CONTINUUM OF CARE (CoC) BOARD

MAY 18, 2022 | 3:00-5:00PM

ZOOM MEETING (LINK WILL BE SHARED VIA EMAIL)

TIME	AGENDA ITEM
3:00pm	1. Call to Order
3:01pm	2. Welcome/Introductions
3:05pm	3. Public Comment
3:08pm	4. Approval of Agenda (ACTION)
3:10pm	5. Approval of Minutes (ACTION)
3:12pm	6. Joint Transitional Housing (TH) and Rapid Re-Housing Component Projects – Andrew Kraemer, *Office of Community and Economic Development (OCED)* and Amanda Carlisle, *Washtenaw Housing Alliance (WHA)*
3:30pm	7. Approval of CoC Rubric Review Recommendations (ACTION) – Andrew Kraemer, *Office of Community and Economic Development (OCED)*
3:35pm	8. 2021 OCED Year-In-Review – Teresa Gillotti, *Office of Community and Economic Development (OCED)*
3:40pm	9. Diversion Data – Andrew Kraemer, *Office of Community and Economic Development (OCED)*
3:45pm	10. COVID Emergency Rental Assistance (CERA) a. Program Updates – *Kristin Kunes, Office of Community and Economic Development (OCED)* b. Partner Updates – *Rhonda Weathers, SOS Community Services & TJ Brandenberger, Salvation Army*
3:50pm	11. HUD/MSHDA ESG-CV Spenddown Updates – *Kristin Kunes, Office of Community and Economic Development (OCED)*
3:55pm	12. All Staff Training and All Membership Meeting: Share Out – *Kristin Kunes, Office of Community and Economic Development (OCED)*
4:00pm	13. CoC Equity Results Team (CERT) Overview – *Kristin Kunes, Office of Community and Economic Development (OCED)*
4:05pm	14. CSH CoC Engagement: Updates and Request for Feedback – *Lindsey Bishop Gilmore & Catherine Distelrath, CSH*
4:45pm	15. Shelter Updates (Individuals) a. *Dan Kelly, Shelter Association of Washtenaw County (SAWC)* b. *Krista Girty, Ozone House*
4:50pm	16. Shelter Updates (Families) a. *Rhonda Weathers, SOS Community Services* b. *TJ Brandenberger, Salvation Army* c. *Ellen Schulmeister, IHN at Alpha House* d. *Kim Montgomery, Safe House Center*
4:55pm	17. Board Member Updates/Issues
4:57pm	18. Public Comment
5:00pm	19. Adjournment

CONTINUUM OF CARE (CoC) BOARD

MARCH 16, 2022 | 3:00-5:00PM

ZOOM MEETING (LINK WILL BE SHARED VIA EMAIL)

Board members present: R. Smith, T. Gillotti, A. Patino, J. Little, R. Weathers, M. Conkin, K. Montgomery, R. Kraut, S. Dowling, K. Hoener, K. Girty, A. Carlisle, J. Monahan, D. Kelly, Z. Fosler, N. Adelman, J. Mogensen

Community members present: W. Brand, E. Chang (Ann Arbor Center for Independent Living), D. Goldbaum (manager of small hotel program for Mission), J. Averill (WHA), K. Wyatt, C. Distelrath (CSH), L. Bishop-Gilmore (CSH), G. Dill (Washtenaw County)

OCED staff present: K. Kunes, A. Kraemer, N. DuBois

TIME	AGENDA ITEM
3:00pm	1. Call to Order R. Smith called the meeting to order at 3:02.
3:01pm	2. Welcome/Introductions
3:03pm	3. Public Comment None
3:08pm	4. Approval of Agenda **(ACTION)** J. Monahan moved to approve. R. Weathers seconded. There was no further discussion and the motion was carried with no opposition.
3:10pm	5. Approval of Minutes **(ACTION)** M. Conkin moved to approve the minutes. K. Girty seconded. There was no further discussion and the motion was carried with no opposition.
3:12pm	6. SafeHouse Center Update – *Gregory Dill, Office of Community and Economic Development (OCED)* R. Smith moved to discuss agenda item. G. Dill went over the SafeHouse Center Update given to the County Board of Commissioners. The overarching goal of their work has been to support the current foundation, guided by the mission and vision as set by the SafeHouse Board, and build it back better with an eye towards addressing concerns voiced as well as improve wraparound/continuum of supports that can help someone get from crisis to stable housing. In September, 11 survivors and other community members voiced concerns with gaps in SafeHouse services. In November, County passed a resolution authorizing $75,000, with a current request for additional resources. Most of these funds have gone to sheltering and transportation. SafeHouse partnered with Delonis Center, the County Health Department, and others to address needs in the interim. The County, which owns the

building, has addressed infrastructure concerns—remodeling the kitchen, updating bedrooms/bathrooms (with intention to soften the atmosphere to make it feel less institutional). To address security concerns, they are working with the Sheriff's Office to route CCTV camera footage to central command and might look at a perimeter fence later in the spring.
Between 8/1/21-1/26/22, 2216 calls were made for assistance—primarily for legal support & emergency response.
The County is working to update its contract with SafeHouse and make new budget recommendations—since it is a budget year and new opportunities (such as through ARPA) may be available.

Eleanor asked about the accessibility of the space—are there reasonable accommodations for people in wheelchairs or with other mobility concerns? Previously, some people have been unable to access SafeHouse for this reason. G. Dill answered that one of the County's priorities is to make all of its buildings accessible. K. Montgomery added that the building, including the shelter, is ADA compliant – with two bedrooms on the bottom floor that are accessible.

A. Patino asked for more details on how the Sheriff's Office will be monitoring the video footage. G. Dill provided context: the County has a CCTV system covering many locations that are all connected to one source. Certain feeds can be centrally monitored by the Sheriff's Office. These feeds would only be of public spaces (e.g., entry ways, parking lots—not rooms). K. Montgomery said there would be more conversation about the implications for people who came into SafeHouse—they would need to develop guidelines and consider the ramifications.

A. Carlisle asked if it was determined if any of the 11 clients were wrongly terminated from SafeHouse, and if the homeless service system could have served them elsewhere. G. Dill said the investigation didn't cover that; the main goal was to provide residents in crisis with options and they will continue to engage in planning for better services moving forward.

R. Kraut asked if the reported number of calls represented calls or callers. K. Montgomery answered that they are individual calls, so people could have called multiple times.

T. Gillotti asked if other SafeHouse policies are under consideration for change, such as the 35-day stay. G. Dill responded they are compiling evidence and best practices from other shelters in the region and across the country, and that 35-day stay was fairly typical, but there is a need for support beyond that. This will also come down to a question about resources and where this fits among competing priorities, both within the Blueprint to End Homelessness and across other county priorities. "One homeless person in our community is too many." There is an opportunity

	in this budget planning year to take this strategic lens. No further discussion.
3:32pm	7. Shelter Updates (Individuals) a. *Dan Kelly, Shelter Association of Washtenaw County (SAWC)* b. *Krista Girty, Ozone House* R. Smith moved to discuss agenda item. D. Kelly said winter shelter will likely be open until April 3rd, depending on the weather. The latest it has been open historically is April 13th. The final date will be confirmed soon. They are planning next steps with guests, with the goal of connecting everyone to other shelter or permanent housing. COVID update: the December outbreak petered out by February. One person is in isolation right now. Testing continues in partnership with Biovision and public health. A new partnership with MDHHS provides nursing support for people in hotels, and a new health and safety coordinator has been helpful as well. The census hovers around 145 per night, including all beds (onsite and offsite) which is relatively average, historically. There was an increase in overdoses at the beginning of the season but none recently, although staff are trained for it. K. Girty reported that Ozone House Welcome Center (1600 N Huron River Drive, Ypsilanti) is doing a soft open this week and will be going back to fully open: 9am-8pm Mon-Thurs & 9am-5pm on Friday. Young people (12-24) can drop by. There are two welcome workers, several volunteers and a social worker, and more services will start soon. At Miller House (transitional living), three people exited, so three new people will be moving in, to maintain full capacity (of 10). At Safe Stay (minor shelter), they have been experiencing difficulties due to COVID-19 among staff. It is now fully open with a capacity of 6 people. Ozone House has also been doing advocacy work around House Bill 5756 to amend parental consent policies (which would allow Ozone House to serve youth in more of a 'shelter' program than a 'treatment' program, as intended) and to increase funding for youth services in the state. A. Carlisle asked if there was anything the CoC Board could do in support of this advocacy, K. Girty said they would think about it and reach back out. D. Kelly offered to make connection to policy person at MCAH. A. Patino asked to clarify times/location for drop-in center. K. Girty said more information will be publicized by the end of the week. No further discussion.
3:42pm	8. Shelter Updates (Families) a. *Marla Conkin, Salvation Army* b. *Rhonda Weathers, SOS Community Services*

	c. *Ellen Schulmeister, IHN at Alpha House* d. *Kim Montgomery, SafeHouse Center* R. Smith moved to discuss agenda item. M. Conkin: hoteling has continued since June 2021, serving 31 families to date. 22 families have exited (3 to another shelter, 18 housed, 1 due to noncompliance) & 9 are currently in the hotel. The average length of stay is 57 days. Salvation Army entered into a MOU with Mission to help with larger families (currently, cannot take families larger than 4 people). R. Weathers: SOS operates 3 scattered-site shelters, currently at full capacity. They are attempting to secure funding to increase capacity. They are all 3-bedroom homes, so they can often take larger families. E. Schulmeister was not present. K. Montgomery: 11 families are in SafeHouse shelter. Both the 24-hour helpline (how survivors call in to access services) and shelter are very busy. No further discussion.
3:52pm	9. New Human Services Partnership – *Teresa Gillotti, Office of Community and Economic Development (OCED)* R. Smith moved to discuss agenda item. T. Gillotti discussed the County's new round of funding through the Human Services Partnership. Information will be shared with listserv on Friday. There are four main categories of eligible activities: emergency food system, housing/homelessness, health/basic medical needs, childcare. Housing/homelessness can include PSH, RRH, and case management. Awards will be 5-year grants around $200-300,000 (total amount available is approximately $2.3 million across the four categories). More funding might come through Ann Arbor city ARPA funds (decision will be made 4/4), County ARPA funds, or other funding partners. No further discussion.
4:00pm	10. HUD 2022 Rubric Review – *Andrew Kraemer*, *Office of Community and Economic Development (OCED)* R. Smith moved to discuss agenda item. A. Kraemer shared the process around Rubric Review, inviting participation from staff and clients/former clients at agencies. The first meeting is 3/25, and A. Kraemer will send more information to the CoC Listserv. No further discussion.

