculture	
Department of Veterans Affairs	
Other Federal	
Other Federal - Total Amount	

Funding Type: State and Local

Funding Source	Funding Amount
City	
County	
State	
State and Local - Total Amount	

Funding Type: Private

Funding Source	Funding Amount
Individual	
Organization	$35,570
Private - Total Amount	$35,570

Funding Type: Other

Funding Source	Funding Amount
Participation Fees	

Total Budget for Operating Year	$237,843

Is the funding listed above adequate to fully fund HMIS? No

If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)

HAND,the CoC and HMIS Lead agency,applied for and was awarded $288,463 for an HMIS Expansion Grant. Upon operation, the new grant will provide additional staffing resources, software, and equipment. HAND expects these funds to be adequate to support the increase in programs and end users.

How was the HMIS Lead Agency selected by the CoC? Agency Volunteered

If Other, explain (limit 750 characters)

2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

Instructions:

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

*** Emergency Shelter (ES) beds**	86%+
*** HPRP beds**	86%+
*** Safe Haven (SH) beds**	86%+
*** Transitional Housing (TH) beds**	86%+
*** Rapid Re-Housing (RRH) beds**	86%+
*** Permanent Housing (PH) beds**	86%+

How often does the CoC review or assess its HMIS bed coverage? At least Quarterly

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

Does the CoC have a Data Quality Plan in place for HMIS? Yes

What is the HMIS service volume coverage rate for the CoC?

Types of Services	Volume coverage percentage
Outreach	75%
Rapid Re-Housing	100%
Supportive Services	95%

Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	2
Transitional Housing	6
Safe Haven	7

Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	1%	1%
Date of birth	1%	0%
Ethnicity	5%	0%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	3%	0%
Gender	1%	0%
Veteran status	1%	1%
Disabling condition	1%	2%
Residence prior to program entry	1%	1%
Zip Code of last permanent address	1%	1%
Housing status	3%	1%
Destination	0%	0%
Head of household	1%	0%

How frequently does the CoC review the quality of project level data, including ESG? At least Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters)

Daily help desk support is provided to end-users to trouble shoot data quality errors
Agencies are advised to run data quality reports monthly
Training is provided on common data entry problems
HMIS Tips are sent out to all end users to emphasize correct data entry procedures
The APR is run quarterly for all of programs to review bed utilization, specifically on the dates used for AHAR and PULSE
Training is provided on generating data quality reports. These reports include the Universal Data Element Completeness, Clients without Entries, Clients with Missing Service Transactions, and others
The CoC scores HUD-funded programs on data quality for funding renewal, improving data quality
System upgrades include new prompts for UDEs

How frequently does the CoC review the quality of client level data? At least Quarterly

If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)

Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS? Yes

Indicate which reports the CoC submitted usable data (Select all that apply):	2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR
Indicate which reports the CoC plans to submit usable data (Select all that apply):	2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR

2E. Homeless Management Information System (HMIS) Data Usage

Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

Indicate the frequency in which the CoC uses HMIS data for each of the following:

Integrating or warehousing data to generate unduplicated counts:	At least Quarterly
Point-in-time count of sheltered persons:	At least Annually
Point-in-time count of unsheltered persons:	At least Annually
Measuring the performance of participating housing and service providers:	At least Quarterly
Using data for program management:	At least Monthly
Integration of HMIS data with data from mainstream resources:	At least Annually

Indicate if your HMIS software is able to generate program-level reporting:

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

Instructions:

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:

*** Unique user name and password**	**At least Annually**
*** Secure location for equipment**	At least Annually
*** Locking screen savers**	At least Annually
*** Virus protection with auto update**	At least Annually
*** Individual or network firewalls**	At least Annually
*** Restrictions on access to HMIS via public forums**	At least Annually
*** Compliance with HMIS policy and procedures manual**	At least Semi-annually
*** Validation of off-site storage of HMIS data**	At least Monthly

How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices? At least Quarterly

How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)? At least Monthly

Does the CoC have an HMIS Policy and Procedures Manual? Yes

If 'Yes', does the HMIS Policy and Procedures manual include governance for:

HMIS Lead Agency	X
Contributory HMIS Organizations (CHOs)	X

If 'Yes', indicate date of last review or update by CoC:	10/01/2012
If 'Yes', does the manual include a glossary of terms?	Yes
If 'No', indicate when development of manual will be completed (mm/dd/yyyy):	

2G. Homeless Management Information System (HMIS) Training

Instructions:

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

*** Privacy/Ethics training**	At least Monthly
*** Data security training**	At least Monthly
*** Data quality training**	At least Monthly
*** Using data locally**	At least Monthly
*** Using HMIS data for assessing program performance**	At least Monthly
*** Basic computer skills training**	At least Annually
*** HMIS software training**	At least Monthly
*** Policy and procedures**	At least Annually
*** Training**	At least Monthly
*** HMIS data collection requirements**	At least Monthly

2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

How frequently does the CoC conduct the its sheltered point-in-time count:	annually (every year)
Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy):	01/25/2012
If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012?	Not Applicable
Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012?	Yes

If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)

Indicate the percentage of homeless service providers supplying sheltered population and subpopulation data for the point-in-time count that was collected via survey, interview and HMIS:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	26%	0%	74%
Transitional Housing	0%	10%	0%	90%
Safe Havens	0%	0%	0%	100%

Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

In 2011, the total number of sheltered people in the 2011 PIT was 2,785. In the 2012 sheltered PIT, the total number of sheltered people was 2,762, or 23 fewer people than the year prior (2011). The reason for this change is due to the fluctuations that were experienced in the different number of beds available in the CoC (as described in 1F, Change in Beds). Overall, the number of sheltered people remained relatively consistent from 2011 to 2012.

Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:

Need/Gap	Identified Need/Gap (limit 750 characters)
*** Housing**	Based on the sheltered PIT, there was no unmet need identified for ES or TH. There was an unmet need identified of approximately 100 units of PSH for families and 1,180 units for PSH for individuals.
*** Services**	Although not collected as a part of the 2012 sheltered PIT, feedback from providers and consumers has informed the CoC that there is a need for the following types of services: mental health, primary health, substance abuse treatment, employment services, transportation assistance.
*** Mainstream Resources**	Although not collected as a part of the 2012 sheltered PIT, feedback from providers and consumers has informed the CoC that people need assistance applying for the following types of mainstream resources: SSI, SSDI, TANF, food stamps, and Medicaid/Medicare.

2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):

Survey providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)

Emergency Shelter and Transitional Housing providers that were currently using HMIS as of the night of the 2012 sheltered count were given instructions by the HMIS System Administrators on how to capture in the HMIS the people who were served by their programs on the night of the count. The HMIS end-users at each participating agency received these instructions several times, and were also provided coaching and follow-up assistance to help ensure the numbers entered in the HMIS accurately reflected only the actual number of people in shelters or TH programs that night. Every effort was made to exit appropriately from the HMIS people who were no longer in the program. After the data was all entered in the HMIS, reports were run to identify potential duplicate clients, with corrections made as needed.

Emergency Shelter and Transitional Housing providers not entering data into HMIS on the night of the 2012 sheltered count were required to complete a paper survey on the number of clients in their programs and sub-population information for these clients. Follow-up phone calls and emails were completed as needed to both HMIS and non-HMIS using agencies to ensure the most accurate information possible was collected. Reports were then generated from the HMIS, with non-HMIS provider information added to the totals, to arrive at the numbers reported in the HDX.

2J. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. Sheltered chronically homeless persons are those living in emergency shelters only.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	
Interviews:	
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)

ES and TH providers that were using HMIS as of the night of the count were required to record in HMIS the number of people in their program(s) on the night of the count. They were also required to record in the HMIS the appropriate sub-population information (chronic status, mental health, substance abuse, veteran status, etc) on the people staying in the shelter or transitional housing program on that night. Training was provided to these agencies on how to correctly enter this data into the HMIS. The HMIS System Administrators also worked with the Agency Administrators to clean up and properly record the PIT data in the HMIS.

Emergency Shelter and Transitional Housing providers that were not active users of the HMIS on the night of the count were sent a paper survey requesting this same population and subpopulation information. They were required to indicate on the forms not only how many people were in their program on the night of the PIT, but also how many people met one or more of the subpopulation characteristics. The survey was returned to the CoC, and the numbers reported in those surveys were added to the numbers recorded in the HMIS. Follow-up phone calls and emails were completed as needed to both HMIS and non-HMIS using agencies to ensure the most accurate information possible was collected. Reports were then generated from the HMIS, with non-HMIS provider information added to the totals, to arrive at the numbers reported in the HDX.

2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

Indicate the method(s) used to verify the data quality of sheltered homeless persons (select all that apply):

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	
None:	
Other:	

If Other, specify:

If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters)

Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)

The vast majority of the sheltered PIT data was collected through the HMIS. Therefore, several weeks prior to the PIT, HMIS Agency Administrators were given written instructions as well as training on how to properly enter their PIT data in the HMIS on the night of the count. These instructions were repeated several times, to ensure all Agency Administrators understood what was expected. In the days leading up to the PIT, and on the night of the PIT itself, the Agency Administrators were given a reminder (via email) about the data entry expected of them. Follow up was done with the Agency Admins following the count as needed if the data had not been entered by requested deadline, or if there were errors with the data.

A de-duplication report was generated from HMIS to help ensure that people were not mistakenly counted in two different programs. If this occurred, corrections were made to ensure the person was recorded in only the correct program.

Organizations not participating in the HMIS were contacted individually and required to complete a paper survey that collected the PIT population and sub-population information.

