CONTINUUM OF CARE (CoC) BOARD

AUGUST 3, 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
3:03pm	3. Public Comment
3:05pm	4. Approval of Agenda (ACTION)
3:07pm	5. Approval of Minutes (ACTION)
3:10pm	6. Approval of CoC Application for New & Bonus Projects (ACTION) – *Kristin Kunes, Office of Community and Economic Development (OCED)*
3:20pm	7. Approval of FRT's ESG Recommendations (ACTION) – FRT Committee
3:35pm	8. HMIS Policy Working Group – *Crystal Balogh, Office of Community and Economic Development (OCED)*
3:40pm	9. HARA Disengagement & RFP Process – *Kristin Kunes & Morghan Boydston, Office of Community & Economic Development (OCED)*
4:05pm	10. CSH CoC Engagement: Updates and Restructuring Recommendations – *Lindsey Bishop Gilmore & Catherine Distelrath, CSH*
4:50pm	11. Shelter Updates (Individuals) a. *Dan Kelly, Shelter Association of Washtenaw County (SAWC)* b. *Krista Girty, Ozone House*
4:52pm	12. Shelter Updates (Families) a. *Takisha Jones, Salvation Army* b. *Rhonda Weathers, SOS Community Services* c. *Ellen Schulmeister, IHN at Alpha House* d. *Kim Montgomery, Safe House Center*
4:55pm	13. Board Member Updates/Issues
4:57pm	14. Public Comment
5:00pm	15. Adjournment

CONTINUUM OF CARE (CoC) BOARD

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

ZOOM MEETING (LINK WILL BE SHARED VIA EMAIL)

Board members present: J. Epps, K. Montgomery, N. Adelman, J. Monahan, J. Hieftje, T. Gillotti, J. Hall, R. Weathers, Z. Fosler, A. Patiño, J. Little, A. Carlisle, D. Kelly, WCSO, J. Monahan, N. Beagle, R. Kraut, R. Smith, J. Mogensen, T. Lee

Community members present: TJ Brandenberger (HAWC), M. Behnke (HAWC), L. Bishop Gilmore (CSH), C. Distelrath (CSH), E. Orta (SOS), N. Beagle (MSHDA), S. Patrick, Marnie

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

TIME	AGENDA ITEM
3:00pm	1. Call to Order J. Hieftje called the meeting to order at 3:03.
3:01pm	2. Welcome/Introductions
3:05pm	3. Public Comment None.
3:08pm	4. Approval of Agenda **(ACTION)** Z. Fosler moved to approve the agenda. A. Patiño seconded. There was no further discussion and the motion was carried with no opposition.
3:10pm	5. Approval of Minutes **(ACTION)** Z. Fosler moved to approve the minutes. T. Gillotti seconded. There was no further discussion and the motion was carried with no opposition.
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)* J. Hieftje moved to discuss agenda item. A. Kraemer opened with background about Rubric Review process this year. A. Carlisle shared history of reallocating CoC resources from transitional housing (TH) and supportive services only (SSO) to Rapid Rehousing (RRH) & permanent supportive housing (PSH). This was done in 2013-2014 after a long, intensive community process to review program outcomes and cost effectiveness. Some agencies that were operating those programs lost that funding, and later on that year there was a new process run through RFP whereby all agencies could apply for those dollars, which would be reinvested in the community as PSH or RRH. We were not the only community to do this, partially because HUD was strict in wanting to fund the most effective and evidence-based programs, and TH should only be for households truly in transition. They talked about it being for domestic violence survivors and youth. See Board Packet for more detail.

A. Kraemer voiced that OCED isn't pushing for a project that is joint TH/RRH (which HUD does fund—unlike TH). OCED just wanted to have the materials ready in case the community does want to apply for that project type in this year's CoC competition. It is not in the part of the rubric review that is included in the Board packet—it is a check box allowing that project option in the application for new projects. The Application would be shared after the NOFO was released, depending on the amount of funds available. There would be a process, including a mandatory meeting to talk about community needs. The application is about 20 pages long, including eligible applicants and project types—including joint TH/RRH—and activities. The big change was including the joint project to one of the options in the proposed project type. The application also has a narrative to ask why it is needed in the community. But, before a joint TH/RRH project might be funded in the community, we would also need to change our prioritization scheme which currently prioritizes PSH projects. So, this is more of a first step in case it would be helpful. It does not signal a shift in policy at this time.

A. Patiño would like to know more about the joint TH/RRH model—are other communities doing it? Is there a reason to vote yes on this if we might not doing it?

A. Kraemer said that GPD, paired with SSVF, is kind of what a joint TH/RRH project is. It is operating and working well in our community, with positive housing retention outcomes. Another piece of backstory is that last year, we wanted to fund HMIS project but we didn't have an application for it, which made it difficult to do. So this year, we thought we would put together an application for everything so that we could be prepared for all types of possible projects.

T. Gillotti added that we want to free up applications for a broad range of projects, but not changing how we score projects based on our community priorities.

A. Kraemer said this can make us more flexible in the future. We're reaching this space with families where sometimes at CHP meetings, we don't have enough families for RRH spots. We're not at the point to make changes but we're monitoring it. We might be having conversations at some point about shifting priorities, the last big one happened in 2014. We just want to be in a position to meet that time if we do.

R. Kraut said that the word on the street has generally been that HAWC doesn't have support for families. If you're not having referrals, it might be something we need to promote in the community—there is more need than you think. I think this is great but even among the McKinney-Vento

	liaisons there isn't a lot of clarity around who should be eligible for what. So if we have openings, how are we talking about that with people? J. Hall said she is surprised that there aren't enough families for RRH slots. I get phone calls and emails literally every day since my number is on the HUD website and we refer them to HAWC. There must be some kind of breakdown there if that's really the case. A. Carlisle said that families meeting the definition of 'literally homeless' is quite difficult and that's where hands are somewhat tied. Being able to provide more opportunities for families to get into shelter would mean they would then be eligible for RRH. R. Kraut said you're right—we could be more publicly explicit about what it means to be literally homeless. I've come across families where people were putting their own housing at risk to keep people doubled up because they're worried if they were literally homeless, there wouldn't be anything for them—when in reality if they were in a hotel they would have qualified. The opportunity is there for us to be really explicit. How would you qualify? What kind of advice should we be giving to people? J. Monahan shared from the WISD/McKinney-Vento liaison perspective, homelessness is not clear, so I agree with your point. The other piece is, we oftentimes have to do more support of hotel stays to get them to qualify. I don't think there's enough information to families or an understanding of the process for them to make these kinds of decisions. A. Carlisle shared she would like for our community to explore the TH/RRH model more, including the costs and opportunities. Regardless of how the vote goes, I may have some concerns about putting it on there without understanding what it would mean. Changing components and priorities comes with a lot of apprehension and people want to know if something is worth pursuing. If we're not talking about changing priorities, are we just going through this but not really giving the FRT direction on whether or not to prioritize this? I have reservations about moving forward without doing some of this research—is TH through master leasing? Or more like how GPD program looks? There's a lot of good learning that could happen. R. Weathers agreed. We need more information before we move forward. No further discussion.
3:30pm	7. Approval of CoC Rubric Review Recommendations **(ACTION)** – Andrew Kraemer, *Office of Community and Economic Development (OCED)* A. Carlisle moved to discuss agenda item. T. Gillotti seconded.

A. Kraemer walked through recommendations made through the three Rubric Review meetings, primarily with CoC recipients. The draft rubric and a summary of the changes are available in the Board Packet.

A. Carlisle asked, what if the denominator for the employment rate is 0, with the new way of calculating this metric? A. Kraemer answered this specific scenario was not considered—perhaps the project would get the point. Would have to think that through.

A. Kraemer said that the joint TH/RRH is separate from the rubric, so would it make sense to separate that out for the purposes for the vote?

A. Carlisle asked if we were voting on the new proposals or not because they were not in the packet—only the renewal rubric was in the packet.

J. Hieftje asked if the new items were incorporated into this action item before us? A. Kraemer said they are separate, they're not included in the packet. J. Hieftje clarified that we are voting on these minor changes Andrew just went through.

A. Patiño asked if the HMIS project renewal will also need to have an application for ongoing renewal? Having had that in last year but not having a history of there being an application associated with that. A. Kraemer said we could consider doing that. We haven't talked about that internally yet, but what you're saying makes sense.

T. Gillotti clarified that what is in the packet is for the renewal rubric only, and when we do get to the new project, your question is about including HMIS in that. A. Patiño agreed and said, there is an opportunity for new, but do you have to do something to renew your HMIS project? Might be a discussion for later.

J. Mogensen said he thinks it's important that we answer the question that A. Carlisle brought up to make sure we don't mess up the equations in there. There are projects that have almost all people on disability or should be. That could really impact how the rubric works. A. Kraemer would propose that, in the event the project has no eligible employable adults, that they receive the point so we're not penalizing them for that. This will be added as a note on the bottom.

K. Kunes shared a concern that we think through the implications of who is here and with voting power. Understanding that we can't wait on this because of the timeline—but this doesn't feel good, knowing who hasn't been represented in these processes and how inaccessible these spaces are, filled with jargon and complicated details.

	A. Carlisle said we could move forward on the renewal since there was at least a process for that—that could have been better, but it still happened. I am still unclear about the process for new projects? It wouldn't be out of the ordinary to schedule a special meeting. A. Kraemer said we could wait until the July meeting to talk about the new project competitions, because we probably won't start that competition until HUD releases the NOFO which might not be until late July anyway. K. Kunes said that it is a concern of hers to not score the racial equity piece if it really is a priority for the community. I said this in the rubric review meetings too, I just wanted to share that here. J. Hieftje said that having the opportunity to gather data could inform future efforts to score the measure. No further discussion. The motion carried without opposition.
3:35pm	8. 2021 OCED Year-In-Review – Teresa Gillotti, *Office of Community and Economic Development (OCED)* J. Hieftje moved to discuss agenda item. T. Gillotti decided to defer to the July meeting when the report is ready to share in the Board Packet.
3:40pm	9. Diversion Data – Andrew Kraemer, *Office of Community and Economic Development (OCED)* J. Hieftje moved to discuss agenda item. A. Kraemer shared overview of work in diversion: two full-time staff, one focused on individuals and families. This is a different approach, having problem-solving conversations with people to use their existing resources and connect them to services. Close to half of people who were diverted were to permanent destinations. The report included in the Board packet goes into more detail. This approach is promising based on the success rate and seems cost effective to do these things on the front-end. No questions or further discussion.
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* J. Hieftje moved to discuss agenda item. K. Kunes shared updates. New flyers went out to the community about eligibility and deadlines. MSHDA is setting the date for portal closure, they think it will close at the end of June. It is a moving target based on the statewide numbers. Application numbers have gone down, which is why it

shifted back. We will have at least four weeks' notice before the portal does in fact close. The opportunity to apply is still out there and we want to make sure people are applying. Washtenaw County received our second allocation which will be available through September.

R. Weathers shared that SOS has shared 3,263 cases, 1,077 have been approved, around 600 in some part of the review process. We are currently assigning cases from 3/15 for renewals. So far have spend more than $10 million in assistance.

TJ Brandenberger shared that HAWC has received a total of 3,040 cases, 1,278 approved, around 400 active cases. The oldest untouched initial application was from mid-April. For CERA2, we have spent more than $2 million. I will get the CERA1 spending to you.

R. Kraut asked if TJ Brandenberger could share the main reason for denials. TJ shared that a majority are duplicate applications. There has been a decent amount of fraudulent applications. The denial numbers have gone up recently due to new criteria from MSHDA and new time frame of arrears. But still, most are duplicates or incomplete.

J. Hall asked if someone moved out of a unit and into a new unit, if the old arrears from the previous unit are not paid, would that be a denial? TJ Brandenberger said yes, we've gone as far as a case being approved and the tenant left before the check got to the landlord, so we had to denied. That's very important to emphasize to clients, which our caseworkers do.

J. Hall asked if Barrier Busters is able to pick those cases? We've had people moved from one unit to another within AAHC but it's a different legal entity. Might have been because of VAWA or because their occupancy was wrong, and they needed a bigger or smaller unit. So, is there another place that isn't as restrictive as the MSHDA rules? TJ Brandenberger said that Friends in Deed might have funding to help, their funding is more flexible with less restrictions. With pretty much all of the federally funded programs, they're strict on the 'being-in-the-unit' rule. J. Hall said we have to collect the money from the tenants otherwise they'd lose their housing voucher, so now we have some tenants with $6k in debts. R. Weathers said they've used SER and Barrier Busters for some smaller amounts, but the funding in the community has dried up.

A. Carlisle asked when the Barrier Busters funding will be renewed. T. Gillotti said it is divided up quarterly. OCED has been coordinating with Health Department about the end of benefits—CERA, utility assistance. That's what is eating up our funds really quickly. We've put in a request for support with that as well as Medicaid re-enrollment. We're asking the County to consider a much more substantial contribution to Barrier

	Busters with ARPA funds. That request is in, hopefully will come up in the June Board meeting. We do know it's a big challenge. No further discussion.
3:50pm	11. HUD/MSHDA ESG-CV Spenddown Updates – *Kristin Kunes, Office of Community and Economic Development (OCED)* J. Hieftje moved to discuss agenda item. K. Kunes shared that we have met the HUD ESG-CV spend down deadlines (20% by end of September, 50% by June). The next deadline will be the last, that the funds need to be spent down by September 30, 2023, which is a year-long extension. We're in good shape for HUD. MSHDA is different. For Washtenaw County funds, we were not able to meet the spend down deadline of 50% as of 3/31. MSHDA said communities would be contacted with the potential for recapture for other communities in the state. We have not been contacted yet. However, we do have other spend down deadlines that are coming up that is unlikely we'll meet. Right now, as of March, we are 48.38%, and the expectation is that we get 75% spent down by the end of July. Some of this is due to staff positions that it was allocated for that aren't filled. We could reach out to MSHDA about recapture so that the funds don't stay dormant in our community. No one shared any objections or concerns.
3:55pm	12. All Staff Training and All Membership Meeting: Share Out – *Kristin Kunes, Office of Community and Economic Development (OCED)* J. Hieftje moved to discuss agenda item. K. Kunes overviewed these meetings: we had over 100 people attend the All Staff Training and great feedback in the All Membership Meeting. We didn't vote on the Governance Charter but solicited feedback on it. No further discussion.
4:00pm	13. CoC Equity Results Team (CERT) Overview – *Kristin Kunes, Office of Community and Economic Development (OCED)* J. Hieftje moved to discuss agenda item. K. Kunes said this work is part of a voluntary statewide initiative that aligns with the other equity work we are doing. For right now, it is a CoC effort to look at and study CoC structures of what is working and what's not to create recommendations to shift. The recommendations will eventually become requirements from MSHDA, so we thought it was important to be involved on the front end. It is a 16-18-month initiative, which will be co-led by Kristin and Morgan from OCED, with Andrew supporting the data, and 6-8 community liaisons who will create listening sessions and provide

	feedback on our systems. They will be provided with a stipend through MSHDA for their time. If anyone else is interested and can commit 10 hours per month, please reach out to K. Kunes or T. Gillotti. K. Kunes also shared overview of HAWC's current capacity which was sent to the CoC listserv this morning. TJ Brandenberger added that people can email him if anything is urgent. No further discussion.
4:05pm	14. CSH CoC Engagement: Updates and Request for Feedback – *Lindsey Bishop Gilmore & Catherine Distelrath, CSH* J. Hieftje moved to discuss agenda item. L. Bishop Gilmore reviewed structure CSH's engagement with the Washtenaw CoC, including the training on racial equity at the All Staff Training and facilitated dialogue at the All Membership Meeting. CSH is also convening a group of people with lived expertise. 40 people expressed interest and 15 people were engaged. They are compensated for their time. The first meeting was last week. L. Bishop Gilmore and C. Distelrath led a discussion using Menti to solicit feedback on the Board structure. Findings will be shared back at the July Board Meeting.
4:45pm	15. Shelter Updates (Individuals) a. *Dan Kelly, Shelter Association of Washtenaw County (SAWC)* b. *Krista Girty, Ozone House* J. Hieftje moved to discuss agenda item. D. Kelly highlighted some numbers in the overview document included in the Board packet. Reached high water mark in occupancy, dealt with COVID-19 outbreak. Lots of people moving into housing—the opening of Hickory Way was great. New Health & Safety Coordinator helps their response moving forward. They saw a spike in overdoses this year, and now have an internal task force and Narcan kits as well as fentanyl testing strips that Avalon helped provide. They are working with Wayne State on getting a Narcan vending machine in the building. Lastly, planning is already underway for next winter. No further discussion.
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* J. Hieftje moved to discuss agenda item.

	R. Weathers served 19 people included three families. Some of the barriers include finding large enough units for family size and documentation. T.J. Brandenberger shared that there has been issues with large families in hoteling. We still have units secured and filled for families of 4-5, just had an issue with a hotel we had a relationship with because of damages tenants had done. Now, we're planning to meet with the hotel to talk it through and see if we can repair the relationship and work to expand units. They can do adjoining rooms but require an adult in each room, so this only works for two-adult households. E. Schulmeister sent email saying Alpha House is full. Staffing is stabilized but they are looking for one full-time staff person. Staff are updating policies and procedures for program operations, including an improved orientation for families. More will be shared at the next meeting. No further discussion.
4:55pm	17. Board Member Updates/Issues J. Mogensen shared he got off the waiting list for East Clark Tower, these are buildings 80% seniors, 20% people with disabilities—got on the waiting list 10 years ago. These properties operate outside of the CoC space but are important to the community, so we should map out and understand what's going on there. Second, we have been raising money for bus tokens. There is a potential for people who want to formally give money for bus tokens, so we might need more formality than Peace House can do—potentially with Packard. I'm hoping to develop a space where we could understand what social workers need bus tokens and how we can handle that. Last is, we have some money available and want to make sure that as the programming shifts are happening, we should do well with that. We want to make sure that we're spending it in the best way, so I wanted to share that here. There are emails out to folks.
4:57pm	18. Public Comment None.
5:00pm	19. Adjournment J. Hieftje adjourned at 5:09pm.

ACTION ITEM SUMMARY

CONTINUUM OF CARE (CoC) BOARD | August 3, 2022

Approve CoC New/Bonus Project Application

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. At the May 18th Board Meeting, the CoC Board approved the 2022 CoC Renewal Project Rubric. Changes were made that reflected feedback from the Rubric Review meetings.

Providers can also submit new/bonus applications for consideration depending on funding availability. The 2022 CoC New/Bonus Project Application needs to be approved by the CoC Board. One change was made: the addition of a checkbox for Joint Transitional Housing-Rapid Re-Housing projects. The checkbox allows service providers to apply for funding for this project type. It does not guarantee that the community will choose to fund this project type.

Current Action Needed:

Approve the 2022 CoC New/Bonus Project Application.

Motion:

The CoC Board approves the 2022 CoC New/Bonus Application.

Approve FY22-23 Emergency Solutions Grant (ESG) Funding Recommendations

Fiscal Year 22-23 ESG allocations have not yet been released by the U.S. Department of Housing and Urban Development (HUD) or Michigan State Housing Development Authority (MSHDA). MSHDA has communicated that Washtenaw County might expect to receive a flat allocation relative to FY21-22. In FY21-22, Washtenaw County received $183,820 in ESG funding from HUD and $491,569 from MSHDA.

Annually appropriated ESG funds typically support staff at the various coordinated entry points, along with rapid re-housing and homelessness prevention programming. The CoC's Funding Review Team (FRT) met on July 21 and 27 to review performance of current ESG-funded agencies and evaluate community need to identify appropriate funding recommendations for the next fiscal year. The FRT's recommendations are included in the CoC Board Packet. The MSHDA ESG funding application is due August 12th.

Current Action Needed:

Approve ESG recommendations for 2022-2023.

Motion:

The CoC Board approves FRT funding recommendations.

APPLICATION FOR NEW OR EXPANSION PERMANENT HOUSING PROJECTS

Washtenaw County Continuum of Care (CoC) 2022

BACKGROUND AND APPLICATION OVERVIEW

The Washtenaw County Continuum of Care (CoC) is accepting applications for one or more bonus or expansion projects totaling $321,249 for the 2021 CoC Funding Competition. The U.S. Department of Housing and Urban Development (HUD) allows CoC's to apply for new (bonus) projects or for expansions of current CoC projects. ***This application uses definitions and requirements based on the 2021 NOFO.***

Please note that this application process will NOT accept applications for Domestic Violence (DV) Rapid Re-Housing (RRH).

APPLICATION PROCESS AND DUE DATES

Applying for bonus or expansion projects involves a two-part application process.

- ☐ Interested parties were first asked to **submit a Letter of Intent (LOI) and attend a mandatory meeting** to be considered as an applicant;
- ☐ Applicants still interested in submitting projects after the mandatory meeting are required to **complete and submit this application to be reviewed and scored by the FRT,** a committee of the Washtenaw County CoC Board. **Applications are due Friday, October 15 by email** to Andrew Kraemer at **kraemera@washtenaw.org** *(late submissions may not be reviewed).*

The applications will be reviewed by the FRT. The FRT will score projects on a 100-point scale (see scoring rubric in Appendix C) and approve/deny based on score and how the project will meet community need as demonstrated by local data, provider feedback, and the Community Housing Prioritization (CHP) By-Name List (calculated using currently chronic homeless numbers and monthly in-flow). Approved projects will be ranked based on the CoC approved 2021 Ranking Policy, which will be determined at the October 20 WHA Operations Committee Meeting. Upon notification of funding decision, selected applicants will begin a process with OCED to review DV Bonus applications that will be submitted to the U.S. Department of Housing and Urban Development (HUD) via E-SNAPS (HUD's grant management system).

Please contact Andrew Kraemer at kraemera@washtenaw.org with any questions.

BONUS/EXPANSION PROJECT APPLICATION TIMELINE

1. Interested applicants submit full application by 10/15
2. FRT reviews applications and meets to select the project in October
3. Applicants notified of their status by October 30.
4. Selected project(s) submit PDF versions of their E-SNAPS project application to OCED for Round 1 feedback by 11/5
5. Selected project(s) are given feedback and corrections for Final submission by 11/10
6. Selected project(s) submit final E-SNAPS project application by 11/15

ELIGIBLE APPLICANTS:

- Eligible project applicants and any subrecipients for the CoC Program Competition are nonprofit organizations, States, local governments, and instrumentalities of State and local governments, and public housing agencies, as such term is defined in 24 CFR 5.100, without limitation or exclusion. For-profit entities are not eligible to apply for grants or to be subrecipients of grant funds. Project applicants and

subrecipients (if any) must provide evidence of eligibility required in the application (e.g., nonprofit documentation).

- Applicant agencies must carry out duties within the geographic area of Washtenaw County.
- Project applicants and any subrecipients must demonstrate the financial and management capacity and experience to carry out the project as detailed in the project application and to administer Federal funds. Demonstrating capacity may include a description of the applicant/subrecipient experience with similar projects and with successful administration of SHP, S+C, or CoC Program funds for renewing projects or other Federal funds.
- Project applicants and any subrecipients must have satisfactory capacity, drawdowns, and performance for existing grant(s) that are funded under the SHP, S+C, or CoC Program, as evidenced by timely reimbursement of subrecipients, regular drawdowns, and timely resolution of any monitoring findings.
- Project applicants and any subrecipients must be in good standing with HUD, which means that the applicant does not have any open monitoring or audit findings, history of slow expenditure of grant funds- outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon, history of consistently late APRs, or history of serving ineligible program participants, expending funds on ineligible costs, or failing to expend funds within statutorily established timeframes.
- Project applicants and any subrecipients must be in compliance with applicable fair housing and civil requirements.

ELIGIBLE PROJECTS/ACTIVITIES FOR THE FUNDS:

- Applicants can apply for a new permanent housing bonus project or for an expansion of a current permanent housing project.
    - All **new permanent housing projects** can apply for one of two types of projects, including:
        - New **Permanent Supportive Housing (PSH)** projects
        - New **Rapid Re-Housing (RRH)** projects
        - New **Joint Transitional Housing-Rapid Rehousing Projects**
    - Project applicants that intend to **expand an eligible renewal project** must:
        - apply within the same component type;
        - provide the eligible renewal grant number that the project applicant requests to expand on the new project application;
        - indicate how the new project application will expand units, beds, services, persons served
        - ensure the funding request for the new expansion project is within the funding parameters allowed under the reallocation process or permanent housing bonus

      Note: *Expansion projects will be required to submit three project applications in E-SNAPS: a renewal application of the existing project, a new project application with expansion information, and a renewal application that covers both the renewal and expansion activities and the combined budget line items.*
- Eligible activities for new permanent housing projects include:
    - Acquisition/New Construction/Rehabilitation
    - Leased Units
    - Leased Structures
    - Short-term/Medium term Rental Assistance (RRH only; cannot exceed 24 months)
    - Long-term Rental Assistance (PSH only)
    - Supportive Services (see 24 CFR 578.53 for eligible costs)
    - Operations
    - HMIS

Note: *In new project applications, project applicants may **NOT** have any of the following combinations in a single structure or housing unit:*

- *Acquisition and/or rehabilitation with new construction*
- *Leasing with acquisition, rehabilitation, or new construction*
- *Rental assistance with acquisition, rehabilitation, or new construction*
- *Leasing and rental assistance*
- *Rental assistance and operations*

- The initial grant term for new project applications may be 1-year, 2-years, 3-years, 4-years, 5-years, or 15-years. However, exceptions apply; *these exceptions can be found in Section V.B.2.e of the 2020 NOFO.*
- The project must be cost-effective, including costs of construction, operations, and supportive services with such costs not deviating substantially from the norm in that locale for the type of structure or kind of activity. It also must ensure that the type and scale of the supportive services fit the needs of the program participants; this includes all supportive services, regardless of funding source.
- Projects must agree to enter client data into HMIS, participate in the annual point-in-time and housing inventory counts, partner with coordinated entry Housing Access for Washtenaw County (HAWC), and comply with all other CoC Policies and Procedures, including participation in the Community Housing Prioritization (CHP) process.

ELIGIBLE POPULATIONS:

- New **PSH projects** can serve 100 percent chronically homeless or populations listed in DedicatedPLUS as defined in Section III.C.2.g. of the 2021 NOFO.
- New **RRH projects** or **Joint TH RRH projects** can serve homeless individuals and families, including unaccompanied youth, who meet any of the following criteria:
    - residing in a place not meant for human habitation;
    - residing in an emergency shelter;
    - persons meeting the criteria of paragraph (4) of the definition of homeless, including persons fleeing or attempting to flee domestic violence situations (see 24 CFR 578.3 or Appendix)
    - receiving services from a VA-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.
- Expansion projects may continue to serve the populations the project is currently serving or may align with the populations allowable under the 2021 NOFO for new projects (as listed above)
- Project applicants must demonstrate that they will first serve the chronically homeless according to the order of priority established in *Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons*
  ***Note**: persons in transitional housing **are not** considered to be chronically homeless even if they met the criteria prior to entering the transitional housing program and are not eligible to be served in proposed projects.*

COORDINATED ENTRY REQUIREMENT:

All HUD CoC-funded projects are required to participate in the locally established Coordinated Entry process. If funded, all projects will be required to participate in the CoC's Community Housing Prioritization (CHP) Committee, which oversees the process for all referrals to permanent housing units. All family and single-adult referrals must come from the CHP By-Name List, which prioritizes the most vulnerable homeless households (single-adults and families). Prioritization for single-adults and families is determined using the Vulnerability-Index: Service Prioritization Decision Assistance Tool (VI-SPDAT), a tool developed by OrgCode Consulting and mandated by the State of Michigan, for identifying and prioritizing people experiencing homelessness for housing.

PROJECT QUALITY THRESHOLD

PROJECT CRITERIA

- Must meet at least 3 out of the 4 criteria below and must meet the 3rd criteria (see section V.C.3.c of the 2021 NOFO):
    - The type of housing proposed will fit the needs of the program participants
    - The type of supportive services that will be offered to program participants will ensure successful retention in or help to obtain permanent housing, including all supportive services regardless of funding source
    - The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education)

- Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing
- Project must follow a housing first approach (see page 9 of the 2021 NOFO)

PROJECT QUALITY STANDARDS:

Projects reviewed for renewal funding recommendations are held to the threshold and outcome standards listed below; accepted projects would be held to these same standards for renewal in subsequent years. Please note that RRH projects are only calculated with "leavers" data. *Leavers* on an Annual Performance Report (APR) are those that exited the program in a program year. *Stayers* are those that were still being served at the close of the program year.

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.		