4:05pm	11. COVID Emergency Rental Assistance (CERA) a. Program Updates – *Kristin Kunes, Office of Community and Economic Development (OCED)* b. Partner Updates – *Marla Conkin, Salvation Army and Rhonda Weathers, SOS Community Services* R. Smith moved to discuss agenda item. K. Kunes highlighted new flyer developed by OCED and shared with CoC listserv to cover high-level CERA & ESG-CV information. MSHDA is expecting that paper and electronic applications for CERA will no longer be accepted after May, exact date to be finalized about 3-4 weeks prior. All existing applicants will be processed as funds are available. M. Conkin shared that they have spent $6.4 million, approving over 1,000 applications averaging about $5900 in assistance per family. R. Weathers said they have also approved over 1,000 cases, obligating over $8 million in funding. Most common denial reason is duplicates. No further discussion.
4:15pm	12. HUD/MSHDA ESG-CV Spenddown Updates – *Kristin Kunes, Office of Community and Economic Development (OCED)* R. Smith moved to discuss agenda item. K. Kunes shared that HUD & MSHDA are closely monitoring ESG-CV, which ends 9/30/22. MSHDA ESG-CV dollars are 43% spent down as of last month across the community. HUD ESG-CV dollars are about 60% spent down across the community. MSHDA has earlier spend down expectations, and if they are not met, might re-allocate funds. Conversations are currently happening about how to facilitate spend down with providers, as well as explore implications/flexibilities with HUD and MSHDA. No further discussion.
4:20pm	13. Moving To Work – *Weneshia Brand, Ann Arbor Housing Commission (AAHC)* R. Smith moved to discuss agenda item. W. Brand announced that AAHC was selected to participate in the MTW Demonstration, focused on landlord incentives. This will allow AAHC to use a portion of administrative fee funding with more flexibility – for example, to pay for tenant's security deposits, application feeds, etc.—to maintain current landlords and incentivize new landlords. They are currently attending a series of HUD webinars to learn more about the rules and regulations, after which they will hold public hearings/meetings (targeting May). AAHC is asking for the CoC's input in terms of what strategies work in Ann Arbor and what gaps can be filled. In addition to public meetings there will be work groups, which will need volunteers. The MTW plan

	should be finalized by the end of 2022 or beginning of 2023. People who are interested in helping or who have ideas or feedback should reach out to W. Brand: WRBrand@a2gov.org. K. Kunes thanked W. Brand for sharing the information. W. Brand offered to do presentations in other settings to increase opportunities for input. W. Brand also shared that waitlist is open for project-based vouchers. J. Little asked if W. Brand had reached out to Ann Arbor Apartment Association and Board of Realtors. W. Brand said they are on the list. No further discussion.
4:30pm	14. CoC Board Development – *Catherine Distelrath and Lindsey Bishop Gilmore, Corporation for Supportive Housing (CSH)* R. Smith moved to discuss agenda item. L. Bishop Gilmore and C. Distelrath re-introduced the work CSH started doing with the CoC last year around strategic planning & board engagement. The work paused due to staff turnover and is now continuing. Prior to the pause, they had completed 1:1 feedback sessions with 23 people. Over half of the members interviewed had been on the Board for more than 4 years yet nearly 50% expressed limited understanding of role/function and role of board members & 38% expressed challenges in identifying/activating around issues. Issue areas include limited understanding of board/board member role; structural/ cultural challenges to full board engagement; significant potential to fully activate board members; need for additional perspectives to equitably respond to homelessness (BIPOC faith groups and communities in general, nontraditional organizations serving people with housing insecurity); and that zoom meetings & pandemic impacted Board relations. T. Gillotti & R. Smith agreed this assessment still holds. A Patino added that it is difficult to create relationships in the virtual world but that deeper connections could lead to more participatory meetings. R. Kraut asked if mechanisms like breakout rooms could be used within the formality of the CoC Board structure. J. Mogensen recognized that some people are in many different planning spaces around homelessness. What is the right space for conversations without duplication? What is missing and should be addressed? K. Kunes agreed with importance of relationship building and emphasized the need to create conversations that are representative of the system as a whole (case managers, supervisors, etc.)

	A. Carlisle said this is the most formal board of all CoCs she has worked in: operates very precisely, no chat box, webinar-style presentation. D. Kelly voiced it would be helpful to use resource-rich thinking in visioning conversations (instead of resource-starved): what would we do if we had $100 million? Starting from there and then bring it back to reality. A. Patino said the CoC Board is predominantly decision-makers, which there can be value in, but that it might be challenging to tend to power dynamics if other people were brought in. That only works if there is a lot of awareness related to identity and power dynamics. Z. Fosler said strategy is better done in person than on Zoom—people are more candid, there are less distractions. But, there needs to be dedicated space for strategy because it's difficult to squeeze in between regular Board business. J. Mogensen, in response to wanting representation from BIPOC faith community, said these things can take a lot of time to build personal relationships. People need to learn to trust each other so we should not be concerned if it does not happen away. C. Distelrath shared next steps for CSH: clarify CoC Board purpose and define member roles; create space for more strategic conversations; include additional perspectives. L. Bishop Gilmore said this will also address allowability of specific changes like enabling chat box/breakouts. No further discussion.
4:50pm	15. Board Member Updates/Issues None
4:55pm	16. Public Comment None
5:00pm	17. Adjournment R. Smith adjourned at 4:52pm.

ACTION ITEM SUMMARY

CONTINUUM OF CARE (CoC) BOARD | May 18, 2022

Approval of CoC Rubric Review Recommendations

As part of the local CoC funding competition process, each year CoC-funded projects are required to submit data on project and agency performance. The data submitted is incorporated into a rubric used by the Funding Review Team to score and rank projects for funding. In April 2022, OCED hosted a series of meetings to review the 2022 CoC Renewal Project Rubric in an effort to determine if there were changes that stakeholders felt should be made prior to the 2022 CoC Funding Competition. All CoC Members were invited to attend the sessions. Attendees had a chance to ask questions and discuss proposed changes at the Rubric Review meetings. The rubric presented to the CoC Board is reflective of their feedback. Proposed changes include:

- Adjusting calculation for employment rate in PSH and RRH to account for adults on Disability and over 55,
- Decreasing points available for employment rate and increasing points available for annual income increases in PSH and RRH,
- Changing cost effectiveness measure in PSH and RRH from looking at project grant total to supportive services total (still no points assigned for this metric),
- Adding a non-scoring section on racial equity, requesting information on agency commitments, plans, internal structures, staff training, and ongoing evaluation of policy & program impacts on progress towards racial equity, and
- Removing 'residence prior to program entry' and 'zip code of last residence' and adding 'income at annual assessment' to HMIS data element requirements

Current Action Needed:

Approval of the 2022 CoC Renewal Project Rubric.

Motion:

The CoC Board approves the 2022 CoC Renewal Project Rubric.

e-snaps FAQ

Q

What is a Joint TH and PH-RRH component project?

Date Published: July 2019

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A Joint TH and PH-RRH Component project is a project type that includes two existing program components–TH and PH-RRH–in a single project to serve individuals and families experiencing homelessness. If funded, HUD will limit eligible costs as follows:

1. leasing of a structure or units, and operating costs to provide transitional housing;
2. short- or medium-term tenant-based rental assistance on behalf of program participants in the rapid rehousing portion of the project;
3. supportive services for the entire project;
4. HMIS; and
5. project administrative costs.

If awarded, recipients or subrecipients must be able to provide both components, including the units supported by the transitional housing component and the tenant-based rental assistance and services provided through the PH-RRH component, to all program participants up to 24 months as needed by the program participants. For example, a program participant may only need the temporary stay in transitional housing unit, but the recipient or subrecipient must be able to make available the financial assistance and supportive services that traditionally comes with rapid re-housing assistance to that program participant. This does not mean, however, that the applicant is required to request funding from the CoC Program for both portions of the project (e.g., the applicant may leverage other resources to pay for the transitional housing portion of the project).

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Tags: *e-snaps* | NOFAs/Notices - FY 2017 NOFA | NOFAs/Notices - FY 2018 NOFA | NOFAs/Notices - FY 2019 NOFA

Links in This FAQ

FAQ ID:
3250

Read the link on HUD.gov:
https://www.hudexchange.info/faqs/reporting-systems/e-snaps-homeless-assistance-application-and-grants-management-system/nofasnotices/fy-2017-nofa/what-is-a-joint-th-and-ph-rrh-component-project/

Washtenaw County CoC

Recommendation for Reallocation of Resources

Prepared by Housing Innovations

May 2013

Background

The Washtenaw County Continuum of Care has requested an analysis and recommendations to ensure that the community is making the best use of its homeless resources to efficiently and effectively serve the homeless population in the community. The following section summarizes relevant information from the HEARTH Act and data from the CoC's Exhibit 1, Program Performance Reports, the Annual Homeless Assessment Report (AHAR) and the Washtenaw County school system. It also highlights best practices supported by research, the HEARTH Act and the Federal Strategic Plan.

- The federal HEARTH Act establishes a goal that no one is homeless more than 30 days. Other goals include:
    - Decrease length of stay in the homeless system
    - Increase exits to permanent housing
    - Increase people's income
    - Reduce return to homelessness
- Rapid Rehousing (RR) has been proven to be effective in helping many homeless people end their homelessness and return to permanent housing
    - Most communities report 90+% exits to permanent housing
    - Less than 10% return to homelessness
    - Washtenaw County has limited Rapid Rehousing Resources
- For people with serious and long-term disabilities, permanent supportive housing (PSH) is a proven solution to ending their homelessness permanently
    - High rates of housing stability (94% maintain 6 months or longer in Washtenaw County)
    - Studies show low rates of return to homelessness
    - While the County has significantly expanded PSH units, the supply is inadequate to meet demand.
        - There are currently 30 units of PSH targeted for homeless families and 217 for homeless single adults.
- Currently, the CoC invests $668,018 in Transitional Housing (TH) and $1,773,668 in Services Only (SSO) projects for a total of $2,441,686. (One of the Services Only grants includes HMIS funding which must continue in order to meet HUD reporting requirements. The HMIS budget of $131,000 has been subtracted from the SSO grant total.)
    - The focus and outcomes of these programs are not helping the community to achieve the goals of the HEARTH Act
        - Only 70% of people leave transitional housing for permanent housing destinations

- The cost per person for one of the transitional housing programs funded by the CoC is $4,700, with only 66% of people exiting to permanent housing. When the costs per permanent housing (PH) exit is calculated, the costs are even higher at $12,012 per person exiting to PH. The other transitional housing program costs $6,792 per household. Costs per permanent housing exit were not calculable due to problems with the program APR (Annual Progress Report) data.
- More than a quarter of the people served by one transitional housing program came from places besides the shelters or the streets, thus not reducing the homeless census.
- Almost 2/3 of the single adults and ½ of the families served in TH are reported to be disabled, many of whom probably need PSH. With the advent of Housing First models, the need for this extra transition to "get ready" for PSH is unnecessary.

- Services only are not sufficient to end people's homelessness
  - While many of the services provided are helpful in supporting housing stability and of value to a recipient, they do not necessarily resolve the homeless episode.
  - Only 50% of people served in two of the SSO programs are stably housed upon exit.
  - Costs are not standardized and range from $818 to $6,519 to $13,505 per household served.
  - Additionally, the SSO programs' goals are not consistent with those established by the HEARTH Act. One project targets sobriety, improved reading skills and cognitive functioning of children and attendance at program as its outcomes. While these may be worthwhile goals, the question is whether the homeless system should be funding these efforts.
- **The community must consider reinvesting these resources in PSH and RR.**

Recommendations

To best meet the needs of homeless people in Washtenaw County and achieve the goals of the HEARTH Act, the community must increase the supply of RR and PSH. Reallocation of the $2.4 million currently invested in transitional housing and services only programs would go a long way in addressing these projected needs. It is important to note that implementing these recommendations would require a coordinated access process to ensure that the people who most need the interventions receive them.

The following estimates of need are based on the elements of a methodology that Housing Innovations developed with Dr. Dennis Culhane of the University of Pennsylvania to project community housing needs to address homelessness. At its essence, the method projects the numbers of households that need a given intervention as compared to the supply of the intervention. The difference between the two is the unmet need or "gap". In the full application of the methodology, the numbers are calculated

over the course of 3-5 year period to arrive at the number of units of each housing type that would need to be developed to meet demand. The calculations that follow look at the demand over the course of one single year, and as such, only begin to estimate the need in Washtenaw County. The development of these new capacities will not meet all of the demand in the community.

