

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
 - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
 - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
 - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
 - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
 - All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1A-1. CoC Name and Number: MI-501 - Detroit CoC

1A-2. Collaborative Applicant Name: Homeless Action Network of Detroit

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Homeless Action Network of Detroit

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	No	Yes	No
Local Jail(s)	No	No	No
Hospital(s)	Yes	Yes	Yes
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	No
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	No	No	No
Street Outreach Team(s)	Yes	Yes	Yes
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	No
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	No	Yes	Yes
Emergency shelter & Transitional Housing providers	Yes	Yes	Yes
Legal service providers	Yes	Yes	No
Permanent supportive housing providers	Yes	Yes	Yes

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)

The Detroit CoC is comprised of a wide range of stakeholders who have an interest in ending and preventing homelessness. The CoC board includes representatives from service provider organizations, public officials, the local public housing authority, and other non-profit organizations.

Example 1: The local Public Housing Authority, the Detroit Housing Commission (DHC), currently sits on the CoC board. Through this partnership and engagement with the local PHA, the CoC has built a stronger relationship, which has resulted in the DHC allocating Housing Choice Vouchers specifically for people who are homeless.

Example 2: The CoC committee the Detroit Team to End Chronic Homelessness, is comprised of a number of the organizations from the chart above. Included are Mental Health Service Organizations, Substance Abuse Service Organizations, and PSH providers. This committee helps to develop strategies around addressing the needs of people who are chronically homeless.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
Alternatives for Girls	Yes	Yes	No
Community (Catholic) Social Services	No	Yes	No
Covenant House	No	Yes	No
Detroit Rescue Mission Ministries	No	Yes	Yes
Matrix Human Servcies	No	Yes	No
Ruth Ellis Center	Yes	No	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
COTS (CoC funded D.V. provider)	Yes	Yes
YWCA Interim House (non-CoC funded D.V. provider)	No	No
AFG (provider to survivors of trafficking)	Yes	No
Freedom House (provider to survivors of trafficking)	Yes	No

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	No
End Family and Youth Homelessness by 2020	No
Set a Path to End All Homelessness by 2020	No

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?
(limit 1000 characters)**

The Detroit CoC governance charter identifies the committees of the CoC. The committees are the action planning components of the CoC planning system. The charter allows for ad-hoc committees to be formed as needed. Any CoC member may be a member of a CoC committee. Every committee has at least one CoC Board member. The current CoC committees and the work they address include:

- +Data: PIT, HMIS, gaps analysis
- +Detroit Team to End Chronic Homelessness: plans/strategies to end chronic homelessness
- +Coordinated Access Model Governance: Govern Coord Assm'n't system
- +Values & Funding Priorities: Recommend project ranking policies
- +Performance Evaluation: Evaluate project performance
- +Special Events: Coordinate homeless awareness events

1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)

The CoC accepts applications for new project funding from entities that have not previously received CoC funding. Two email listservs were sent (5/22/15,5/28/15) informing entities of a meeting on 6/8/15 explaining the process for applying for new funds. There are approximately 1,100 contacts on this email listserv, thus it reaches many entities in the community. The RFP for new funding was publically posted to the Collaborative Applicant's website on 6/8/15. The RFP noted that eligible applicants had to be a nonprofit organization, State/local gov't, or a PHA.

The CoC has a review panel that reviews all apps for new project funding and makes recommendations to the CoC Board on which new projects should be included on the project listing. Recommendations are made based on the amount of new funding available, the strength of the proposal, the extent to which the application meets a need, and the capacity of the applicant. The CoC Board makes the final decision.

1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation? Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	No
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	1	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	1	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	1	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %
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1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The Detroit CoC works very closely with the City of Detroit, the Consolidated Plan jurisdiction. The two entities meet at least 4 hours per month to discuss a variety of topics including: data/trends in homelessness; efficacy of service delivery models; coordination of homeless resources, and performance of projects. The Detroit CoC assists in the preparation of the Con Plan at least annually by sharing data, drafting sections of the Con Plan, and providing feedback. In between monthly and annual meetings with the City of Detroit, staff at the entities communicate regularly (approximately weekly) through phone calls and emails. The CoC and the City of Detroit also collaborate to host workshops, trainings, and convenings.

1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

The CoC meets at least monthly with the City of Detroit(COD) & at least bi-monthly with the Michigan State Housing Development Authority (MSHDA), both ESG recipients. With the COD, the CoC provides PIT & HMIS data to inform ESG allocation decisions, drafts ESG Request for Proposals, & assists in the subsequent review of submitted proposals. Additionally, the CoC participates in monthly meetings with the COD subrecipients to discuss progress in meeting program goals, challenges in implementation, & other program-related items. Additionally, the CoC participates in the developing performance standards & outcomes for ESG-funded activities and subsequent monitoring of said outcomes. The CoC is responsible for selecting the sub-grantee to receive State ESG, monitoring performance, & evaluating outcomes for State ESG recipients in Detroit. The CoC coordinates with both the COD & MSHDA to identify funding priorities to ensure that ESG programs are complimentary but not duplicative.

1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

Households that present at a non-victim service provider receive the common assessment. During the assessment, a client may be identified as DV, in which case a referral is made to a DV provider to ensure the household is able to access DV resources. Unlike non-DV clients, referrals are not made through HMIS to protect the privacy and maintain safety for the client. Instead, a referral is made by phone to the DV agency. A dual referral can be made to both a DV provider & non-DV provider for housing & services to ensure the client is connected with all eligible & available resources.

Households that present at DV providers are also connected to CoC resources. A referral is made from the DV provider to the coordinated process by email. During the assessment, it is determined which housing intervention may be most appropriate for the household. Based on availability and client choice, a referral is made to a housing program.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Detroit Housing Commission		No
Michigan State Housing Development Authority	23.47%	Yes-HCV

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness. (limit 1000 characters)

Other developments include low-income housing tax credit (LIHTC) projects. There are 1,005 of units available for people experiencing homelessness throughout these projects. LIHTC projects to house people experiencing homelessness are incentivize by allocating additional points during the application process. These additional points include attention service coordination and funding, CoC support, units designated for chronically homeless, and projects practicing Housing First. The CoC hosted and/or participated in Other activities that encouraged the use of affordable housing for people experiencing homelessness including a PSH roundtable that brought together banks, developers, foundation, and service providers to educate and foster interest in PSH developments. Additionally, an affordable housing symposium was held with a session on PSH to encourage the use of City of Detroit Home Funds for PSH development. There are no state mandated policies for discharge planning for healthcare so this has made it difficult to coordinate. A few years ago, the CoC piloted a project, the Frequent Users System Engagement (FUSE) initiative, aimed at providing a coordinated response to the need for housing for people leaving health care settings. Due to the lack of participation, the project did not realize the success we anticipated. Nevertheless, the project did not led to strong relationships with the area's FQHCs including regular coordination with FQHCs for housing and medical care.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness. (limit 1000 characters)

There are no state mandated policies for discharge planning for healthcare so this has made it difficult to coordinate although some CoC agencies work with individual health care facilities. Previously, the CoC piloted a project, the Frequent Users System Engagement initiative, aimed at providing a coordinated response to the need for housing for people leaving health care settings. Due to the lack of participation, the project did not realize the success we anticipated. Nevertheless, the project did lead to strong relationships with the area's FQHCs including regular coordination with FQHCs for housing and medical care. Because many of the FQHCs have relationships with the area hospitals, we are leveraging their relationships to re-engage medical care facilities around discharge planning discussion. Initial meetings led by the FQHCs with participation from the CoC, City of Detroit, and health care providers have been promising. A pilot with these agencies are in discussion

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)**

In Detroit, the coordinated entry process(CAM) identifies, engages, and assists through:

Access: The CAM Lead Agency serves as a streamlined point of access. Clients are identified through telephone access -community providers, and/or a homeless individual/family can call into the CAM. In-reach access – the CAM has specialized mobile case managers that go to shelters. Outreach access- Outreach teams are deployed across the City to identify and engage literally homeless households.

Assess: Staff at the CAM Lead Agency administer a common assessment to identify the best program for the household. Based upon the outcome of the full assessment, navigators further engage clients and assist them in housing search and gathering eligibility documentation.

Assign: Once the most appropriate program is identified, the household is referred. The assignment represents the connection between the presenting issues of the household and the assistance that can prevent or end their homelessness.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School Administrators/Homeless Liaisons	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	48
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	4
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	44
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
HMIS data quality, Consumer participation, CoC participation	<input checked="" type="checkbox"/>

Monitoring criteria	
Participant Eligibility	<input type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

Need for specialized population services	
Youth	<input type="checkbox"/>
Victims of Domestic Violence	<input type="checkbox"/>
Families with Children	<input type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>
	<input type="checkbox"/>

None	<input type="checkbox"/>
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1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)

Because the Safe Haven (SH) project serves people with high needs, the expected employment outcomes for this project are significantly lower than that of other project types. The SH project must demonstrate at least 5% of their clients exited with employment income; for all other projects, this threshold is 20%.

The SH project is also evaluated based on the extent to which clients exit either a permanent housing destination or a “care setting” (foster care, psych facility, substance abuse/detox, or hospitalization). Evaluating the project on these exit destinations recognizes that for some clients the most appropriate destination for their needs is not permanent housing, but a “care setting”.

Lastly, the severity of the needs of participants are taken into account when determining project application priority ranking as PSH projects which served at least 50% of chronically homeless clients over the past year are ranked higher on the project priority list than other projects.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)**

All information related to the review, ranking, and selection criteria is posted publically on the Collaborative Applicant’s website. Notification is sent via email to stakeholders when information is posted.

The local CoC review process for renewal funding and the Request for Proposals for new project funding were posted on 6/8/15
The preliminary ranking policies were posted on 6/1/15
The final ranking policies were posted on 10/16/15
The final project ranking list was posted on 11/6/15

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.) 11/17/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.) Yes

1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 11/06/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

The CoC monitors recipient's performance annually through a local application and evaluation process. APRs, HMIS data, and additional information is submitted by the applicant and reviewed by Collaborative Applicant staff. Points are awarded with a minimum score needed in order to be considered for funding.

Projects are evaluated and scored on different components measuring capacity & project performance, and projects are expected to meet certain benchmarks in order to earn full points. These benchmarks are established based on the project type and are aligned with the CoC's goals as stated in the CoC Application.

Project capacity is evaluated and scored on: timely APR submissions, the extent to which funds have been recaptured, and HUD monitoring findings.

Projects are also scored on the extent to which they demonstrate an ability to help clients obtain/maintain permanent housing, exit projects with income (employment & mainstream resources), and bed utilization.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps? Yes

1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit. Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU. CoC Lead Roles pp2, 12, 14; HMIS Lead Roles pp 2, 13-14

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application. Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)? ServicePoint
Applicant will enter the HMIS software name (e.g., ABC Software).

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)? Bowman Internet Systems
Applicant will enter the name of the vendor (e.g., ABC Systems).

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Statewide

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$321,981
ESG	\$53,417
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$375,398

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
City	\$0
County	\$0
State	\$0
State and Local - Total Amount	\$0

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$80,495
Private - Total Amount	\$80,495

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-2.6 Total Budget for Operating Year	\$455,893
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/11/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	1,183	67	1,042	93.37%
Safe Haven (SH) beds	21	0	21	100.00%
Transitional Housing (TH) beds	1,217	60	1,100	95.07%
Rapid Re-Housing (RRH) beds	631	0	631	100.00%
Permanent Supportive Housing (PSH) beds	2,294	0	2,294	100.00%
Other Permanent Housing (OPH) beds	2,660	0	2,660	100.00%

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

N/A

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.
 (limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

2C-4. How often does the CoC review or assess its HMIS bed coverage? Annually

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	1%	1%
3.3 Date of birth	2%	0%
3.4 Race	4%	0%
3.5 Ethnicity	3%	0%
3.6 Gender	2%	0%
3.7 Veteran status	2%	0%
3.8 Disabling condition	3%	0%
3.9 Residence prior to project entry	5%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	5%	10%
3.15 Relationship to Head of Household	10%	0%
3.16 Client Location	1%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	8%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Quarterly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both? Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	<input checked="" type="checkbox"/>
VA Grant and Per Diem (GPD):	<input checked="" type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input checked="" type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for 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 the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count? Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy): 01/28/2015
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy): 05/11/2015

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input checked="" type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

Our sheltered PIT methods included reviewing and using HMIS data. All providers using HMIS as of the 2015 PIT were provided training by the HMIS System Administrators on how to accurately enter all data in HMIS for the sheltered PIT. This was done to conduct a complete census count. Additionally, interview of sheltered persons was done to confirm the shelter count by providers not using HMIS at the time the PIT was conducted. Provider surveys and interviews were distributed and completed along with phone calls and emails from HAND staff on how to accurately complete the forms.

2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)

N/A

2F-5. Did your CoC change its provider coverage in the 2015 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)

In 2015, 1 Emergency Shelter provider was added to the sheltered PIT. This change reflect a new program funded to provide service in our Continuum. One Transitional Housing provider and 1 Emergency Shelter provider were not included from the 2014 sheltered PIT count. These changes reflect programs where funding did not permit service to continue in 2015.

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	<input type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
	<input type="checkbox"/>

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

In 2015, we added two additional methods to obtain the highest quality count of our sheltered population:

- Ensured HMIS data was reviewed and complied with data quality standards (e.g., complete and up-to-date demographic data, such as gender).
- Comparison of unique client identifiers (not PII or personally identifying information).

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.

- 2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes
- 2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/28/2015
- 2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD? Not Applicable
- 2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/11/2015

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:

Night of the count - complete census:	<input checked="" type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)

Our unsheltered PIT count included use of “night of the count” canvassing where PIT volunteers covered the entire CoC geography. Information was provided to PIT volunteers on known locations specific to their assigned geography for canvassing. This combination of methods helped us to ensure complete coverage as well as count all unsheltered people encountered. We also conducted “post-night of the count” surveys within 7 days following the PIT count night at “service-based” locations. Interviews were conducted at soup kitchens and drop in centers known to be frequently accessed by people experiencing homeless. Each participant was asked where they had been sleeping on the night of 1/28/15. Prior to the unsheltered PIT count, all volunteers were trained on completing an interview form to collect PII and sub-population information for the unsheltered PIT count. These methods were carried out to ensure the highest quality count of the total unsheltered population in our Continuum.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)

N/A

2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016? Yes

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

Training:	<input type="checkbox"/>
"Blitz" count:	<input checked="" type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)

During the 2015 unsheltered count, there were fewer locations where service-based interviews were conducted in the days following 1/28/15 street count.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2,755	2,597	-158
Emergency Shelter Total	1,332	1,312	-20
Safe Haven Total	21	22	1
Transitional Housing Total	1,120	1,112	-8
Total Sheltered Count	2,473	2,446	-27
Total Unsheltered Count	282	151	-131

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	10,305
Emergency Shelter Total	8,767
Safe Haven Total	56
Transitional Housing Total	2,253

3A-2. Performance Measure: First Time Homeless.

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.
(limit 1000 characters)**

The CoC uses homelessness prevention funding as a primary means to reduce the number of individuals and families who become homeless for the first time. The CoC uses a common tool – the Risk Prevention Matrix – as a way to prioritize households for prevention assistance. This tool was developed based on research and discussion with providers to identify key factors that put a household at risk of becoming homeless. The tool is being used by CoCs across the State of MI. Households with more risk factors will be prioritized for prevention assistance.

Several different sources of prevention assistance are incorporated into the CoCs Coordinated Entry process. These sources, and their amounts, currently include:

State ESG: \$77,481
City ESG: \$400,000
CDBG: \$837,347
SSVF: \$457,722

Planning is also underway to pilot a diversion program in early 2016 at the Coordinated Access agency and a family shelter. This pilot program is being funded by the City of Detroit and State of MI.

3A-3. Performance Measure: Length of Time Homeless.

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)**

The Coord. Assmn't process in the CoC has shown to reduce the length of time people are homeless because people are quickly connected to the right housing intervention for their needs. Since the implementation of Coord Assmn't, length of stays in shelter has decreased by 28%.

HMIS is the primary tool used to record and track the length of time people are homeless. All CoC and ESG funded projects report in HMIS. The HMIS system has had open sharing amongst projects (with limited privacy exceptions) for the past year; therefore a client's past record of homelessness is viewable to the majority of homeless providers in the CoC.

In the coming year, the City of Detroit will be incorporating outcome expectations for programs receiving ESG funding, including reducing the length of time people remain homeless. Planning is also underway for generating a by name list of people who have been homeless the longest in the CoC and prioritizing those individuals for services.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	2,473
Of the persons in the Universe above, how many of those exited to permanent destinations?	1,783
% Successful Exits	72.10%

3A-4b. Exit To or Retention Of Permanent Housing:

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	2,052

Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	1,976
% Successful Retentions/Exits	96.30%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC’s efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

The following strategies have been implemented to minimize a person’s return to homelessness:

1. Persons receiving RRH who are assessed as needing longer-term subsidies are prioritized for homeless preference HCV.
2. \$1,772,550 in ESG, SSVF, CDBG, is used for prevention to help people retain their housing.
3. A diversion pilot program will be implemented at a family emergency shelter in 2016.
4. The Coord. Assmn’t process identifies the right housing intervention for people reducing the likelihood they will return to homelessness.

The Detroit CoC uses HMIS to monitor additional homeless episodes by persons who exit RRH, TH, or PH. All CoC and ESG funded projects report in HMIS, and the system has open sharing amongst projects (with limited exceptions for privacy concerns); therefore if a client presents for services at one provider, it can be known from the client’s record if s/he had previously exited an RRH, TH, or PSH project to PH and has now returned to homelessness.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)

Increasing employment income: Many CoC-funded projects have imbedded within their programs and agencies a focus on employment via job training, linkages to employers, or educational services. These organizations include Cass Comm Soc Svcs, COTS, Detroit Rescue Mission, NLSM, Southwest Counseling, & UHC.

Increasing non-employment income: The primary strategy implemented by CoC funded projects over the past year to increase non-employment income was the SOAR Initiative. SOAR (SSI/SSDI Outreach, Access, and Recovery) is led by the MI Dept of Health & Human Services (MDHHS). In addition to MDHHS, the following CoC-funded organizations have staff trained to complete SOAR applications: Southwest Counseling, Gateway Comm Health, Detroit East, NSO and Cass Comm Soc Svcs. Over the past year it took an average of 106 days for SOAR applications to be approved. The SOAR initiative will continue to be implemented in the coming year by MDHHS and the above-named providers.

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)**

Engaging the mainstream workforce development system and mainstream employment organizations in serving people who are homeless in Detroit has been challenging. While individual homeless service providers may have relationships with these entities, there is currently no system-wide process in place. Efforts have been made in the past to engage the Detroit Workforce Development Department with the homeless service system. Although past efforts have not brought about the system-wide outcomes hoped for, with recent changes in City administration and other changes within the City's workforce development system, the CoC is optimistic that future efforts to connect people who are homeless with mainstream employment organizations will be more successful.

3A-7. Performance Measure: Thoroughness of Outreach.

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)**

The Detroit CoC has 8 projects that conduct outreach to people who are living unsheltered. These projects conduct outreach during different hours of the day, and target places where people are known to be living in unsheltered locations. The staff engage individuals on the street, assisting them to seek shelter as the individual chooses. All street outreach projects report into HMIS which allows for identification and tracking of clients who are unsheltered.

When a person who is unsheltered calls the CoC's coordinated entry system for assistance, an outreach team is deployed to the location the person is calling from so that the person may be assessed for services and assisted with accessing shelter.

Outreach staff use the CoC's common assessment tool (VI-SPDAT) for people who are unsheltered. Based on the results of this assessment, persons are then brought into the coordinated entry process and referred to the most appropriate permanent housing provider.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)? No

3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count? (limit 1000 characters)

N/A

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	343	263	-80
Sheltered Count of chronically homeless persons	235	183	-52
Unsheltered Count of chronically homeless persons	108	80	-28

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

The overall TOTAL number of chronically homeless decreased by 23% from the 2014 to 2015 PIT.

The number of sheltered chronically homeless decreased by 22%. One reason for this decrease is due to improved data in HMIS. The sheltered PIT count is based on HMIS, so more accurate chronically homeless data has led to a more accurate count of the sheltered chronically homeless. New HMIS data standards implemented prior to the 2015 PIT resulted in more accurate chronically homeless data in HMIS.

The number of unsheltered chronically homeless decreased by 26%. The reason for this decrease is because the total unsheltered count decreased by 46% from 2013 to 2015. The overall decrease in the unsheltered count is due to improvements within street outreach teams in locating and housing the unsheltered and better targeting of CoC PSH resources to the most vulnerable. The overall decrease in the unsheltered count led to the number of unsheltered chronically homeless decreasing as well.

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)

Over the next 2 years, the CoC is developing and implementing several strategies to increase PSH beds for CH persons. The CoC recently worked with CSH to develop a report, which analyzes our transitional housing programs. Based on several criteria, some TH projects were identified as suitable for conversion to PSH. The CoC will be working with these programs to convert from TH to PSH serving CH persons. The CoC also expects to incentivize providers to use turnover units for CH by prioritizing such projects on the ranking priority lists. The CoC also began work with our PHA to develop a "Moving Up" pilot. The pilot aims to swap out up to 100 PSH vouchers for housing choice vouchers for those participants that no longer need intensive services. The turnover PSH units will then be used to serve people experiencing CH. Lastly, the CoC has begun work to develop a centralized waitlist, which will prioritize vulnerable populations such as CH persons for available units.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)

Update on strategies identified above to achieve the goal of ending chronic homelessness:

1. Converting TH to PSH: In Jan 2014, one TH project was reallocated to create 56 new PSH beds for the chronically homeless. In Nov 2015, 148 new units of PSH for the chronically homeless will be funded from reallocated TH projects.
2. Incentivizing turnover units for chronically homeless: In Jan 2015 the CoC began an intentional process of matching persons who were chronically homeless to vacant PSH units.
3. Piloting "Moving Up": Since Feb 2014, 82 "Moving Up" Housing Choice Vouchers provided by the State PHA have been used to swap out PSH vouchers for clients no longer needing the intense services of PSH. This "swapping out" has resulted in 82 units of PSH becoming available to house the chronically homeless.
4. Centralized waitlist: By Jan 2016 CoC will have a by-name list of all persons who are chronically homeless and prioritize these persons for housing.

3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	596	717	121

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)

The number of PSH beds dedicated for use for the chronically homeless increased between 2014 and 2015. The reasons for this increase are:

1. A new project with 28 beds for the chronically homeless began leasing up in 2015.
2. Several providers of rental assistance or leasing projects dedicated an additional 93 beds to the chronically homeless in 2015.

3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?

No

3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update. N/A

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	1,206
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	275
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	96
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	34.91%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? No

This question will not be scored.

3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

The Detroit CoC is a Zero: 2016 community, and therefore has committed to ending chronic homelessness by the end of 2016. At this time, it is unknown if the Detroit CoC is on track to end chronic homelessness by the end of 2016. In order for the CoC to know if it is on track to end chronic homelessness, it will be necessary to have developed a by-name list of people who are chronically homeless. At this time, the Detroit CoC is focusing its efforts on ending homelessness among Veterans by the end of 2015. Because the Detroit CoC is on track to end Veterans homelessness by the end of 2015, in early 2016 the CoC's focus will shift to implementing the by-name list of people who are chronically homeless and dedicating a focused effort to housing those individuals. Technical assistance on developing and maintaining this by-name list would be beneficial.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
chronically homeless families	<input checked="" type="checkbox"/>
level of acuity (SPDAT score)	<input checked="" type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)

Steps to be taken in the coming year to identify and prioritize families for RRH:

All ES in the Detroit CoC that serve families are a part of the CoC's coordinated entry system. A prescreen assessment (VI-SPDAT) is completed when a family enters ES. Based on the results of this prescreen, a full assessment (SPDAT) is completed within 14-30 days determine the family's level of acuity. Based on the score of the assessment, families are referred to the appropriate provider (RRH or PSH). Referrals are prioritized based on assessment score.

Once referred to RRH, immediate steps begin to gather necessary paperwork and locate a unit. Housing families within 30 days if often hampered by the lack of housing stock that will pass inspection the first time.

All of the CoC's RRH resources are incorporated into the coordinated entry process, which includes:
 State ESG: \$269,061
 City ESG: \$700,575
 City CDBG: \$500,000
 SSVF: \$2,587,570
 CoC: \$880,171

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	32	139	107

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

None:	<input type="text"/>
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3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	176	209	33
Sheltered Count of homeless households with children:	175	209	34
Unsheltered Count of homeless households with children:	1	0	-1

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The TOTAL number of homeless households with children increased between 2014 and 2015. It is important to note that there were no unsheltered households with children counted in the 2015 PIT.

One factor the CoC is aware of that contributes to homelessness is the time limits that the State has imposed in recent years on the length of time families may receive cash benefits. Since these limits were put into place, data has shown an increase in the percentage of families reporting that the loss of public assistance is a factor contributing to their homelessness. In 2010 (prior to the limits) 2% of families reported the loss of public benefits to be a contributing factor to homelessness. In 2012 (after the limits were enacted), that percentage increased to 9%. In 2014, the percentage has decreased to 5% of families reported the loss of public benefits to be a contributing factor to homelessness; however this is still much higher than prior to the enactment of the cash benefit limits.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input checked="" type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	350	171	-179

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)

Youth homeless providers in Detroit note that the young people they serve are often staying in unsafe, precarious, and exploitative living situations. Because of the transient nature of many homeless youth, a young person may be in an unsheltered location for a short period of time, but by the time they enter into services, they have since left the unsheltered situation are staying temporarily with friends, family, or another acquaintance. Therefore, many young people they serve enter their programs from a doubled-up situation.

Youth providers have noted, however, that for the last few years they have been serving an increasing number of youth who have been living in abandoned buildings prior to entering their programs.

Additionally, service providers have noted an increase in young people becoming homeless because the entire family has lost their housing, therefore resulting in the young person being served by the homeless youth provider and the adults being served elsewhere.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$3,152,032.00	\$2,655,062.00	(\$496,970.00)
CoC Program funding for youth homelessness dedicated projects:	\$1,483,632.00	\$1,483,632.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$1,668,400.00	\$1,171,430.00	(\$496,970.00)

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	3
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	1
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	6

3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)

There is a Detroit Public Schools (DPS) liaison assigned to the Detroit CoC who works with both CoC and ESG funding recipients. Staff from agencies and the liaison serve as a resource for identifying homeless families. Through a referral by the liaison or agency staff, identified families are connected to resources. Both the liaisons and DPS rep share info about available educational and housing resources directly and at CoC meetings.

Additionally, the Education Liaison (EL) position was created to ensure that service providers and school staff are connected and informed of available resources. Housed at Wayne Metro, the Education Liaison is responsible for connecting all homeless families in the county 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 EL also has a small budget to provide assistance to families in need of school supplies and other related items.

3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)

All Detroit 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 policies 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 followup 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.

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	525	486	-39
Sheltered count of homeless veterans:	514	480	-34
Unsheltered count of homeless veterans:	11	6	-5

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The overall TOTAL number of homeless veterans decreased by 7.4% from the 2014 PIT to the 2015 PIT.

The number of sheltered homeless veterans decreased by 6.6%. One reason for this decrease is due an increased emphasis on moving Veterans from GPD into permanent housing. The increase in SSVF and VASH resources also led to a decrease in sheltered homeless veterans.

The number of unsheltered homeless veterans decreased by 45%. The reason for this decrease is because the total unsheltered count decreased by 46% from 2013 to 2015. The overall decrease in the unsheltered count is due to improvements within street outreach teams in locating and housing the unsheltered and better targeting of CoC and VA PSH resources to the most vulnerable. The overall decrease in the unsheltered count led to the number of unsheltered homeless veterans decreasing as well.

**3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?
(limit 1000 characters)**

The Detroit CoC has a by-name list of homeless veterans in the CoC that is updated weekly using data from HMIS and the local VA Medical Center. All non-VA and outreach providers report in HMIS, so any veterans served by these providers will be included as well. Through weekly meetings, the veteran names on this list are all assigned to 1 of the 3 SSVF teams in the CoC. SSVF staff assess him/her using the community's common assessment tool. Based on the results of the assessment, the veteran is referred to an appropriate housing intervention. Veterans that are assessed for PSH are referred to VASH. If, following a referral to VASH it is discovered the veteran does not qualify for VA services, s/he is referred to the regular coordinated entry PSH matching process. Via this process, s/he will be matched to other PSH. Eligibility for VA resources occurs via SSVF staff or the VCRRC. Veterans assessed as needing RRH are assisted via SSVF, or ESG RRH if they do not qualify for VA services.

**3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population?
(limit 1000 characters)**

The Detroit CoC has started PSH matching meetings, where people who are assessed using the community's common assessment tool (SPDAT) as needing PSH are matched to PSH providers based on level of acuity and chronically homeless status. Veterans who are assessed as needing PSH and who do not qualify for VA programs are incorporated into this matching process and linked to non-VA PSH resources.

3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	377	486	28.91%
Unsheltered count of homeless veterans:	0	6	0.00%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015. Yes

This question will not be scored.

3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)

Following an Action Camp held in Sept 2015, the Detroit CoC developed a by-name list of veterans experiencing homelessness in our community, with targets to house all of the individuals on the list by the end of 2015. As of October 2015, there were approximately 300 names on this list. This list is updated weekly using HMIS data and data from the local VA Medical Center. The names on the list are distributed amongst the 3 SSVF teams in Detroit. The SSVF staff assess the veteran and make referrals to the appropriate housing intervention based on need, primarily VASH or SSVF.

It is estimated that there are currently enough VASH and SSVF resources allocated to the community to meet the needs of the veterans on this list. Going forward, the CoC may benefit from technical assistance to ensure we are able to prevent Veterans from becoming homeless or to maintain a system of quickly re-housing any who do fall into homelessness in the future.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients? No

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	53
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	53
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)

Michigan is a Medicaid expansion state that operates the Healthy Michigan Plan (HMP). The Detroit CoC works with Advantage Health Centers (AHC) to facilitate enrollment of clients in Healthy Michigan or, when appropriate, marketplace plans. In both cases, the benefits to enrollees include the following:

- Access to a medical home and comprehensive primary care services;
- Access to behavioral health services;
- Access to specialty services;
- Access to pharmacy services;
- Access to transportation and dental services in all cases of HMP, though a separate product is required by some plans in the Marketplace for dental and transportation is variable.

Added benefits, though not necessarily covered, include access to enabling and social services that are available to patients seen by community health centers, including AHC.

4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
Co-locate FQHC facility within PSH Development	<input checked="" type="checkbox"/>
Partner with Street Medicine Teams	<input checked="" type="checkbox"/>
Co-locate Medical Personnel in Shelters	<input checked="" type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	52
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	50
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	96%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	52
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	43
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	83%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve any population in the HIC:	119	404	285

4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
 (limit 1000 characters)**

N/A

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

N/A

4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

N/A

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	<input checked="" type="checkbox"/>
CoC Systems Performance Measurement:	<input type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input checked="" type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input checked="" type="checkbox"/>
Rapid re-housing:	<input type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
CoC Governance	05/01/2015	4
Coordinated Entry	03/02/2015	3
Data reporting and data analysis	04/01/2015	4
Homeless subpopulations targeted by Opening Doors	03/02/2015	3
Retooling transitional housing	04/01/2015	4

4C. Attachments

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

For required attachments related to rejected projects, if the CoC did not reject any projects then attach a document that says "Does Not Apply".