2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count

Instructions:

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

How frequently does the CoC conduct an unsheltered point-in-time count?	biennially (every other year)
Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy):	01/26/2011
If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012?	Not Applicable
Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012?	Yes

If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)

Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)

In 2009 the CoC reported 262 unsheltered people; in 2011 the CoC reported 353 unsheltered people. Therefore, we reported an increase of 91 unsheltered people from the 2009 to 2011.

One reason for the increase was that the CoC improved the way it did next-day interviews following the PIT to identify unsheltered people. From these interviews, additional people who had been unsheltered the night of the PIT were identified and recorded. This improvement was that more interviews took place and volunteers received better training.

Another reason for the increase is that there are many variables that cannot be controlled for with the unsheltered PIT, such as weather, that may result in fewer people being found in one year, and more the next.

2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):	
Public places count:	
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	X
Service-based count:	
HMIS:	
Other:	
None:	

If Other, specify:

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

Prior to the night of the PIT, the CoC identified targeted areas of the city to count where people who are homeless are known to congregate. These areas were identified based on prior knowledge and provider expertise. The identified portions of the city were divided into smaller sections, and a team of enumerators was assigned to at least one section. After receiving training on how to properly conduct the interviews, the teams were sent out to canvass the streets to identify and interview people who were homeless. The data collected through the interviews included identifying information and sub-population information. Enumerators provided incentives (food, warm clothes) to the homeless to help engage with them.

For 3 days following the night of the PIT, teams of enumerators went to local soup kitchens and drop in centers to interview people to determine if they were unsheltered on the night of the PIT. More than 300 surveys were completed, with 92 of those identifying as having been unsheltered homeless on the night of the PIT. To every extent possible, client identifying information and sub-population information was collected from people at the soup kitchens.

All attempts possible were made to interview people on the streets and in the soup kitchens. Ultimately, however, the person could choose to not divulge information to the interviewer.

All of the data collected on the streets and in the next-day interviews was entered into HMIS and de-duplicated.

2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage

Instructions:

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:	A Combination of Locations
If Other, specify:	

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Data Quality

Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count (select all that apply):

Training:	X
HMIS:	X
De-duplication techniques:	X
"Blitz" count:	X
Unique identifier:	X
Survey question:	X
Enumerator observation:	X
Other:	

If Other, specify:

Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters)

A significant amount of training was provided to people doing the street count, next-day interviews, and entering data in HMIS.

To avoid duplication, the counters were given distinctly marked street boundaries of the area in which they were to count on the night of the PIT. All counters were instructed to only interview and count the people in their area, so that people would not be counted twice.

Interviews were conducted at soup kitchens for 3 days following the PIT. People at the soup kitchens were asked the same questions as people on the streets the night of the count.

In all interviews, every attempt was made to collect identifying information including names, birthdates and partial SSNs. Interviewees were given the option of giving only a few letters in first/last name, or only year of birth if he/she did not want to divulge more information.

All data was entered into HMIS. The HMIS then created a unique identifier for the person based on the person's name, gender, birth date, and partial SSN. A de-duplication report was run based on the unique identifier. This report identified 13 duplicate individuals, which were removed from the final unsheltered tally.

ES and TH programs were all instructed to conduct their sheltered count after curfew. This helped to ensure that all people who were going to be in the facility for the night were already in, thereby reducing the likelihood that they would be included in the unsheltered count as well.

Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan
(limit 1500 characters)

Although the 2011 PIT did not identify any unsheltered homeless households with children, the CoC recognizes that family homelessness continues to be a reality.

Outreach providers in the CoC report that the majority of unsheltered people they encounter are single adults. If an unsheltered adult has a dependent child, that child is frequently left in the care of friends/family, while the parent remains unsheltered. In planning for the 2013 PIT, the CoC is making every effort to ensure an accurate count of all unsheltered homeless, including families with children.

The CoC has been working to ensure there are housing resources available for families with children. This has included working with ESG recipients to use ESG funds for prevention and rapid re-housing activities, so that many of the systems put into place for HPRP may continue.

The CoC is also developing the Coordinated Assessment (CA) process. As CA is developed and implement in the coming year, the CoC will plan for a process that is easily accessible for families and is well-advertised. Currently, agencies that provide shelter and housing assistance for families are inundated with calls for assistance; many of which come from 2-1-1.

In the coming year, the CoC plans to work with the public schools homeless liaison to ensure strategies are in place for the identification of homeless families and linking them to the appropriate housing and supports.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters)

There are several programs in the CoC that identify and engage the unsheltered homeless:

The Road Home: A program of Neighborhood Service Org., The Road Home employs mobile mental health outreach workers to canvas the city to identify people living on the streets. Through ongoing engagement, the workers build the relationships needed to convince the homeless to seek treatment and shelter.

Project Helping Hands (PHH): A program of the Detroit Bureau of Substance Abuse, PHH also employs mobile outreach workers to go to locations throughout the city where individuals are known to sleep outside. PHH as many contacts as necessary with a client to persuade them to seek shelter and services.

211 On-the-Go: An outreach program of the local United Way, this program provides information and referrals on the streets for people who are homeless.

PATH: There are 6 PATH teams in the CoC. Each team does street outreach to the homeless. In the coming year, staff from PATH teams will be paired with Detroit Police Officers as they make their patrols. The PATH workers will be able to identify people in need of mental health treatment and link them to such treatment, which will reduce police time and resources doing the same.

CAPPA: The Community & Police Advocacy program, a program of the Northeast Guidance Center, pairs a mental health professional with a police officer to canvas the downtown area of the city to engage the unsheltered homeless.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless persons.

Instructions:

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

How many permanent housing beds are currently in place for chronically homeless persons?	149
In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	211
In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	402
In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?	652

Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless
(limit 1000 characters)

The CoC has been intentional about increasing permanent housing beds for chronically homeless persons. Over the last few years, the Board and the Project Review Committee have prioritized projects that serve the chronically homeless for funding. As a result, chronically homeless beds have increased since 2010. In the coming year, 62 new chronically homeless beds are expected to come online as a result of a prioritization. HAND, the CoC Lead and Collaborative Applicant, will continue to utilize a strategy of prioritizing projects for chronically homeless persons for funding.

Additionally, HAND is taking advantage of the opportunity to reallocate funds to permanent housing. At least 25 new chronically homeless beds for persons experiencing the longest episodes of homelessness will come available within two years. HAND will continue to use reallocation as a strategy for directing funds from low and underperforming projects to new projects with dedicated chronically homeless beds.

Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless
(limit 1000 characters)

One way in which the CoC ensures that the chronically homeless are served is by prioritizing for funding those projects which target the chronically homeless. This prioritization has proven successful in creating a pipeline of new chronically homeless beds that are placed in service each year. HAND will continue to utilize this strategy. In addition, HAND will take advantage of the opportunity to reallocate funds to permanent housing by redirecting funds from low and underperforming projects to new projects with dedicated chronically homeless beds.

Another long-term strategy for creating new PH beds includes converting transitional housing units into PH units. In the case that chronically homeless persons continue to be a significant portion of our homeless population, HAND will prioritize the beds converted to PH for CH persons. HAND has begun discussions with TH service providers and will be engaging a consultant to assist us through the conversion process.

Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015
(limit 1000 characters)

Research has shown that the Housing First (HF) approach, whereby people are given permanent housing coupled with services, is a proven strategy for addressing chronic homelessness. Lack of sufficient PH beds has been a barrier in our HF efforts. By increasing the supply of CH beds available, we will have more PH units available to quickly house the CH population allowing us to build on the HF efforts already underway in the community.

Research has also shown that the chronic population includes frequent users of public systems including hospitals and jails. Placement in permanent housing coupled with intensive services can reduce the burden of the costly intervention of our public system. Therefore by increasing the number of PH beds, we will realize a cost savings which will allow more resources to be directed to more cost-effective and appropriate interventions such as permanent supportive housing. All of these efforts combined will help us obtain the national goal.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.

Instructions:

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicted on form 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?	88%
In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	88%
In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	89%
In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?	90%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

Currently at 88%, the CoC is well exceeding the goal of 80%. The key factors in ensuring that we maintain our performance will be training and performance monitoring. The deliverance of quality supportive services to PH participants has been effective in assisting people to remain stably housed. In partnership with CSH, HAND has and will continue to offer an array of trainings to HUD-funded programs to educate agency staff on best practices in service delivery for PH residents.
Trainings include Harm Reduction and Effective Case Management Strategies, to name a few.

Ongoing performance monitoring is another strategy to ensure we maintain our performance. HAND hired its first full-time Performance Mgmt Analyst, who is responsible for improving performance outcomes. Instead of reviewing performance during the funding application only, HAND's Analyst conducts on-going monitoring. When a decline in performance is noted, technical assistance is provided to the organization.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)

Over the long-term, HAND will increase the PH retention percentage in several ways. HAND will work to expand the array of services offered by promoting partnerships with mainstream resource providers. HAND will also continue to work closely with CSH in providing technical assistance and training to providers of PH to help ensure that providers have the necessary skills to assist consumers in housing retention and stability. On-going performance monitoring and technical assistance will also be provided to programs that are struggling to meet performance expectations.

Lastly, HAND is implementing a coordinated assessment system. This system will allow us to improve our PH retention in several ways. First, we will be able to get the right people to the right programs, which will increase our performance. Secondly, it will identify gaps in service delivery and allow us to address them so that the right services are provided to assist people in maintaining their housing.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.