Addressing the Needs of Homeless Families

- In the course of a year (through 9/30/12), about 100 families use shelter in the County. However, many more households are at risk of homelessness and due to the limited number of shelter beds, are not included in the count of the "literally homeless". The County school system counts homeless households served, and in the 2011-2012 school year, served 451 doubled up families.

- Of the 100 families who used shelter in a year:
  - About 35% leave within one month
  - For many of those that do not leave on their own, rapid rehousing would be an optimal solution to their homelessness
  - Based on national studies, about 15-25% of families are users of high costs interventions such as inpatient mental health and substance abuse services or are involved in the child welfare system. Many of these households need permanent supportive housing.
  - Washtenaw's data show about 23% of families in shelter are disabled.

- Of the 451 doubled up families served during the 2012 school year:
  - A portion of these households would benefit from rapid rehousing
  - Some likely need PSH

- Assuming that about 50% of the sheltered households and 20% of the doubled up in a given year need rapid rehousing, the County would need about 140 slots of this resource to meet this need.
  - Rapid rehousing programs vary widely in their average costs per household. Using an average cost of $4,000 per household for both financial assistance and services, developing 140 slots would require a $560,000 investment.

- Assuming that about 20% of the sheltered households and 5% of the doubled up in a given year need PSH, the County would need about 43 units of PSH to address this need.
  - There is little to no turnover in PSH for families so units would need to be created new.
  - Permanent Supportive Housing costs include the cost of a rent subsidy and related supportive services.
  - About 2/3 of families include 3 people or less. Using the Fair Market Rent (FMR) for a 2-BR apartment, the annual subsidy costs would be $10,812 per household. For 28 households, the subsidy cost would be $302,736. Services estimated at $5,000 per household would be an additional $140,000, bringing the annual total cost to $442,736.

- For the other 1/3 of families, using the FMR for a 3-BR apartment ($1232), the subsidy cost for 15 households would be $221,760. With social services included at $5,000 per household, the total cost for these 15 families would be $296,760.

- The total annual cost for adding these RR slots and operating PSH units for families would be $1,299,496.

Addressing the Needs of Single Adults

- In the course of FFY 2012, 832 single adults use shelter in the County:
  - 55% leave within one month; another 28% leave within 3 months
  - Based on national studies, about 30-50% of single homeless adults are seriously disabled and in need of permanent supportive housing.
    - The rate of chronic homelessness is growing in Washtenaw County. In 2013, the annual homeless count found a total of 116 chronically homeless people: 59 in shelter and 57 on the street. This represents 35% of the single adults in shelter and a significant increase from the 73 chronically homeless people counted in 2011.
  - Rapid rehousing has been a useful resource for single adults. For those with work histories or a source of income, it can get them a unit and help getting back on their feet. For those awaiting a permanent supportive housing unit, RR can serve as a bridge to PSH.

- Assuming that about 20% of the homeless single adults in a given year need rapid rehousing, the County would need about 160 slots of this resource to meet this need.
  - Rapid rehousing programs vary widely in their average costs per household. Using an average cost of $3,000 per household, developing these slots would require a $480,000 investment.

- Assuming that about 30% of the homeless single adults in a given year need PSH, the CoC would need about 250 units of PSH to address this demand.
  - According to the AHAR, the turnover rate in PSH in Washtenaw is about 14% which means that about 30 units become vacant each year and are available to meet the PSH need. The balance of units (220) would need to be created new.
  - Permanent Supportive Housing costs include the cost of a rent subsidy and related supportive services.
  - Using the FMR for a 1-BR apartment ($760), the annual subsidy costs would be $9,120 per person. For 220 people, the subsidy cost would be $2,006,400. With services estimated at $4,000 per household, that would be an additional $880,000, bringing the annual total cost to $2,886,400.

- The total annual cost for adding these RR slots and PSH units for single adults would be $3,366,400.

Implementing Recommendations

- The CoC should implement this reallocation through a Request for Proposals (RFP) process whereby the existing TH and SSO contracts are ended and funds for RR and PSH are made available on a competitive basis. [i]
    - The CoC will need to decide on the amount of funds allocated between RR and PSH.
    - The RFP process should ensure that areas of the county that are disproportionately represented among the homeless population are served equitably and that agency services are located in these communities.
    - The Rapid Rehousing financial assistance component should be assigned to one or a maximum of two agencies.
    - Legal services and child care scholarships will be important components of the rapid rehousing services and the CoC should consider centralizing these resources.
- The CoC should adopt a progressive engagement approach to the delivery of homeless services. Rapid Rehousing resources should be authorized in 3 month increments based on need.
    - In this approach, Emergency Solutions Grant (ESG) RR resources could be used for the first six months of assistance and CoC funds targeted to those who need longer-term help.
    - Some of these households will likely need permanent subsidies. The CoC should attempt to secure a set aside of Housing Choice Vouchers from the Housing Authority for households that cannot make it with rapid rehousing alone.
- The CoC should update these unmet need numbers annually.
    - However, the methodology for capturing the population at-risk of homelessness should be evaluated and updated in advance of any future projections of need.

Data Sources: 2012 AHAR, 2013 PIT Homeless Count, 2012 Exhibit 1, 2012 Housing Inventory Chart, Program Review Team Reports, Washtenaw County School System Report.

[i] Please see the WHA Board Resolution

CoC RENEWAL PROJECT RUBRIC

AGENCY:	PROGRAM:	PROJECT TYPE:

AGENCY LEVEL THRESHOLD

Agency Level Threshold requires agencies to meet local funding standards and be an active participant in the CoC based on the criteria below.

THRESHOLD DESCRIPTION	THRESHOLD MET (YES/NO)
Agency meets the financial audit requirements stipulated under the Coordinated Funding Request for Information (RFI).	
Agency has attended at least 1 of 2 CoC All-Membership Meetings in the past 12 months.	
Agency has representation in at least one of the CoC committees (i.e. WHA Operations Committee, Coordinated Entry Oversight & Evaluation) and has attended at least 75% of meetings convened by the committee.	
Agency has a 75 % attendance rate at Community Housing Prioritization Meetings.	

PROJECT LEVEL THRESHOLD

Threshold needs to be met as described below for projects to be considered for funding renewal. Projects falling within certain score ranges will need to submit a Corrective Action Plan (CAP), as stated below. ***Please note:*** *Projects that have not completed a full calendar year will be EXEMPT from this threshold.*

THRESHOLD DESCRIPTION	OUTCOME PERCENTAGE	THRESHOLD MET (YES/NO/EXEMPT)
Program Outcomes: Project attained above **60%** of the total score possible. If not, projects scoring between 20-60% will need to submit a CAP and below 20% will not considered for funding.	%	
Compliance: Project attained above **70%** of the total score possible. If not, projects scoring between 50-70% will need to submit a CAP and below 50% will not considered for funding.	%	
HMIS Compliance & Data Quality: Project attained above **85%** of the total score. If not, projects scoring between 55-85% will need to submit a CAP and below 55% will not be considered for funding.	%	

NOTE: For threshold items that are not met, the agency will need to submit an explanatory letter to the CoC Funding Review Team to request a waiver for each threshold item not met before the project application can be considered for funding.

SECTION 1 - PROJECT DESCRIPTION

PROJECT NARRATIVE (INSERT HERE)

The project narrative addresses the entire scope of the proposed project at full operational capacity. The project description should address the entire scope of the project, including:

- ☐ community need
- ☐ target population(s)
- ☐ the plan for addressing the identified needs/issues of the CoC target population(s)
- ☐ projected outcome(s)
- ☐ coordination with other source(s)/partner(s) and how participants will be helped to access mainstream services
- ☐ reasons why CoC support is needed
- ☐ For projects targeting youth ONLY: Information & data about how youth head of households increased life skills and supports system

TARGET POPULATION
(check all that apply)

- ☐ Chronically Homeless
- ☐ Veterans
- ☐ Youth (under 25)
- ☐ Families with Children
- ☐ Domestic Violence
- ☐ Substance Abuse
- ☐ HIV/AIDS
- ☐ Other _____

PROJECTED HOUSING TYPE
(check all that apply)

- ☐ **Scattered-site apartments:** Total Units ___ # Agency Owned___
- ☐ **Clustered apartments:** Total Units ___ # Agency Owned___
- ☐ **Single Room Occupancy**: Total Units ___ # Agency Owned___
- ☐ **Single-family homes/townhouses/duplexes:** Total Units ___ # Agency Owned___
- ☐ **Other**:_____ Total Units ___ # Agency Owned___

PROJECTED UNITS/BEDS

Total Units: ___ (total agency-owned) ____

Total Beds: ___

PROJECTED CLIENTS SERVED

Total Households Served: ___

Total Persons Served:___

Total Adults: ___

Total Accompanied Children (Under 18): __

Unaccompanied Children (Under 18): __

SECTION 2 - PROJECT OUTCOMES

SEE APPENDIX A: PROJECT OUTCOME CALCULATIONS FOR DETAILS ABOUT DATA SOURCES AND CALCULATING SCORES IN THIS SECTION

2A – PERMANENT SUPPORTIVE HOUSING (PSH) PROJECT OUTCOMES

CRITERIA	STANDARD	AGENCY RATE	SCORING	POINTS/AVAILABLE
A) Retention of Permanent Housing or Movement to Other Permanent Housing $\left[\frac{\text{No. of stayers + No. of leavers exiting to PH types}}{\text{Total no. of persons served}}\right]$ X 100%	95%	%	95% or > =20 91-94% = 18 87-90% = 16 83-86% = 14 79-82%=12 75-78%=10 70-74% = 5 Below 70% = 0	/20
B) Leavers and Stayers at Annual Assessment with one or more type of Health Insurance (de-duplicated) (includes Medicaid, Medicare, VA Insurance) $\left[\frac{Total\ no.\ of\ (L+S)\ with\ HI}{\text{Total no. of Adults with Annual Assessments and Adult Leavers}}\right]$ X 100%	80%	%	80% or > = 4 60-79% = 3 50-59% = 2 40-49% = 1 Below 40% = 0	/4
C) Employment Rate for Leavers and Stayers at Annual Assessment $\left[\frac{Total\ no.\ of\ Adult\ (L+S) with\ earned\ Y}{Total\ no.\ of\ Adults\ served - Adults\ on\ Disability - Adults\ over\ 55}\right]$ X 100%	20%	%	20% or > = 4 10-19% = 3 5-10% = 2 Below 5% = 0	/1
D) Leavers and Stayers at Annual Assessment who maintained or increased total income (earned + non-employment income) $\left[\frac{Total\ no.\ of\ Adults\ (L+S) who\ maintained\ or\ \uparrow Total\ Y}{\text{Total no. of Adults served}}\right]$ X 100%	75%	%	60% or > = 6 40-59% = 4 20-39% = 2 Below 20% = 0	/9
E) Cost Effectiveness $\left[\frac{Supportive\ Services\ \$\ Total}{\text{Total Stayers + \# of exits to PH}}\right]$	N/A			
SUBTOTAL PSH PROJECT OUTCOMES			**/34**	

