Before Starting the CoC Application

The CoC Consolidated Application consists of three parts, the CoC Application, the CoC Priority Listing, and all the CoC's project applications that were either approved and ranked, or rejected. All three must be submitted for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for reviewing the following:

1. The FY 2018 CoC Program Competition Notice of Funding Available (NOFA) for specific application and program requirements.
2. The FY 2018 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.
6. Questions marked with an asterisk (*), which are mandatory and require a response.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

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

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

1A-3. CoC Designation: CA

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

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. CoC Meeting Participants. For the period from May 1, 2017 to April 30, 2018, using the list below, applicant must: (1) select organizations and persons that participate in CoC meetings; and (2) indicate whether the organizations and persons vote, including selecting CoC Board members.

Organization/Person Categories	Participates in CoC Meetings	Votes, including selecting CoC Board Members
Local Government Staff/Officials	Yes	No
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	No
Law Enforcement	No	No
Local Jail(s)	No	No
Hospital(s)	Yes	No
EMS/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	No
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	No
CoC Funded Youth Homeless Organizations	Yes	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	No
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	No
Domestic Violence Advocates	Yes	No
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No
LGBT Service Organizations	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Mental Illness Advocates	Yes	No
Substance Abuse Advocates	Yes	No

Other:(limit 50 characters)		
Refugee Service Provider	Yes	Yes
Legal Aid Provider with Homeless Preference	Yes	Yes
DV Service Providers	Yes	Yes

1B-1a. Applicants must describe the specific strategy the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness.
(limit 2,000 characters)

1. The Detroit CoC has two distinct decision-making bodies: the CoC board and general membership. The board and general membership are comprised of service provider organizations, persons with lived experience, public officials, local public housing authorities, and other organizations. Membership in the CoC is open to any entity that has a commitment to preventing and ending homelessness. These two decision-making bodies also have committees who are the action planning components of the Continuum. In the committees, strategies are developed, deepened and expanded into approved timed workplans. The scope of work of each of the decision-making bodies is outlined in the Detroit CoC Governance Charter. Committee membership and/or participation is also open to the public.

2. Notification of CoC meetings is communicated via the CoC's listserv and via posting to the CoC Lead Agency's Facebook page at least two weeks prior to the meeting. This notification also includes information on the next scheduled CoC board meeting. CoC board meetings are open to the public. Lastly, all meeting dates/times/locations are posted to a calendar on the CoC Lead Agency's website.

3. The Detroit CoC is committed to transparency and input from other entities. Policies, governance documents, community procedures and other materials that directly affect homeless service provision and funding are developed with the input of the community. The Detroit CoC uses some of the following tactics to gain community feedback and solicit the opinions of interested parties: send documents to CoC Committees, send documents out for public comment, request that documents are reviewed/approved by CoC Board and General Membership, host focus groups or special forums to use community members as thought partners.

1B-2.Open Invitation for New Members. Applicants must describe:
(1) the invitation process;
(2) how the CoC communicates the invitation process to solicit new members;
(3) how often the CoC solicits new members; and
(4) any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.
(limit 2,000 characters)

1. Any agency or individual is invited to join the Detroit CoC at any time.

Information on CoC membership, which in Detroit is defined as CoC voting membership, is posted to the CoC Lead Agency's website and is also provide upon request.

2. Agencies or individuals may apply for voting membership at any time. This is communicated via being posted on the CoC Lead Agency's website and upon request. Agencies or individuals can apply for voting membership after attending one CoC meeting. The application form for voting membership is reviewed by the CoC Board. Applications are accepted and reviewed on a rolling basis throughout the year.

3. The CoC accepts applications for new members on a year-round basis. The CoC Board has also proposed a yearly call to CoC committee membership. The Lead Agency will send a notification via its list serv including committee information and workplans. The procedure will be in place by November 2018.

4. The Detroit CoC Board has two-elected seats designated for persons who are or were formerly homeless. If in the event individuals who meet this criterion do not elect to apply, the CoC has in the past and will continue to use their network of resources to seek recommendations on individuals to fill this seat.

1B-3.Public Notification for Proposals from Organizations Not Previously Funded. Applicants must describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding, even if the CoC is not applying for new projects in FY 2018, and the response must include the date(s) the CoC publicly announced it was open to proposals.
(limit 2,000 characters)

1. The CoC accepts proposals for new project funding from agencies that have not previously received CoC funding. The CoC informed the public it was accepting applications for new project funding via the CoC listserv, posting the information on the CoC's website, and posting the information on the CoC Lead Agency's Facebook page. These postings included a link to the full Request for Proposal (RFP) document and relative application forms. The RFP described the deadline and manner in which applications were due to the CoC. The CoC held a meeting on 6/7/18 for all entities interested in applying for new project funding; several agencies were in attendance that had never received CoC funding before. The CoC had initially set an application deadline of 7/13/18, but revised that to 7/20/18. The revision of the deadline was also communicated via email and posting on the CoC's website. Project applications were due in hard-copy (paper) format to the CoC Lead Agency office on 7/20/18. The CoC received applications from three agencies that have never received CoC funding.

2. All applications are evaluated and scored against published criteria. Renewal projects that pass the scoring threshold, or are granted an appeal, are submitted for funding. New projects are evaluated on applicant experience and capacity, project description, and project alignment with CoC needs & priorities. A committee reviews and scores the applications. Based on average project scores and amount of funding available, the committee makes recommendations to the CoC board on which new project(s) should be submitted. The CoC board makes the decisions.

3. The CoC announced it was open to proposals on 5/19/18 and 6/5/18.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1C-1. CoCs Coordination, Planning, and Operation of Projects. Applicants must use the chart below to identify the federal, state, local, private, and other organizations that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness that are included in the CoCs coordination, planning, and operation of projects.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	No
Funding Collaboratives	Not Applicable
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. CoC Consultation with ESG Program Recipients. Applicants must describe how the CoC:
(1) consulted with ESG Program recipients in planning and allocating ESG funds; and
(2) participated in the evaluating and reporting performance of ESG Program recipients and subrecipients.
(limit 2,000 characters)

1.The CoC Lead Agency is the fiduciary of State ESG funds. In this role, the Lead Agency provides grant management oversight for funds expended by the Detroit CoC's CE lead agency, the subrecipient for State ESG funds. In consulting with the City of Detroit, the CoC provides detailed PIT and HIC data

to the City, including data on sheltered/unsheltered, subpopulations, and occupancy rates. The Detroit CoC collaborates with the City of Detroit, the sole Consolidated Plan jurisdiction in the CoC. The Detroit CoC Lead Agency meets with the City of Detroit monthly & participates in the annual Con Plan process. The Detroit CoC Lead Agency meets at least 4 hours per month with the City of Detroit. The meetings discuss data/trends in homelessness, coordination of homeless resources, efficacy of service delivery models, and project performance. Regular emails/phone calls are exchanged to discuss/resolve issues and provide updates on progress of shared plans/goals. Staff from the CoC Lead Agency participates in the annual review of applications for City ESG funding.

2.The Lead Agency conducts an annual audit of the subrecipient of the State ESG funds and provides reports to the State and the CoC Board on subgrantee performance. The Lead Agency assists the City of Detroit in their submission of the ESG CAPER. The Lead Agency provides feedback to the subgrantees and the City of Detroit on data quality and completeness. The Lead Agency provides HMIS support in the City of Detroit monitoring of ESG subrecipients. The CoC Lead participates annually in scoring, ranking, providing HMIS support and developing policies and procedures for City of Detroit ESG subrecipients yearly. Over the past year CoC Lead Agency and the City of Detroit collaborated on the development of the CoC's written standards and policies and procedures for ESG funded shelters and ESG RRH projects. These ESG funded projects will be monitored and evaluated against these standards and policies and procedures.