Instructions:

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report h(APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on from 4C. as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	74%
In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	74%
In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	75%
In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?	76%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

At 74%, the CoC is currently exceeding the expected performance for people moving from transitional housing to permanent housing. In the short-term, HAND will continue to monitor program performance and intervene with technical assistance to providers when needed. HAND, in partnership with the Corporation for Supportive Housing, will continue to provide trainings on best practices for services delivery including Effective Case Management Strategies.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)

HAND's long-term strategy for increasing exits to PH from TH includes restructuring our TH system. Research has shown that re-tooling TH programs have led to increased exits to permanent housing.

HAND has engaged the services of an experienced consultant who will begin to work with us throughout 2013 to re-design our TH system. The consultant will help us to determine which subpopulations are most appropriate for TH, which programs are most effective for servicing those identified subpopulations, how many TH units are needed in our continuum and how many units should be converted to permanent housing. By redesigning our TH system in this manner, we believe that service delivery will improve leading to greater exits to permanent housing. We also expect that realigning our TH inventory, which will lead to an increase in PH units, will allow us to have greater exits to PH as more PH will be available for those exiting the TH programs.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Cash Income.

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that are employed at program exit?	18%
In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?	18%
In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	19%
In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?	20%

Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more
(limit 1000 characters)

At 18%, the CoC is performing slightly below HUD's goal. The economic and employment challenges in Detroit have been especially hard on homeless persons. Nevertheless, HAND has been trying to improve employment outcomes.

Over the past year, a HUD-funded program, which provides employment services to the CoC, underwent significant technical assistance to improve outcomes. The program has done a complete overhaul by re-aligning staff, redesigning its intake process, and providing on-going follow-up case management services to participants after exiting. We expect to see promising results from this program.

Additionally, HAND is revising its performance criteria for HUD-funded housing providers. In the past, only some programs were held accountable for meeting employment objectives. Now, all programs are expected to meet employment outcomes and are held accountable by monitoring and scoring. By creating a shared employment goal, we expect to improve outcomes.

Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more
(limit 1000 characters)

HAND will be working with an employment consultant to improve the CoCs employment outcomes. His work will begin in 2013 and is expected to not only help us to retool our employment services, but to also engage mainstream providers of employment services. In doing so, we hope to expand access to existing employment services and expand investment of funding from multiple systems to address educational and training needs of homeless job seekers.

Additionally, HAND, along with service providers, will continue to work on the employment objectives outlined in our updated 10-Year Plan, which includes:
• Creating opportunities for accessing and retaining sustainable employment
• Addressing gaps and barriers in employment services available to persons who are homeless
• Addressing barriers to employment including affordable and reliable child care and transportation options
• Exploring creative avenues for employment, such as social enterprise opportunities

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.

Instructions:

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?	70%
in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	70%
in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	71%
in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?	72%

Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

At 70%, the CoC is performing well above HUD's goal. HAND expects to maintain this percentage in two ways. First, HAND will undertake employment activities as stated above in Objective 4. An increase in earned income will assist in achieving housing stability and retention and self-sufficiency at program exit.

Secondly, HAND and service providers will continue to be active in the SOAR initiative. SOAR (SSI/SSDI Outreach, Access, and Recovery) is designed to assist homeless persons in applying for and securing SSI/SSDI benefits. HAND has an active SOAR subcommittee, which meets on a bimonthly basis. The subcommittee provides training opportunities, problem-solves on barriers to accessing benefits, and shares best practices. Successes from this CoC initiative include 70% of consumers having either cash or non-cash resources. HAND will continue to utilize SOAR to improve the percentage of participants that have mainstream benefits at program exit.

Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)

One of the goals of Detroit's 10-Year Plan to End Homelessness is collaboration. Collaborative efforts with mainstream providers will allow us to align efforts and leverage resources to have a greater impact. HAND will undertake the following activities to increase access to mainstream benefits and build collaborative partnerships:

• Inventory and document existing mainstream resources. Inventory will include eligibility criteria, barriers to access and other relevant information.
• Convene a meeting with representatives from mainstream resources to discuss funding, barriers to coordination, share information, and develop an ongoing workgroup to coordinate and improve services and access to the resources for the homeless population

By building collaborative partnerships with mainstream providers, HAND and service providers will be able to increase the percentage of participants that have mainstream benefits at program exit.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 6: Decrease the number of homeless individuals and families:

Instructions:

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

What is the current total number of homeless households with children as reported on the most recent point-in-time count?	185%
In 12 months, what will be the total number of homeless households with children?	179%
In 5 years, what will be the total number of homeless households with children?	159%
In 10 years, what will be the total number of homeless households with children?	136%

Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters)

In order to reduce the number of homeless households with children, HAND and service providers will engage in proven strategies that address barriers to a family's ability to remain stably housed. Based on our last PIT count, unsheltered homeless families are a rare occurrence. Nevertheless, any number is unacceptable and we will utilize our outreach teams to engage unsheltered homeless families.

Utilizing a rapid re-housing approach through State and City ESG resources, short-term financial assistance and case management will be provided to move sheltered and unsheltered families out of homelessness into permanent housing. Modeled after HPRP, the State's and City's Emergency Solutions Grant program provides prevention and rapid re-housing assistance to households that are homeless or at-risk of homelessness. Assistance provided through this program will reduce the number of homeless households with children within the next 12 months.

Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children
(limit 1000 characters)

HAND will utilize 4 strategies to reduce the number of homeless households with children. 1) HAND will continue to utilize rapid re-housing and prevention resources through ESG programs to provide financial assistance and case management. 2) HAND will utilize PH bonus and reallocated projects to house chronically homeless persons including families. 3) Because lack of employment opportunities or underemployment tends to be a major obstacle for families, HAND will continue to work on improving employment outcomes and opportunities (see objective 4) for families.

4) HAND will work to increase the access for families to appropriate programs and services. HAND is developing a coordinated assessment system to ensure that households receive the most appropriate interventions based on their needs. The pilot phase of the system is designed to begin with homeless families. By starting with families, we expect to reduce the number of families experiencing homelessness.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

Instructions:

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year's competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocation it should enter '0' in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

Indicate the current number of projects submitted on the current application for reallocation:	1
Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013):	1
Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition):	1
Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition):	1

If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)

HAND will be reallocating one SSO project, which provides employment services. HAND and the affected service provider are working with an employment consultant who has expertise in serving individuals experiencing homelessness. Over the next year, we will work to transition participants. Additionally, as mentioned in objective 4, HAND is working with this employment consultant to not only improve employment outcomes, but to also expand access to and investment from mainstream employment service providers. This will ensure that continued quality and quantity of employment services will remain in the Continuum.

If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project
(limit 750 characters)

The CoC will not be reallocating TH projects during this funding opportunity

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The Michigan Department of Human Services has established and implemented formal protocols throughout its system (CFF 950) to assure that youth "aging out" of foster care are not discharged into homelessness, including discharge into HUD McKinney-Vento programs. The "Youth in Transition Program" prepares eligible foster-care teens for living independently by providing educational support, job training, independent living skills training, self-esteem counseling, and other supports to equip teens with educational, vocational, and psychological skills to function as independent self-sufficient adults.

If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

As described above, there is a formal State policy for people exiting the foster care system, that they are not discharged into homelessness.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The stakeholders involved in these efforts include the State Department of Human Services, organizations that provide foster care services, and organizations that provide housing assistance.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Every effort is made to ensure that upon discharge from foster care, young people are leaving the programs and moving into stable and suitable housing, and that they are not discharged into McKinney-Vento funded programs. Case planning for transition begins with all youth in foster care several years prior to discharge, in accordance with CFF 722-6 (Independent Living Preparation). A treatment plan and services agreement (RFF67 and RFF 69), including attention to locating suitable living arrangements and assistance in moving into housing (CFF 722-7), must be completed for each individual prior to discharge. Young people leaving foster care typically move on to independent living, return home to a parent or other relative, or remain with a foster parent, or guardian.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? Other

If "Other," explain:

The health care discharge policies currently in place are not mandated by either the State or the CoC. These policies are developed and implemented by the individual health care institutions.

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

As part of its 10 Year Plan, the CoC is working with CSH in a Frequent Users Systems Engagement (FUSE) initiative, which works with local health care institutions to develop strategies to provide housing and supports for people who cycle between homelessness and the hospital. The intent of FUSE is to increase people being discharged from the hospital into housing so that their homelessness is ended and health needs better addressed. The Detroit FUSE Initiative has regular workgroup meetings of homeless service providers and representatives of health care systems. These meetings discuss how to provide a coordinated response to the need for shelter for individuals leaving health care settings.

Also, FQHCs have adopted protocols to ensure housing placement and links to other resources necessary for the client to achieve successful re-entry are established prior to discharge. The protocols are designed to prevent discharge into homelessness or to non-permanent McKinney-Vento programs.

If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

The CoC will continue to work with the health care system to promote policies and procedures that improve discharge planning, as well as assist hospital systems in identifying resources to promote community collaboration. One of the most significant gaps is the availability of affordable and supportive housing, particularly for those with complex health needs. To help address this, the CoC is applying for a new PSH program out of the CoC's Permanent Housing Bonus funds that, if funded, would expand the FUSE initiative and provide additional PSH to participants.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The following organizations are involved in the FUSE initiative: Corporation for Supportive Housing, Henry Ford Hospital, the Detroit Medical Center, St. John's Health System, Advantage Health Care (the local Health Care for the Homeless grantee), the Michigan Department of Community health, Neighborhood Service Organization, and additional local service providers.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

The FUSE initiative (described above) has been successful in securing CoC PSH vouchers (formerly known as S+C vouchers) to house individuals identified by the health care providers as meeting the criteria for the program. The Michigan Department of Community Health is the grantee for this program, and Neighborhood Service Organization (NSO) is the sub-recipient (sponsors). Although this is a McKinney-Vento funded program, it is an appropriate program for people to be placed into, as it provides permanent supportive housing for people with long histories of homelessness and complex health needs. Therefore, placement into this program ends their homelessness and provides services they need to remain stably housed.