Document Type	Required?	Document Description	Date Attached
01. 2015 CoC Consolidated Application: Evidence of the CoC's Communication to Rejected Projects	Yes	MI-501_FY2015 Not...	11/17/2015
02. 2015 CoC Consolidated Application: Public Posting Evidence	Yes	MI-501_FY2015 Pub...	11/19/2015
03. CoC Rating and Review Procedure	Yes	MI-501 Project Ra...	11/17/2015
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	MI-501_Public pos...	11/13/2015
05. CoCs Process for Reallocating	Yes	MI-501_Process fo...	11/13/2015
06. CoC's Governance Charter	Yes	MI-501 Governance...	11/17/2015
07. HMIS Policy and Procedures Manual	Yes	MI-501 HMIS Polic...	11/13/2015
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Admin Plan (A...	11/09/2015
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No		
11. CoC Written Standards for Order of Priority	No		
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes	No		
13. Other	No		
14. Other	No		
15. Other	No		

Attachment Details

Document Description: MI-501_FY2015 Notice to Rejected Projects

Attachment Details

Document Description: MI-501_FY2015 Public Posting Evidence

Attachment Details

Document Description: MI-501 Project Rating & Review
Procedure_FY2015

Attachment Details

Document Description: MI-501_Public posting of review and rating
FY2015

Attachment Details

Document Description: MI-501_Process for Reallocating_FY2015

Attachment Details

Document Description: MI-501 Governance Charter

Attachment Details

Document Description: MI-501 HMIS Policies & Procedures 2015

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Admin Plan (Applicable Sections Only)

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

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Attachment Details

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Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	11/13/2015
1B. CoC Engagement	11/16/2015
1C. Coordination	11/18/2015
1D. CoC Discharge Planning	11/18/2015
1E. Coordinated Assessment	11/13/2015
1F. Project Review	11/19/2015
1G. Addressing Project Capacity	11/13/2015
2A. HMIS Implementation	11/13/2015
2B. HMIS Funding Sources	11/13/2015
2C. HMIS Beds	11/19/2015
2D. HMIS Data Quality	11/17/2015
2E. Sheltered PIT	11/19/2015
2F. Sheltered Data - Methods	11/13/2015
2G. Sheltered Data - Quality	11/16/2015
2H. Unsheltered PIT	11/19/2015
2I. Unsheltered Data - Methods	11/13/2015
2J. Unsheltered Data - Quality	11/13/2015
3A. System Performance	11/16/2015
3B. Objective 1	11/16/2015
3B. Objective 2	11/17/2015
3B. Objective 3	11/13/2015
4A. Benefits	11/16/2015
4B. Additional Policies	11/16/2015
4C. Attachments	11/19/2015
Submission Summary	No Input Required



HOMELESS ACTION NETWORK OF DETROIT

3701 Miracles Blvd., Suite 101, Detroit, MI 48201 phone (313) 964-3666 fax (313) 221-8383 www.handetroit.org

Memo

To: U.S. Department of Housing & Urban Development

From: Detroit Continuum of Care Collaborative Applicant, the Homeless Action Network of Detroit

Date: November 13, 2015

Re: Notice to Rejected Applicants in FY2015 CoC competition

In the FY2015 Detroit Continuum of Care competition, the CoC had no renewal projects that were submitted in eSNAPS that were rejected. This is evidenced by the attached public posting of project ranking list on 11/6/15 states "All renewal projects that were submitted to the CoC for renewal funding in FY2015 were accepted for ranking." This document was publically posted to the Collaborative Applicant's website on 11/6/2015.

The Detroit CoC held an open competition for new CoC project funding. Of the applications received in response to the RFP, six (6) were not selected to be submitted to HUD. This is evidenced by the attached public posting of the project ranking list which states "Fifteen applications were received in response to the Request for Proposals (RFP). Of these, one was unable to be reviewed due to not adhering to the RFP requirements. Of the remaining 14, on November 4, 2015, the CoC board approved 9 new project applications to be ranked and submitted for funding. Applicants were notified on November 6 if their new project application was selected for submission to HUD."

This is also evidenced by the attached letters sent to each of the agencies that were denied new CoC project funding.



Final FY2015 Detroit Continuum of Care Project Priority Ranking List

November 6, 2015

Background

Preliminary project ranking policies for the FY2015 Continuum of Care (CoC) competition were developed by the Detroit CoC's Values & Funding Priorities Taskforce and approved by the CoC Board on June 1, 2015. The Values & Funding Priorities Taskforce was given authority by the CoC Board to make the final decision as to where new Permanent Housing Bonus projects would be ranked after the FY2015 CoC Notice of Funding Availability was released. The Values & Funding Priorities Taskforce finalized the ranking policies on October 16, 2015. The final ranking policies are available [here](#).

Final Project Priority Ranking List

This document includes the final ranking list for the FY2015 HUD Continuum of Care competition. This document was made available on the website of the Collaborative Applicant, the Homeless Action Network of Detroit (HAND) on November 6, 2015, and may be accessed [here](#). This list was also distributed via email to all applicants.

Acceptance of Projects for Ranking

Renewal Projects

Renewal project applications were due to the Collaborative Applicant on June 23, 2015. All renewal projects that were submitted to the CoC for renewal funding in FY2015 were accepted for ranking.

New Projects

A competitive application process was held for new project funding. New project applications were due to the Collaborative Applicant on October 1, 2015. Fifteen applications were received in response to the Request for Proposals (RFP). Of these, one was unable to be reviewed due to not adhering to the RFP requirements. Of the remaining 14, on November 4, 2015, the CoC board approved 9 new project applications to be ranked and submitted for funding. Applicants were notified on November 6 if their new project application was selected for submission to HUD.

Tier 1/Tier 2 Funding Available

In FY2015, the Detroit CoC had the following amount of funding available in Tier 1 and Tier 2 for projects:

Annual Renewal Demand (ARD)*	\$24,575,829
Tier 1 (85% of ARD)	\$20,889,455
Tier 2 (sum of two numbers below)	\$7,372,749
15% of ARD	\$3,686,374
Total amount available for Permanent Housing Bonus	\$3,686,374
Total Amount of Project Funding That May Be Requested	\$28,262,204

*ARD is the amount of funding needed in order to fund all renewals for 1 year

HUD will fund Tier 1 projects according to CoC score. HUD will fund Tier 2 projects according to both the CoC and the project score, as described in the FY2015 CoC NOFA.

FY2015 Detroit CoC Project Priority Ranking List

Rank	Grantee	Project Name	Project Type	Total Request	Cumulative Total	Component 2A	Component 2B (tie-breaker)	Component 1A (tie-breaker)	% Chronically Homeless Served (PSH only)
TIER 1 PROJECTS									
CoC Infrastructure (Ranking Policy #1)									
1	HAND	HMIS	HMIS	\$194,078	\$ 194,078	N/A	N/A		N/A
2	HAND	HMIS Expansion	HMIS	\$96,155	\$ 290,233	N/A	N/A		N/A
3	HAND (Southwest Counseling)	CAM SSO	SSO	\$200,000	\$ 490,233	N/A	N/A		N/A
4	Community & Home Supports, Inc.	Targeted Housing and Homeless Assistance Program	SSO	\$693,486	\$ 1,183,719	N/A	N/A		N/A
5	Detroit Wayne Mental Health Authority	SHP Southwest Housing Partners SSO	SSO	\$114,811	\$ 1,298,530	N/A	N/A		N/A
6	Southwest Housing Solutions	Springwell SHP (SSO)	SSO	\$206,844	\$ 1,505,374	N/A	N/A		N/A
	CoC Planning: N/A not included in project ranking in FY2015				\$ 1,505,374	N/A	N/A		N/A
New Projects Created Via Reallocation (Ranking Policy #2)¹									
7	Neighborhood Legal Services Michigan	Project Hope - PSH ²	PH: PSH	\$1,028,646	\$ 2,534,020				
8	Community & Home Supports	Permanent Community Home Support	PH: PSH	\$500,000	\$ 3,034,020				
9	Detroit Rescue Mission Ministries	Cornerstone Oasis	PH: PSH	\$460,036	\$ 3,494,056				
10	Cass Community Social Services	Webb PSH	PH: PSH	\$204,546	\$ 3,698,602				
11	Cass Community Social Services	Scott PSH	PH: PSH	\$195,451	\$ 3,894,053				
12	Neighborhood Service Organization	RRH Project	PH: RRH	\$552,205	\$ 4,446,258				
13	Southwest Counseling Solutions	CAM RRH Project	PH: RHH	\$360,675	\$ 4,806,933				
14	Southwest Counseling Solutions	CAM SSO	SSO	\$200,000	\$ 5,006,933				
1st Time Renewing PH Projects (Ranking Policy #3)									
15	Coalition on Temporary Shelter	PSH for Chronically Homeless Families (Pathways to Housing)	PH: PSH	\$723,357	\$ 5,730,290				N/A
16	Detroit Rescue Mission Ministries	Douglass Permanent Housing Project	PH: PSH	\$553,885	\$ 6,284,175				N/A
17	Neighborhood Legal Services Michigan	Project Permanency One	PH: RRH	\$880,171	\$ 7,164,346	N/A	N/A		N/A
PH Projects Served at least 50% Chronically Homeless Over Last Year (Ranking Policy #4)									
18	Detroit Wayne Mental Health Authority	Southwest Solutions - Matrix S+C	PH: PSH	\$41,681	\$ 7,206,027	100%	100%		80%
19	Michigan Department of Health & Human Svcs	NSO-COTS Ren	PH: PSH	\$97,884	\$ 7,303,911	100%	50%		100%
20	Southwest Counseling Solutions, Inc.	ICMCHCAM	PH: PSH	\$366,340	\$ 7,670,251	100%	0%		100%

FY2015 Detroit CoC Project Priority Ranking List

Rank	Grantee	Project Name	Project Type	Total Request	Cumulative Total	Component 2A	Component 2B (tie-breaker)	Component 1A (tie-breaker)	% Chronically Homeless Served (PSH only)
21	Detroit Central City	Permanent Supportive Housing	PH: PSH	\$1,063,981	\$ 8,734,232	99%	99%		52%
22	Detroit Wayne Mental Health Authority	Supportive Housing Program - DCI Omega	PH: PSH	\$476,340	\$ 9,210,572	98%	96%		94%
23	Southwest Counseling Solutions, Inc.	Housing Recovery Project	PH: PSH	\$490,729	\$ 9,701,301	98%	66%		92%
24	Neighborhood Service Organization	Bell Supportive Housing Project	PH: PSH	\$513,207	\$ 10,214,508	97%	100%		94%
25	Michigan Department of Health & Human Svcs	SW Chronic Ren	PH: PSH	\$483,504	\$ 10,698,012	97%	98%		98%
26	Michigan Department of Health & Human Svcs	Development Centers Ren (Consolidated S+C)	PH: PSH	\$2,362,992	\$ 13,061,004	97%	96%		55%
27	Michigan Department of Health & Human Svcs	SW Samaritan Ren	PH: PSH	\$390,305	\$ 13,451,309	93%	95%		96%
28	Neighborhood Service Organization	Supportive Housing Program	PH: PSH	\$334,999	\$ 13,786,308	45%			91%
PH Projects served less than 50% Chronically Homeless Over Last Year, Performed at least 90% on 2A (Ranking Policy #5)									
29	Travelers Aid Society of Metropolitan Detroit	Infinity	PH: PSH	\$989,603	\$ 14,775,911	100%	104%		35%
30	Cass Community Social Services, Inc.	Cass Apartments Permanent Supportive Housing	PH: PSH	\$324,340	\$ 15,100,251	100%	99%		33%
31	Coalition on Temporary Shelter	Buersmeyer Manor	PH: PSH	\$140,712	\$ 15,240,963	100%	98%		17%
32	Detroit Wayne Mental Health Authority	Shelter Plus Care-Gateway Community Health	PH: PSH	\$311,911	\$ 15,552,874	100%	91%	100%	38%
33	Detroit Wayne Mental Health Authority	SHP-Gateway Community Health-Permanent Housing	PH: PSH	\$421,819	\$ 15,974,693	100%	91%	58%	27%
34	Southwest Housing Solutions	Wilshire Apartments	PH: PSH	\$135,526	\$ 16,110,219	100%	88%		36%
35	Detroit Rescue Mission Ministries	My Own Place	PH: PSH	\$232,867	\$ 16,343,086	100%	77%		33%
36	Detroit Wayne Mental Health Authority	Southwest Housing Partners S+C (aka Southwest- 0110)	PH: PSH	\$231,628	\$ 16,574,714	98%	90%		44%
37	Travelers Aid Society of Metropolitan Detroit	BEIT	PH: PSH	\$914,758	\$ 17,489,472	97%	113%		35%
38	Detroit Rescue Mission Ministries	Maranatha	PH: PSH	\$419,798	\$ 17,909,270	96%	84%		45%
39	Michigan Department of Health & Human Svcs	SW Springwells Ren	PH: PSH	\$195,101	\$ 18,104,371	93%	81%		45%
All Remaining TH, SH, SSO, and PH (Ranking Policy #6)									
40	Community Social Services	Teen Empowerment Program	SSO	\$184,873	\$ 18,289,244	100%	100%	93%	
41	UCHC	Target Home	SSO	\$475,341	\$ 18,764,585	100%	100%	91%	
42	D/WMHA	Detroit East New Beginnings	SSO	\$130,248	\$ 18,894,833	100%	100%	90%	
43	COTS	Domestic Violence TH	TH	\$313,960	\$ 19,208,793	100%	93%		
44	Community Social Services	Teen Infant Parenting Services (TIPS)	TH	\$362,392	\$ 19,571,185	100%	91%		

FY2015 Detroit CoC Project Priority Ranking List

Rank	Grantee	Project Name	Project Type	Total Request	Cumulative Total	Component 2A	Component 2B (tie-breaker)	Component 1A (tie-breaker)	% Chronically Homeless Served (PSH only)
45	Positive Images	Positive Images II	TH	\$713,343	\$ 20,284,528	96%			
46	Travelers Aid	SHOP I	TH	\$227,076	\$ 20,511,604	94%	96%		
47	UHC	PSH for the Homeless: Tier 1 amount ³	SSO	\$377,851	\$ 20,889,455	94%	94%		
Tier 1 Limit = \$20,889,455									
TIER 2 PROJECTS									
47	UHC	PSH for the Homeless: Tier 2 amount ³	SSO	\$202,459	\$ 21,091,914	94%	94%		
48	Detroit Rescue Mission Ministries	Genesis House I/Teen Moms	TH	\$414,457	\$ 21,506,371	93%			
49	Freedom House	New Beginnings/New American Homeless	TH	\$390,841	\$ 21,897,212	90%			
50	Mariners Inn	Transitional Housing	TH	\$294,509	\$ 22,191,721	89%			
51	Detroit Rescue Mission Ministries	Genesis House II	TH	\$1,077,868	\$ 23,269,589	88%			
52	Cass Community Social Services	Safe Haven	SH	\$428,000	\$ 23,697,589	83%			
53	Mariners Inn	Residential Treatment Program	SSO	\$107,803	\$ 23,805,392	81%			
54	Mariners Inn	Extended Residency (Permanent Housing)	PH: PSH	\$248,527	\$ 24,053,919	78%			
55	Covenant House	Rights of Passage	TH	\$408,056	\$ 24,461,975	76%			
56	Alternatives for Girls	HOPE Initiative (Aftercare Program)	SSO	\$113,854	\$ 24,575,829	73%			
New Permanent Housing Bonus Project (Ranking Policy #7)									
57	Neighborhood Legal Services Michigan	NLSM Cares - RRH Program ²	PH: RRH	\$ 1,661,483	\$ 26,237,312				

Notes

1. Unless otherwise indicated, all new projects are submitted for an initial grant term of 1 year
2. Initial project terms for these new projects is 2-years
3. Project #47 is one project straddling Tier 1/Tier 2. For purposes of illustrating the Tier breakdown, it is listed in each Tier with its respective Tier amount. However, it will be submitted to HUD as one project.

Evidence of public posting of FY2015 Project Priority Ranking list. Posted on 11/6/2015

Continuum of Care Archi x
www.handetroit.org/continuum-of-care-archive

FY2015 HUD CoC Application Materials

- ****NEW** (11/6/15): FY2015 Project Priority Ranking List**
- FY2015 Local Application Process
 - (9-22-15): Revised Application Timeline
 - FY2015 CoC Renewal Application Policies (pdf)
 - Revised Policy for Evaluation Component #4
 - FY2015 CoC Renewal Application (Word)
 - FY2015 New Project Funding RFP
 - (9-22-15): New Project Application & NOFA Information
 - (6-30-15): Revised due date and scoring criteria for new housing (PSH, RRH) applications
 - (6-30-15): Revised due date and scoring criteria for new SSO applications for CAM
 - New PSH Project-Based Application
 - New PSH Scattered-Site Application
 - New RRH Application
 - New SSO for Coordinated Assessment Application

Archive CoC Applications (Exhibit 1)

- FY2014 (note: there was no CoC Application in FY2014)
 - FY2014 Detroit CoC Project Listing
 - FY2014 Detroit CoC Project Ranking Policies
 - Local Renewal Project Application
- FY2013 CoC Application
 - FY2013 Detroit CoC Project Listing
 - FY2013 Detroit CoC Project Ranking Policies
 - FY2013 CoC Debriefing Summary (received 9/26/14)
- FY2012 CoC Application
 - FY2012 Detroit CoC Project Ranking Policies
- FY2011 Exhibit 1
- FY2010 Exhibit 1
- FY2009 Exhibit 1
- FY2008 Exhibit 1
- FY2007 Exhibit 1
- FY2006 Exhibit 1

2:16 PM
11/6/2015

Email to agencies informing them of final project ranking list. Email sent 11/6/2015

File Message

Ignore X
Junk Delete
Reply Reply All
Forward More
Meeting
Communication ... To Manager
Team E-mail Done
Reply & Delete Create New
Move Move
Actions
Mark Unread
Categorize Follow Up
Tags
Translate
Find Related Select Zoom
Delete Respond Quick Steps Move Tags Editing Zoom

From: Amanda Sternberg
To: 'agood@alternativesforgirls.org'; 'crayford@alternativesforgirls.org'; 'bwhitaker@alternativesforgirls.org'; 'grants@alternativesforgirls.org'; 'ccumcac@aol.com'; 'tinznr@casscommunity.org'; 'dysen@son@aol.com'; 'pferon@csswayne.org'; 'sjohnson@csswayne.org'; 'slochhart@csswayne.org'; 'vponders@csswayne.org'; 'nwarshay@chsinc.org'; 'cmackey@chsinc.org'; 'dworley@coltsdetroit.org'; 'sjohnson@coltsdetroit.org'; 'cjohnson@coltsdetroit.org'; 'gpriro@covenanthouse.org'; 'AElster@CovenantHouse.org'; 'cadams@covenanthouse.org'; 'bsmall@covenanthouse.org'; 'hwarren@dcccch.org'; 'rlepper@dcccch.org'; 'scommon@dcccch.org'; 'csmith@dcccch.org'; 'amoore@drmm.org'; 'gncphaul@drmm.org'; 'jstingl@ameritech.net'; 'bwillis@drmm.org'; 'lmuhammad@dwmha.com'; 'abuchanan@dwmha.com'; 'jdavis2@dwmha.com'; 'etwitty@dwmha.com';
Cc: Tasha Gray; Selwin O'Neal; Alexis Alexander (alexis@handetroit.org); Kiana Harrison; Stacey Banks; Allyson Pelichet
Subject: FY2015 Detroit CoC Project Priority Ranking List

Message FY2015 Detroit CoC Project Priority Ranking List.pdf (510 KB)

Sent: Fri 11/6/2015 2:22 P

Good Afternoon,

The FY2015 Detroit CoC Project Priority Ranking list has been finalized, and is attached. This document has also been posted on HAND's website, and may be accessed [here](#).

Please let me know if you have any questions. Thank-you.

Amanda Sternberg
Performance Management Analyst
Homeless Action Network of Detroit (HAND)
3701 Miracles Blvd, Ste 101 | Detroit, MI 48201
(p) 313-964-3666 x104 | (f) 313-221-8383
amanda@handetroit.org



3701 Miracles Blvd., Suite 101, Detroit, MI 48201 phone (313) 964-3666 fax (313) 222-8383 www.handetroit.org

HOMELESS ACTION NETWORK OF DETROIT

November 6, 2015

Rev. Faith Fowler
Cass Community Social Services
11850 Woodrow Wilson
Detroit, MI 48206

Re: Application for Permanent Supportive Housing Funds for Mom's Place

Dear Rev. Fowler,

Thank-you for your application to the Detroit Continuum of Care (CoC) for Permanent Supportive Housing funding for the Mom's Place PSH project. On behalf of the Detroit CoC, we regret to inform you that this project has not been selected for funding this year.

The Mom's Place PSH project proposed to serve chronically homeless families. The Request for Proposals (RFP) for new PSH projects stated: "HUD allows PSH to serve chronically homeless individuals or families. Based on known needs in our community, the Detroit CoC is limiting new PSH projects to serve only chronically homeless individuals. Applications that propose to serve chronically homeless families will not be considered."

Because of this, this application was not able to be reviewed and therefore not recommended for funding. The final listing of all new projects that will be submitted to HUD will be posted to HAND's website by November 6, 2015.

We look forward to continuing to work together on our mutual goals to end homelessness in Detroit. If you have any questions, you may reach me at Tasha@handetroit.org, or 313-964-3666 x101.

Sincerely,

Tasha Gray, Executive Director
Homeless Action Network of Detroit

Cc: Terra Linzner, Cass Community Social Services



HOMELESS ACTION NETWORK OF DETROIT

3701 Miracles Blvd., Suite 101, Detroit, MI 48201 phone (313) 964-3666 fax (313) 222-8383 www.handetroit.org

November 6, 2015

Rev. Faith Fowler
Cass Community Social Services
11850 Woodrow Wilson
Detroit, MI 48206

Re: Application for Supportive Services Only for Coordinated Assessment Model (CAM)

Dear Rev. Fowler,

Thank-you for your application to the Detroit Continuum of Care (CoC) for a new Supportive Services Only (SSO) project for coordinated assessment. On behalf of the Detroit CoC, we regret to inform you that this project has not been selected for funding this year.

Cass Community's project scored 78.3 out of a potential 100 points. If requested, HAND staff would be happy to provide more feedback to Cass on your application after the FY2015 CoC competition closes. Specific comments from the review team include:

- Overall, the application did not score as high as the one selected for funding
- The proposal's budget request did not align with the narrative
- Some areas of the application were not clear how the work proposed would coordinate with current CAM staff

Southwest Counseling Solutions was selected to submit a new SSO for coordinated assessment to HUD. If funded, this project will help to increase the capacity of the CAM. The final listing of all new projects that will be submitted to HUD will be posted to HAND's website by November 6, 2015.

We look forward to continuing to work together on our mutual goals to end homelessness in Detroit. If you have any questions, you may reach me at Tasha@handetroit.org, or 313-964-3666 x101.

Sincerely,



Tasha Gray, Executive Director
Homeless Action Network of Detroit

Cc: Terra Linzner, Cass Community Social Services



3701 Miracles Blvd., Suite 101, Detroit, MI 48201 phone (313) 964-3666 fax (313) 222-8383 www.handetroit.org

HOMELESS ACTION NETWORK OF DETROIT

November 6, 2015

Edna Bell
Traveler's Aid Society of Metro Detroit
65 Cadillac Square, Suite 3000
Detroit, MI 48226

Re: Application for Permanent Supportive Housing (Stellar)

Dear Ms. Bell,

Thank-you for your application to the Detroit Continuum of Care (CoC) for a new Permanent Supportive Housing (PSH) project. On behalf of the Detroit CoC, we regret to inform you that this project has not been selected for funding this year.

Traveler's Aid Society of Metro Detroit's project scored 25.7 out of a potential 100 points. The RFP for this funding stated that projects needed to score at least 70% (ie, 70 points) in order to be considered for funding. If requested, HAND staff would be happy to provide more feedback to Traveler's Aid on your application after the FY2015 CoC competition closes. Specific comments from the review team include:

- It was not clear that the project would be serving people experiencing chronic homelessness
- Significant portions of the application were not completed
- Concerns were expressed about deficiencies and weaknesses identified in the audited financial statements.

The final listing of all new projects that will be submitted to HUD will be posted to HAND's website by November 6, 2015.

We look forward to continuing to work together on our mutual goals to end homelessness in Detroit. If you have any questions, you may reach me at Tasha@handetroit.org, or 313-964-3666 x101.

Sincerely,

Tasha Gray, Executive Director
Homeless Action Network of Detroit

Cc: Holly Galan, Traveler's Aid Society of Metro Detroit



3701 Miracles Blvd., Suite 101, Detroit, MI 48201 phone (313) 964-3666 fax (313) 222-8383 www.handetroit.org

HOMELESS ACTION NETWORK OF DETROIT

November 6, 2015

Sandra Bomar-Parker
Operation Get Down
10100 Harper Ave
Detroit, MI 48213

Re: Application for Supportive Services Only for Coordinated Assessment Model (The Bell Project)

Dear Ms. Bomar-Parker;

Thank-you for your application to the Detroit Continuum of Care (CoC) for a new Supportive Services Only (SSO) project for coordinated assessment. On behalf of the Detroit CoC, we regret to inform you that this project has not been selected for funding this year.

Operation Get Down's project scored 41.1 out of a potential 100 points. The RFP for this funding stated that projects needed to score at least 70% (ie, 70 points) in order to be considered for funding. If requested, HAND staff would be happy to provide more feedback to OGD on your application after the FY2015 CoC competition closes. Specific comments from the review team include:

- Overall, the application did not score as high as the one selected for funding
- There were some questions within the application in which responses were missing or lacking in clarity
- It was not clear how the work proposed would coordinate with current CAM staff

Southwest Counseling Solutions was selected to submit a new SSO for coordinated assessment to HUD. If funded, this project will help to increase the capacity of the CAM. The final listing of all new projects that will be submitted to HUD will posted to HAND's website by November 6, 2015.

We look forward to continuing to work together on our mutual goals to end homelessness in Detroit. If you have any questions, you may reach me at Tasha@handetroit.org, or 313-964-3666 x101.

Sincerely,

Tasha Gray, Executive Director
Homeless Action Network of Detroit

Cc: Rodney Barnes, Operation Get Down



3701 Miracles Blvd., Suite 101, Detroit, MI 48201 phone (313) 964-3666 fax (313) 222-8383 www.handetroit.org

HOMELESS ACTION NETWORK OF DETROIT

November 6, 2015

Nathaniel Warshay
Community & Home Supports
2111 Woodward, #608
Detroit, MI 48201

Re: Application for Supportive Services Only for Coordinated Assessment Model (CHS CAM Call Center – 4C)

Dear Mr. Warshay,

Thank-you for your application to the Detroit Continuum of Care (CoC) for a new Supportive Services Only (SSO) project for coordinated assessment. On behalf of the Detroit CoC, we regret to inform you that this project has not been selected for funding this year.

Community & Home Supports' project scored 74.4 out of a potential 100 points. If requested, HAND staff would be happy to provide more feedback to CHS on your application after the FY2015 CoC competition closes. Specific comments from the review team include:

- Overall, the application did not score as high as the one selected for funding
- Requested more than the maximum amount allowed
- No leveraging identified
- Some areas of the application were not clear how the work proposed would coordinate with current CAM staff

Southwest Counseling Solutions was selected to submit a new SSO for coordinated assessment to HUD. If funded, this project will help to increase the capacity of the CAM. The final listing of all new projects that will be submitted to HUD will posted to HAND's website by November 6, 2015.

We look forward to continuing to work together on our mutual goals to end homelessness in Detroit. If you have any questions, you may reach me at Tasha@handetroit.org, or 313-964-3666 x101.

Sincerely,



Tasha Gray, Executive Director
Homeless Action Network of Detroit



3701 Miracles Blvd., Suite 101, Detroit, MI 48201 phone (313) 964-3666 fax (313) 222-8383 www.handetroit.org

HOMELESS ACTION NETWORK OF DETROIT

November 6, 2015

Violet Ponders
Community Social Services of Wayne County
9851 Hamilton Ave
Detroit, MI 48202

Re: Application for Supportive Services Only for Coordinated Assessment Model (CSSWC Call Center)

Dear Dr. Ponders;

Thank-you for your application to the Detroit Continuum of Care (CoC) for a new Supportive Services Only (SSO) project for coordinated assessment. On behalf of the Detroit CoC, we regret to inform you that this project has not been selected for funding this year.

Community Social Services' project scored 49.9 out of a potential 100 points. The RFP for this funding stated that projects needed to score at least 70% (ie, 70 points) in order to be considered for funding. If requested, HAND staff would be happy to provide more feedback to CSSWC on your application after the FY2015 CoC competition closes. Specific comments from the review team include:

- Overall, the application did not score as high as the one selected for funding
- There were some questions within the application in which responses were missing or lacking in clarity
- It was not clear how the work proposed would coordinate with current CAM staff

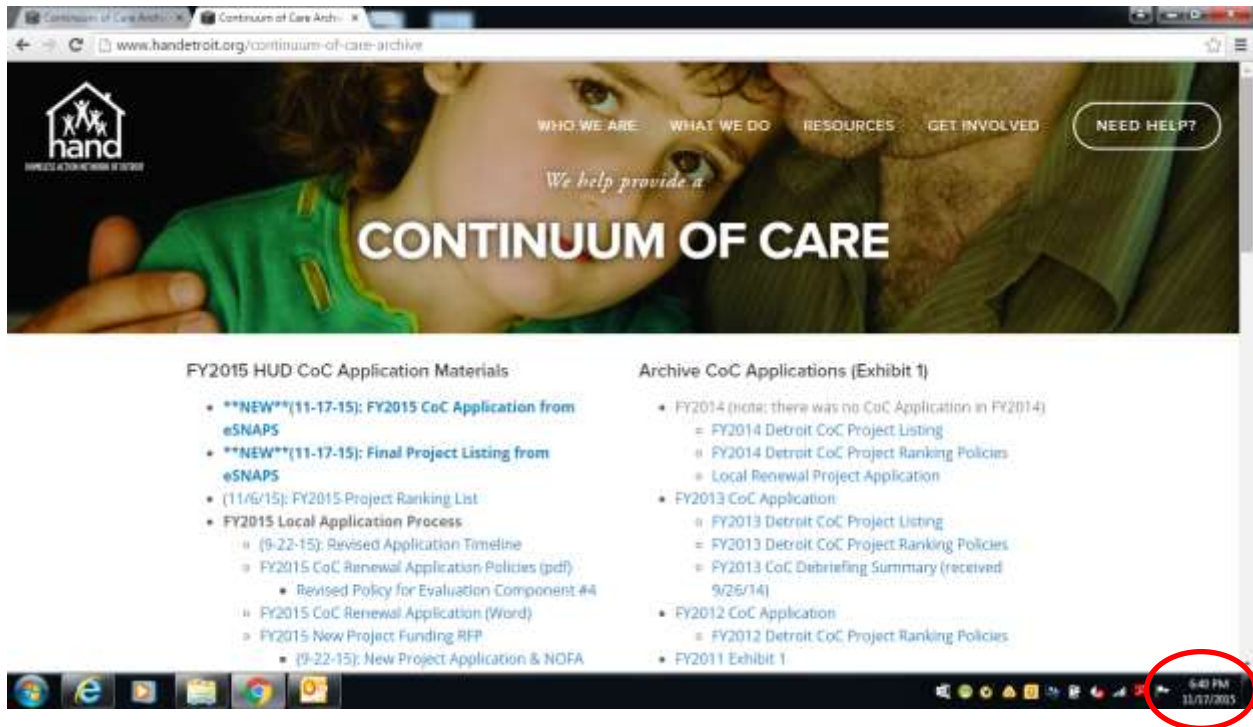
Southwest Counseling Solutions was selected to submit a new SSO for coordinated assessment to HUD. If funded, this project will help to increase the capacity of the CAM. The final listing of all new projects that will be submitted to HUD will posted to HAND's website by November 6, 2015.