1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions. Did the CoC provide Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?   Yes to both

1C-2b. Providing Other Data to Consolidated Plan Jurisdictions. Did the CoC provide local homelessness information other than PIT and HIC data to the jurisdiction(s) Consolidated Plan(s)?   Yes

1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors. Applicants must describe:
(1) the CoC's protocols, including the existence of the CoC's emergency transfer plan, that prioritizes safety and trauma-informed, victim-centered services to prioritize safety; and
(2) how the CoC maximizes client choice for housing and services while ensuring safety and confidentiality.
(limit 2,000 characters)

1. The CoC board approved the CoC's Emergency Transfer Plan in September 2018. Providers will be trained on the Emergency Transfer Plan by the end of

2018. In addition to the Emergency Transfer Plan. Additionally, the CoC's Coordinated Entry (known locally as CAM) policies specifically state that "victims of domestic violence cannot be denied access to the CAM process". If a person fleeing D.V. contacts CAM, that person is directed to a D.V. shelter for assessment. CAM staff also do safety planning, which includes a meeting with necessary staff to evaluate the severity of the consumers situation, while looking at all possible variables to plan accordingly. If the person is unable to enter that D.V. shelter, staff at the D.V. shelter connect the client back to CAM or to another shelter. CAM staff are trained in trauma informed care and in working specifically with people who have experienced domestic violence.

2. The Detroit CoC supports a client's choice. A client may decline a referral made to any provider. If a client declines a referral, attempts are made to refer to a different provider or program. To protect client's privacy, referrals for DV survivors & client info are not made via HMIS nor is the location of DV specific housing given to protect client privacy & safety. Instead a referral is made by phone.

1C-3a. Applicants must describe how the CoC coordinates with victim services providers to provide annual training to CoC area projects and Coordinated Entry staff that addresses best practices in serving survivors of domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)

1. Training for CoC area project staff: The City of Detroit held a training on domestic violence in for the Detroit CoC in April 2018. This training was targeted to agencies that don't primarily serve the DV population. The purpose of the training was to ensure that providers who do not have DV as a target population are aware of harm reduction models and trauma informed care, how to best serve clients fleeing a DV situation or who are survivors of domestic violence, and how that population differs from other clients.

2. Training for Coordinated Entry staff: All Coordinated Entry staff received training in August 2018 on domestic violence. Specifically, the purpose of this training was to equip staff with strategies for safety planning with people in crisis; on how to interview people in crisis in a trauma informed way; understanding difference between people fleeing domestic violence and people who have experienced domestic violence in their past. The CE lead agency will coordinate this type of training annually for all CE staff. Additionally, the CE lead agency recently worked with an outside consultant to do a trauma informed care assessment of the CE access point locations, staff, and forms/surveys. The consultant visited the locations, observed staff doing interviews with clients, interviewed various staff separately, and reviewed the forms/surveys we use. The consultant has provided recommendations for how the CE lead agency can integrate trauma informed practices into its everyday work including, improving the physical space of the access points, using trauma informed approaches in supervision with staff, and adjusting forms/surveys to ask questions of clients in a more trauma informed way.

1C-3b. Applicants must describe the data the CoC uses to assess the scope of community needs related to domestic violence, dating violence, sexual assault, and stalking, including data from a comparable database.

(limit 2,000 characters)

Thirteen percent of all HMIS records account for Survivors of Domestic Violence. Across CoC programs the community served 2,914 clients who have experienced Domestic Violence. There is currently no CoC-funded program that is dedicated to serving only victims of domestic violence, dating violence, sexual assault, and stalking. Within the CoC Jurisdiction there is only one domestic violence shelter (YWCA), which currently receives ESG funding via the City of Detroit.

The YWCA provided the CoC with de-identified aggregate data on clients served and turned away from their shelter program. In 2017 the YWCA served 86 clients. Additionally, the Michigan Domestic and Sexual Violence Prevention and Treatment Board (MDSVPTB) reported 1,480 domestic violence survivors reached out in need of shelter to agencies funded in the Detroit CoC during the 2017 fiscal year. Of that group, approximately half or 778 individuals were denied shelter due to capacity limitations.

The CoC will use this data to evaluate the need for housing and services targeted to people fleeing/attempting to flee domestic violence and to determine the extent to which new or additional programming for people fleeing domestic violence is needed.

Additionally, based on data on people who have experienced domestic violence, the CoC made the decision to prioritize a new DV Bonus project for funding.

1C-4. DV Bonus Projects. Is your CoC applying for DV Bonus Projects? Yes

1C-4a. From the list, applicants must indicate the type(s) of DV Bonus project(s) that project applicants are applying for which the CoC is including in its Priority Listing.

SSO Coordinated Entry	
RRH	
Joint TH/RRH	X

1C-4b. Applicants must describe:
(1) how many domestic violence survivors the CoC is currently serving in the CoC's geographic area;
(2) the data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

1. From Jan 1, 2017 – July 23, 2018, 2,914 clients served in programs entering data in the Detroit CoC HMIS reported being survivors of domestic violence. 86 survivors were served by the CoC's DV shelter which does not record data in HMIS. The Michigan Domestic and Sexual Violence Prevention and Treatment Board (MDSVPTB) reported 702 domestic violence survivors successfully

securing shelter in fiscal year 2017 within the CoC.

2. This data was sourced from deduplicated responses to HUD data element #4.11 -Domestic Violence in the Detroit CoC's HMIS, the ESG CAPER report submitted by the CoC's DV shelter in 2017, and a report provided by the MDSVPTB on the total number of DV survivors seeking shelter at the agencies they fund in the Detroit CoC during FY 2017.

3. This data was collected from responses recorded at entry by 141 different homeless service and homelessness prevention programs in the Detroit CoC.

1C-4c. Applicants must describe:
(1) how many domestic violence survivors need housing or services in the CoC's geographic area;
(2) data source the CoC used for the calculations; and
(3) how the CoC collected the data.
(limit 2,000 characters)

1. 100% of the 4,480 clients who reported surviving domestic violence in the Detroit CoC needed housing or services at some point in the reporting period. Of those who exited from a homeless service project, 45% were destined for a HUD defined "temporary" housing destination.

2. This data was sourced from responses to HUD data element #4.11 - Domestic Violence and #3.12 - Destination in the Detroit CoC's HMIS, information tracked by the CoC's Domestic Violence emergency shelter, and statistics collected from the MDSVPTB on agencies it funds to provide emergency shelter.

3. This data was collected from responses recorded at entry by 141 different homeless service and homelessness prevention programs in the Detroit CoC.

1C-4d. Based on questions 1C-4b. and 1C-4c., applicant must:
(1) describe the unmet need for housing and services for DV survivors, or if the CoC is applying for an SSO-CE project, describe how the current Coordinated Entry is inadequate to address the needs of DV survivors;
(2) quantify the unmet need for housing and services for DV survivors;
(3) describe the data source the CoC used to quantify the unmet need for housing and services for DV survivors; and
(4) describe how the CoC determined the unmet need for housing and services for DV survivors.
(limit 3,000 characters)

1. For emergency shelter, nearly 50% of DV survivors who reached out to a MDSVPTB funded program in the CoC were turned away due to capacity limitations in FY 2017. Although 45% of DV survivors served exited to a HUD defined "temporary" housing destination, the Detroit CoC's housing prioritization factors show that only 9% scored to be referred for rapid rehousing and 15% scored for permanent supportive housing using the VI-SPDAT 2.0 for singles, families, and youth.

2. According to data on survivors of DV in the Detroit CoC HMIS, there is a

need for 1,076 permanent housing beds.

3. This data was sourced from responses to HUD data element #4.11 - Domestic Violence and #3.12 - Destination in the Detroit CoC's HMIS, information tracked by the CoC's Domestic Violence emergency shelter, and statistics collected from the MDSVPTB on agencies it funds to provide emergency shelter.

4. To determine the total beds needed, 24% of the total number of domestic violence survivors needing housing or services as noted in 1c-4c (4,480) was calculated, based on the percentage of Domestic Violence Survivors who exited to a HUD defined temporary housing destination AND scored for either rapid rehousing or permanent supportive housing on the VI-SPDAT 2.0 for singles, families, and youth.