Other people with continuing health needs may be discharged from the hospital to a nursing home or an AFC home. Every effort is made to discharge the person into an appropriate housing situation.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

Section 330.1209b of the State Mental Health Code, effective March 28, 1996, requires that "the community mental health services program shall produce in writing a plan for community placement and aftercare services that is sufficient to meet the needs of the individual..." In addition R 330.7199 (h) of the Administrative Code says that the written plan must at a minimum identify "strategies for assuring that recipients have access to needed and available supports identified through a review of their needs." Housing, as well as food, clothing, physical health care, employment, education, legal services, and transportation, is included in the list of needs that must be appropriately addressed as a function of mental health discharge planning. As such, formal systems policy, protocol, and historical practice all help to assure that persons exiting our public mental health system are not discharged into homelessness, including discharge to HUD McKinney-Vento programs.

If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

As described above, there is a formal State policy for people exiting a mental health institution, that they are not discharged into homelessness. Even with this policy in place, however, the CoC and service providers recognize the need to better connect individuals exiting a mental health institution with community-based resources, including housing resources. One of the barriers identified that make it difficult for people to access resources is a lack of income or benefits. Therefore, the CoC and State Department of Community Health have, over the past several years, implemented the SSI/SSDI Outreach, Access and Recovery (SOAR) initiative. Providers have staff who are trained in the SOAR initiative, which has helped people gain the benefits for which they qualify in an expedited manner. The SOAR initiative has helped people to access housing more quickly.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

The stakeholders for this issue include Detroit/Wayne Community Mental Health Agency, community mental health providers, and other local service providers. Stakeholders for the SOAR initiative include the State Department of Community Health, the SOAR sub-committee of the CoC, community mental health providers, and other local service providers.

Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

Mental health programs work directly with housing providers to ensure that people leaving a mental health care institution are not discharged into a homeless situation, including a McKinney-Vento funded program. People exiting a mental health institution typically move into transitional living programs, AFC homes, or independent living either on their own or with family.

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

Is the discharge policy in place "State" mandated policy or "CoC" adopted policy? State Mandated Policy

If "Other," explain:

Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)

The Michigan Prisoner Reentry Initiative (MPRI) is the Department of Corrections (MDOC) system-wide initiative to better prepare and support citizens following their release from prison. MDOC Policy Directive 03.02.100, effective Sept 2010, states that as a prisoner prepares for release, “highly specific reentry plans are organized that address housing, employment, and services to address … areas of serious need that the prisoner may have.”

The MDOC and the Michigan State Housing Development Authority (MSHDA), in partnership with the Coalition on Temporary Shelter (COTS), are also piloting a 2-year program called PUSH (Parolees Utilizing Supportive Housing). In PUSH, MDOC identifies parolees who meet the program criteria; they then receive short-term rental assistance from MSHDA, administered by COTS. The parolees use this rental assistance to lease scattered-site apartments. COTS helps with locating housing, negotiating with landlords, and ensuring residential stability.

If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)

As described above, efforts are currently underway to ensure that people exiting correctional facilities are not discharged into homelessness. The CoC will continue to work with providers implementing the MPRI program and the PUSH pilot to identify ways to continue to implement the best practices produced by these programs and to overcome barriers to housing for people leaving prison.

Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)

Stakeholders and agencies responsible for ensuring that people leaving the correctional system are not discharged into homelessness include the Michigan Department of Corrections, the Michigan Prisoner Re-entry Initiative (MPRI), and the following services providers that receive housing funding from MPRI:

+ COTS
+ DRMM
+ Operation Get Down
+ Quality Behavioral Health
+ Traveler's Aid Society of Metro Detroit
+ Heartline (Lutheran Social Services Michigan)

In addition to the partners listed above, the Michigan State Housing Development Authority (MSHDA) is a partner in the PUSH initiative.

Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)

The following organizations receive funding from the MPRI Initiative to provide housing for people leaving correctional facilities:
+ COTS
+ DRMM
+ Operation Get Down
+ Quality Behavioral Health
+ Traveler's Aid Society of Metro Detroit
+ Heartline (Lutheran Social Services Michigan)

People leaving correctional facilities may be discharged to housing provided by one of these organizations. People exiting correctional facilities also often return to living with friends/family in the community in which they lived prior to incarceration. Every effort is made to ensure they are not released to homelessness or McKinney-Vento funded programs.

The above-listed organizations also receive funding from MPRI to provide job training, transportation assistance, and identification assistance for people leaving the correctional system. These additional supports also contribute to helping the individual remain stably housed in the community.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?	Yes
If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan:	Housing Goal: Expanding the supply of affordable, safe, supportive housing for homeless populations. (Consolidated Plan Goals #23, 26, 27, 28) • Prevention: Strengthening and expanding efforts to prevent homelessness. (Consolidated Plan Goals #23, 26, 27, 28) • Health Care, Mental Health, Substance Abuse and Employment Goal: Increasing awareness and utilization of “mainstream” services, and community resources for homeless populations. (Consolidated Plan Goals #24, 26, 27) • Collaborative Partnership Goal: Increasing the quality of HMIS data power, and impact of collaborative federal, state, and local planning for ending homelessness. (Consolidated Plan Goals #11, 23, 24, 27) • Advocacy and Engaging the Community Goal: Build a political agenda and public “will” to end homelessness. (Consolidated Plan Goals #11, 23, 24, 27)

Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s)
(limit 1000 characters)

In collaboration with HAND and service providers, the City of Detroit held several “Sustainability Workshops” for HPRP participants that needed additional assistance after the program ended. These workshops connected participants to legal, healthcare, employment and other needed services.

To help providers to further address needs, HAND worked with the State and City to retool their ESG programs. Modeled after HPRP, the State’s ESG assistance in Detroit is dedicated solely to rapid re-housing and prevention. In 2011, the State’s ESG program provided financial assistance and/or case management to 382 households. Likewise, more than 80% of the City’s second allocation of 2011-12 ESG is dedicated to RRH and prevention. As such, providers have been utilizing ESG assistance to fill gaps left after HPRP ended.

HAND is currently working with the City of Detroit to plan for the allocation of future ESG funds. We expect that RRH and prevention will continue to receive generous allocations.

**Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG?
(limit 2500 characters)**

HUD VASH: In 2012, there were 132 HUD VASH vouchers. The local VA, HAND (CoC), and other partners participated in the VA Boot Camp, which challenged communities to establish ambitious housing goals for VASH. Setting a goal to house 90 veterans in 100 days, the team began meeting to streamline the housing process and address barriers. HAND not only participated in the boot camp, but also remained an active partner. Our participation included redesigning the VA intake and screening form to prioritize chronically homeless persons, a subpopulation, which at the time was not being adequately served by VASH vouchers. HAND also met regularly with the team to brainstorm and problem-solve challenges and barriers. HAND also served as a conduit for service providers working with the veteran population to connect with the VA for VASH assistance.

ESG: The City of Detroit received $914,000 for their second allocation of ESG funding and $2.9 million dollars for their 2012-13 operating year. HAND has been very active in the coordination of ESG resources. HAND worked with the City of Detroit to plan for their second allocation of 2011-12 ESG funds. Over the course of several months, both agencies met on a bi-monthly basis to: 1) determine the allocation of ESG funds, 2) develop performance standards, 3) develop HMIS procedures, and 4) draft and review the substantial amendment. As the City plans for the $2.9 million, HAND continues to meet with the City to coordinate these resources. Additionally, City ESG subgrantees will be participating in the coordinated assessment system when it is fully implemented.

NSP and CDBG: The City of Detroit received $21million in NSP funds (2012) and $35 million (2012) in CDBG resources. HAND attends community-wide planning meetings for NSP and CDBG resources. Beyond that our participation has been limited. However, we do anticipate that our participation with CDBG resources will increase in the coming years, beginning with CDBG-Homeless Services subgrantees coming on board to the HMIS, which is managed by HAND.

Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?	Yes
If 'Yes', describe the established policies that are in currently in place:	All CoC agencies receiving McKinney-Vento funds and serving families have policies in place that are consistent with educational rights under the McKinney-Vento Act. As such, these policies require that all children are enrolled in school and connected with the appropriate resources. These polices include intake and admission procedures that assess whether or not children are enrolled in school upon entering a program, the development of family case plans which include an assessment of children's educational needs, and follow-up case management to ensure that children remain enrolled in school and connected with educational resources. Additionally, agencies have a staff person that coordinates with the Detroit Public School Homeless Liaison to ensure rights are respected and children are linked to educational services provided under the McKinney-Vento Act.

Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)

HAND and member agencies interact with homeless liaisons within the Detroit School system. Staff from service providers and the liaison serves as a resource for identifying homeless families. Through a referral from the liaison or agency staff, identified families are connected to resources within the CoC. In addition to the homeless liaison, the Detroit Public School (DPS) is represented in the CoC. DPS representatives attend CoC meetings. Both the liaisons and DPS representatives share information about available educational resources pursuant to McKinney Vento with CoC member agencies. Additionally, the liaisons and DPS representatives are kept abreast of HUD-funded homeless programs and services within the CoC. Like the homeless liaisons, DPS representatives also identify homeless families that can be connected to CoC programs and services.