PERMANENT SUPPORTIVE HOUSING PROJECT OUTCOMES

CRITERIA	STANDARD
A) Occupancy/Average Bed Utilization Rate $\left[\frac{\text{Total no. of households served}}{\text{Total no. of projected units}}\right]$ X 100%	90%
B) 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%	90%
C) Leavers and Stayers at Annual Assessment with one or more type of Health Insurance (de-duplicated) (includes Medicaid, Medicare, VA Insurance) $\left[\frac{\textit{Total no. of (L + S) with HI}}{\text{Total no. of Adults with Annual Assessments and Adult Leavers}}\right]$ X 100%	60%
D) Employment Rate for Leavers and Stayers at Annual Assessment $\frac{\textit{Total no. of Adult (L + S) with earned Y}}{\text{Total no. of Adults served}}$ X 100%	20%
E) Leavers and Stayers at Annual Assessment who maintained or increased total income (earned + non-employment income) $\left[\frac{\textit{Total no. of Adults (L + S) who maintained or } \uparrow \textit{Total Y}}{\text{Total no. of Adults served}}\right]$ X 100%	60%

RAPID RE-HOUSING PROJECT OUTCOMES

CRITERIA	STANDARD
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%
B) Leavers with Health Insurance (includes Medicaid, Medicare, VA Insurance) $\left[\frac{\textit{No. of leavers with HI}}{\text{Total no. of leavers served}}\right]$ X 100%	60%
C) Employment Rate for Leavers $\frac{\textit{No. of Adult leavers with earned Y}}{\text{Total no. of Adult leavers served}}$ X 100%	20%
D) Leavers who maintained or increased total income (earned + non-employment income) $\left[\frac{\textit{No. of Adult leavers who maintained or } \uparrow \textit{Total Y}}{\text{Total no. of Adult leavers served}}\right]$ X 100%	60%

NEW/EXPANSION PROJECT APPLICATION

2021 CoC Funding Competition

- **All information is required, including attachments. The Funding Review Team reserves the right not to review incomplete applications or projects that don't meet eligibility requirements.**
- **Applications are due by Friday, October 15, 2021 and should be sent to Andrew Kraemer at kraemera@washtenaw.org. Late submissions will not be reviewed.**
- Please contact kraemera@washtenaw.org with any questions about the form or process.
- Please save your document with the following naming convention:
  - **New Projects**
    <Agency name –Program name- Program Type-NEW CoC21>.doc
    Example: ABC Services-Home to Stay-PSH-NEW CoC21.doc
  - **Expansion Projects**
    <Agency name –Existing Program name- EXPANSION_CoC21>.doc
    Example: ABC Services-Home to Stay-EXPANSION_CoC21.doc

I. GENERAL INFORMATION (not scored)

1. **Agency Contact Information:**
   a. Name of Organization: _____
   b. Organization Type
      ☐ Units of Local Government ☐ Non-profit 501(c)(3) ☐ PHA
      ☐ State Government ☐ Other: Describe_____
   c. DUNS Number: _____
   d. Is the agency a current HUD CoC grantee? ☐ Yes ☐ No

2. **If application is for a project expansion, please answer the following:**
   a. **Existing Project to be expanded:**
      Name: _____
      Project grant number: _____
      Project component type: _____
   b. **Activities that describe expansion project:**
      ☐ Increase number of homeless persons served
      ☐ Provide additional supportive services to homeless persons
      ☐ Bring existing facilities up to state/local government health and safety standards
      ☐ Replace the loss of nonrenewal funding (private, federal, other excluding state/local government)

3. **Sub-Recipient Organization (if applicable):**
   a. Name of Organization: _____
   b. Organization Type
      ☐ Units of Local Government ☐ Non-profit 501(c)(3) ☐ PHA
      ☐ State Government ☐ Other: Describe_____
   c. DUNS Number: _____

4. **Contact person for this project:**
   Name: _____ Title: _____
   Phone: _____ Email: _____

5. **Proposed HUD Request ($):** _____
6. **Proposed Total Budget $ (Total HUD Requested + at least 25% Match) *:**_____
7. **Proposed Number of Units:**
   a. **New Projects:** # Units Projected: _____
   b. **Expansion Projects:** Existing Project # Units: _____ Expansion Project # Units _____
8. **Proposed number of beds (choose applicable designation only):**

   # Dedicated_____ # DedicatedPLUS _____
9. **Proposed Project Type** (Expansion Projects must be the same project type as the current project)**:**

   ☐ **PSH** ☐ **RRH** ☐ **JOINT TH-RRH**
10. **Proposed Population to be served:** _____
11. **Proposed Grant Term:** _____
12. **Proposed Project Budget:**

Activities	Total Assistance Requested	Total Project Budget
Rental Assistance		
Supportive Services		
Operations		
HMIS		
Sub-total Request		
Administrative costs (Up to 10%)		
Cash Match		
In-kind Match		
Total Match – 25% for all categories		
Total Budget		

13. If the FRT decides to scale down projects, what is the **Minimum HUD Funding** needed to make this project or expansion viable? _____
14. The following **required attachments** are included:
    ☐ Most recent independent audit and submission of SAS114, and 115, if applicable
    ☐ Current year Board-approved agency budget

APPLICANTS SHOULD FULLY RESPOND TO THE FOLLOWING NARRATIVE QUESTIONS.
APPLICANTS ARE ENCOURAGED TO ANSWER AS SUCCINCTLY AS POSSIBLE.

II. APPLICANT/SPONSOR EXPERIENCE AND CAPACITY (15 points)

A. Describe the experience of the project applicant, sub-recipients (if any), and partner organizations (e.g., key contractors, service providers if applicable) as it relates to providing supportive services and housing for homeless persons, & carrying out the activities of the project. Be sure to provide concrete examples that illustrate 1) experience/expertise with renting units, operating rental assistance, & providing supportive services similar to the activities proposed in the applications & 2) working with & addressing the target population's identified housing & service needs.
B. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sectors. Be sure to include a description of experience with delivering or securing Medicaid funded services for participants in the agency's programs.
C. Describe the basic organization & management structure of the applicant & subrecipients (if any). Include description of internal & external coordination, structures for managing basic organization operations, & an adequate financial accounting system that will be used to administer the grant.
D. Describe the experience of the applicant & potential subrecipients (if any), in effectively utilizing federal funds & performing the activities proposed in the application, given funding & time limitations.
E. Have any of your agency's HUD funded programs (including ESG) received a HUD audit in the last 12 months? ☐ Yes ☐ No If yes, were there any findings from the audit? ☐ Yes ☐ No If yes, please describe the findings & your agency's corrective actions to satisfy the findings & attach a copy of the corrective action plan that you submitted to HUD or OCED.
F. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? ☐ Yes ☐ No If Yes, describe the details of unresolved monitoring or audit findings & steps that will be taken to resolve.
G. Have you returned any funds to HUD on any existing grants in the last two years? ☐ Yes ☐ No If yes, how much has been returned?

What is the reason that the funds have been returned?

H. Do you have any outstanding obligation to HUD that is in arrears or for which a payment schedule has not been agreed upon? ☐ Yes ☐ No

If yes, how much is owed?

What is the reason for the obligation to HUD?

What is preventing establishing a payment schedule?

III. PROJECT DESCRIPTION (20 points)

A. Provide a description (**limit 2000 characters**) that addresses the entire scope of the proposed project. The project description should be complete & concise. It must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), & any coordination with other source(s)/partner(s).The description must be consistent with other parts of this application & identify **in 2000 characters or less (spaces included)**:

- If expansion project, how the application will expand units, beds, services, persons served
- The target population including the number of single adults & the number of families with children to be served when the project is at full capacity
- Address & location of units (current & expansion units for expansion projects)
- Type & number of units – scatter site or single site, single or multi-family homes, etc
- How the type, scale & location of the housing fit the needs of program participants
- The specific services that will be provided & outreach methods to be used to serve the long-term homeless population
- Projected outcomes
- Coordination with partners
- Project timeline – when units will be developed or leased-up
- HMIS implementation
- How the project will leverage or deliver Medicaid services to participants

B. Describe the estimated schedule for the proposed activities, the management plan, & the method for assuring effective & timely completion of all work.

C. If project is designated as DedicatedPLUS, please explain the reasoning for this designation and how this project will use this expanded criteria.

D. For expansion projects ONLY, please detail why the proposed expanded activity is needed & how it would be implemented. *Only answer the expanded activities that apply to your project as answered in part I.2.b of this application.*

1. **Increase the number of homeless persons served:** Indicate why & how your project is proposing to increase the number of served

2. **Provide additional supportive services to homeless persons:** Which supportive services would this project increase and how they will be increased (e.g. increased service; increased frequency, etc)? Describe the reason & identify how you will be providing additional services

3. **Bring existing facilities up to state/local gov. health & safety standards:** Describe how the project is proposing to bring the existing facility or facilities up to state/local government health & safety standards

4. **Replace the loss of non-renewable funding:** Indicate how the project is proposing to replace the loss of nonrenewable funding from private, federal, &/or other (excluding state/local government). List the source of nonrenewable funding, why funds are non-renewable, & when funds expire. Identify any steps already taken to identify other funding sources.

E. Describe a plan for executing the grant agreement and beginning rental assistance within 12 months of the award. Describe how full capacity will be achieved over the term being requested. If any project site is not currently owned or under a lease agreement, provide a summary of relevant contracts & agreements (e.g., with local landlords, housing locator specialists, public housing authority, other partner organizations) needed for the achievement of project operation. The narrative must provide evidence that ensures there will be no delay in service provision to participants, operation of CoC management systems, or the leasing of units for reasonable rents.

F. Describe recipient/subrecipient capacity for assessing need, prioritizing persons with the most severe needs & outreach to the chronically homeless & the specific plan for how the project will first serve the chronically homeless according to the order of priority established in *Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness & Other Vulnerable Homeless Persons (SEE APPENDIX)*.

G. If applying for Rental Assistance, describe the method for determining the type & amount of rental assistance that participants can receive.

IV. COMMITMENT TO HOUSING FIRST (10 points)

Housing First is an approach to homeless assistance that prioritizes rapid placement & stabilization in permanent housing & does not have service participation requirements or preconditions such as sobriety or a minimum income threshold. See Appendix A for a list of Housing First principles.

A. Describe recipient/subrecipient experience with & a description of the program design for implementing housing first.

V. SUPPORTIVE SERVICES FOR PARTICIPANTS (25 points)

A. For projects serving **families**, does the applicant/sponsor have policies & practices that are consistent with, & do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, & other laws relating to the provision of educational & related services to individuals & families experiencing homelessness?

☐Yes ☐No ☐ N/A (project not serving families)

B. For projects serving **families**, does the applicant/sponsor have a designated staff person responsible for ensuring that children are enrolled in school & connected to the appropriate services within the community, including early childhood education programs such as Head Start, Part C of the Individuals with Disabilities Act, & McKinney-Vento education services?

☐Yes ☐No ☐ N/A (project not serving families)

C. Describe the manner in which the project applicant will take into account the educational needs of children when youth and/or families are placed in housing.
D. Describe how participants will be assisted to obtain & remain in permanent housing and what supportive services will be provided.
E. Describe your plan for ensuring program participants will be individually assisted to obtain benefits of the mainstream health, social, & employment programs for which they are eligible.
F. Describe how participants will be assisted to increase employment &/or income using mainstream housing & service programs.
G. Describe how participants will be assisted to maximize ability to live independently & increase self-sufficiency using mainstream housing & service programs.
H. Describe how the type, scale, & location of the supportive services & the mode of transportation to those services fit the needs of program participants.

Supportive Services Type & Frequency Chart:

For all supportive services available to participants, indicate who will provide, how they will be accessed & how often they will be provided **regardless of the resources that will be used to pay for the services.** Please include all Medicaid services whether provider by the applicant or through partnerships with other organizations that provide Medicaid funded services.

For Provider, indicate: "Applicant" if the applicant will provide the service directly; "Subrecipient" if a subrecipient will provide the service directly; "Partner" if an organization that is not a subrecipient of project funds but with whom a formal agreement or memorandum of understanding (MOU) has been signed will provide the service directly; or, "Non-Partner" to if a specific organization with whom no formal agreement has been established regularly provides the service to clients.

		Frequency – select one per service type				
Supportive Service	**Provider**	**Daily**	**Weekly**	**Bi-monthly**	**Monthly**	**Does not Apply**
Assessment of Service Needs						
Assistance with Moving Costs						
Case Management						
Child Care						
Education Services						
Employment Assistance/Job Training						
Food						
Housing Search/Counseling Services						
Legal Services						
Life Skills						
Mental Health Services						
Outpatient Health Services						
Outreach Services						
Substance Abuse Treatment Services						
Transportation						
Utility Deposits						

l. How accessible are basic community amenities (e.g. medical facilities, grocery store, recreation facilities, schools, etc) to the projects?

- ☐ Yes, very accessible
- ☐ Somewhat accessible
- ☐ Not accessible

VI. LANDLORD ENGAGEMENT (scattered-site projects only) (5 points)

A. Describe how your organization reaches out to, & engages with local landlords to recruit their participation in making their units available to program participants. In your description, explain how your organization maintains an on-going positive relationship & communication with landlords renting to your organization's program participants.

VII. COMMITMENT TO AFFORDABLE HOUSING PLAN (project-based projects only) (5 points)

A. If a project-based voucher, please indicate alignment to the *Housing Affordability & Economic Equity Analysis.*

VIII. PARTNERING & COMMITMENT TO COORDINATED ENTRY (5 points)

A. Describe how your organization will or currently works with OCED, Washtenaw Housing Alliance, coordinated entry, & other organizations to coordinate services & reduce duplication of services.

IX. BUDGET DETAIL (20 points)

Rental Assistance: Enter number of units by unit type; the applicable Fair Market Rent (FMR) level; the term (1 year grant); and enter total amounts.

Indicate the Type of Rental Assistance:

☐ Project Based ☐ Sponsor Based ☐ Tenant Based ☐ Leasing ☐ Other _____

Unit Size	No. of Units	FMR	Term	Total
Efficiency		$		
1 Bedroom		$		
2 Bedroom		$		
3 Bedroom		$		
4 Bedroom		$		
Total				

Operating Costs: Enter the quantity & total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operating costs. When including staff costs, please include title, salary & FTE.

Operating Costs	Quantity Description (max 400 characters)	Annual Assistance Requested
Maintenance & repair		
Electricity		
Gas & Water		
Property Tax & Insurance		
Furniture		
Replacement Reserve		
Equipment		
Building Security		
Total		

Supportive Services: Enter the quantity & total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary & FTE.

Eligible Costs	Quantity Description (max 400 characters)	Annual Assistance Requested
Assistance with Moving Costs		
Case Management		
Food		
Housing Search/Counseling Services		
Life Skills		
Outreach Services		
Transportation		
Utility Deposits		
Total Annual Assistance Requested		

Other Funding: What additional funding sources are committed to this project (e.g. NSP, VASH, HOME)?

APPENDIX A

Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

Excerpted From Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness & Other Vulnerable Homeless Persons in Permanent Supportive Housing:

1. CoCs are strongly encouraged to revise their written standards to include an order of priority, determined by the CoC, for CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual's or family's service needs. Recipients of CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness would be required to follow that order of priority when selecting participants for housing, in a manner consistent with their current grant agreement. **See link below for current local prioritization.**
2. Where there are no chronically homeless individuals and families within the CoC's geographic area, CoCs and recipients of CoC Program-funded PSH are encouraged to follow the order of priority in Section III.B. of this Notice. For projects located in CoC's where a sub-CoC approach to housing and service delivery has been implemented, which may also be reflected in a sub-CoC coordinated entry process, need only to prioritize assistance within their specified sub-CoC area. 2
3. Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section III.A.1. of this Notice to the extent in which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless within the CoC's geographic area, the recipient should follow the order of priority under Section III.B for persons with a serious mental illness.
4. Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. HUD recognizes that some persons–particularly those living on the streets or in places not meant for human habitation–might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable. Therefore, a person experiencing chronic homelessness should not be forced to refuse an offer of PSH if they do not want to participate in the project's services, nor should a PSH project have eligibility criteria or preconditions to entry that systematically exclude those with severe service needs. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these chronically homeless persons must continue to be prioritized for PSH until they are housed.

SEVERITY OF SERVICE NEEDS

This Notice refers to persons who have been identified as having the most severe service needs. For the purposes of this Notice, this means an individual for whom at least one of the following is true:

i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or
ii. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.

iv. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high-need, high cost beneficiaries.

(b) Severe service needs as defined in paragraphs i.-iv. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a).

WASHTENAW COUNTY COC PRIORITIZATION

Current prioritization policies are posted here (see pages 15-19). Please note that local policies can be updated at any time.

APPENDIX B

Definitions of Key Terms

Homeless as defined at 24 CFR 578.3

CATEGORY 1: LITERALLY HOMELESS

Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) Has a primary nighttime residence that is a public or private place not meant for human habitation;

(ii) Is living in a 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 and local government programs); or

(iii) Is exiting an institution where (s)he has 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

CATEGORY 2: IMMINENT RISK OF HOMELESSNESS

An individual or family who will imminently lose their primary nighttime residence, provided that:

(i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

(ii) No subsequent residence has been identified; and

(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;

CATEGORY 3: 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:

(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);

(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;

(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

(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; or

CATEGORY 4: FLEEING/ATTEMPTING TO FLEE DV

Any individual or family who:

(i) Is fleeing, or is attempting to flee, domestic violence;

(ii) Has no other residence; and

(iii) Lacks the resources or support networks to obtain other permanent housing

HUD wishes to clarify that persons who are fleeing or attempting to flee human trafficking may qualify as homeless under paragraph 4 of the "homeless" definition at 24 CFR 578.3, and therefore may be eligible for certain forms of homeless assistance under the CoC Program, subject to other restrictions that may apply. HUD considers human trafficking, including sex trafficking, to be "other dangerous or life threatening conditions that relate to violence against the individual or family member" under paragraph 4 of the definition of "homeless" at 24 CFR 578.3. Where an individual or family is fleeing, or is attempting to flee human trafficking, 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; and the individual or family has no other residence; and the individual or family lacks the resources or support networks to obtain other permanent housing; HUD would consider that individual or family to qualify as "homeless" under paragraph 4 of the definition.

CHRONICALLY HOMELESS DEFINITION

The definition of "chronically homeless" currently in effect for the CoC Program is that which is defined in the Final Rule on Defining "Chronically Homeless, which states that a chronically homeless person meet all of the following:

a) Disability: A person must have a documented disability verified by a medical professional.
b) Housing Status: A person who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter. (Institutional Caveat: A person is chronically homeless if they experienced homelessness prior to entering an institution and have been in the institution for less than 90 days.)
c) Length of Time (only one of the following):
    - Been living in a place not meant for human habitation, safe haven, or in emergency shelter continuously for at least 12 months.

    OR

    - Lived in one or more of the places stated above on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months.

    Note: *A break in an occasion counts as 7 nights of not experiencing homelessness.*

HOUSING FIRST PRINCIPLES

(a) Housing First is a programmatic and systems approach that centers on providing homeless people with housing quickly and *then* providing services as needed.
(b) Housing is not contingent on compliance with services – participants are expected to comply with a standard lease agreement and are provided with services and supports to help maintain housing and prevent eviction
(c) Services are provided post-housing to promote housing stability and well-being
(d) Tenants have choice and access to affordable of Housing
(e) Housing is integrated into the Community
(f) Separation of Housing and Treatment – participation in services is not a condition of maintaining tenancy.
(g) Service Philosophy and Service Array
    i. Low Demand Approach for Entry into the Housing
    ii. Provides Access to Treatment Resources and Supports
    iii. Employs Recovery Principles

APPENDIX C

WASHTENAW COUNTY CONTINUUM OF CARE 2021

REVIEWER NAME: _____

APPLICANT AGENCY: _____

PROJECT TITLE: _____

TOTAL SCORE (complete this once scoring rubric is completed): _____

SCORING RUBRIC FOR NEW OR EXPANDED PERMANENT HOUSING PROJECT APPLICATIONS

INTRODUCTION:

The following rubric is an attempt to operationalize the scoring criteria for new permanent housing project or expansion project applications (i.e. bonus projects) in the FY 2021 CoC Funding Competition. It serves as a descriptive guide for use by the ***Funding Review Team,*** *a CoC-appointed committee,* when scoring the applications to minimize discrepancies in interpretation between scorers, thereby enhancing consistency and objectivity.

BACKGROUND & ELIGIBLE PROJECTS

The Washtenaw County Continuum of Care (CoC) accepted applications for one or more bonus or expansion projects totaling $321,249 for the 2021 CoC Funding Competition. The U.S. Department of Housing and Urban Development (HUD) allows CoC's to apply for new (bonus) projects or for expansions of current CoC projects. ***This application uses definitions and requirements based on the 2021 NOFO.***

Applicants can apply for a new permanent housing bonus project or for an expansion of a current permanent housing project.

- All **new permanent housing projects** can apply for one of two types of projects, including:
  - New **permanent supportive housing (PSH)** projects that meet the requirements of DedicatedPLUS as defined in Section III.B.2.g. of the NOFO or new PSH projects where 100 percent of the beds are dedicated to chronic homelessness.
  - New **rapid rehousing (RRH)** projects that will serve homeless individuals and families, including unaccompanied youth, who meet the following criteria:
    (a) residing in a place not meant for human habitation;
    (b) residing in an emergency shelter;
    (c) persons meeting the criteria of paragraph (2) of the definition of homeless
    (d) persons meeting the criteria of paragraph (4) of the definition of homeless, including persons fleeing or attempting to flee domestic violence situations;
    (e) receiving services from a VA-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.
- Project applicants that intend to **expand an eligible renewal project** must:
  - apply within the same component type;
  - provide the eligible renewal grant number that the project applicant requests to expand on the new project application;
  - indicate how the new project application will expand units, beds, services, persons served
  - ensure the funding request for the new expansion project is within the funding parameters allowed under the reallocation process or permanent housing bonus.

SECTION A: FUNDING ELIGIBILITY AND THRESHOLD CRITERIA (CHECKLIST: TICK WHERE APPLICABLE)

Agency Threshold Criteria:

☐ The project meets the eligibility requirements of the CoC Program as defined in 24 CFR part 578 and provides evidence of eligibility required in the application (e.g., nonprofit documentation).

☐ The applicant agency demonstrates the financial and management capacity and experience to carry out the project and to administer Federal funds, as detailed in the project application.

See pages 44-48 of the NOFO for a complete list of threshold criteria.

Project Type

Applicants can apply for a new permanent housing bonus project or for an expansion of a current permanent housing project. This project falls under the eligible project type of:

☐ **New permanent housing project**
- ☐ PSH serving eligible populations as described above
- ☐ RRH serving eligible populations as described above

☐ **Expansion Project**
- ☐ PSH serving eligible populations as described above
- ☐ RRH serving eligible populations as described above

Project Quality Threshold

New permanent supportive housing and rapid rehousing projects must meet at least three out of the four criteria and must meet the third criteria. Projects that do not meet at least three criteria and criteria 3 will be rejected (see pages 45 of the NOFO).

☐ The type of housing proposed will fit the needs of the program participants
☐ The type of supportive services that will be offered to program participants will ensure successful retention in or help to obtain permanent housing, including all supportive services regardless of funding source
☐ The proposed project has a specific plan to coordinate and integrate with other mainstream health, social services, and employment programs and ensure that program participants are assisted to obtain benefits from the mainstream programs for which they may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education)
☐ Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, additional assistance to ensure retention of permanent housing
☐ The project must follow a housing first approach (page 9 of the NOFO)

Required Attachments:

☐ Most Recent independent audit and submission of SAS114, and 115, if applicable.

☐ Current year Board-approved agency budget

SECTION B: SCORING SHEET

Instructions: FRT members are to review the applications and award points according to the extent to which the scoring criteria are met. A scale with suggested points has been created for each component.

SCORING COMPONENTS	CRITERIA FOR SCORING	AWARDED POINTS
II (A-H): Applicant/ Sponsor Experience and Capacity	This component is concerned with the applicant's level of experience and capacity in delivering housing and supportive services for homeless clients. **Suggested scoring scale:** For maximum points (=15), application must strongly demonstrate the following qualities: • Clear description (backed with concrete examples) of experience/ expertise with renting units, operating rental assistance and providing supportive services that are aligned with what is proposed in the application. • Clear and concrete examples of how applicant has identified and addressed target population's housing and service needs • If it is a joint application, role of each partner is clearly described and delineated • Applicant agency has a strong management and coordination structure along with an adequate financial accounting system to administer the grant • If a current recipient of CoC or other forms of federal funding, there are no outstanding obligations to HUD, no unexpended funds and no detrimental audit findings. (i.e Answers to questions IIE-H must be 'No') 10-14 points: • Adequate description and demonstration of above criteria with good examples given to support content. • Where applicant answered 'Yes' to any of the questions (1E-H), there must be a clear demonstration of corrective steps taken which led to successful resolution of outstanding concerns. 5-9 points: • Above criteria are not fully or clearly met. Some attempt to provide examples to demonstrate (i) and (ii) but they are not always aligned with what is proposed in the application. • Where there are outstanding obligations to HUD or audit issues, applicant did not provide an adequate corrective action plan or explanation. 0-4 points: • Lack of clarity in demonstration of most of stated criteria. No concrete examples were provided to support claims. • No clear role / responsibilities when it comes to joint applications • Where there are outstanding obligations to HUD or audit concerns, applicant did not provide any corrective action plan or explanation. Comments:	___/15
III (A-G): Project Description	This component is concerned with the scope of the proposed project, its goals and the means in which the desired outcomes are to be realized. ***Suggested scoring scale:*** For maximum points (=20), application must strongly demonstrate the following qualities:	___/20

	• Project description is clear, complete, and concise and addresses the entire scope of the project. • Clearly addresses the target population/ community to be served and how applicant plans to go about meeting assessed needs. All pointers that are highlighted in the application are fully addressed. • Has a sound plan for executing the grant agreement and beginning rental assistance within 12 months of the award. • For expansion projects, application clearly explains why the expanded activity is needed and how it will be implemented. • If project is designated as DedicatedPLUS, application provides clear explanation of the reasoning behind this designation and how the project will use this expanded criteria. • Project has strong capacity for prioritizing persons with the most severe needs. • If applying for rental assistance, project has a comprehensive method for assessing and determining the type and amount of rental assistance that participants can receive. 14-19 points: • Project description is generally comprehensive with 1-2 areas that require clarification. • Pointers highlighted in question III(A) are mostly addressed. • Plan for implementing project within 12 months can be clearer. • Project can be more explicit in its description of how chronic and vulnerable homeless persons are prioritized. 7-13 points: • Project description can be more comprehensive and there were more than 3 areas requiring further clarification. • Pointers highlighted in question III(a) are not addressed adequately. • Timeline for implementation within 12 months is questionable and it is unlikely that project would be ready within 12 months of receiving award. • Weak demonstration of project's capacity to prioritize chronic and vulnerable homeless persons. 0-6 points: • Lack of clarity in overall project description with some pointers not addressed at all. • Responses have little or no consistency with other parts of the application. • There are serious doubts that project would be ready to implement in a timely manner. • Project is not aligned with HUD's goals of prioritizing chronic and vulnerable homeless persons. Comments:	

IV :
 	
Commitment to Housing First
	This component is concerned with the project's alignment and commitment to the Housing First approach to homeless assistance.
	
	Suggested Scoring Scale: For maximum points (=10), application must strongly demonstrate the following qualities:
	
	• Applicant must clearly describe past experience with the Housing First approach
	• Current project design is aligned with Housing First Principles (refer to Appendix A of the application (page 18), including:
	  o Client participation in services is not a prerequisite for housing placement
	  o Few, if any, programmatic requirements for entry into housing (e.g. sobriety, minimum income threshold)
	  o Services are provided as per client's choice and discretion
	
	4-9 points:
	• Description of Housing First approach is weak; no clear indication of past experience in employing this approach.
	• Project design does not fully incorporate Housing First Principles within its service delivery. Not all of the points highlighted in the criteria are referenced.
	
	0-3 points:
	• No clear evidence that applicant understands or has incorporated Housing First principles within its service delivery approach.
	