1C-4e. Applicants must describe how the DV Bonus project(s) being applied for will address the unmet needs of domestic violence survivors. (limit 2,000 characters)

The Detroit CoC is applying for one new DV Bonus project in FY2018. The applicant is Neighborhood Legal Services Michigan (NLSM) and the project is Project First-Step, a joint component TH-RRH project that will provide 8 to 10 beds of Transitional Housing and 20 units of RRH. This project will target individuals and families who are fleeing or attempting to flee domestic violence and/or human trafficking. NLSM attorneys have over 19 years of experience advocating and defending domestic violence cases,and more than three years working with survivors of human trafficking.

The project will address the unmet needs for DV survivors by providing access to safe, secure TH if they choose. Local data demonstrates that in FY17 approximately 50% of persons that reach out to an emergency shelter funded by the Mich Domestic and Sexual Violence Prevention and Treatment Board are turned away due to capacity limitations. Therefore, the provision of 8 to 10 beds of TH for persons fleeing DV or human trafficking will help to meet this immediate need for safe and secure housing. The TH will be provided using a Housing First approach, and while an array of services and supports will be made available, they will not be required. The primary focus of the TH portion of this project will be to first ensure the safety of the individual while simultaneously working to secure permanent housing.

This project will also address the unmeet needs of those fleeing domestic violence or human trafficking by providing 20 units of RRH. The RRH will be available for either persons coming from the TH portion of this project or persons who choose to enter the RRH portion of the project directly. Local data demonstrates there is a need for approximately 403 units of RRH for this population, therefore this project will be a step towards meeting that need. This project will also allow clients to rent in a community outside of the CoC's jurisdiction, which may be necessary to meet safety needs.

1C-4f. Applicants must address the capacity of each project applicant applying for DV bonus projects to implement a DV Bonus project by describing:

(1) rate of housing placement of DV survivors;
(2) rate of housing retention of DV survivors;
(3) improvements in safety of DV survivors; and
(4) how the project applicant addresses multiple barriers faced by DV survivors.
(limit 4,000 characters)

1. HMIS data for NLSM's rate of housing placement in RRH for contracts ending in CY2018 demonstrates that 90% of DV households referred for services were placed into Permanent Housing. In addition to our CoC programming, NLSM has documented that 27 of Human Trafficking clients have been placed into PH, 4 of them via NLSM and 23 households via other CoC programs and/or other community services.

2. Data for NLSM's RRH contracts ending in CY2018 shows that 100% of households placed that presented as DV have remain housed.

3. NLSM improves the safety of DV survivors by employing several safety strategies. One of the first steps they ensure client safety is at the onset of working with the client when the client is asked to provide a "safe word". If, during conversations, this word is used, staff know it is not safe to continue the conversation with the client and immediately ends the phone call. Clients are also encouraged to provide an alternate mailing address if they still reside with perpetrator or the perpetrator has access to their home/mail. This ensures that communication remains confidential and ensures that client receives necessary information on court dates or housing information, etc. Clients are also encouraged to change their phone number or provide an alternate phone number, so staff can safely leave messages for clients. Clients are also encouraged to disable location services on their phones and limit or disable social media accounts to decrease the likelihood that the perpetrator can find them.

When locating new housing, NLSM always encourages clients to seek new housing that is outside of the area in which their abuser may reside. Once housed, clients are urged to only share their new location with trusted individuals.

4. NLSM participates in various groups to promote training, coordination and quality victim services to remove barriers to domestic violence and human trafficking victims. NLSM has 19 years of experience providing legal advocacy to DV victims, as legal issues are a significant barrier. NLSM victim advocates have had over 150 hours of human trafficking training. The NLSM program is unique in the fact that a survivor of human trafficking serves on the team and has written a curriculum to assist victims in their identification, healing and restoration. This individual's experience and insight provide opportunity to understand how deliver client-centered care to survivors in a way that they will best receive it. NLSM has also developed relationships with various agencies that strengthen the agency's ability to offer resources and support to victims of domestic violence and human trafficking. These include:
• St. John Providence Open Arms Trauma Response Team: This partner provides comprehensive prevention, primary care and advanced treatment programs. These services will be utilized by individuals in NLSM Domestic Violence/Human Trafficking program.
• Northeast Guidance Center (NEGC): Has worked for years with DV and

trafficking victims, as a sub-population of thousands of persons with mental health and/or substance use issues. These services will be utilized by individuals in NLSM Domestic Violence/Human Trafficking program.
• Detroit Employment Solutions (DESC): Via an MOU, DESC will provide employment services to all participants who are interested.
• The Detroit Recovery Project (DRP): offers substance use treatment on site and in their own facilities. DRP provides treatment and interventions, peer support, recovery support through mentorship, daily support groups, 12-Step meetings, learning circles, meditation, spirituality, and social support through various safe and sober activities, weekly recovery management workshops are offered.
• Cass Community Social Services (CCSS): Via an MOU, CCSS will work with NLSM to quickly acquire State Photo IDs, pay for medicines and assist in finding jobs for mutual clients under CCSS's programming via HOPWA for persons with AIDS.

1C-5. PHAs within CoC. Applicants must use the chart to provide information about each Public Housing Agency (PHA) in the CoC's geographic areas:
(1) Identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA who were experiencing homelessness at the time of admission;
(2) Indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV Program; and
(3) Indicate whether the CoC has a move on strategy. The information should be for Federal Fiscal Year 2017.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2017 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g. move on?
Michigan State Housing Development Authority (MSHDA)	91.00%	Yes-HCV	Yes
Detroit Housing Commission (DHC)	12.44%	Yes-HCV	Yes

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

1C-5a. For each PHA where there is not a homeless admission preference in their written policy, applicants must identify the steps the CoC has taken to encourage the PHA to adopt such a policy.
(limit 2,000 characters)

N/A

1C-5b. Move On Strategy with Affordable   Yes
Housing Providers. Does the CoC have a
Move On strategy with affordable housing
providers in its jurisdiction (e.g., multifamily
assisted housing owners, PHAs, Low Income
Tax Credit (LIHTC) developments, or local
low-income housing programs)?

Move On strategy description.
(limit 2,000 characters)

1. MSHDA, one of the PHA's which operates in Detroit, has partnered with the
CoC in implementing a Move On (known locally as Moving Up) strategy since
2014. The Moving Up Program assists residents of PSH units, who no longer
need the intense level of supportive services PSH providers but continue to
need a housing subsidy, to transition to Housing Choice Vouchers. PSH staff
administers an assessment tool that reviews four domains: housing, income,
health, and supportive services/ mainstream resources. The assessment tool
provides guidance to determine if a resident is an appropriate fit for Moving Up.
If the fit is appropriate and the resident has expressed interest via a
Participation Agreement, the resident's case is review by committee to make a
final determination.

2. Through the partnership with MSHDA, a PHA, 198 households have
transitioned from PSH to HCV between 2014-2017. Of those transitioning to
HCV, 95% were stably housed after 1 year. Moving Up is a win-win as it allows
the residents to have greater independence with support, as needed, and
creates openings in the PSH program that can be filled with the most vulnerable
households prioritized through CES.

1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender
(LGBT). Applicants must describe the actions the CoC has taken to
address the needs of Lesbian, Gay, Bisexual, and Transgender individuals
and their families experiencing homelessness.
(limit 2,000 characters)

In August 2018, the Detroit CoC board adopted a policy titled "Detroit CoC Non-
Discrimination, Equal Access to Housing, and Family Separation Policy". The
policy states that "All housing and services coordinated through the Continuum
of Care must be available to all eligible persons, regardless of race, color,
national origin, religion, sex, age, familial status, disability, actual or perceived
sexual orientation, gender identity, gender expression, marital status, height, or
weight." This policy also clarifies that housing providers must be compliant with
HUD's Equal Access in Accordance with Gender Identity Rule.