Additionally, a new position, the Education Liaison, was created to ensure that service providers and educational staff are connected and informed of available resources. Housed within a service provider agency, the Education Liaison will be responsible for connecting homeless families in the CoC with resources within the CoC or school system, developing and monitoring family case plans, and providing training to service providers and school staff alike. The Education Liaison also has a small budget to provide assistance to families in need of school supplies and other-related items.

Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)

Efforts are already underway to address barriers or policies that affect family unification. Most shelters in our community have agreed to a no denial policy through contracts with the State of Michigan Department of Human Service (DHS). Under these contracts, shelters cannot deny admission to or separate families.

As part of the development of the coordinated assessment system, HAND, through a resource inventory, is currently gathering information about all ES, TH, and PH program-specific requirements including eligibility criteria. HAND will be working with programs that have barriers to admission including family separation policies to streamline requirements down to the essentials. Ultimately, programs serving families will be required to accept referrals through the coordinated system including accepting families with children under the age of 18. We expect to monitor this using the referral feature in HMIS. Non-compliant programs will be addressed through corrective action plans or de-funding, if necessary.

Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 characters)

HAND is addressing the issue of homelessness among veterans in several ways. First, the CoC's strategic plan has a goal of building partnerships and collaboration across agencies including collaboration with the VA. The Director of Homeless Programs from the local VA hospital is the secretary of the HAND Board and is very active in the CoC. As a board member, the VA directly participates in the planning and strategic efforts for addressing veteran homelessness with the CoC. This relationship has resulted in increased collaboration and coordination of veteran services.

The CoC is also addressing veteran homelessness through permanent housing and transitional housing programs. Southwest Housing Solutions operates a 150-bed PSH project exclusively for homeless veterans. Also over190 VASH vouchers are currently leased up or in the process of leasing up. The Detroit Rescue Mission and Michigan Veterans Foundation operate two TH programs specifically targeted to veterans.

Lastly, the CoC is very excited about the renewal of the Supportive Service for Veterans Families (SSVF) grant, which was awarded to Southwest Counseling Solutions. Within its first year, the SSVF program assisted 492 veteran households with supportive services and rental assistance to prevent homelessness or rapidly re-house veteran households.

All of these efforts aligned with the strategic plan goals by increasing collaboration, increasing permanent housing, and preventing homelessness.

Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future
(limit 1500 characters)

Like other CoCs, HAND struggles to have an accurate count on the number of youth experiencing homelessness due to youth taking refuge with friends or other doubled-up arrangements. To better understand the scale of youth homelessness, HAND is taking extra measures to ensure that they are more accurately represented in the 2013 unsheltered PIT count. We hope to better understand and, ultimately, address the needs of homeless youth.

Covenant House, Detroit Rescue Mission, Alternative for Girls, Catholic Social Services, and the Ruth Ellis Center all provide programs to address youth homelessness. Combined they offer more than 100 TH beds to house youth. These providers offer a myriad of services including outreach and employment and educational services to provide youth with the skills needed to transition to independent living. Additionally, Ruth Ellis is the only organization of its kind in the Midwest that services the LGBTQ youth population.

HAND is submitting a new PH Bonus project this year, which if funded, will provide 35 PH units to chronically homeless LGTBQ youth. A joint collaboration between Southwest and Ruth Ellis, the project will add much needed permanent beds for youth. Adding PH beds for youth will be a strategy for addressing youth homelessness in the future.

All of the above-mentioned efforts closely align the CoC's strategic plan goals of housing vulnerable populations and providing supportive services to increase housing retention.

Has the CoC established a centralized or coordinated assessment system? No

If 'Yes', describe based on ESG rule 576.400 (limit 1000 characters)

Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year (limit 1000 characters)

The CoC receives 2 allocations of ESG funds: City of Detroit and State of MI. Staff of HAND and the City of Detroit meet regularly to discuss ESG allocations. Through in-person and conference calls, meetings are held to determine how funds will be allocated and how ESG subgrantees will be selected. Utilizing HMIS data and lessons learned from HPRP, joint recommendations are made for the allocations of City ESG funds.

HAND works with the State to determine how their ESG funds will be allocated locally. Based on local need and HMIS data, HAND submits a proposal to the State for the allocation of ESG funds. Once approved, HAND serves as the fiduciary for State ESG funds.

To avoid duplication in services, funds are allocated to the same subgrantees for both the City and State ESG funds, when possible. Additionally, State ESG funds are targeted for rapid re-housing and prevention only where as City ESG funds include essential services and shelter operations.

Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach (limit 1000 characters)

The CoC has 6 PATH Teams and 4 other specialized outreach teams including teams that engage the youth and LGBTQ population. The PATH teams work to engage individuals who are homelessness and have mental illnesses, a population that does not readily engage with systems of care. Using innovative outreach approaches, the PATH teams get persons connected to housing, income, and appropriate medical and health services.

Youth outreach teams at Covenant House, Alternative for Girls, and Ruth Ellis engage youth that are street homeless and/or doubled-up. Special outreach is targeted to youth that are engaged in sex work or youth of varying sexual orientations.

The remaining outreach teams worked to engage a broad variety of individuals or families that have not connected with the system for whatever reasons. Trainings are provided to these teams. In 2012, the CoC through CSH offered training entitled “Outreach Strategies to Engage Those Who Resist Engagement.”

3D. Continuum of Care (CoC) Strategic Planning Coordination

Instructions:

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, “Opening Doors,” and coordination with Emergency Solutions Grants within the CoC jurisdiction.

Has the CoC developed a strategic plan? Yes

Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)

HAND coordinates the implementation of a housing and service system that meets the needs of homeless persons in several ways. The CoC offers a variety of housing options including 1600 ES beds, 1300 TH beds, 1600 PSH beds and various voucher (Section 8, HUD-VASH, etc.) and rental assistance programs (ESG, SSVF, etc.) that are aimed at addressing immediate housing crisis and facilitating long-term, permanent housing.

Person-centered case management, employment, life skills, mental health and substance abuse are just a few of the services that play a major role in the system by increasing housing stability and retention and self-sufficiency.

Other components of the system include partnerships and HMIS data. Collaborative partnerships with the VA, community mental health agencies, and healthcare systems provide leveraging opportunities for greater impact. Lastly, HMIS data informs resource allocation and performance outcomes and management.

Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)

HAND works with the City of Detroit to complete the Consolidated Plan. In preparation for plan updates and revisions, joint meetings are held. Goals are discussed and determined. Drafts of the Con Plan are shared and reviewed by both entities. The CoC also participates in the public hearings for the Con Plan.

Information from HMIS, Housing Inventory Chart, and the Point-in-Time count are provided to complete the Consolidated Plan. Additionally, the Consolidated Plan also includes goals from the 10-Year Plan to End Homelessness. These goals include increasing the supply of permanent housing, building collaborative partnership, utilizing HMIS data, and engaging the community in advocacy efforts.

Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)

The 10-Year Plan is reviewed on a micro and macro level by HAND and partners. Steps from the 10-Year Plan are incorporated in HAND's organizational strategic plan and staff's performance plans. Quarterly updates are given at board meetings and bimonthly supervisory reviews assess progress on 10-Year Plan tasks. On a macro level, the 10-Year Plan includes annual action steps that are reviewed by the community. Progress is assessed through feedback provided through surveys and focus groups.

In a similar fashion to the 10-Year Plan review, updates are made through community surveys and focus groups. Feedback from the survey and focus groups determine whether an update is needed and what information needs to be updated. The last update published in December 2010 included the following changes: 1) added a new goal of employment, 2) modified the collaboration goal to include partnerships with faith-based agencies, and 3) emphasized the need to address population-specific challenges.

Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)

HAND incorporates the goals of the federal strategic plan in the following ways:

Prevention: Goal #2, prevention efforts include ESG and improving employment outcomes.

Chronic Homelessness: CH remains a priority in the 10-Year Plan. New CH beds are added to the inventory annually due to prioritizing CH-serving projects.

Unaccompanied Youth: A new PH bonus project is being submitted that, if funded, will service LGBTQ youth; thus supporting the goal of increasing housing options for vulnerable populations.

Veterans: Participation in the VA BootCamp and on-going workgroup led to a revamped VASH program. A renewed SSVF grant, 150-bed Vet PSH project and the Homeless Vet Reintegration Prog. all address the goal of collaboration and expansion of housing.

Families with Children: Families will be piloted in the soon to be implemented coordinated assessment system and two newer PH projects will make new units available for families in the coming years. Both are goals of the 10-Year Plan.

Select the activities in which the CoC coordinates with the local Emergency Solutions Grant(ESG):	Determines how to allocate ESG grant for eligible activities, Develop performance standards for activities assisted by ESG funds, Develop funding policies and procedures for the operation and administration of HMIS for ESG funded projects

Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)

Allocation: During regular meetings, both in person and conference calls, HAND coordinates with the City of Detroit to determine ESG allocations for eligible activities. Recommendations are made utilizing HMIS data and lessons learned from HPRP. Community meetings with service providers provide input and feedback. Activities funded under State ESG were reviewed to avoid duplication in services and fill gaps in assistance.

Performance Standards: HAND regularly meets with the City to determine ESG performance standards. Recommendations are made utilizing HMIS data and lessons learned from HPRP. Community meetings with service providers provided input and feedback.

HMIS Policies and Procedures for ESG projects: HAND regularly meets with the City to determine HMIS policies/procedures. ESG resources are utilized to fund (in part) HMIS activities. An implementation plan including timeline, training, and data elements and metrics are being developed for ESG projects.

Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes?	No
If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?	

If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)

3E. Reallocation

Instructions:

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system?	Yes

3F. Reallocation - Grant(s) Eliminated

CoCs that choose to reallocate funds into new permanent supportive housing, rapid re-housing, or dedicated HMIS project(s) may do so by eliminating one or more of its expiring grants. CoCs that intend to create a new centralized or coordinated assessment system can only eliminate existing SSO project(s).