We look forward to continuing to work together on our mutual goals to end homelessness in Detroit. If you have any questions, you may reach me at Tasha@handetroit.org, or 313-964-3666 x101.

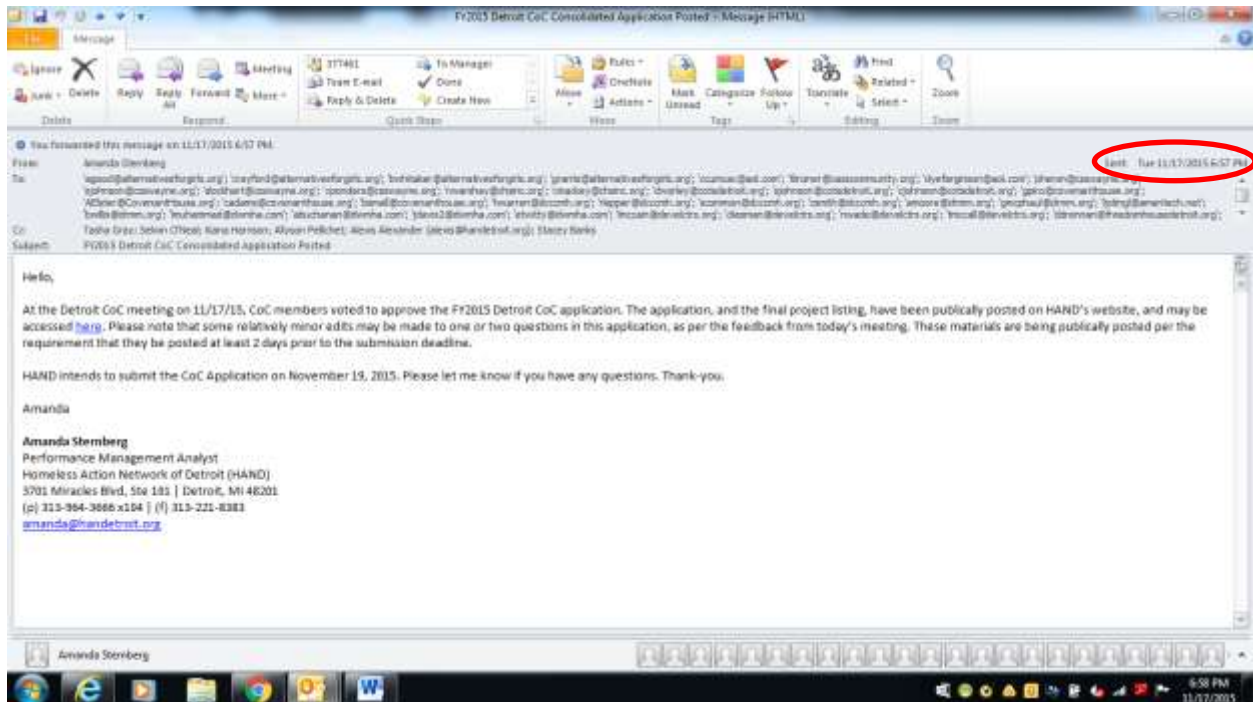
Sincerely,


Tasha Gray, Executive Director
Homeless Action Network of Detroit

Evidence of public posting of CoC Application and Project Ranking (11/17/15)



Communication to CoC-funded agencies about CoC application posting



Listserv message to all CoC members about CoC application & project ranking posting

Message

If there are problems with how this message is displayed, click here to view it in a web browser.

From: HAND: amanda@handetroit.org on behalf of HAND: amanda@handetroit.org
To: Amanda Sternberg
Cc:
Subject: FY2015 Detroit CoC Application & Project Listing Posted

Sent: Wed 11/18/2015 3:03 PM

HOMELESS ACTION NETWORK OF DETROIT

November 18, 2015

Dear Detroit CoC Members,

At the Detroit CoC meeting on 11/17/15, CoC members voted to approve the FY2015 Detroit CoC application. The application, and the final project listing, have been publicly posted on HAND's website, and may be accessed [here](#). Please note that some relatively minor edits may be made to one or two questions in this application, as per the feedback from the 11/17/15 CoC meeting. These materials are being publicly posted per the requirement that they be posted at least 2 days prior to the submission deadline.

HAND intends to submit the CoC Application on November 19, 2015. If you have any questions, please feel free to contact me at amanda@handetroit.org. Thank you.

Thank you,

Amanda Sternberg
Performance Management Analyst
Homeless Action Network of Detroit

[Forward this email](#)

[Safe to subscribe](#)

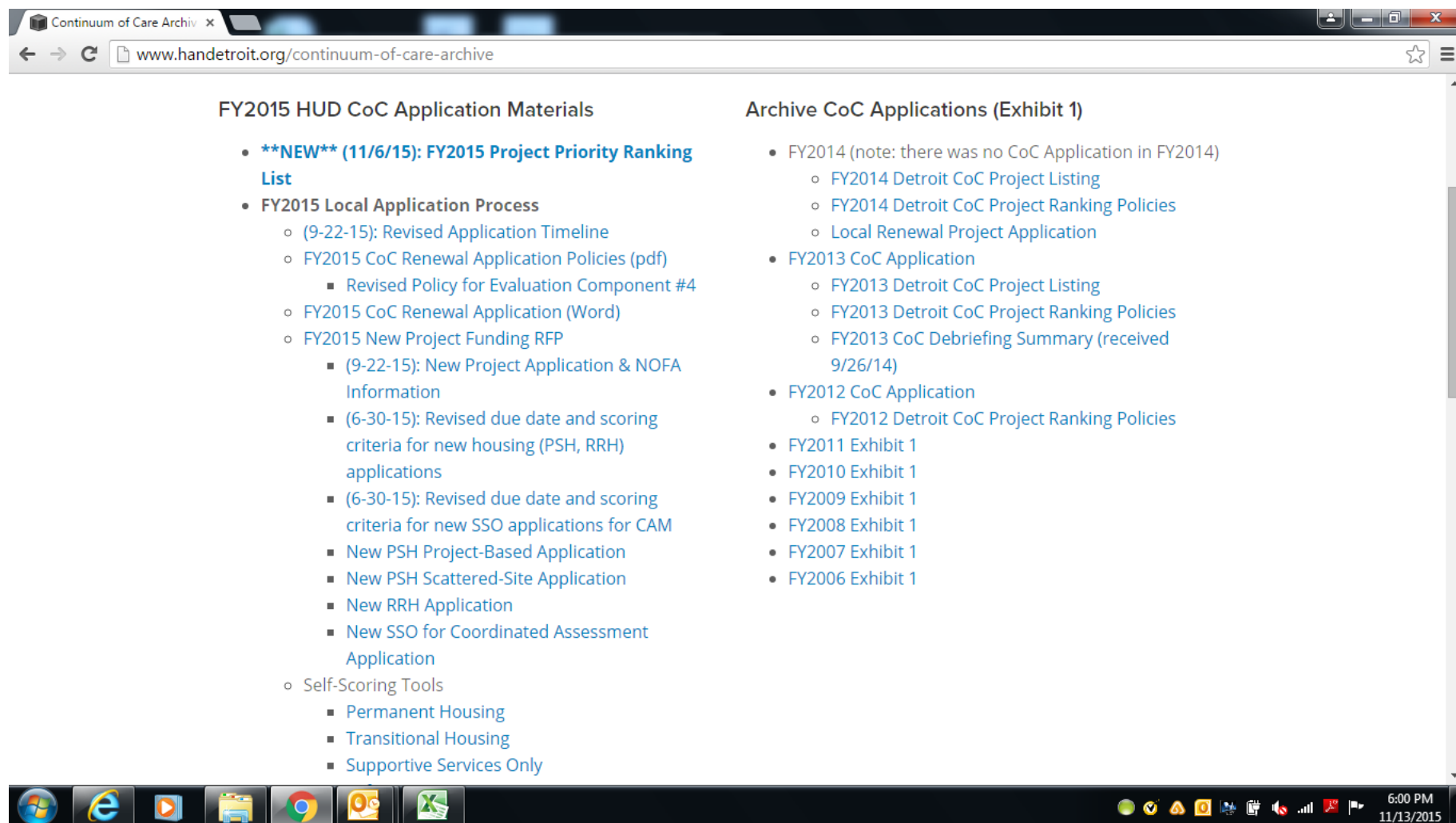
This email was sent to amandacarla@handetroit.org by amanda@handetroit.org

HAND

8:23 AM
11/19/2015

Evidence of public posting of CoC rating and review procedure

Screen shot 1 of 2



The screenshot shows a web browser window with the address bar displaying "www.handetroit.org/continuum-of-care-archive". The page content is organized into two columns:

- FY2015 HUD CoC Application Materials**
 - ****NEW** (11/6/15): FY2015 Project Priority Ranking List**
 - **FY2015 Local Application Process**
 - (9-22-15): Revised Application Timeline
 - FY2015 CoC Renewal Application Policies (pdf)
 - Revised Policy for Evaluation Component #4
 - FY2015 CoC Renewal Application (Word)
 - FY2015 New Project Funding RFP
 - (9-22-15): New Project Application & NOFA Information
 - (6-30-15): Revised due date and scoring criteria for new housing (PSH, RRH) applications
 - (6-30-15): Revised due date and scoring criteria for new SSO applications for CAM
 - New PSH Project-Based Application
 - New PSH Scattered-Site Application
 - New RRH Application
 - New SSO for Coordinated Assessment Application
 - Self-Scoring Tools
 - Permanent Housing
 - Transitional Housing
 - Supportive Services Only

- Archive CoC Applications (Exhibit 1)**
- FY2014 (note: there was no CoC Application in FY2014)
 - FY2014 Detroit CoC Project Listing
 - FY2014 Detroit CoC Project Ranking Policies
 - Local Renewal Project Application
- FY2013 CoC Application
 - FY2013 Detroit CoC Project Listing
 - FY2013 Detroit CoC Project Ranking Policies
 - FY2013 CoC Debriefing Summary (received 9/26/14)
- FY2012 CoC Application
 - FY2012 Detroit CoC Project Ranking Policies
- FY2011 Exhibit 1
- FY2010 Exhibit 1
- FY2009 Exhibit 1
- FY2008 Exhibit 1
- FY2007 Exhibit 1
- FY2006 Exhibit 1

The Windows taskbar at the bottom shows the system clock as 6:00 PM on 11/13/2015, along with various application icons and system tray icons.

Screen shot 2 of 2



**Detroit Continuum of Care
Transitional Housing Analysis
and
Reallocation Policies & Procedures for FY2015**

April 8, 2015

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Overview of Transitional Housing Analysis and Recommendations

Background

CSH produced a [Transitional Housing Programs Assessment Report](#) for HAND in October 2013 as the first phase of work to assist HAND and the entire system determine opportunities and needs for reallocation of transitional housing (TH). The report described analysis completed in 2012 and 2013 which provided information on the projects' and agencies' suitability to convert or retool based on six criteria. These criteria included organization commitment, mission and program rules, population, structure and physical plant, financials, and overall performance. Following analysis, initial recommendations for reallocation and retooling were proposed.

This report builds off of the initial recommendations for TH projects. Its purpose is to provide policy and procedural recommendations for implementing the first of a three year process to reallocate TH projects to Permanent Housing. Six policies and correlating procedures are proposed to accomplish this process. Although the focus of reallocation efforts will remain on Continuum of Care (CoC) funded TH projects, the sixth policy proposed addresses the outcomes of the system as a whole.

HUD's Position on Transitional Housing

HUD released two publications specifically about TH in 2013. The first was a message from HUD's Office of Special Needs Assistance Programs (SNAPS) in the form of a SNAPS Weekly Focus email – a regular communication designed to inform stakeholders about HUD's policy priorities for the year. The SNAPS Weekly Focus article titled [What about Transitional Housing?](#)¹ states that HUD does not support the wholesale removal of any one type of housing intervention from a CoC, including TH.

What it does encourage CoCs to do is to “look at transitional housing projects with a critical eye” to ensure the TH projects in a community are meeting a need and helping the system reach its goal of ending homelessness. As rapid rehousing projects have been serving the same types of households that may be served by TH in some communities, but at a lesser cost, HUD encourages communities to ensure that they are appropriately matching TH to the people that need it most. The SNAPS Weekly Focus statement lists **three priority target subpopulations that may be an appropriate fit for TH: youth, those fleeing domestic violence and those in substance abuse treatment.** Finally, the publication references recent research on TH, summarized below.

¹ <https://www.hudexchange.info/news/snaps-weekly-focus-what-about-transitional-housing/>

Summary of National Research on Transitional Housing

The Family Options Study is funded by HUD and studies families experiencing homelessness through a random assignment trial with the goal of assessing which interventions work best to promote housing stability, family preservation, child well-being, adult well-being, and self-sufficiency for homeless families. The [Interim Report](#)² findings indicate the following:

- Project-based housing interventions typically do not have enough flexibility to accommodate fluctuations in the demand for their services;
- Many projects have such stringent eligibility criteria they are screening out families that need their assistance; and
- Sometimes households do not take the assistance offered to them, which may indicate that a project's offering is not seen as valuable to the household.

An article published in the Journal of the American Planning Association, called [Rearranging the Deck Chairs or Reallocating the Lifeboats?: Homelessness Assistance and Its Alternatives](#)³, discusses alternatives for serving single adults who are not chronically homeless, a population typically found in today's TH projects. They suggest that the structure and intensity of services provided in TH projects could be an appropriate match for those exiting institutions who would otherwise become homeless. The TH project could serve as a natural extension of the institution and can provide critical after-care services for clients with an otherwise high homeless recidivism rate. The article also notes that those not exiting institutions who experience a homeless episode(s) that are not chronic may best be served by a shallow rental subsidy and connection with social supports to become stable; while the article does not call this type of assistance rapid rehousing, the description of the intervention mirrors that of the rapid rehousing project from the CoC and ESG project.

Finally, a report published by the Urban Institute called [Life After Transitional Housing for Homeless Families](#)⁴ demonstrates that TH helps families achieve important goals, such as housing stability and reduction in substance use. However, the study's design was not able to show whether these families would have had similar outcomes through other housing interventions. The study concludes that TH providers should seek to target services to those households with multiple barriers who would have not been able to accomplish housing stability on their own.

² http://www.huduser.org/portal/publications/pdf/HUD_503_Family_Options_Study_Interim_Report_v2.pdf

³ http://works.bepress.com/cgi/viewcontent.cgi?article=1050&context=dennis_culhane

⁴ <http://www.huduser.org/portal/publications/LifeAfterTransition.pdf>

Funding Threshold

On April 6, 2015, the CoC Board voted that a threshold of up to \$2,849,000 in CoC Transitional Housing program funding will be reallocated in the FY2015 CoC Competition. This threshold was arrived at by considering the following data:

- In 2014, CSH produced a Financial Modeling report that indicated that Detroit needed 3,998 additional units of permanent housing over five years
- Detroit has signed on to the federal goals of ending homelessness for veterans by the end of 2015 and ending chronic homelessness by the end of 2016. We need more permanent housing to accomplish these goals.
- An initial projection has been made that in order to reach the federal goals, approximately 1,875 people experiencing chronic homelessness will need to be housed by the end of 2016. Approximately 150 of these individuals are projected to be housed via new PSH developed through CoC Bonus Project funding.
- Therefore the remaining projection of the number of people experiencing chronic homelessness to be housed by 2016 is 1,725.
- The CoC board made the decision to set a target of funding approximately 15% of the units needed for addressing chronic homelessness, or 259 units^[1] to help lessen gap towards reaching our goal.
- Using data from the Financial Modeling report, a projected cost of \$11,000 per unit is used.
- The goal of developing 259 additional units, at \$11,000 per unit, results in the need to reallocate up to \$2,849,000 in transitional housing funds in FY2015.

Transitional Housing Reallocation Policies and Procedures

The six transitional housing (TH) reallocation policies and corresponding procedures are described in this section. The funds that are reallocated from the TH projects will be used to fund new Permanent Supportive Housing (PSH) and/or new Rapid ReHousing (RRH). Reallocating TH funds to either PSH or RRH will provide more permanent housing solutions for persons experiencing homelessness and better align the Continuum of Care (CoC) with HUD's policy priorities and expectations.

Policy #1: First Threshold

Purpose: To ensure that TH projects are meeting regulatory requirements for persons served by the project.

All TH projects will need to meet an initial threshold of requirements. This threshold will be established using regulations from the CoC Program Interim Rule as well as the stipulations within projects' contracts. In particular, projects will meet this threshold by ensuring they are

^[1] An assumption is included that the majority of those who are chronically homeless in Detroit are single individuals, therefore the projections are made based on 1-unit apartments.

serving eligible populations by submitting documentation of their participants' homeless status within 30 days of receiving notification from HAND that documentation is to be submitted. Agencies will be asked to submit this documentation for homeless status and eligibility, which they should already have available in their files, through the Homeless Management Information System (HMIS) for HAND to review⁵. This initial threshold will be measured through the procedure described for policy number one in the procedure below.

Procedure for Policy #1

In order to implement the first policy, the Detroit CoC will take the following action steps:

- CSH will provide HAND with links to HUD resources containing additional guidance on how projects should be effectively documenting participants' homeless status and their eligibility. HAND will provide this information to the agencies.
- Projects will submit the required documentation within 30 days of the start of this process.
- Projects will submit the required documentation for the most recent 20 participants who entered the project. A list of these participants will be generated from HMIS by HAND staff and provided to the agency.
- 100% of participants, whose documentation was submitted, are required to meet eligibility requirements. A 10% variance will be allowed during documentation review.
- Eligibility documents will be uploaded into the client's record in HMIS by the agency.
- HAND staff will review the uploaded documents.
- If projects meet eligibility requirements within this first threshold, they will proceed to the process required for meeting the second threshold.
- Projects that do not meet the second threshold will be reallocated. An RFP will be issued for those funds as outlined in the fourth policy.

Modified Procedure for Policy #1 for Project(s) Prohibited from Entering into HMIS per VAWA regulations:

This modified procedure for policy #1 applies only to project(s) that are prohibited from entering data into HMIS per Violence Against Women Act (VAWA) regulations. In order to implement the first policy for these project(s), the Detroit CoC will take the following action steps:

- CSH will provide HAND with links to HUD resources containing additional guidance on how projects should be effectively documenting participants' homeless status and their eligibility. HAND will provide this information to the agencies.
- Project(s) will submit to HAND a list of the last 30 clients who were entered into the project. Project staff and HAND staff will determine a mutually agreed upon manner for these clients to be submitted that protects client confidentiality, while still allowing to differentiate between the clients on the list.

⁵ A modified procedure for this policy is provided for project(s) that are prohibited from entering into HMIS as per Violence Against Women Act (VAWA) regulations.

- HAND will select 20 clients from the list of 30 whose eligibility documentation will be reviewed. HAND will notify the project(s) which of these clients are selected for review.
- For the 20 clients selected, project(s) will provide the required documentation. To preserve confidentiality of clients, eligibility documents will be kept on file at the project(s) office. HAND staff will review the documents on-site at the project(s) location.
- Project(s) will prepare the required documentation within 30 days of the start of this process, and notify HAND when the documentation is ready for review. HAND staff will then arrange to review the documentation on-file at the project(s) location.
- 100% of participants, whose documentation was provided, are required to meet eligibility requirements. A 10% variance will be allowed during documentation review.
- If projects meet eligibility requirements within this first threshold, they will proceed to the process required for meeting the second threshold.
- Projects that do not meet the second threshold will be reallocated. An RFP will be issued for those funds as outlined in the fourth policy.

Policy #2: Projects Serving Youth, Domestic Violence Populations, and/or Persons Exiting Substance Abuse Treatment

Purpose: To identify projects that are serving identified priority populations for TH

HUD has identified three target sub-populations for transitional housing: youth (24 and under), persons fleeing/attempting to flee domestic violence, and persons in substance abuse treatment. Therefore, projects that exclusively serve youth (24 and under) and/or persons fleeing/attempting to flee domestic violence and/or individuals whose residence prior to program entry was a substance abuse treatment program will need to complete the procedure for policy number one and meet the initial threshold. However, they will only be required to meet the initial threshold and will not be required to meet the second threshold (Policy #3).

Procedure for Policy #2

In order to implement the second policy, the Detroit CoC will take the following action steps:

- Projects that exclusively serve youth (age 24 or under) and/or persons fleeing/attempting to flee domestic violence and/or individuals whose residence prior to program entry was a substance abuse treatment program will undergo the procedure outlined for policy number one.
- To determine if projects exclusively serve the target sub-populations, the following action steps will occur:
 - The CoC Board elects to review data on persons entering each project over the past 2 project terms/operating years.
 - HAND staff will review project APRs and, for DV, annual project applications for HUD CoC funding for the following information that identify the sub-population being served:

- For Youth:
 - Data source: APR question 16, “total” column
 - 100% (with 10% variance) of persons served must be age 24 and under
- For Domestic Violence:
 - Data source: APR question 19 AND project description in project application for HUD CoC funding as submitted in eSNAPS for last two funding rounds (FY2013 and FY2014)
 - 100% (with 10% variance) of persons served in the project must have an answer of “yes” to APR question 19; AND
 - The project description in the last two HUD project applications as submitted in eSNAPS must clearly state that the primary target population for the project are victims and/or survivors of violence.
- For Residence Prior to Program Entry:
 - Data source: APR Question 20 Residence Prior to Program Entry: Institutional Settings, Substance abuse or detox center
 - 100% (with 10% variance) of persons who entered the project must have entered from substance abuse or detox center.
- Projects may serve a combination of the target sub-populations and meet the standard, provided this combination totals at least 90% of the persons served.
- If these projects meet the initial threshold, they will not need to proceed to the process for the second threshold and will not be considered for reallocation for another year.
- If these projects do not meet the initial threshold, they will need to proceed to the process for the second threshold.

Policy #3: Second Threshold

Purpose: To develop a ranked listing of projects based on historical outcome performance.

TH projects that do not exclusively serve youth and/or persons fleeing/attempting to flee domestic violence and/or individuals entering the project from substance abuse treatment and that meet the first threshold will need to meet a second threshold of requirements consisting of outcome measurement over the past three project terms for performance on exits to permanent housing, length of stay, and bed utilization. The outcome performance will be used to score and rank projects in order to determine which will fall below the established funding threshold and therefore will be reallocated. See above for discussion on the funding threshold. The outcomes to be measured will be the HUD outcomes of percentage of persons who exit to permanent housing (PH), length of stay (LOS), and unit/bed utilization. The second threshold will be formed and measured through the procedure described for policy number three in the procedure below.

Procedure for Policy #3:

In order to implement the third policy, the Detroit CoC will take the following action steps:

- The CoC Board elects to review outcomes from over the past 3 project terms.
- The CoC Board selects the set of pre-determined criteria constructing the project ranking system. One outcome (exits to Permanent Housing) will be prioritized above the other outcome measurements in the review process. This outcome will be calculated for each project by totaling its exits to PH over the last three project terms; that number will then be divided by the total number of all exits over the past three project terms in order to determine the percentage of exits to PH. Projects will be prioritized based on their percentages (ranked from higher percentages to lower percentages).
- If multiple projects produce the same result on exits to permanent housing, the performance of the second and third outcomes will be used to aid in determining the overall projects' rank. Occupancy rates/utilization will be prioritized second (ranked by higher occupancy rates to lower occupancy rates). Length of Stay will be prioritized third (ranked by shorter lengths of stay to longer lengths of stay).
- For consistency, occupancy rates/utilization and length of stay data will also be evaluated based on the past 3 project terms.
- HAND staff will calculate these percentages by using either the project's APRs already on file with HAND, and/or generating the APR and/or AHAR report from HMIS for the selected timeframe for each project. The timeframes under consideration will be each project's past 3 project terms.
- The CoC Board will select a funding threshold that determines the amount of funding that will be considered for reallocation. Using gaps analysis data and unmet need data the CoC Board will identify the number of Rapid Re-Housing and/or Permanent Supportive Housing beds that need to be created to meet the CoC's need. Based on the needed number, the CoC Board will set the funding threshold range. See above for discussion on the funding threshold.
- Using the project rankings and the grant award funding level for each project, HAND staff will identify the projects that fall within the funding threshold range, ensuring that projects will be reallocated in full (i.e. a project cannot fall partially within the threshold and partially outside of the threshold).
- The CoC Board will review a blinded project listing – a list of projects that do not include Agency or Project Names. If a project falls partially in and partially outside of the funding threshold, the CoC Board will make a decision on whether that project funding gets reallocated or not, based on the number of needed units of PH.
- Projects that fall within the funding threshold range will be reallocated in full. An RFP will be issued for those funds as outlined in the fourth policy.

Policy #4: Appeals

Purpose: To address appeals.

Please note there is no appeals process within these policies and procedures for the following reasons:

- The requirements outlined in Policy #1 serve as requirements projects are contractually obligated to meet through the project recipient's contract with HUD.
- The timeframe under review for the outcome measures provide sufficient information to accurately assess projects' performance over time.
- All outcome data have been approved by the project recipient and/or sub-recipient during the submission of the projects' Annual Performance Report (APR) to HUD and project application for funding during the open competition submitted to HAND and HUD.
- During the competition years, project applicants were able to appeal the data used in calculating performance scores and could correct the data. In these instances where data was corrected, the corrected data will be used.

Therefore, the criteria used for the process of determining projects for reallocation are objective and are not objectionable by a project recipient.

Policy #5: Request for Proposals (RFP) for Reallocation to Permanent Supportive Housing (PSH) and/or Rapid ReHousing (RRH)

Purpose: To utilize reallocated TH funding for new permanent housing projects.

HAND will release a Request for Proposals (RFP) for all funding that is determined through the second threshold requirement policy and procedure. The released RFP will allow new projects for rapid re-housing and/or permanent supportive housing (in accordance with allowed new projects through the Continuum of Care Competition Notice).

Procedure for Policy #5:

In order to implement the fifth policy, the Detroit CoC will take the following action steps:

- HAND staff will create and release an RFP to specifically target the reallocated funding identified as potential projects to reallocate to permanent housing: rapid re-housing and/or permanent housing: permanent supportive housing in accordance with Continuum of Care NOFA requirements for new projects.
- The application process will follow the timeline and requirements as set forth in the RFP.

Policy #6: Consideration of Non-CoC funded TH Projects' Outcomes

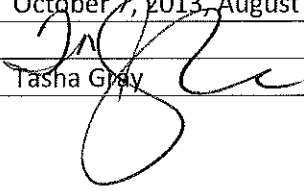
Purpose: To better identify community needs being served, or potentially to be served, by non-CoC funded TH projects.

All non-CoC funded TH projects will be contacted by HAND to begin the process of assessing project outcomes and to continue relationship building with all TH projects in the homeless response system.

Procedure for Policy #6:

To implement the sixth policy, the Detroit CoC will take the following action steps:

- HAND staff will review outcomes for projects utilizing HMIS using the same criteria established for CoC funded projects.
- HAND staff will reach out to non-CoC funded TH projects to discuss opportunities to engage or further engage with the CoC. Staff will also offer opportunities for technical assistance to improve project outcomes that work toward overall CoC goals.
- HAND staff will establish a plan for future outreach with these projects in order to continue developing relationships within the entire system.

Policy Title	Appeals Process Policy & Procedures
Date Developed/Revised	March 2012, September 2013, August 4, 2014, June 1, 2015
Date Adopted by CoC Board of Directors	October 7, 2013, August 4, 2014, June 1, 2015
Signed (HAND Executive Director)	 Tasha Gray

I. Policy Applies To

The following policy applies to all recipient and/or sub-recipient organizations that receive HUD Continuum of Care (CoC) funding. The term “CoC funding” replaces the previously used terms “Supportive Housing Program” (SHP) and “Shelter Plus Care” (S+C).

II. Background

As the Collaborative Applicant for the Continuum of Care in Detroit, Hamtramck, and Highland Park, the Homeless Action Network of Detroit (HAND) has been designated to lead the process of applying for Continuum of Care funding from the Department of Housing and Urban Development on an annual basis. In carrying out these responsibilities, HAND, in conjunction with the Values & Funding Priorities Taskforce, develops the process by which projects seeking renewal funding are evaluated and ranked in a priority listing for funding. The policies are approved by the Continuum of Care Board. For the FY2015 CoC competition HAND’s Board of Directors has been designated to carry out the duties of the Continuum of Care Board.

III. Evaluation and Ranking



All CoC funded projects seeking renewal funding in the Continuum of Care competition will be reviewed and scored by the Collaborative Applicant on a number of different components which may include – but not be limited to – program performance, HMIS data, and CoC participation. The details of the scoring components, and the values of those components, will be specified in the application process developed each year by the Collaborative Applicant and/or a subcommittee of the Detroit CoC.

A renewal project will be placed on the project priority list in accordance with ranking policies if it meets one of the following criteria:

1. Project has a final score of at least 70%; OR
2. Projects has a final score of less than 70% of the total points possible but has been granted a threshold waiver by the Appeals Committee

Projects that score less than 70% and are not granted a threshold waiver from the Appeals Committee will not be placed on the project priority listing and will not be submitted to HUD for renewal funding. The funding available from these projects will be reallocated to a new project(s).

IV. Appeals

In FY2015, there are two types of appeals that a project applicant may submit. An applicant may submit both of the following types of appeals for one project. The different types of appeals are:

A. Calculations Appeal

An organization may appeal the score or performance rate earned. In the appeal, the organization must demonstrate that an error was made in calculating the score or performance rate on evaluation components one (1) through five (5) in the renewal project application. When appealing a calculation error, the project applicant must demonstrate that a calculation error was made, and additionally demonstrate what the correct calculation should be. Proposed corrections must be based on the data originally submitted to the Collaborative Applicant with the renewal applications. Organizations may not submit changed or corrected data after the initial submission to the Collaborative Applicant. Projects should refer to the self-scoring tools provided with the FY2015 application materials for details on how the performance rates were calculated.