When developing policies are procedures that affect the population, the CoC
relies on the knowledge of subject matter experts, including LGBT advocates in
our community such as representatives from the Ruth Ellis Center. These
community partners bridge the gap between general homelessness and
individuals experiencing homelessness that identify as LGBT.

The CoC Lead Agency will coordinate an annual training for the Detroit CoC to

inform CoC Program recipients of the laws, regulations, and guidance and strategies to meet requirements regarding Equal Access and Non-Discrimination based on a client's sexual orientation and gender identity. Additional training and technical assistance can be requested to the CoC Lead Agency.

Lastly, the CoC has implemented a Grievance Procedure which allows clients who feel they have been discriminated against based on their LGBT status or gender identity/expression.

1C-6a. Anti-Discrimination Policy and Training. Applicants must indicate if the CoC implemented a CoC-wide anti-discrimination policy and conducted CoC-wide anti-discrimination training on the Equal Access Final Rule and the Gender Identity Final Rule.

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	No
3. Did the CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	No

1C-7. Criminalization of Homelessness. Applicants must select the specific strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Engaged/educated local business leaders:	X
Implemented communitywide plans:	
No strategies have been implemented:	
Other:(limit 50 characters)	

1C-8. Centralized or Coordinated Assessment System. Applicants must: (1) demonstrate the coordinated entry system covers the entire CoC geographic area;
(2) demonstrate the coordinated entry system reaches people who are

least likely to apply homelessness assistance in the absence of special outreach;
 (3) demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner; and
(4) attach CoC's standard assessment tool.
(limit 2,000 characters)

1.The CoC CE system, serving the Cities of Detroit, Hamtramck, and Highland Park, locally referred to as the Coordinated Assessment Model (CAM), uses a hybrid call center and multisite approach via five physical access points in locations throughout the CoC's geographic area. When a client calls the call center, they are provided with instructions for accessing an access point.

2.Multiple Street Outreach (SO) teams cover the CoC geographic area. SO conducts the same process for unsheltered persons as is used at the CAM access points. SO providers also transport persons to the access points for assessment and shelter referral. If a client is contacted by SO after access point operating hours, the client will be transported to shelter for the night, and the shelter follows up with CAM the following morning. Unsheltered clients who refuse shelter or to go to the access point are continuously engaged by SO complete the standardized assessment and report their name, location, and assessment outcome to the CAM.

3.Prioritization is used throughout the entire process to match clients in need of homeless assistance with the appropriate referral. If a client cannot be diverted from ES, the client receives an initial assessment using the VI-SPDAT and is referred to ES. Depending on the outcome of the VI-SPDAT, some clients will receive an assessment on the Full SPDAT.

RRH Prioritization: Clients who score for RRH on the VI-SPDAT are prioritized first by the score received on the assessment, and then in the following order:
1st: Unsheltered
2nd: Fleeing domestic violence
3rd: Currently an emergency shelter
Multiple clients with the same score in any of these three categories clients are further prioritized as:
1st: Families and then single adults
2nd: Longest length of time homeless to shortest length of time

PSH Prioritization:
The Detroit CoC has adopted HUD's Order of Priority as given in CPD Notice CPD-16-11 for PSH.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1D-1. Discharge Planning–State and Local. Applicants must indicate whether the CoC has a discharge policy to ensure persons discharged from the systems of care listed are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2. Discharge Planning Coordination. Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

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

Instructions

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

1E-1. Project Ranking and Selection. Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2018 CoC Program Competition:
(1) objective criteria;
(2) at least one factor related to achieving positive housing outcomes;
(3) a specific method for evaluating projects submitted by victim services providers; and
(4) attach evidence that supports the process selected.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	Yes

1E-2. Severity of Needs and Vulnerabilities. Applicants must describe:
(1) the specific severity of needs and vulnerabilities the CoC considered when reviewing, ranking, and rating projects; and
(2) how the CoC takes severity of needs and vulnerabilities into account during the review, rating, and ranking process.
(limit 2,000 characters)

1.The specific severity of needs that the CoC considers when ranking projects is related to project type. Since the implementation of Coordinated Entry, all persons are assessed via a common assessment tool (the VI-SPDAT and SPDAT), which are used to determine the best type of housing intervention for the person. The CoC has additionally adopted HUD's Order of Priority, which prioritizes the chronically homeless for PSH over non-chronically homeless. Adopting this common assessment tool and the orders of priority has resulted in a greater level of continuity amongst our PSH providers in the severity of needs in the persons being served. Therefore, all PSH providers are serving persons who have high levels of need and are highly vulnerable.

2.The CoC takes into account the severity of needs and vulnerabilities of persons served in CoC funded projects by ranking PSH projects above RRH and TH projects. This is done in recognition that persons served in PSH have greater vulnerabilities and a greater level of need than persons served in RRH or TH. Additionally, during the ranking process, if a project that serves a highly vulnerable population falls into Tier 2 during the ranking process, the CoC board

may decide to instead place that project into Tier 1. Lastly, the CoC board decided this year to rank a new DV Bonus Project above renewal RRH projects in recognition of the needs of persons to be served by the DV Bonus Project.

1E-3. Public Postings. Applicants must indicate how the CoC made public:
(1) objective ranking and selection process the CoC used for all projects (new and renewal);
(2) CoC Consolidated Application–including the CoC Application, Priority Listings, and all projects accepted and ranked or rejected, which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the CoC Program Competition application submission deadline; and
(3) attach documentation demonstrating the objective ranking, rating, and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available, that legibly displays the date the CoC publicly posted the documents.

Public Posting of Objective Ranking and Selection Process		Public Posting of CoC Consolidated Application including: CoC Application, Priority Listings, Project Listings	
CoC or other Website	X	CoC or other Website	X
Email	X	Email	X
Mail	☐	Mail	☐
Advertising in Local Newspaper(s)	☐	Advertising in Local Newspaper(s)	☐
Advertising on Radio or Television	☐	Advertising on Radio or Television	☐
Social Media (Twitter, Facebook, etc.)	X	Social Media (Twitter, Facebook, etc.)	X

1E-4. Reallocation. Applicants must indicate whether the CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between the FY 2014 and FY 2018 CoC Program Competitions.

Reallocation: Yes

1E-5. Local CoC Competition. Applicants must indicate whether the CoC:
(1) established a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline–attachment required;
(2) rejected or reduced project application(s)–attachment required; and
(3) notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline–attachment required. :

(1) Did the CoC establish a deadline for project applications that was no later than 30 days before the FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes

(2) If the CoC rejected or reduced project application(s), did the CoC notify applicants that their project application(s) were being rejected or reduced, in writing, outside of e-snaps, at least 15 days before FY 2018 CoC Program Competition Application deadline? Attachment required.	Yes
(3) Did the CoC notify applicants that their applications were accepted and ranked on the Priority Listing in writing outside of e-snaps, at least 15 before days of the FY 2018 CoC Program Competition Application deadline?	Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Roles and Responsibilities of the CoC and HMIS Lead. Does your CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Attachment Required.

Yes

2A-1a. Applicants must: (1) provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1, and (2) indicate the document type attached for question 2A-1 that includes roles and responsibilities of the CoC and HMIS Lead (e.g., Governance Charter, MOU/MOA).

1. Responsibilities of the HMIS Lead can be found on pages 2, 13-14, and 16. Responsibilities of the CoC Lead can be found on pages 12-13 and 15-16. 2. This is the CoC's Governance Charter

2A-2. HMIS Policy and Procedures Manual. Does your CoC have a HMIS Policy and Procedures Manual? Attachment Required.

Yes

2A-3. HMIS Vender. What is the name of the HMIS software vendor?

ServicePoint - Mediware

2A-4. HMIS Implementation Coverage Area. Using the drop-down boxes, applicants must select the HMIS implementation Coverage area.

Statewide HMIS (multiple CoC)

2A-5. Bed Coverage Rate. Using 2018 HIC and HMIS data, applicants must report by project type:
(1) total number of beds in 2018 HIC;
(2) total beds dedicated for DV in the 2018 HIC; and

(3) total number of beds in HMIS.