	Comments:
		___/10

V: (A-I) Supportive Services for Participants	This component is concerned with project's capacity to render participants with the appropriate supportive services crucial for obtaining and sustaining permanent housing outcomes. ***Suggested Scoring Scale:*** For maximum points (= 25), application must strongly demonstrate the following qualities: • Very clear and comprehensive description of how project assists participants in obtaining and remaining in permanent housing. • Project includes a well-thought through plan for individual case management and linkage to mainstream health, social services, and employment resources and benefits where participants meet eligibility criteria. • Supportive services are tailored to the needs of program participants and appropriate measures are in place to reduce barriers to access (e.g. accessible location, relevant type of aid, etc.). • Detailed, coherent and well-thought through "Supportive Services Type and Frequency Chart" that is feasible for implementation. 16-24 points: • Adequate description of how project functions to assist clients in obtaining and maintaining permanent housing. • Overall, project demonstrates ability to meet above criteria to a large extent, however some of the responses are lacking in detail or clarity. • "Supportive Services Type and Frequency" Chart is adequately filled up with some areas of doubt. 6-15 points: • Descriptions and responses to questions are often inadequate and require further clarification. It is not clear the extent to which the applicant has experience or expertise in assisting clients with maintaining housing or increasing income. • Limited description of how applicant has acknowledged clients' barriers to access and sought to minimize them. • "Supportive Services Type and Frequency" Chart raises doubts for implementation. 0-5 points: • Descriptions and responses to questions are severely lacking. There is little or no evidence that the applicant has experience or expertise in assisting clients with maintaining housing or increasing income. • Proposed supportive services do not take into account client's potential barriers to access. • "Supportive Services Type and Frequency Chart" does not match applicant agency capacity and is not feasible for implementation. Comments:	___/25

VI: Landlord Engagement *(Applies to scattered-site projects only)*	This component is concerned with applicant agency's engagement efforts with landlords towards increasing affordable housing availability. ***(Applies to scattered-site projects only)*** ***Suggested Scoring Scale:*** For maximum points (=5), applicant must strongly demonstrate the following qualities: • A clear description of applicant's outreach and engagement efforts with landlords is provided. • There is strong evidence of an ongoing positive relationship and communication with landlords that enhances their participation. 2-4 points: • Lack of clarity in description provided. • Limited evidence of an ongoing positive relationship and communication with landlords. 0-1 point: • Little or no consideration for outreach to and engagement with landlords. • No evidence of relationship and communication with landlords. Comments:	___/5
VII: Commitment to Affordable Housing Plan *(Applies to project-based projects only)*	This component is concerned with applicant agency's commitment to the community's Affordable Housing Plan – Housing Affordability and Economic Equity – Analysis. ***(Applies to project-based projects only)*** ***Suggested Scoring Scale:*** For maximum points (=5), applicant must strongly demonstrate the following qualities: • Clear and comprehensive description of how the project's location and design aligns with the *Housing Affordability and Economic Equity Analysis.* 2-4 points: • Lack of clarity in description provided. • Limited alignment with *Housing Affordability and Economic Equity Analysis.* 0-1 point: • No evidence of alignment with *Housing Affordability and Economic Equity Analysis.* Comments:	___/5

VIII: Partnering and Commitment to Coordinated Entry	This component is concerned with applicant agency's commitment to working collaboratively within the Continuum of Care. ***Suggested Scoring Scale:*** For maximum points (=5), applicant must strongly demonstrate the following qualities: • Description indicates a strong commitment towards collaboration with CoC partners and concrete efforts to start/maintain this in the proposed project. • Strong indication of commitment to coordinated entry to maximize resources and avoid duplication. 2-4 points: • Lack of clarity in description; there is indication of commitment towards partnership and the coordinated process but it is not fully demonstrated in the past or in current application. 0-1 point: • Description is vague and indicates little or no commitment towards partnership or the coordinated entry process. Comments:	/5
IX: Budget Detail	This component is concerned with the budgeting aspects of the proposed project. ***Suggested scoring scale:*** For maximum points (=20), application must strongly demonstrate the following qualities: • All budget charts are clearly filled out and calculated correctly. Budget requests are clear, logical and consistent with the overall activities proposed in the application. • New projects can request 1 year of funding with up to an 18-month initial grant term. • Quantity descriptions clearly identify what is included in the requests and are in line with project requirements. • Clear indication of potential additional funding sources that are committed to this project. 14-19 points: • Budget charts are generally filled out in a logical and coherent manner with minor areas requiring clarification. • Quantity descriptions are adequate but may have some inconsistency with overall project requirements. 7-13 points: • Some errors in budget charts, including calculation errors. • Quantity descriptions are unclear and most parts are lacking in logic and connection to the overall application. 0-6 points: • Budget charts are unclear on the whole and lacking in logic and connection to the overall application; multiple calculation errors. • Overall responses provided indicate poor adherence to the specific requirements in each section. Comments:	___/20

Overall Comments:

JOINT TH-RRH COMPONENT PROJECTS

BACKGROUND & REQUIREMENTS

JOINT COMPONENT PROJECTS: WHY?

- A new way to meet pressing challenges communities are facing
- Provide a safe space for people to stay – the transitional housing component – while providing financial assistance and wrap around supportive services to help people move into and stabilize in permanent housing – the rapid re-housing portion
- In operating the projects, HUD expects they:
  - Follow a low-barrier approach
  - Use a Housing First approach with client-drive service models
  - Incorporate client-choice
  - Target and prioritize people experiencing homelessness with higher needs and who are most vulnerable

JOINT COMPONENT PROJECTS: REQUIREMENTS

- Follow a housing first approach
- Cap total assistance at 24-month
- Limit costs as follows:
  - Leasing and operating costs for TH portion only
  - Short- or medium-term tenant-based rental assistance in RRH portion
  - Supportive services, HMIS (including for a comparable database for victim service providers), and project administrative costs across the entire project
- Enter data into HMIS or comparable database
- Participate in coordinated entry
- Meet all other CoC Program requirements

JOINT COMPONENT PROJECTS: YHDP EXPERIMENTATION

- YHDP sites are encouraged to experiment with joint component project design to best meet the needs of youth experimenting homelessness
- Current YHDP sites are experimenting with:
  - Shared housing, or individual TH to RRH in the same unit
  - Scattered-site TH to RRH in a different unit
  - Maximizing youth client choice in determining unit and location
  - Ensuring RRH assistance available, even if not in the Joint Component project.

JOINT COMPONENT PROJECTS: WHO IS ELIGIBLE - COC

- Individuals and families who meet the following criteria:
  - Residing in a place not meant for human habitation
  - Residing in an emergency shelter
  - Residing in a TH project that is being eliminated
  - Residing in TH being funded by another Joint Component project
  - Meeting Category 4 of the homeless definition
  - Receiving services from a VA-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system

JOINT COMPONENT PROJECTS: WHO IS ELIGIBLE – YHDP & DV BONUS

- For **YHDP** -- youth, up to age 25 who meet any Category of HUD's homeless definition (including those youth who meet Category 2 of HUD's homeless definition)
- For **DV Bonus** -- survivors of domestic violence, dating violence, sexual assault, and stalking as defined in Category 4 of HUD's homeless definition

JOINT COMPONENT PROJECTS: DATA REQUIREMENTS

- Programs must utilize a HUD and VAWA-Compliant Comparable Database
- Must be set-up in data system as two-different programs:
  - One TH program and one RRH program
  - Clients will have one entry if they remain in TH or RRH
  - Clients will have two entries if they begin in TH and move to RRH
- Agencies must submit an APR for each program in SAGE HMIS annually

OTHER CONSIDERATIONS

JOINT COMPONENT PROJECTS: HOUSING FIRST FOR SURVIVORS OF DV

- DV Housing First approach (developed by WSCADV) is based upon the principles of :
  - Survivor-driven safety;
  - Survivor-driven approach;
  - Flexible funding used to support housing access and stability and which is not limited to rental subsidy or one-time grants; and,
  - Community engagement/partnerships with a wide range of housing providers
- Other Best Practices:
  - Safety planning
  - Wraparound supportive services
  - Connection to community services
  - Flexible financial assistance
  - Flexible Engagement

JOINT COMPONENT PROJECTS: LANDLORD ENGAGEMENT

- For the RRH portion of the project – and if master leasing units for the TH portion – having an adequate supply of units and landlords is necessary. Communities should:
  - Build relationships with landlord associations and civic organizations
  - Highlight the benefits for landlords

JOINT COMPONENT PROJECTS: STAFF CONSIDERATIONS

The Joint Component project is a new program that necessitates new and continued trainings for all staff, including:

- TH
- RRH
- The differences between the programs and the requirements for the each component
- Data requirements
- Evaluative outcomes for client destination

JOINT COMPONENT PROJECTS: RESOURCES

- HUD resources:
  - https://www.hudexchange.info/onecpd/assets/File/SNAPS-In-Focus-The-New-Joint-Transitional-Housing-and-Rapid-Re-Housing-Component.pdf
  - https://www.hudexchange.info/resources/documents/HMIS-When-to-Use-a-Comparable-Database.pdf
- Youth Homelessness Demonstration Program https://www.hudexchange.info/programs/yhdp/
- Federal Domestic Violence and Housing Technical Assistance Consortium (the Consortium) (DVHTAC) https://safehousingpartnerships.org/about
- JCP FAQ: https://safehousingpartnerships.org/sites/default/files/2019-03/NRCDV_SHP-JointTransitionalHousing-Sept2018.pdf
- National Alliance for Safe Housing Safety Planning Toolkit https://www.nationalallianceforsafehousing.org/wp-content/uploads/2018/10/Safety-Planning-for-Survivors-of-Domestic-and-Sexual-violence-Final-10-10-18.pdf.

QUESTIONS

FY22-23 ESG Funding Recommendations

Funding Allocations

Washtenaw County receives Emergency Solutions Grants (ESG) funding from HUD and MSHDA for the staffing of coordinated entry roles, as well as prevention and rapid re-housing (RRH) direct assistance. HUD and MSHDA had not yet released funding amounts for FY2022-2023 by the time the FRT met, although MSHDA communicated Washtenaw County should plan under the assumption allocations would remain flat. The FY2021-2022 ESG allocations were as follows:

- HUD ESG: $183,820
- MSDHA ESG: $491, 569
- **Total ESG: $675,389**

FRT Funding Considerations

To make ESG funding recommendations for FY2022-2023, the FRT discussed the following:

1. OCED has begun a disengagement process with Salvation Army as the Housing Assessment and Resource Agency (HARA). Salvation Army was unable to come into compliance with Washtenaw County's Coordinated Entry Policies & Procedures after being issued a Written Warning on June 14th. OCED placed Salvation Army under a fiscal and programmatic Corrective Action Plan (CAP) effective August 2022 for their HUD ESG grant. This is projected to last no more than 60 days, and results will be shared with the FRT and other CoC Governing Bodies. OCED will issue a Request for Proposals (RFP) on behalf of the CoC in August to solicit a new Coordinated Entry entity or entities. The Funding Review Team will review the proposals that come in and make recommendations to the CoC Board at that time with the goal of a new CES process being fully in place for the start of the fiscal year on October 1, 2022. MSHDA ESG funds are being held open while we go through this process to eventually be granted to whichever entity or entities is selected through the RFP.
2. Agencies reported in their surveys the challenges posed by high levels of staff turnover. The FRT discussed this trend as largely attributable to the pandemic, but something to keep an eye on to learn how to improve system-wide moving forward.
3. For the first time, agencies were asked to report out on their efforts towards Racial Equity across 7 domains (public written commitment, racial equity plan or strategy, ongoing evaluation of policies, existence of internal structures, job descriptions, staff training, and management practices). Some agencies revealed more detailed plans than others. The FRT discussed the importance of these commitments and expressed a desire to see improvements from all agencies moving forward. Specifically, the FRT is looking forward towards agencies understanding and drawing a distinction between racial equity and cultural diversity along with measurable goals and benchmarks for ongoing self-evaluation.
4. Data quality has improved since the prior year, although no agency met all the standards. In particular, Social Security Numbers and exit destination are pain points across most agencies. The FRT discussed these outcomes and some possibilities for improvement, but data quality and program outcomes were not significant enough to impact agency funding. OCED will continue to work with agencies to improve their data quality during FY2022-2023.

FRT Funding Recommendations

With these considerations taken into account, the FRT decided the following (see table below for funding breakdown):

Approve all agency budgets as requested with the following caveat:

FRT approves Salvation Army/HAWC's HUD ESG Budget pending their clarifications on the breakdown.

OCED will maintain its administration percentage of 3 percent for MSHDA ESG and 6.2 percent for HUD ESG.

FY22-23 ESG Funding Awards/FRT Recommendations Budget breakdown by activity & funding source								
	SHELTER		ADMIN	CASE MANAGEMENT		FINANCIAL ASSISTANCE		TOTAL
	Operations	Essential Srvcs		Prevention	RRH	Prevention	RRH	
MSHDA ESG								
Subrecipient(s) Pending	-	$2,000	-	$324,186	$28,911	$62,438	$43,260	**$475,795**
Fiduciary (OCED)	-	-	$15,774	-			-	**$15,774**
MSHDA ESG TOTALS	$0	$2,000	$15,774	$324,186	$28,911	$62,438	$43,260	**$491,569**
MSHDA Unallocated								**$0**
HUD ESG								
Ozone House	-	-	-	$29,204	-	-	-	**$29,204**
SafeHouse	-	$26,394	-	-	-	-	-	**$26,394**
Salvation Army	-	-	-	$40,977	-	$17,588	-	**$58,565**
SAWC	-	$59,916	-	-	-	-	-	**$59,916**
Fiduciary (OCED)	-	-	$9,742	-	-		-	**$9,742**
HUD ESG TOTALS	$0	$86,310	$9,742	$70,181	$0	$17,588	$0	**$183,821**
HUD Unallocated								**$0**
MSHDA & HUD TOTALS								
		$88,310	**$25,516**	**$394,367**	**$28,911**	**$80,026**	**$43,260**	**$675,390**

2022 MSHMIS Operating Policies and Procedures

rev. 2022.06.22

TABLE OF CONTENTS

Revision History:

Revision Date	
November, 2016	First Release of Policy Rewrite
February, 2018	Second Release, Edits for Compliance with the 2017 HUD Data Standards Revisions and Coordinated Assessment Requirements. Replaced all references to Bowman Systems with Mediware Information Systems. Incorporated recommendations based on comments delivered from end users and administrators within the implementation. Approved 2/8/2018 by the MI BOSCOC
June, 2022	Revisions to comply with the 2022 HUD Data Standards. Replaced Mediware references with WellSky. Updated HUD annual activities to reflect changes that took place over the COVID-19 Pandemic. Updates to policy on name protocol. Updates to research and data exchanges policies.

2022 Michigan Statewide Homeless Management Information System (MSHMIS) Operating Policies and Procedures

The purpose of an HMIS project is to:

- Record and store client-level information about the numbers, characteristics and needs of persons who use prevention, coordinated entry, housing for persons experiencing homelessness and supportive services.
- Produce an unduplicated count of persons experiencing homelessness for each Continuum of Care.
- Understand the extent and nature of homelessness locally, regionally and nationally.
- Understand patterns of service usage and measure the effectiveness of projects and systems of care.

These are the minimum standards of operation for the MSHMIS Project. CoCs may elect to implement more rigorous standards as agreed upon by their local CoC. **The following operating policies and procedures apply to all designated HMIS Lead Agencies and participating agencies in Michigan. (Contributing HMIS Organizations – CHOs).**

KEY TERMS AND ACRONYMS:

Term	Acronym (if used)	Brief Definition
42 CFR Part 2	**Part 2**	42 CFR Part 2 is the federal regulation governing the confidentiality of drug and alcohol use treatment and prevention records. The regulations are applicable to certain federally assisted substance use treatment programs limiting the use and disclosure of substance use patient records and identifying information.
Administrative Qualified Services Organization Business Associates Agreement	**Admin QSOBAA**	The agreement signed by each CHO, the Local HMIS Lead Agency, MCAH and MSHDA that defines core privacy practices between participants on the MSHMIS.
Michigan Balance of State CoC	**MIBOSCOC**	The Michigan Balance of State CoC is a HUD recognized Continuum of Care composed largely of rural communities throughout the State of Michigan. The Michigan Balance of State CoC is divided up into Local Planning Bodies for funding and evaluation purposes. These groups were historically called Balance of State CoCs as they were organized to oversee homeless activities within their communities, however they have no legal status with HUD.
By-Name List	**BNL**	A By-Name List is a list of persons experiencing homelessness within a specific jurisdiction. By-Name Lists can be comprehensive, meaning they include all homeless persons, or focused, meaning they contain persons with certain subpopulation, (ex. chronic or veteran), or prioritization characteristics. By-Name Lists are frequently used within collaborative multi-partner meetings known as case conferencing sessions to link appropriate homeless persons with housing opportunities that best meet their needs

Continuum of Care	**CoC**	A federally recognized planning body charged with guiding the local response to homelessness.
Contributing HMIS Organizations	**CHO**	An organization that participates on the HMIS.
Coordinated Entry System	**CE**	A functioning coordinated entry system is now required for all CoCs receiving HUD funding, per the HUD CoC Program Interim Rule. Each CoC must develop a plan/system based on their local providers and available resources. The objective of Coordinated Entry is to ensure that access to homeless resources is optimized and based on a standardized assessment of need.
Michigan Department of Health and Human Services Emergency Services Project	**MDHHS ESP**	The ESP project combines MDHHS general fund funds and TANF dollars designated for homeless services, primarily sheltering. The dollars are managed through the Salvation Army and require MSHMIS participation.
The Emergency Solutions Grant Program	**ESG**	The Emergency Solutions Grant Program funds homeless services in five program areas: • street outreach • emergency shelter • homelessness prevention • rapid re-housing assistance • HMIS ESG Funds are typically allocated to a state agency from HUD or to local government for use within their jurisdictions.
Family and Youth Services Bureau	**FYSB**	A division of the US Department of Health and Human Services, the Family and Youth Services Bureau provides federal resources to address homelessness among youth.
The Health Insurance Portability and Accountability Act of 1996	**HIPAA**	The Health Insurance Portability and Accountability Act of 1996, particularly the Privacy Rule under Title II, regulates the use and disclosure of Protected Health Information (PHI) held by covered entities and business associates. HIPAA is the base operational privacy rule on which the MSHMIS privacy rule is structured. HIPAA was amended by the HITECH Act – or Health Information Technology for Economic and Clinical Health Act in 2008.
Housing Assessment and Resource Agencies	**HARAs**	A HARA is an agency that receives Emergency Solutions Grant funding from the Michigan State Housing Development Authority (MSHDA) and coordinates services within the community's Coordinated Entry System such as prevention, rapid rehousing and coordinated entry. HARAs work with other service providers to ensure that access to homeless resources is optimized and based on assessment of need.
Homeless Definition		**See Homeless Definition Crosswalk.** **The HEARTH Act defines 4 categories of homelessness.** Not all projects can serve all categories, and some may utilize a different definition when delivering services. MSHMIS has adopted the HUD definition for counting persons experiencing homelessness. • Category 1: Literally Homeless • Category 2: Imminent Risk of Homelessness • Category 3: Homeless under other Federal Statutes • Category 4: Fleeing/Attempting to Flee DV
Homeless Management Information System	**HMIS**	A data system that meets HUD's HMIS requirements and is used 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 for other public streams of funding related to homelessness.
Housing Inventory Count	**HIC**	The HIC is where all residential projects (both HMIS participating and non-participating) specify the number of beds and units available to homeless persons within a jurisdiction. The numbers are recorded in the agency's HMIS provider pages, (for MSHMIS participating projects), or in "shell" provider pages for non-HMIS participating agencies.
Housing Opportunities for Persons with AIDS	**HOPWA**	Lead by the Michigan Department of Health and Human Services, HOPWA provides housing assistance and related supportive services for persons with HIV/AIDS, and family members who are homeless or at risk of homelessness. This project has different project reporting requirements than the other HUD funded projects.
Independent Jurisdiction CoCs	**IJs**	CoCs that are recognized by HUD and are usually organized around higher population counties. In Michigan, this term commonly refers to CoCs other than the Michigan Balance of State
Joint Governance Charter		The Agreement between Michigan's CoCs and MSHMIS that supports a statewide HMIS operating in a single system environment.
Length of Stay	**LOS**	The number of days between the beginning of services and the end of services, or in the case of permanent housing, the number of days between the housing move in date and the exit from housing. Length of stay is calculated using project start and exit dates, shelter stay dates, or for permanent housing, the housing move-in date and project exit. MSHMIS offers calculations for discrete stays as well as the total stays across multiple sheltering events.
Local Planning Body	**LPB**	Within the Balance of State CoC (MI-500), there are further subdivisions of leadership responsibility at local levels. While these groups were traditionally called "CoCs" within the Michigan Campaign to End Homelessness, they are not "true" CoCs from a HUD perspective. Therefore, these local partnerships that are responsible for overseeing local work and are called Local Planning Bodies.
Local HMIS Lead Agency		The Local HMIS Lead Agency is the agency that fills the following roles for a CoC, (if applicable) • Holds the CoC's HMIS Grant or is funded by other dollars (such as ESG) to support CoC wide HMIS activities. • Employs the Local System Administrator for the CoC. • Is responsible for overseeing the completion of all required federal and state reporting tasks within the CoC, which involve data from the HMIS.
Local System Administrator/System Administrator I	**LSA/SAI**	The Local System Administrator is responsible for overseeing the operation of the MSHMIS project in either a local CoC or a Local Planning Body/Jurisdiction. The Local System Administrator/System Administrator I maintains relationships with the agencies in the local community and supports the specific HMIS needs of the agencies and leadership teams they are responsible for.
Longitudinal System Analysis	**LSA**	The Longitudinal Systems Analysis (LSA) report is produced from a CoC's Homelessness Management Information System (HMIS) and submitted annually to HUD via the HUD HDX 2.0. It provides HUD and Continuums of Care (CoCs) with critical information about how people experiencing homelessness use their system of care.
Michigan Coalition Against Homelessness	**MCAH**	The Michigan Coalition Against Homelessness is a nonprofit membership organization that is an advocate for individuals and families who are

		homeless or at-risk of becoming homeless and the agencies that serve them. MCAH serves as the HMIS statewide administrative agency for the MSHMIS project.
The Michigan Campaign to End Homelessness	**MCTEH**	The Michigan Campaign to End Homelessness is a statewide partnership between MSHDA, MDHHS, MCAH, MDVA, the Salvation Army, and a broad coalition of regional and local partners. The CTEH exists to provide coordinated leadership for initiatives to prevent and end homelessness within the State of Michigan.
Michigan Department of Health and Human Services	**MDHHS**	The Michigan Department of Health and Human Services oversees a wide range of health, public welfare and resource initiatives throughout the State of Michigan. It was formed in 2015 from the merger of the Department of Community Health (DCH) and the Department of Human Services (DHS).
Department of Military and Veterans Affairs	**DMVA**	The Department of Military and Veterans Affairs of the State of Michigan is responsible for overseeing the Michigan National Guard, as well as providing support to military personnel, civilian employees, families, retirees, and veterans.
Michigan Balance of State Continuum of Care Governance Council		The MI BOS CoC Governance Council oversees the Michigan Balance of State CoC. The Statewide HMIS project reports to MIBOSCOC.
Michigan State Housing Development Authority	**MSHDA**	MSHDA is the grantee for the Statewide HMIS and subcontracts with MCAH for administration of the system.
Participation Agreement		The agreement between MSHMIS participating agencies and MCAH that specifies the rights and responsibilities of MCAH and participating agencies.
Point in Time Count	**PIT**	An annual count, usually in the last week of January, that is required for all CoCs. Every two years, the PIT Count must include an "unsheltered" or street count.
Projects for Assistance in Transition from Homelessness	**PATH**	PATH is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and administered by the Michigan Department of Health and Human Services. It provides services to persons experiencing homelessness with mental health conditions, primarily through street outreach, to link them to permanent supportive housing. This project has different reporting requirements than HUD funded projects and uses HMIS to collect this information.
Project Types		**HUD defines 13 Project Types in HMIS:** • CE: Coordinated Entry - A project that administers the continuum's centralized or coordinated process to coordinate assessment and referral of individuals and families seeking housing or services, including use of a comprehensive and standardized assessment tool. • Day Shelter – A Day Shelter is a facility/center for persons experiencing homelessness that does not provide overnight accommodations. • ES: Emergency Shelter- Overnight shelters or shelters with a planned length of stay of less than three months. • HP: Homeless Prevention- A project that helps those who are at imminent risk of losing housing, to retain their housing. • Other: A project that offers services, but does not provide lodging, and cannot otherwise be categorized as another project type. • PH: PSH Permanent Supportive Housing – Includes both services and housing. Permanent Supportive Housing requires a disability for entry and often serves persons who are chronically homeless.

		• PH: Housing Only - Permanent Housing Only projects may be supported by a voucher but does not have supportive services attached to the housing. • PH: Housing with Services (no disability required) – Provides both housing and supportive services but does not require a disability for entry into the project. • PH: RRH Rapid Rehousing- A project type that rapidly rehouses those who identify as literally homeless. Rapid Rehousing often involve temporary housing subsidies which are discontinued as a household stabilizes. • SH: Safe Haven – A project that offers supportive housing that serves hard to reach homeless persons with severe mental illness who came from the streets and have been unwilling or unable to participate in supportive services. It also provides 24-hour residence for eligible persons for an unspecified period, has an overnight capacity of 25 or fewer people and provides low demand services and referrals for residents. • SO: Street Outreach Project- A project serves homeless persons that are living on the street or other places not meant for habitation. • SSO: Services Only Project- A project that serves persons only, with no residential component. These projects often provide case management and other forms of support and meet with clients in an office, at the client's home, or in a shelter. • TH: Transitional Housing- A project with a planned length of stay of not more than two years and provides supportive services.
Protected Health Information	**PHI**	Protected Health Information is demographic information, diagnosis information, medical histories, disability information or mental health condition information that health care professionals collect to identify individuals and provide appropriate care. In housing services, PHI may be used to determine eligibility for certain housing programs and resources.
Protected Personal Information	**PPI**	Protected Personal Information is a category of sensitive information that is associated with an individual person and should be accessed only on a strict need-to-know basis. In HMIS, all portions of a client record outside of the Client Profile require a Sharing QSOBAA be in place and a client signed release of information before information can be shared.
Provider Page		A Provider Page or Provider is a defined location in the database where information is stored and organized. Provider Pages are structured in levels and can represent the whole implementation, CoCs, agencies, projects, or subprojects.
Release of Information	**ROI**	A Release of Information comes in two forms, a paper ROI and an electronic ROI. A signed (paper) ROI giving informed client consent for sharing is also required to share data between agencies. An electronic ROI must be completed to share a client's data on the HMIS.
Runaway and Homeless Youth	**RHY**	Overseen by FYSB, the Runaway and Homeless Youth programs support street outreach, emergency shelter, transitional living and maternity group homes for youth experiencing homelessness
Sharing		In an HMIS context, sharing refers to the exchange of client data between agencies. External data sharing requires a Sharing QSOBAA be established between two or more agencies, and a client signed Release of Information authorizing the sharing of that client's information. Basic data entry does not require an ROI as there is implied consent for the agency to keep records when a client provides information.

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.
SSI/SSDI Outreach, Access and Recovery	**SOAR**	Using the national "best practice" curriculum, the SOAR project, led by the Department of Health and Human Services, reduces barriers and supports the application for Social Security Benefits for Michigan's disabled homeless population.
System Performance Measures	**SPMs**	The System Performance Measures are a series of seven standardized measures which help communities gauge their progress in preventing and ending homelessness and provide a more complete picture of how well a community is achieving this goal. SPMs look at items such as length of time spent homeless, exits to permanent housing destinations and returns to homelessness.
User Agreement & Code of Ethics		The document each HMIS user signs that defines the HMIS standards of conduct.
Visibility		Refers to whether a provider page can see client data if it has been entered into another provider page. HMIS visibility is configured separately in each provider page. Visibility can be configured by individual provider pages or by Visibility Groups.
Visibility Group		A Visibility Group is a defined group of Provider Pages where data is shared to. Internal Visibility Groups control internal sharing within an organization. Internal Visibility is governed by an agency's internal privacy rule. External Visibility Groups control sharing with other agencies and are defined by a Sharing QSOBAA.
WellSky		WellSky is a Healthcare Software as a Service (SaaS) company that owns the Community Services/ServicePoint platform, the software solution used for MSHMIS.
Youth (Homeless Youth)		Homeless Youth are youth who lack a fixed, regular or adequate nighttime residence. Depending on the program and funding source, the age and definition of youth homelessness varies. Some youth programs serve persons up to 18 years of age, while other definitions consider youth up to the age of 21 or 24. Additionally, the US Department of Education considers youth that are sharing housing due to loss of housing or economic hardship to be homeless for purposes of their programs.

I. POLICIES AND PROCEDURES SUMMARY:

A. Policy Disclaimers and Updates

Operating policies and procedures defined in this document represent the minimum standards of participation on the MSHMIS project and represent general "best practice" operational procedures. Local HMIS Lead Agencies in coordination with their CoCs are expected to add additional standards to this base document, which govern MSHMIS participation for their local CoC and adherence to the HUD HMIS Lead Standards.