Amount Available for New Project: (Sum of All Eliminated Projects)				
$665,596				
Eliminated Project Name	**Grant Number Eliminated**	**Component Type**	**Annual Renewal Amount**	**Type of Reallocation**
JVS Career Initia...	MI0031B5F011103	SSO	$665,596	Regular

3F. Reallocation: Details of Grant(s) Eliminated

Complete each of the fields below for each grant that is being eliminated during the FY2011 Reallocation process. CoCs should refer to the final approved FY2011 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name:	JVS Career Initiative Center
Grant Number of Eliminated Project:	MI0031B5F011103
Eliminated Project Component Type:	SSO
Eliminated Project Annual Renewal Amount:	$665,596

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, or dedicated HMIS project(s) may do so by reducing the grant amount for one or more of its expiring grants. CoCs that are reducing projects must identify those projects here. CoCs that intend to create a new centralized or coordinated assessment system can only reduce existing SSO project(s).

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Name	**Reduced Grant Number**	**Annual Renewal Amount**	**Amount Retained**	**Amount available for new project**	**Reallocation Type**
This list contains no items					

3H. Reallocation - Proposed New Project(s)

CoCs that choose to reallocate funds into new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects may do so by reducing the grant amount for one or more of its expiring grants. CoCs must identify if the new project(s) it plans to create and provide requested information for each. Click on the to enter information for each of the proposed new reallocated projects.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

$560,000				
Current Priority #	**New Project Name**	**Component Type**	**Transferred Amount**	**Reallocation Type**
52	Coordinated ...	SSO	$200,000	Regular
50	Intensive Ca...	PH	$360,000	Regular

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing):	52
Proposed New Project Name:	Coordinated Assessment Project
Component Type:	SSO
Amount Requested for New Project:	$200,000

3H. Reallocation: Details of Proposed New Project(s)

Complete each of the fields below for each new reallocated project the CoC is requesting in the FY2012 CoC Competition. CoCs may only reallocate funds to new permanent housing, rapid re-housing, dedicated HMIS, or SSO projects.

2012 Rank (from Project Listing):	50
Proposed New Project Name:	Intensive Case Management Chronically Homeless CAM
Component Type:	PH
Amount Requested for New Project:	$360,000

3I. Reallocation: Reallocation Balance Summary

Below is a summary of the information entered on forms 3D-3G for CoC reallocated projects. The last field, "remaining reallocation balance" should indicate "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new project(s).

Reallocated funds available for new project(s):	$665,596
Amount requested for new project(s):	$560,000
Remaining Reallocation Balance:	$105,596

4A. Continuum of Care (CoC) FY2011 Achievements

Instructions:

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	149	**Beds**	149	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	77	**%**	88	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	71	**%**	74	**%**
Increase the percentage of homeless persons employed at exit to at least 20%	19	**%**	18	**%**
Decrease the number of homeless households with children	257	**Households**	185	**Households**

Did the CoC submit an Exhibit 1 application in FY2011? Yes

If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)

The Detroit CoC achieved all but one of its FY2011 proposed numeric achievements for the national objectives. The CoC did not meet its goal of having 19% of homeless persons employed upon exiting a CoC program; our performance was slightly under our proposed goal, as 18% of homeless persons were employed at exit. Michigan's unemployment rate continues to be one of the highest in the nation and this has created difficulties in helping our consumers gain employment. However, despite the economic and unemployment challenges in Detroit, over the past year, the CoC has been exploring ways to improve employment outcomes. Specifically, we have been working with a HUD technical assistance provider to assist programs that are underperforming in this area and to expand access to existing employment services in the community. We expect that our performance in this area will gradually increase over time as the economy gets better and we are able to transform employment services and expectations.

How does the CoC monitor recipients' performance? (limit 750 characters)

HAND monitors recipients' performance annually through a local application and evaluation process, which occurs several months before the HUD NOFA competition begins. Each project submits an application and its most recent HUD Annual Performance Report (APR) for review and scoring. The majority of the application points are awarded based on the project's APR and HMIS data and projects must meet a threshold score in order to be considered for funding that year. HAND provides technical assistance to projects that are underperforming and monitors those projects regularly throughout the year. Lastly, HAND also produces and distributes quarterly performance reports to the entire CoC as a way to monitor all projects, regardless of funding source.

How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)

As stated above, HAND monitors project performance annually through a local application and evaluation process. HAND assists project applicants in reaching HUD-established performance goals by continually educating them on HUD's expectations and best practices in service delivery. Prior to the release of the application, HAND holds an all-grantee workshop to explain the application scoring and provide detailed information about both HUD and CoC performance goals. Once applications are submitted, all projects receive detailed scoring sheets showing their performance in comparison to HUD-established performance goals. Lastly, throughout the year HAND provides training opportunities for its members on best practices in service delivery.

How does the CoC assist poor performers to increase capacity? (limit 750 characters)

Through the local application and evaluation process, HAND identifies projects that are poor performers and either provides technical assistance to the project directly or helps the project apply for and receive technical assistance from HUD Technical Assistance providers. Technical assistance may include helping the project re-design its intake and assessment processes, strengthening its case management services, or creating linkages with other service providers. At any time throughout the year, projects that are underperforming in any goal may also request technical assistance from HAND staff in order to help them reach the HUD-established performance goals.

Does the CoC have any unexecuted grants awarded prior to FY2011? No

If 'Yes', list the grants with awarded amount:

Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
N/A	N/A	$0
N/A	N/A	$0
N/A	N/A	$0
N/A	N/A	$0
N/A	N/A	$0
	Total	$0

What steps has the CoC taken to track the length of time individuals and families remain homeless? (limit 1000 characters)

The Detroit CoC's HMIS system is able to track the length of time a person was homeless prior to entering homeless programs and length of stay while in homeless programs. The majority of homeless assistance providers, including HUD, ESG, and outreach providers, are reporting into the HMIS, and sharing their data so length of homelessness is tracked across programs. The data is tracked from the time that the client enters a program until the client exits homeless programming altogether. If the client chooses to move to other programs within the CoC, that data will continue to be tracked using the HMIS. With our reporting tool, we can track client length of time data across programs and over any length of time that the client chooses to use homeless programs within the CoC.

Reports on length of homelessness are generated monthly and are being used at the provider-level as well as the CoC-level. Reports are also shared with our CoC Board for CoC planning and decision-making.

What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography? (limit 1000 characters)

Over the course of the coming year, the CoC will incorporate into its process the monitoring of the rates at which people recidivate back into homelessness.

Using our HMIS, the CoC is able to track additional spells of homelessness for individuals and families using two recidivism reports. The reports outline all episodes of homelessness for each client throughout the CoC geographic area.

On an agency level, recidivism is tracked in HMIS by answering questions regarding prior episodes of homelessness. Responses to this question will inform the CoC the extent to which a person has experienced a prior episode of homelessness. Data from CY2011 reveal that of families who were homeless in 2011, 37% had been homeless 1 – 2 times in the past; of single adults, 31% had been homeless 1 – 2 times in the past.

This data, plus additional data available to us in our HMIS, will help the CoC to plan for resources that will assist people to leave – and stay out of – homelessness.

What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1500 characters)

Over the course of the coming year, the Detroit CoC will be implementing a Coordinated Assessment model for individuals and families to access homeless and housing assistance. The community-wide planning efforts for this model have taken place throughout 2012. Part of the planning for Coordinated Assessment has been to ensure that the services are well-advertised and easily accessible. To that end, a key component of accessing services will include a call-in number that people who are homeless or at-risk of homelessness may call from their own home or from a service provider. This call-in system will be closely aligned with the current 2-1-1 system in our community, and the community's shelter hotline (1-800-A-SHELTER). Both 2-1-1 and 1-800-A-SHELTER are well-known throughout the community by both residents and service providers as a primary source to access shelter or housing assistance. Outreach to help people understand how to access services through the new Coordinated Assessment model will be integrated into these two already existing and well-known call centers.

Additional outreach and marketing strategies to communicate how people may access services through Coordinated Assessment will be developed in the first part of 2013. Input and feedback from providers and consumers will be used to develop this strategy.

What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?
(limit 1500 characters)

Preventing homelessness is identified as one of the goals in the CoC's 10-Year Plan to End Homelessness. Action steps associated with this goal include:
+ Ensuring successful implementation of prevention efforts through HPRP and ESG
+ Coordinate with mainstream resources
+ Utilize data to advocate for increased prevention resources
+ Identify shelter providers to transition to a Rapid Re-Housing model

The CoC has been implementing these strategies in the following ways:

1) In 2010 the CoC made the decision to utilize the allocation of ESG funding received from the State (approximately $430,000 annually) for only prevention and rapid re-housing activities. Prior to this, these ESG funds were also used to support emergency shelter operations and other services. Although the CoC does recognize the current role emergency shelters play in the community, a strategic decision was made to focus these resources in longer-term solutions to homelessness.
2) Currently, the CoC is working with the City of Detroit (which is a direct recipient of ESG funds) to plan for the use of a substantial portion of current and future allocation of ESG funds for prevention activities.

The CoC will continue to implement additional actions steps from the 10-Year Plan, including greater coordination with mainstream resources. Developing this coordination will be a component of the implementation of CoC's Coordinated Assessment process that is to be implemented in the coming year.

Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes? No

If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)

N/A

If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living (limit 1500 characters)

N/A

4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2010, FY2011, and FY2012:

Year	Number of CH Persons	Number of PH beds for the CH
2010	742	248
2011	684	134
2012	271	149

What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)

Service providers in the CoC that implement programs for the chronically homeless have established procedures for determining and documenting chronicity, which include the following:

1) Determining length of homelessness: This determination may take place through receiving documentation from other homeless service providers or a review of HMIS. Almost all agencies using the HMIS are required to share data, so providers are able to see a person’s history of where s/he has been served by other homeless providers in the CoC. Providers are therefore able to determine if a person has been homeless for at least 1 year or 4 or more times in the past 3 years.

2) Determining disability: The majority of programs for the chronically homeless are targeted to people who have a mental illness as their disability. If a person does not have documentation of their disability, providers will link the individual with a psychiatrist so that the disability, if present, may be diagnosed.

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012: 15

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters)

The number of PH beds for the chronically homeless increased, due to new beds coming on-line during the past year.

The number of chronically homeless persons identified in the 2011 PIT and the 2012 PIT decreased due to these individuals being housed, as well as improved data collection techniques.

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$0	$0	$0	$0
Operations	$159,763	$0	$0	$6,410	$1,597
Total	$159,763	$0	$0	$6,410	$1,597

4C. Continuum of Care (CoC) Housing Performance

Instructions:

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any permanent housing projects for which an APR was required to be submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	536
b. Number of participants who did not leave the project(s)	1618
c. Number of participants who exited after staying 6 months or longer	462
d. Number of participants who did not exit after staying 6 months or longer	1439
e. Number of participants who did not exit and were enrolled for less than 6 months	179
TOTAL PH (%)	88

Instructions:

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

Does the CoC have any transitional housing projects for which an APR was required to be submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	1370
b. Number of SHP transitional housing participants that moved to permanent housing upon exit	1013
TOTAL TH (%)	74

4D. Continuum of Care (CoC) Cash Income Information

Instructions:

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 4,103

Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	726	18%
Unemployment insurance	135	3%
SSI	533	13%
SSDI	202	5%
Veteran's disability	80	2%
Private disability insurance	4	0%
Worker's compensation	8	0%
TANF or equivalent	308	8%
General assistance	214	5%
Retirement (Social Security)	20	0%
Veteran's pension	13	0%
Pension from former job	4	0%
Child support	42	1%
Alimony (Spousal support)	0	0%
Other source	328	8%
No sources (from Q25a2.)	1,358	33%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4E. Continuum of Care (CoC) Non-Cash Benefits

Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

Total Number of Exiting Adults: 4,103

Total Number of Exiting Adults:

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	1,748	43%
MEDICAID health insurance	385	9%
MEDICARE health insurance	34	1%
State children's health insurance	11	0%
WIC	28	1%
VA medical services	11	0%
TANF child care services	3	0%
TANF transportation services	0	0%
Other TANF-funded services	0	0%
Temporary rental assistance	5	0%
Section 8, public housing, rental assistance	12	0%
Other source	155	4%
No sources (from Q26a2.)	1,224	30%

The percentage values will be calculated by the system when you click the "save" button.

Does the CoC have any non-HMIS projects for which an APR was required to be submitted? Yes

4F. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on the Energy Star Initiative go to: www.energystar.gov .

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative?	Yes
Are any projects within the CoC requesting funds for housing rehabilitation or new construction?	No

If 'Yes' to above question, click save to provide activities

If yes, are the projects requesting $200,000 or more?	

4G. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs:

Project APRs are reviewed on a yearly basis by the CoC to determine the project's performance in improving client access to mainstream resources. This performance is one criterion taken into considering during the Continuum's project renewal and funding process. Based on a project's APR, a project is scored on its ability to assist clients in securing mainstream resources. The higher success a project can demonstrate in assisting clients with securing either cash (ie, SSI, SSDI) or non-cash (ie, food stamps, Medicaid/Medicare) mainstream resource, the higher the score the project will receive for that criterion. In the 2012 application round, projects scoring at least 60% of people leaving with for cash mainstream resources and 80% leaving with non-cash resources received the maximum score. Projects that consistently under-perform are targeted for technical assistance.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If 'Yes', indicate all meeting dates in the past 12 months:

November 16, 2011
January 18, 2012
March 21, 2012
May 16, 2012
September 19, 2012

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services? Yes

Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?	Yes
If 'Yes', identify these staff members:	Provider Staff
Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff:	Yes
If 'Yes', specify the frequency of the training:	quarterly (once each quarter)
Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?	No

If 'Yes', indicate for which mainstream programs HMIS completes screening:

Has the CoC participated in SOAR training?	Yes

If 'Yes', indicate training date(s):

November 30, 2010
December 2, 2010
January 31, 2011
March 23, 2011
July 18 – 19, 2011
July 20 – 21, 2011
July 25, 2011
July 26, 2011
May 12 – 13, 2011
May 25 – 26, 2011
October 10 – 11, 2012
January 8 – 9, 2013

4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits.	95%
1a. Describe how service is generally provided:	
A significant number of programs that assist clients with applying for mainstream benefits have received SOAR training, and use the skills and strategies gained through that training process. In general, a client's need and eligibility for mainstream benefits is identified during the intake/ assessment process and incorporated into the individual plan of service. Case managers assist clients in obtaining the forms to fill out, completing and submitting the forms, and advocating with the benefit provider on behalf of the client as needed.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs:	24%
3.a Indicate for which mainstream programs the form applies:	
Several providers assist clients with completing an application for assistance from the Michigan Department of Human Service. This application is for assistance with food stamps, cash assistance, Medicaid, and TANF.	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:	100%
4a. Describe the follow-up process:	
In general, case managers provide follow up through regular home/office visits with clients to ensure mainstream benefits are received. Case managers work with representatives from the mainstream benefit provider to advocate for the clients and to ensure the client is receiving all the benefits he/she is entitled to. When mainstream benefits are received, clients are generally asked to provide a copy of documentation of the benefit, which is included in the client file.	

4I. Unified Funding Agency

Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?

Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?

What experience does the CoC have with managing federal funding, excluding HMIS experience?
(limit 1500 characters)

Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)

Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)

What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?
(limit 1500 characters)

Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.
(limit 1500 characters)

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	2012 Detroit CoC ...	01/16/2013
CoC-HMIS Governance Agreement	No	HMIS _CoC Goveran...	01/17/2013
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: 2012 Detroit CoC HUD 2991 Form

Attachment Details

Document Description: HMIS _CoC Goverance Agreement

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/16/2013
1C. Committees	01/16/2013
1D. Member Organizations	01/16/2013
1E. Project Review and Selection	01/16/2013
1F. e-HIC Change in Beds	01/16/2013
1G. e-HIC Sources and Methods	01/16/2013
2A. HMIS Implementation	01/17/2013
2B. HMIS Funding Sources	01/16/2013
2C. HMIS Bed Coverage	01/09/2013
2D. HMIS Data Quality	01/16/2013
2E. HMIS Data Usage	01/16/2013
2F. HMIS Data and Technical Standards	01/16/2013
2G. HMIS Training	01/09/2013
2H. Sheltered PIT	01/16/2013
2I. Sheltered Data - Methods	01/16/2013
2J. Sheltered Data - Collections	01/16/2013
2K. Sheltered Data - Quality	No Input Required
2L. Unsheltered PIT	01/16/2013
2M. Unsheltered Data - Methods	01/16/2013
2N. Unsheltered Data - Coverage	01/11/2013
2O. Unsheltered Data - Quality	01/16/2013
Objective 1	01/16/2013
Objective 2	01/16/2013
Objective 3	01/16/2013
Objective 4	01/16/2013

Objective 5	01/16/2013
Objective 6	01/16/2013
Objective 7	01/16/2013
3B. Discharge Planning: Foster Care	01/16/2013
3B. CoC Discharge Planning: Health Care	01/16/2013
3B. CoC Discharge Planning: Mental Health	01/16/2013
3B. CoC Discharge Planning: Corrections	01/16/2013
3C. CoC Coordination	01/16/2013
3D. CoC Strategic Planning Coordination	01/17/2013
3E. Reallocation	12/01/2012
3F. Eliminated Grants	01/11/2013
3G. Reduced Grants	No Input Required
3H. New Projects Requested	01/17/2013
3I. Reallocation Balance	No Input Required
4A. FY2011 CoC Achievements	01/16/2013
4B. Chronic Homeless Progress	01/16/2013
4C. Housing Performance	01/07/2013
4D. CoC Cash Income Information	01/07/2013
4E. CoC Non-Cash Benefits	01/08/2013
4F. Section 3 Employment Policy Detail	01/07/2013
4G. CoC Enrollment and Participation in Mainstream Programs	01/16/2013
4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs	01/16/2013
4I. Unified Funding Agency	No Input Required
Attachments	01/17/2013
Submission Summary	No Input Required

OMB Approval No. 2506-0112 (Exp. 7/31/2012)

Certification of Consistency with the Consolidated Plan

U.S. Department of Housing and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Con solidated Plan.