For the purposes of this policy, a “calculation error” is defined an error made in addition, subtraction, division, multiplication or other mathematical operation.

B. Appeal for Threshold Waiver

A project that earns less than 70% of the total points possible – either before or after any calculation corrections are made – may appeal for a waiver of the threshold requirement that a project earn at least 70% in order to be placed on the project priority listing. This appeal for a waiver is the applicant’s opportunity to provide additional rationale, in a narrative format, as to why the project should continue to be considered for funding. This waiver request only applies to projects that have an overall score of less than 70%, because without this waiver the project would not be placed on the project priority listing and would not be submitted to HUD.

V. Change from FY2014 Appeals Policy

In the FY2014 competition, there was no minimum score a project needed to earn in order to be placed on the project priority ranking list. In the FY2015 competition there is a minimum threshold score a project must meet in order to be ranked. The appeals policy for FY2015 reflects this change.

VI. Content of Appeals

The source of data for evaluating projects for continued HUD CoC funding is the data submitted in the project’s APR and HMIS data. It is expected that organizations have reviewed this data prior to submission. Therefore, applicants that submit an appeal may not appeal on the basis of having initially submitted incomplete or inaccurate data to the Collaborative Applicant. Any appeal that is submitted in which the only rationale or evidence given is based on corrected data will be rejected and the project’s original performance rate will stand.

VII. Appealing Placement on Project Priority List

Projects will be placed on the project priority list in accordance with the ranking policies based on the final calculated performance rate. The final performance rate will be either the performance rate initially calculated, or re-calculated if needed based on any appeal made. Placement on the project priority list, however, does not guarantee funding.

Organizations may not appeal the placement of the project on the project priority ranking list, whether the project is placed into Tier 1 or Tier 2. All project rankings are final and cannot be appealed.

VIII. Composition of Appeals Committee

The Collaborative Applicant will invite individuals to participate on the Appeals Committee. Individuals that have served on the committee in the past may serve the following or subsequent years. The Appeals Committee will be composed of individuals who have knowledge and experience in any (but not necessarily all) of the following:

- Continuum of Care funding and process
- Homelessness programming
- Homelessness funding (which may include private and/or public funding sources)
- Program evaluation
- Performance monitoring
- Grant writing
- Fund development
- Fund distribution

The Appeals Committee will be composed of at least 5, but no more than 7, members. A sub-set of the Appeals Committee, composed of at least 3 members, may be tasked with reviewing calculations appeals. The staff of the Collaborative Applicant will have the autonomy to decide if a sub-set of the Appeals Committee is appropriate to review calculations appeals.

IX. Role of Appeals Committee

The role the Appeals Committee will vary depending upon the type of appeal under consideration.

A. Calculation Appeals

Collaborative Applicant agency staff will present to the Appeals Committee, or a sub-set of the Committee, the appeal submitted and the need for calculation review. The Appeals Committee, or the sub-set of the Committee will review calculations. Following the review of the calculations, a recommendation will be made to the full Appeals Committee as to whether or not a project's performance rate needs to be corrected based on any corrected calculations. The Appeals Committee will then make a decision based on the recommendation to either change or not change a project's performance rate. The Appeals Committee will not be making a recommendation or decision as to where on the project priority list the project should be ranked. The placement of the project on the project priority list will be determined by the ranking priorities.

For calculation appeals, the Appeals Committee will carry out the following activities:

- Review appeals material submitted by organization.
- Determine if a calculation error was made in calculating the project performance rate, and if so, present the corrected performance rate.

If the Appeals Committee agrees that a performance rate was initially calculated incorrectly, and that the appealing organization demonstrated a corrected performance rate, the Appeals Committee may make the decision to grant the project the corrected performance rate. The project will then be ranked according to the corrected performance rate.

If the Appeals Committee determines that the initial project performance rate had been correctly calculated, and that the appeal organization was not able to substantiate the need for a corrected calculation, the Committee may make the decision to rank the project according to the initial performance rate as had been calculated by Collaborative Applicant staff.

B. Threshold Waiver Appeals

Collaborative Applicant agency staff will present to the full Appeals Committee the materials submitted by the project applicant seeking a threshold waiver. The Appeals Committee will carry out the following activities:

The Appeals Committee will carry out the following activities:

- Review appeals material submitted by organization
- Participate in a group discussion about the appeal
- Develop a recommendation for the project being appealed

The Appeals Committee will make recommendations on threshold waiver requests. Upon review of the appeal for a waiver of the threshold requirement, the Appeals Committee will make one of the following recommendations to the CoC Board of Directors, the duties of which for the FY2015 competition have been designated to HAND's Board of Directors:

- a. Request is denied: Project should not be considered for renewal funding, and should not be placed on the project priority list. The funding available from projects not placed on the project ranking list, and consequently not submitted for renewal, will be reallocated to a new project.
- b. Request is granted with no further condition: Project should be placed on the project priority list in accordance with ranking priorities for the full amount of its current award.
- c. Request is granted with condition: Project should be placed on the project priority list in accordance with ranking priorities for the amount of its current award, with the condition that, if funded, the project must submit to a plan of correction/technical assistance over the course of the following year, with stipulation that the project may remain at risk of not being considered for future funding if there is a lack of progress on any corrective action plan developed.

The Appeals Committee will not be making a recommendation as to where on the project priority list the project should be ranked. The placement of the project on the project priority list will be determined by the ranking priorities.

Communication amongst the Appeals Committee members and Collaborative Applicant agency staff regarding the above may be conducted either in person, via email, or via conference call.

X. Role of Collaborative Applicant Agency Staff with Appeals Committee

Collaborative Applicant agency staff will carry out the following activities with the Appeals Committee:

- Recruit volunteers to take part in the Appeals Committee who have the knowledge/experience as described above.
- Provide background information to Appeals Committee on score received by project under appeal.
- If necessary, provide general background information on the organization and project filing the appeal. The content of this information will consist of the description of the organization and project provided by the organization in its application to the CoC and information that is otherwise publicly available about the organization or project (ie, via the organization's website, brochures, etc).

- Guide and facilitate the discussion process with the Appeals Committee. Staff will offer input only to help clarify or guide the conversations; no opinions on the organization or project will be offered in the conversation with the Appeals Committee.
- Staff will take notes during the conversations with the Appeals Committee. If communications amongst the Appeals Committee members is conducted via email, the emails will be retained as records of the Appeals process.

XI. Role of CoC Board

For the FY2015 CoC competition HAND's Board of Directors has been designated to carry out the duties of the Continuum of Care Board.

The following Board members will be recused from the discussion and decision making on appeals:

- Any Board member with a disclosed conflict of interest.
- Any Board member who is currently or formerly employed by, or a Board member of, any of the organizations that submitted an appeal.
- Any Board member who is currently or formerly employed by, or a Board member of, an organization applying for new CoC funding in the same application year during which the appeals are being considered.

Any current Board member who is not otherwise recused as described above will be expected to participate in the review and decision making on appeals. A quorum will be 1/3 of the Board members eligible to review the appeals. A quorum must be present in order for voting on the appeals to occur.

The Board will conduct the following activities:

- Review the decision made by the Appeals Committee regarding calculation errors, and vote to approve or not approve the decision(s).
- Review and discuss the recommendations made by the Appeals Committee on threshold waiver appeals and vote to accept or reject the recommendations.
- Voting may occur in the following ways: via a voice vote in person, voice vote over the phone, or in writing email.
- Decisions will be made by a simple majority vote.
- If the Board votes to reject a recommendation made by the Appeals Committee, the Board will be responsible for developing its own decision on action to be taken with the project in question.

The decisions made by the Board Committee will be final.

XII. Role of Collaborative Applicant Agency Staff with the CoC Board

Collaborative Applicant agency staff will carry out the following activities with the CoC Board:

- Staff will present the recommendations of the Appeals Committee to the CoC Board.
- Staff will guide and facilitate the discussion with the CoC Board, including offering additional background information and/or clarification as needed.
- Staff may provide input on recommendations during discussions with the CoC Board, however, staff will not offer an opinion on the recommendation being made.
- Staff will take notes.

XIII. Notification of Appeals Decision

Organizations will be informed of the decision of the Appeals Committee, and any additional instructions, in writing through letter or email within 5 business days of the decision.

XIV. Conflict of Interest

All members of the Appeals Committee will be required to sign the same Conflict of Interest Disclosure statement as the CoC Lead Agency staff and Board of Directors, which reflects HAND's Conflict of Interest policy in the organization's bylaws. This Conflict of Interest Disclosure statement is attached.

In the case that Collaborative Applicant agency staff receive information of a real or potential conflict of interest, such information will be investigated and appropriate action will be taken.

XV. Notification of Appeal Process & Submission of Appeals

Collaborative Applicant staff will notify organizations via email of their project's initial project performance. The notification will also include details on how an organization may submit an appeal, and the timeline in which the appeal is to be submitted. The specifics on submitting the appeals (deadlines, method, contact person, timeline for making decisions) will be specified on a yearly basis. Organizations will be given at least 10 days to submit their appeal from the time they are notified of their eligibility to appeal. An organization that does not submit an appeal by the stated deadline will be considered to not be appealing and therefore that project will automatically be ranked according to the initial score received.

XVI. Appeals for Projects Currently Under Technical Assistance

An organization that has a project that is subject to CoC-recognized technical assistance, or that is under a corrective action plan at the time of application for FY2015 renewal funding will still be able to appeal a calculation error made on the renewal project as outlined in this document.

XVII. Exceptions and Changes to Policy

The CoC reserves the right to make an exception to this policy and procedures based on communication from HUD that impact the Continuum of Care's ability to carry out the policy and procedures as described above. The CoC also reserves the right to amend this policy on an annual basis based on any of the following: changes in HUD policy, changes in the Continuum of Care policy related to project evaluation processes, and/or changes to project funding priorities.



Homeless Action Network
of Detroit

P.O. Box # 3238, Highland Park, Michigan 48203 phone (313) 964-3666 fax (313) 963-6851 www.handetroit.org

CONFLICT OF INTEREST DISCLOSURE STATEMENT AND QUESTIONNAIRE
BOARD MEMBER, OFFICER, AND EMPLOYEE:

I, _____, hereby acknowledge that I have been advised of the HAND Conflict of Interest Policy in the HAND By-Laws by having received a copy of the policy. I also acknowledge that the attached Conflict of Interest Questionnaire is accurate and complete to the best of my knowledge and understanding.

Further, I hereby acknowledge that I have ___ or I have not ___ “any direct or indirect interest in, or relationship with, any individual or organization which proposes to enter into any transaction with the Homeless Action Network of Detroit, including but not limited to transactions involving:

1. The sale, purchase, lease or rental of any property or other asset;
2. Employment or rendering of services, personal or otherwise;
3. The award of any grant, contract, or subcontract;
4. The investment or deposit of any funds of the Homeless Action Network of Detroit.”

The conflict of interest, which I have, consists of the following:

Use additional sheets if necessary.

Signature

Date



CONFLICT OF INTEREST DISCLOSURE STATEMENT AND QUESTIONNAIRE

Instructions: Please list affiliations with businesses or corporations that the Homeless Action Network of Detroit might reasonably in the future enter into a relationship or a transaction in which the officer, director, or employee would have a conflict of interest.

BUSINESS/ORGANIZATION	NATURE OF RELATIONSHIP (i.e. officer, owner, employee, agent)	TERM

A conflict of interest disclosure and questionnaire statement shall be furnished annually by each director, officer, and employee of HAND and at the time any such person assumes his or her position. The Executive and/or Audit Committee will review the disclosure statements and advise the Board of relevant information that may guide the Board's action and any revisions in this Policy that Board determines may be necessary.



Detroit Continuum of Care Governance Charter

Detroit Continuum of Care
Date of Approval: May 19, 2015

Detroit Continuum of Care Governance Charter

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Continuum of Care Background

The [Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009](#) (HEARTH Act) amended the McKinney-Vento Homeless Assistance Act. The HEARTH Act amendments to the McKinney-Vento Homeless Assistance Act codified in law the role and functions of the Continuum of Care (CoC); thus each community must establish a CoC in compliance with the new CoC Program interim rule. HUD published the [Continuum of Care Program interim rule](#) (24 CFR Part 578) in the *Federal Register* on July 31, 2012. The rule now governs the CoC Program.

Overview

The Detroit Continuum of Care coordinates the implementation of a housing and service system that meets the needs of all persons experiencing homelessness throughout its geography. The Homeless Prevention and Response System includes:

- Outreach, engagement, and assessment;
- Shelter, housing, and supportive services; and
- Homelessness prevention and diversion strategies.

This Governance Charter outlines the roles and responsibilities of the Detroit Continuum of Care, the Detroit Continuum of Care Board, Continuum of Care Committees, the Continuum of Care Lead Agency, the Collaborative Applicant and the Homeless Management Information System (HMIS) Lead. Below is a brief description of each entity:

- The **Detroit Continuum of Care** is a year-round planning body of representative stakeholders in the community's work toward ending homelessness. Its work includes gathering and analyzing information in order to determine the local needs of people experiencing homelessness, implement strategic responses, and measure results.
- The **Detroit Continuum of Care Board** is a group of elected leaders of the Continuum of Care who have authority to make decisions on behalf of the Continuum of Care.
- The **Continuum of Care Committees** are the action planning components of the Continuum. In the Committees, strategies are developed, deepened and expanded into timed work plans.
- The **Continuum of Care Lead Agency** provides administrative and meeting support to the Continuum of Care, Continuum of Care Board and the Committees.
- The **Collaborative Applicant** is designated by the Continuum of Care to prepare and submit the Continuum of Care funding application to HUD each year.
- The **HMIS Lead** is designated to provide oversight and implementation support to the Detroit Continuum of Care's HMIS.

Additional roles and responsibilities for each of these entities can be found in Table 1 on page 14.

This Governance Charter was developed by the members of the Detroit Continuum of Care in consultation with the Collaborative Applicant and the HMIS Lead.

The Detroit Continuum of Care's primary responsibilities include the following:

- Establishing the Continuum of Care
- Operating the Continuum of Care

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- Continuum of Care Governance and Management
- System and Project-Level Performance
- Coordinated Assessment System
- Written Standards
- Designating an HMIS for the Continuum of Care
- Planning for the Continuum's Geographic Area
 - Coordinated System of Care

I. Establishing the Detroit Continuum of Care

Representatives from relevant organizations within a geographic area shall establish a Continuum of Care for the geographic area to carry out the duties outlined in this Governance Charter. The Detroit Continuum of Care is a membership group of a non-profit organization, which is the Lead Agency.

Membership in the Detroit Continuum of Care

Membership in the Continuum of Care should ensure community wide commitment to preventing and ending homelessness and must represent the entire geographic area covered by the Detroit Continuum of Care. The Detroit Continuum of Care defines "a commitment to preventing and ending homelessness" by the willingness to assist and impact the lives of people who are experiencing homelessness as well as to the prevention and ending of the socially important condition of homelessness. The Detroit Continuum of Care includes the City of Detroit, Hamtramck and Highland Park.

The following parties are represented on the Detroit Continuum of Care. An official membership list is documented and published by the Homeless Action Network of Detroit (HAND).

- Non-Profit Homeless Assistance Providers
- Victim Service Providers
- Faith-Based Organizations
- Governments
- Local Municipalities
- Businesses
- Advocates
- Public Housing Agencies
- School Districts
- Social Service Providers
- Mental Health Agencies
- Hospitals
- Universities
- Affordable Housing Developers
- Law Enforcement
- Veteran Service Organizations
- Persons who are/have experienced homelessness

The Detroit Continuum of Care invites new members to join at any time during the year. Annually, the Detroit Continuum of Care will issue a public invitation for any interested person within the geographic

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area to become a member of the CoC. The invitation is made public through CoC Lead Agency's website and an email message to all interested parties on the Detroit Continuum of Care email listserv.

Levels of Membership in the Detroit Continuum of Care

The following levels of membership exist:

- Non-Voting Members
- Voting Members

Non-Voting Members

Any person who attends at least one meeting per calendar year is considered a Non-Voting Member in good standing of the Detroit Continuum of Care. Non-Voting Members receive information from the Detroit Continuum of Care including, but not limited to, meeting notices, Continuum of Care meeting minutes and Continuum of Care reports. To remain in good standing, Non-Voting Members must attend at least one meeting a calendar year in order to maintain their membership.

Voting Members

In order to become a voting member of the Detroit Continuum of Care, a person must be a member of the Detroit Continuum of Care in good standing and complete a Detroit Continuum of Care Voting Member Application Form. Each application will be reviewed and approved by the Continuum of Care Lead Agency and Secretary of the Continuum of Care Board following CoC-approved application standards. Once the application form has been approved and the attendance requirements met, the CoC Lead Agency will notify the person/agency of their voting status. There is no minimum or maximum number of voting members on the Detroit Continuum of Care.

An individual who does not work for or represents an agency/organization may be nominated and elected as a voting member of the Continuum of Care to represent themselves. An individual may submit an application to become a voting member after their attendance at one Continuum of Care meeting.

An agency/organization may submit an application to receive voting status after attendance at one Continuum of Care meeting. An agency/organization may identify two (2) persons who may vote on behalf of the agency/organization. Only one (1) representative of an agency/organization may cast a vote on each action. In the event that neither representative can attend a duly called meeting, he or she may, with prior notice to the Chair, designate a proxy. Designations of proxies to conduct business should be rare. If a Continuum of Care voting member is unable to routinely conduct business, the agency/organization should seek to assign representation to another individual.

Terms of Service

Members of the Continuum of Care will retain their membership and voting status as long as they are in good standing. To remain in good standing, Voting Members must attend 75% of the regularly scheduled meetings within a calendar year. Attendance at meetings is tracked on an individual basis, not at the agency/organization level. Therefore, for a Voting Member of an agency/organization to remain in good standing they must attend at least 75% of the meetings. A regularly scheduled meeting includes meetings that are on the annual meeting schedule and are publicly announced at the beginning of the calendar year.

Meetings

The Detroit Continuum of Care will hold meetings at least four times per year of the full membership. At the beginning of each calendar year, the annual meeting schedule including dates, times and location of the meetings will be made publicly available.

The agendas must be published at least two (2) weeks in advance of the meeting date through the CoC Lead Agency's website and an email message to all interested parties on the Detroit Continuum of Care email listserv. Notes from the meeting will be posted publicly within seven business days of the meeting on the CoC Lead Agency's website by the CoC Lead Agency.

Quorum

A majority of 51% of the Detroit Continuum of Care voting membership constitute a quorum at all meetings of the Detroit Continuum of Care. No new business will be conducted unless a quorum is present.

Decision-Making

Robert's Rules of Order will be followed to open and close each meeting and to bring a motion to the floor. The Continuum of Care will strive to make decisions through modified consensus (i.e. consensus minus one). When consensus is not possible, decisions shall be made by a vote of the majority of voting members present.

The Detroit Continuum of Care may take an action without a meeting if:

- The action is within the authority of the Detroit Continuum of Care;
- Notice is provided;
- It is approved via email or other electronic means (or letter when email is unavailable);
- By a majority of all Detroit CoC voting members who are entitled to vote on that matter

Code of Conduct / Conflict of Interest / Recusal Process for Continuum of Care Members

No member may participate in or influence decisions concerning the award of a grant or other financial benefits to the organization that the member represents or to themselves as individuals. Therefore, any individual participating in or influencing decision making must identify actual or perceived conflicts of interest as they arise and comply with the letter and spirit of this policy. Disclosure should occur at the earliest possible time and if possible, prior to the discussion of any such issue. Individuals with a conflict of interest should abstain from discussion and voting on any issue in which they may have a conflict. A Conflict of Interest Policy will be approved by the Continuum of Care annually.

Annual written disclosure statements will be provided to each voting member by the first Tuesday in January. Voting Members will not be permitted to participate in a discussion or a vote until the statement is on file with the CoC Lead Agency. All voting members shall have the right to recuse themselves from voting on a matter without providing excuse.

Responsibilities

The Detroit Continuum of Care has specific responsibilities as outlined in the Continuum of Care Interim Rule. The responsibilities required by the Continuum of Care Interim Rule are outlined in Table 1 on page 14 of this Governance Charter. The Detroit Continuum of Care retains all of the responsibilities listed, even if it designates eligible applicants other than itself to apply for funds. Responsibilities extend to approval of the Continuum of Care Program application for funding.

Additional responsibilities set forth by the Continuum of Care include:

- Receive community and public policy updates relevant to homelessness issues;
- Advocate on behalf of all persons experiencing homelessness, including the implementation of efficient and effective service provision regardless of funding sources;
- Receive updates on the Plan to Prevent and End Homelessness;
- Review and act on the annual CoC-funding allocations;
- Review and act on additional HUD required activities; and
- Select two designees from the membership of the Detroit CoC Board to serve as representatives of the CoC on the statewide regional council. These representatives are required to provide updates at the CoC meetings.

II. Establishing the Detroit Continuum of Care Board

The Detroit Continuum of Care is required to establish a Board that is made up of the Continuum of Care and it must act on behalf of the Detroit Continuum of Care.

Board Membership

These written procedures for selecting Board Members will be reviewed, updated and approved at least once every 5 years by the Detroit Continuum of Care.

The Detroit Continuum of Care Board consists of no less than 19 or more than 25 members with at least 50% elected at any given time. The precise number for any given year will be announced with the annual call for nominees. No more than one staff person and/or Board Member of a single agency/organization may be an Elected Member of the Detroit Continuum of Care Board.

With the exception of the founding election, Detroit CoC Board Elected Members will serve three (3) year terms up to a maximum of six (6) consecutive years (including partial terms) before rotating off for at least one (1) year. Elected Member terms will be staggered such that approximately one-third (1/3) are up for election each year. There are no term limits for Appointed Members however each year the Appointed Member must receive a Vote of Confidence from the designated entity appointing them and from the Continuum of Care Board.

Members of the Detroit Continuum of Care Board represent local funders, government, service providers, consumers and other community members whose interests relate to homeless services and housing systems. Specifically, the Detroit Continuum of Care Board consists of the following:

- **Ten to Sixteen (10-16) Elected Seats**
 - o 4-7 Direct Homeless Service Providers, at least one (1) for a CoC Program Recipient
 - o 1-2 Homeless or Formerly Homeless Individuals
 - o 5-7 Members at Large (Faith-Based Organization, Homeless Advocacy or other appropriate advocacy agencies, Business Entities, Public Schools and/or Higher Education Institution, Department of Health and Human Services, Veterans Administration, Detroit Housing Commission, Department of Community Health, Healthcare for the Homeless and/or Hospital, Police Department, Workforce Development, Department of Corrections, Landlords, Philanthropy/foundation, State and/or Federal Interagency Council on Homelessness)

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- Named designees for up to nine (9) **Appointed Seats**
 - o Collaborative Applicant
 - o Consolidated Plan Entity
 - o CoC Lead Agency
 - o Detroit City Council
 - o ESG Grantee
 - o Hamtramck, Mayor's Office
 - o Highland Park, Mayor's Office
 - o HMIS Lead
 - o State Entity

In managing the number and composition of Detroit CoC Board members, the following will be true:

- Each seat has a vote as exercised by a named individual, and each individual may exercise only one vote.
- With the exception of short-termed vacancies, there will always be an odd number of Detroit CoC Board members.
- The Detroit CoC Board should represent a diverse set of service, population and program interests.
- Direct service providers can include those who do and do not receive federal funding; those serving individuals, families, youth, veterans or any other targeted population; a wide range of services such as outreach, shelter, transitional housing, rapid re-housing, permanent supportive housing, victim services, service only, etc.
- At-Large seats provide flexibility in maintaining an odd number of Detroit CoC Board members while responding to community and strategic needs at any given time.
- 'Appointed Entities' must appoint an individual designee to represent the 'Appointed Entity' on the CoC Board. The appointment is good for one year and may be renewed annually by the submission of a Vote of Confidence on behalf of the 'Appointed Entity' to the CoC Board.
- Appointed entities holding more than one concurrent appointment have the discretion to fill fewer than their allowable number of seats. Regardless, individual designees may only exercise one vote.

The election process will include at least the following:

- Calls for nominations, vetting of nominations received and ballot announcement will happen between the first and second meeting of the calendar year.
- Nominees must be eligible to vote in order to compete in the election
- Ballots will be arranged by the three (3) categories delineated above
- Votes may be cast for up to the maximum number of seats within a category. Ballots that vote for more than the number of seats in a particular category will not be counted for that category only
- Individuals receiving the highest votes for a given seat will be declared the winner
- In the event of a tie for a specific seat, the individuals involved will have their names put on a second ballot for that seat. The individual receiving the highest vote for that seat will be declared the winner

Board Officers

The officers of the Detroit Continuum of Care are a Chair, Vice Chair and Secretary.

Election and Term

The Detroit Continuum of Care Board will elect a chair person, a vice chairperson and a secretary at the first meeting of the calendar year. An officer serves for a two (2) year term with Chair and Vice Chair rotating in alternate Januarys. An officer cannot serve for more than two (2) consecutive terms in the same role.

Chair and Vice Chair

The Chair is responsible for scheduling meetings, ensuring that the CoC and CoC Board meets regularly or as needed, sets the agenda for meetings of the CoC and CoC Board, chairs the CoC and CoC Board meetings, and signs any required and/or necessary documents on behalf of the Detroit Continuum of Care. In the absence of the Chair, the Vice Chair assumes the duties of the Chair. The Chair and Vice Chair shall perform other duties as the CoC may designate.

Secretary

The Secretary keeps accurate records of the acts and proceedings of all meetings of the CoC and CoC Board, or designates another person to do so at each meeting, including all actions taken without a meeting. Such records will include the names of those in attendance. The Secretary submits all meeting minutes to the CoC Lead Agency for posting to the CoC Lead Agency website. The Secretary reviews and approves Continuum of Care applications for voting member status with the CoC Lead Agency. The Secretary shall perform other duties as the CoC may designate, and shall chair CoC meetings in the case of the absence of the Chair and Vice Chair.

Vacancy, Removal and Resignation

Vacancy

In the event of an Elected Seat vacancy, the members of the Detroit CoC Board will elect a successor to hold the vacant seat for the remainder of the term of the person vacating the seat. At the end of the term, a regular election will be held as described in this charter. In the event of an Appointed Seat vacancy, the Appointed Entity must appoint an individual designee to fill the vacant seat.

Removal

Members of the Detroit CoC Board may remove a Board member (elected or appointed) who is absent for two (2) Board regularly scheduled meetings in any twelve-month period. Unexcused absences from special meetings will generally not be considered in this calculation but may be included as appropriate. Absences are considered excused if the CoC Board Chair is notified within 8 hours of the meeting via phone, e-mail, or letter.

Detroit CoC Board members (elected or appointed) may also be removed by a $\frac{3}{4}$ vote of the Detroit CoC Board then-seated for cause including but not limited to:

- Failure to perform Board duties
- Failure to comply with this Charter and/or applicable policies
- Engaging in conduct that constitutes a conflict of interest
- Engaging in behavior that causes harm to the reputation of the Continuum

Such seats will then be filled through the process described above under vacancies.

Resignation

Unless otherwise provided by written agreement, any member of the Detroit CoC Board may resign at any time by giving written notice to the Chair. Any such resignations will take effect at the time specified within the written notice or if the time is not specified in the written notice it will take effect upon its acceptance by the Detroit CoC Board.

Meetings

The Detroit Continuum of Care Board will hold meetings no less than six (6) times per year. Attendance at meetings of the Detroit CoC Board will be open to any interested person to observe. Two (2) weeks' notice will be given for regularly scheduled meetings of the Board. Special meetings may be called in emergency situations with three (3) days notice.

Quorum

A majority or 51% of the Detroit Continuum of Care Board filled seats constitute a quorum at all meetings of the Detroit Continuum of Care Board. No business will be conducted unless a quorum is present.

Decision-Making

Each CoC Board member is eligible to vote on decisions being made when present at the meetings.

Robert's Rules of Order will be followed to open and close each meeting and to bring a motion to the floor. The Continuum of Care Board will strive to make decisions through modified consensus. When consensus is not possible, decisions shall be made by a vote of the majority of voting members present.

The Detroit Continuum of Care Board may take an action without a meeting if:

- The action is within the authority of the Detroit Continuum of Care;
- Notice is provided
- It is approved via email (or letter when email is unavailable)
- By a majority of all Detroit CoC voting members who are entitled to vote on that matter

There is no proxy voting for Continuum of Care Board members. Decision-making requires live conversation and active participation from all parties.

Code of Conduct / Conflict of Interest / Recusal Process for Continuum of Care Board

No member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents or to themselves as individuals. Therefore, any individual participating in or influencing decision making must identify actual or perceived conflicts of interest as they arise and comply with the letter and spirit of this policy. Disclosure should occur at the earliest possible time and if possible, prior to the discussion of any such issue. Individuals with a conflict of interest should recuse themselves from discussion and voting on any issue in which they may have a conflict. A Conflict of Interest Policy will be approved by the Continuum of Care annually.

Annual written disclosure statements will be provided to each member by the second Tuesday in January. Members will not be permitted to participate in any discussion or vote until the statement is on file. All voting members shall have the right to recuse themselves from voting on the matter without providing excuse.

Responsibilities

The Detroit Continuum of Care gives authority to the Detroit Continuum of Care Board for specific responsibilities. The responsibilities required by the Continuum of Care Interim Rule are outlined in Table 1 on page 14 of this Governance Charter. Additional responsibilities required by the Continuum of Care Board include:

- Electing a Chairperson, Vice Chairperson and Secretary;
- Taking action against poor performers;
- Review and act on any programs that should be removed from HUD funding and any proposed funding reallocations;
- Create a CoC-funding appeal process;
- Review and make final determination on CoC-funding appeals;
- Designate the Housing Assessment Resource Agency (HARA) for administration of the MSHDA ESG Program;
- Assure that services provided by the Fiduciary, HARA, and sub-grantees are meeting the needs of the local community and that critical issues are addressed; and
- Identify an agency to function as Fiduciary for MSHDA ESG funds.

III. Establishing the Detroit Continuum of Care Committees

The Detroit Continuum of Care may establish Committees, Subcommittees, or Work Groups that are made up of Continuum of Care members to act on behalf of the Detroit Continuum of Care. The Committees are the action planning components of the system. In these bodies, strategies are developed, deepened and expanded into timed work plans. These groups may also be directly responsible for specific strategies or exploring options to solve particular concerns. Unless authority is designated by the Continuum of Care, Committees make recommendations to the CoC Board for approval.