2B – RAPID RE-HOUSING (RRH) PROJECT OUTCOMES

CRITERIA	STANDARD	AGENCY RATE	SCORING	POINTS/ AVAILABLE
A) Exit to Permanent Housing Destinations $\left[\frac{\text{No. of leavers exiting to PH types}}{\text{Total no. of leavers served}}\right]$ X 100%	80%	%	80% or > = 20 75-79% = 17 70-74% = 15 50-70% = 10 25-50 = 5 Below 25%= 0	/20
B) Leavers with Health Insurance (includes Medicaid, Medicare, VA Insurance) $\left[\frac{No.\ of\ leavers\ with\ HI}{\text{Total no. of leavers served}}\right]$ X 100%	80%	%	80% or > = 4 60-79% = 3 40-59% = 2 Below 40% = 0	/4
C) Employment Rate for Leavers $\left[\frac{Total\ no.\ of\ Adult\ (L+S) with\ earned\ Y}{Total\ no.\ of\ Adults\ served - Adults\ on\ Disability - Adults\ over\ 55}\right]$ X 100%	40%	%	40% or > = 4 20-39% = 3 10-19% = 2 Below 10% = 0	/1
D) Leavers who maintained or increased total income (earned + non-employment income) $\left[\frac{No.\ of\ Adult\ leavers\ who\ maintained\ or\ \uparrow Total\ Y}{\text{Total no. of Adult leavers served}}\right]$ X 100%	60%	%	60% or > = 6 40-59% = 4 20-39% = 2 Below 20% = 0	/9
E) Cost Effectiveness $\left[\frac{Supportive\ Services\ \$\ Total}{\text{\# of exits to PH}}\right]$	N/A			
SUBTOTAL RRH PROJECT OUTCOMES			**/34**	

SECTION 3 - CONSUMER FEEDBACK

CRITERIA	STANDARD	SCORING	AGENCY RATE	POINTS/AVAILABLE
Consumer participation on organization board or other policy making entity. *(Mandated by HUD)*	Yes, it's currently in place	Yes, it's currently in place = 3 No, but there is an existing plan= 1 No, no plan= 0		/3
Redress and grievance process in place for consumers. *(Mandated by HUD)*	Yes, it's currently in place	Yes, it's currently in place = 3 No, but there is an existing plan= 1 No, no plan= 0		/3
Feedback collection and response process in place (e.g., clients satisfaction survey, consumer engagement session, etc.).	Yes, it's currently in place	Yes, it's currently in place = 3 No, but there is an existing plan= 1 No, no plan= 0		/3
Client feedback is used to inform service delivery and direct future services	Recent example	Example of utilizing client feedback within past year= 3 No, but there is an existing plan= 1 No, no plan= 0		/3
		SUBTOTAL CONSUMER FEEDBACK		**/12**

SECTION 4 - COMPLIANCE

CRITERIA	STANDARD	AGENCY RATE	SCORING	POINTS/ AVAILABLE	SOURCE
Agency has one or more unresolved monitoring or audit finding(s) for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any).	No findings or findings addressed in Corrective Action Plan (CAP)		No findings = 5 Findings with CAP submitted = 3 Findings but no CAP = 0	/5	Agency report
Agency has expended funds on this grant in the last two years.	90%		90-100%=5 85% -89%=3 84% and below = 0	/5	Agency report $\left[\frac{Amount\ drawn\ from\ LOCCS\ within\ 90\ days\ end\ of\ project}{Total\ Grant\ Amount}\right]$ X 100%
Agency has outstanding obligations to HUD that is in arrears or for which a payment schedule has not been agreed upon.	No		No=5 Yes=0	/5	Agency report
Agency has a history of late APR submissions (in the last 3 years or for the duration of this project)	0		0-1 late APRs = 5 2-3 late APRs = 0	/5	Agency report
			SUBTOTAL COMPLIANCE	**/20**	

SECTION 5 - BUDGET

CRITERIA	STANDARD	AGENCY RATE	SCORING	POINTS/ POSSIBLE POINTS	SOURCE
Budget submitted is clearly filled out and calculated correctly. Budget requests are clear, logical and consistent with the overall activities proposed in the application. Quantity descriptions clearly identify what is included in the requests and are in line with project requirements.	Yes		Yes = 6 No = 0	/6	Agency report
Optional Narrative:					
			SUBTOTAL BUDGET	**/6**	

SECTION 6 – RACIAL EQUITY

TO BE COMPLETED ONCE PER AGENCY

CRITERIA	STANDARD	Agency Response	SOURCE
Public written commitment to address/eliminate racial and ethnic inequities in guiding documentation (i.e. mission, vision, goals, etc.)	Yes		Website or other public posting
Organization has a racial equity plan or strategy that is regularly monitored	Yes		Submitted plan or strategy
Ongoing evaluation of policy, service, or program impacts and progress towards racial equity	Yes		Agency narrative or submitted evaluation

Internal structures exist to address issues of racial equity (i.e. a functioning equity committee, formal or informal complaint resolution process, caucusing and community advisory body)	Yes		Agency narrative or submitted materials
Racial equity knowledge, skills, and practices are a part of staff job descriptions and work plans	Yes		Submitted job descriptions or work plans
Staff receive training and support around racial equity and how their role is important in addressing institutional racism (i.e. anti-oppression trainings, etc.)	Yes		Names and dates of trainings attended by staff
Management consistently applies a racial equity lens	Yes		Agency narrative or submitted materials
Optional Narrative--Please describe any additional strategies for addressing and responding to racial inequality, and any significant successes or challenges this year:			

Racial Equity Checklist adapted from A Home for Everyone

SECTION 7 - HMIS COMPLIANCE & DATA QUALITY					
CRITERIA	**STANDARD**	**AGENCY RATE**	**SCORING**	**POINTS/ POSSIBLE POINTS**	**SOURCE**
***HMIS - % of Universal Data Elements (UDEs) with No or Null Values in HMIS (left blank) for the following criteria:**					
Name	5% or < *		5% or < = 1 >5% = 0	/1	HMIS Report
Date of Birth	5% or < *		5% or < = 1 >5% = 0	/1	HMIS Report
Gender	5% or < *		5% or < = 1 >5% = 0	/1	HMIS Report
Social Security Number	10% or < *		5% or < = 1 >5% = 0	/1	HMIS Report
Race	5% or < *		5% or < = 1 >5% = 0	/1	HMIS Report
Ethnicity	5% or < *		5% or < = 1 >5% = 0	/1	HMIS Report
Veteran Status	5% or < *		5% or < = 1 >5% = 0	/1	HMIS Report
Disabling Condition	5% or < *		5% or < = 1 >5% = 0	/1	HMIS Report
Destination	5% or < *		5% or < = 1 >5% = 0	/1	HMIS Report
Relationship to Head of Household	5% or < *		5% or < = 1 >5% = 0	/1	HMIS Report
Annual Assessments Completed/Required	5% or fewer missing assessment		5% or < = 1 >5% = 0	/1	HMIS APR Q18
SUBTOTAL HMIS COMPLIANCE & DATA QUALITY				**/11**	
GRAND TOTAL				**/91**	

REVIEWER COMMENTS & QUESTIONS

Reviewer: _____

APPENDIX A: PROJECT OUTCOMES CALCULATIONS

2A –PSH PROJECT OUTCOMES

CRITERIA	SOURCE & CALCULATION	
A) Retention of Permanent Housing or Movement to Other Permanent Housing $\left[\frac{\text{No. of stayers + No. of leavers exiting to PH types}}{\text{Total no. of persons served}}\right]$ X 100%	*Numerator:* **A. APR Q22a1** Total stayers **+ B. APR Q23c** Permanent Subtotal *Denominator:* **C. APR Q7a** Total persons served (inc. children) **- D. APR Q23c** Total Deceased	$\frac{A+B}{C-D} \times 100\%$
B) Leavers and Stayers at Annual Assessment with one or more type of Health Insurance (de-duplicated) (includes Medicaid, Medicare, VA Insurance) $\left[\frac{Total\ no.\ of\ (L+S)\ with\ HI}{\text{Total no. of Adults with Annual Assessments and Adult Leavers}}\right]$ X 100%	*Numerator:* **A. APR Q21** Total at annual assessment with 1 source **+ B. APR Q21** Total at annual assessment w/ more than 1 source **+ C. APR Q21** Total leavers with 1 source **+ D. APR Q21** Total leavers with more than 1 source *Denominator:* **E. APR Q7a** Total no. of adults **– F. APR Q21** # of stayers not yet required to have an assessment	$\frac{A+B+C+D}{E-F} \times 100\%$
C) Employment Rate for Leavers and Stayers at Annual Assessment $\frac{Total\ no.\ of\ Adult\ (L+S) with\ earned\ Y}{\text{Total no. of Adults served} - \text{Adults on disability} - \text{Adults 55 and over}}$ X 100%	*Numerator:* **A. APR Q18** Total at annual assessment with earned income **+ B. APR Q18** Total at annual assessment w/both earned and other ioncome **+ C. APR Q18** Total leavers with earned income **+ D. APR Q18** Total leavers with both earned and other income *Denominator:* **E. APR Q18** Total adults **+ F. APR Q18** Total adult leavers **- G. APR Q18** # of stayers not yet required to have an assessment **- H. From provider** # of adults <55 on disability **-I. APR Q11** # of adults 55 or older	$\frac{A+B+C+D}{E+F-G-H-I} \times 100\%$
D) Leavers and Stayers who maintained or increased total income (earned + non-employment income) $\left[\frac{Total\ no.\ of\ Adults\ (L+S) who\ maintained\ or\ \uparrow Total\ Y}{\text{Total no. of Adults served}}\right]$ X 100%	*Numerator:* **A. APR Q19a1*** Retained income category and same $ **+ B. APR Q19a1*** Retained income category and increased $ **+ C. APR Q19a1*** Did not have income category and gained income **+ D. APR Q19a2*** Retained income category and same $ **+ E. APR Q19a2*** Retained income category and increased $ **+ F. APR Q19a2*** Did not have income category and gained incom *Denominator:* **G. APR Q19a1*** Total adults (including those with no income) **+ H. APR Q19a2*** Total adults (including those with not income) ***** *Use row "Number of Adults with any Income" in table Q19a3*	$\frac{A+B+C+D+E+F}{G+H} \times 100\%$

E) Cost Effectiveness $\left[\frac{Supportive\ Services\ \$\ Total}{\#\ \text{of Stayers} +\ \#\ \text{of exits to PH}}\right]$	*Numerator:* **A. Grant Inventory Worksheet Column H** Supportive Services Total *Denominator:* **B. APR Q22a1** Total stayers **+ C. APR Q23c** Permanent Subtotal	$\frac{A}{B+C}$