(Type or clearly print the following information:)

Applicant Name: Detroit Continuum of Care (MI-501)

Project Name: Multiple Projects - See attached list

Location of the Project: Multiple Projects - See attached list

Name of the Federal Program to which the applicant is applying: Continuum of Care (CoC) Program

Name of Certifying Jurisdiction: City of Detroit

Certifying Official of the Jurisdiction Name: Robert A. Anderson

Title: Director

Signature: Ro S Anderson

Date: January 9, 2013

Attachment to 2012 Certification of Consistency with Consolidated Plan (HUD-2991)
Detroit Continuum of Care (MI-501)

RENEWAL PROJECTS					
Grantee Name	**Project Name**	**Location of Project**			
		Address	**City**	**State**	**ZIP**
Alternatives for Girls	H.O.P.E Initiative	903 W. Grand Blvd	Detroit	MI	48208
Cass Community Social Services	Bernauer Manor	Location is kept confidential to protect the privacy and confidentiality of the tenants	Detroit	MI	
	Mom's Place I & II	1464 & 1534 Webb	Detroit	MI	48206
	Safe Haven	11850 Woodrow Wilson	Detroit	MI	48206
	Transitional Housing for Men at Scott	11850 Woodrow Wilson	Detroit	MI	48206
Catholic Social Services of Wayne County	Teen Empowerment Program	9851 Hamilton Ave	Detroit	MI	48202
	Teen Infant Parenting Services Program (TIPS)	1600 Blaine St.	Detroit	MI	48202
Charter County of Wayne	Supportive Housing Program – Southwest Solutions – SW Partners	1700 Waterman	Detroit	MI	48209
	Supportive Housing Program – Gateway Community Health	6309 Mack	Detroit	MI	48207
	Supportive Housing Program – Gateway Community Health – New Beginnings	6309 Mack	Detroit	MI	48207
	Supportive Housing Program – DCI – Omega	17421 Telegraph	Detroit	MI	48219
	S + C- Gateway	Scattered sites throughout Detroit			

RENEWAL PROJECTS					
Grantee Name	**Project Name**	**Location of Project**			
		Address	**City**	**State**	**ZIP**
	Community Health				
	Shelter Plus Care – Southwst Solutions 0110	Scattered sites throughout Detroit			
	Southwest Counseling Solutions Matrix S+C	Scattered sites throughout Detroit			
Community and Home Supports	Homeless Assessment & Supportive Services	2111 Woodward, Suite 608	Detroit	MI	48201
Coalition on Temporary Shelter (COTS)	Buersmeyer Manor	8500 – 8600 Wyoming Blvd	Detroit	MI	48221
	DV TSP – New Beginnings	Scatted sites throughout Detroit – locations confidential due to nature of the program			
	Peggy's Place	16630 Wyoming	Detroit	MI	48221
	Peterboro Transitional Services Program	26 Peterboro	Detroit	MI	48201
	SAFAH Family Stabilization Program	26 Peterboro	Detroit	MI	48201
	West Grand Boulevard TSP	1887 W. Grand Blvd	Detroit	MI	48208
Covenant House Michigan	Rights of Passage Transitional Living Program	2959 MLK Jr. Blvd	Detroit	MI	48208
Detroit Central City Community Mental Health	Permanent Supportive Housing	10 Peterboro	Detroit	MI	48201
Detroit Rescue Mission Ministries	Detroit Rescue Mission	3535 Third Ave	Detroit	MI	48201
	Douglass	3603 Third Ave	Detroit	MI	48201
	Genesis House I/ Teen Moms	131 Stimson	Detroit	MI	48201
	Genesis House II	2015 Webb	Detroit	MI	48206
	Maranatha	13130 Woodward Ave	Highland Park	MI	48203

RENEWAL PROJECTS					
Grantee Name	**Project Name**	**Location of Project**			
		Address	**City**	**State**	**ZIP**
	My Own Place	Scattered sites throughout Detroit			
	Samaritan Center	13220 Woodward Ave	Highland Park	MI	48203
	The Oasis	13220 Woodward Ave	Highland Park	MI	48203
	Veteran's Independence Project	13220 Woodward Ave	Highland Park	MI	48203
Freedom House	New American Homeless/ New Beginnings	2630 W. Lafayette	Detroit	MI	48216
Homeless Action Network of Detroit	HMIS	1600 Porter	Detroit	MI	48216
Mariner's Inn	Extended Residency Program	445 Ledyard	Detroit	MI	48201
	Residential Treatment Program	445 Ledyard	Detroit	MI	48201
	Transitional Housing Program	445 Ledyard	Detroit	MI	48201
Michigan Department of Community Health	Shelter Plus Care Development Centers, Inc.	Scattered sites throughout Detroit			
	Shelter Plus Care Southwest Counseling Solutions Chronically Homeless II S+C	Scattered sites throughout Detroit			
	Shelter Plus Care Southwest Springwells	Scattered sites throughout Detroit			

RENEWAL PROJECTS					
Grantee Name	**Project Name**	**Location of Project**			
		Address	**City**	**State**	**ZIP**
Michigan Veterans Foundation	Detroit Veterans Center	2770 Park Ave	Detroit	MI	48201
Neighborhood Legal Services Michigan	Project Permanency One	455 W. Fort St, Suite 214	Detroit	MI	48226
Positive Images	Positive Images II	13336 E. Warren	Detroit	MI	48215
Southwest Housing Solutions	Wilshire Apartments	388 West Grand Blvd	Detroit	MI	48216
	Springwells Partners SSO	Scattered sites throughout Detroit			
The Salvation Army Eastern Michigan Division Harbor Light Special Services	Target Home	3737 Humboldt	Detroit	MI	48208
Travelers Aid Society of Metropolitan Detroit	BEIT	Scattered sites throughout Detroit			
	Infinity	Scattered sites throughout Detroit			
	SHOP I	381 Covington	Detroit	MI	48201
	SHOP II	Scattered sites throughout Detroit			
	SHOP III	65 Cadillac Square, Suite 3000	Detroit	MI	48226
United Community Housing Coalition	Permanent Supportive Housing for the Homeless	220 Bagley, Suite 224	Detroit	MI	48226

NEW PROJECTS					
Grantee Name	**Project Name**	**Location of Project**			
		Address	**City**	**State**	**ZIP**
Detroit Central City Community Mental Health	HEARTH (Helping, Empowering And Rebuilding The Homeless) Project	Scattered sites throughout Detroit			
Homeless Action Network of Detroit	CoC Planning Project	1600 Porter	Detroit	MI	48216
	Coordinated Assessment SSO	1600 Porter	Detroit	MI	48216
Neighborhood Services Organization	FUSE II	Scattered sites throughout Detroit			
Southwest Counseling Solutions	Youth Solutions	Scattered sites throughout Detroit			
Southwest Counseling Solutions	Intensive Case Management Chronic Homeless Coordinated Assessment Model	Scattered sites throughout Detroit			

Joint Governance Charter
Michigan Statewide HMIS

Objective: The Charter is designed to provide a frame for Michigan's multi-jurisdiction HMIS implementation as presented in Section 508.7 of the Federal Register / Vol. 76, No. 237 Homeless Management System Requirements. It is recognized that operation of the Statewide HMIS requires ongoing collaboration from member Continuum of Cares through participation in monthly System Coordination Meetings known as the "Monthly System Administrator Call-In".

CoC: _____ agrees to adopt the Michigan Statewide shared HMIS platform vendor, Bowman Systems Inc. ServicePoint. The CoC agrees that administration of the shared platform will be provided by the Michigan Coalition Against Homelessness under contract with the Michigan State Housing Authority. The CoC further agrees to operate the local CoC Implementation in compliance with HUD Data Standards and the Michigan Statewide Operating Policies and Procedures.

Roles and Responsibilities:

Michigan State Housing Development Authority

- Grantee for the Michigan Statewide HMIS Implementation.
- Sub-contract for administration of the Statewide platform.
- Ongoing contract compliance.

Michigan Coalition Against Homelessness:

- Management of the Statewide Vendor Contract.
- Host the Statewide coordination meeting – the Monthly SA Call-In.
- Define privacy and security protocols that allow for the broadest possible participation.
- Provide Statewide Operating Policies and Procedures that represent the minimum standards for participation. Local CoCs may add additional requirements as negotiated locally.
- Provide for system administration and analyst staffing of help desk services between 9am and 5pm workdays and after-hours emergency response.
- Provide training and ongoing collaboration regarding cross-jurisdiction system operation, measurement and research activities including:
    - Negotiation and training basic workflows for all users and specialized workflows for cross-jurisdiction funding streams.
    - HUD mandated activities including HAG, PIT, HIC, APR and the AHAR.
    - Annual publication of Statewide and Regional unduplicated homeless counts.
    - Research projects that involve statewide data sets such as SHADoW.
    - Maintain a suite of data quality, demographics, and outcome reports available to all CoCs on the System.
    - Support for local Continuous Quality Improvement efforts.

Independent Jurisdiction CoC and Local Lead HMIS Agency:

- Plan the local HMIS implement to maximize the greatest possible participation from homeless service providers.
- Fund the cost for local licenses to the Statewide System via contracts with Bowman Systems.
- Comply with Michigan Statewide Privacy Protocols as specified in the QSOBAAs, Participation Agreements and the User Agreement Code of Ethics.
- Adopt and any additional standards of practice beyond those identified in the Statewide HMIS Operating Procedures.
- Staff at least one local System Administrator and assure that each participating agency has identified an Agency Administrator. The System Administrator will:
    - Complete demonstrate competence in Statewide required training in privacy, security and system operation (provider page, workflows and reports).
    - License local users and support data organization and completion of Provider Pages for participating agencies.
    - Assign licenses to Agency Administrators and/or users.
    - Host local HMIS operations meeting(s) or assure that Agency Administrators are attending the Statewide User Meetings.
    - Assure that all users are trained in privacy, security and system operation.
    - Participate in HUD mandated measurement including HAG, PIT, HIC, APRs and the AHAR as appropriate.
    - Participating in the annual count process and support publication of local reports.
    - Support the CoCs Continuous Quality Improvement efforts.

Signed: _____ Date: _____

HMIS Lead Agency:_____ Title:_____

Signed: _____ Date: _____

CoC Representative:_____ Title:_____