Standing Committees are designated in this Charter. Ad hoc working groups or task forces may be formed and given specific responsibilities as needed by the Continuum of Care. All committee responsibilities apply to ad hoc groups as well. The following Standing Committees are established by the Detroit Continuum of Care:

- **Data Committee:** Oversee the point-in-time count, conduct an annual gaps analysis of the homeless needs and services available and coordinate data collection and systems (including HMIS)
- **Performance Evaluation Committee:** Scan the environment for best practices and innovations and evaluate outcomes of the Continuum overall and projects funded under HUD (CoC and ESG Programs)
- **Coordinated Access Model (CAM) Governance Committee:** Oversee the implementation of coordinated entry, consult with ESG Grantees and other stakeholders
- **Values and Funding Priorities Committee:** Recommend policies for funding and resource allocation

Detroit Continuum of Care Governance Charter

- **Special Events Committee:** Plan for special events, including but not limited to Homeless Awareness Week events.

Committee Membership

Committee membership may include any Continuum member. However, at least one (1) committee member must come from the CoC Board. Each committee will set its number and recruit members from the Continuum and larger community.

Each Committee will elect a chair or co-chairs. The Chair/Co-Chairs will coordinate each committee.

Meetings

Each Committee will hold meetings at least two (2) times per year.

Quorum

A majority or 51% of the Committee membership constitute a quorum at all Committee meetings. No business will be conducted unless a quorum is present.

Decision-Making

Robert's Rules of Order will be followed to open and close each meeting and to bring a motion to the floor. Unless authority is otherwise designated to a Committee, the Detroit Continuum of Care Committees will make recommendations to the CoC Board for approval.

If authority for decision-making is designated by the Continuum of Care to a Committee, the Continuum of Care Committee(s) will strive to make decisions through modified consensus. When consensus is not possible, decisions shall be made by a vote of the majority of voting members present.

If a Committee recommendation requires a formal decision-making process, there is no proxy voting for Continuum of Care Committees. Decision-making requires live conversation and active participation from all parties.

Code of Conduct / Conflict of Interest / Recusal Process for the Continuum of Care Committees

No member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents or to themselves as individuals. Therefore, any individual participating in or influencing decision making must identify actual or perceived conflicts of interest as they arise and comply with the letter and spirit of this policy. Disclosure should occur at the earliest possible time and if possible, prior to the discussion of any such issue. Individuals with a conflict of interest should recuse themselves from discussion and voting on any issue in which they may have a conflict. An individual with a conflict of interest, who is the committee chair, shall yield that position during discussion and abstain from discussion and voting on the item. A full Conflict of Interest Policy will be approved by the Continuum of Care annually.

Annual written disclosure statements will be provided to each member by the second Tuesday in January. Members will not be permitted to participate in any discussion or vote until the statement is on file. All voting members shall have the right to recuse themselves from voting on the matter without providing excuse.

Responsibilities

The Detroit Continuum of Care tasks the Detroit Continuum of Care Committees with specific responsibilities. The responsibilities required by the Continuum of Care Interim Rule are outlined in Table 1 on page 14 of this Governance Charter. Additional responsibilities required by the Continuum of Care are:

- Recruit its members
- Select a chair or co-chairs
- Establish its policies and procedures, and provide them to the CoC Board
- Record its minutes and attendance, and provide them to the CoC Lead Agency
- Ensure transparency of its process and meetings

IV. Roles of the Designated Entities

Continuum of Care Lead Agency

The Detroit Continuum of Care appointed HAND as the CoC Lead Agency that will complete designated work tasks assigned by the Continuum of Care and will provide meeting support for the Detroit Continuum of Care, Board and all other committees. The CoC Lead Agency is responsible for working with the Chair to schedule meetings, develop agendas, issuing meeting materials and posting all relevant documents to the Detroit Continuum of Care website. HAND will provide recommendations to the Detroit Continuum of Care Board for its final decisions. All responsibilities are documented in the Detroit Continuum of Care Lead Agency Memorandum of Understanding.

Designated responsibilities include:

- Establishing performance targets in consultation with recipients/sub-recipients;
- Monitoring recipient/sub-recipient performance;
- Evaluating outcomes for ESG and CoC projects and reporting them to HUD; taking action against poor performers;
- Measuring system performance;
- Operating a Coordinated Assessment System in consultation with ESG;
- Planning and conducting a Point-in-Time study;
- Conducting an annual gaps analysis of homeless needs and services;
- Participating in the Consolidated Plan;
- Consulting with ESG recipients;
- Work with the Project Based Voucher management agent, developer, and service agencies to assist with the development and annual updating of a Memorandum of Understanding (MOU) to provide case management services to supportive housing units as they are made available in the community; and
- Work to ensure that the Housing Choice Voucher Homeless Preference waiting list and Project Based Vouchers has an adequate supply of names.

The designation of the CoC Lead Agency is valid for a maximum of 3 years before the designation must be reviewed and renewed by the Detroit Continuum of Care. Annually, the Continuum will review performance of the CoC Lead Agency. The designation may be terminated upon mutual agreement or for cause with a vote of 75% of the CoC membership.

Collaborative Applicant

The Continuum of Care designated HAND as the legal entity who is also a Continuum of Care Program eligible applicant to serve as the Collaborative Applicant. The Collaborative Applicant is responsible for collecting and combining the required application information from all Continuum of Care Program funded projects within the geographic area. The Collaborative Applicant is also responsible for submitting the annual application to HUD for Continuum of Care Program funding and to apply for Continuum of Care Planning dollars. These and any additional responsibilities are documented in the Detroit Continuum of Care Collaborative Applicant Memorandum of Understanding.

The designation of the Collaborative Applicant is valid for a maximum of 3 years before the designation must be reviewed and renewed by the Detroit Continuum of Care. Each year, the Collaborative Applicant will submit the HUD Annual Performance Report and HUD Application for CoC Planning dollars to the CoC Board. The CoC Board will review the Collaborative Applicant's performance with the Continuum of Care at a meeting. The designation may be terminated earlier than the 3 year time period upon mutual agreement or for cause with a vote of 75% of the CoC membership.

Before the submission of the annual application to HUD for Continuum of Care Program funding, the Collaborative Applicant must submit a final draft of the application to the Detroit Continuum of Care for approval. Depending on the timing of the submission to HUD, the Detroit Continuum of Care Board and Collaborative Applicant will create a timeline for submission to the Detroit Continuum of Care.

HMIS Lead

The Continuum of Care designated HAND as the legal entity who is also a Continuum of Care Program eligible applicant to serve as the Homeless Management Information System (HMIS) Lead. The HMIS Lead will maintain the community's HMIS in compliance with HUD standards and coordinate all related activities including training, maintenance and the provision of technical assistance to contributing organizations. Responsibilities required by the Continuum of Care Interim Rule are outlined in Table 1 on page 14 of this Governance Charter. These and any additional responsibilities are documented in the Detroit Continuum of Care Homeless Management Information System Lead Memorandum of Understanding. Designated responsibilities include developing an HMIS privacy plan, security plan, and data quality plan.

The designation of the HMIS Lead is valid for a maximum of 3 years before the designation must be reviewed and renewed by the Detroit Continuum of Care. Each year, the HMIS Lead will submit the HUD Annual Performance Report and HUD Application for HMIS-dedicated grant to the CoC Board. The CoC Board will review the HMIS Lead's performance with the Continuum of Care at a meeting. The designation may be terminated earlier than the 3 year time period upon mutual agreement or for cause with a vote of 75% of the CoC membership.

V. Reviewing and Updating the Charter

Process for Updating the Charter

At least once every year the Detroit Continuum of Care must review this Governance Charter in consultation with the Collaborative Applicant and HMIS Lead. Members of the Detroit Continuum of Care, Detroit Continuum of Care Board, Collaborative Applicant, Lead Agency, or HMIS Lead may make suggestions for updating. It is the Collaborative Applicants responsibility to review HUD rules, regulations, and guidance and to suggest updates to the Governance Charter. The updates must be presented on the agenda prior to the meeting. Updates to the Governance Charter require a 2/3's vote.

Review and Updating History

Date of Review	Summary of Updates	Summary of Vote

Table 1. Responsibilities of Continuum of Care Entities

Responsibility Category	Responsibility	Responsible Party
Establishing CoC	Define membership of Continuum of Care	Continuum of Care
Establishing CoC	Invite new members annually	Continuum of Care
Operating CoC	Hold meetings of full membership, with published agenda, at least semi-annually	Continuum of Care
CoC Governance and Management	Establishing a Continuum of Care Board	Continuum of Care
CoC Governance and Management	Reviewing the Written Selection Process for the Board	Continuum of Care
CoC Governance and Management	Designate a Collaborative Applicant	Continuum of Care
CoC Governance and Management	Designate Responsibilities to the CoC Board, HMIS Lead, and Collaborative Applicant	Continuum of Care
CoC Governance and Management	If have UFA, approve amendments for any grants	Continuum of Care
CoC Governance and Management	Apply for CoC Planning Funds	Collaborative Applicant
CoC Governance and Management	Apply for UFA Planning Funds	Collaborative Applicant / UFA
CoC Governance and Management	Appoint Committees / Sub-Committees	Continuum of Care
CoC Governance and Management	Develop a Governance Charter	Continuum of Care
CoC Governance and Management	Review Governance Charter Annually	Continuum of Care
Overall and Project-Level Performance	Establish performance targets in consultation with recipients/sub-recipients	CoC Lead and Data and Performance Committee
Overall and Project-Level Performance	Monitor recipient/sub-recipient performance	CoC Lead
Overall and Project-Level Performance	Evaluate outcomes for ESG and CoC Projects and report to HUD	CoC Lead and Data and Performance Committee
Overall and Project-Level Performance	Take action against poor performers	CoC Board
Overall and Project-Level Performance	Measure system performance	CoC Lead and Data and Performance Committee

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Responsibility Category	Responsibility	Responsible Party
Coordinated Assessment System	Operate a Coordinated Assessment System in consultation with ESG	CoC Board and CAM Governance Committee
Coordinated Assessment System	Develop a policy for how Coordinated System and Housing and Service System will address needs of Domestic Violence	Continuum of Care
Designate an HMIS	Designate a Single HMIS for the entire CoC Geographic Area	Continuum of Care
Designate an HMIS	Designate a Single HMIS Lead	Continuum of Care
Designate an HMIS	Review, revise and approve the HMIS privacy plan, security plan and data quality plan	Continuum of Care
Designate an HMIS	Ensure HMIS is in compliance with HUD requirements	Continuum of Care
Designate an HMIS	Ensure consistent participation of recipients and sub-recipients in HMIS	Continuum of Care
Designate an HMIS	Develop HMIS privacy plan, security plan and data quality plan	HMIS Lead and Data and Performance Committee
Designate an HMIS	Execute participation agreements with contributing HMIS organizations	HMIS Lead
Designate an HMIS	Execute user agreements with all HMIS users	HMIS Lead
Plan for the CoC	Plan and Conduct a Point-in-Time Study	CoC Lead and Data and Performance Committee
Plan for the CoC	Conduct an annual gaps analysis of homeless needs and services	CoC Lead and Data and Performance Committee
Plan for the CoC	Participate in the Consolidated Plan	CoC Lead
Plan for the CoC	Consult with ESG Recipients ⁺	CoC Lead
Plan for the CoC	Submit annual application to HUD for Continuum of Care Program funding	Collaborative Applicant and Funding and Priorities Task Force
Plan for the CoC	Approve annual application to HUD for Continuum of Care Program funding	Continuum of Care

*Written Standards for:

- Eligibility policies and procedures
- Determining and prioritizing eligible persons for TH, RRH, and resources (consistent with coordinated assessment protocols)
- Determining levels of RRH assistance and participant rent contribution (across projects)
- Administering homeless prevention, if designated as High-Performing Community

⁺ Consult with ESG Recipients:

- Coordinated Assessment
- Consolidated Plan homelessness strategy and goals
- Allocation of ESG funding
- ESG performance standards
- ESG sub-recipient participation in HMIS

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- ESG and CoC Program written standards
- Evaluate performance of ESG recipients/sub-recipients

Detroit Homeless Management Information System (HMIS) Collaborative

Policies and Procedures

(Including MSHMIS Policies and Procedures)

OCTOBER 2015

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Policy: Roles and Responsibilities

Participation in an HMIS system has been mandated for all programs receiving McKinney-Vento and/or ESG Funding, Salvation Army and some VA funding. HUD, in turn, is mandated to provide ongoing reports to Congress.

Systems Administrator Responsibilities

HMIS Systems Administrators report to the Homeless Action Network of Detroit (HAND). They will take the lead role in coordinating and implementing the HMIS technology for Detroit, Highland Park and Hamtramck agencies.

- a. Convene and lead local Agency Administrator Meetings.
- b. Provide local support to partnering agencies.
- c. Provide training, coaching, technical assistance and webinars on various HMIS-related topics as we see fit and according to HMIS staff availability.
- d. Add assessments to customize the implementation locally. All assessments must be coordinated with MSHMIS and built very carefully.
- e. Help ensure data quality among all agencies participating in HMIS.
- f. Submit AHAR reports to HUD.
- g. Help ensure the agency provider pages are complete.
- h. Help the agency set up an HMIS Performance Improvement team.
- i. Conduct an informal annual audit of the agency.
- j. Attend Privacy training annually.
- k. Support the CAM lead agency with HMIS implementation.
- l. Provide a Security Officer for the CoC.

Agency Administrator Responsibilities

Each agency will designate a staff member to be the Agency Administrator (lead contact) for the agency. The Agency Administrator will receive additional training and will be responsible for the following:

- a. Update the Provider Page, maintain and create end user passwords, create agency level pick-lists, have full reporting access and be able to view agency level data.
- b. The Agency Administrator will email the System Administrator when an end user is no longer using the system.
- c. Maintain the security of the system and assist end users with system problems.
- d. Attend meetings approximately every 6 weeks facilitated by the Systems Administrator.

- e. Assist in determining what functionalities of the system the agency will utilize and work closely with the Systems Administrator on data quality issues.
- f. Run various ART and ServicePoint reports and provide them to program managers and end users.
- g. Convene routine Performance Improvement Team meetings and forward minutes to HMIS System Administrator.
- h. Ensure that all HMIS-related information is disseminated to all agency end users.
- i. Attend Privacy training annually.
- j. Log all service requests via HMIS Help Desk software.
- k. Serve as Security Officer for the Agency or appoint a Security Officer.
- l. Prepare for HMIS audits.

End User Responsibilities

HMIS End Users will be responsible for the following:

- a. Enter client data according to Data Quality and Data Entry standards.
- b. Follow the guidelines and procedures in the Privacy Policy.
- c. Work with the Agency Administrator to clean up data.
- d. Attend Performance Improvement Team meetings.
- e. Attend Privacy training annually.
- f. Communicate all HMIS service requests to the Agency Administrator.

Policy: Updating and Maintaining the Provider Site

1. Identify the services your agency typically provides and those services that your agency refers for. Using the Airs Taxonomy List, complete the Services Quick List.
2. Complete the information on your Agency / Program / Project Provider Sites.
 - a. Determine who will receive referrals in your agency; be especially careful whose email you list as they will receive referral notification over that email.
 - b. Also be careful to use the service terms identified in your Services provided on your Provider Description field.
 - c. Complete the HUD standards on all provider pages.
 - d. Complete the Provider and Services Quicklists on each of the agency's provider sites using the codes identified in number "1." above.
 - i. Services Quicklists are the services you provide and refer for.
 - ii. Provider Specific Services is populated with those services you provide that is not listed in the AIRS Taxonomy.
 - iii. Services Provided is a list of services that you provide with corresponding AIRS Taxonomy codes.

iv. Referral Quicklists are the programs that you refer to.

Policy: Determining Your Workflow

1. Decide how your agency plans to use the database. Does the agency plan to simply use the database to report to funders or does the agency plan to implement multiple functionalities of the database using it as the agency's automated record system or a portion of its automated record system?
2. Define what screens the agency intends to include in its implementation within each program.
 - a. An assessment that includes all of the HUD Universal Data Elements is recommended for all agencies regardless of their funding sources as the assessment includes most of the information organizations will need to plan and write grants.
 - b. Agencies will provide instruction to staff on any issues related to how questions should be asked.
 - c. Agencies will provide instruction on how clients should be assigned to the various programs.
 - d. Agencies will define how paper forms will be used to support data collection or storage. *It is recommended that agencies continue to maintain paper records by either printing screens or storing the forms on which the data is initially documented.*
3. Define who will complete entry and when that entry will occur. Entry should be as close to "real time" as possible, especially if the agency intends to share records.
 - a. Agencies may have staff enter data as they interview clients.
 - b. Agencies may have staff interview using paper and enter the data after the session is over.
 - c. Agencies may have staff interview using paper and have a delegated data entry person for multiple clients.
4. Define what paper will be used to support the automated file. Forms are used to collect information that is subsequently entered and/or screens are printed from real-time entry.
5. Intake and Exit forms are available for download on the HAND website @ www.handetroit.org/hmis

Policy: Users and User Licenses

1. A User License will be required for all those given access to the database whether their function is to complete data entry or to generate reports. Licenses within a particular organization may be transferred as staff members leave and replacements are hired.
 - a. The total number of licenses allocated to each agency within a CoC are documented by the Lead Agency on the Purchase Order form within ServicePoint and submitted to MSHMIS. Each agency may receive up to 5 user licenses (number determined by agency and HMIS staff) and associated monthly support fees (these costs are covered under the HUD grant.) Additional user licenses may be purchased at \$175 per license.
Note: These costs are subject to change.

MSHMIS / Bowman License Costs as of 1/1/2015

One Time Charges:			
SP License	\$ 175.00		
Encryption License	<u>\$ 0.00</u>		
	\$175.00		

ART Licenses:

1. View Licenses are available to end users appointed by the Agency Administrator and System Administrator.
2. The URL to the MSHMIS site should never be sent via email with the User ID and Temporary Password. Send the information in two emails to maintain security. The User will sign onto the site and change the password upon receiving his/her temporary password.
3. To access the database, end users must have completed both Privacy Training and End User Training outlined in the HMIS Training Plan. Visit www.mihomeless.org .
4. The Agency Administrator will call the System Administrator to delete any end users from HMIS.
5. User Profile Issues:
 - a. The System Administrator will issue a License to all Agency Administrators.
 - b. After the Provider Site(s) are completed, the System Administrators will add the users to the site according to their workflow plan.
 - i. The Access Level is defined for the User and the System Administrator determines what other functionalities the user may have access to such as backdating ROIs or SkanPoint.
 - ii. The System Administrator completes the User Screen that defines where the User may enter data.
6. End users may also be required to attend specific workflow training. The training is free of charge for new end-users who are being trained for the first time.

Please give 48 hour notice of cancellation to avoid being charged \$50/user cancellation fee. Only the user that trains under a license is allowed to access that license due to client confidentiality and legal concerns.

If a person successfully completes the new end-user training, but does not start entering data within 2 weeks of completing that training, they will be required to attend another half-day training and will be charged \$100.

Policy: Sharing Protocol

Required Sharing of HMIS Data

When the HMIS was first implemented in our community, it was structured as a “closed” system, in that each agency’s data would be able to be seen by that agency only. Agencies were strongly encouraged to share client data with other agencies; however, doing so was optional and voluntary. A number of agencies do currently share their data with other agencies, and report that in doing so they are able to better coordinate care for their clients as well as reduce their data entry burden.

In order to maximize the use of the HMIS, and to improve the coordination of care for the clients served by providers, HAND has recently made the decision to require all agencies using HMIS to share client data related to services. We recognize though, that sharing client data may not be appropriate for all agencies. Therefore, if there is a reason why your agency (or a particular program within our agency) should not be required to share data, your organization may apply for a waiver of the sharing requirement. This process is described below.

Action Step:

- If your agency believes it has valid cause for why the agency (or a project within the agency) should be exempt from these data sharing requirements, you may apply for a waiver from the HMIS data sharing requirements. A “Data Sharing Requirement Waiver Request” form must be completed and returned to HAND. Please note this Data Sharing Requirement Waiver Request also details what client data will be shared.
- If you do not apply for or receive a required data sharing waiver, you will receive an updated Sharing Agreement (called a QSOBAA – Qualified Service Organization Business Associate Agreement). Upon receiving this Agreement, you will also receive instructions as to when it needs to be signed and returned.
- After all the necessary Sharing Agreements are in place, HMIS staff will take the appropriate steps to set up the system for sharing of service information. Your HMIS Agency Administrators will receive further instructions regarding sharing during their regular meetings.
- New agencies implementing HMIS will automatically join the sharing QSOBAA and will share data with all other agencies. A new Release of Information will be created and will include the name of the new agencies.

Best Practices:

- The sharing of data is only possible when the project enters a Release of Information (ROI) in ServicePoint. If the client agrees to the sharing release, the end user should always enter the ROI in ServicePoint. This allows subsequent programs to see what services have been provided and by whom.
- End users should not edit or delete a service entered by another agency.
- Data quality is vital to data sharing; make sure you are entering all required fields.
- If the client does not want to share his or her data, be sure to close the record.

A key component to ending homelessness is our ability to generate and report accurately not only the needs in our community, but also what is working to help individuals and families maintain

housing. HAND appreciates your support and action in ensuring our Continuum of Care has a strong, reliable Homeless Management Information System.

If you have any further questions about the items discussed here or the action steps we are asking you to take, please contact HMIS project coordinators Kiana Harrison, Alexis Alexander or Selwin O'Neal at (313) 964-3666.

- The agency agrees to place all Client Authorization for Release of Information forms related to the MSHMIS in a file to be located at its business address and that such forms are made available to the MSHMIS for periodic audits. The agency will retain these MSHMIS related Authorization for Release of Information forms for a period of seven years upon expiration, after which time the forms will be discarded in a manner ensuring un-compromised client confidentiality.
- The agency may restrict a client's information to overall access when the client refuses to allow his/her name, year of birth, gender or other personally identifiable information to be shared in the database.
- The agency cannot refuse to provide services if the consumer elects not to participate in the Sharing Protocol with the exception of ESG and SSVF.
- The agency will uphold relevant federal and state confidentiality regulations and laws that protect client records and will only release confidential client records with written consent by the client, or the client's guardian, unless otherwise provided for in regulations or laws.

Policy: Information Security Protocols

User Access Privileges to MSHMIS Database

- User accounts will be created and deleted by the System Administrator. The Agency Administrator will email the System Administrator when an end user is no longer using the system.
- The Agency Administrator will enter email address, title and phone number of the end user on the User Admin tab in ServicePoint.
- The Agency Administrator will manage the proper designation of user accounts and will monitor account usage.
- The Agency Administrator will reset passwords within the Administrative function of the MSHMIS. The URL address will be sent separately from the temporary username/password for security purposes.
 - Passwords are automatically generated from the system when a user is created. Agency Administrators can customize a temporary password. Agency Administrators will communicate the temporary password to the user.
 - The user will be required to change the password the first time they log onto the system. The password must be between 8 and 50 characters and be alphanumeric. Passwords should not be able to be easily guessed or found in a dictionary.
 - Any passwords written down should be securely stored and inaccessible to other persons. Users should not store passwords on a personal computer for easier log on.
 - Passwords expire every 45 days. Users may not use the same password consecutively, and cannot be re-used until 2 password selections have expired.
 - The Agency Administrator should contact the System Administrator to terminate the rights of a user immediately upon termination from their current position.
 - The Agency Administrator must have users re-sign the End User Agreement. The Agency Administrator will keep the End User Agreements on file.
 - If a user unsuccessfully attempts to logon 3 times, the user id will be “locked out”, access permission revoked and unable to gain access until their password is reset in the manner stated above.
 - Passwords are the individual’s responsibility, and users cannot share passwords.
- Agency staff will not engage in electronic transmission of user IDs and passwords, except for first-time, temporary passwords or encryption keys.
- The Agency Administrator will inform Systems Administrator of any changes in personnel to ensure training of new personnel.

The Agency is responsible for authorizing computers used to access the system within the agency. Access to the software system will only be allowed from computers specifically identified by the Executive Director and Agency Administrator.

- The Agency Administrator must establish internal access to data protocols. These policies will include who has access, for what purpose, and how they can transmit this information. A formal white paper must be created and filed on site. Issues to be addressed include storage, transmission and disposal of data.
- Users who have been granted access to the Advanced Reporting Tool and Report Writer/Query Function have the ability to download and save client level data onto their local computer. Once this information has been downloaded, this data becomes the responsibility of the agency and all proper handling policies must be followed.
- Each agency understands that all client records containing identifying information that are stored within local computers are the responsibility of the agency.

Policy: Training and Help Desk Support

Agency Administrator Training

Agency Administrators must attend and complete a webinar training incorporating Provider Page Updates, User Account Updates and Running ART Reports. Please contact your assigned HMIS System Administrator.

End User Training

All new end users must complete the first four steps listed below. Training videos will be found at www.mihomeless.org on MCAH's HMIS Certification Site. You can access this new section of the website by navigating to the left hand menu and choosing one of the following options:

- Orientation will take you to a video that will cover all of the steps and features you need to know to get the most out of this experience.
- Register will take you to an account registration form for new users.
- Login will take you to the account login screen for users that have already registered

If you are looking for the paper questionnaires and previous training video files that were provided via HMIS Documents, they are now exclusively built into the certification site and will be removed from their previous location on MCAH's website.

Steps for New End Users

- 1 View Privacy and Confidentiality Training Video
- 2 Sign and date User's Agreement and Code of Ethics (to be kept with end user's supervisor) Enter agreement in the Search field and click on Go. Download the Users Agreement.
- 3 View ClientPoint Entry/Exit Video
- 4 View Securing Client Records Addendum (short podcast)

After completing steps 1-4 above, then end users should take any specific workflow training as shown below. Complete associated questionnaires when required.

Required training for ServicePoint 5.11 Upgrade

Training Name
5.11 Orientation
5.11 Subassessment

2014 HUD UDE Definition
2014 HUD Program Specific Definition
2014 HMIS Data Collection Points

If end user will be entering data into: Then register for the following training:

HUD-funded program	HUD SHP Workflow
ESP-funded shelter	DHS-ESP-TANF Workflow
ESG-funded program	Contact HMIS staff
Youth program funded by DHS	HYR Workflow training DHS Funded Youth Providers Video
SSVF	contact HMIS staff
CAM	contact HMIS staff

Privacy Update Training—end users are **required** to take Privacy Update Training once a year. Be sure to complete the questionnaire.



Privacy Training Annual Update

Advanced Reporting (ART) Training—only for those end users who run reports
 Live ART Orientation training is held the 4th Friday of every month. Click on the desired training to see more details. A call in number and access code are provided. Click on “copy to my calendar.” Please notify your Agency Administrator that you’ve completed all training requirements and pass along a copy of your certificates. The Agency Administrator will then call the HMIS systems Administrator to obtain an HMIS license.

Note: End users can also download detailed workflow steps from www.mihomeless.org. Please contact HMIS staff if you need assistance.

Agency Assignments

Kiana Harrison	Selwin O'Neal	Alexis Alexander
Cass Community Social Services	Alternatives for Girls	Advantage Health Care
Covenant House	Development Centers	Community Social Services
DRMM	Gateway	Community & Home Supports
Emmanuel House	Love Outreach	COTS
Legal Aid & Defenders	Matrix Human Services	Detroit Central City CMH
Mariners Inn	Michigan Veterans Foundation	Freedom House
Neighborhood Legal Services Michigan	New Day	HAPI
NOAH	NSO	Lutheran Social Services
Perfecting Community Development Corporation	Operation Get Down	St. Frances Cabrini Clinic
Positive Images	Ruth Ellis	UCHC
THAW	The Salvation Army	Volunteers of America
St. John's	SWCS	WSU Street Medicine
	Traveler's Aid Society	
Special Project Leads		
City ESG	CABHI	GPD
City CDBG	Moving Up	HealthCare Agencies
HUD Funded- Agencies	Salvation Army ESP	HOPWA
MSHDA ESG	Youth	SSVF

Policy: Grievance Policy

Program participants have the right to express their dissatisfaction relating to:

- Client not informed of MSHMIS
- Client not informed/provided a Privacy Notice
- No verbal/written Release of information from client
- Sharing client information without informed consent
- Client denied services due to refusal to participate in MSHMIS project
- Client Release of Information form has not end date associated with sharing
- Client put at personal risk or harmed due to personal information shared on the MSHMIS site

Every reasonable effort will be made by program staff to resolve any questions or concerns at the time they arise by initiating discussion. If the problem cannot be resolved to the participant's satisfaction, she/he may initiate a grievance.

An individual will not be criticized for filing a grievance, nor will any punitive action be taken against her/him as a result of the grievance. Grievance information must be treated in the most discreet and confidential manner.

Grievance Procedure

Program staff ensures that participants know and understand these grievance procedures. A copy of the grievance procedure will be posted within the program. The grievance procedure will be explained after acceptance into the program and a copy will be given to each participant.

If a participant has a complaint or grievance that cannot be resolved directly, the participant should report it to the Agency Administrator. It is the responsibility of the supervisor to speak to all parties involved and try to settle the matter to the satisfaction of all parties involved in a timely manner.

In the event that the matter is not resolved to the satisfaction of the participant, the participant may inform the Agency Administrator of his/her desire to take the complaint to the Executive Director. The Executive Director will fill out a Grievance Form and will schedule a meeting with the participant and the Agency Administrator. The participant may request the presence of a supportive staff member, friend or other advocate at the meeting. The Executive Director will meet with the program participant and the Agency Administrator within thirty days of the initial grievance date.

If the grievance is not resolved by the Executive Director, the participant or his/her representative should contact the Department of Housing and Urban Development. The Agency Administrator will provide the program participant with the information to contact HUD and will assist the participant, if required, with this part of the grievance process. The participant may request the presence of a supportive staff member, friend or other advocate at any HUD meetings. All parties should meet in a timely matter to resolve the grievance, per HUD procedures. The decision of HUD is final.

The Agency is required to forward a copy of any formal Client Grievances related to the HMIS staff. A description of the organizations planned response to the grievance should be included with the copy of the Grievance.

Policy: Client Intake/Interview Policies and Procedures

The agency is responsible for ensuring that all clients are asked a minimal set of questions for use in aggregate analysis. The agency commits to work with the local HMIS Systems Administrator to develop a customized agency Interview Protocol or like format. AGENCY also agrees to minimally enter this level of information into the MSHMIS software system.