Project Type	Total Beds in 2018 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	1,238	67	1,171	100.00%
Safe Haven (SH) beds	40	0	40	100.00%
Transitional Housing (TH) beds	646	23	623	100.00%
Rapid Re-Housing (RRH) beds	950	0	950	100.00%
Permanent Supportive Housing (PSH) beds	3,016	0	2,478	82.16%
Other Permanent Housing (OPH) beds	0	0	0	

**2A-5a. To receive partial credit, if the bed coverage rate is 84.99 percent or lower for any of the project types in question 2A-5., applicants must provide clear steps on how the CoC intends to increase this percentage for each project type over the next 12 months.
(limit 2,000 characters)**

At this time, neither the Veterans Housing Administration nor the Department of Housing and Urban Development require HUD-VASH entry into HMIS. As a result, there has not been a local initiative to document the entry of Veterans into permanent supportive housing through HUD-VASH. If the 538 beds affiliated with HUD-VASH PSH are deducted from the CoC's total 2018 HIC beds, our community's HMIS Bed Coverage rate for PSH would be 100%.

The Detroit CoC continues to work with the local VA to increase HMIS coverage for VASH. The local Veterans Administration is committed to improving the relationship with HMIS, and is hopeful that the HMIS will be able to sync data from the VA's HOMES system in the future. In January 2017, initial progress was made in adjusting the local progress in that only Veterans on the CoC's Veterans By Name List are referred to VASH. 100% of Veterans captured on the VBNL are now required to be in HMIS. To facilitate this, the CoC adopted a process in late 2017 to create HMIS entries for all Veterans seen at the Veterans Community Resource and Referral Center (affiliated with the local Veterans Administration Medical Center). By late 2019, VA Medical Center staff have committed to entering VASH data into HMIS to reflect Veterans permanently housed through this resource. This step will improve the Detroit CoC's PSH bed coverage rate to reach threshold.

2A-6. AHAR Shells Submission: How many 2017 Annual Housing Assessment Report (AHAR) tables shells did HUD accept? 12

2A-7. CoC Data Submission in HDX. Applicants must enter the date the CoC submitted the 2018 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/30/2018

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

2B-1. PIT Count Date. Applicants must enter the date the CoC conducted its 2018 PIT count (mm/dd/yyyy).   01/31/2018

2B-2. HDX Submission Date. Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).   04/30/2018

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Change in Sheltered PIT Count Implementation. Applicants must describe any change in the CoC's sheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018. Specifically, how those changes impacted the CoC's sheltered PIT count results.
(limit 2,000 characters)

1. Overall, the method by which emergency shelter, Safe Haven, and transitional housing programs collect and report information for the PIT did not change. In 2018, 2 fewer emergency shelter providers provided information due to shelters closing prior to 1/31/18. Two Safe Haven programs online in 2017 closed prior to 1/31/18, and 3 new providers were online serving in this capacity as of 1/31/18. Two transitional housing programs closed prior to 1/31/18, and 4 transitional housing providers from the 2017 count split their programming per HUD and VA mandates, creating 8 additional projects transitional housing projects. These fluctuations contributed to a lower sheltered count in 2018.

2. No changes were made to the methodology of the sheltered PIT. The change in providers contributing data for the count did not impact sheltered PIT data quality. The loss of beds associated with closed projects, no longer active as of 1/31/18, may have contributed to the overall decrease in the number of sheltered persons counted for the 2018 PIT.

2C-2. Did your CoC change its provider coverage in the 2018 sheltered count?   Yes

2C-2a. If "Yes" was selected in 2C-2, applicants must enter the number of beds that were added or removed in the 2018 sheltered PIT count.

Beds Added:	96
Beds Removed:	151
Total:	-55

2C-3. Presidentially Declared Disaster Changes to Sheltered PIT Count. Did your CoC add or remove emergency shelter, transitional housing, or Safe Haven inventory because of funding specific to a   No

Presidentially declared disaster, resulting in a change to the CoC's 2018 sheltered PIT count?

2C-3a. If "Yes" was selected for question 2C-3, applicants must enter the number of beds that were added or removed in 2018 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Changes in Unsheltered PIT Count Implementation. Did your CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2017 to 2018? If your CoC did not conduct and unsheltered PIT count in 2018, select Not Applicable. No

2C-5. Identifying Youth Experiencing Homelessness in 2018 PIT Count. Did your CoC implement specific measures to identify youth experiencing homelessness in its 2018 PIT count? Yes

2C-5a. If "Yes" was selected for question 2C-5., applicants must describe:
 (1) how stakeholders serving youth experiencing homelessness were engaged during the planning process;
 (2) how the CoC worked with stakeholders to select locations where youth experiencing homelessness are most likely to be identified; and
 (3) how the CoC involved youth experiencing homelessness in counting during the 2018 PIT count.
(limit 2,000 characters)

1. Our CoC's Youth Homelessness Subcommittee and other stakeholders serving youth experiencing homelessness planned and implemented the 2018 youth PIT count. A special youth survey was designed to collect PIT information. Two special count events were held on the day of the PIT targeted toward youth.

2. Our CoC's Youth Homelessness Subcommittee selected two locations already frequented by youth experiencing homelessness to host special PIT night count events. Next day interviews were also conducted by a street outreach team that specializes in engaging youth within the CoC. Our CoC's McKinney-Vento program supervisor and homeless liaison implemented the collection of surveys at several high schools in the days following the PIT to collect data on youth experiencing homelessness who may not have been engaged on the night of the count.

3. Youth experiencing homelessness were engaged directly through each of the avenues outlined in 1 and 2 above. Each youth was provided with a safe and secure environment in which to complete the PIT survey. Their responses were used to fill in data on youth experiencing homelessness as reported to HUD via the HDX in 2018. Youth also helped to design and facilitate the special PIT count event targeted toward youth experiencing homelessness.

2C-6. 2018 PIT Implementation. Applicants must describe actions the CoC implemented in its 2018 PIT count to better count:
(1) individuals and families experiencing chronic homelessness;
(2) families with children experiencing homelessness; and
(3) Veterans experiencing homelessness.
(limit 2,000 characters)

1.Data collection forms used during the street count matched the wording of questions asked by shelter, safe haven, and transitional housing providers in sections related to disabling conditions, length of time on the streets, total number of months homeless, and number of homeless episodes over the past 3 years. Consistency in how staff were trained to complete these fields improved our CoC's ability to count individuals and families experiencing chronic homelessness in the 2018 PIT. Street outreach providers, who have been focused on engaging chronically homeless persons in our CoC over the last year, were asked to share the locations of places were individuals might be found on the night of the 2018 unsheltered count. This information was mapped and provided to unsheltered count PIT teams to assist them in connecting with them for the count on 1/31/18. Next day interview locations were selected for the 2018 PIT with a focus on soup kitchens and service providers where persons experiencing chronic homelessness have been engaged in the past. This step increased our coverage of areas where individuals experiencing chronic homelessness were likely to be found.

2.Our CoC trained street count surveyors and continued to engage providers serving families and children to ensure that complete and accurate information was collected.

3.Volunteers from the VA and Veteran service providers participated in the 2018 PIT unsheltered count. Their familiarity with our CoC's by name list of Veterans assisted in making connections with the individuals our CoC is working to house. Support to GPD transitional housing and safe haven programs continued to ensure that complete and accurate information on Veterans was collected.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. First Time Homeless as Reported in HDX. In the box below, applicants must report the number of first-time homeless as reported in HDX.

Number of First Time Homeless as Reported in HDX.	6,106

3A-1a. Applicants must:
(1) describe how the CoC determined which risk factors the CoC uses to identify persons becoming homeless for the first time;
(2) describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

1. The Detroit CoC determines risk for first-time homelessness via our diversion programs and via prevention programs. Diversion: All persons who access the CE system in Detroit are asked a series of questions to assist the person with identifying other options they may have for safe housing other than emergency shelter.
• Prevention: Prevention programs use a "risk prevention matrix" to prioritize persons for prevention assistance. This matrix assesses a number of factors that put a person at risk of becoming homeless and prioritizes prevention assistance for those most at-risk. Specific factors in the matrix include current housing situation, past eviction history, age of head of household, and additional health/mental health factors that may impact housing.