Operational 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 an annual review. Updates will be reviewed at the MSHMIS monthly System Administrator Call-In and included in the meeting minutes' distribution email. To allow for evolution of compliance standards without re-issuing core agreements, updated policies supersede related policies in any previously published Policies and Procedures document or agreements. Any changes from the previous year will be highlighted. A current copy of the MSHMIS Operating Policies and Procedures may also be found on the MSHMIS website www.hmislearningcenter.org

II. AGREEMENTS, CERTIFICATIONS, LICENSES AND DISCLAIMERS:

CoCs, agencies and users are required to uphold specific rules and responsibilities as participants in the MSHMIS project.

A. Required Agency Agreements, Certifications and Policies[1]

Participating CHOs or other partners on the MSHMIS project must have the following contracts, agreements, policies and procedures available for review:

1. All CoCs participating on the MSHMIS must sign a **Joint Governance Charter** that designates the Michigan Statewide HMIS Vendor and identifies the Michigan Coalition Against Homelessness as the Statewide Administrative Agency of MSHMIS. Each CoC will identify a local HMIS Lead Agency that coordinates with the Statewide Administrative Agency and is responsible for specific tasks. The Charter outlines the frame for multiple CoCs to participate on a single HMIS.
2. All CHOs must have the following fully executed documents on file and be in compliance with the policies and directives contained therein:
   a. An **Administrative QSOBAA** governing administrative access to the system.

[1] Templates and examples of all documents listed in section A are available for download at www.hmislearningcenter.org

b. A **Participation Agreement** governing the basic operating principles of the system and rules of membership.
c. **Sharing QSOBAAs** (if applicable) governing the nature of the sharing and the re-release of data.
d. A board-certified **Confidentiality Policy** governing the privacy and security standards for the Agency.
e. A board-certified **Grievance Policy** outlining a structured process for resolving complaints or grievances within or filed against the organization

B. HMIS User Requirements:

All CHOs must have the following documents on file for all active licensed users participating in the MSHMIS project.

1. A fully executed User Agreement and Code of Ethics document governing the individual's participation in the system.
2. All agencies must keep training certificates for active users on file.
   a. All users must take full privacy training when they are first licensed and take the privacy update training at least annually. Successful completion of the certification questionnaire is required for both the full privacy training and the privacy update. Documentation of completion of these trainings are to be available for review.
   b. All users must complete workflow training, related workflow updates and have documentation of the training completion for all workflows they work with. If local CoCs or Agency Administrators have additional training requirements or offerings, they should have a method for documenting successful completion and have that documentation available at their local agencies for review as needed.
   c. All users must be trained in the HUD Data Standards Universal Data Elements and any Program Specific Elements that apply to the programs they work with. This includes training on the processes for collecting client identifying information, the Homeless Definition and the Chronic Homeless Definition.
3. A CHO must designate one staff member to serve as the Agency Administrator.

III. PRIVACY:

A. Privacy Statement

MSHMIS is committed to making the project safe for participating agencies and the clients whose information is recorded on the system.

Toward that end:

- Sharing is a planned activity guided by sharing agreements between agencies (Sharing QSOBAAs). Agencies 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 automation.

- The MSHMIS is compliant with HIPAA, and all Federal and State laws and codes. All privacy procedures are designed to ensure that the broadest range of organizations may participate in the project. Access to Personal Protected Information will be restricted to persons with a business need to know, as defined by the laws governing the implementation, (ex. HIPAA, 42 CFR Part 2), these Policies and Procedures and the privacy policies implemented by the CoC and local agencies.
- MSHMIS has systematized the risk assessment related to clients through the standard MSHMIS release. The standardized release offers options for the use of a client's Social Security number. It also provides guidance on using unnamed records and how the Privacy Notice is explained to clients.
- MSHMIS has adopted a Privacy Notice that was developed in close collaboration with organizations that manage information that may put a client at risk.
- Privacy Training is a requirement for all agencies and users on the MSHMIS.
- We view our privacy training as an opportunity for all participating organizations to revisit and improve their overall privacy practices. Many agencies choose to have all their staff complete the MSHMIS training curricula – not just those with user access to the system.
- All users issued access to the system must sign a User Agreement & Code of Ethics form, 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 their sharing and prevents release of information to unauthorized third parties (the Sharing QSOBAA).
- Policies have been developed that protect not only a client's privacy, but also an agency's privacy. Privacy practice principles around the use and publication of agency or CoC specific data have been developed are included in both the Participation Agreement and this MSHMIS Policies and Procedures document.
- The MSHMIS allows projects with multiple components/locations that serve the same client to operate on a single case plan. This reduces the amount of staff and client time spent in documentation of 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 project processes, measure outcomes, report to funders, and be more competitive in funding requests.

B. Privacy and Security Plan:

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

Oversight:

1. All Agency Administrators with support of agency leadership must[2]:

[2] In lieu of revised Technical Standards, in 2015 the requirement for a privacy officer was removed. However, the function of data security has been assigned to the Agency Administrator. Reflecting Participation Agreement language, the quarterly review of Provider Visibility has been expressly added to this document.

a. Ensure that all staff using the system complete annual privacy and security training. Training must be provided by MSHMIS Certified Trainers and based on the MSHMIS Privacy/Security Training curricula.
b. Conduct a quarterly review of their provider page visibility, ensuring that it properly reflects any signed Sharing QSOBAAs.
c. Modify their adapted Release of Information, and script used to explain privacy to all clients, for any privacy changes made. These documents should also be audited quarterly to ensure they are compliant with current sharing agreements.
d. Ensure user accounts are removed from the HMIS when a staff member leaves the organization, or when changes to a staff member's job responsibilities eliminate their need to access the system.
e. Report any security or privacy incidents immediately to the CoC's HMIS Local System Administrator. The Local System Administrator must investigate the incident within one business day, by running applicable audit reports, and by contacting MCAH staff for assistance with the investigation. If the System Administrator determines that a breach has occurred, and/or the staff involved violated privacy or security guidelines, the client record(s) in question must be immediately locked down and the Local System Administrator will submit a written report to the MSHMIS Project Director and CoC Chair within two business days. A preliminary Corrective Action Plan will be developed and implemented within five business days. 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 Local System Administrators by the Local HMIS Lead Agency. All agencies should be aware of the risks associated with any person given access to the system and limit access as necessary. System access levels will be used to support this activity.
3. The Local HMIS Lead Agency will conduct routine audits of participating agencies to ensure compliance with the Operating Policies and Procedures. The audit will include a mix of system and on-site reviews. The Local HMIS Lead Agency will document the inspection and any recommendations made, as well as schedule follow-up activities to identify any changes made to document compliance with the Operating Policies and Procedures.

Privacy:

4. Any agency that is subject to the Violence Against Women Act restrictions on entering data into an HMIS are not permitted to participate in the MSHMIS project. These providers will maintain a comparable database to respond to grant contracts and reporting requirements.
5. All agencies must have the **HUD Public Notice** posted and visible to clients in locations where information is collected.
6. All Agencies must have a **Privacy Notice**. They may adopt the MSHMIS sample notice or integrate MSHMIS language into their existing notice. 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. Agencies may establish reasonable norms for the time and cost related to producing any copy from the record. The agency may say "no" to a request to correct information, but the agency must inform the client of its reasons in writing within 60 days of the request.[3]
e. The client complaint procedure
f. Notice to the consumer that the Privacy Notice may be updated over time and applies to all client information held by the Agency.

7. All Notices must be posted on the Agency's website.
8. All Agencies are required to have a **Privacy Policy**. Agencies may elect to use the Sample Privacy Policy provided by the MSHMIS project. 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. Protections 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 as an unnamed record, 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: Agencies may create a paper record by printing the assessment screens located within the HMIS. These records must be kept in accordance with the procedures that govern all hard copy information (see below).
   d. Client Information storage and disposal: Users may not store information from the system on personal portable storage devices. The Agency will retain the client record for a period of seven years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.
   e. Remote Access and Usage: The Agency must establish a policy that governs use of the system when access is approved from remote locations. The policy must address:
      i. The use of portable storage devices with client identifying information is strictly controlled.
      ii. The environments where use is approved. These environments are not open to public access and all paper and/or electronic records that include client identified information are secured in locked spaces or are password controlled.

[3] Language was added to clarify the HIPAA rule.

iii. All browsers used to connect to the system must be secure. If accessing through a wireless network, that network must be encrypted and secured. **No user is allowed to access the database from a public or non-secured private network such as an airport, hotel, library, or internet café.**

iv. Access via a cellular network using 5G LTE or similar access is permitted if the connection is protected and encrypted. This permits users to access MSHMIS from cell phones, tablet devices or personal hotspots. If broadcasting a hotspot signal, the device must have a passcode or other security measures to restrict general access.

v. All computers accessing the system are owned by the agency.

9. Agencies must protect **hard copy data** that includes client identifying information from unauthorized viewing or access.
   a. Client files must be locked in a drawer/file cabinet.
   b. Offices that contain client files must locked when not occupied.
   c. Client files must not be left visible to unauthorized individuals.
10. The agency provides a **Privacy Script** to all staff charged with explaining privacy rights to clients which standardize the privacy presentation. The script must:
   a. Be developed with agency leadership to reflect the agency's 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 agency's clients.
   c. A copy of the script should be available to clients as they complete the intake interview.
   d. All agency staff responsible for client interaction will be trained in use of the Privacy Script.
11. Agencies that plan to share information through the system must sign a **Sharing QSOBAA** (Qualified Services Organization Business Associates Agreement).
   a. The Sharing QSOBAA prescribes the release of information shared under the terms of the agreement.
   b. The Sharing QSOBAA specifies what is shared with whom.
   c. Agencies may share different portions of a client record with different partners, and may sign multiple Sharing QSOBAAs to define a layered sharing practice.
   d. The signatories on the Sharing QSOBAA must be representatives who are authorized to sign such an agreement by senior agency leadership and/or the Agency Board of Directors.
   e. All members of a Sharing QSOBAA are informed that by sharing, they are creating a common electronic record that can impact data reflected in reports. Members of the sharing group agree to communicate and 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.
      ii. Agency approval of additions or changes to a Sharing QSOBAA must be approved by a staff member with authorization to make such decisions on behalf of the agency.
   g. When a new member is added to the Sharing QSOBAA, the related Visibility Group in the system is end-dated and a new Visibility Group is begun**. A new member may not be added to an existing Visibility Group.**

12. 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 appropriate MSHMIS Basic Release of Information that is applicable to their sharing practice to share basic demographic and transactional 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 listing of the Agencies sharing partners (if any) and a description of what is shared. These sections must reflect items negotiated in the agency's Sharing QSOBAA.
        iv. A defined term of the Agreement[4].
        v. Interagency sharing must be accompanied by a negotiated and executed Sharing QSOBAA.
        vi. For agencies subject to 42 CFR Part 2, both internal and external sharing will be done in accordance with the law.
    c. A HIPAA compliant **Authorization to Release Confidential Information** is also required if the planned sharing includes any of the following:
        i. Case notes/progress notes
        ii. Information or referral for health, mental health, HIV/AIDS, substance use disorders, or domestic violence.
        iii. To reduce paper usage, the basic HMIS Release may be adapted to include the language necessary for a HIPAA compliant release if sharing practice is likely to include the items listed above in ii.[5]
13. An **automated ROI** is required to enable sharing of any client's information between any provider pages on the system.
    a. Agencies should establish **Internal Visibility** or sharing between only their agency's provider pages, by creating visibility group(s) that include all the agency's provider pages where sharing is planned and allowed by law.
        i. Internal Visibility does not require a signed Client ROI unless otherwise specified by law. (However, an electronic release must still be entered in the system to permit Internal Visibility.)
        ii. Unless otherwise specified by law, when new provider pages are added to the Agency tree, they may be included in the existing internal 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 retroactive.
    b. Agencies may elect to share information with other agencies, a practice known as **External Sharing**, by negotiating a Sharing QSOBAA (see 8 above).

[4] The change reflects changes in the HIPAA rule that allow for Releases the cover a term – rather than a specific date. The date in the electronic ROI will reflect the specific date defined by the term. The term should not be arbitrary but reflect the anticipated term of the agencies planned coordinating activities.

[5] Recognizes existing practice by participating CoCs.

i. A signed and dated Client ROI must be stored in the Client Record (paper or scanned onto the system) for all Automated ROIs that release data between different agencies.
ii. Retroactive Sharing, or sharing historic information between two or more agencies without client consent is not permitted in HMIS. To prevent retroactive sharing, a new visibility group is constructed whenever a new sharing partner is added to the agency's existing sharing plan/Sharing QSOBAA.

c. MCAH's procedure for pulling a client's housing history across the entire database to verify a client's eligibility for specific housing options requires that:
i. Consent for obtaining the client's housing history is written into the agency's Outreach Sharing Plan of their ROI, and the client has agreed to permit this activity by initialing this section.
ii. An electronic copy of the signed ROI including the client authorization to release the housing history has been attached to the client record in HMIS.

d. Client information entered in HMIS may be used to create **By-Name Lists** and in **Prioritization Meetings** provided that:
i. The client provides written consent to participate in a By-Name List and/or Prioritization process. Consent for participating in this process is built into the current version of MCAH's ROI, under the Outreach Sharing Plan.
ii. Information that a client authorizes to be discussed within the Prioritization/By-Name List process may only be discussed directly at those meetings, and not re-released back to agencies, unless a separate release/Sharing QSOBAA exists releasing that information.

14. 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

15. **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 the privacy of client interaction and data entry.
d. User accounts and passwords must not be shared between users, or visible for others to see.
e. Project staff must be educated to not save reports with client identifying data on portable media. Agencies must be able to provide evidence of users receiving training on this procedure through written training procedures or meeting minutes.
f. Staff must be trained regarding use of email communication, texting, file sharing and other electronic means of transferring data related to client services.
i. By-name housing prioritization lists may not be printed with client identifying information without written client consent.

Data Security:

1. All licensed HMIS Users must be assigned **Access Levels** that are consistent with their job responsibilities and their business "need to know".
2. All computers have **network threat protection software with automatic updates**.
   a. Agency Administrators or designated staff are responsible for monitoring all computers that connect to the HMIS to ensure:
      i. The threat protection software is up-to-date.
      ii. That various system updates are automatic, unless a specific, documented reason exists to maintain an older version of the software.
      iii. Operating System updates are 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 ensure:
      i. For single computers, the software and versions are current.
      ii. For networked computers, the firewall firmware is current.
4. Physical access to computers that connect to the HMIS is controlled.
   a. All workstations are in secured locations (locked offices).
   b. Workstations are logged off when not manned.
   c. All workstations are password protected.
   d. **All HMIS Users are prohibited from using a computer that is available to the public.**
5. A **Plan for Remote Access** must exist if staff will be using the MSHMIS outside of the office such as working from home. Concerns addressed in this plan should include the privacy surrounding off-site access.
   a. The computer and environment of entry must meet all the standards defined above.
   b. Downloads to the computer may not include client identifying information.
   c. Staff must use an agency-owned computer.

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, that of your sharing partners and clients. If an accidental or purposeful breach occurs, you are required to notify MCAH. A full accounting of access to the record can be completed.

IV. DATA BACKUP AND DISASTER RECOVERY PLAN:

The HMIS is a critically important tool in responding to catastrophic events. The HMIS data is housed in a secure server bank in Shreveport, Louisiana with nightly off-site backup. In case of a significant system failure at the main data center, MSHMIS can be brought back online within approximately four hours.

A. Backup Details for MSHMIS

WellSky has a detailed description of data security and WellSky's Disaster Response Plan available via their customer support portal.

1. The MSHMIS Project is required to maintain the highest-level disaster recovery service by contracting with WellSky for Premium Disaster Recovery that includes:

a. Off site, out-of-state backup on a different Internet provider, and a separate electrical grid.
b. Backups of the application server occur on a regular basis and align with the current version of the live MSHMIS site.
c. Near-instantaneous backups of the MSHMIS database (information is backed up within 5 minutes of entry.)
d. Additional nightly off-site replication to protect in case of a primary data center failure.
e. Priority level response (ensures downtime will not exceed 4 hours).

B. MSHMIS Project Disaster Recovery Plan:

In the event of a major system failure:

1. The MSHMIS Project Director or designee will notify all participating CoCs and Local System Administrators should a disaster occur at WellSky which affects the functionality and availability of MSHMIS. When appropriate, MCAH will notify Local System Administrators/CoC Leadership of the planned recovery activities and related timelines.
2. Local/assigned System Administrators are responsible for notifying their local agencies and users.
    a. If a failure occurs after normal business hours, MSHMIS staff will report the system failure to WellSky using their emergency contact line. An email will also be sent to Local System Administrators no later than one hour following identification of the failure.
3. The MSHMIS Project Director or designated staff will notify WellSky if additional database services are required.
4. The MSHMIS Project will always have one staff member on-call 24/7/365 so agencies and users can report system outages. Contact information for this person is supplied by MCAH.

C. Local HMIS Lead Agencies:

Local HMIS Lead Agencies within CoCs have an obligation, to secure and backup key information necessary for the administration and functioning of the MSHMIS Project within their own jurisdiction.

1. Local HMIS Lead Agencies are required to back-up their internal data system nightly.
2. Data back-ups will include a solution for maintaining at least one copy of key internal data off-site for their internal data systems. This location will be secure with controlled access.
3. Local HMIS Lead Agencies must have a disaster recovery plan documented which outlines the policies and procedures for the CoC in case of a major system 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. Delegation of key responsibilities. The plan should outline which persons will be responsible for notification and the timeline of notification.
4. In the event of a local disaster:
    a. MSHMIS in partnership with the Local HMIS Lead Agency will work to fill all reasonable requests to 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 MSHMIS Local Lead Agencies will also provide information to local responders as required by law and within best practice guidelines.

5. MSHMIS in collaboration with the MSHMIS 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.

V. LOCAL SYSTEM ADMINISTRATOR:

The position of the Local System Administrator/System Administrator I is key to the success of the CoC. This person is responsible for overseeing the operation of the MSHMIS project in either a local CoC or a local Planning Body/Jurisdiction. This position will be referred to in this section as a Local System Administrator. The following describes the typical list of responsibilities for a Local System Administrator within a CoC.

A. Training Requirements for a Local System Administrator:

1. All trainings required for standard users on the system.
2. Provider Page Training and Workflow Training for all workflows used in their CoC.
3. Reports Training (Local System Administrators are tasked with supporting data quality as well as monitoring outcomes and other performance issues).
4. System Administrator Training – This training usually takes place several weeks after a new Local System Administrator has been in their position.
5. Continuous Quality Improvement Training
6. All System Administrators are required to read and understand the HUD Data Standards that underpin the rules of the HMIS
7. HUD Initiative Training (LSA, PIT, APR, etc.)

B. Meetings Local System Administrators Are Required to Participate In:

1. Regular CoC Meetings and/or workgroups as determined by the CoC.
2. The CoC Reports Committee or meetings where data use and release is discussed.
3. The Monthly System Administrator Call-In (3rd Wednesday of every month at 10 am).
4. Regular Agency Administrator/User Meetings within the CoC.

C. Local System Administrator Responsibilities:

1. Help Desk and Local Technical Support

a. The Local System Administrator provides front-line technical support/technical assistance for users and agencies within the CoC they support. This support includes resetting passwords and troubleshooting/problem solving for users and agencies within their CoC. Where applicable, the Local System Administrator may train Agency Administrators to do fundamental system support activities, minimizing the burden for support on the Local System Administrator.

b. The Local System Administrator builds relationships within the agencies they serve, working to understand the business practices of these agencies, and assisting them with mapping these business practices onto the system. The HMIS lead staff will be available,

on request, to provide advanced technical assistance if requested by the Local System Administrator/Local CoC.

2. **User and Provider Page Setup**
   a. Local System Administrators will setup new users in MSHMIS or delegate the task to their Agency Administrators. If delegating this task, they will train Agency Administrators on proper setup of user accounts.
   a. Local System Administrators will supervise license allocation for users and agencies within the CoC they serve. When necessary or requested, the Local System Administrator will purchase additional licenses directly for the CoC.
   b. The Local System Administrator will work in partnership with agencies and Agency Administrators in the CoC they serve to ensure that agency provider pages are setup correctly per the HUD Data Standards.
   c. The Local System Administrator will work directly with Agency Administrators and agencies, through a collaborative process to ensure proper visibility is established for the provider pages in the CoC they serve. The agency, at all times will be directly involved in the visibility process and will sign off on any visibility changes made.
3. **Communication**
   a. The Local System Administrator will host regular User/Agency Administrator meetings for system users in the CoC(s) they serve. These meetings will cover important news on system changes, items of local interest within the CoC, and issues identified by the CoC's Local System Administrator.
   b. The Local System Administrator will share any key news items of local impact, interest, or relevance to the users and Agency Administrators in the CoC they serve.
4. **Training**
   a. The Local System Administrator will inform Agency Administrators and local users of required and recommended system trainings that are available through the HMIS Lead training website
   b. The Local System Administrator will provide localized training to CoC users and agencies for issues or items of importance related to the local community. These may include local PIT/HIC training, guidance on local data cleanup, or specific guidance on proper workflow and system usage that are identified through an audit process
   c. The Local System Administrator will provide training for local users on initiatives identified and agreed upon between the Local System Administrator and the local CoC.
5. **HUD Projects and Activities** (Including LSA, PIT/HIC, HMIS APR, SPMs, HUD NOFO):
   a. The Local System Administrator will work directly with CoC leadership to complete CoC-wide HUD reporting activities such as the LSA, PIT/HIC, System Performance Measures and the CoC HUD NOFO submission. The Local System Administrator will also assist the CoC with work surrounding state and local funding initiatives which require data from the HMIS.
   b. The Local System Administrator will assist with completing the HMIS Annual Performance Report (APR) for the CoC they serve, if the CoC has a HUD-funded CoC HMIS grant.

c. The Local System Administrator will provide support/technical assistance for agencies completing the CoC APR within their jurisdiction. This will include providing technical assistance with problem solving data quality issues, reporting issues, etc.

6. Local CoC Reporting

a. The Local System Administrator is responsible for providing reports to the CoC. These include, but are not limited to:
   i. CoC wide demographics, performance outcomes, and data quality reports that are used for informational and evaluation purposes.
   ii. Final reports on submissions made to HUD for various HUD mandated activities such as the LSA, PIT/HIC, SPMs and HMIS APR.
   iii. General requests for data of interest to the local CoC.
   iv. Any additional reporting requirements initiated by HUD that are required of the local CoC.

b. The Local System Administrator will train local Agency Administrators and users on how to run reports at the agency level to monitor data quality and outcomes on a regular basis.

c. The Local System Administrator will be responsible for generating reports on activities and expenditures to the local CoC which he or she serves, as directed by the CoC

7. CoC/Agency/Project Auditing and Monitoring

a. The Local System Administrator will work with the local CoC to establish local HMIS policies and procedures using this Policies and Procedures document as a frame. The Local System Administrator will work with local CoC leadership and Agency Leadership/Administrators to update this document as needed.

b. The Local System Administrator, collaborating with the Agency Administrators in the CoC they serve, will audit agencies and projects to ensure compliance. Audit activities may include, but are not limited to:
   i. Ensuring the agency has all required contracts, agreements and policies in place for participation on the HMIS
   ii. Verifying system users have completed all required training for system participation
   iii. Ensuring provider pages are correctly setup per HUD Standards Guidance
   iv. Ensuring agencies are following appropriate data entry protocol per the funding sources they receive funding from
   v. Monitoring implementation of privacy, to ensure client rights are being protected
   vi. Regularly monitoring data quality, completeness and outcomes to ensure projects are maintaining a high level of compliance with HUD and CoC requirements.

VI. AGENCY ADMINISTRATOR:

All agencies participating on the system must identify a staff member within the organization to serve as an Agency Administrator.

A. The Agency Administrator Role/Requirements:

1. Serves as the lead point of contact in the agency for all HMIS related activities and communication.
2. Is the first point of contact for providing technical assistance for agency users. If the Agency Administrator cannot resolve the issue it will be elevated to the Local System Administrator.
3. Oversees data quality activities for projects within the agency, (this includes running regular data quality reports and working with staff on data corrections.)
    a. Is responsible for following the data quality plan defined by the local CoC.
4. Monitors agency compliance with HMIS requirements such as:
    a. Keeps all agency related HMIS agreements and paperwork on file
    b. Manages agency user licenses and accounts if delegated the task by the CoC's Local System Administrator.
    c. Ensures privacy practices are properly implemented at the agency and project levels.
    d. Regularly reviews that agency staff are properly trained in their use of the HMIS.
    e. Audits agency provider pages regularly, in partnership with the Local System Administrator, to ensure that setup is correct and compliant.
5. Works with agency staff and leadership to complete any funder required reports and/or submissions.
    a. Works with the Local System Administrator to check agency data for CoC reporting activities. These include but are not limited to the Point in Time Count/Housing Inventory Count, the Longitudinal System Analysis and System Performance Measures.
6. Training Requirements - Agency Administrators must complete and maintain documentation of the following:
    a. All base trainings required for HMIS users.
    b. Provider Page training.
    c. Workflow Training for all workflows used in their agency. This training will be developed by the MSHMIS Lead, the funding agency or an agency authorized to train on behalf of the funding agency or MSHMIS.
    d. Reports Training (agency users and leadership are tasked with supporting data quality as well as monitoring outcomes and other performance issues).
    e. Other trainings as specified by the CoC.
7. Agency Administrator Participation Requirements – Agency Administrators should participate in the following CoC or agency meetings:
    a. CoC HMIS Agency Administrator meetings and trainings
    b. Agency specific HMIS user meetings or preside over an HMIS specific topic during routine staff meetings.
    c. A local Reports Committee that reviews and governs the publication of CoC information.
    d. Local CQI initiatives as established by the CoC.

VII. DATA QUALITY PLAN AND WORKFLOWS:

A. Provider Page Set-Up:

1. Provider Pages are appropriately named per the MSHMIS naming standards **Agency Name – Location (CoC Name) – Project Name – Project Funding Descriptors.**
   For example: **The Salvation Army – Eaton CoC – Hotel Voucher Project – ESP**
   Identification of funding stream is critical to completing required reporting to funding organization.
2. The primary provider contact information reflects where the services are being delivered.
3. **The HUD Standards Information** section is fully completed on all Provider Pages:
   a. The Victim Service Provider designation is correctly set.
   b. The Operating Start Date is correctly set. If the project began operating before October 1, 2012 and the exact start date is not known, the start date may be estimated (set to a date prior to October 1, 2012). The Operating End Date is null if the project is operational.
   c. The Continuum Project designation is correctly set.
      i. The Continuum Project should be set to yes if it is a project within the geographic boundaries of the Continuum(s) of Care served by the HMIS whose primary purpose is to meet the specific needs of people who are homeless by providing lodging and/or services. A continuum project is not limited to those projects funded by HUD and should include all of the Federal Partner projects and all other federally or non-federally funded projects functioning within the continuum.
   d. Project Type is correctly set.
   e. If a project is an Emergency Shelter, the Emergency Shelter Tracking Method field is correctly set. If a project is not an Emergency Shelter, this field is left null or "-Select-"
   f. The Housing Type is properly set (if applicable).
   g. The HOPWA funded Medically Assisted Living facility field is correctly set. ("NA not HOPWA Funded Project" for all non HOPWA projects).
   h. If a project is HOPWA, RHY, PATH, HUD CoC or SSVF, the Provider Grant Type is correctly filled out.
   i. The CoC Code is correctly set.
      i. The project Zip Code, Geocode and Geography Type are set correctly.
   j. Bed and Unit Inventories are set for applicable residential projects. Bed and Unit Inventories for all projects should be reviewed at least annually and updated as needed.
   k. Federal Partner Program and Components must be filled out. Federal Partner Program and Components are to be updated at least annually based on the grant fiscal term. If a project is not funded by a Federal Partner Funding Source, the option selected is may be "Local or Other Funding Source" or "N/A".
      i. If a project is funded by a HUD or other Federal Partner Funding Source, there must be a current open funding period for the project to pull correctly into certain federal reports.
      ii. If a value is "Local or Other Funding Source" or "N/A" the grant end date may be left open.

4. Assessments with the appropriate Living Situation question are assigned based on Program Type
    a. Emergency Shelter, Street Outreach or Safe Haven projects should use the MSHMIS Street and Shelter Intake (or comparable assessment.)
    b. All other project types should use the MSHMIS CoC Intake assessment or one that is comparable for their specific workflow, project type and funding sources.
    c. MCAH has guidance at the HMIS Learning Center to assist communities with determining the right assessments for their projects.
5. Inactive Provider Pages are properly identified and closed out with "XXXClosed" followed by the year of the last project exit. For example, **XXXClosed2017**.
    a. Close all clients in inactive/closed provider pages. Audit of inactive pages includes closing all open services and incomes and exiting all unexited clients.
    b. The Operating End Date is set on all closed pages.
    c. Bed and Unit Inventories have end dates for all closed pages.
    d. The CoC Code has an end date for all closed pages.
    e. All Federal Partner Program and Components are closed out.