Intake/Client Consent Procedure

- The agency staff member will use a script to use as a guide for intake of client to include the explanation of the Privacy Notice, Release of Information, Grievance Policy and
 1. Post the Agency's Public Notice.
 2. Agency staff member must inform the client of the HMIS project using the Summary of Privacy Notice script.
 3. After explanation, agency staff member must provide the client with the MSHMIS Privacy Notice or Agency Privacy Notice that includes information on the MSHMIS project including what HMIS is, what ServicePoint is, why the agency is using it, security precautions, privacy protection and benefits and risk for the clients.
 4. Agency staff member will inform the client that name, age, last 4 digits of SSN and gender will be shared statewide and does not compromise confidentiality as it does not link with any particular agency or service. Profile can be closed if client is being threatened, has family/friends/enemies who work in the MSHMIS participating agency or if the client is famous/has relationship with agency. Client determines if she/he wants information shared.
 5. Agency staff member will document, via a signed MSHMIS Release Of Information (ROI) form, a client's (or guardian's when appropriate) understanding and consent to enter client information into a central database and the reasons for this entry and to consent to the sharing protocol set up by AGENCY. The completed ROI provides:
 - Assurance that the consumer knows that his/her information has been entered into the MSHMIS.
 - Assurance that the MSHMIS has been fully explained to the Consumer and he/she has received a copy of the Agency's Privacy Notice.
 - Informed client consent regarding basic profile information to be entered and shared.
 - Release of non-confidential service transaction information to be shared with select agencies included under a negotiated Coordination of Service Agreements (Inter-Agency Sharing Agreement).
 - The length of time the release will be effective.
 6. If profile is not shared, the agency staff member will close the profile.
 7. If a sharing agreement is in place, the agency staff member will provide the client with the list of agencies it is sharing information with including the shared assessments. Client will approve the sharing program and will document via a signed MSHMIS

Release Of Information form, a client's (or guardian's when appropriate) understanding and consent to enter client information into a central database and the reasons for this entry and to consent to the sharing protocol set up by the agency.

Policy: Data Entry Procedure

- HMIS Program Entry—should be completed the first day a client receives services. The information below is taken from HUD’s e-snaps CoC APR Guidebook.
 - “For residential programs, the program entry date would represent the first day of residence in the program’s housing.
 - For supportive services only programs, the program entry date may represent the day of program enrollment, the day a service was provided or the first date of a period of continuous participation in a service (daily, weekly or monthly)
 - For Continuum of Care (formerly S+C and/or SRO) programs, the program entry date is the date that the client starts to receive rental assistance (is housed). Services provided prior to this point are recognized as necessary for outreach enrollment and are eligible to count as match.”
- Data should be entered into HMIS as close to real time as possible, but if not, within 48 hours of entry or exit. Emergency shelters should attempt to have data entered on the same day of entry or exit.
- Agency should ensure that all users support data quality.
- The agency administrator will review the organization’s data entry and ensure that data errors are corrected at the minimum monthly.
- During intake, agency staff members will complete the minimum required data elements live in ServicePoint or by using the Client Intake Form. Minimum entry for all programs will include the Universal Data Elements. For example, HUD funded programs must also complete the Michigan Basic Entry assessment; MSHDA ESG funded programs must complete the ESG assessment; PATH funded programs must complete the PATH assessment.
 1. Users should switch to the appropriate program using the “enter data as” feature.
 2. Users should always search to see if the client is already in the system. If so, the user should click on the existing client record, not create a new client record.
 3. Users should also use the backdate feature to enter clients who came into the program prior to the current date.
 4. The Client Name will be entered first.
 - The “First Name”, “Last Name”, “Date of Birth”, and “Gender” fields must be collected in order to create the client’s **unique identifier**.
 - Do not use spaces, apostrophes, commas or hyphens, e.g., La Tisha O’Malley would be LaTisha OMalley.
 - Jr. or Sr. designation must follow the last name, e.g., John Smith, Jr. would be John Smith Jr
 - Use initial capital letters on the First Name and Last Name. Do not use all caps or all lower case letters. Incorrect: mary m jones Incorrect: MARY M JONES
Correct: Mary M. Jones
 - If “date of birth” is unknown, use January 1st of the estimated year. If no birthdate is entered, the client will be counted as an adult.

5. If needed, a household will be created next. To create a household, choose one client as “head of household” and add family members as needed. Users should not create a household for singles.
6. Enter the Release of Information.
7. If required, complete a program entry.
8. Enter Case Manager Name under the Case Manager tab.
9. Enter Services.
10. Enter Referrals if referring the client to another project.
11. If required, complete Case Plan.
12. Remember to use the Interim Assessment to update client data, such as income, employment, education, and disability at least annually.
13. When clients leave the program, complete a program exit.
14. Enter data into the Match Assessment on the Home Page in HMIS and remember to update as needed.

Note: MDHHS-funded programs including PATH, ESG-TANF and MDHHS S+C, should contact DYNS for specific data entry policies, procedures and technical assistance.

Required Data Elements for All Projects Except PATH (contact DCH for Information) and RHYMIS

All programs are required to complete the Universal Data Elements (those fields in red in ServicePoint.) and the fields required by HAND*. Note: The Domestic Violence field is required for all programs that need to submit an APR.

Universal Data Element	Required for Adults	Required for Children	Update at Exit	Update Annually Use Interim Assessment
Name	X	X		
SS Number	X	X		
SSN Data Quality	X	X		
Gender	X	X		
Race	X	X		
Ethnicity	X	X		
Date of Birth	X	X		
Date of Birth Type	X	X		
Residence Prior to Project Entry	X			
Project Entry Date	X	X		
Project Exit Date	X	X	X	
Destination	X	X		
Relationship to HoH	X	X		
Client Location	X			
Length of time on street, in shelter or Safe Haven	X			
Disability	X	X		
Military Veteran	X			
Income	X	X	X	X
*Education	X		X	
*Employment	X		X	
Domestic Violence	X			
Services	X			

Note: Domestic Violence is required for all programs that submit a HUD APR. This element is also required for all adults and heads of households.

Required – Discharge Destination

All programs are required to select the appropriate destination when a client exits a program. Follow the guidance below when determining the best option for the client.

Permanent Destinations	Explanation
Owned by Client, no ongoing housing subsidy	The unit the client is living in is owned by him or her and has no ongoing housing subsidy attached to it.
Owned by client, with ongoing housing subsidy	The unit the client is living in is owned by him or her and has an ongoing housing subsidy (mortgage payment support) attached to it. Includes USDA Rural Development Loan/Recovery Act Supports.
Rental by client, no ongoing housing subsidy	The unit the client is renting is not supported by any government or private subsidy.
Rental by client, VASH Subsidy	The unit the client is renting is being supported by a VASH subsidy. VASH (Veterans Affairs Supportive Housing)
Rental by client, GPD TIP housing subsidy	The unit the client is renting is being supported by a GPD TIP subsidy. GPD TIP (Grant and Per Diem Program – Transition in Place)
Rental by client, other ongoing housing subsidy	The unit the client is renting is being supported by a subsidy – either government or private, either site-based or voucher. Includes Section 8, HARP, HCV, State Rental Assistance (SER) and HPRP.
Permanent housing for formerly homeless persons	The unit the client is renting is being subsidized by any homeless funding source. This could be a scattered-site or site-based supportive housing where the rental subsidy is from Shelter Plus Care, Supportive Housing Program, Rapid-Re-housing from HPRP, or a local source of subsidy restricted strictly for homeless persons.
Moved from one HOPWA funded project to HOPWA PH	Client exited one HOPWA funded project into HOPWA PH
Staying or Living With Family – Permanent Tenure	The client has moved into a room, apartment or house occupied by a family member and is intending on living there. Use “permanent” if the client has NOT been given a specific time limit in which he/she needs to leave or if exit destination is short term but leads to a permanent destination such as doubled up for two weeks until an apartment is ready.

Staying or Living With Friends – Permanent Tenure	The client has moved into a room, apartment or house occupied by a friend and is intending on living there. Use “permanent” if the client has NOT been given a specific time limit in which he/she needs to leave or if exit destination is short term but leads to a permanent destination such as doubled up for two weeks until an apartment is ready. Includes clients who leave for Job Corps, college, Military or National Guard training.
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Temporary Destinations	Explanation
Emergency shelter, including hotel or motel paid for with voucher	The client has exited to an Emergency Shelter, including a hotel or motel paid for with an emergency shelter voucher. Includes Domestic Violence shelter, Basic Center shelters/host home for youth and Missions.
Hotel or motel paid for without emergency shelter voucher	The client has exited to a hotel or motel that is not paid for with emergency shelter voucher
Safe Haven	HUD specific program for those who are unwilling or unable to participate in supportive services. Must be formally designated as a Safe Haven.
Transitional Housing for homeless persons (including youth)	The client has exited to a Transitional Housing program for the homeless which is housing with supports that is time limited up to 24 months. Includes TBRA, Youth SHP and Youth transitional housing programs. Doesn't include an exit to substance abuse treatment facility.
Moved from one HOPWA funded project to HOPWA TH	The client exited one HOPWA funded project to enter HOPWA TH
Staying or Living With Family – Temporary Tenure	The client has exited to a room, apartment or house occupied by a family member and is intending on staying there only a short time. Use “temporary” if client is given a time limit in which he/she needs to leave or if the Case Manager has knowledge that the destination is meant to be very short term and/or is lacking stability, such as overcrowding (more than 1.5 persons per room).
Staying or Living With Friends – Temporary Tenure	The client has exited to a room, apartment or house occupied by a friend and is intending on staying there only a short time. Use “temporary” if client is given a time limit in which he/she needs to leave or if the Case Manager has knowledge that the destination is meant to be very short term and/or is lacking stability, such as overcrowding (more than 1.5 persons per room).
Place Not Meant for Habitation	The client has returned to the streets or any place not meant for human habitation (e.g. a vehicle, abandoned building, bus/train/subway/airport station, chicken coop, campsite, or anywhere outside).

Institutional Settings	Explanation
Foster Care Home or Foster Care Group Home	The client has exited to an adult or child foster care home or foster care group home.
Psychiatric hospital or other psychiatric facility	The client has exited to a psychiatric facility or psychiatric hospital, or psychiatric unit of a local hospital.
Residential project or halfway house with no homeless criteria	The client has exited to a halfway house or residential project that does not require homeless status for entry.
Substance Abuse Treatment facility or Detox center	The client has exited to a substance abuse treatment program, detox program or other substance abuse residential facility.
Hospital or other non-psychiatric medical facility	The client has exited to a hospital for any reason other than psychiatric. Includes any residential care involving a medical need that is not long-term.
Long-term care facility or nursing home	The client has exited to a long-term care facility or nursing home.
Jail, prison or juvenile detention facility	The client has been arrested and is residing in a local jail, prison (state or federal) or juvenile detention facility.

Other Destinations	Explanation
Deceased	The client died while in the program.
No Exit Interview Completed	An exit interview was not completed for this client
Other	Some place other than what is able to be recorded in any of the above fields. (Must specify if Other is chosen)
Client Doesn't Know	The client exited the program without telling program staff where he or she was going.
Client Refused	The client exited the program and refused telling program staff where he or she was going.

Policy: Data Quality Assurance

Each agency will maintain an on-going process of Quality improvement. This process will be built around routine user meetings that occur at multiple levels of the implementation and routine measurement of data quality and outcomes related to mission critical processes.

- Each agency will be required to form an internal performance improvement team that will include at minimum the Agency Administrator and staff who have Database privileges. Teams will meet at least quarterly to review the following issues
 - *Coverage* – What client information is being entered into the database from what programs? What percent of the homeless consumers served by the organization are being entered into the system?
 - *Data Quality* – are interviews/forms generating complete, consistent, high quality information? Are definitions being applied uniformly? Are all required fields being completed?
 - *Security/Privacy/Confidentiality* – Are there concerns regarding the organizations practice around privacy issues. A plan should be developed to correct any problems that are identified.
 - *Reporting issues* – are staff able to access and use the data from the system? Are their problems with reporting? Are there opportunities to use the data to support improvement of program operations?
 - *Outcomes* – is the data accurately reflecting client and program outcomes according to measurement criteria for improving performance

Following are data quality measures for the HMIS project.

a) End users should always search to see if the client is already in the system; if the client is in the system, click on the name and use that client record. Do not create a new client if the client already exists.
b) IMPORTANT: <u>Programs should complete all the universal data elements for clients.</u> This is extremely important; especially when sharing data. The standard for UDE completion is at least 90% completion of all UDE’s.
c) When sharing with internal and/or external programs, end users must complete a Release of Information (ROI) in HMIS ; otherwise the data that has been entered will not be shared.
d) Clients who have been entered into HMIS should have an associated program entry .
e) When exiting clients, less than 25% of clients should have an “unknown” destination when being exited from a ES, TH, SSO or PSH program.
f) Ensure that all household members are included in program entries/exits and services.
g) If clients are in a program longer than one year, end users should use the Interim Review

feature to update income annually.
h) Do not update the Housing Status at Exit. Continue to update Education and Employment at exit. Also, update 'In Permanent Housing' at exit and 'If yes, date of move-in' enter the date that the client was housed. This is required for RRH projects and will negatively affect your APR if this data is missing.
i) Data in the ServicePoint APR should be the same as the data in the APR submitted to HUD.
j) The number of active clients in HMIS programs (per the APR) should not be more than 105% or less than 65% of the number of clients on the Housing Inventory Chart for the AHAR Point-In-Time dates of the last Wednesday of October, January, April and July.
k) Programs should participate in the Point-in-Time counts (PIT) as required.
l) Agency Administrator meetings are required; if the Agency Administrator cannot attend, he/she should send a representative.
m) Agency Administrators are required to generate data quality reports quarterly and provide them to the end users.
n) Agency Administrators generate various reports as required by funders.
o) All requests for HAND letters of support will be based on the guidelines set in HAND's request for letter of support document. [See Appendix E for HAND's sample letter of support]

Policy: Right To Deny User and Agency Access

- If HMIS staff has an issue with an agency's data quality, staff will contact the Agency Administrator. If no significant progress is made within two weeks, HMIS staff will contact Agency Management. If no significant progress is made within one week, HMIS staff will contact funder. If no significant progress is made within one week, HMIS staff will deny access to the agency end users and Agency Administrator.
- Agency may request an Exception to the security and privacy standards. However, in lieu of an approved Exception, the agency or a user access may be suspended or revoked for suspected or actual violation of the security protocols. Serious or repeated violation by users of the system may result in the suspension or revocation of an agency's access.
- All exceptions of these standards are to be requested in writing by the Executive Director of the agency and approved by the Detroit CoC Board after submission to the Detroit Data Committee as appropriate. MSHMIS staff will be notified of the request. Any exception to the data security policies and standards not approved by the Detroit CoC Board is a violation.
- All potential violations of any security protocols will be investigated.
- Any user found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include but are not limited to; a formal letter of reprimand, suspension of system privileges, revocation of system privileges, termination of employment and criminal prosecution.
- Any agency that is found to have consistently and/or flagrantly violated security protocols may have their access privileges suspended or revoked.
- All sanctions are imposed by the Detroit Data Committee.
- All sanctions can be appealed to the Detroit Data Committee.

Policy: Release of data by the Homeless Action Network of Detroit:

1. Only de-identified aggregate data will be released.
2. Aggregate data will be available in the form of an aggregate report or as a raw data set.
3. Aggregate data may be made directly available to the public.
4. Parameters of the aggregate data, that is, where the data comes from, what it includes and what it does not include will be presented with each report.
5. Requests for aggregated data must be documented on a Data Request Form and approved by HAND. Approval will be based on guidelines established by the Steering Committee. HAND reserves the right to deny any request for aggregated data.
6. No client identified may be released without informed consent unless otherwise specified by Michigan State and Federal confidentiality laws. All requests for such information must be addressed to the owner/participating organization where the data was collected.

APPENDIX A: HMIS Data Quality Plan

Overview

To provide accurate and relevant data to the Detroit Continuum of Care, it is imperative that the HMIS Project maintains an on-going process of quality improvement.

The data quality improvement process will include participation from HAND Staff including HMIS staff, Agency Administrators, and end users. To ensure the success of the data quality plan, HMIS staff and Agency Administrators will be required to run reports as outlined in the attached ART Reports Tables.

Roles and Responsibilities

HAND Executive Director

- Review and approve plan for data monitoring by HMIS Staff, Agency Administrators and end users.
- Review current status of Detroit CoC HMIS data with existing data quality measures.
- Provide oversight for HMIS Data Quality Plan.

Systems Administrator Responsibilities

- Provide training to Agency Administrators on Reports that they are required to run according to the ART Reports Table for Agency Administrators.
- Send out reminders quarterly to Agency Administrators to run reports.
- Provide training to all end users on HMIS Policies and Procedures, including data quality procedures.
- Generate reports as documented in the ART Reports Table for HMIS staff.
- Generate the 0252 Data Quality Report Card for each assigned HUD funded program at least twice a year.
- Convene and lead local Agency Administrator Meetings.
- Provide training, coaching, technical assistance and webinars on various HMIS-related topics.
- Help ensure data quality among all agencies participating in HMIS.
- Help the agency set up an HMIS Performance Improvement team.
- Conduct an informal audit of the agency when required.

Agency Administrator Responsibilities

Each agency will designate a staff member to be the Agency Administrator (lead contact) for the agency. The Agency Administrator will receive additional training and will be responsible for the following:

- The Agency Administrator will be required to form an internal performance improvement team that will include at minimum the Agency Administrator and

staff who have Database privileges or to review coverage, data quality, security/privacy, reporting issues and outcome.

- Attend training on how to run ART reports and other reports that address data quality including the Data Quality Report Card.
- Attend meetings approximately every 6 weeks facilitated by the Systems Administrator.
- Run various ART and ServicePoint reports according to the ART Reports Table for Agency Administrators and provide them to program managers and end users.
- Convene routine Performance Improvement Team meetings and forward minutes to HMIS System Administrator.
- Ensure that HMIS-related information is disseminated to all agency end users.

End User Responsibilities

- a. Attend Performance Improvement Team meetings.
- b. End users should always search to see if the client is already in the system; if the client is in the system, click on the name and use that client record. Do not create a new client if the client already exists.
- c. End users should complete all the universal data elements for clients. This is extremely important; especially when sharing data.
- d. When sharing with internal and/or external programs, end users must complete a Release of Information (ROI) in HMIS; otherwise the data that has been entered will not be shared.
- e. Clients who have been entered into HMIS should have an associated program entry unless the program is using a “services only” workflow.
- f. Ensure that all household members are included in program entries/exits and services.
- g. If clients are in a program longer than one year, end users should use the Interim Review feature to update income annually.
- h. Update referrals and run referrals report.
- i. Update the Match Assessment.

ART Reports Table for HMIS Staff

Description: Following is a table that lists recommended ART reports, where they are located in ART, how often to run them. This list of reports is not all-inclusive; please continue to run any other reports that are helpful to your program.

Report Name	ART Folder	When	Description
Unexited Clients with Summary Tab with Names-By Provider Group	Public/Data Quality	Monthly	Provides a list of current clients with program entries. Run the ESG Prevention and RRH programs.
#01 - Provider Page Check-up Summary - Reporting Group (Updated - 10.29.13 SC)	Public/Data Quality	Bi-annually	Shows required fields on each program's provider page that are missing.
Clients With Missing or Open Service Transactions (Provider Group)	Public/Data Quality	Quarterly	Shows which clients need end dates on services.
Discharge Destination - by Provider Agency - All Clients	Public/Outcomes/Discharge Destination	Quarterly	Shows where each client is going after leaving the shelter.
AHAR	ServicePoint Reports	Monthly	Shows missing data, long term stayers and possible broken households.
0252 - Data Completeness Report Card	Public/Data Quality	Bi-annually	Shows detailed information by client ID. Use this report to identify missing data.

ART Reports Table for HUD-funded Programs

Description: Following is a table that lists recommended ART reports, where they are located in ART, how often to run them. This list of reports is not all-inclusive; please continue to run any other reports that are helpful to your program.

Report Name	ART Folder	When	Description
Unexited Clients with Summary Tab with Names-By Provider Page	Public/Data Quality	Bi-weekly	Provides a list of current clients with program entries. Run the ESG Prevention and RRH programs.
0625 - CoC APR - v27	Public/APR Supports	Weekly	The APR is a reporting tool used by HUD to track the progress and accomplishments of a program. Refer to the e-snaps CoC APR Guidebook for more detailed information about the APR.
0252 - Data Completeness Report Card	Public/Data Quality	Monthly	Do you want to see your systems overall data completeness of your individual providers? This report is a data completeness monitoring tool that produces a letter grade for the system as well as the individual providers. Prompts allow the user to specify a date range and to select the provider(s) on which to base the report as well as the option to include services or not. The report includes a detail section to assist users in finding and fixing data entry omissions.

ART Reports Table for Shelters

Description: Following is a table that lists recommended ART reports, where they are located in ART, how often to run them. This list of reports is not all-inclusive; please continue to run any other reports that are helpful to your program.

Report Name	ART Folder	When	Description
ESP Final Billing Shelter Print Report - Updated 1/17/2013	Public/DHS ESP Reports	Twice monthly	Shows client information including names, check in and check out dates and total TANF and non-TANF bed nights and amount billed.
Shelter Clients w/o program exits	Public/DHS ESP Reports	Twice monthly	Shows all shelter clients that have program entries, but have not yet been exited.
0631 - CoC APR Detail - v15 - BETA	Public/APR Supports	Weekly	Shows detailed information by client ID. Use this report to identify missing data.
Discharge Destination - by Provider Agency - All clients	Public/Outcomes/Discharge Destination	Quarterly	Shows where each client is going after leaving the shelter.
0252 - Data Completeness Report Card	Public/Data Quality	Monthly	This report is a data completeness monitoring tool that produces a letter grade for the system as well as the individual providers. Prompts allow the user to specify a date range and to select the provider(s) on which to base the report as well as the option to include services or not. The report includes a detail section to assist users in finding and fixing data entry omissions.

ART Reports Table for the Coordinated Assessment Model

Description: Following is a table that lists recommended ART reports, where they are located in ART, how often to run them. This list of reports is not all-inclusive; please continue to run any other reports that are helpful to your program.

Report Name	ART Folder	When	Description
ESG / HARA Counting Report 2013 with Names for Audit Purposes	Public/ESG	Weekly	Provides data related to the MSHDA ESG quarterly progress report and names of clients with detailed information.
ESG / HARA Counting Report 2013 (7-9-2013)	Public/ESG	Bi-Weekly	Provides all data needed for the MSHDA ESG quarterly progress report.
Unexited Clients with Summary Tab with Names-By Provider Page	Public/Data Quality	Bi-weekly	Provides a list of current clients with program entries. Run the ESG Prevention and RRH programs.
0631 - CoC APR Detail - v15 - BETA	Public/APR Supports	Weekly	Shows detailed information by client ID. Use this report to identify missing data.
Service Transaction Report	ServicePoint Provider Reports	Weekly	Run this report for the ESG Prevention and RRH programs. Choose Case/Care Management Code as the service and My provider only. Make sure that all current clients have a Case/Care management service.
Call Record Report	ServicePoint Provider Reports	Weekly	Shows call type, program and average call time.
0252 - Data Completeness Report Card for RRH and Prevention	Public/Data Quality	Monthly	This report is a data completeness monitoring tool that produces a letter grade for the system as well as the individual providers. Prompts allow the user to specify a date range and to select the provider(s) on which to base the report as well as the option to include services or not. The

			report includes a detail section to assist users in finding and fixing data entry omissions.
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APPENDIX B: Sample Privacy Policy

DATE: August 1, 2012

SUBJECT: HMIS Privacy and Confidentiality

APPROVAL LEVEL: Agency Board of Directors

REASONS FOR POLICY:

1. To protect to privacy of agency clients
2. To comply applicable laws and regulations
3. To insure fair information practices as to:
 - a. Openness
 - b. Accountability
 - c. Collection limitations
 - d. Purpose and use limitations
 - e. Access and correction
 - f. Data Quality
 - g. Security

STATEMENT OF POLICY:

- 1) **Compliance** Agency privacy practices will comply with all applicable laws governing HMIS client privacy/confidentiality. Applicable standards include, but are not limited to the following.
 - a) Federal Register Vol. 69, No. 146 (HMIS FR 4848-N-02) - Federal statute governing HMIS information.
 - b) HIPAA - the Health Insurance Portability Act.
 - c) 42 CFR Part 2. - Federal statute governing drug and alcohol treatment.
 - d) Detroit HMIS Collaborative Policy and Procedures
 - e) Negotiated QSOBAA(s) - Inter-agency sharing agreement(s).

NOTE: HIPAA statutes are more restrictive than the HMIS FR 4848-N-02 standards and in cases where both apply; HIPAA over-rides the HMIS FR 4848-N-02 standards. In cases where an agency already has a confidentiality policy designed around the HIPAA standards, that policy can be modified to include the HMIS data collection, or can be amended to create one set of standards for clients covered under HIPAA, and a second set of standards for those covered only under HMIS FR 4848-N-02. Agencies should indicate in their Privacy Notice which standards apply to their situation.

- 2) **Use of Information** PPI (protected personal information , that is information which can be used to identify a specific client) can be used only for the following purposes:
 - a) To provide or coordinate services to a client.
 - b) For functions related to payment or reimbursement for services.
 - c) To carry out administrative functions such as legal, audit, personnel, planning, oversight and management functions.
 - d) For creating de-personalized client identification for unduplicated counting.
 - e) Where disclosure is required by law.
 - f) To prevent or lessen a serious and imminent threat to the health or safety of an individual or the public.
 - g) To report abuse, neglect, or domestic violence as required or allowed by law.
 - h) Contractual research where privacy conditions are met (including a written agreement).
 - i) To report criminal activity on agency premises.
 - j) For law enforcement purposes in response to a properly authorized request for information from a properly authorized source.

NOTE: HMIS FR 4848-N-02 standards list items a-d above as allowable reasons for disclosing PPI but make provisions for additional uses to meet individual agency obligations In some cases these uses (e-j above) have additional conditions, and HMIS FR 4848-N-02 4.1.3 should be consulted if any of these optional items are to be included in an agency's policy . It also states that "except for first party access to information and required disclosures for oversight and compliance auditing, all uses and disclosures are permissive and not mandatory."

NOTE: if a client refuses to release PPI, and such information is needed/required in order to provide services, the client's refusal may necessitate denial of service. Agencies may choose to make provisions for such denial of services in their policy.

- 3) **Collection and Notification** Information will be collected only by fair and lawful means with the knowledge or consent of the client.
- a) PPI will be collected only for the purposes listed above.
 - b) Clients will be made aware that personal information is being collected and recorded.
 - c) A written sign will be posted in locations where PPI is collected. This written notice will read:

“We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless persons, and to better understand the needs of homeless persons. We only collect information that we consider to be appropriate.”

“The collection and use of all personal information is guided by strict standards of confidentiality. Our Privacy Notice is posted. A copy of our Privacy Notice is available to all clients upon request.”

- d) This sign will be explained in cases where the client is unable to read and/or understand it.

NOTE: Under HMIS FR 4848-N-02, agencies are permitted to require a client to express consent to collect PPI verbally or in writing, however this is optional and not a requirement of the statute.

- 4) **Data Quality** PPI data will be accurate, complete, timely, and relevant.
- a) All PPI collected will be relevant to the purposes for which it is to be used.
 - b) Identifiers will be removed from data that is not in current use after 7 years (from date of creation or last edit) unless other requirements mandate longer retention.
 - c) Data will be entered in a consistent manner by authorized users.
 - d) Data will be entered in as close to real-time data entry as possible.
 - e) Measures will be developed to monitor data for accuracy and completeness and for the correction of errors.
 - i) The agency runs reports and queries monthly to help identify incomplete or inaccurate information.
 - ii) The agency monitors the correction of incomplete or inaccurate information.
 - iii) By the 15th of the following month all monitoring reports will reflect corrected data.
 - f) Data quality is subject to routine audit by System Administrators who have administrative responsibilities for the database.

- 5) **Privacy Notice, Purpose Specification and Use Limitations** The purposes for collecting PPI data, as well as it uses and disclosures will be specified and limited.
- a) The purposes, uses, disclosures, policies, and practices relative to PPI data will be outlined in an agency Privacy Notice (copy attached).
 - b) The agency Privacy Notice will comply with all applicable regulatory and contractual limitations.
 - c) The agency Privacy Notice will be made available to agency clients, or their representative, upon request and explained/interpreted as needed.
 - d) Reasonable accommodations will be made with regards to the Privacy Notice for persons with disabilities and non-English speaking clients as required by law.

- e) PPI will be used and disclosed only as specified in the Privacy Notice, and only for the purposes specified therein,
- f) Uses and disclosures not specified in the Privacy Notice can be made only with the consent of the client.
- g) The Privacy Notice will be posted on the agency web site.
- h) The Privacy Notice will reviewed and amended as needed.
- i) Amendments to or revisions of the Privacy Notice will address the retroactivity of any changes.
- j) Permanent documentation will be maintained of all Privacy Notice amendments/revisions.
- k) All access to, and editing of PPI data will be tracked by an automated audit trail, and will be monitored for violations use/disclosure limitations.

NOTE: Items above are required by HMIS FR 4848-N-02, and/or MSHMIS policy, but agencies can restrict and limit the use of PPI data further by requiring express client consent for various types of uses/disclosures, and/or by putting restriction or limits on various kinds of uses/disclosures.

- 6) **Record Access and Correction** Provisions will be maintained for the access to and corrections of PPI records.
 - a) Clients will be allowed to review their MSHMIS record within 5 working days of a request to do so.
 - b) During a client review of their record, an agency staff person must be available to explain any entries the client does not understand.
 - c) The client may request to have their record corrected so that information is up-to-date and accurate to ensure fairness in its use.
 - d) When a correction is requested by a client, the request will be documented and the staff makes a corrective entry if the request is valid.
 - e) A client may be denied access to their personal information for the following reasons:
 - i) Information is compiled in reasonable anticipation of litigation or comparable proceedings;
 - ii) Information about another individual other than the agency staff would be disclosed,
 - iii) Information was obtained under a promise of confidentiality other than a promise from this provider and disclosure would reveal the source of the information
 - iv) Information, the disclosure of which would be reasonably likely to endanger the life or physical safety of any individual.
 - f) A client may be denied access to their personal information in the case of repeated or harassing requests for access or correction. However, if denied, documentation will be provided regarding the request and reason for denial to the individual and be made a part of the client's record.
 - g) A grievance process may be initiated if a client feels that their confidentiality rights have been violated, if access has been denied to their personal records, or if they have been put at personal risk, or harmed.
 - h) Any client grievances relative to HMIS will be processed/resolved according to agency grievance policy.
 - i) A copy of any client grievances relative to HMIS data or other privacy/confidentiality issues and agency response are forwarded to MCAH.