2. The Detroit CoC uses several strategies to address those at-risk of homelessness, including:
• Diversion: Every attempt is made to divert persons seeking emergency shelter to a safe housing option that would keep them out of shelter. This strategy is showing signs of success in that during the first quarter of 2018, 78 single adults and 151 families were able to be diverted from shelter.
• Prevention: The City of Detroit currently funds prevention programs funded in the amount of $650,000 using ESG and CDBG funding. The CoC also uses $23,594, in State ESG funding for prevention.
• SSVF Rapid Resolution: A new strategy started in June 2018, the local VA is piloting with the CoC's SSVF providers a "Rapid Resolution" strategy that will use current SSVF funding to divert veterans from homelessness.

3. Responsible Entities: Diversion, Cass Community Social Services, SSVF

Rapid Resolution, Vets Leadership Team

3A-2. Length-of-Time Homeless as Reported in HDX. Applicants must:
(1) provide the average length of time individuals and persons in families remained homeless (i.e., the number);
(2) describe the CoC's strategy to reduce the length-of-time individuals and persons in families remain homeless;
(3) describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
(4) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.
(limit 2,000 characters)

1. The average length of time persons were homeless in ES, SH, and TH in FY17 was 84 days. This is a 16% reduction from the average length of time persons were homeless in FY16 (which was 100 days).

2. One of the CoC's strategies to reduce the length of time persons are homeless is to fund more RRH. Over the past year, the CoC has brought on-line an additional 317 beds of RRH for all populations, including 89 additional units of RRH for families. Additionally, starting in 2018, the CE Lead agency has begun tracking the lengths of time it takes a person to navigate RRH from referral, assessment, and move-in. Tracking this data will help the CoC identify steps in the process that are taking too long and develop additional strategies to further shorten lengths of time.

3. The length of time a person has been homeless is assessed for in the CE's assessment tool (VI-SPDAT and SPDAT). The first priority for PSH projects is chronically homeless with highest service needs and longest time homelessness. The second priority is chronically homeless with the longest time homelessness. For RRH, prioritization is first on those who are unsheltered and/or fleeing domestic violence, but length of time homeless is used as a tie-breaking prioritization factor when needed, with those homeless the longest housed first.

4. The Chronically Homeless and Veterans By-Name-List committees are responsible for the strategy to house the chronically homeless/veterans with the longest time homeless. The RRH subcommittee is responsible for the strategy to quickly house people with RRH.

3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX. Applicants must:
(1) provide the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations; and
(2) provide the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations.

Percentage

Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid re-housing that exit to permanent housing destinations as reported in HDX.	45%
Report the percentage of individuals and persons in families in permanent housing projects, other than rapid re-housing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	97%

3A-3a. Applicants must:
(1) describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations; and
(2) describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.
(limit 2,000 characters)

1. The rates at which people exited ES, SH, TH, and RRH to PH destinations increased by 2% over the past year. One strategy the CoC is employing has been to determine which of these four project types struggle the most with exits to permanent housing. This analysis has shown that shelters struggle with permanent housing exits. The following strategies aim to address shelter performance:
• Specific performance expectations for ES providers will be incorporated into their funding agreements with the City of Detroit.
• Training will be provided on how to properly record exit destinations in HMIS.
• Training will be provided on how to coordinate with other providers to improve outcomes.
• Shelters with especially poor performance will receive additional targeted technical assistance.
Strategies to address performance in other project types:
• RRH providers are evaluated on PH exit performance, as given in the CoC's RRH policies and procedures.
• CoC funded TH providers are evaluated based on PH exits as part of the funding review process.
• The only SH projects in the CoC are VA-funded Low Demand GPD beds. The CoC will work with the VA to develop strategies as needed to improve outcomes for these projects.

2. PSH project retention has stayed the same at a rate of 97% over the past two years. Strategies to maintain or increase this rate:
• Persons receiving PSH are providing navigation services to assist with locating and moving into housing
• PSH providers are provided training on providing services in PSH with a goal of retaining clients
• In the future, PSH projects will be evaluated on the extent to which Housing First is implemented at their agencies
• Clients may be transferred from one PSH project to another to help them retain housing

3. Shelter advisory committee, RRH subcommittee

4. PSH subcommittee, CoC lead agency with providing technical assistance

3A-4. Returns to Homelessness as Reported in HDX. Applicants must report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX.

	Percentage
Report the percentage of individuals and persons in families returning to homelessness over a 6- and 12-month period as reported in HDX	24%

3A-4a. Applicants must:
(1) describe how the CoC identifies common factors of individuals and persons in families who return to homelessness;
(2) describe the CoC's strategy to reduce the rate of additional returns to homelessness; and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the rate individuals and persons in families returns to homelessness.
(limit 2,000 characters)

1. The CoC identifies people who return to homelessness when the Coord. Entry staff makes contact if the person returns to homelessness by reviewing the person's HMIS record or via an assessment interview. The CoC has also started analyzing more closely returns to homelessness within 6 months of project exit. This analysis has shown that the majority of persons (55% in FY17) who return to homelessness within 6 months of having exited to PH, had exited from an emergency shelter.

2. The following strategies are being/will be implemented:
• Training to emergency shelters to help ensure that persons are exited to a stable permanent destination
• Clients in PSH are transferred to another PSH provider if the client is at risk of losing his/her PSH placement
• Persons receiving RRH are prioritized for Homeless Preference HCV
• More intensive case management services are provided when a person is first housed in PSH
• PSH providers case-conference clients at risk of returning to homelessness to identify strategies to keep person housed
• Prevention funding is available for persons at-risk of homelessness

3. Entities responsible for these strategies:
• PSH subcommittee: case conferencing
• CE Lead Agency: RRH prioritization for Homeless Preference HCV
• Shelter advisory committee: exits from shelter

3A-5. Job and Income Growth. Applicants must:
(1) describe the CoC's strategy to increase access to employment and non-employment cash sources;
(2) describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
(3) provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase job and income growth from employment.
(limit 2,000 characters)

The performance of CoC-funded programs improved from FY16 to FY17 in the rates of persons who increased their income from either employment or other sources. From FY16 to FY17, stayers who increased their total cash income increased by 22%, from 7% to 29%, and leavers who increased their total cash income increased by 7%, from 29% to 36%.

1.Over the past year, the CoC undertook two strategies to address the employment needs of persons experiencing homelessness.
• A meeting was held with a representative from the City of Detroit's Office of Workforce Development to discuss barriers to employment faced by people who are homeless. The purpose of this meeting was to help the City's workforce development system understand the needs of some of the people they work with.
• Additionally, a subcommittee of the CAM (CE) Governance Committee developed around the following goals: to better understand the employment readiness and needs of clients coming to CE, to better understand the workforce readiness landscape in Detroit, and to ensure the Employment Workgroup is connected to and reporting out to the CAM Governance Committee. This subcommittee also began
exploring options to identify ways to connect persons being served by the homeless service system with employment opportunities, including connecting people with the Detroit Employment Solutions Corporation (DESC).

2.In addition to the strategies discussed above, CoC funded agencies increase client access to non-employment cash resources via SOAR. Many CoC funded agencies have SOAR trained staff, which assist clients with receiving benefits quickly.

3.The CoC's Performance & Evaluation committee discusses ways the CoC can improve employment & income outcomes. The City of Detroit has in the past taken the lead on developing the above strategies.

3A-6. System Performance Measures Data Submission in HDX. Applicants must enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2017 (mm/dd/yyyy)	05/21/2018

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

Instructions

For guidance on completing this application, please reference the FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. DedicatedPLUS and Chronically Homeless Beds. In the boxes below, applicants must enter:
(1) total number of beds in the Project Application(s) that are designated as DedicatedPLUS beds; and
(2) total number of beds in the Project Application(s) that are designated for the chronically homeless, which does not include those that were identified in (1) above as DedicatedPLUS Beds.