B. Data Quality Plan:

1. Agencies must require documentation at intake of the homeless status of those they serve 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 (3) 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 HARAs to establish the homeless designation and maintain related documentation.
2. 100% of the clients must be entered into MSHMIS within seven business days of data collection. If the information is not entered on the same day it is collected, the agency must assure that the date associated with the information is the date on which the data was collected.
    a. Data is entered into the system using the Enter Data As function.
    b. Entering the project start/exit data including the UDEs on the Entry/Exit Tab of MSHMIS or
    c. Backdating the information into the System[6]
3. All staff are required to be trained on the Definition of Homelessness.[7]
    a. MSHMIS provides a homeless definition crosswalk and Homeless History Interview flowchart to support agency level training.
    b. There is congruity between the MSHMIS case record responses, based on the applicable homeless definition. (Elements from the Homeless History Interview are being properly completed).
4. The agency has a process to ensure the First and Last Names are spelled properly and that the DOB and Social Security numbers are accurate.

[6] Clarification of existing policy.

[7] Specific instruction is available for PATH, HOPWA, DHHS-ESP and DHHS PSH projects at https://www.cihhs.org/

a. Identification (ID) may be requested at intake to support proper spelling of the client's name, as well as the recording of the DOB.
b. If no ID is available, staff request the legal spelling of the person's name. **Staff should not assume they know the spelling of the name.**
c. If a client identifies with a different name than the one on legal documents (for example, a client is transgender and has not legally changed their name), staff should enter the client's legal name in the First Name and Last Name fields until a legal name change has taken place. This will assist the client with getting access to resources requiring an ID. The name a client presents with should be entered in the Preferred Name/Alias field of the client profile.
d. Projects that serve the chronic and higher risk populations are encouraged to use the scan card process within MSHMIS to improve un-duplication and to improve the efficiency of recording services.
e. Data for clients with significant privacy needs may be entered under the "unnamed record" feature of the system. However, while identifiers are not stored using this feature, great care should be taken in creating the unnamed algorithm by carefully entering the first and last name and the DOB. Names and the MSHMIS ID number must be maintained off-line in a secure location. (The MSHMIS ID number is required to find the record again.)

5. Income, non-cash benefits and health insurance information are being updated at least annually and at exit, or at the frequency specified by program requirements.
   a. For Permanent Housing Projects, the Housing Move-In Date is completed on an update when the client moves into housing.
   b. Annual Reviews will be completed in the 30 days prior to or after the anniversary of the client's entry into services.
   c. For PH projects with long stays, at the annual review, incomes over two years old must be updated by closing the existing income and entering a new income record (even if the income has not changed). This assures that the income has been reconfirmed and will pull properly into reports.
   d. For all other projects, any income(s) no longer available to the client should be closed for the day before intake (shared data from another provider), update or exit. If the income is over two years old please follow the procedure defined above. [8]
6. Agencies must have an organized exit process that includes:
   a. Educating clients and staff on the importance of planning and communicating regarding discharge destination and outcomes. This must be evidenced through staff meeting minutes or other training logs and records.
   b. Discharge Destinations must be properly entered using the HUD Discharge Destination categories.
      i. MSHMIS provides a Destination Definition document to support proper completion of exits. All new staff must have training on this document.

[8] Reflecting the 2015 data quality review of client income, staff are being asked to close any incomes that are more than two years old and to enter a new income with the income review process and to prevent the further accumulation of open old incomes to add closing of the income to the routine discharge processes.

ii. Projects must have defined processes for collecting this information from as many households as possible.[9]

c. There is a procedure for communicating exit information to the person responsible for data entry if not entering real time.

7. Agency Administrators/staff regularly run data quality reports.
   a. Report frequency should reflect the volume of data entered into the system. Frequency for funded projects will be governed by Grant Agreements, HUD reporting cycles, and local CoC Standards. However, higher volume projects such as shelters and services only projects must review and correct data at least monthly. Lower volume projects such as Transitional and Permanent Housing must run reports at least quarterly to monitor the recording of services and other required data elements including annual updates of health insurance, income and employment.[10]
   b. The project start and exit dates should be recorded upon project start or exit of all participants. Project start dates should record the first day of service or initial contact with a client. Exit dates should record the last day of residence before the participant leaves the shelter/housing project or the last day a service was provided.
   c. Data quality screening and correction activities must include the following:
      i. Missing or inaccurate information in Universal Data Element Fields.
      ii. The Relationship to Head of Household question is completed/updated on each entry.
      iii. The Living Situation and Homeless History series of questions are completed/updated on each entry.
      iv. The Approximate Date Homelessness Began is completed/updated on each entry. The response must correspond with the start of the client's **current episode of homelessness.**
      v. The Client Location question is completed/updated on each entry.
      vi. The Domestic Violence questions are completed/updated on each entry.
      vii. HUD Verifications are completed on all Income, Non-Cash Benefits, Health Insurance and Disability sub-assessments. These questions should be reviewed and refreshed for each new entry/update/exit.
      viii. The Housing Move-in Date is completed for all Permanent Housing projects, if a move-in occurs within the current project. The Housing Move-In Date must be after the Project Start Date and reflect the date the client moved into Permanent Housing.
      ix. All project specific data elements are completed as required by the various funding sources supporting the project.
   d. Providers must audit unexited clients in the system using the length of stay and unexited client data quality reports.

8. CoCs and Agencies are required to review Outcome Performance Reports/System Performance Measures reports defined by HUD and other funding organizations. Measures are based on

[9] Data indicates that some providers have regressed in completing discharge destination in the last year and accurately completing this field is vitally important to succeeding. Beyond data entry issues, projects must define processes that collect this information from as many households as possible.

[10] Additional detail was added for low volume environments that are required to annually update income and employment.

Project Type. The Local HMIS Lead Agency, in collaboration with the CoC Reports Committee or other designated CQI Committee, establishes local benchmark targets for performance improvement on shared measures.

9. MSHMIS publishes regional benchmarks on all defined measures annually.
10. Agencies are expected to participate in the CoCs Continuous Quality Improvement Plan. See CQI materials designed to support data quality through continuous quality improvement.

C. Workflow Requirements:

1. Assessments are set in the Provider Page Configuration section to match requirements for the program funder/program type.
2. Users entering data have latest copies of the workflow guidance documents.
3. If using paper, the intake data collection forms correctly align with the workflow.
4. 100% of clients are entered into the system within seven days of intake.
5. Agencies are actively monitoring project participation and exiting clients. Clients are exited within 30 days of last contact unless project guidelines specify otherwise.
6. All required project information is being collected. [11]
    a. All HMIS participating agencies are required to enter at minimum the HUD Universal Data Elements.
    b. Projects that serve clients over time are required to complete additional updates as defined by the funding source. If the Agency is not reporting to a funder, they are encouraged to use the MSHMIS Update forms that are consistent with their workflows.

D. Coordinated Entry Requirements:

1. All Coordinated Entry projects/provider pages must use an Entry/Exit workflow to track activity within Coordinated Entry
    a. Clients should be exited using a standardized process for Coordinated Entry Exits. This process is defined by the CoC as outlined under the HUD Coordinated Entry requirements.
2. All Coordinated Entry projects/provider pages must collect all Coordinated Entry data elements defined in the HUD HMIS Data Standards.

VIII. RESEARCH AND ELECTRONIC DATA EXCHANGES

A. Electronic Data Exchanges:

1. Agencies electing to either import data to or export data from the MSHMIS must assure:
    a. **Data Import** - The quality of data being loaded onto the System must meet 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 CoC APR, the ESG CAPER, or other required reports as specified by the funder.

[11] PATH, HOPWA and VA projects use project entry forms that correspond to the data collection requirements of those projects. For PATH, HOPWA, DHHS-ESP and DHHS PSH please contact https://www.cihhs.org/

b. **Data Export -** Agencies exporting data from MSHMIS must certify the privacy and security rights promised participants in MSHMIS 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.
    i. Agencies who request or conduct data exports must have a process to ensure confidential information is secured and protected by encryption throughout the entire transmission process.
    ii. The number of persons with access to an identified data set should be the minimum necessary depending on the scope of the project.

2. MSHDA/MCAH or your local CoC may elect to participate in de-identified data sets to support research, planning and/or service delivery.
    a. 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.
    b. 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.
        i. CoC, local community or agency permission is required for release of aggregate data sets smaller than at a regional level.
    c. Projects 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/behavioral health security standards and that all identifiers are kept strictly confidential and separate from the de-identified data set.
    d. CoCs will be provided a description of each study being implemented. Agencies or CoCs may opt out of the Study through a written notice to MCAH or the study owner.
3. MSHDA/ MCAH or your local CoC may elect to participate in identified data sets to support research, planning and/or service delivery.
    a. All identified research and/or data use cases must be governed through an Institutional Review Board or comparable body that includes requirements for an ethical review of proposed data uses and ensures that client informed consent protections are upheld.
        i. All identified research and/or data use cases must also comply with all requirements specified in the MSHMIS Administrative QSOBAA and MSHMIS Participation Agreement.
    b. CoCs will be provided a description of each study being implemented. Agencies may opt out of the study through a written notice to MCAH or the study owner.
    c. If Personal Identifying Information is used to match records through a trusted partner to determine eligibility for resources, a client's name may be released via a By-Name List process to the housing prioritization committee/case manager to notify the client of potential eligibility. A client must sign a separate release of information specifying further release of PHI/PII from the matching process before any personal data release takes place.

d. A trusted partner must meet the minimum requirements of the MSHMIS Privacy Policy and MSHMIS Privacy Notice.
    i. A trusted partner must control security and access to identified data sets to the minimum number of persons necessary depending on the scope of the project.
    ii. A trusted partner must have security and release protocols for deidentified aggregate datasets for research and/or data use cases to protect against possible reidentification of individual records.
    iii. A trusted partner must have retention and disposal policies for identified data matched sets when the research and/or data use case is completed.

APPENDIX A: DOCUMENT CHECKLIST FOR MSHMIS AGENCIES

All agencies that participate on the MSHMIS project are required to keep either a physical or electronic binder containing each of the following fully executed documents.

Contracts, Agreements, Policies and Procedures

- ❑ **Fully Executed Joint Governance Charter: (**Only the HMIS and/or the Local HMIS Lead Agency is required to maintain this document.)
- ❑ **HMIS Policies and Procedures Document for the CoC:** (Only the HMIS and/or the Local HMIS Lead Agency is required to maintain this document. It must have been formally approved by the CoC as evidenced by CoC meeting minutes.)
- ❑ **Administrative QSOBAA:** Fully signed and executed
- ❑ **Participation Agreement:** Fully signed and executed
- ❑ **Sharing QSOBAAs:** (Only necessary if the agency has engaged in external sharing). Document should be fully signed and executed. If any changes have been made to a Sharing QSOBAA written documentation and approval of those changes by all parties must be included also.
- ❑ **Confidentiality Policy:** (Approved by Agency Board)
- ❑ **Grievance Policy:** (Approved by Agency Board)

MSHMIS User Documentation

- ❑ **User Agreement and Code of Ethics Document:** Fully initialed and signed. A User Agreement and Code of Ethics document must be on file for all users currently licensed on MSHMIS. It is recommended that the User Agreement and Code of Ethics documents for employees no longer at the agency be kept with their separated employee file
- ❑ **User Training Documentation/Certification:** Documentation of all MSHMIS trainings completed by active users are to be kept in the MSHMIS binder. These trainings are to be certified by either MCAH, a certified MCAH trainer, other identified statewide trainers or CoC identified trainers for CoC initiatives. Evidence of training include training completion certificates, successfully passed training quizzes, training logs, etc.

Agency Privacy Documents

- ❑ **HUD Posted Public Notice:** HUD Public Notices should be posted in locations where clients are seen.
- ❑ **Agency Privacy Notice:** Agencies can adopt the sample MCAH Notice or customize to address agency needs.
- ❑ **Agency Privacy Policy:** Agencies can adopt the sample MCAH Policy or customize to address agency needs.
- ❑ **Current Agency Privacy Script:** That's been developed and approved by agency leadership.
- ❑ **Current Agency Release of Information:** Including all sharing partners and sharing outreach plan as applicable.

SALVATION ARMY MSHDA FUNDING DISENGAGEMENT PROCESS

COC BOARD PRESENTATION, 8/3/22

CONTEXT

- Salvation Army/Housing Access for Washtenaw County (HAWC) went through a transition with phone providers.
  - April: Salvation Army notified OCED of this anticipated transition
- OCED Staff Support: the week of **June 6th** OCED leadership and staff began meeting formally with Salvation Army. OCED learned of a backlog of over 1000 voicemails from community members seeking homelessness supports.
- OCED issued a Formal Written Warning on **June 14th** with a required response and resolution of outlined issues by **June 24th**
  - Salvation Army acknowledged receipt of Warning on June 14th but failed to follow-up with OCED by June 24th with resolution or a request for additional time. Salvation Army did provide an estimated one-month phone restoration timeline via Barrier Buster Listservs and COC listservs.

COMMUNITY STANDARDS AND COMPLIANCE

- HAWC serves as the Coordinated Entry point for Washtenaw County's Continuum of Care (CoC). The Salvation Army of Washtenaw County was out of compliance with our CoC's Coordinated Entry Policies and Procedures:

  "The call center operates Monday-Friday from 8:30am to 5:00pm. Callers have the option to leave a message rather than hold for the next available intake specialist. ***Their call will be returned within 24 hours****."*

- The week of June 6th, the Continuum of Care (CoC) was informed that there were over 1,000 voice messages, some of which were over one week old. This number increased to over 2,000 in the weeks that followed.

- HAWC is also responsible for Family Shelter Assessments (FSA) per the Coordinated Entry Policies & Procedures:

  "Households that are found to be at imminent risk of homelessness or literally homeless are ***given an assessment by HAWC*** *or a partner agency, as indicated on page 13. To help solve their housing issue(s), at-risk households could receive prevention and diversion, as well as financial assistance if funding is available. When a household is unsheltered, a referral to the appropriate emergency shelter is made."*

- Policy dictates that these assessments be completed within 48 hours from Intake. At the time of the Written Warning, FSAs were scheduled out for 1-2 weeks after Intake.

STAKEHOLDER COMMUNICATION
THROUGH THE COC

- **Wednesday, May 18th:** CoC was notified of phone system issues which resulted in only voice message capabilities. Next steps were provided to community to address housing/homelessness crisis during this time (OCED).
- **Friday, May 20th:** CoC was provided additional status updates which included clarifications that direct staff lines were also impacted by the phone transition and a callback timeline was provided (OCED).
- **Monday, June 13th:** CoC was provided additional context from Salvation Army (HAWC) behind the issues where additional projections for a resolution were provided.
- **Tuesday, June 21st:** Interim Coordinated Entry Procedures were emailed to CoC (OCED).
- **Monday, June 27th:** Separate email was issued to the CoC Board including status updates on Coordinated Entry. **Important:** All CoC Board Members are recipients on the CoC Listserv and received the prior communications. This email was to ensure governing bodies received formal notification (OCED).

STAKEHOLDER COMMUNICATION
THROUGH COORDINATED ENTRY & OVERSIGHT COMMITTEE MEETINGS

- **Monday, June 13th:** Monthly Coordinated Entry Meeting. Prior to CoC communication was reviewed with committee members, current status update was provided, and committee outlined a draft of Interim Procedures.
- **Thursday, June 30th:** Interim Coordinated Entry Meeting to check-in on the Interim Procedures and identify additional areas of need to fill those gaps with support from community providers/partners. Notified committee of disengagement from Salvation Army as Coordinated Entry agency. OCED requested additional support from community partners through the end of the MSHDA ESG contract.
- **Monday, July 11th:** Monthly Coordinated Entry Meeting to continue discussions around needs and Interim Procedures
- **Monday, July 25th:** Interim Coordinated Entry Meeting to continue discussions around needs and update Interim Procedures as needed.

STAKEHOLDER COMMUNICATION
TO MSHDA

Michigan State Housing Development Authority (MSHDA) is the Grantor of Emergency Solutions Grant (ESG) funds used by Salvation Army to operate HAWC as Washtenaw County's Housing Assessment and Resource Agency (HARA – another term for coordinated entry administering agency)

- **Wednesday, June 15th:** MSHDA was notified of Written Warning issued to Washtenaw County's HARA
- **Thursday, June 23rd:** OCED met with MSHDA to discuss concerns and elicit guidance on the next steps which included disengagement process versus corrective action plan

STAKEHOLDER COMMUNICATION
TO WASHTENAW COUNTY GOVERNMENT PARTNERS

- Washtenaw County Administrators Office and the Racial Equity Office
  - **June 27th**: notified of Written Warning to the Salvation Army/HAWC for lack of compliance with coordinated entry policies and lack of timely resolution. Requested meeting to discuss MSHDA ESG disengagement from Salvation Army.
- Washtenaw County Board of Commissioners
  - **June 29th**: notified of Disengagement of MSHDA funding partnership with the Salvation Army

STAKEHOLDER COMMUNICATION
TO OTHER LOCAL STAKEHOLDERS

- Washtenaw Housing Alliance (WHA)
  - **Monday, June 28th:** OCED spoke with WHA to notify them about Written Warning and Disengagement with Salvation Army following MSDHA's recommendations.
  - **Thursday, July 7th:** OCED emailed WHA to provide advance notice about the Listening Session to elicit feedback and support around goals.
- Funding Review Team (FRT)
  - **Thursday, July 21st:** FRT met to begin reviewing materials for the MSHDA ESG FY 22-23 funding competition process
  - **Wednesday, July 27th:** FRT discussed the disengagement process with Salvation Army as the HARA

Important: These slides do not capture the phone/email correspondence and meetings that took place between OCED and Salvation Army/HAWC to address these issues prior to and during these timelines.

COMMUNITY ENGAGEMENT

- **July 28th**: HAWC Listening Session held to elicit feedback on the current Coordinated Entry structure and provide recommendations for the FY 22-23 Request For Proposals (RFP) for Washtenaw County's HARA
  - See Mentimeter Summary on pages 98-133 of the CoC Board Packet
- **August 4th**: Follow-up discussion to focus on key areas related to Coordinated Entry & HARA responsibilities:
  - Multiple points of entry versus single point of entry
  - Combining intakes and assessments
  - Improving equity and transparency
  - Coordinating with other systems
  - Collecting and using data
- **August 9th:** Informational Session for entities and community members interested in learning more about the upcoming RFP and solidify the Coordinated Entry structure that the RFP will solicit

OCED WORKING TIMELINE

August 3rd: Present evidence & provide opportunity for CoC Board to discuss the disengagement & RFP process
August 5th: Debriefing with HAWC staff
August 9th: Send survey to community members through multiple listservs soliciting feedback on structure of RFP
August 15th: Survey about structure of RFP closes
August 17th: Launch RFP for the Coordinate Entry organization(s)
August 26th: Informational Session about RFP
September 16th: RFP Closes
October 6th and October 20th: FRT meets to review applications
Late October: Contract for FY 22-23 MSHDA ESG in place with newly identified HARA

Ongoing: Expand coordinated entry responsibilities with homelessness providers.

Community Feedback

Summarized from the HAWC Listening Session held on Thursday, July 28th, the Mentimeter Summary from the polls taken during that Listening Session (112 participants), and the Survey that was included in the Invitation for the HAWC Listening Session (completed by 27 participants).

Themes

Feedback/Concerns around existing system

People are not connecting with HAWC or receiving assistance in a timely manner.

- The theme of not being able to reach someone or getting a call back was echoed throughout the surveys and listening session. Callers and caseworkers spoke of frustration, being disheartened, and increasingly mistrustful: "Clients give up because they can't get through or receive a call back. This renders the entire system of care ineffective."
- Survey respondents reported incidents in which HAWC staff were not trauma-informed in their approach to callers and did not give out accurate information about available resources.
- 62% of listening session participants said it took more than 1 week to speak with someone at HAWC. All survey respondents said HAWC response time was "slower than expected."
    - As one person said on 7/23, "I am currently homeless with 3 children. I've been calling and leaving voicemails for two weeks and no one has returned my call or answered the phone. I've also sent an email that was never responded to."
    - 62% of survey respondents said clients have difficulties communicating with intake staff.
- 56% of listening session participants said it took calling more than 5 times to get help.
- 45% of listening session participants said it took more than 2 weeks to receive an assessment; 26% said 2 weeks, and 15% said 1 week.
- 55% of listening session participants said it took more than 2 weeks to receive services after prioritization; 19% said 2 weeks, 14% said 1 week; 12% said 3-5 business days.

Lack of clarity about HAWC and our Coordinated Entry Policies & Procedures

- 55% of pre-session survey respondents said they disagreed that people in the community faced with a housing crisis knew where to go for help (compared to 21% who agreed).
- 23% of listening session participants said they knew how HAWC was funded, with 52% saying somewhat and 25% saying no. This is true of other homelessness services, too.
- 40% of listening session participants said they knew how people are prioritized for services, with 37% saying somewhat, 19% saying no, and 3% said they were unaware of prioritization.
- Listening session participants indicated some agreement with understanding HAWC's referral processes, but disagreed that the referral process was smooth, that the list of available resources is regularly updated to streamline referrals, or that other systems can easily coordinate with homelessness services through HAWC. This was also echoed in responses to the pre-session survey: 44% said they disagreed or strongly disagreed other systems could coordinated, compared to 21% who agreed or strongly agreed.

Roles/Responsibilities

- Why and how OCED is disengaging from Salvation Army to operate HAWC.
  Context: see Salvation Army Disengagement Process Slides included as a supplement in the CoC Board Packet on 8/3/2022.

- Participants were curious about the implications of the disengagement process to HAWC staff.
  Context: OCED is disengaging from Salvation Army of Washtenaw County as the HARA and entity that houses HAWC. While we don't know what organization(s) will fill that role in FY22-23, OCED does not nor intends to oversee the internal staffing elements.
- Participants are interested in more opportunities for repair related to the disengagement process and the overall impact to the community.
  Context: Follow-up meeting to the HAWC Listening Session is scheduled for Thursday, August 4th to further discuss elements of a new coordinated entry system. OCED is meeting with HAWC staff on Friday, August 5th to provide a private and separate another more formal opportunity to listen to their individual concerns related to this process. An Informational Session will also be held on Tuesday, August 9th to provide organizations and community members the opportunity to inquire about the upcoming HARA Request for Proposals (RFP) and further inform that process.
- How our future system will increase capacity, including staff pay and supports like trauma-informed trainings, to be able to do the work quickly and well as described in the next section.
  Context: This element speaks to internal staff dynamics and leadership within Salvation Army which offers additional insight to the disengagement process. Allocations for MSHDA ESG and HUD ESG help fund HAWC's operations and are set by the community. Further, Salvation Army, as an internal process, does not supplement with private donations unlike other partners.

Recommendations and Next Steps

Participants were interested in the central call line concept and want to keep the same number. They had many ideas for how to expand and improve our current system, keeping in mind that the *most* important aspect of coordinated entry is its ability to respond rapidly to people in crisis:

- **Expanded hours.** A 24/7 call center is ideal, but 83% of listening session participants said 7am-7pm (or 9am-9pm) would be an improvement on current hours.
- **Quicker turnarounds.** Same-day intakes & same-day assessments were ranked as the two most important elements of coordinated entry. People also brought up streamlining these steps.
- **Walk-in availability**. People expressed a desire to be able to connect with a person face-to-face.
- **Multiple points of entry**.
  - 71% of listening session participants agreed different populations should have different entry points; 24% said somewhat and 5% said no.
  - 75% of listening session participants agreed different geographies should have different entry points; 15% said somewhat and 10% said no.
  - People surfaced multiple options for what this could look like: on-site at shelter, in at least Ann Arbor and Ypsi, community drop-in centers, a rotating pop-up system covering locations like the jail and FedUp meals, or having outreach staff conduct mobile intakes.
- **Expanded technology**. Supplement central intake with texting, online forms & Zoom meetings.
- **Improved community collaboration and information sharing.** An improved website with up to date resources and presence at community events.
- **Additional services currently beyond the scope of the HARA**. Some feedback touched on additional community capacity outside of coordinated entry, such as: daytime and warming centers, interim stay options like hotel vouchers, case management, job training, transportation to shelter, rental assistance, legal services, mental health and drug treatment services, food access, low-barrier cash assistance, childcare supports, basic needs and hygiene kits.

HAWC is our community's central intake (HARA) for people at risk of or experiencing homelessness. Rank in order of importance:

Mentimeter

69

People can call HAWC or email hawc.washtenaw@usc.salvationarmy.org. What other access points should there be for people experiencing housing crises?

Mentimeter

To actually be in contact with a person

Walk in option for folks without phone or internet access

None

In person.

A facility that folks can visit

On site in shelter

Walk in hours for those without phone/internet to access services.

walk-ins

Pop up locations

63

People can call HAWC or email hawc.washtenaw@usc.salvationarmy.org. What other access points should there be for people experiencing housing crises?

Mentimeter

in person

Text, online. Also, not just one front door.

There should be walk in services available. This is a essential service and should not be WFH

Having someone answer the phone is my #1 priority.

Online assessment/intake

Walk-in / In-person

I'd like a central point for the individuals who are in jail experiencing literal homelessness of experiencing housing instability.

Community drop in centers,

HAWC needs more representatives answering the phone. Four part-time employees are not enough to support the number of calls they receive.

63

People can call HAWC or email hawc.washtenaw@usc.salvationarmy.org. What other access points should there be for people experiencing housing crises?

Mentimeter

Walk-in option for those without phone - many of the most vulnerable do not have a phone

In person

Text, online intake

In person options

Walk-ins and the ability to speak face to face with staff.

Walk in services would be incredibly helpful considering the lengthy call wait times and how they function as a barrier for people with government phones.

Texting capability, and outreach teams to do in-home visits would be amazing. In-person/office hours.

Walk in availability, like there was at the shelter.

In-person options use to work well so people could actually speak to someone about their housing issues

63

People can call HAWC or email hawc.washtenaw@usc.salvationarmy.org. What other access points should there be for people experiencing housing crises?

Mentimeter

Temporary stay programs

A referral system for agencies through an online intake systemText

Presence at community events or locations to answer questionsLocation that people can visit

Walk-in availability at multiple locations throughout the county, particularly in the more rural parts of our county.

options for appt times. Outside of regular business hours for working folks.

More daytime centers , warming centers and in person options to gather resources

Does a single point of entry model have to be the only option for Wast County

In the Community - have locations set up. Zoom access

A website with UP TO DATE resources to look at prior to intake

63

People can call HAWC or email hawc.washtenaw@usc.salvationarmy.org. What other access points should there be for people experiencing housing crises?

Mentimeter

Walk-in availability (in-person). A website showing available housing

Off site pop-up locations, perhaps DHS, County Jail etc.

In person visits would be more beneficial. Text to chat.

Text, walk-in, online

Text functionality, in person, an app

People can't call hawk , that is inaccurate. They don't answer phone. It takes them forever to return calls

Intake staff at high frequency hubs

Walk-inEmergency AccessOn-line Access

Short stay partnering Hotel

63

People can call HAWC or email hawc.washtenaw@usc.salvationarmy.org. What other access points should there be for people experiencing housing crises?

Mentimeter

Speaking directly to someone.

Walk in and immediate assessment and referral

Street Outreach workers

Online access, and online intakes for programs like HCV that case managers can complete with clients

A network of walk-in locations at different partner agencies, so you don't have to get to one spot given transportation challenges.

Online Intake

Pop up locations at places like FEdUp meals, day warming center etc

Walk In times

Love the idea of pop-up locations around Washtenaw

63

People can call HAWC or email hawc.washtenaw@usc.salvationarmy.org. What other access points should there be for people experiencing housing crises?

Mentimeter

In person, online, community drop in centers/partner with community agencies to create more walk-in locations

HAWC (one point access) is a good idea conceptually. Need walk-in options, 24/7 availability.

Walk In location and satellite locations.Online access. Zoom appointments

Each provider should have its own "emergency" point of entry. HAWC/HARA should be the default but there should be decentralized resources too.

Like outreach, community resources, pop up locations/info booths. Good ideas!