- 7) **Accountability** Processes will be maintained to insure that the privacy and confidentiality of client information is protected and staff is properly prepared and accountable to carry out agency policies and procedure that govern the use of PPI data.
- a) Grievances may be initiated through the agency grievance process for considering questions or complaints regarding privacy and security policies and practices .All users of the MSHMIS must sign a Users Agreement that specifies each staff persons obligations with regard to protecting the privacy of PPI and indicates that they have received a copy of the agency’s Privacy Notice and that they will comply with its guidelines.
 - b) All users of the MSHMIS must complete formal privacy training.
 - c) A process will be maintained to document and verify completion of training requirements.
 - d) A process will be maintained to monitor and audit compliance with basic privacy requirements including but not limited to auditing clients entered against signed MSHMIS Releases.
 - e) A copy of any staff grievances initiated relative to privacy, confidentiality, or MSHMIS data will be forwarded to MCAH.
 - f) Regular user meetings will be held and issues concerning data security, client confidentiality, and information privacy will be discussed and solutions will be developed. Minutes of user meetings will be forwarded to MCAH as required by the MSHMIS participation agreement.
- 8) **Sharing of Information** Client data may be shared with partnering agencies only with client approval
- a) All routine data sharing practices with partnering agencies will be documented and governed by a Qualified Service Organization Business Associate Agreement, (QSOBAA) that defines the agency-determined sharing practice.
 - b) Agency defaults within the MSHMIS system will be set to “closed,” open for planned exception guided by sharing agreements negotiated between agencies (QSOBAAs).
 - c) A completed MSHMIS Client Release of Information (ROI) Form is needed before information may share electronically according to QSOBAA(s).
 - i) The MSHMIS release is customized to inform the client about what is shared and with whom it is shared. The customization reflects the agency’s QSOBAA(s).
 - ii) The client accepts or rejects the sharing plan.
 - iii) If the client rejects the sharing plan, staff clicks the Security Button, which closes the record.
 - d) Clients will be informed about and understand the benefits, risks, and available alternatives to sharing your information prior to signing an ROI, and their decision to sign or not sign shall be voluntary.
 - e) Clients who choose not to authorize sharing of information cannot be denied services for which they would otherwise be eligible.
 - f) All Client Authorization for ROI forms related to the MSHMIS will be placed in a file to be located on premises and will be made available to the MCAH for periodic audits.
 - g) MSHMIS-related Authorization for ROI forms will be retained for a period of 7 years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.
 - h) No confidential/restricted information received from the MSHMIS will be shared with any organization or individual without proper written consent by the client, unless otherwise permitted by applicable regulations or laws.

- i) Restricted information, including progress notes and psychotherapy notes, about the diagnosis, treatment, or referrals related to a mental health disorder, drug or alcohol disorder, HIV/AIDS, and domestic violence concerns shall not be shared with other participating Agencies without the client's written, informed consent as documented on the Agency-modified Authorization for Release of Confidential Form.
 - i) Sharing of restricted information is not covered under the general MSHMIS Client ROI.
 - ii) Sharing of restricted information must also be planned and documented through a fully executed QSOBAA.
 - iii) If a field that normally contain non-confidential information discloses confidential information.
 - (1) The staff completes an Authorization to release Confidential Information.
 - (2) If the client refuses to authorize the release, the staff closes the Assessment/Screen by clicking the lock on the screen and removing any exceptions.
 - j) If a client has previously given permission to share information with multiple agencies, beyond basic identifying information and non-restricted service transactions, and then chooses to revoke that permission with regard to one or more of these agencies, the effected agency/ agencies will be contacted accordingly, and those portions of the record, impacted by the revocation, to will be locked from further sharing.
 - k) All client ROI forms will include an expiration date, and once a Client ROI expires, any new information entered will be closed to sharing.
- 9) **System Security** System security provisions will apply to all systems where PPI is stored, agency's networks, desktops, laptops, mini-computers, mainframes and servers.
- a) Password Access:
 - i) Only individuals who have completed Privacy and System Training may be given access to the MSHMIS through User IDs and Passwords.
 - ii) Temporary/default passwords will be changed on first use.
 - iii) Access to PPI requires a user name and password at least 8 characters long and using at least one number and one letter.
 - iv) Passwords will not use or include the users name or the vendor name, and will not consist entirely of any word found in the common dictionary or any of the above words spelled backwards.
 - v) User Name and password may not be stored or displayed in any publicly accessible location
 - vi) Passwords must be changed routinely.
 - vii) Users must not be able to log onto more than one workstation or location at a time.
 - viii) Individuals with User IDs and Passwords will not give or share assigned User ID and Passwords to access the MSHMIS with any other organization, governmental entity, business, or individual.
 - b) Virus Protection and Firewalls:
 - i) Commercial virus protection software will be maintained to protect HMIS system from virus attack.
 - ii) Virus protection will include automated scanning of files as they are access by users.
 - iii) Virus Definitions will be updated regularly.
 - iv) All workstations will be protected by a firewall either through a workstation firewall or a server firewall.
 - c) Physical Access to Systems where HMIS Data is Stored
 - i) Computers stationed in public places must be secured when workstations are not in use and staff is not present.

- ii) After a short period of time a pass word protected screen saver will be activated during time that the system is temporarily not in use.
- iii) For extended absence, staff must log off the computer
- d) Stored Data Security and Disposal:
 - i) All HMIS data downloaded onto a data storage medium must be maintained and stored in a secure location.
 - ii) Data downloaded for purposes of statistical analysis will exclude PPI whenever possible.
 - iii) HMIS data downloaded onto a data storage medium must be disposed of by reformatting as opposed to erasing or deleting.
 - iv) A data storage medium will be reformatted a second time before the medium is reused or disposed of.
- e) System Monitoring
 - i) User access to the MSHMIS Live Web Site will be monitored using the computer access logs located on each computer's explorer "history" button, or via a central server report.
- f) Hard Copy Security:
 - i) Any paper or other hard copy containing PPI that is either generated by or for HMIS, including, but not limited to report, data entry forms and signed consent forms will be secured.
 - ii) Agency staff will supervise at all times hard copy with identifying information generated by or for the HMIS when the hard copy is in a public area. If the staff leaves the area, the hard copy must be secured in areas not accessible by the public.
 - iii) All written information pertaining to the user name and password must not be stored or displayed in any publicly accessible location.

NOTE :Various important aspects of system security are the contracted responsibility of Bowman Systems and are therefore not covered in agency policy. These involve procedures and protections that take place at the site of the central server and include data backup, disaster recovery, data encryption, binary storage requirements, physical storage security, public access controls, location authentication etc.

APPENDIX C: Homeless Definition Cross-walk

Category	Title	Description See Interim CoC Rule / 24CFR Part 578 for complete wording.	Housing Status Question	“Is Client Homeless?” Question (Michigan Def.)	Program Qualifications & Funding Rules
1	Literally Homeless	<p>(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:</p> <p>(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;</p> <p>(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or</p> <p>(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;</p>	<p>“1- Literally Homeless”</p>	<p>“Yes” For All</p> <p>Includes persons in existing TH (shelter) under grandfather clause. (New TH is only considered “shelter” if its primary purpose is sheltering and it does not require signed leases or occupancy agreements.)</p>	<p>ESG Rapid Rehousing Homeless</p>
2	Imminent Risk	<p>An individual or family who will imminently lose their primary nighttime residence provided that:</p> <p>(i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;</p> <p>(ii) No subsequent residence has been identified; and</p> <p>(iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;</p>	<p>“2- Imminent Risk”</p>	<p>“Yes” only if meets i, ii, and iii.</p>	<p>Qualifies for ES, TH & SSO</p> <p>ESG Homeless Prevention</p>

3	Homeless under other statutes	<p>Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:</p> <p>(i) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);</p> <p>(ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;</p> <p>(iii) Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and</p> <p>(iv) Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment.</p>	<p>“2-At Imminent Risk”</p> <p>Or</p> <p>3-At Risk”</p>	<p>“Yes” only if meets i thru iv otherwise “No”.</p>	<p>ESG Homeless Prevention</p> <p>Qualifies for ES, *TH, *SSO</p> <p>*HUD approval see 578.89 (aligned with plan with 10% limit unless homeless PIT < .01% of population).</p>
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4	Fleeing / Attempting to Flee DV	<p>Any individual or family who:</p> <ul style="list-style-type: none"> (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; (ii) Has no other residence; and (iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing. 	<p>“1-Literally Homeless if shelter or street”</p> <p>“2-Imminent Risk if doubled-up”</p>	<p>“Yes” for All if meets i, ii, and iii.</p>	<p>ESG Rapid Rehousing if also Category 1 (street/vehicle or shelter),</p> <p>otherwise</p> <p>Homeless Prevention</p>
	Chronically Homeless	<p>1. An individual who:</p> <ul style="list-style-type: none"> (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously <u>for at least one year or on at least four separate occasions in the last three years.</u> (iii) Can be diagnosed with one or more of the following conditions; substance use disorder, serious mental illness, developmentally disability, PTSD, cognitive impairments resulting from brain injury, or chronic physical illness or disability. <p>2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility for fewer than 90 days and met all of the criteria in paragraph 1 of this definition, before entering that facility; or</p> <p>3. A family with an adult HoH (or if there is no adult in the family, a minor HoH) who meets all of the criteria in paragraph 1 of this definition, including a family whose composition has fluctuated while the HoH has been homeless.</p>	<p>“1-Literally Homeless”</p>	<p>“Yes”</p> <p>For Families the HoH must meet iii (disability).</p>	

	At Risk of Homelessness	<p>An individual or family who:</p> <ul style="list-style-type: none"> (i) Has an annual income below 30% of median family income for the area, as determined by HUD; (ii) does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in category paragraph 1 of the homeless definition. (iii) Meets one of the following conditions: <ul style="list-style-type: none"> a. Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for homelessness prevention assistance; b. Is living in the home of another because of economic hardship; c. Has been notified in writing that their right to occupy their current housing or living situation <u>will be terminated within 21 days</u> of the date of application for assistance; d. Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or federal, State, or local government programs for low-income individuals; e. Lives in a SRO or efficiency apartment unit in which there reside more than 2 persons, or lives in a larger housing unit in which there reside more than 1.5 people/room, as defined by the US Census bureau; f. Is exiting a publically funded institution or system of care (such as health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or g. Otherwise lives in housing that has characteristics associated with instability and increased risk of “homelessness”, as identified in the recipient’s approved consolidated plan; 	<p>“2-Imminent Risk” if eviction is 15 to 21 days and i and ii, or i, ii, and at least one iii.</p> <p>3-Unstably Housed (eviction > 21 days) and no other condition under iii.</p> <p>or 4-Stably Housed if does not meet i, ii, and iii.</p>	<p>“No”</p>	<p>For ESG all category 2 and 3 are Homeless Prevention</p>

		<p>2. A child or youth who does not qualify as “homeless” under this section, but qualifies as homeless under sections 387(3) see rule page 53 (Runaway and Homeless Youth, Head Start, Public Health, VAWA, Food & Nutrition, or Child Nutrition Acts); or</p> <p>3. A child or youth who does not qualify a homeless under this section, but qualifies a homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) of that child or youth if living with her or him.</p>	<p>If child or youth meets definition under 2 or 3 then “2-Imminent Risk”</p>		
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APPENDIX D: (MSHMIS) Operating Policy and Procedure

Michigan Statewide Homeless Management System (MSHMIS) Operating Policy and Procedure

The purpose of HMIS is to record and store client-level information about the numbers, characteristics and needs of persons who use homeless housing and supportive services, to produce an unduplicated count of homeless persons for each Continuum of Care; to understand the extent and nature of homelessness locally, regionally and nationally; and to understand patterns of service usage and measure the effectiveness of programs and systems of care. **The following operating policies and procedures apply to all designated HMIS Lead Agencies and participating Agencies (Contributing HMIS Organizations – CHOs).**

PRIVACY STATEMENT

MSHMIS is committed to make Michigan's HMIS safe for all types of programs, the clients whose information is recorded, and to maximize the opportunities to improve services through automation.

Toward that end:

Sharing is a planned activity guided by Sharing Agreements between agencies (QSOBAAs). The agency may elect to keep private some or all of the client record including all identifying data.

All organizations will screen for safety issues related to the use of the automation.

MSHMIS has systematized the risk assessment related to clients through the MSHMIS Release, offered options in terms of the SS#, and provided guidance around the use of Un-Named Records and how the Privacy Notice is explained..

MSHMIS has adopted a Privacy Notice (with minor modifications) that was developed in close collaboration with those providers that manage information that may put a client at risk.

The MSHMIS System runs in compliance with HIPAA, and all Federal and State laws and codes. All privacy procedures are designed to insure that the broadest range of providers may participate in the Project.

Privacy Training is a requirement for all agencies and users on the MSHMIS system.

We view our Privacy Training as an opportunity for all participating organizations to revisit and improve their overall privacy practice. Many agencies have elected to put all of their staff through the training curricula – not just those with user access to the system.

All those issued user access to the system must successfully complete privacy training and sign a User's Agreement and Code of Ethics, and agencies must sign a MSHMIS Participation Agreement. Taken together, these documents obligate participants to core privacy procedures. If agencies decide to share information, they must sign an agreement that defines sharing practice and prevents re-release of information (the Sharing QSOBAA).

Policies have been developed that protect not only client's privacy, but also agency's privacy. Practice Principles around the use and publication of agency or CoC specific data have been developed and included in both the Participation Agreement and the Policies and Procedures.

The MSHMIS System allows programs with multiple components/locations that serve the same client to operate on the a single case plan, reducing the amount of staff and client's time spent in documentation activities and ensuring that care is coordinated and messages to clients are reinforced and consistent.

□ MSHMIS has incorporated Continuous Quality Improvement Training designed to help agency administrators use the information collected in the HMIS to stabilize and improve program processes, measure outcomes, report to their many funders, and be more competitive in funding requests.

Key Terms and Acronyms:

Term	Acronym (if used)	Brief Definition
Homeless Management Information System	HMIS	Data systems that meet HUD requirements and are used throughout the nation to measure homelessness and the effectiveness of related service delivery systems. The HMIS is also the primary reporting tool for HUD homeless service grants as well as other public money’s related to homelessness.
Continuum of Care	CoC	Planning body charged with guiding the local response to homelessness.
Independent Jurisdictions	IJs	CoCs that are recognized by HUD usually organized around the higher population counties. Detroit is its own IJ.
Balance of State CoCs	BOS	MSHDA/MHAAB have organized local planning bodies throughout Michigan that make up the “Balance of State” IJ. These groups are called BOS CoCs as they are organized like Independent Jurisdictions with many of the same rules, however they have no legal status with HUD.
Michigan Homeless Assistance Advisory Board	MHAAB	The BOS IJ CoC Governance Board. The Statewide HMIS reports to MHAAB – the BOS IJ CoC Planning Group
Michigan State Housing Development Authority	MSHDA	MSHDA is the grantee for the Statewide HMIS and subcontracts with MCAH for administration of the System.
Joint Governance Charter		The Agreement between Michigan’s IJ CoCs and MSHMIS that supports a statewide HMIS operating in a single system environment.
Contributing HMIS Organizations	CHO	An organization that participates on the HMIS.
Participation Agreement		The Agreement between all participating agencies and MCAH that specifies the rights and responsibilities of MCAH and participating agencies.
Administrative Qualified Services Organization Business Associates Agreement	Admin. QSOBAA	The Agreement signed by each Agency, local Lead HMIS Agency, MCAH, and MSHDA that governs the privacy standards for all those that can see multiple organization data.
Sharing Qualified Services Organization Business Associates Agreement	Sharing QSOBAA	The Agreement between agencies that elect to share information using the HMIS. The Agreement prevents the re-release of data and, in combination with the Participation Agreement, defines the rules of sharing.
User Agreement & Code of Ethics		The document each HMIS User signs agreeing to the HMIS standards of conduct.
Release of Information	ROI	An electronic ROI must be completed to share any persons data within the HMIS. A signed (paper) ROI giving informed client consent for sharing is also required to share data between agencies.
Sharing		Sharing refers to the sharing of data between agencies. It does not refer to basic entry into the HMIS. Sharing data requires a signed client Release of Information. Basic entry does not require an ROI as there is implied consent for the agency to keep records when a client provides information..
Visibility		Refers to the ability to see a client’s data between provider pages on the HMIS. Visibility is configured on the HMIS system in each Provider Page.
Visibility Groups		Visibility Groups are defined groups of Provider Pages where data is shared. Internal Visibility Groups control internal sharing. External Visibility Groups control sharing with other agencies and are defined with a Sharing QSOBAA.
Coverage Rate		For MSHMIS - The percent of the Homeless Population that is measured on the HMIS. Coverage estimates are used to project to a total homeless count that includes those served in Domestic Violence Providers or other non-participating Shelters or Outreach Programs. See Coverage Memo for

		guidance. HUD also defines Bed Coverage (beds covered on the HMIS) and Service Coverage (person coverage for none residential programs).
Program Types		HUD defines 9 basic Program Types
		<ul style="list-style-type: none"> • ES: Emergency Shelter- Overnight shelters or shelters with a planned length of stay of less than 3 months. • TH: Transitional Housing- Transitional environments with a planned LOS of not more than 2 years and provide supportive services. • PSH: Permanent Supportive Housing- Permanent Housing for the formerly homeless with services attached to persons served under this program. • PH: Permanent Housing- Permanent housing that may be supported by a voucher but does not have services attached to the housing. • RR: Rapid Rehousing- A program that rapidly rehouses those that are identified at Literally Homeless. • HP: Homeless Prevention- A program that helps those are at imminent risk of losing housing, to retain their housing. • SOP: Street Outreach Program- A program that serves homeless persons that are living on the street or other places not meant for habitation. • SSO: Services Only Program- A program that serves only with no residential component. These programs often provide case management and other forms of support and meet with clients in an office, at the household's home, or in a shelter. • Safe Haven: A program that provides low-demand shelter for hard-to-serve persons with severe disabilities. The clients have often failed in other sheltering environments.
Length of Stay	LOS	The number of days between the beginning of services and the end of services. It is calculated using entry and exit dates or shelter stay dates. The HMIS offer calculations for discrete stays as well as the total stays across multiple sheltering events.
Point in Time Count	PIT	An annual count during the last week in January that is required for all CoCs. Every other year, that count also included an "unsheltered" or street count.
Housing Inventory Chart	HIC	All residential programs (both HMIS and non-participating) must specify the number of beds and units available to homeless persons. The numbers are logged into related Provider Pages where the corresponding person data is recorded (for participating programs).
SOAR Across Michigan	SOAR	Using the nation "best practice" curriculum, the SOAR project, lead by Department of Community Health, reduces the barriers and supports the application for Social Security Benefits for Michigan's disabled homeless.
Department of Human Services Emergency Services Program	DHS ESP	DHS general fund and TANF dollars designated for homeless services primarily sheltering. The dollars are managed through the Salvation Army and require HMIS participation.
Homeless Definition		<p>See Homeless Definition Crosswalk.</p> <p>Hearth defines 4 categories of homelessness. Not all programs can serve all categories and some may utilize a different definition when delivering services. MSHMIS has adopted the HUD definition for counting the homeless.</p> <ul style="list-style-type: none"> • Category 1: Literally Homeless • Category 2: Imminent Risk of Homelessness • Category 3: Homeless under other Federal Statute • Category 4: Fleeing/Attempting to Flee DV
Projects for Assistance in Transition from Homelessness	PATH	PATH is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) administered by the Michigan Department of Community Health. It provides services to mentally ill homeless people, primarily through street outreach, to link them to permanent community housing. This program has different reporting requirements than HUD funded

		programs and uses HMIS to collect this information.
Shelter Plus Care	S+C	Lead by the Michigan Department of Community Health, provides Permanent Supportive Housing to disabled persons throughout the State of Michigan and reports to the HMIS.
Housing Opportunities for Persons with AIDS	HOPWA	Lead by the Michigan Department of Community Health, provides housing assistance and related supportive services for persons with HIV/AIDs and family members who are homeless or at risk of homelessness. This program has different program reporting requirements than the other HUD funded programs in this document.
Housing Assessment and Resource Agencies	HARAs	Michigan has implemented HARA's across the state to serve as "single points of entry" for homeless persons. HARAs work with other service providers to insure that access to homeless resources is optimized and based on assessment of need.

Policy Disclaimers and Updates

Operating Procedures defined in this document represent the minimum standards of participation on MSHMIS and general "best practice" operation procedures. Local Lead Agencies in coordination with their CoCs may include additional standards.

Operation Standards in this document are not intended to supersede grant specific requirements and operating procedures as required by funding entities. Path, HOPWA and VA providers have operating rules specific to HHS and VA.

The MSHMIS Operating Policies and Procedures are updated routinely as HUD publishes additional guidance or as part of the annual review. Updates will be reviewed at the Monthly System Administrator Call-In and included the Meeting Minutes distribution email. To allow for evolution of compliance standards without re-issuing core agreements, updated policies supersede related policies in previously published Policies and Procedures or Agreements. Any changes from the previous year will be highlighted. A current copy of the Procedures may also be found on the MSHMIS WEB Site www.mihomeless.org.

Agreements, Certifications, Licenses and Disclaimers:

- 1) All CoCs participating on the MSHMIS must sign a **Joint Governance Charter** that designates the use of a the Michigan Statewide HMIS Vendor and identifies the Michigan Coalition Against Homelessness as the Statewide Lead Agency for administration of the statewide database. Each Jurisdiction will also identify a local Lead Agency that coordinates with the Statewide Agency and is responsible for specific tasks. The Charter supports the ability for multiple jurisdictions to participate on a single HMIS information system.
- 2) All Agencies must have all User Agreements and Training Certifications on file as well as agency related Participation Agreements and documentation?
- 3) All Agencies must have fully executed and be in compliance with the following Agreements and Policies:

- a) Administrative QSOBAA governing administrative access to the System.
 - b) Participation Agreement governing the basic operating principals of the System and rules of membership.
 - c) Sharing QSOBAA's (if applicable) governing the nature of the sharing and the re-release of data.
 - d) A board certified Confidentiality Policy governing the over Privacy and Security standards for the Agency.
 - e) User Agreement and Code of Ethics governing the individual's participation in the System.
- 4) Agencies must have an assigned Agency Administrator. The Agency Administrator has completed
- a) Workflow and provider page training (and have documentation of training)
 - b) All users have signed User Agreements/Code of Ethics documents on file
 - c) All Users have refreshed Privacy Training since moving to ServicePoint 5.x (June 2011 or later) and Privacy Training is refreshed thereafter annually. Successful completion of the Certification Questionnaire is required for Privacy Training.
 - d) All users have completed workflow training and related updates and have documentation of training. Further, Agencies must have users certified by completing the associated Certification Questionnaire and returning it to MCAH.

Privacy and Security Plan:

All records entered into the HMIS and downloaded from the HMIS are required to be kept in a confidential and secure manner.

Oversight:

- 1) All Agencies (HMIS Lead Agencies and CHOs) must assign a Security Officer. The Security Officer:
 - a) Insures that all staff using the System complete annual privacy & security training. Training must be provided by MSHMIS Certified Trainers and based on the MSHMIS Privacy/Security Training Curriculums.
 - b) Conducts an annual security review of the agency that includes reviewing compliance with the Privacy and Security sections of this document. The Agency must document the findings of the review on the Privacy and Security Checklist (see 2012 Site Assessment Template)..
 - c) Insures the removal licenses to the HMIS when a staff person leaves the organization or revision of the user's access level as job responsibilities change.
 - d) Reports any security or privacy incidents to the local Lead HMIS System Administrator for the CoC Jurisdiction. The System Administrator investigates the incident including running applicable audit reports. If the System Administrator and Security Officer determine that a breach has occurred and/or the staff involved violated privacy or security guidelines, the System Administrator will report to the chair of the CoC. A Corrective Action Plan will be implemented. Components of the Plan

must include at minimum supervision and retraining. It may also include removal of HMIS license, client notification if a breach has occurred, and any appropriate legal action.

- 2) Criminal background checks must be completed on all Security Officers and System Administrators.
- 3) The HMIS Lead Agency conducts routine audits to insure compliance with the Operating Policies and Procedures. The audit will include a mix of system and on-site reviews. The Lead Agency Uses the 2012 Site Assessment Template (Checklist) to guide the inspection and make recommendations for correction.

Privacy:

- 1) All Agencies are required to have the **HUD Public Notice** posted and visible to clients where information is collected. See Appendix A for link to the Notice.
- 2) All Agencies must have a **Privacy Notice**. They may adopt the MSHMIS sample notice or integrate MSHMIS into their existing Notice. See Appendix A for a link to the sample Notice with required sections highlighted. All Privacy Notices must define the uses and disclosures of data collected on HMIS including:
 - a) The purpose for collection of client information.
 - b) A brief description of policies & procedures governing privacy including protections for vulnerable populations.
 - c) Data collection, use and purpose limitations. The Uses of Data must include de-identified data.
 - d) The client right to copy/inspect/correct their record
 - e) The client complaint procedure
 - f) Notice to the consumer that the Privacy Notice may be updated overtime and applies to all client information held by the Agency.
- 3) All Notices must be posted on the Agencies WEB Site.
- 4) All Agencies are required to have a **Privacy Policy**. Agencies may elect to use the Sample Privacy Policy provided by MSHMIS. See Appendix A for link. All Privacy Policies must include:
 - a) Procedures defined in the Agencies Privacy Notice
 - b) Protections afforded those with increased privacy risks such as protections for victims of domestic violence, dating violence, sexual assault, and stalking. Protection include at minimum:
 - i) Closing of the profile search screen so that only the serving agency may see the record.
 - ii) The right to refuse sharing if the agency has established an external sharing plan.
 - iii) The right to be entered under an Un-Named Record Protocol where identifying information is not recorded in the System and the record is located through a randomly generated number (note:

this interface does allow for unduplication because the components of the Unique Client Id are generated)

- iv) The right to have a record marked as inactive.
 - v) The right to remove their record from the System.
- c) Security of hard copy files
 - d) Policy covers client data generated from the HMIS
 - e) Client Information Storage and Disposal
 - f) Remote Access and Usage
 - g) Use of Portable Storage (Significant Security Risk)
- 5) Agencies must protect **hard copy data** that includes client identifying information from unauthorized viewing or access?
- a) Client files are locked in a drawer/file cabinet
 - b) Offices that contain files are locked when not occupied.
 - c) Files are not left visible for unauthorized individuals.
- 6) Agency provides a **Privacy Script** to all staff charged with explaining privacy to standardize the explanation of agency privacy rules. The Script must:
- a) Developed by the Agency Leadership to reflect the agencies sharing agreements and the level of risk associated with the type of data the Agency collects and shares.
 - b) The Script should be appropriate to the general education / literacy level of the Agencies clients.
 - c) A copy of the Script should be available to clients as they complete the intake interview.
- 7) Agencies that plan to share information through the System must sign a **Sharing QSOBAA** (Qualified Services Organization Business Associates Agreement).
- a) The Agreement proscribes the re-release of information shared under the terms of the Agreement.
 - b) The Agreement specifies what is shared with whom.
 - c) Agencies may share different thing with different partners and may sign multiple Sharing QSOBAAs to define the layered practice.
 - d) The signatories on the Agreement include authorized representatives from all Agencies covered by the Agreement.
 - e) All members of a Sharing QSOBAA are informed that by sharing the electronic record they are creating a common record that can impact the data reflected on Reports. Members of the sharing group agree to negotiate data conflicts.
 - f) No Agency may be added to the Agreement without the approval of all other participating agencies.

- i) Documentation of that approval must be available for review and may include such items as meeting minutes, email response or other written documentation.
 - g) When a new member is added to the Sharing QSOBAA, the related Visibility Group is end-dated and a new Visibility Group is begun. **A new member may not be added to an existing Visibility Group.**

- 8) Agencies must have appropriate **Release(s) of Information** that are consistent with the type of data the agency plans to share.
 - a) The Agency has adopted the MSHMIS basic Release of Information appropriate to their sharing practice to share basic demographic and transaction information.
 - b) If the Agency integrates the MSHMIS Release into their existing Releases, the Release must include the following components:
 - i) A brief description of MSHMIS including a summary of the HUD Public Notice.
 - ii) A specific description of the Client Profile Search Screen and an opportunity for the client to request that the Screen be closed.
 - iii) A description of the Agencies sharing partners (if any) and a description of what is share, and must reflect items negotiated in the Agencies Sharing QSOBAA.
 - iv) A negotiated end date on the release.
 - v) Inter-Agency sharing must be accompanied by the negotiation of a Sharing QSOBAA.
 - c) A HIPAA compliant **Authorization to Release Confidential Information** is also required if the planned sharing includes any of the following:
 - i) Progress Notes
 - ii) Information or referral for health, mental health, HIV/AIDs, substance abuse, or domestic violence.

- 9) An **automated ROI** is required to enable the sharing of any particular client's information between any Provider Pages on the System.
 - i) Agencies should establish internal sharing by creating a Visibility Group(s) that includes all Agency provider pages where sharing is planned and allowed by law.
 - (1) **Internal sharing** does not require a Client Release of Information unless otherwise specified by law.
 - (2) If new provider pages are added to the Agency tree, they may be included in the existing Visibility Group. The information available to that Provider Page will include all

information covered by the Visibility Group from the beginning date of the Group – sharing will be retrospective.

- ii) Agencies may elect to share information with other Agencies – **External Sharing** - by negotiating a Sharing QSOBAA (see 7 above).
 - (1) A signed and dated Client Release of Information(s) must be stored in the Client Record (paper or scanned onto the System) for all Automated ROIs that release data between different agencies – external sharing.
 - (2) To prevent retrospective sharing, a new Visibility Group is constructed whenever a new sharing partner is added to the agencies existing sharing plan / QSOBAA.

- 10) The Agency must have a procedure to assist clients that are hearing impaired or do not speak English as a primary language. For example:
 - a) Provisions for Braille or audio
 - b) Available in multiple languages
 - c) Available in large print

- 11) **Agencies are required to maintain a culture that supports privacy.**
 - a) Staff do not discuss client information in the presence of others without a need to know.
 - b) Staff eliminate unique client identifiers before releasing data to the public
 - c) The Agency configures workspaces for intake that supports privacy of client interaction and data entry
 - d) User accounts and passwords are not shared between users, or visible for others to see
 - e) Program staff are educated to not save reports with client identifying data on portable media as evidenced through written training procedures or meeting minutes.
 - f) Staff are trained regarding use of email communication.

- 12) All staff using the System must complete Privacy and Security Training annually. Certificates documenting completion of training must be stored for review upon audit.

- 13) Victim Service Providers are precluded from entering client level data on the HMIS or providing client identified data to the HMIS. These providers will maintain a comparable database to respond to grant contracts.

Data Security:

- 1) All licensed Users of the System must be assigned **Access Levels** that are consistent with their job responsibilities and their business “need to know”.

- 2) All computers have **virus protection with automatic updates**.
 - a) Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to insure:
 - i) The Anti-Virus Software is using the up-to-date virus database.
 - ii) That updates are automatic.
 - iii) OS Updates are also run regularly.

- 3) All computers are protected by a Firewall.
 - a) Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to insure:
 - i) For Single Computers, the Software and Version is current.
 - ii) For Network Computers, the Firewall Model and Version is current.
 - iii) That updates are automatic.

- 4) Physical access to computers that connect to the HMIS is controlled.
 - a) All workstations in secured locations (locked offices).
 - b) Workstations are logged off when not manned.
 - c) All workstations are password protected.
 - d) **All HMIS Users are proscribed from using a computer that is available to the public or from access the System from a public location through an internet connect that is not secured.** That is staff are not allowed to use Internet Cafes, Libraries, Airport Wifi or other non-secure internet connections.

- 5) A plan for remote access if staff will be using the MSHMIS System outside of the office such as doing entry from home. Concerns addressed in this plan should include the privacy surrounding the off-site entry.
 - a) The computer and environment of entry must meet all the standards defined above.
 - b) Downloads from the computer may not include client identifying information.
 - c) Staff must use an agency-owned computer.
 - d) System access settings should reflect the job responsibilities of the person using the System. Certain Access levels do not allow for downloads.