Total number of beds dedicated as DedicatedPLUS	81
Total number of beds dedicated to individuals and families experiencing chronic homelessness	1,962
Total	2,043

3B-2. Orders of Priority. Did the CoC adopt the Orders of Priority into their written standards for all CoC Program-funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? Attachment Required.   Yes

3B-2.1. Prioritizing Households with Children. Using the following chart, applicants must check all that apply to indicate the factor(s) the CoC currently uses to prioritize households with children during FY 2018.

History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
Number of previous homeless episodes	X
Unsheltered homelessness	X
Criminal History	X
Bad credit or rental history	X
Head of Household with Mental/Physical Disability	X

3B-2.2. Applicants must:
(1) describe the CoC's current strategy to rapidly rehouse every household of families with children within 30 days of becoming homeless;
(2) describe how the CoC addresses both housing and service needs to ensure families successfully maintain their housing once assistance ends; and
(3) provide the organization name or position title responsible for overseeing the CoCs strategy to rapidly rehouse families with children within 30 days of becoming homeless.
(limit 2,000 characters)

1. All ES in the CoC are part of the CoC's coordinated entry system. The shelter completes a prescreen (VISPDAT) when a family enters ES. Based on the assessment, families are referred to the appropriate provider (RRH or PSH). Referrals are prioritized based on score. Once referred to RRH, immediate steps begin to gather paperwork and locate a unit. Families are provided navigation and housing search services to assist with this process.

2. While clients are being served, individual housing stability plans are developed and intensive case management is provided. These services are provided to assist the client with increasing their income and ability to be have a sustainable housing situation once assistance ends. Additionally, our State PHA has a pool of HCV specifically for persons experiencing homelessness. These vouchers are targeted to persons receiving RRH in recognition that many of them will need a long-term subsidy once the RRH assistance ends.

3. The RRH subcommittee oversees the CoC's RRH strategies.

3B-2.3. Antidiscrimination Policies. Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent supportive housing (PSH and RRH) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status, or disability when entering a shelter or housing.

CoC conducts mandatory training for all CoC and ESG funded service providers on these topics.	X
CoC conducts optional training for all CoC and ESG funded service providers on these topics.	☐
CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	X
CoC has worked with ESG recipient(s) to identify both CoC and ESG funded facilities within the CoC geographic area that may be out of compliance, and taken steps to work directly with those facilities to come into compliance.	X
CoC has sought assistance from HUD through submitting AAQs or requesting TA to resolve non-compliance of service providers.	X

3B-2.4. Strategy for Addressing Needs of Unaccompanied Youth Experiencing Homelessness. Applicants must indicate whether the CoC's strategy to address the unique needs of unaccompanied homeless youth includes the following:

Human trafficking and other forms of exploitation	Yes
LGBT youth homelessness	Yes
Exits from foster care into homelessness	Yes

Family reunification and community engagement	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

3B-2.5. Prioritizing Unaccompanied Youth Experiencing Homelessness Based on Needs. Applicants must check all that apply from the list below that describes the CoC's current strategy to prioritize unaccompanied youth based on their needs.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	X
Number of Previous Homeless Episodes	X
Unsheltered Homelessness	X
Criminal History	X
Bad Credit or Rental History	X

3B-2.6. Applicants must describe the CoC's strategy to increase:
(1) housing and services for all youth experiencing homelessness by providing new resources or more effectively using existing resources, including securing additional funding; and
(2) availability of housing and services for youth experiencing unsheltered homelessness by providing new resources or more effectively using existing resources.
(limit 3,000 characters)

1. In the FY2017 CoC competition, the CoC was awarded a new, $272K RRH project to provide 20 units of RRH for youth ages 18 – 24. A local foundation is also providing $200K to further support the services to be provided by this project. The CoC's Youth Homelessness Subcommittee is working to expand the number youth-specific beds by contacting local churches and other agencies not listed in our housing inventory as providing beds for youth. These beds will be coupled with services as needed according to each person's assessment. The Youth Homelessness Subcommittee and CE lead agency will be implementing a diversion program for youth. This strategy will also free up resources for other youth that are unable to be diverted. The Youth Homelessness Subcommittee is also working with a local employment agency that helps youth find jobs, obtain a GED and/or continue their education. Our Education Liaison (EL) helps to locate youth experiencing homelessness and provides county resources including meals, transportation, referrals and counseling. Detroit has also added a follow-up assessment in HMIS for youth providers that allows them to track client progress after they exit a youth program and provide intervention resources as needed. Lastly, Detroit now also has a prevention program targeting youth and families and uses our EL for referrals.

2. The above-described resources will be used to address the needs of both sheltered and unsheltered youth. Historically, the CoC counts few unsheltered youth in the point-in-time count. In the 2018 PIT only nine unsheltered youth

were counted. The CoC is aware that the PIT numbers may not reflect the entire scope of unsheltered youth homelessness. To help meet the needs of unsheltered youth, several of the agencies on the Youth Subcommittee (Covenant House, AFG, Ruth Ellis) conduct outreach to unsheltered youth with a goal of getting them into a safe, supportive housing situation.

3B-2.6a. Applicants must:
(1) provide evidence the CoC uses to measure both strategies in question 3B-2.6. to increase the availability of housing and services for youth experiencing homelessness;
(2) describe the measure(s) the CoC uses to calculate the effectiveness of the strategies; and
(3) describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of the CoC's strategies.
(limit 3,000 characters)

1. The evidence that will be used to measure strategies given in 3B-2.6 are:
• RRH funding: The rate at which youth exit to permanent housing and increase their income
• Diversion: The number of young people after to be safely diverted from homelessness
• Unsheltered youth outreach: The number of unsheltered youth counted in the PIT count.

2. Measures used to calculate effectiveness of strategies in 3B-2.6:
• RRH: HMIS data will be used to calculate the rate of persons who exit to permanent housing by dividing the number of persons who exit by the number who exit to permanent housing. HMIS will also be used to determine the percentage who exit with increase in income via APR question #19a.
• Diversion: fewer youth entering homelessness, and an increased number of youth able to be safely reunited with family.
• Unsheltered youth: the number of unsheltered youth counted in the PIT count will be compared to the prior PIT count to determine if the number is decreasing.

3. The CoC has benefited from the technical expertise of Point Source Youth, a national advocacy, research, and evaluation organization on youth homelessness. The CoC additionally benefits from local expertise via local researchers and evaluators. These experts consulted with the Youth Homelessness Subcommittee on methods used in other CoCs across the country that have been proven to work in helping to reduce the number of homeless youth.

3B-2.7. Collaboration–Education Services. Applicants must describe how the CoC collaborates with:
(1) youth education providers;
(2) McKinney-Vento State Education Agency (SEA) and Local Education Agency (LEA);
(3) school districts; and
(4) the formal partnerships with (1) through (3) above.
(limit 2,000 characters)

1. The Detroit Public School Community District (DPSCD) liaison is the homeless representative for the LEA and is intricately involved with the CoC regarding educational rights for homeless youth, including sitting on the Detroit CoC board. This person works closely with youth providers and our local schools and education partners to ensure that all needs are met.

2. Through this partnership and collaboration with the liaison who works directly with the SEA Coordinator and the Detroit Consortium lead to identify and immediately enroll homeless children and youth and support them with understanding their rights to ensure their successful matriculation in school (through school). The Liaison keeps the CoC abreast of all updates to the McKinney-Vento Act and the Every Student Succeeds Act (ESSA) regulations. The DPSCD liaison is also on the Youth Advisory Board (Phoenix Center) and works with the Administrator and the Youth Advisory Council or group.

3. The Education Liaison (EL) and Detroit Public Schools share info about educational and housing resources at CoC meetings. The EL connects homeless families in the county with resources within the CoC or school system. Also, the EL has a small budget to assist families in need with transportation, supplies and other resources.