2A – RRH PROJECT OUTCOMES

CRITERIA	SOURCE & CALCULATION	
A) Exit to Permanent Housing Destinations $\left[\frac{\text{No. of leavers exiting to PH types}}{\text{Total no. of leavers served}}\right]$ X 100%	*Numerator:* **A. APR Q23c** Permanent destination subtotal *Denominator:* **B. APR Q5a** Total leavers **-C. APR Q23c** Total deceased	$\frac{A}{B-C} \times 100\%$
B) Leavers with Health Insurance (includes Medicaid, Medicare, VA Insurance) $\left[\frac{No.\ of\ leavers\ with\ HI}{\text{Total no. of leavers served}}\right]$ X 100%	*Numerator:* **A. APR Q21** Leavers with 1 source of health insurance **+ B. APR Q21** Leavers with more than 1 source of health insurance *Denominator:* **C. APR Q5a** Total adult leavers	$\frac{A+B}{C} \times 100\%$
C) Employment Rate for Leavers $\left[\frac{No.\ of\ Adult\ leavers\ with\ earned\ Y}{\text{Total no. of Adult leavers served} - \text{Adults on disability} - Adults\ 55\ and\ over}\right]$ X 100%	*Numerator:* **A. APR Q18** Adult leavers with only earned income **+ B. APR Q18** Adult leavers with both earned and other income *Denominator:* **C. APR Q5a** Total adult leavers **D. From provider** Total adults <55 on disability **E. APR Q11** Total adults 55 or over	$\frac{A+B}{C-D-E} \times 100\%$
D) Leavers who maintained or increased total income (earned + non-employment income) $\left[\frac{No.\ of\ Adult\ leavers\ who\ maintained\ or\ \uparrow Total\ Y}{\text{Total no. of Adult leavers served}}\right]$ X 100%	*Numerator:* **A. APR Q19a2*** Retained income category and same $ **+ B. APR Q19a2*** Retained income category and increased $ **+ C. APR Q19a2*** Did not have income category and gained income *Denominator:* **D. APR Q19a2*** Total adults (including those with no income) ***** *Use row "Number of Adults with any Income" in table Q19a2*	$\frac{A+B+C}{D} \times 100\%$

A) E) Cost Effectiveness $\left[\frac{Supportive\ Services\ \$\ Total}{\#\ \text{of exits to PH}}\right]$	*Numerator:* **A. Grant Inventory Worksheet Column H** Supportive Services Total *Denominator:* **B. APR Q23c** Permanent destination subtotal	$\frac{\boldsymbol{A}}{\boldsymbol{B}}$

OFFICE OF COMMUNITY & ECONOMIC DEVELOPMENT
Collaborative solutions for a promising future

415 W. Michigan Avenue
Ypsilanti, MI 48197

734.544.6748 (P)
734.544.6749 (F)

www.washtenaw.org/oced
twitter@WashtenawOCED

facebook.com/washtenawoced
www.opportunitywashtenaw.org

2021 Washtenaw County Homelessness Diversion

Homelessness Diversion is a client centered, problem solving approach where staff assist clients who are on the brink of homelessness with finding safe alternatives to entering shelter. In 2021, Washtenaw County CoC was able to fund full-time diversion staff at both the Shelter Association of Washtenaw County and Housing Access for Washtenaw County focused on diverting individuals and families who are entering the system.

318 Households Served

181 Diversions → **86 Permanent Destination (48%)**

57% Success Rate → **95 Temporary Destination (52%)**

	SAWC	HAWC
Number of Households Served	186	132
Number of Successful Outcomes	96 (52%)	85 (64%)
Temporary Housing	43 (45% of successes)	52 (62% of successes)
Permanent Housing	53 (55% of successes)	33 (38% of successes)

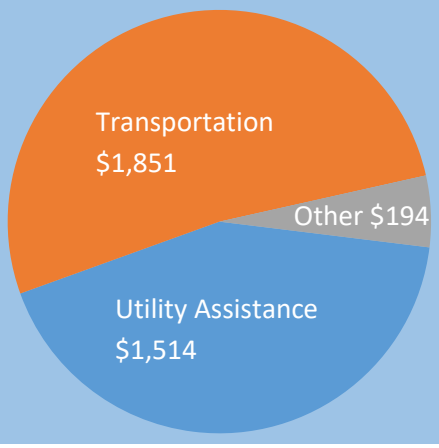
As the above numbers show there is a clear gap between existing prevention resources and the point where households are entering shelter, and diversion is a key piece of filling this gap. While we cannot be certain that all diverted households would have entered shelter and the homelessness system, many of them would. Remarkably, all of this was achieved largely with existing system resources, such as CERA, ESG, and ESG-CV, as well as community partners such as Ann Arbor Thrift and Friends-in-Deed. Data from SAWC also shows that the average time to divert a household is 4 days, compared to an average stay in shelter of 63 days.

CMH Flexible Diversion Funding

Flexible use dollars were provided through the CMH millage to use in removing barriers to housing:

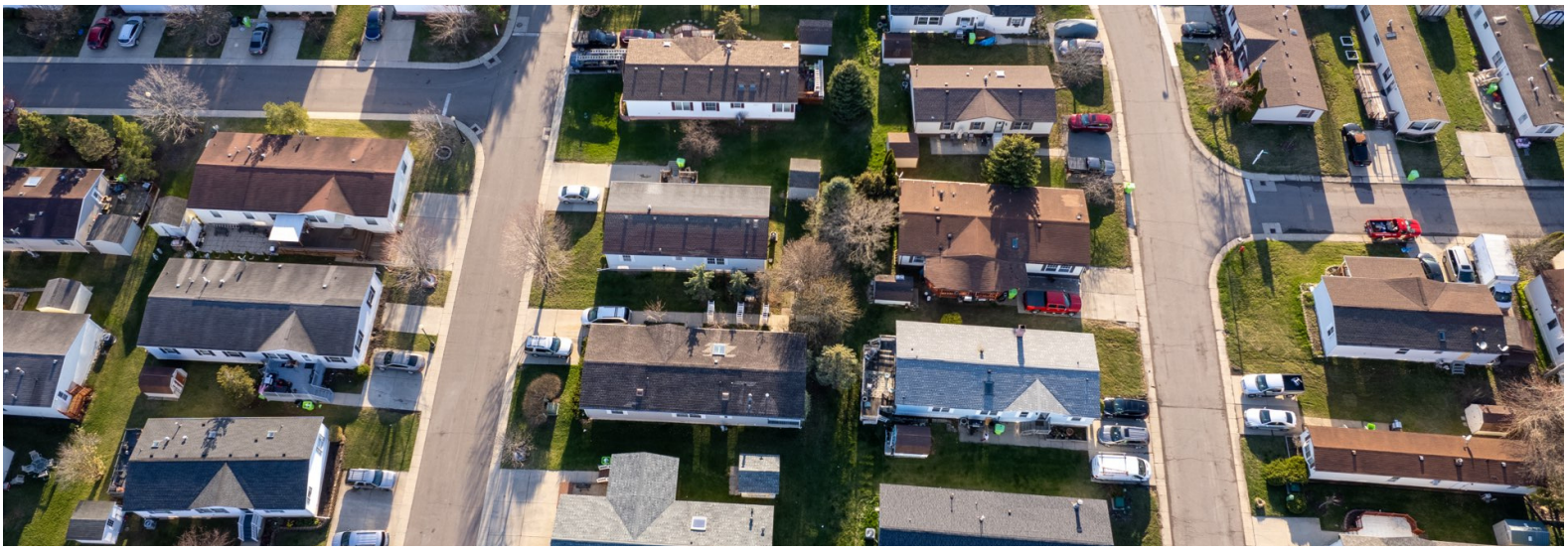
SAWC spent a total of $2,045 on 11 clients. Most funds went towards transportation to a safe, permanent alternative, and the rest for gas/grocery cards and application fees.

HAWC leveraged an additional $4,500 in community funding to assist a client with overdue utilities with $1,514



BEHIND ON RENT? FACING EVICTION?

The COVID Emergency Rental Assistance (CERA) application portal will close in Summer 2022! Don't wait - apply now!



IMPORTANT UPDATE: The CERA application portal will close in June 2022 (exact date to be decided). This program is also time-limited, funding is only available through September 2022.

To be eligible, you must meet **all** of the below requirements:

- Experienced financial hardship due to the COVID-19 pandemic
- Have rental arrears between March 13, 2020 and March 30, 2022
- Meet income thresholds for your household size

To apply, visit https://ceraapp.michigan.gov

WASHTENAW COUNTY MICHIGAN 1826

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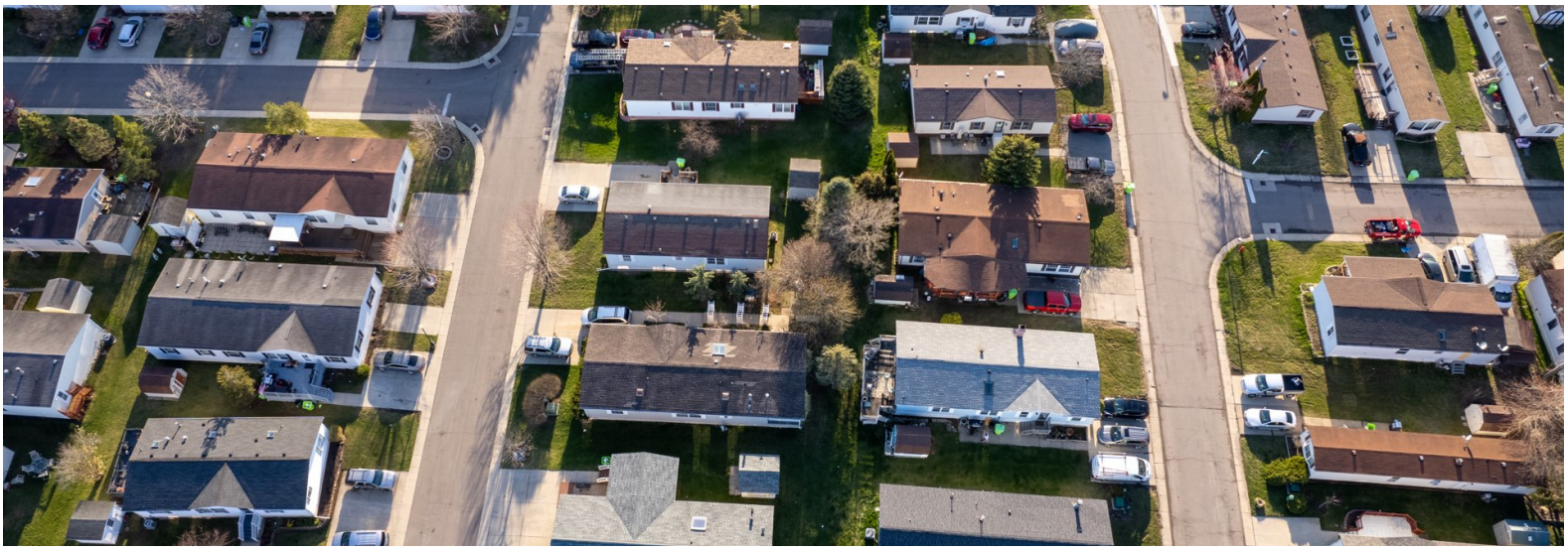
¿ESTA ATRASADO CON EL ALQUILER? ¿ENFRENTA DESALOJO?

¡El portal de solicitud de Asistencia de Alquiler de Emergencia COVID (CERA) cerrará el verano 2022! No espere - ¡aplique ahora!



ACTUALIZACIÓN IMPORTANTE: El portal de solicitudes cera se cerrará en junio de 2022 (fecha exacta por decidir). Este programa también tiene un tiempo limitado, los fondos solo están disponible hasta septiembre de 2022.