Hotline number that is answered with in 24 hourz

More helpful website, more resources available online, walk in options, presence in court

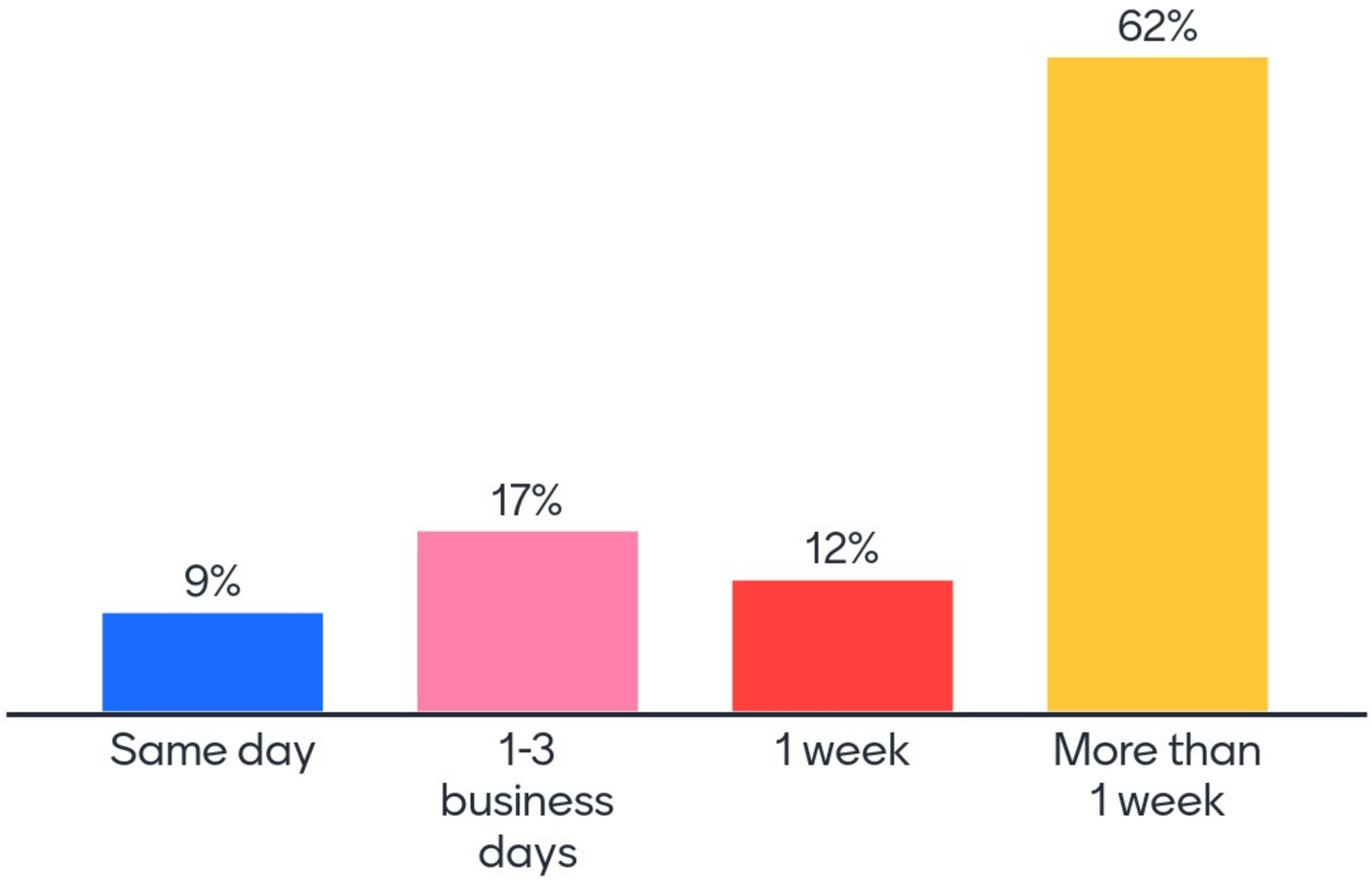
Receiving calls back after leaving messages when not being able to get a hold of staff.

1-3 business days

63

How long has it taken for you or someone you know to speak with a live person at HAWC?

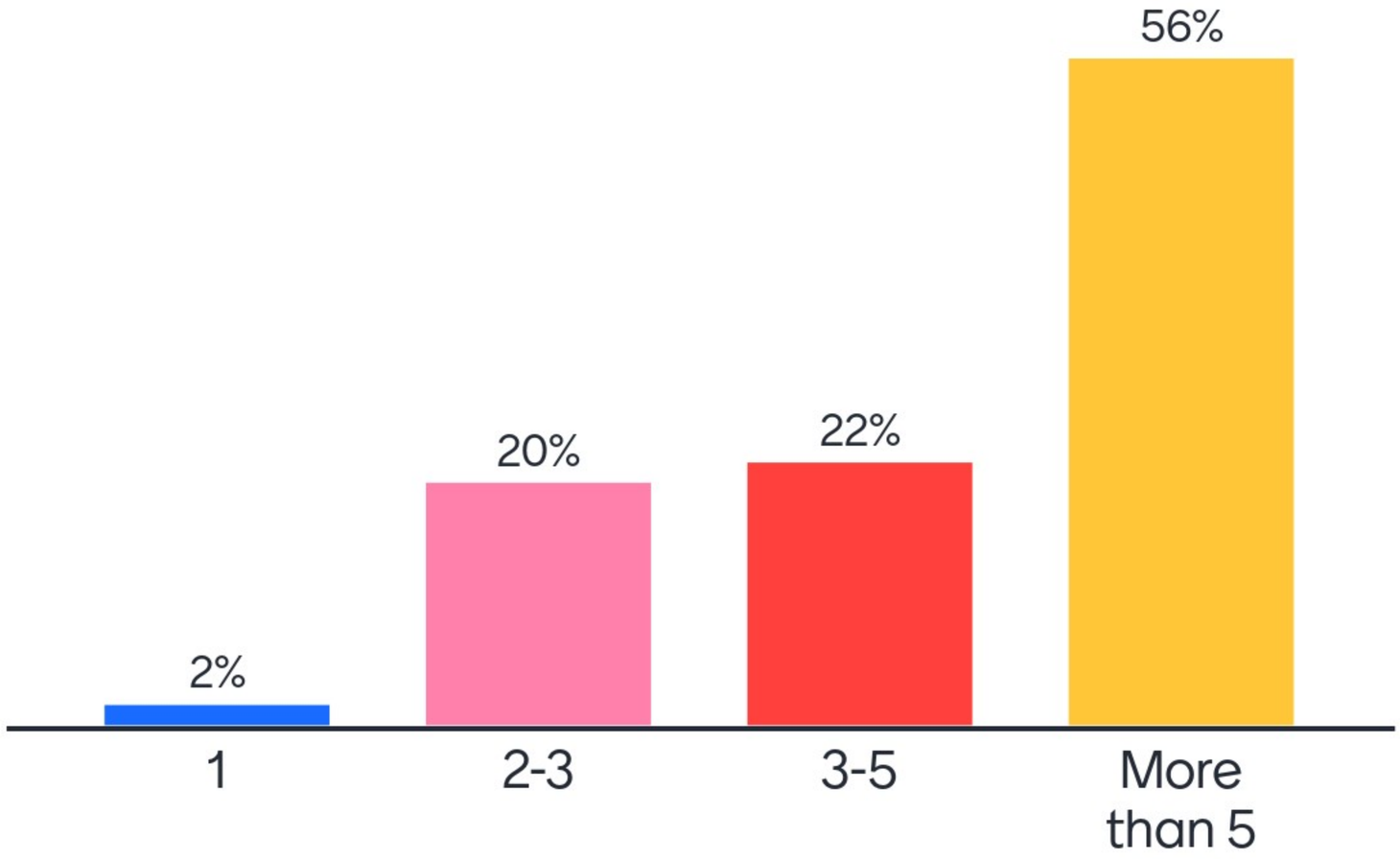
Mentimeter



65

How many times have you or someone you know had to contact HAWC to get the help you needed?

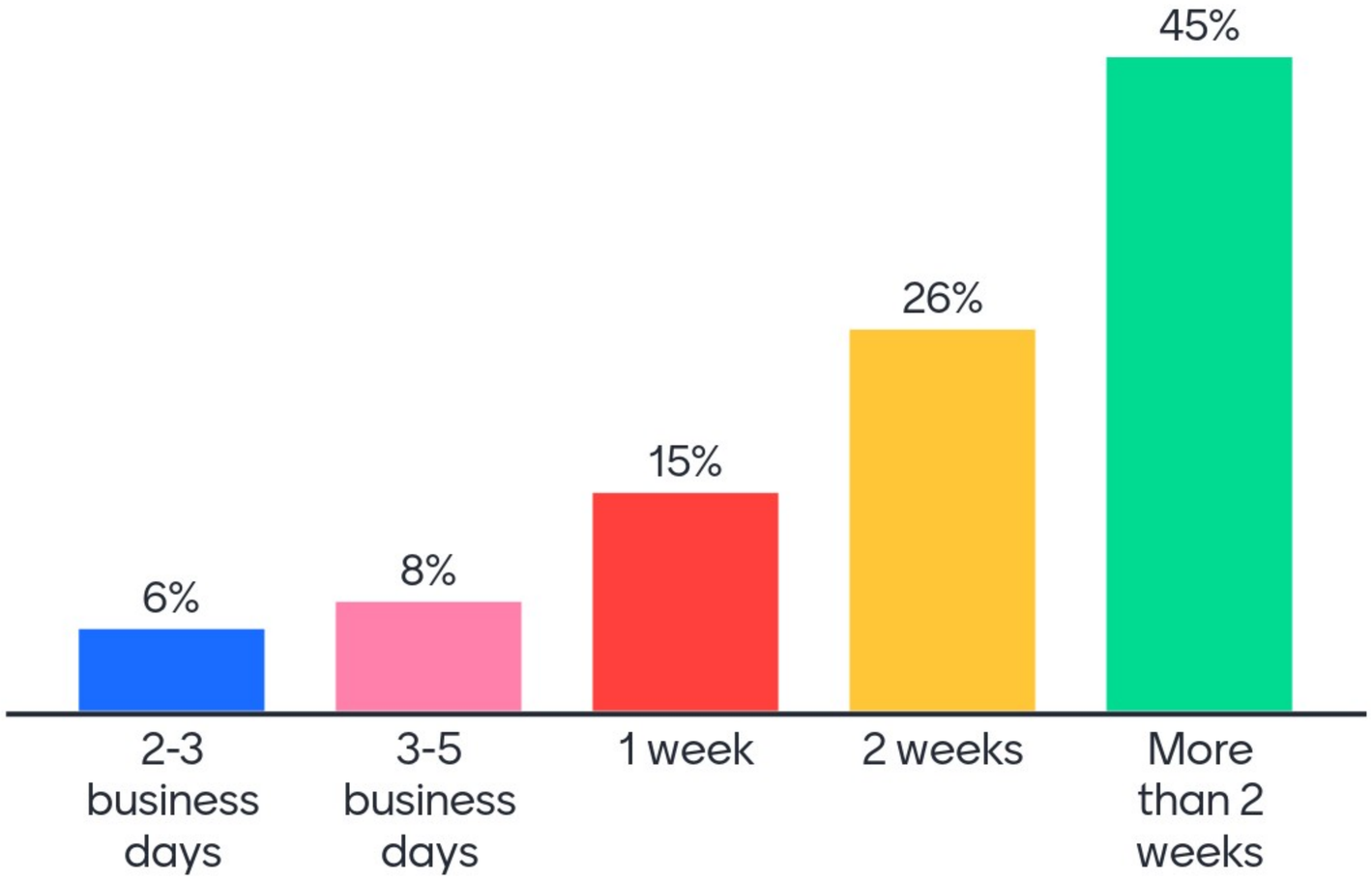
Mentimeter



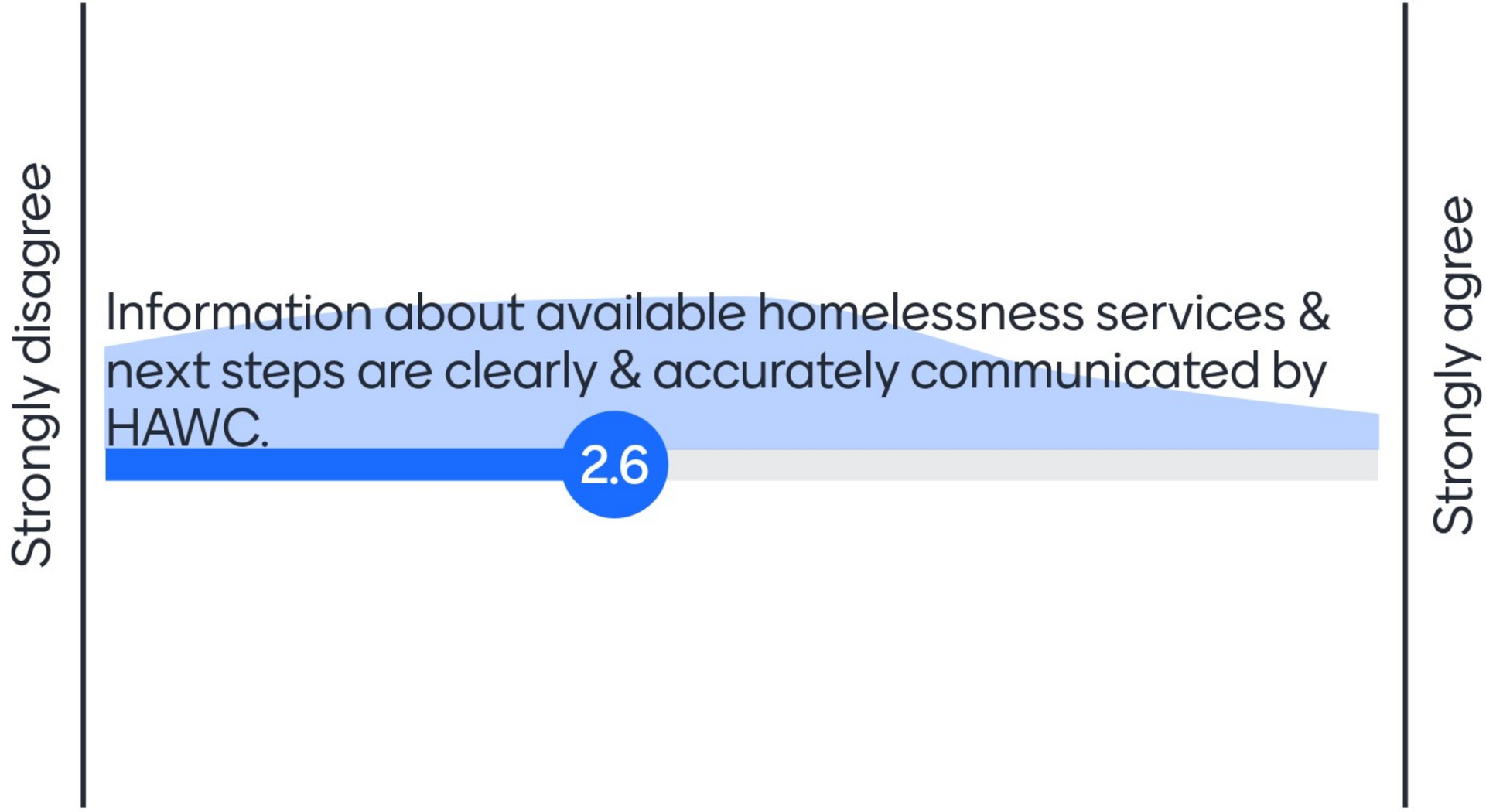
59

How long did it take for you or someone you know to receive an assessment?

Mentimeter



53


Strongly disagree
Information about available homelessness services & next steps are clearly & accurately communicated by HAWC.
2.6
Strongly agree

61

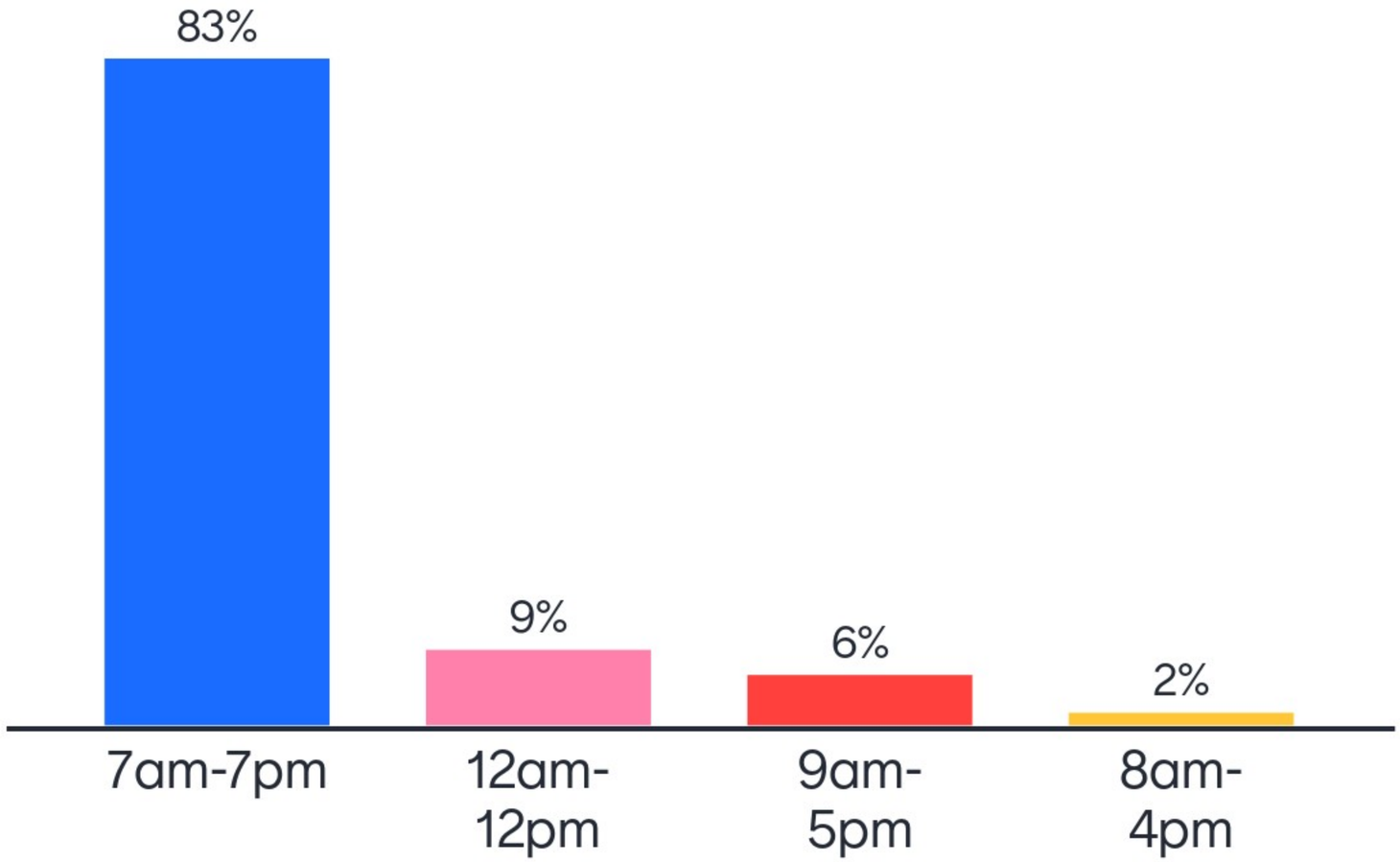
What do you think is the most important aspect(s) of a central intake organization/HARA?

Mentimeter

61

If central intake could not operate 24/7, what should the hours of operation be?

Mentimeter



64

What other services should a central intake have available for residents experiencing a housing crisis?

Mentimeter

case management

Hotel vouchers

more rent assistance $

An interim stay. (in a perfect world)

Job seeking, education and training

shelter space ,

None, I think there shouldn't be an overwhelming amount of services at central intake.

Transportation to sheltering

Short stay hotel funds. Transportation funds. Triage case management.

41

What other services should a central intake have available for residents experiencing a housing crisis?

Mentimeter

Housing loss prevention -- we have been explicitly told over and over again that you will only get help from HAWC if you're literally sleeping on the street.

Food access resources and transportation assistance such as gas cards. Low barrier cash assistance

Legal services, mental health and drug treatment services, affordable childcare, job training.

Resource center, case management, strong connection to community partners.

Therapist or mental health workersFaith leaders as this may help themEmergency food and clothing and hygiene items

Assistance getting to a safe space

New coordinated entry should involve as much in person contact as possible so we can look people in the eyes and provide empathy and support through that human connection and shared understanding

Legal help for those facing eviction/landlord issues.

Central intake should be central intake and be able to refer elsewhere, not requiring additional services that will over capacitate the intake line

41

What other services should a central intake have available for residents experiencing a housing crisis?

Mentimeter

Hotel vouchers

referral to expert community guide to support

connection to other agencies that can support a crisis (mental health, etc)

Child care supports

Case management, food access referrals, mental health, substance use connections

Nothing, focus on mission of intake.

A live person to talk to either virtually or in person the day they call

Anything else that would be beneficial to a family needing housing. Maybe food vouchers or boxes or resources to help with transportation

access to transportation

41

What other services should a central intake have available for residents experiencing a housing crisis?

Mentimeter

Hygiene Kits

emergency shelter available, or another option like hotel vouchers are asked for often

Transportation to shelter

Temporary Shelter or Hotel for 3 days to figure things out

Showers/ laundry

Community resources/referrals

Not sure if it's in place but potentially financial classes individuals can take to help them get back on their feet long term w/ money management

Most importantly, the resources should be up to date and regularly updated.

Basic needs available....somewhere to take a shower and get services while waiting

41

What other services should a central intake have available for residents experiencing a housing crisis?

Mentimeter

Central intake should be just that. A central entry and referral point to external services. No agency has the capacity to operate a call center AND provide assessments for a county of this size

Should be extremely transparent about how short we fall of meeting community need and communicate that clearly up frontWith that said, we should try to offer whatever basic resources we can and do so rapidly (showers, meals, etc)

Hotel Assistance when shelter space is not available

Somewhere for people to house animals if needed

immediate cash assistance

some way to gather stories. low barrier/low requirement advocacy

Super-rapid intake and assessment, resulting in referrals and placement

An exhaustive resource list. Often times my experience is that individuals will not know that the Housing Choice Voucher exists, or that they need to engage in a VI-SPDAT, or that the Staples Family Center might be an option for them.

As the Housing Access Resource, it needs to be specific to housing needs, otherwise it should go through 211.

41

What other services should a central intake have available for residents experiencing a housing crisis?

Mentimeter

direct referrals/warm hand-offs

hygiene kits and food boxes with clean clothing but I agree shouldnt overwhelm intake

immediate referral (including transportation) to others who are better equipped to offer non-intake services

Child Care Available or Resources Temporarily

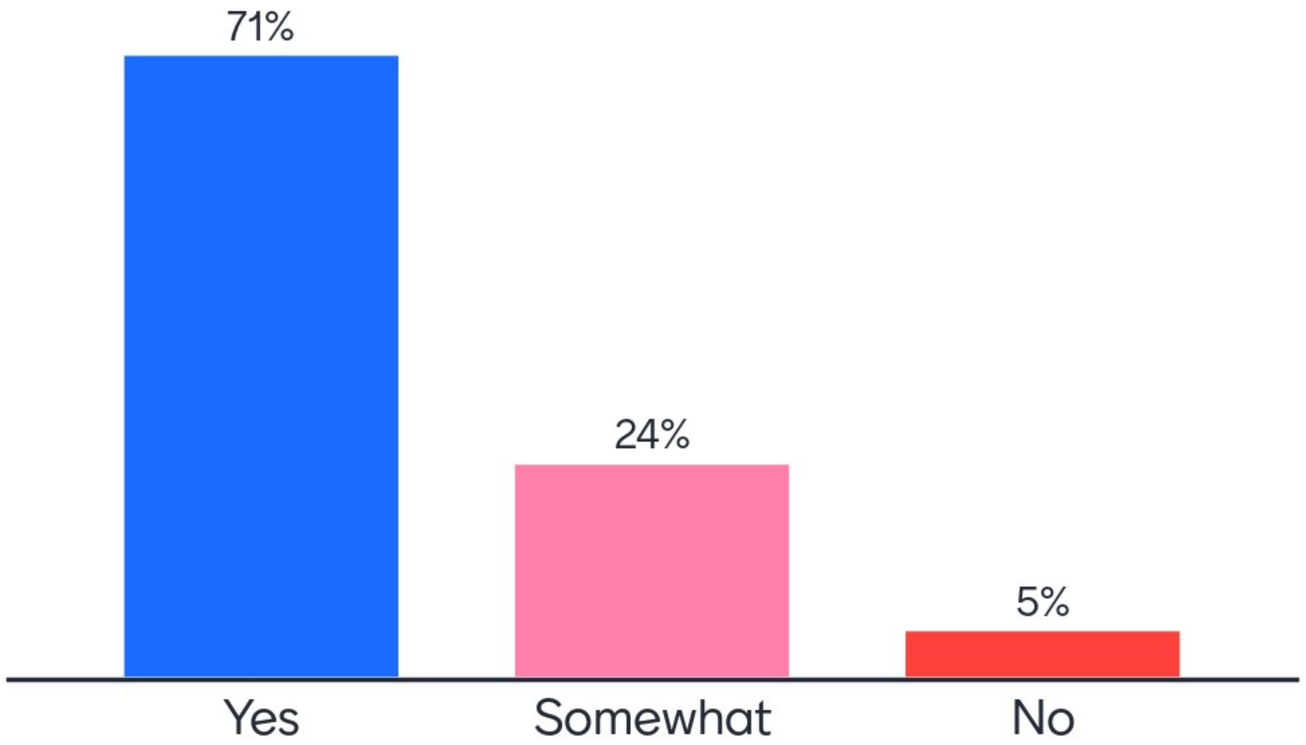
Immediate access to shelter - it's not a central intake issue though, it's a system issue.

Diversion services and more shelter space to refer to

41

Should special populations (survivors, youth, veterans, other) have different points of access due to safety or other reasons?

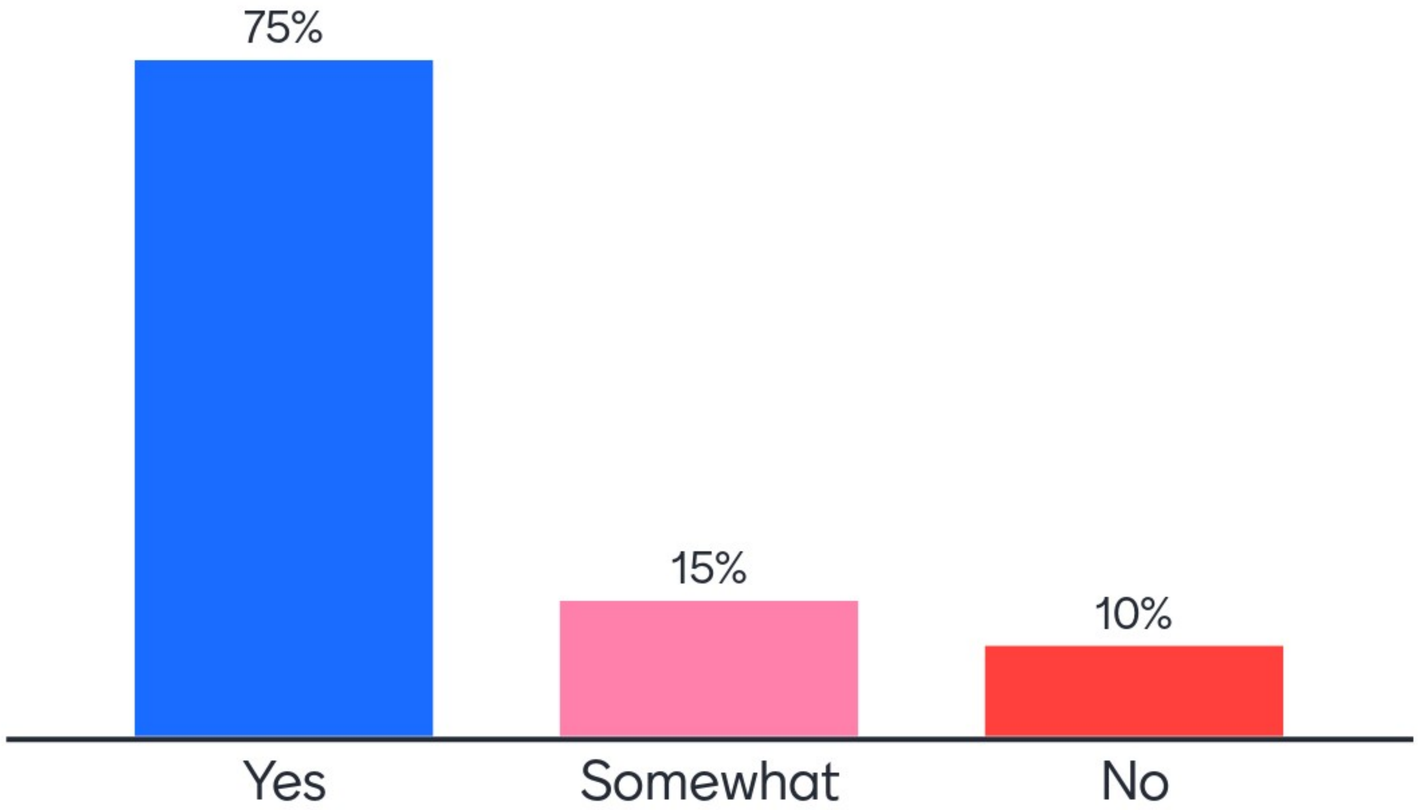
Mentimeter



58

Should there be central intake organizations across the county?