Remember that your information security is never better than the trustworthiness of the staff you license to use the System. The data at risk is your own and that of your sharing partners. If an accidental or purposeful breach occurs, you are required to notify MCAH. A full accounting of access to the record can be completed.

Disaster Recovery Plan:

The HMIS can be a critically important tool in the response to catastrophic events. The HMIS data is housed in a secure server bank in Shreveport, LA with nightly off-site backup. The solution means that data is immediately available via Internet connection if the catastrophe is in Michigan and can be restored within 4 hours if the catastrophe is in Louisiana.

- 1) HMIS Data System (see “Bowman Systems Securing Client Data” for a detailed description of data security and Bowman’s Disaster Response Plan):
 - a) MSHMIS is required to maintain the highest level disaster recovery service by contracting with Bowman Systems for Premium Disaster Recovery that includes:
 - i) Off site, out-of state, on a different Internet provider and on a separate electrical grid backups of the application server via a secured Virtual Private Network (VPN) connection.
 - ii) Near-Instantaneous backups of application site (no files older than 5 minutes)
 - iii) Nightly off site replication of database in case of a primary data center failure.
 - iv) Priority level response (ensures downtime will not exceed 4 hours).
- 2) HMIS Lead Agencies:
 - a) HMIS Lead Agencies are required to back-up internal management data system’s nightly.
 - b) Data back-ups will include a solution for off-site storage for internal data systems.
- 3) Communication between staff of the Lead Agency, the CoC, and the Agencies in the event of a disaster is a shared responsibility and will be based on location and type of disaster.
 - a) Agency Emergency Protocols must include:
 - i) Emergency contact information including the names / organizations and numbers of local responders and key internal organization staff., designated representative of the CoCs, local HMIS Lead Agency, and the MSHMIS Project Director.
 - ii) Persons responsible for notification and the timeline of notification.
 - b) In the event of System Failure:
 - i) The MSHMIS Project Director or designee will notify all participating CoCs and local System Administrators should a disaster occur at Bowman System’s or in the MSHMIS Administrative Offices. Notification will include a description of the recovery plan related time lines. Local/assigned System Administrators are responsible for notifying Agencies.
 - ii) After business hours, MSHMIS staff report System Failures to Bowman System using the Emergency Contact protocol. An email is also launched to local System Administrators and Emergency Shelter designated staff no later than one hour following identification of the failure.
 - c) MSHMIS Project Director or designated staff will notify the HMIS Vendor if additional database services are required.
- 4) In the event of a local disaster:

- a) MSHMIS in partnership with the local Lead Agency will provide access to additional hardware and user licenses to allow the CHO(s) to reconnect to the database as soon as possible.
- b) MSHMIS in collaboration with the local Lead Agencies will also provide information to local responders as required by law and within best practice guidelines.
- c) MSHMIS in collaboration with the local Lead Agencies will also provide access to organizations charged with crisis response within the privacy guidelines of the system and as allowed by law.

System Administration and Data Quality Plan:

1) Provider Page Set-Up:

- a) Provider Page are appropriately named per the MSHMIS naming standards <agency name>, <location>, <program>, <project/funding>. Example: “The Salvation Army, Delta, Hotel Voucher Program, ESG, ESP”. Identification of funding stream is critical to completing required reporting to funding organization.
- b) Inactive Provider Pages are properly identified with “XXX Closed”> followed by the year of the last program entry >Provider Page Name.
- c) HUD Data Standards are fully completed on all Provider Pages:
 - i) CoC code is correctly set
 - ii) Program type codes are correctly set
 - iii) Geocodes are set correctly
 - iv) Bed and Unit Inventories are set for applicable residential programs.
- d) All Agency Administrators and System Administrators must complete Provider Page Training. Set-up instruction is offered for System 5 by Funding Stream / Program type.

2) Data Quality Plan:

- a) Agencies must require documentation at intake of the homeless status of consumers according to the reporting and eligibility guidelines issued by HUD. The “order of priority” for obtaining evidence of homeless status are (1) third party documentation, (2) worker observations, and certification from the person. Lack of third party documentation may not be used to refuse emergency shelter, outreach or domestic violence services. Local CoCs may designate the local HARA’s to establish the homeless designation and maintain related documentation.
- b) 100% of the Clients must be entered into the System within 15 days of Intake.
- c) All staff are required to be trained on the definition of Homelessness.¹
 - i) MSHMIS providers a Homeless Definition Cross-Walk to support agency level training.

¹ Specific instruction is available for PATH and HOPWA programs at www.dyns-services.com

- ii) Documentation of training must be available for audit.
- iii) There is congruity between the following MSHMIS case record responses, based on the applicable homeless definition: (Is Client Homeless, Housing Status and Prior Living Situation are being properly completed).
- d) Agency has a process to ensure the First and Last Names are spelled properly and the DOB is accurate.
 - i) An ID is requested at intake to support proper spelling of the clients name as well as the recording of the DOB.
 - ii) If no ID is available, staff request the legal spelling of the person's name.
 - iii) Programs that serve the chronic and higher risk populations are encouraged to use the Scan Card process within ServicePoint to improve un-duplication and to improve the efficiency of recording services.
 - iv) Data for clients with significant privacy needs may be entered under the "Un-Named Record" feature of the System. However, while identifiers are not stored using this feature, great care should be taken in creating the Un-Named Algorithm by carefully entering the first and last name and the DOB. Names and ServicePoint Id #s Cross-Walks (that are required to find the record again) must be maintained off-line in a secure location.
- e) Income and non-cash benefits are being updated at least annually and at exit
- f) Agencies have an organized exit process that includes:
 - i) Clients and staff are educated on the importance of planning and communicating regarding discharge. This is evidenced through staff meeting minutes or other training logs and records.
 - ii) Discharge Destinations are properly mapped to the HUD Destination Categories.
 - (1) MSHMIS provides a Destination Definition Document to support proper completion of exits (see Appendix A for link).
 - iii) There is congruity between discharge destination and Housing Status at exit.
 - iv) There is a procedure for communicating exit information to the person responsible for data entry.
- g) Agency Administrator/Staff regularly run data quality reports.
 - i) Report frequency should reflect the volume of data entered into the System. Frequency for funded programs will be governed by Grant Agreements, HUD reporting cycles, and local CoC Standards. However, higher volume programs such as shelters and services only programs must review and correct data at least monthly. Lower volume programs such as Transitional and Permanent Housing must review records at least quarterly.
 - ii) The program entry and exit dates should be recorded upon program entry or exit of all participants. Entry dates should record the first day of service or program entry with a new program entry date for each period/episode of service. Exit dates should record the last day of

residence before the participant leaves the shelter/housing program or the last day a service was provided.

iii) Data quality screening and correction activities must include the following:

- (1) Missing or inaccurate information in (red) Universal Data Element Fields.
- (2) Un-exited clients using the Length of Stay and Un-exited Client Data Quality Reports.
- (3) Count reports for proper ratio of children to adults in families. (at least 1.25)
- (4) Provider Page Completion Reports with an Annual update of the HUD DATA Standard Elements.

- h) CoCs and Agencies are required to review Outcome Performance Reports defined in the Shared Outcomes Matrix at least quarterly. Measures are adjusted by Program Type. The HMIS Lead Agency, in collaboration with the CoC Reports Committee or designated CQI Committee, establishes local benchmark targets. See Appendix A for links and “Setting Targets” training podcast.
- i) MSHMIS publishes regional benchmarks on all defined measures annually (see Appendix A).
- j) Agencies are expected to participate in the CoCs Continuous Quality Improvement Plan. See CQI materials designed to support Data Quality through Continuous Quality Improvement (see Appendix A).

3) Workflow Requirements:

- a) Assessments set in the Provider Page Configuration are appropriate for the funding stream.
- b) Users performing data entry have latest copies of the workflow guidance documents.
- c) If using paper, the intake data collection forms correctly align with the workflow.
- d) 100% of clients are entered into the system within 15 days of intake.
- e) Agencies are actively monitoring program participation and exiting clients. Clients are exited within 30 days of last contact unless program guidelines specify otherwise.
- f) All required program information is being collected.²
 - i) All HMIS participants are required to enter at minimum the Universal Data Elements and if completing entry and exits, the Michigan Basic Exit Form.
 - ii) Programs that serve over time are required to complete additional program elements as defined by the funding stream. If the Agency is not reporting to a funding stream, they are encouraged to use the Michigan Basic Entry and Exit forms.
- g) Data sharing is properly configured for sharing information internally between programs, including use of visibility groups.

² Path , HOPWA and VA programs use program entry forms that correspond to the data collection requirements of those programs. For Path and HOPWA, please contact www.dyns-services.com

- h) External data sharing aligns with any Sharing QSOBAA's including use of visibility groups
- i) Visibility groups are managed appropriately (see Privacy 9).

4) Electronic Data Exchanges:

- a) Agencies electing to either import or export data from the MSHMIS must assure:
 - i) The quality of data being loaded onto the System meets all the data quality standards listed in this policy including timeliness, completeness, and accuracy. In all cases, the importing organization must be able to successfully generate all required reports including but not limited to the APR and the Michigan Basic Counting Report.
 - ii) Agencies exporting data from MSHMIS must certify the privacy and security rights promised participants on the HMIS are met on the destination System. If the destination System operates under less restrictive rules, the client must be fully informed and approve the transfer during the intake process. The agency must have the ability to restrict transfers to those clients that approve the exchange.
- b) MSHDA/ MCAH or your local CoC may elect to participate in de-identified research data sets to support research and planning.
 - i) De-identification will involve the masking or removal of all identifying or potential identifying information such as the name, Unique Client ID, SS#, DOB, address, agency name, and agency location.
 - ii) Geographic analysis will be restricted to prevent any data pools that are small enough to inadvertently identify a client by other characteristics or combination of characteristics.
 - iii) Programs used to match and/or remove identifying information will not allow a re-identification process to occur. If retention of identifying information is maintained by a "trusted party" to allow for updates of an otherwise de-identified data set, the organization/person charged with retaining that data set will certify that they meet medical/behavior health security standards and that all identifiers are kept strictly confidential and separate from the de-identified data set.
 - iv) CoCs will be provided a description of each Study being implemented. Agencies may opt out of the Study through a written notice to MCHA or the Study Owner.
- c) MSHDA/ MCAH or your local CoC may elect to participate in identified research data sets to support research and planning.
 - i) All identified research must be governed through an Institutional Research Board including requirements for client informed consent.
 - ii) CoCs will be provided a description of each Study being implemented. Agencies may opt out of the Study through a written notice to MCHA or the Study Owner.

5) Staff Training and Required Meetings:

- a) All Users are recertified in Privacy Training Annually.

- b) All Users participate in Workflow Training and Training Updates for their assigned Workflows.
- c) All Users are trained in Data Standard data element definitions.
- d) All Agency Administrators participate in:**
 - i) Provider Page Set-Up Training
 - ii) Workflow Training sponsored by the funding agency or MSHMIS
 - iii) Reports Training
 - (1) Data Quality
 - (2) Progress Reporting
 - (3) Outcome Reporting
 - iv) Other training specified by the CoC.
 - v) CoC Agency Administrator Meetings and Trainings**
 - vi) Agency specific User Meetings or preside over an HMIS specific topic during routine staff meetings.**
 - vii) A local Reports Committee that governs the publication of information as requested.**

- e) All System Administrators participate in:**
 - i) All System Administrators are required to read and understand the HUD Data Standards that underpin the rules of the HMIS.
 - ii) System Administrator Orientation
 - iii) Provider Page Set-Up Training
 - iv) Workflow Training sponsored by the funding agency or MSHMIS
 - v) Reports Training
 - (1) Data Quality
 - (2) Progress Reporting
 - (3) Outcome Reporting
 - vi) CQI Training
 - vii) HUD Initiative Training (AHAR, PIT, APR, etc.)
 - viii) On Site and System Audits of Agency compliance of Data Privacy, Security and Oversight standards as well as item1 through 4 under System Administration and Data Quality.
 - ix) The Monthly System Administrator Call-In (3rd Wednesday of every Month at 1pm).**
 - x) The CoC Reports Committee or CoC Meeting where data use and release is discussed.**
 - xi) Michigan's Campaign to End Homelessness Work Groups and Regional Meetings as assigned.**

Appendix A: Links to Documents referred to in this Policy

<http://mihomeless.org/index.php/downloads/viewcategory/235-5-hud-definitional-files>

- HUD Data Standards 2010
- HMIS Requirements Proposed Rules Federal Registered (Hearth)
- MSHMIS Homeless Definition Crosswalk
- HUD Homeless Definition Matrix
- Discharge Destination Guidance

<http://mihomeless.org/index.php/downloads/contracts-agreements-policies>

- Participation Agreement
- Administration QSOBAA
- Sharing QSBAA
- HMIS Operating Policies and Procedures
- Joint Governance Charter

<http://mihomeless.org/index.php/downloads/privacy-resources-training>

- Privacy and Security Recorded Training
- Privacy Certification Questionnaire
- HUD Public Notice
- User Agreement and Code of Ethics
- Privacy Script Suggestions
- Privacy Workflow
- Privacy Notice Sample (Grayed Sections Required) Updated
- MSHMIS Release of Information
- HIPAA compliant Authorization to Release Confidential Information
- Translated Notice for Spanish and Arabic

<http://mihomeless.org/index.php/downloads/continuous-quality-improvement-cqi>

- CQI Curriculums
- Outcomes Matrix (Michigan State)
- Various Outcomes Training Documents and Pod Casts
- CQI Products from Implementations

<http://mihomeless.org/index.php/downloads/self-sufficiency-matrix/viewcategory/144-self-sufficiency-matrix>

- Self Sufficiency Matrix Training Materials

<http://mihomeless.org/index.php/downloads/3-workflows-and-grant-specific-documents>

- All technical workflow and training documents and podcasts

<http://mihomeless.org/index.php/downloads/system-admin-meetings>

- Minutes from Required System Administrator Meetings (current year/recent)

PHA 5-Year and Annual Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing**

**OMB No. 2577-0226
Expires 8/30/2011**

1.0	PHA Information PHA Name: <u>Michigan State Housing Development Authority</u> PHA Code: <u>MI-901</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input checked="" type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/01/2015</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: _____ Number of HCV units: <u>29,045</u>				
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: Not applicable				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. Not applicable				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. (c) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (a) 1. Eligibility, Selection and Admissions Policies 2. Financial Resources 3. Community Service and Self-Sufficiency 4. Fiscal Year Audit 5. Project Based Vouchers 6. Housing Needs of Families on the Waiting List See Attachment A to the FY 2015-16 Annual and 5-Year PHA Plan (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Copies of the PHA Plan are available at the MSHDA offices located at: <ul style="list-style-type: none"> • 735 E. Michigan Avenue, Lansing, Michigan 48912 • 3028 West Grand Boulevard, Suite 4-6000, Detroit, MI 48202 • MSHDA website: www.michigan.gov/mshda • See Attachment A to FY 2015-16 Annual and 5-Year PHA Plan for a list of supporting documents. • Contact person: Jackie Blankenship at 517-373-1886 or blankenship@michigan.gov (c) See items listed in item (a) above.				

	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p>MSHDA has no Hope VI units, no public housing, no Mixed Finance Modernization, no Development, Demolition and/or Disposition, or Conversion of Public Housing to report.</p> <p>Homeownership MSHDA will continue administering its Section 8 Homeownership Program entitled the "Key to Own" Homeownership Program which has been operating since March 2004. The MSHDA "Key to Own" Homeownership Program has no set limits on the maximum number of participants. At this time, MSHDA has 994 participants in the "Key to Own" Homeownership Program who are working on program requirements; i.e. credit scores, finding employment, debt reduction, etc. Since the program's inception, 372 MSHDA HCV participants have become homeowners.</p> <p>Project-Based Vouchers MSHDA will continue its Project- Based Voucher program which pays a rental subsidy on behalf of participants in designated units to the property owner. The Project-Based Voucher rental subsidy is not portable; however, once the participant has resided in the unit for at least one year, is determined to be in good standing and the PHA has an available housing choice voucher that can be assigned to the family, they can move with continued assistance. MSHDA will continue utilizing up to 20% of its HCV allocation for this Project-Based Voucher program and will continue to accept applications for persons who wish to participate in the program. MSHDA will continue to target the following populations with project-based vouchers: special needs, homeless, chronically homeless, homeless youth, and domestic violence survivors. Homeless definition includes: an individual or family who lacks a fixed, regular, and adequate nighttime residence; an individual or family who will imminently lose their primary nighttime residence; unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition.</p> <p>Project-Based Vouchers are being used as one strategy in the PHA's goal to reduce homelessness and to increase MSHDA's ability to serve supportive housing populations as stated above (homeless, chronically homeless, homeless youth, special needs, and domestic violence survivors) as well as support longevity and availability of assisted housing to low income populations over the long term. MSHDA may also award project-based vouchers in partnership with other PHAs within the State of Michigan. Project-based vouchers may be awarded in both rural and metropolitan areas within the State of Michigan.</p> <p>7.0 To be eligible for project-based vouchers, all potential projects must have been selected for development via a competitive process through MSHDA such as Low Income Housing Tax Credits, MSHDA Funds, CDBG, or HOME. Selected projects must also meet MSHDA Division of Rental Development underwriting criteria. MSHDA will continue to administer the housing choice vouchers already identified as Project-Based Vouchers in its portfolio.</p> <p>Persons being placed in the PBV designated units within a development must meet all of the specified MSHDA PBV eligibility requirements and must also meet one of MSHDA's PBV Supportive Housing Target Populations which include: homeless, chronically homeless, homeless youth, special needs, or domestic violence survivor. MSHDA added additional admission preferences for the elderly and U.S. Veterans to the PBV Program which are specifically designated for either of these two populations.</p> <p>As stated in the FY 2008-09 and subsequent PHA Plans, in accordance with Project-Based Voucher regulations (24 CFR 983), MSHDA has awarded 35 Project-Based Vouchers specifically dedicated to the MSHDA Hamtramck R-31 Project in the City of Hamtramck, Michigan. These 35 units are located within the boundaries of the City of Hamtramck, Michigan and assist the City in becoming fully compliant with an order of the Federal Court (Sarah Sims Garret et al v. City of Hamtramck et al, Case #32004). The waiting list for persons to be served by this project will be restricted to those parties and heirs specifically covered by the Court Order. After all the initially stipulated plaintiff class of persons have been assisted under the Housing Choice Voucher Project-Based Voucher program, the waiting list will be opened to interested families in Wayne County that meet Project-Based Voucher eligibility criteria, meet supportive housing population requirements and have been referred from a designated lead agency.</p> <p>The PHA expanded county residency requirements for Project-Based Voucher developments only. The expanded residency requirements allow residents of any county within Michigan or residents outside of Michigan to be considered to meet admission residency eligibility for the specific PBV development if the applicant receives a Verification of Eligibility from the Lead Agency/Service Provider who is providing supportive services to the Development. Once pulled from the waiting list, the family must live in the development for which they applied.</p> <p>See Attachment B identifying the number of units and general location of project-based units that have already been awarded and which either have a current HAP or AHAP Contract.</p> <p>PBV/Rental Assistance Demonstration (RAD) Program Based on HUD PIH Notices 2012-18, 2012-32, and 2012-32 Rev.1, MSHDA has started, and will continue, to participate in the HUD RAD Program which converts tenant based RAP and Rent Supplement Assistance to tenants in HUD 236 properties to Project-Based Vouchers at those developments.</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. Not applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing. Not applicable</p>

8.2 **Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan*, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. Not applicable

8.3 **Capital Fund Financing Program (CFFP).**
 Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. Not applicable

9.0 **Housing Needs.** Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

MSHDA is dedicated to serving the needs of the homeless and very-low and extremely low income Michigan residents. This is demonstrated in its administration of the Housing Choice Voucher Program via its homeless preference; its commitment to the Michigan Campaign to End Homelessness, its work with partner agencies serving the elderly; families with disabilities; households of various races and ethnic groups; households with low-income, very-low income, extremely low-income; its work with Continuum of Care groups across the State, and Administration of the HCV VASH Program at various VA medical facility sites across the State of Michigan.

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input checked="" type="checkbox"/>	Section 8 tenant-based assistance	As of 3/3/15	
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	36,262		
Extremely low income <=30% AMI	33,815	93.25	
Very low income (>30% but <=50% AMI)	1,851	5.10	
Low income (>50% but <80% AMI)	596	1.64	
Families with children	9,031	24.90	
Elderly families	2,693	7.43	
Families with Disabilities	2,222	6.13	
Race/ethnicity - American Indian	376	1.04	
Race/ethnicity - Asian	122	.34	
Race/ethnicity - Black	23,726	65.43	
Race/ethnicity - Native Hawaiian/Other Islander	61	.17	
Race/ethnicity - White	11,216	30.93	
Hispanic	1,300	3.59	
Non-Hispanic	34,962	96.41	
Race/ethnicity - none indicated	1,828	5.04	
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes:			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, if necessary additional lists will be opened.			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes for homeless.			
<input checked="" type="checkbox"/> Yes to the WL for Project-Based Voucher developments.			

	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p>Section 811 Project Rental Assistance (811 PRA): MSHDA was awarded funding for the Section 811 Project Rental Assistance (PRA) program. The Authority will commit 100 of its HCV vouchers for non-elderly persons with disabilities that meet the program requirements of the 811 PRA in a scattered site model. By leveraging the 811 PRA funding with MSHDA's HCV vouchers, MSHDA will be able to assist 100 additional disabled families to find integrated affordable housing that meets their needs in the locations of their preference. Selected families will be referred by the Michigan Department of Community Health service providers to a separate waiting list that will remain open in designated counties.</p> <p>9.1 Moving-Up Pilot Program MSHDA will continue to commit HCV vouchers and expand a PILOT program for Wayne County approved by the MSHDA Board in 2014. This MSHDA pilot program was supported by the MSHDA Board and the Michigan Department of Community Health to assist with providing a resource for previously homeless populations utilizing Permanent Supportive Housing (PSH) through the Continuum of Care HUD funded programs. This initial PILOT of 100 vouchers was launched within a six-month period after its approval. PSH providers conduct an assessment of individuals and families that have reached a level of stability that makes them a good candidate for a successful transition to a HCV. Those individuals are placed on a separate waiting list for the Moving Up Pilot. MSHDA plans to expand this PILOT model to other communities within the state and allocate additional vouchers to the program.</p> <p>Waiting Lists 32 of MSHDA's 83 county waiting lists are currently open. 15 waiting lists have been closed in the past three months. The remaining 36 county waiting lists were officially closed 8/1/2011. Applications are being taken from Homeless families and added to the homeless preference waiting list in every county when certified. All PBV Waiting Lists are open. For the PBV waiting list, the applicant must apply through the PBV development and directly with the Housing Agent.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. See attached document entitled Attachment A to FY 2015-16 Annual PHA Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>MSHDA defines a substantial deviation/modification from the 5-Year Plan to be a significant change in its published policies included in the Administrative or Annual PHA Plan. The addition of new policies, activities or programs not included in the current PHA Plan may qualify as a "Significant Amendment".</p> <p>MSHDA defines a substantial deviation/modification to the Annual PHA Plan to be a change in policy, activity or program that redirects MSHDA's mission, goals, or objectives, and/or an addition of new policies, activities or programs not included in the current PHA Plan.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

1.0	PHA Information PHA Name: <u>Detroit Housing Commission</u> PHA Code: <u>MI001</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>7/1/2015</u>																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>3712</u> Number of HCV units: <u>6,067</u>																										
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 35%;">Participating PHAs</th> <th rowspan="2" style="width: 10%;">PHA Code</th> <th rowspan="2" style="width: 20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width: 20%;">Programs Not in the Consortia</th> <th colspan="2" style="width: 15%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 5%;">PH</th> <th style="width: 5%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update. 2015 represents the Detroit Housing Commission's (DHC) 2nd Year of the Five Year Plan.																										
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <i>"The Detroit Housing Commission will effectively and efficiently develop, manage, and preserve affordable housing."</i>																										
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. The Detroit Housing Commission has four main Goals and Objectives in its Five Year Plan: 1. Creation of Affordable Housing consistent with HUD's Strategic Goal of increasing the availability of decent, safe and affordable housing in American Communities." MEASUREMENT: Creation of Public-Private Partnerships to develop new affordable housing opportunities as well as traditional rehabilitation of existing affordable units. Agency focus on ADA compliance on all properties HVAC Systems Upgrades at Riverbend Apartments Exterior Renovations at Forest Park, Sheridan, and Riverbend Apartments Exterior Renovations at Smith Homes, Brewster Homes and Sojourner Truth Apartments Elevator Upgrades at State Fair and Harriet Tubman Apartments Fire Alarm System Replacement at Riverbend and Warren West Site Improvements at Warren West Boiler Replacements at Woodbridge Senior Village and Sheridan Apartments 2. Promotion of Equal Housing Opportunities consistent with HUD's Strategic Goal of "Ensuring equal opportunity in housing all Americans." MEASUREMENT: DHC launched a website which includes detailed information regarding DHC's business and career opportunities, program information and a landlord portal. A number of landlord fairs will be held. Information regarding DHC's policies and procedures are available through the website. Completed substantial unit renovations on 162 scattered site homes Completed major site improvements at Diggs Homes and Smith Homes dramatically improving the appearance, longevity and safety of the properties Completed construction of a new office and community building at Smith Homes Completed HVAC System Replacement at Sheridan I & II and Forest Park Apartments Completed major exterior renovations at State Fair and Harriet Tubman Apartments Completed major Exterior Renovations at Warren West Apartments with significant energy saving materials including high-efficiency windows and insulated roof Completed renovations in 452 bathrooms at Brewster Homes																										

DHC may use a competitive and/or non-competitive process to select projects to receive project-based vouchers.

1. Selection Process

DHC may use a direct competitive process to select projects to receive project-based vouchers. DHC will use a competitive process when DHC has determined that it wishes to set aside a given number of vouchers for projects being developed within its jurisdiction to further the goals of deconcentrating poverty, creating sustainable, affordable housing and furthering local economic opportunities.

DHC will advertise its Request for Proposals (RFP) for new, rehabilitated or existing housing in a regulated open ended process. This process will allow DHC to receive competitive as well as noncompetitive proposals throughout the year and evaluate proposals as DHC deems appropriate and in accordance with DHC Procurement Policy. DHC will determine and include the length of time that each RFP will remain open during the solicitation process. DHC will also post the RFP on its website. The advertisement will specify the number of units DHC estimates it will be able to assist under the available funding. Proposals will be due to DHC by the close of business by the date set in the RFP. Only proposals that are timely submitted and that respond to all requirements of the RFP will be considered. Incomplete proposals will not be reviewed.

A successful proponent will be notified by DHC, in writing, of its selection. DHC will also notify the unsuccessful proponents, in writing, of its selection. The selection will also be posted on DHC's website.

DHC will make detailed application and selection information available at the request of interested parties. DHC will make these documents available for review at DHC's Assisted Housing office during normal business hours.

a. Proposals for Rehabilitated and Existing Units (24 CFR 983.57)

A review team consisting of DHC staff will review the proposals, make a determination as to acceptability and score and rank them. DHC will review the proposals using the following criteria:

- The proponent's experience, qualifications, and capability to manage or rehabilitate housing as specified in the RFP;
- The extent to which the project furthers DHC's goal of de-concentrating poverty and expanding housing and economic opportunities;
- Whether the site is suitable from the standpoint of facilitating and further full compliance with applicable civil rights laws;
- Whether the site meets the HQS site standards of 24 CFR 982.401(1);
- Whether the site meets the site and neighborhood standards specified in 24 CFR 983.57(d);
- Developments that substantially exceeds Housing Quality Standards;
- Plan for complying with the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970 (URA) (24 CFR 983.7) (rehabilitated units); and
- Such other factors as DHC may deem appropriate.

b. Proposals for New Housing (24 CFR 983.57)

A review team consisting of DHC staff will review the proposals, make a determination as to acceptability and score and rank them. DHC will review the proposals using the following criteria:

- The proponent's experience, qualifications, and capability to build housing as specified in the RFP;
- Whether the site meets the site and neighborhood standards specified in 24 CFR 983.57(e)
- Developments that substantially exceeds Housing Quality Standards;
- Plan for complying with the Uniform Relocation Assistance and Real Property Acquisition Policy Act of 1970 (URA) (24 CFR 983.7); and
- Such other factors as DHC may deem appropriate.

2. Non-Competitive Proposals Subject to a Previous Competition Under a Federal, State or Local Housing Assistance Program

DHC will accept PBV proposals, on an ongoing basis, from projects where the proposal has been selected, within three (3) years of the PBV proposal selection date, by a federal, state, or local government housing assistance, community development, or supportive services program that requires competitive selection of proposals (e.g., HOME, and units for which competitively awarded LIHTC's have been provided), and the earlier competitively selected proposal did not involve any consideration that the project would receive PBV assistance.

Site-Based Waiting Lists and Preferences for Project-Based Voucher Developments

DHC will administer separate site-based waiting lists for each of its project-based voucher (PBV) sites. These separate site-based waiting lists may be on a project or building basis. DHC may establish preferences for each PBV waiting list it administers tailored for each site. Preferences may be based on specific characteristics of the project, building or funding source.

Preferences

Applicant families that come within one or more of the following categories will be given a preference :

	<ul style="list-style-type: none"> • Working Preference Applicant family must work a minimum number of hours as defined by specific characteristics of the project, building or funding source, generally this means at least 20 hours per week. This requirement may be met by a combination of work and no more than 10 hours per week in volunteer activities or enrollment in an accredited education, employment and job training program. • Disabled or Elderly Preference Be a person with disabilities or over 62 years. • Geographic Preference Live or work in the neighborhood of projects receiving PBV assistance (to be determined on a project-by-project basis). • Families in Need of Supportive Services Preference Include persons Families with disabilities who need services offered at a particular project or building if: The family includes a member with disabilities that significantly interfere with the ability to obtain and maintain themselves in housing; and Who, without appropriate supportive services, will not be able to obtain or maintain themselves in housing; and For whom such services cannot be provided in a non-segregated setting. → • Homeless Preference Families and children who are homeless or are at imminent risk of homelessness. • Domestic Violence Preference Victims of domestic violence, as defined in the Violence Against Women Act, who are displaced as a result of the domestic violence. • Veterans Preference Families including a member who is a veteran of the United States Armed Forces. • Medical Condition Preference Families including a member who has a medical condition that falls with the restrictions imposed by the funding of a specific project or building, i.e., project requires participants to have a Medicare waiver. • Other Preferences Families including a member who falls within the specific category for which a project or building has been awarded funding. <p>Currently DHC has two project-based projects:</p> <ol style="list-style-type: none"> 1) Woodbridge Manor 2) AAL / Rivertown
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8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p> <p>See Attachments for Parts 8.1 to 8.3 "FY 2010-2014"</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing. "FY 2010-2014" "2015 for proposed"</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. "FY 2015"</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. do not check box</p>
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p>