Para ser elegible, debe cumplir con todos los siguientes requisitos:

- Dificultades financieras experimentadas debido a la pandemia de COVID-19
- ·Tener atrasos en el alquiler entre el 13 de marzo de 2020 y el 30 de marzo de 2022
- Cumplir con los umbrales de ingresos para el tamaño de su hogar

Para aplicar, visit https://ceraapp.michigan.gov

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April 2022 All Staff Training – Feedback Survey Summary

- 4 people responded
- All felt the training was the correct length & most felt as though the content was "extremely helpful"
- Most found out about it through the CoC Mailing list, also their supervisor & CHP meetings
- Highlights:
    - CSH's attention to white supremacist culture in offices
    - Information about CHP/referrals
- Critiques:
    - Content felt rushed, wanted more time for Q&A
- Future topics of interest:
    - Resources for how to advocate for clients facing racial inequity (e.g., review process of working with legal aid)
    - Housing & substance use
    - Housing & teens/young adults

Mentimeter

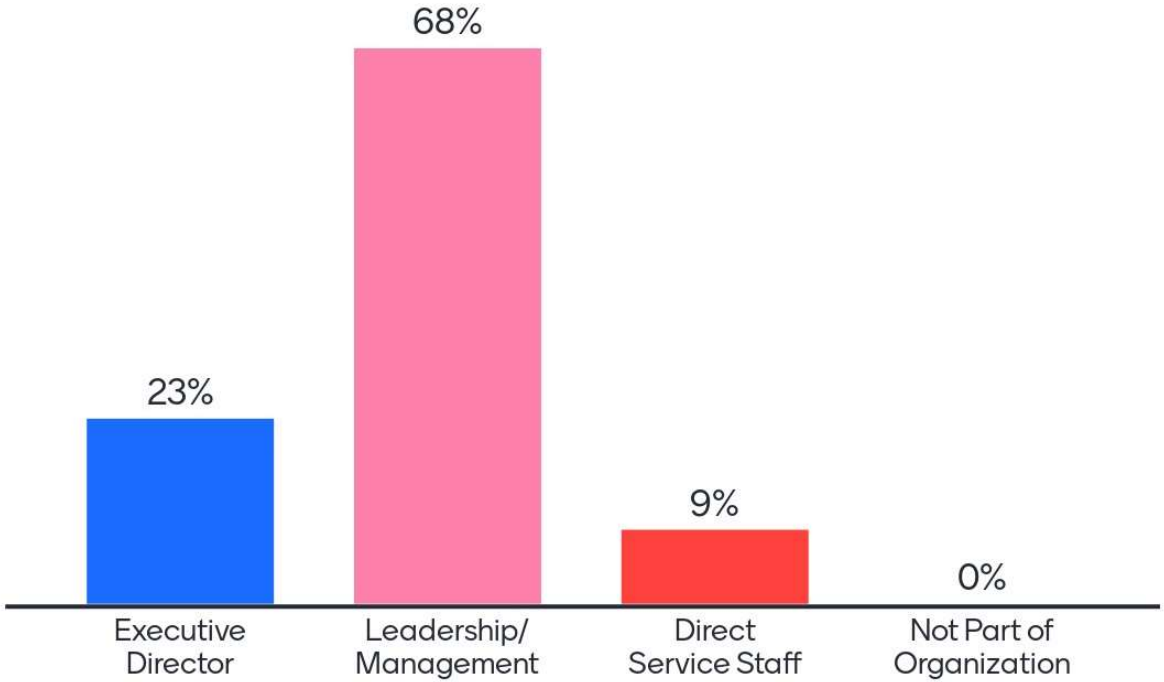
Norms for Today's Discussion

- Participate in any and all ways – polls, chat, unmute and share verbally
- Think in draft, offer creative ideas
- Okay to disagree
- Elevate tension, highlight areas of conflict
- Avoid the weeds
- Off-topic comments will be 'parked'

CSH

How would you best define your role in the organization you work?

Mentimeter



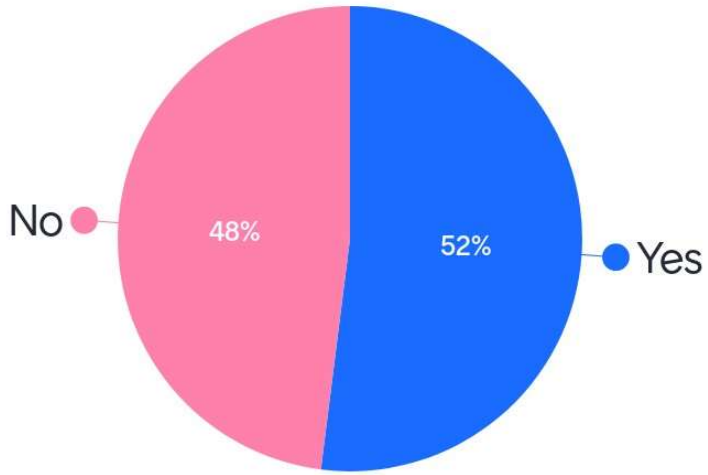
Word Cloud - What does is it/should it mean to be a CoC Member?

Mentimeter

26

Do you currently participate in any of the CoC committees?

Mentimeter



25

Discussion and Chat - How can the CoC Committees improve and become more effective?

Mentimeter

more participation from direct service workers and those with lived experience

More inclusive

i think most are very effective

Include people with lived experience and front line staff

I want to see more faces of people involved in direct service, not just leadership

More collaboration outside of the structured meetings.

Hear from those with lived experience

I would like more action items and followup after the meetings. Include frontline staff

more frontline staff

15

Discussion and Chat - How can the CoC Committees improve and become more effective?

Mentimeter

More transparent for other people in the community

Yes, lived experience

More than listing committees upon orientation, knowing action and asking for participation

More generative conversations

Setting clear expectations of the commitment. Sharing values, goals, and objectives. I don't think a majority of our current direct service staff knows of this opportunity.

People I have talked to don't want to join the Board because of how formal the CoC Board operates

15

Discussion and Chat - What are the best strategies for recruiting people to join the CoC Board and/or CoC Membership?

Mentimeter

I have no idea how people get recruited.

Include discussing these meetings as a form of empowerment for clients who are experiencing homelessness.

stipends for people with lived experience

Work with groups like MISSION and Ypsi Gathering Space, etc - communities that are primarily people with lived experience

I'm here today to learn about CoC, this is a good start, more offerings such as this

Contact agencies that might have a connection to let them know about you and your goals. Maybe suggest how you think their organization links with yours. They may not know you exist

Direct asks within areas of need

education for clients about the CoC system they may not even know

Relational organizing - we have people w lived experience heavily involved (MISSION, VOCAL, Groundcover, etc) but those folks may not see the value/efficacy of investing their time in CoC

12

Discussion and Chat - What are the best strategies for recruiting people to join the CoC Board and/or CoC Membership?

Mentimeter

Coordination support to help remove barriers to participation (providing transport, stipends, etc)

how do we know lived experience- many don't want to disclose due to stigma - is it important for ppl with lived experience to be out? or can they continue to participate without outing themselves?

Direct service staff would not know of these opportunities because they are not often invited to this talk

12

Mentimeter

Discussion Questions - Recruiting People to Participate

- If you are someone who has not traditionally been engaged in the CoC board or committees, what would be helpful ways for CoC staff to engage you and keep you engaged?
- How can people with lived experience be more engaged in the CoC Process?
- How do you think frontline staff should be involved in CoC committees?
- What ways could frontline staff be engaged, without having to participate in committee meetings (being respectful of their time)?

Discussion and Chat - How could the Gov. Charter more explicitly elevate commitment to race equity?

Mentimeter

Community feedback sessions on what they consider to be racial equity and what they want to see from the Gov. Charter

Active recruitment to make sure our boards and committees reflect the community they're serving

Race equity, antiracism work as a part of each meeting

ensure all agencies have FREE access to an on demand translation service

Special funding to address racial disparities?

Accountability measures outside of CoC including access to data

commitment to cultural humility/vs cultural competency in staff trainings

Embracing collective responsibility for race equity, it will not effectively move forward if only one (or a few) agencies commit to action steps and follow through.

Establish a collective/cohort (incl funding) of BIPOC leaders that we can nurture and help grow into leaders in the homeless system of care

11

Discussion and Chat - How could the Gov. Charter more explicitly elevate commitment to race equity?

Mentimeter

Internal review of commitment to race equity

assistance for all who want extra support to expand these efforts

11

Mentimeter

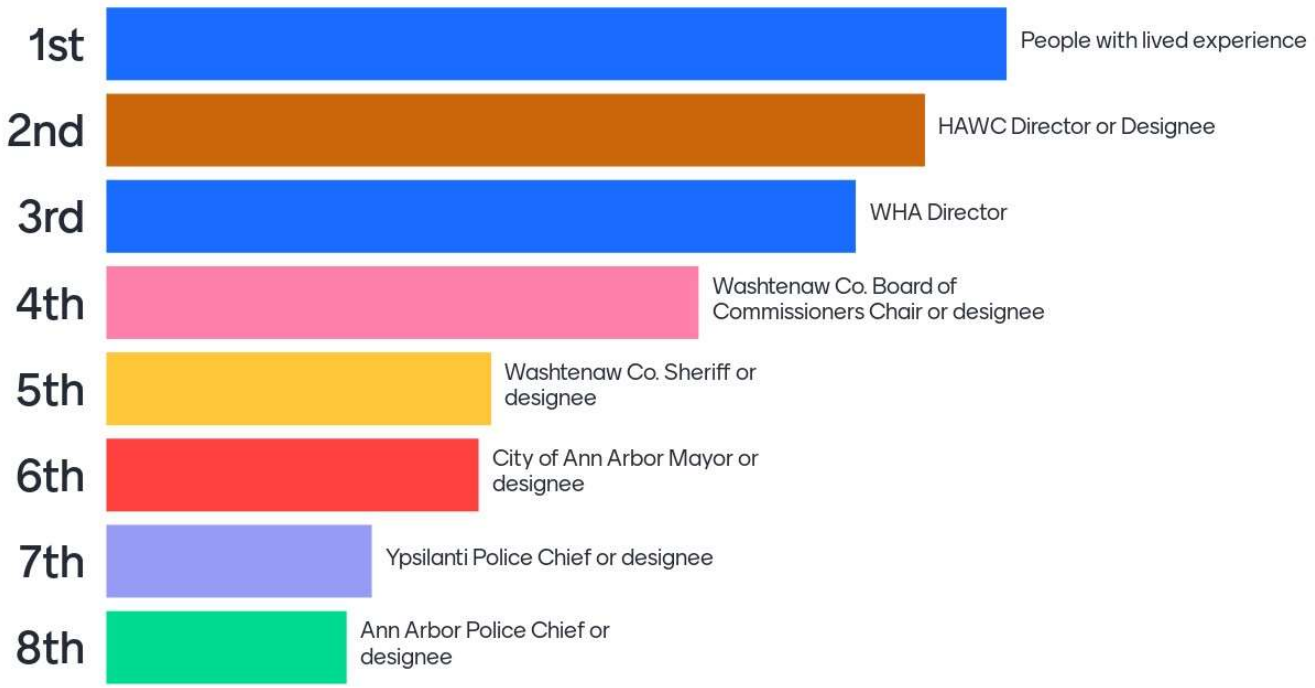
Washtenaw County CoC Board is the lead decision-making body comprised of up to 31 representatives.