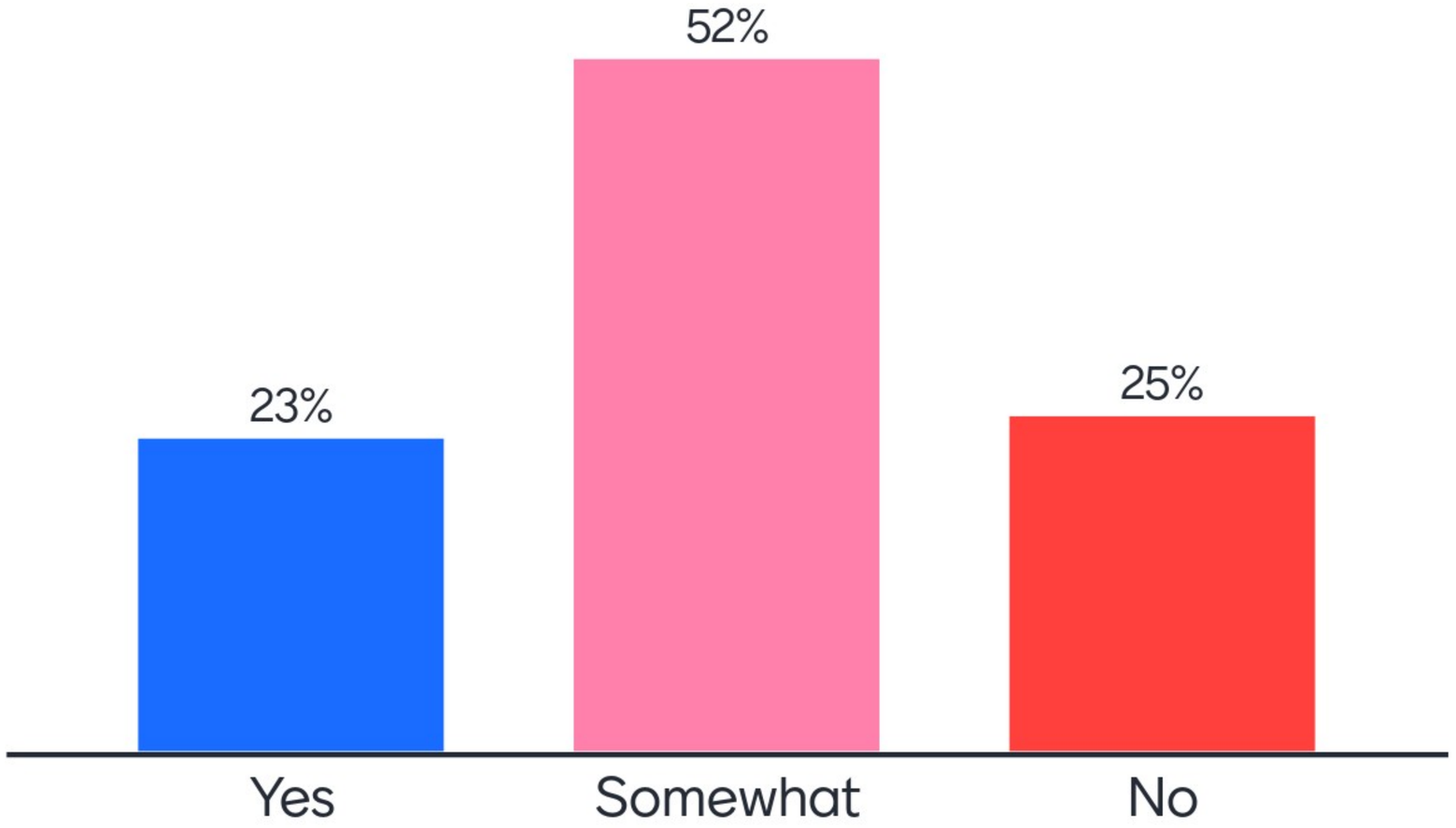
Mentimeter



60

Do you know how HAWC is funded?

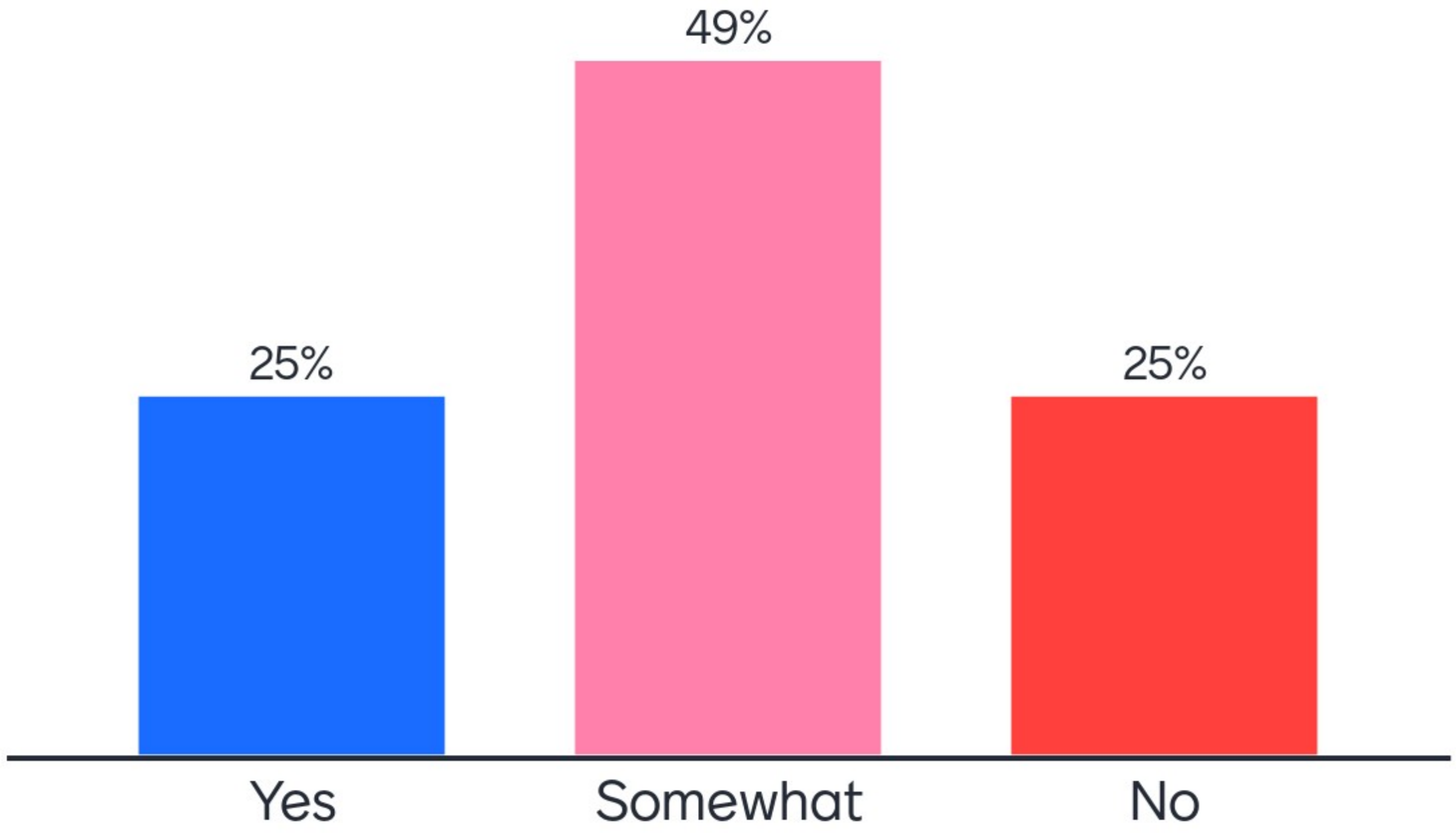
Mentimeter



60

Do you know what funds other housing and homelessness services in Washtenaw County?

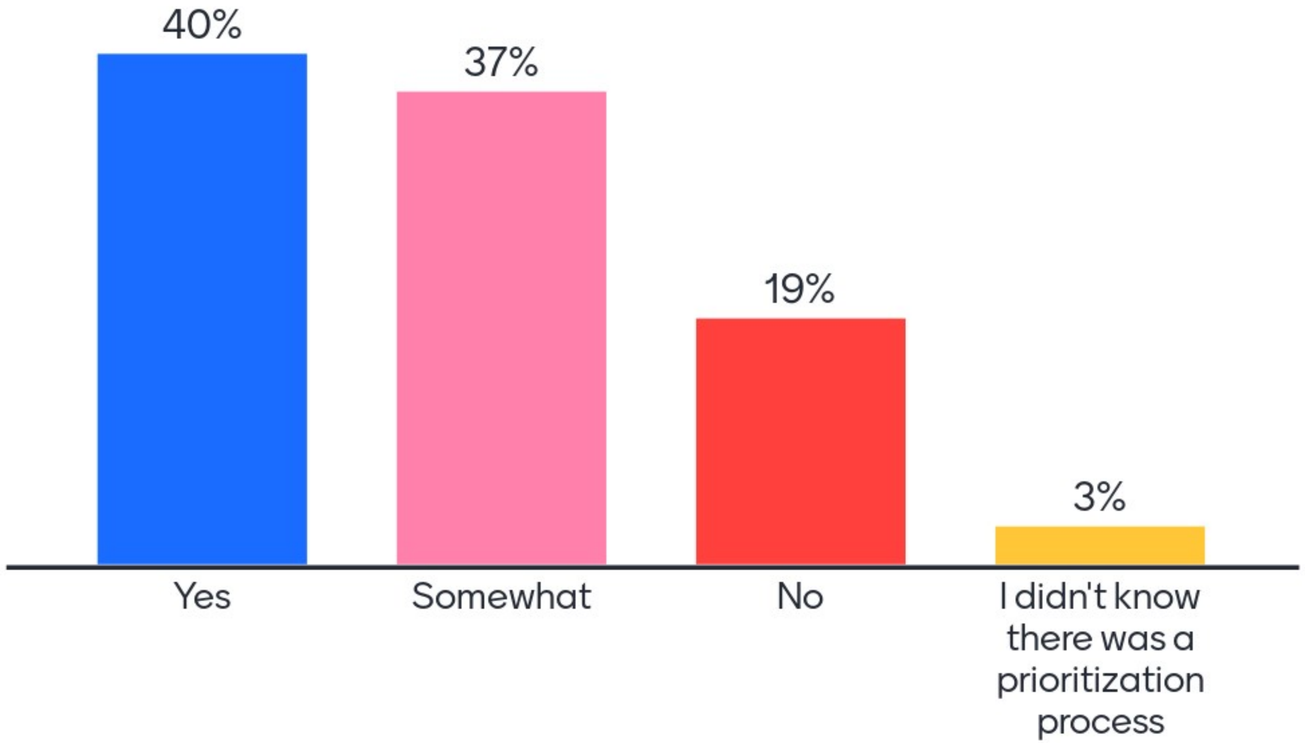
Mentimeter



63

Do you know how individuals and families are prioritized for housing and homelessness services in Washtenaw County?

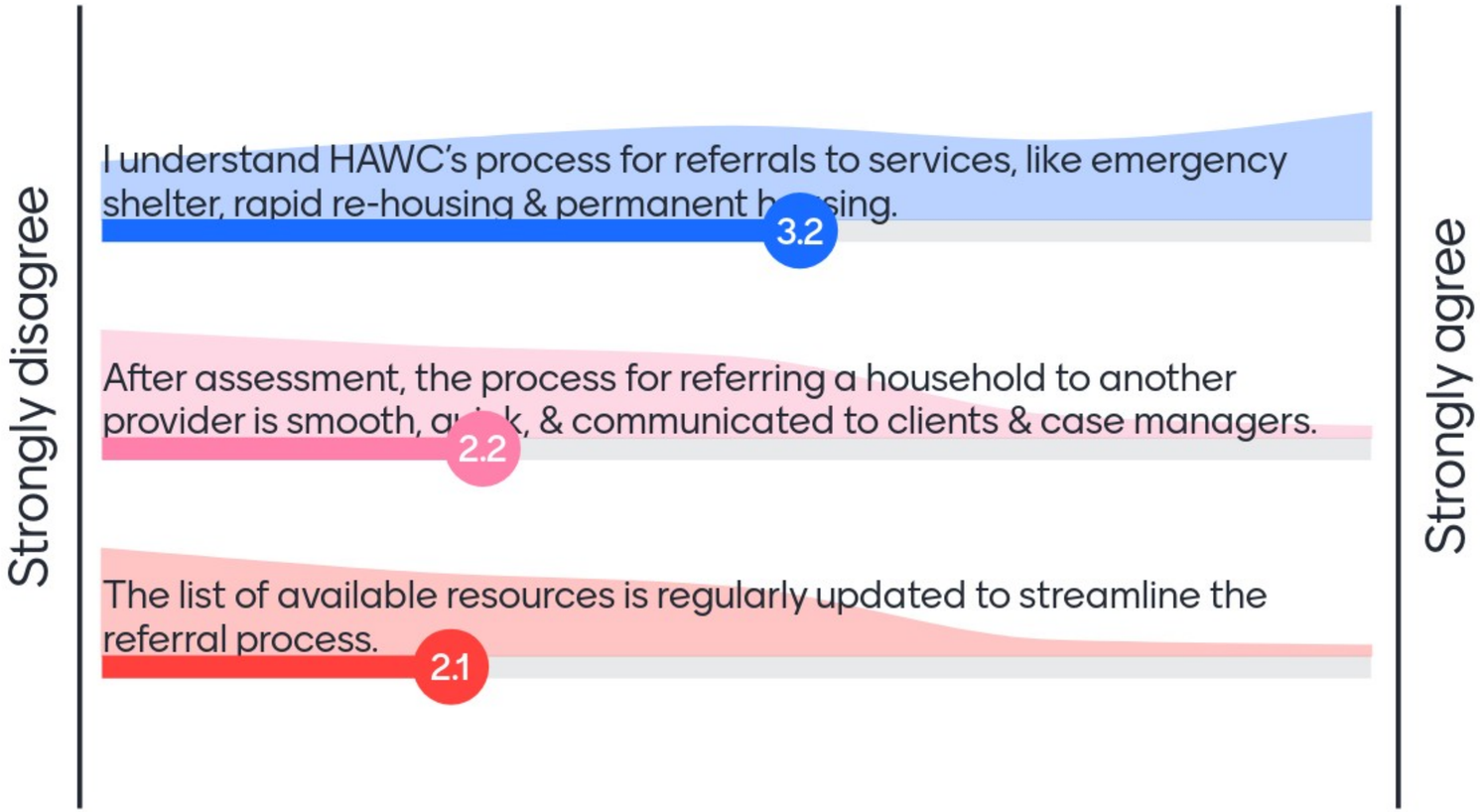
Mentimeter



67

Rate your agreement with these statements about referrals.

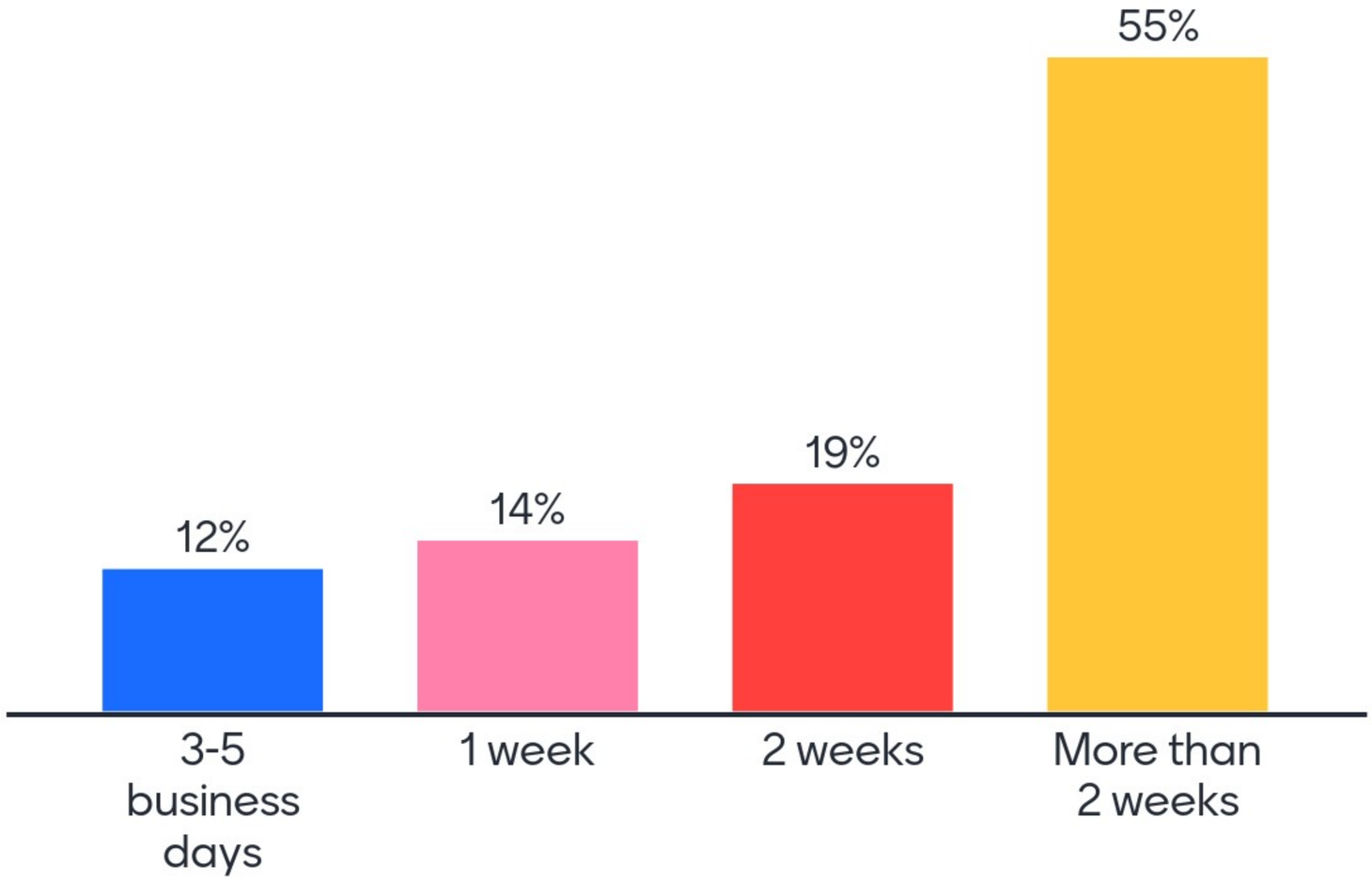
Mentimeter



59

How long does it take for you or someone you know to be referred to services (after prioritization)?

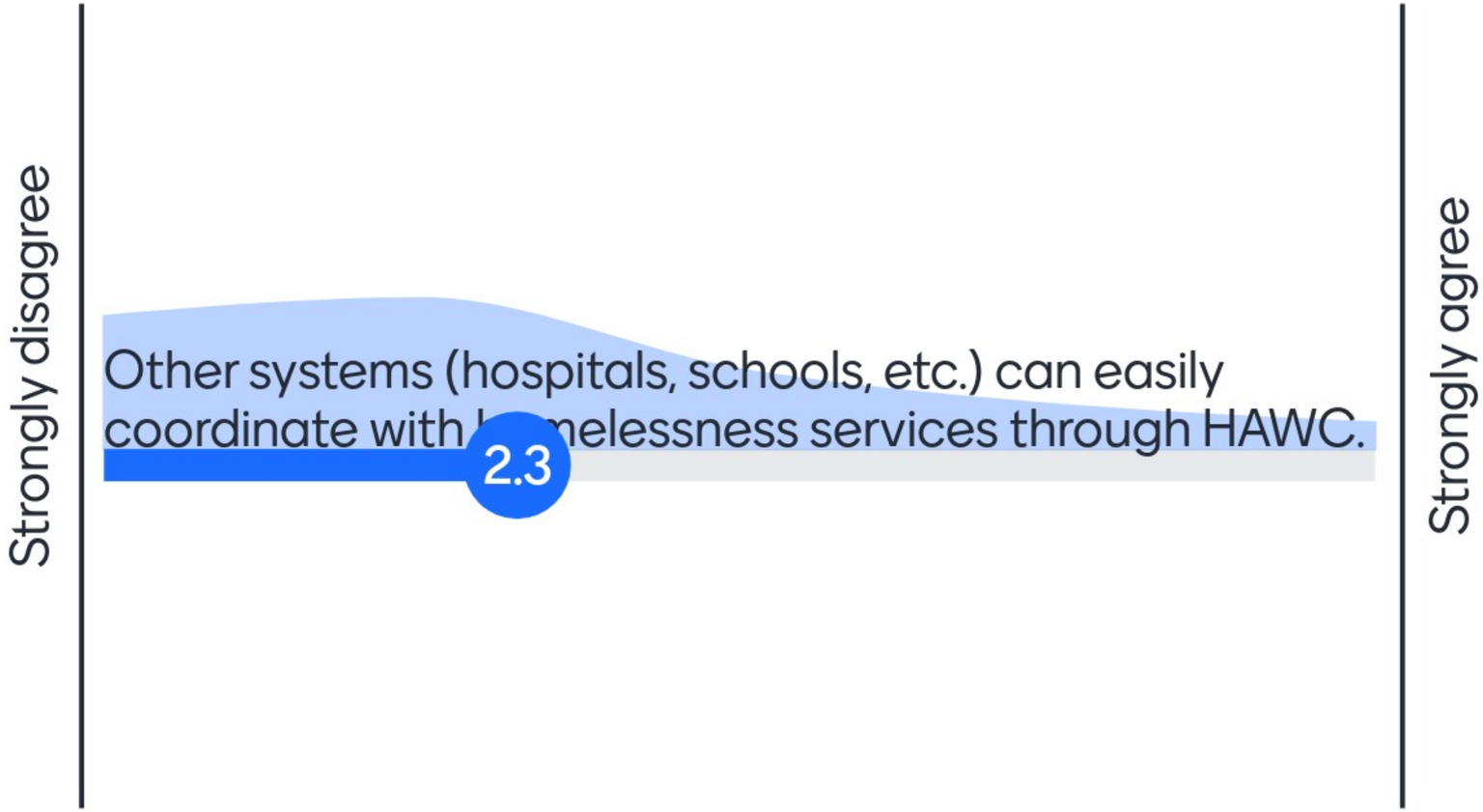
Mentimeter



42

Rank your agreement with this statement about coordination with other systems.

Mentimeter



50

What didn't we cover today that you wanted to talk about regarding HAWC?

Mentimeter

Staff support, increased jobs for this work

The housing crisis which is why we need HAWC.

RESOURCES for HAWC! If we continue to fund it the same way it was funded a decade ago, no changes will truly make a difference to people trying to access services.

What will happen with the Staff at HAWC?

Why MSHDA is no longer partnering with Salvation Army

Emergency access to resources, allocation of funding, and how to increase that funding

It would be helpful to offer training sessions to your community partners (us) so that we could know how to use the system most efficiently.

The stability being offered for current HAWC staff who are working above and beyond to attempt to meet the needs of the community.

What is the timeline for the transition?

39

What didn't we cover today that you wanted to talk about regarding HAWC?

Mentimeter

increased staffing and increased training

Hiring process and staff retention, communication going forward with the community and specifically the unhoused

Practical changes that will be forthcoming so that we can share this with our clients.

What is the follow up of people who use the system- long term outcomes?

How can we increase pay to retain skilled intake workers?

The county response plan for post-Covid increase in calls. We don't anticipate the level of need returning to pre-Covid levels anytime soon

Bringing the input of the families that are impacted to the table. How to get the voice of those that actually have experience this to have a continuous voice at the table

We need to have a conversation about available resources and think big

Supporting staff, lack of staff on intake line

39

What didn't we cover today that you wanted to talk about regarding HAWC?

Mentimeter

New staff training will highly be needed/ hiring of new staff

There will be upcoming changes to the process

Personal experiences for people who have used the system?

Is there anything that can be done about the lack of affordable housing options in the community?

Why the decision was made to end relationship with Salvation Army without community input or involvement from the Continuum of Care Board.

I appreciate this space with allowing feedback! I hope we can further talk about maybe policies that we could change to better support the populations we serve in the varying microgroups.

What is going to address the staffing concerns/lack of staff and what will happen to current staff

How a review of their services should have been done years ago to see the efficiency or not

What OCED will be doing differently to actually support a new HARA

39

What didn't we cover today that you wanted to talk about regarding HAWC?

Mentimeter

What is the answer for Someone who says "I have no place to go tonight?" is there any resource ?

Who should we refer to for ESG prevention?

Will HAWC be spread out threw different organizations?

increase pay and benefits for hawc staff

Increase the funding for HAWC and pay for its workers.

How to truly decrease our homeless in Washtenaw County

The agencies in line for the new funding partnership. When will that happen?

What is the future role of HAWC?

How we are going to bring people together to make concrete decisions regarding this transition and preventing clients from falling through the cracks

39

What didn't we cover today that you wanted to talk about regarding HAWC?

Mentimeter

The barrier that men have gaining access

How can we speed up the process so that whatever the new system is it doesn't start with a back log of clients/calls

The need for universal help for folks who are homeless not just housing but counseling financial and mental, employment and support

What is the timeline for getting a new Agency in place? And is this realistic in such a short period of time?

The overall experience of the community.The capacity to make changes quickly.What to do now when calling HAWC - Community still can't get in contact with them.

Need for more prevention resources and diversion services.

Where was the community and agency support for HAWC and The Salvation Army during CERA and Covid-19 restrictions. The system was not designed for a pandemic and the increase in need.

What will happen after the CERA program is over? How will intake be able to handle the increased need?

Apologies to the unhoused who were impacted

39

What didn't we cover today that you wanted to talk about regarding HAWC?

Mentimeter

How can we address this housing crisis and LACK of affordable housing as a county/state

We need more local/unrestricted funding.

What can be done about housing agents intentionally raising rent so low-income, disabled, elderly, etc. people can no longer live in these apartments?

I would like to see a list of action steps that are being taken to make improvements

Who is the point person for various stages of housing process (intake, assessment, etc) that community partners should reach out to?

increase pay and benefits for hawc staff

A general sense in the homelessness community that no one cares, which appears to me to come from a general lack of funding and staff burnout, etc. But it's pervasive and the inability to get in touch with HAWC exacerbates it.

Also how to support frontline intake staff better. They can't care for clients unless we care for them.

How will staffing change as HAWC has historically been underfunded in terms of being able to hire and pay adequete staff

39

What didn't we cover today that you wanted to talk about regarding HAWC?

Mentimeter

What is timeline for transition? Will agencies filling in HAWC gaps be compensated?

Support for HAWC Staff since most of them just started this year - now what?

Cash assistance is a huge need

Transition from one system to the next takes time and it's naive to think this can be done so quickly

How to help people who won't qualify through SPDAT

What responsibility does OCED accept for the issues related to coordinated entry in Washtenaw County

How to increase landlord participation in housing low income folks.

Where people can actively find eviction prevention right now.

Is this going to keep happening because of the lack of adequate funding for housing and homelessness in the county?

39

What didn't we cover today that you wanted to talk about regarding HAWC?

Mentimeter

What is the plan for increasing trust in HAWC because people are too skeptical to call

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Washtenaw County CoC Preliminary Recommendations

CoC Board Meeting - August 3, 2022

Introduction

Over the last two years, CSH has engaged with the Washtenaw County CoC through participation in CoC Board meetings, Executive Committee meetings, and one-on-one conversations with CoC Board members and other CoC stakeholders. In more recent months, CSH has engaged with Washtenaw County CoC stakeholders through the All-Staff Training, the All-Membership Meeting, and three meetings with people with lived experience of homelessness in Washtenaw County.

The information gathered from these various engagements resulted in four key recommendations outlined below for the Washtenaw County CoC. Each of these recommendations is interconnected.