- At least 2 people with lived experience of homelessness
- Washtenaw Co. Board of Commissioners Chair or designee
- City of Ann Arbor Mayor or designee
- Washtenaw Co. Sheriff or designee
- Ann Arbor Police Chief or designee
- Ypsilanti Police Chief or designee
- HAWC Director or Designee
- WHA Director
- 1-2 WHA Board members
- Public Health director or designee
- At least 2 homeless or housing program representatives appointed by the WHA OC
- OCED director or designee
- Washtenaw Co. Community Mental Health director or designee
- Washtenaw County Department of Health and Human Services director or designee
- At least one CoC non-funded agency representative appointed by the WHA OC
- Regional Workforce Development Director or Designee
- Another Township or City Highest Elected Official or designee
- At least one Faith Community representative
- A private funder
- Substance Abuse Coordinating Agency director or designee
- At least 2 Education representatives (1 McKinney-Vento liaison, 1 institute of higher education)
- Ann Arbor Veterans Administration representative
- Ann Arbor and Ypsilanti Housing Commission Executive Directors or designees
- Two at-large representatives from public/government/academic organizations (e.g. transit system, prisoner re-entry)
- Domestic Violence provider representative

CSH

Of the members listed below, how would you prioritize this group of entities (1-most important and 8-least important):

Mentimeter



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Of the members listed below, how would you prioritize these entities (1-most, 8-least):

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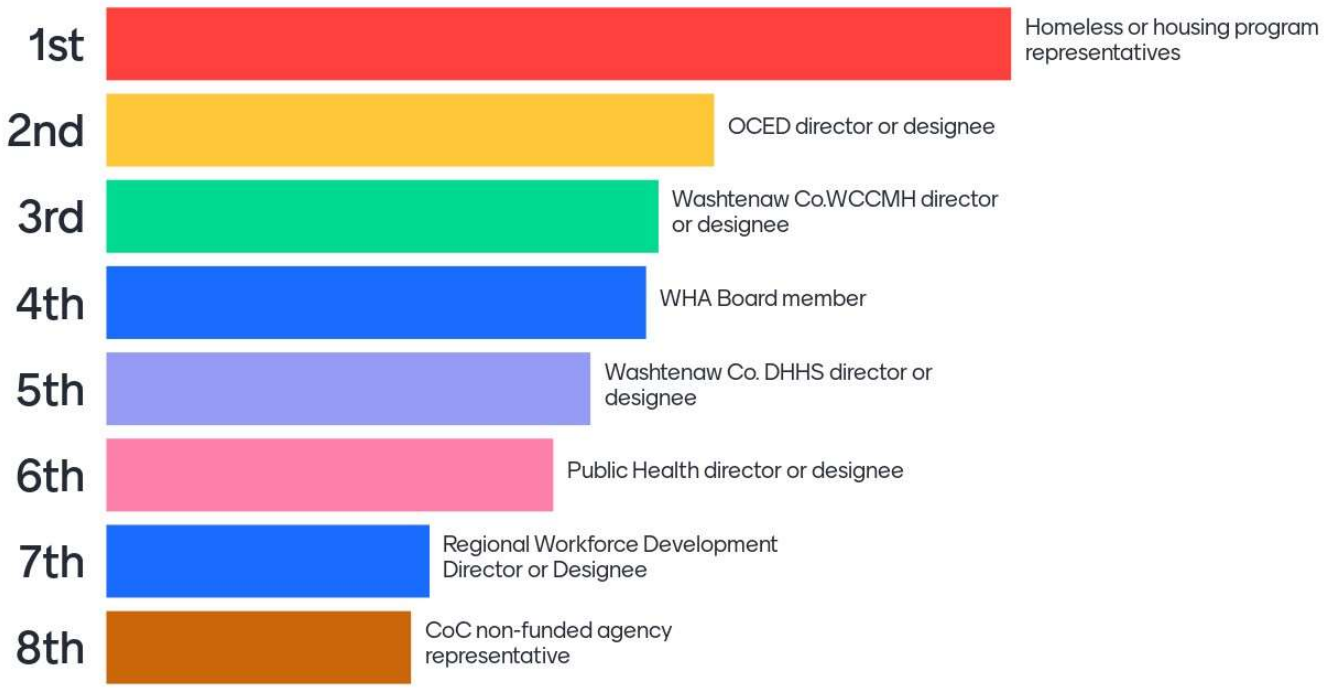

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Of the members listed below, how would you prioritize these entities (1-most, 9-least):

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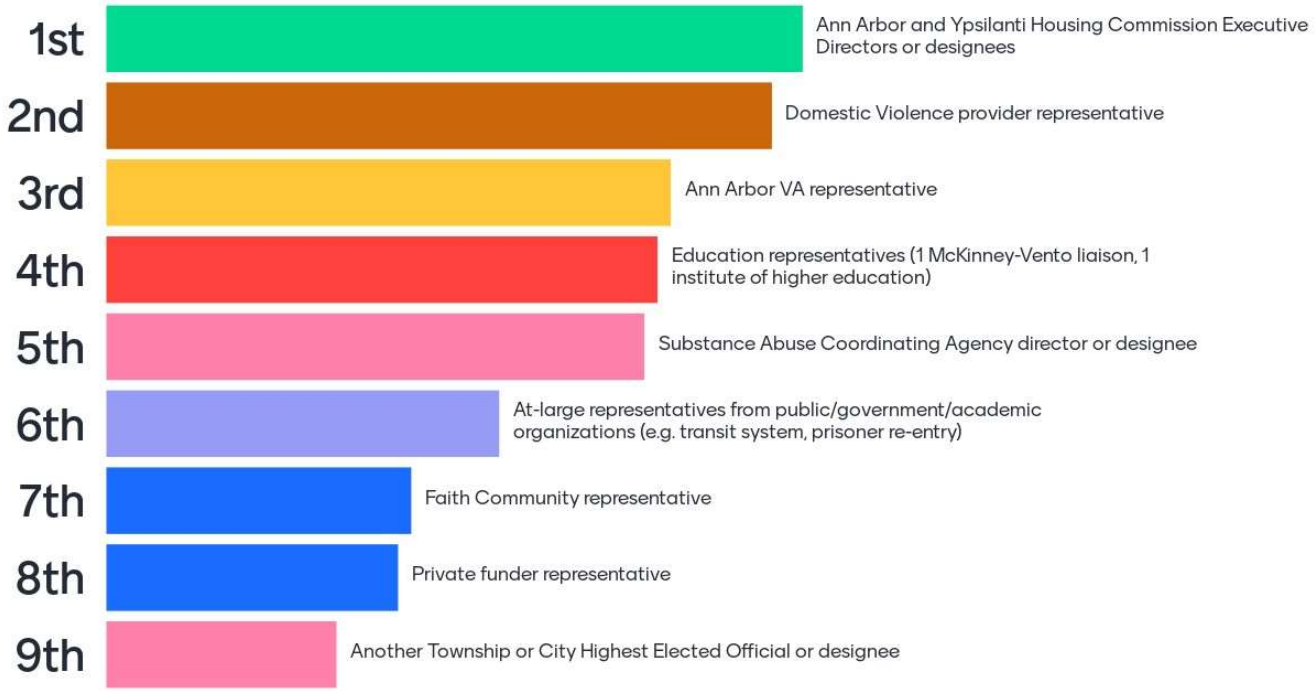


22

Who is missing from the Board? The CoC Board members identified:

Mentimeter

- Representation from Peace House/MISSION
- Representation from NAMI
- people who study unhoused communities ("academics")
- Nonprofits that help people access housing but are not housing groups, e.g. Catholic Social Services, JFS, the health systems
- county race equity officer
- Returning citizens
- Mutual Aid Network of Ypsilanti (MANY)
- Packard Health-or other health outreach
- Social workers from schools who work with homeless students and family

11

Who is missing from the Board? The CoC Board members identified:

Mentimeter

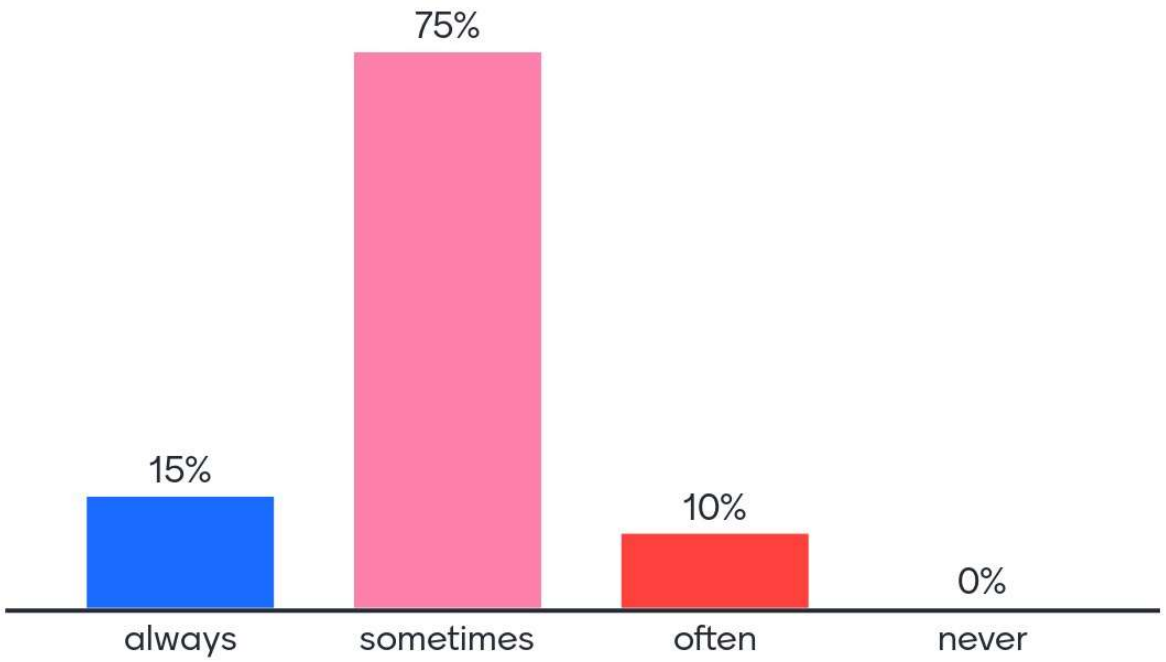
folks that are supporting transitions from incarceration

orgs that provide resources intentionally accessible to undocumented people

11

In your experience, are decisions made by the CoC done in a transparent manner?

Mentimeter



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Do you have additional thoughts/feedback around transparent decision making?

Mentimeter

"Always" is a high bar, I think most of the time.

moving from a more direct service position within the CoC to a leadership role, I feel the decisions feel more clear now that I am in a leadership role, but less as a direct service worker

difference between CoC Board Member knowlege and CoC/OCED staff knowledge

Decisions are very slow or too late to get to direct service workers. This can become confusing and can slow down our work.

What information do we want residents to know about the CoC? Maybe we can be more clear in messaging to the community and frontline staff.

what method of communication does the board usually use to get in touch with the community?

Everything feels "rubber-stamped", staff-driven.

It would be great to have a (password-protected maybe?) website where board members could go look up/read background information

I don't think it's clear when people recuse themselves from a decision (mostly thinking funding-related).

10

Do you have additional thoughts/feedback around transparent decision making?

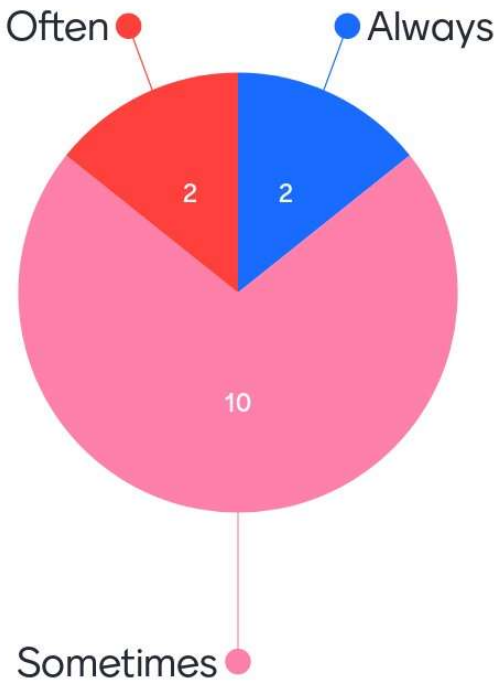
Mentimeter

Newletter with simplfied language for direct service staff or ongoing summaries and rationale would be helpful moving forward

10

As a CoC member, do you feel there are ways to ask questions of/challenge decisions established by CoC Board and OCED?

Mentimeter



14

Word Cloud - What topics would you like to see the CoC Board discussing and tackling?

Mentimeter

4

MICHIGAN'S CAMPAIGN TO END HOMELESSNESS

REDI Racial Equity Design & Implementation

STRATEGIC PLANNING PROJECT WILL ADVANCE RACIAL EQUITY ACROSS THE STATEWIDE HOMELESS SERVICE DELIVERY SYSTEM

Racial Equity Strategic Planning Project Phases

Phase 1: Assessment & Learning

- Engagement of statewide & local stakeholders
- Quantitative & qualitative data analysis with a racial equity lens
- Foundational knowledge & skill-building sessions
- Presentation of findings from racial equity assessment

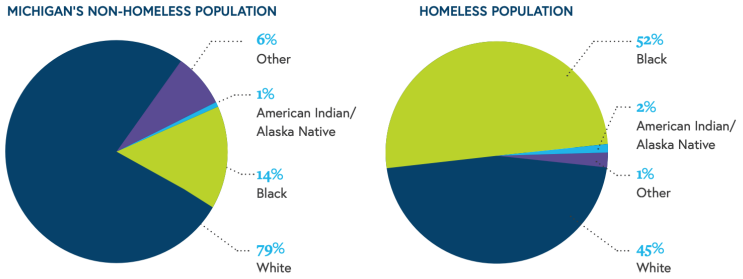
Phase 2: Continued Learning & Action Planning

- Consultation & coaching with statewide system leaders
- System mapping
- Equitable Results action planning
- Racial equity strategic plan development

Phase 3: Implementation Support & Sustainability

- Coaching for implementation support & sustainability
- Evaluation
- Final brief & recommendations

Racial Disparities



2019 MCTEH Annual Report

Catastrophic events from slavery to legal segregation, have led to the systematic denial of access and equal rights for Black individuals. The longstanding effects of structural racism have led to disparities in housing, criminal justice, child welfare, health, and other sectors. Many of these disparities directly contribute to Black households experiencing higher rates of homelessness than all other populations. As seen in the above image, Black individuals make up 14% of Michigan's general population but they account for 52% of the homeless population.

Black individuals are not the only over-represented racial group in the homeless population. Due to many of the same discriminatory practices, Native Americans are also at higher risk for experiencing homelessness. Current and historical trauma among indigenous people – including displacement, genocide, forced assimilation, and culture/language suppression – factor into the prevalence and risk of homelessness.

Image from Street Medicine Detroit

What can your community and CoC do, now, to prepare for this engagement?

1. Identify 3-4 individuals who have the capacity, passion, and willingness to participate in this statewide racial equity assessment and strategic planning project. It will require about 5-6 hours per month during the 18-month long engagement. All partners with lived experience will be compensated for their time, but they will need a local liaison to ensure they have the support necessary to participate fully. The C4 team will offer coaching to address any barriers or capacity issues.

2. Join us on February 10th, from 3:00-4:30pm EST, for a statewide info session to learn more about this exciting initiative and how you can get involved.

"I AM NO LONGER ACCEPTING THE THINGS I CANNOT CHANGE. I AM CHANGING THE THINGS I CANNOT ACCEPT."

- Angela Y. Davis

A Partnership to Advance Racial Equity

MCTEH is excited to be partnering with the Racial Equity Design and Implementation (REDI) Team from C4 Innovations (C4) to create and implement a Racial Equity Strategic Plan to transform homeless service delivery systems statewide, as well as the structures of the MCTEH itself, through a racial equity lens. As part of the process of creating the strategic plan, the REDI Team will engage and assess the homeless and housing service systems across the state and use this information to create the strategic plan. Given the current limitations on in-person gatherings much of this work will be done remotely, and successful planning and implementation will require an equitable process as well as leadership and participation from stakeholders across all 20 Continua of Care.

C4's REDI Team will engage and support stakeholders from Michigan's 20 participating CoCs, to assess their homeless response systems; deepen learning within and beyond the representative stakeholder group; create a community-driven, statewide Racial Equity Strategic Plan; and implement and evaluate actionable next steps.

This Will Require a Commitment from All of Us

We can no longer accept the disproportionate experiences of housing instability and homelessness across Black and brown communities. In order to identify and address the racial disparities that play out within the homeless service systems in Michigan, we need to build local teams that are representative of the 20 CoCs and inclusive of **frontline providers, partners with lived experience, and system leaders who understand the policies and practices that may be perpetuating inequities and have the power to drive transformative change.** Racial equity is a long-term commitment and it will require courageous conversations, shifts in the way that we work together, continued learning, and capacity building. With your participation, we will center the experiences of those most disproportionately impacted by homelessness to develop a data-informed and community-driven strategic plan to advance a more equitable approach to ending homelessness.

Shelter Association of Washtenaw County (SAWC)
2021-2022 Winter Shelter Update: 11/8/21 – 4/3/22

The Winter Shelter Programs

The SAWC has developed an array of shelter and supportive services available to those experiencing homelessness during the winter months. This includes up to 175 shelter beds for individuals at a variety of sites.

The SAWC provides additional day-time and overnight emergency shelter to individuals experiencing homelessness in Washtenaw County during the winter months. The SAWC winter program for 2021-2022 operates up to five sites at one time including the Delonis Center, a hotel offsite for those with acute medical conditions (recuperative shelter), a rotating shelter at local congregations, and two monthly day shelter locations, one in Ypsilanti and the other in Ann Arbor. The SAWC Winter Programs also operate as an access point to key supportive services for individuals experiencing homelessness. Supportive services offer individualized housing plans, intensive case management, and housing voucher sign up assistance. Additional basic need services include an onsite medical clinic, laundry, storage, showers, phone and mail access. These basic need services are designed to help those served preserve the dignity they deserve as they move from homelessness to housing.

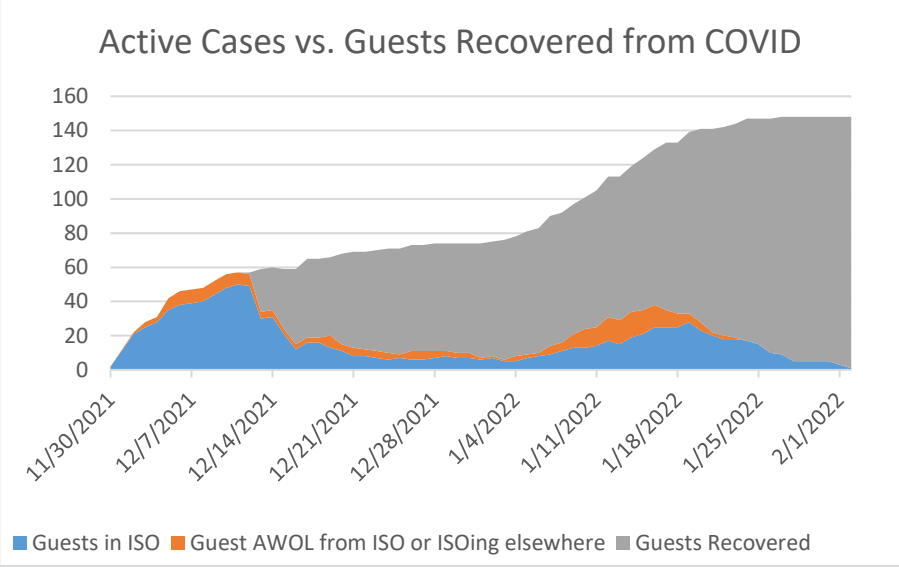
In this now third winter season affected by the COVID-19 pandemic, the SAWC continues to operate with heightened health and safety measures. These measures are in place under the direction of Public and Packard Health. Measures include onsite mask requirements, PCR testing, on demand rapid testing, onsite vaccine clinics multiple times weekly, and enhanced cleaning procedures among others. Additionally, the SAWC has an emergency response when there are positive COVID cases including an emergency offsite hotel location for guests to rest and recover and mitigate the spread of the virus. These expansive COVID response efforts are supported by Washtenaw County.

Numbers at a Glance

581 served	7% increased utilization	70+ Housed	33% 51+ in age
16 lives saved*	Average of 123 served per night	69% disabled	Highest Occupancy of 155 persons

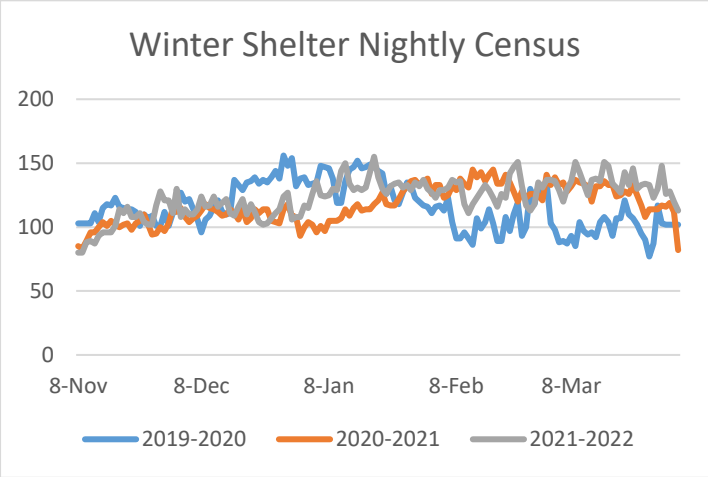
*16 lives saved through the use of naloxone

During this past winter we continued our commitment to provide enough winter shelter beds so our community does not turn away anyone seeking safe, emergency shelter. Maintaining this commitment was challenging as the COVID-19 pandemic continued to affect our community this winter. Up until the omicron wave, we had been able to maintain very low case counts, however in early December we had a sudden outbreak of the virus. Partnering with Washtenaw County, we quickly organized and implemented a congregate isolation site in less than 24 hours. In January, we began a hotel model as we continued to have positive cases. Cumulatively, during this period, there were 151 cases. We worked in concert with Public and Packard Health to ensure those with COVID-19 had access to medical care to meet their needs including monoclonal anti-body treatment (30 guests). Mostly clients reported mild or no symptoms (76%), however 9 individuals were hospitalized. We worked closely with Michigan Medicine and St. Joseph Mercy Hospitals to coordinate care. Following the outbreak, we created a new full-time Health and Safety Coordinator role to help us plan for any future emergencies.



In addition to the effects of COVID-19, there were other key trends this winter. We saw a nightly utilization rate 7% higher than the previous winter more in line with "pre-pandemic" winter seasons. This trend is indicative of our continued need for more affordable housing locally.

We also saw increased substance use and made more Narcan saves than in any previous winter (16). We engaged with guests and community non-profits including MISSION to better understand this trend and build support in minimizing overdoses as a community. Feedback centered on the ongoing toll of the continued COVID-19 pandemic on the community as well increased fentanyl. We hosted additional emergency safety trainings and in-services with staff to ensure we maintained strong protocols and were able to recognize signs of potential overdose, so staff felt confident supporting guests in these emergency circumstances.



Despite these challenges, we had many successes over this winter with an increased housing rate due to additional housing vouchers as well as specialist programs like the emergency housing voucher (EHV) program and the opening of Avalon's Hickory Way and other supportive housing properties.