Recommendation #1: Address racism, white dominant culture norms, and power dynamics that are present within the CoC

1. Create space to acknowledge and begin to repair the tension that exists within the CoC and harm that has been caused
2. Move from academic/theory based idea of anti-racism to practical day-to-day reflection and implementation
    a. Review policy and funding decisions through a race equity lens
    b. Review data broken out by race and make decisions based on it
3. Re-visit the CoC's race equity statement and plan, take inventory of how that work has been advanced, and create a plan for continued advancement
4. Address knowledge, including historical knowledge, as a power dynamic (the power that comes with having the more technical knowledge about HUD/CoC and homelessness)
    a. Host prep/orientation meetings prior to board meetings to share information with participants
    b. Create a culture in which it is encouraged to ask questions, being mindful of how this plays out for people of color and white people differently

<u>Reflections from CoC Board Members, All-Membership, and PWLE</u>

70% of participants at the All-Membership meeting were unaware of the existence of the race equity statement

"Racial equity should be a part of every meeting, every policy review and funding analysis" – comment from All Membership meeting

"We should intentionally focus on disparities in outcomes for POC accessing CoC-funded programs"

"There needs to be acknowledgement from government partners and funders about what agencies have gone through over the last few years"

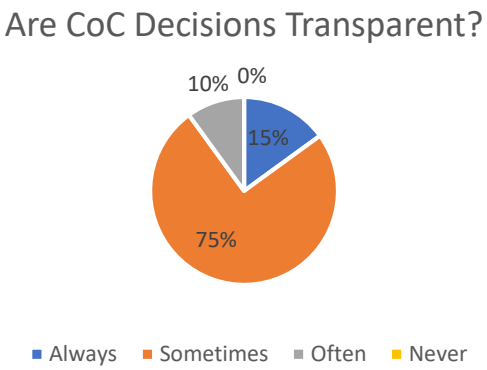
Resources/Examples

White Dominant Culture: white dominant culture & something different.pdf
RE Assessment Tool: Race-Equity-Assessment-and-Impact-Tool.pdf
RE Toolkit: City of Portland
RE Toolkit: GARE – Getting to Results

Recommendation #2: Improve accountability & transparency across the CoC

1. Clarify, and revise where needed, roles among various entities within the CoC, in particular OCED, WHA, the CoC Board, and the CoC Board Executive Committee
    a. Develop MOUs that clearly outline roles and responsibilities of each entity
2. Clarify the funding necessary to sustain infrastructure operations of the CoC
    a. Determine the activities that need to be prioritized within the CoC and the staffing capacity necessary to perform and sustain those activities
    b. Determine what activities need to be prioritized and the staffing necessary to perform and sustain those activities
3. Consider making changes to the CoC structure as a whole, including role and purpose of committees and establishing a dedicated space to start to tackle cross-system partnership work

Reflections from CoC Board Members, All-Membership, and PWLE



"CoC Board should monitor ourselves like we're doing in the new rubric for providers"

"OCED wears A LOT of hats in our community in addition to being our CoC lead entity"

"If we re-organized the committees and what they do, we could better position people to engage where they feel they want to prioritize their time and expertise."

Resources/Examples

MOUs: CoC Memoranda of Understanding - All Chicago
Affinity Groups: Affinity Groups - All Chicago
Partnership agreement & new partner packet: Houston CoC partnership agreement; new partner packet

Recommendation #3: Create a CoC Board that is welcoming, inclusive, and accountable

1. Intentionally create a space that advances racial equity, addresses power dynamics, ensures people have the information needed, pulls people into discussions, allows people to get to know one another, has norms/agreements that people understand and are accountable to, is trauma informed, and allows for uncomfortable and difficult conversations
2. Establish and document a decision-making process that works to include all members into the discussion
3. Create a clear conflict of interest policy and intentionally acknowledge when people are recused from voting
4. Reconsider the size of the CoC Board and evaluate membership through an equity lens
    a. Among All-Membership meeting participants, CoC Board members, and the PWLE group, PWLE were named as the #1 priority for membership on the CoC Board (see below for more detail)

<u>Reflections from CoC Board Members, All-Membership, and PWLE</u>

What holds you back from participating in the CoC Board meetings?

- "Lack of understanding/knowing what's going on" (mentioned by 5 people)
- "Intimidating/doesn't feel safe" (mentioned by 2 people)
- "Formality of meetings; lack of chat function – need this for introverts!"

"Have had times where I wanted to be there (at a meeting), but there was an intimidating energy; 10 people there; 9 are white + me…can be difficult to address problems when race can be primary factor-you feel that you'll be criticized if you give an opinion that's not welcome"

CoC Board Member ranking/prioritization:

All-Membership meeting participants

1. PWLE	2. HAWC Director	3. Homeless or housing rep	4. OCED Director	5. A2/Ypsi housing commission
6. DV provider	7. WHA director	8. Wash. County WCCMH director	9. A2 VA rep	10. Wash. County board of commissioners

CoC Board members

1. PWLE	2. HAWC Director	3. Homeless or housing rep	4. OCED Director	5. A2/Ypsi housing commission
6. DV provider	7. WHA director	8. WHA Board member	9. A2 VA rep	10. Wash. County board of commissioners

PWLE

1. PWLE	2. Faith leader	3. Workforce rep	4. HAWC director	5. A2/Ypsi housing commission
6. DHHS rep	7. Wash. County WCCMH director	8. Homeless or housing rep	9. Substance abuse coord. agency	10. DV provider

Resources/Examples

Board composition: Houston CoC Steering Committee
Board composition: Indianapolis Blueprint Council
Conflict of interest policy: St. Louis CoC
Conflict of interest policy: Yakima County CoC
Consensus-based decision-making: Overview
Consensus-based decision-making: Fist to Five

Recommendation #4: Make the inclusion of people with lived experience (PWLE) of homelessness and housing instability a priority systemwide

1. Reduce barriers for PWLE to participate by identifying funding to consistently compensate PWLE, creating meeting spaces that are trauma-informed and welcoming, and addressing technology, transportation, child care, and other barriers identified by PWLE
2. Create a system-wide policy and process outlining compensation for PWLE
3. Identify staffing to support PWLE that are involved in CoC work including preparing for and de-briefing meetings, support between meetings, navigating resources/systems, and connecting to professional development opportunities
4. Create multiple ways for PWLE to engage in CoC work:
    a. CoC Board & Committees
    b. PWLE Advisory Committee/Council
    c. Focus Groups
    d. System-wide grievance process

Reflections from CoC Board Members, All-Membership, and PWLE

"We need something like an advisory council…people sitting in offices/behind desks, whether or not they have experienced homelessness, don't necessarily understand the problems *currently* homeless people face. For decisions about where money goes for things like warming centers, needs to be decided by people with direct experience and most familiar with the issues" – PWLE participant

Why would you want to participate in CoC Board or Committees? What's in it for you?

- "Being able to hear other people's perspectives and learn from other people; gaining knowledge and perspective and helping people find hope"
- "Being part of and advocating for change" (mentioned by 3 people)
- "Compensation is great, but it's not just that"
- "Would love opportunities for employment"

Resources/Examples

PWLE Advisory Council: Arlington Virginia
PWLE Advisory Council: Connecticut CLIP
Guide for Engaging PWLE: Healthcare for the Homeless
Questions to consider prior to engagement: 100 Million Healthier Lives

Recommendation #1: Address racism, white dominant culture norms, and power dynamics that are present within the CoC

Mentimeter

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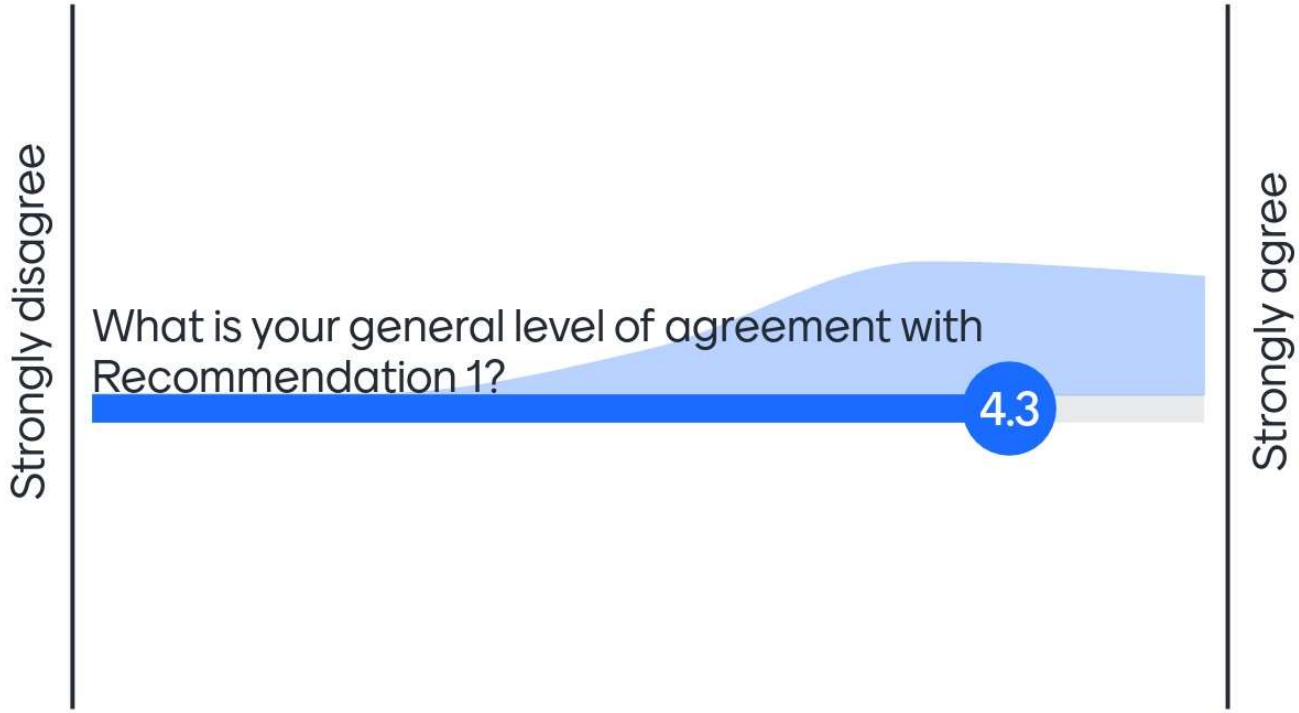
CSH

Rec 1: Address racism, white dominant culture norms, and power dynamics that are present within the CoC

Mentimeter



20

What made you rate Recommendation 1 the way you did?

Mentimeter

No alternative

Struggling with Menti technology - would have given a different answer...

Natural for dynamics of technical competence and knowledge given broad participation

I think the COC tends to be a rubber stamp organization, instead of having really impactful conversations as well. It is a missed opportunity to not have the conversations.

Because it's important that this be addressed, given the population your serving

Such an important topic that warrants discussion as a Board in order to provide services in a meaningful way

White dominant culture is highly present within the CoC. It shows up in all spaces and when tension is high, such as now, it gets exacerbated. .

Historically speaking housing sytems and housing in general is incredibly inequitable and racist. If an agency funds doesn't change in ten years... then what real change has happened here

I thought the recommendation was spot on

11

What made you rate Recommendation 1 the way you did?

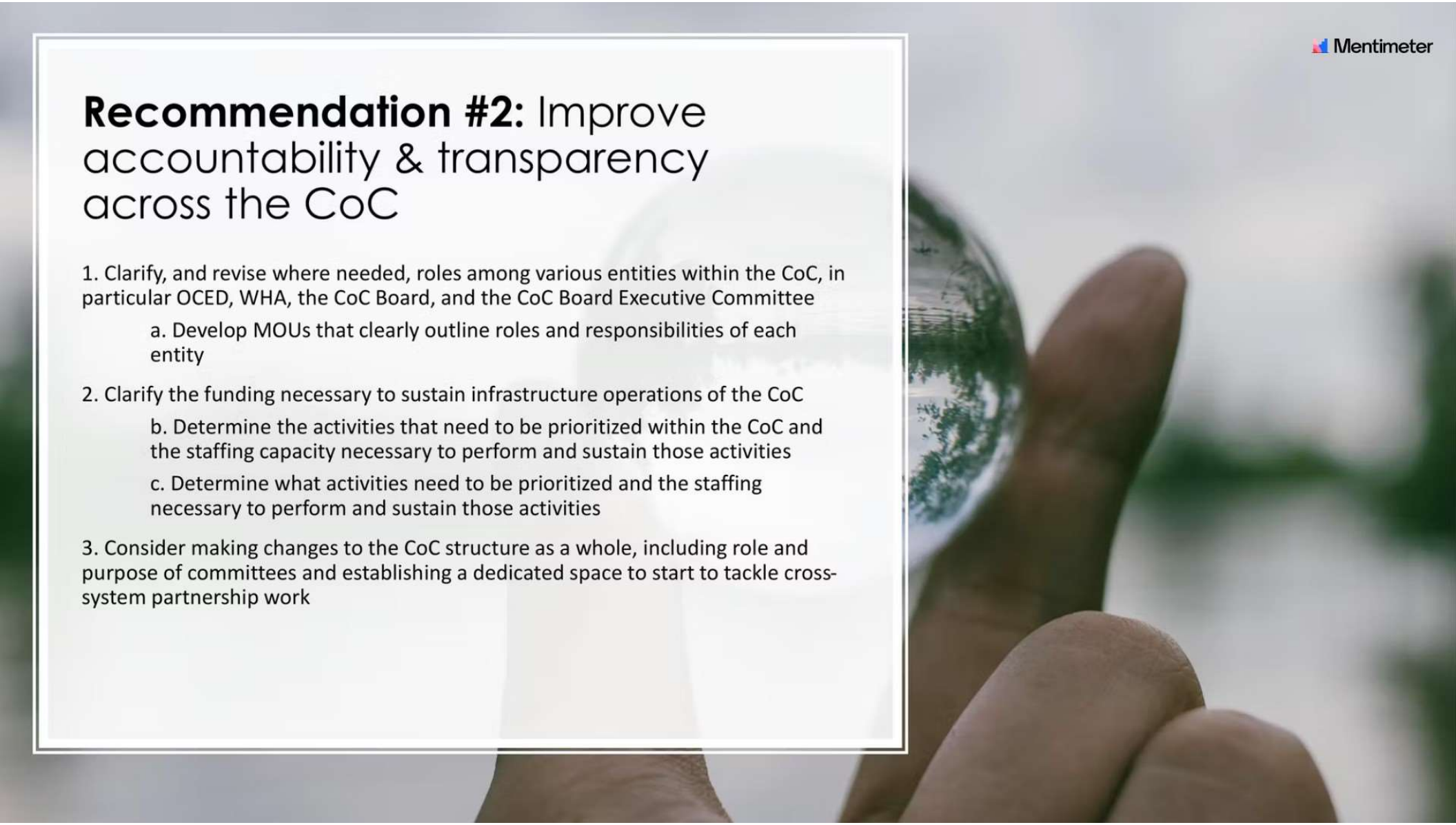
Mentimeter

Have a better understanding

I fear that we don't have enough ability to change the dynamics. Wish I had more insight on how it will work in practice.

If we had the conversations - we could have faced the housing access problems much earlier.

11



Mentimeter

Recommendation #2: Improve accountability & transparency across the CoC

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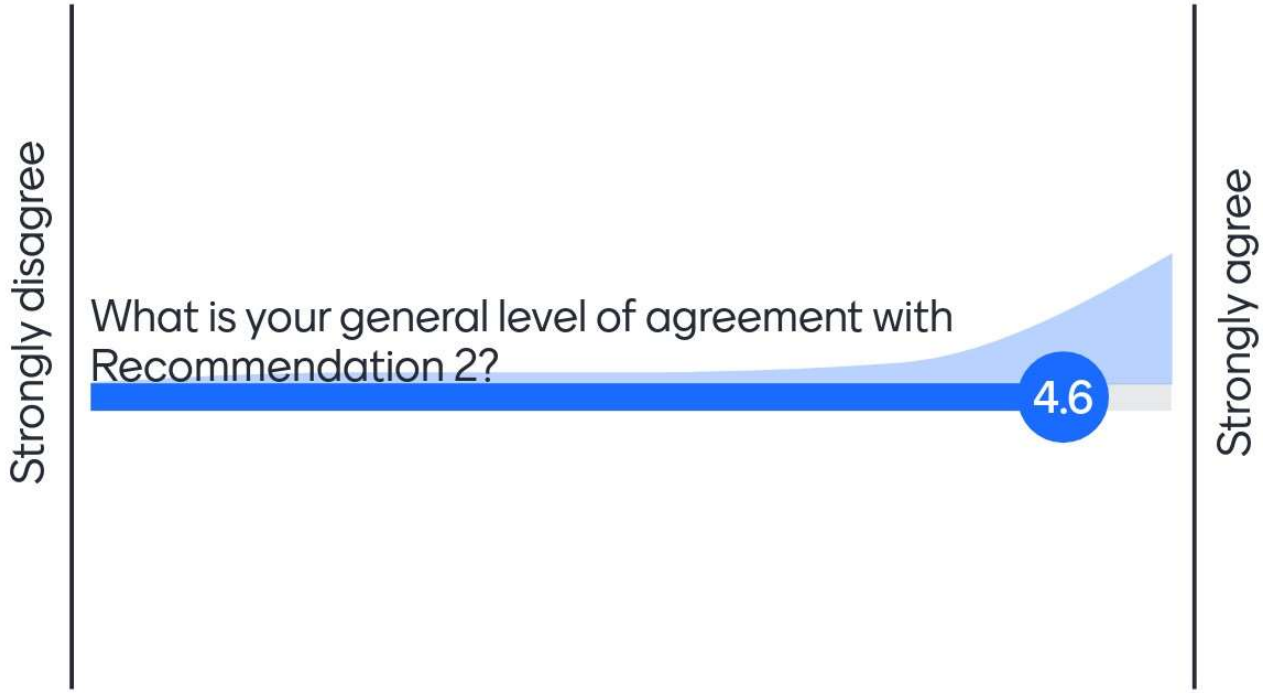
Mentimeter



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What made you rate Recommendation 2 the way you did?

Mentimeter

A lot of our lack of resources may be able to be solved by increasing partnership and leveraging other mechanisms of assistance for folks.

Role clarity and MOUs will really help

Makes sense... Still struggling with Menti

Defining roles more clearly will definitely help communication and collaboration.

Lack of understanding gets in the way of good communication and decision making.

Are people committing to have more discussions and more meetings because that's the outcome this is leading to

Change starts at the top.. transparency imperative..

No clarity from me as Board member how OCED is funded, what they use CoC admin funding for and whether they are the best option for CoC lead

I feel really unclear on what spaces and what agencies in power really have power to do.

12

What made you rate Recommendation 2 the way you did?

Mentimeter

The point about resourcing the whole system resonates strongly. Getting past "this is how it's been done" to "how do we create what we need and want to see in our community?"

Curious why this rated higher (although marginally) than Recommendation 1.

How many committees are there and what are they? Do I need to be invited to join one or can I volunteer to participate? There needs to be more communication regarding ways to participate.

Transparency is really important

Transparency is rooted in white dominant culture.

accountability requires external judgment

12

Mentimeter

Recommendation #3: Create a CoC Board that is welcoming, inclusive, and accountable

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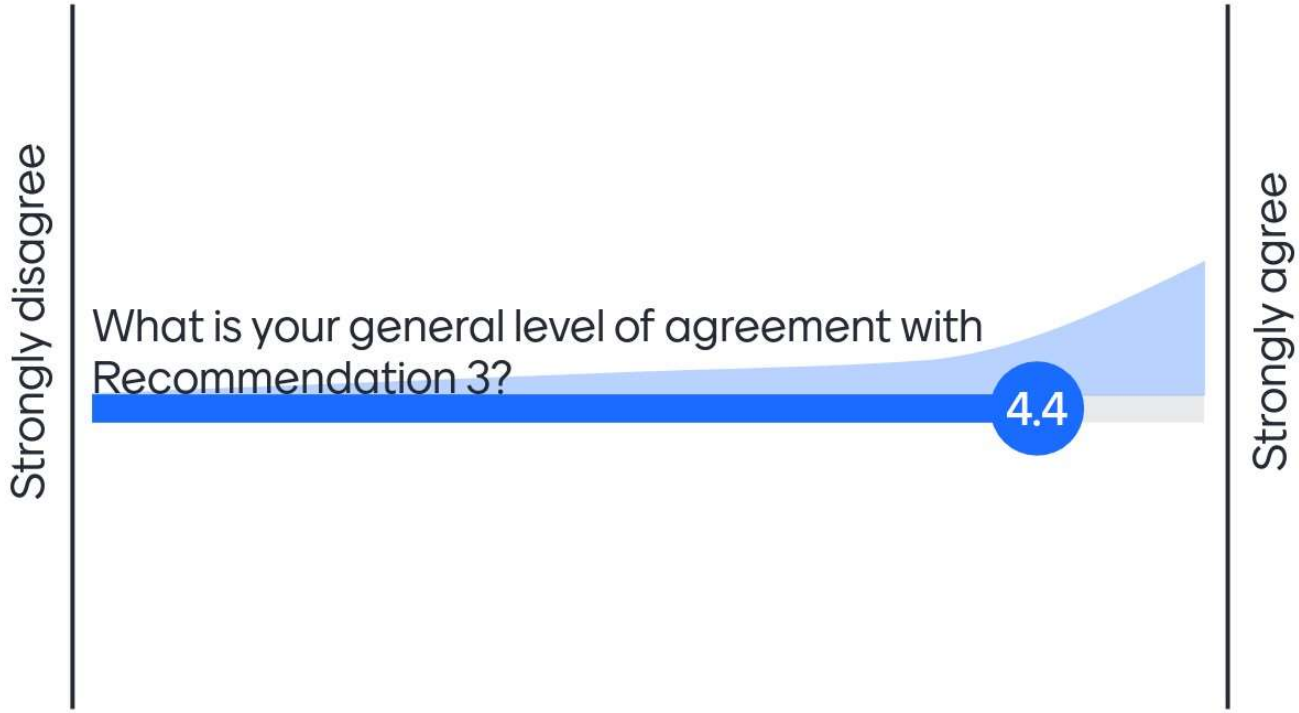

18

What made you rate Recommendation 3 the way you did?

Mentimeter

Have more diversity on the CoC board

It's predominantly white. Isn't welcoming. People say the same things without committing to change

Generally, they are an important values... what's the "how"? HOW to create this culture or inclusiveness and welcoming?

I think especially sitting in spaces regarding the movement of HAWC, a lot of folks aren't in the loop on what resources the coordinated point of entry has and how they are used. Building this understanding makes spaces easier to navigate.

We have a COC "language" which is unintentionally exclusionary. For instance the use of initials all the time for things which in the loop people know but not others.

Nobody talks at these meetings

Because it's not a very welcoming group.

I find this consulting process worse than the CoC dynamics

I feel a lot that people in power are very dismissive of others who don't have that power necessarily.

9

What made you rate Recommendation 3 the way you did?

Mentimeter

welcoming and inclusion focuses on safe spaces, and accountability focuses on a judgment of adequacy. These are difficult things to make compatible.

This CoC often has a mentality of "this is how it always has been done" so no motivation to change

There is so much jargon and technical info I feel I need to have

Very apparent in the process of moving HARA as these problems have existed for a decade but nothing has been until done now.

9

Recommendation #4: Make the inclusion of people with lived experience (PWLE) of homelessness and housing instability a priority systemwide

Mentimeter

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CSH

Recommendation #4: Make the inclusion of people with lived experience (PWLE) of homelessness and housing instability a priority systemwide

Mentimeter

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What made you rate Recommendation 4 the way you did?

Mentimeter

PWLE voices should be sought out and HEARD

I find it ironic that people who have been homeless or are, would probably not know what PWLE means. It is an example of disconnect.

HUD is the system and we aren't going to change HUD

I feel the prep and debrief needs to be done beyond just PWLE. Many folks come into these decision making spaces (as agencies and providers) without understanding the implications, challenges, and background of issues brought to boards and committees

The voices of those we serve are absent in our deliberation and decision-making., and it's a huge gap.

PWLE are not unitary of course. The decision making "board" needs to be balanced re all interest groups

System changes come when those involved in the system are a part of the process.

We need to find better ways to get the input from PWLE without requiring them to come to attend these formal required meeting...

Sometimes it feels like we get so far into the weeds of internal dynamics to the CoC that we lose sight of the ultimate goal of what we're doing here.

12

What made you rate Recommendation 4 the way you did?

Mentimeter

A lot of disconnect.

If we truly believe this, we'd have a different conversation about Coordinated Entry and what led to the current problems.

I have seen it done well and not be tokenism - pair ppl w/ lived experienced w/ those who have technical exp, so they have the information and can inform decisions; resource it (give compensation); etc.

I second purple re: coordinated entry discussions

Because I don't actually want to continue on the CoC board without more meaningful engagement from people with lived experience and there are great examples in other communities we can learn from

12

What questions/reflections do you have about the Recommendations?

The disconnect is so broad across everyone. I fear that we as the existing board already have such a disconnect it makes it harder to include others in these spaces without being prepared ourselves.

How do we meet the required structures required by HUD and MDHSA and ge the input.

With such a high level of agreement on these goals, it seems like other questions might be more revealing.

I'm ready for an implementation plan on these recommendations. Let's talk less, do more.

I worry about placing the burden on BIPOC folks with lived experience to pressure/change the system. Where is the internal accountability

Yes, input from PWLE

Need "business" discussions but also deeper ones.

These all directly conflict with how the COC is handling the HAWC situation. The disconnect is astounding

How would you prioritize the Recommendations? (this is not a final deecision/vote)

Mentimeter

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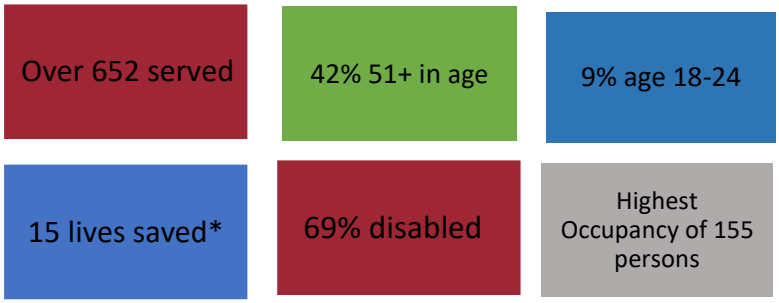
Shelter Association of Washtenaw County (SAWC)
Shelter Update, July 28, 2022

SHELTER PROGRAMS UPDATE

The Shelter Association continues to offer an array of shelter and supportive services to those experiencing homelessness in Washtenaw County. During the summer months, we are currently operating up to 68 shelter beds for individuals at the Delonis Center and at an offsite location. The offsite location is a local hotel where we currently operate our medical recuperative care program of eight beds. The recuperative program is a collaboration with hospital partners to coordinate safe discharge from hospitals into shelter for those experiencing homelessness with acute medical needs.

The SAWC operates the Delonis Center which serves as an access point to key supportive services for individuals experiencing homelessness. Supportive services offered include individualized housing plans, intensive case management, and housing voucher sign up assistance. Additional basic need services include an onsite medical clinic run by Packard Health, laundry, storage, showers, meal services run by Food Gatherers, 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. On a given day, we will serve up to 150 individuals with these basic need's services.

CURRENT TRENDS & NUMBERS AT A GLANCE (6 MONTH PERIOD, JANUARY – JUNE 2022)



At this time, the SAWC continues to consistently have all shelter beds occupied. A triage list is managed that currently has thirty-six men and nineteen women (total of 55 individuals) waiting for access to a shelter bed. The average wait time is four to six weeks for access, however this waiting time can vary greatly due to the nature of the triage list and how it prioritizes clients with the highest acuity for bed openings. This trend is consistent with previous years.

Beginning in November, the SAWC will open additional bed capacity to meet community need. During the winter months, we plan to operate, as we have in previous years, multiple additional offsite day-time and over-night locations. We will expand bed capacity to up to 175 beds a night across these sites. We are currently planning for the winter program expansion including seeking an additional offsite location to house between 20-30 men each night. This additional offsite will allow us to provide more social distancing and reduce the potential spread of COVID-19.

As of this report, we are experiencing our first positive COVID cases with shelter guests since an outbreak in December 2021. This includes eight current client cases and two staff cases. We are working with Public Health to mitigate further risk and taking proactive measures to support these guests with paxlovid and other treatment options to maintain everyone's health and safety. We are currently housing those with COVID-19 at a hotel we partner with as an isolation site. This isolation site is supported by Washtenaw County Office of Community and Economic Development (OCED).

A alarming emerging trend is the rapid increasing acuity of those we serve including an increased in complex medical needs, mental health concerns, and substance use. We are responding to this growing need by operating several specialty programs including the recuperative care, Housing Crisis and Stabilization, Bail Project, and Pathways to Housing programs. These programs combine shelter and intensive care coordination, and case management supports to help those with severe service needs. There is still significant unmet need in this area though. We've also been implementing harm reduction programming to address the ongoing opioid epidemic.