4. Our Youth Homelessness Subcommittee consists of partners from SEA, LEA, and education providers consults with and reports out to our CoC Board and community members regularly. Members also attend each other's meetings regularly.

3B-2.7a. Applicants must describe the policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services.
(limit 2,000 characters)

The Detroit Public School Community District (DPSCD) Liaison who is a member of the Detroit CoC board, the CoC's Youth Homelessness Subcommittee, and the City of Detroit's Homeless Task Force places educational rights posters in all of the City of Detroit's Recreation Offices, Libraries and shelters located in the city. Posters are also placed in all DPSCD schools and administrative buildings. The liaison also presents at CoC board meetings and Task Force meetings the educational rights of homeless children and inform of what enrollment assistance the district provides for these students. The CoC communicates with the district liaison regarding any educational matters regarding homeless children and youth including unaccompanied homeless and runaway youth.

3B-2.8. Does the CoC have written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No". Applicants must select "Yes" or "No", from the list below, if the CoC has written formal agreements, MOU/MOA's or partnerships with providers of early childhood services and support.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	No
Head Start	Yes	No

Early Head Start	Yes	No
Child Care and Development Fund	Yes	No
Federal Home Visiting Program	No	No
Healthy Start	Yes	No
Public Pre-K	Yes	No
Birth to 3 years	Yes	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

3B-3.1. Veterans Experiencing Homelessness. Applicants must describe the actions the CoC has taken to identify, assess, and refer Veterans experiencing homelessness, who are eligible for U.S. Department of Veterans Affairs (VA) housing and services, to appropriate resources such as HUD-VASH, Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 2,000 characters)

The Detroit CoC is a Built for Zero community, so we are committed to ending veteran homelessness. Leadership and By-Name List (BNL) meetings are held every two weeks to assess our progress. Active partners included the local VAMC, SSVF and GPD providers, the CE Lead(CAM), the City of Detroit, the CoC Lead and HMIS Lead. The work to end veteran homelessness begins with identifying, assessing, and referring veterans to appropriate resources as described below:

1.Identify: Our community understands the importance of knowing each veteran by name and by housing status. Therefore, every attempt is made to identify homeless veterans. The primary points of access for veterans are the Veterans Community Resource and Referral Center (VCRRC) and the VAMC. Veterans, however, do present at other community access points. Additionally, outreach staff, both from the VAMC and community providers, work to engage those veterans who do not present at access points. Upon receipt of a completed referral package. Veterans are added to the By- Name List and assigned a Lead Case Manager, who works with the veteran to obtain housing. Currently, there are 251 veterans on our BNL.

2.Assess: Veterans can present at any of the coordinated entry access points. Veterans are assessed for housing resources such as HUD- VASH, SSVF, Grant Per Diem, and other community resources using the VI-SPDAT. HOMES assessments are also conducted to ensure that veterans are engaged with all benefits.

3.Refer: Based on the results of the assessments and prioritization factors (i.e. chronicity), a referral is made for the appropriate housing intervention. Veterans who are not eligible for VA resources or choose to seek alternative resources are referred to community resources such as shelters, rapid rehousing, and permanent supportive housing. Lead Case managers work with veterans to obtain necessary documents, locate housing and negotiate with landlords, and get them connected to appropriate services.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC?   Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness?   Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?   Yes

3B-5. Racial Disparity. Applicants must: (1) indicate whether the CoC assessed whether there are racial disparities in the provision or outcome of homeless assistance; (2) if the CoC conducted an assessment, attach a copy of the summary.   Yes

3B-5a. Applicants must select from the options below the results of the CoC's assessment.

People of different races or ethnicities are more or less likely to receive homeless assistance.	
People of different races or ethnicities are more or less likely to receive a positive outcome from homeless assistance.	X
There are no racial disparities in the provision or outcome of homeless assistance.	
The results are inconclusive for racial disparities in the provision or outcome of homeless assistance.	

3B-5b. Applicants must select from the options below the strategies the CoC is using to address any racial disparities.

The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	X
The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	
The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	
The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups	X
The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	
The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	

The CoC has staff, committees or other resources charged with analyzing and addressing racial disparities related to homelessness.	☐
The CoC is educating organizations, stakeholders, boards of directors for local and national non-profit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	☐
The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	☐
The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	X
The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	☐
Other:	☐

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the   FY 2018 CoC Application Detailed Instructions and the FY 2018 CoC Program Competition NOFA.   Please submit technical questions to the   HUD Exchange Ask A Question.

4A-1. Healthcare. Applicants must indicate, for each type of healthcare listed below, whether the CoC:
(1) assists persons experiencing homelessness with enrolling in health insurance; and
(2) assists persons experiencing homelessness with effectively utilizing Medicaid and other benefits.

Type of Health Care	Assist with Enrollment	Assist with Utilization of Benefits?
Public Health Care Benefits **(State or Federal benefits, Medicaid, Indian Health Services)**	Yes	Yes
Private Insurers:	Yes	Yes
Non-Profit, Philanthropic:	No	No
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits. Applicants must:
(1) describe how the CoC works with mainstream programs that assist persons experiencing homelessness to apply for and receive mainstream benefits;
(2) describe how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for persons experiencing homelessness (e.g., Food Stamps, SSI, TANF, substance abuse programs); and
(3) provide the name of the organization or position title that is responsible for overseeing the CoC's strategy for mainstream benefits. (limit 2,000 characters)

1. It is a requirement for new and renewal CoC Project Applicants that they display the ability to connect their clients to mainstream resources. The CoC promotes the relationship and connection between mainstream service providers and the agencies who in-turn deliver the services to their clients. These connections are made by way of resource/employment fairs, a yearly Project Homeless Connect and other Homeless Awareness Week Events, agency generated resource guides, and 1:1 guidance during case management

2.The CoC shares information regarding mainstream resources via our listserv and welcomes agencies to present the resources they can provide at our General Membership Meetings.

3.The CoC Lead Agency is generally responsible for these strategies.

4A-2.Housing First: Applicants must report:
(1) total number of new and renewal CoC Program Funded PSH, RRH,
SSO non-coordinated entry, Safe-Haven, and Transitional Housing
projects the CoC is applying for in FY 2018 CoC Program Competition; and
(2) total number of new and renewal CoC Program Funded PSH, RRH,
SSO non-coordinated entry, Safe-Haven, and Transitional Housing
projects the CoC is applying for in FY 2018 CoC Program Competition that
have adopted the Housing First approach–meaning that the project quickly
houses clients without preconditions or service participation
requirements.

Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition.	49
Total number of new and renewal CoC Program Funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC is applying for in FY 2018 CoC Program Competition that have adopted the Housing First approach–meaning that the project quickly houses clients without preconditions or service participation requirements.	49
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects in the FY 2018 CoC Program Competition that will be designated as Housing First.	100%

4A-3. Street Outreach. Applicants must:
(1) describe the CoC's outreach;
(2) state whether the CoC's Street Outreach covers 100 percent of the
CoC's geographic area;
(3) describe how often the CoC conducts street outreach; and
(4) describe how the CoC tailored its street outreach to persons
experiencing homelessness who are least likely to request assistance.
(limit 2,000 characters)

1. The Detroit CoC has several Street Outreach (SO) programs, including two projects operated by NSO, and outreach programs operated by AFG, Cass Community Social Services, Covenant House, the NOAH project, and Ruth Ellis Center. Three of these SO programs are specifically targeted to youth. The outreach programs canvass the entire CoC geographic area and operate at different times of the and days of the week to help ensure complete coverage. The SO staff rely on data of where unsheltered persons are known to be, and utilize the evidence-based practices of engagement to build trust with the client. Unsheltered individuals who are on the Detroit CoC's chronic by name list are targeted for outreach, while others who engage with
outreach workers are added to the By-Name-List.

2. Although outreach is targeted in areas with the greatest expressed needs, street outreach covers 100% of the CoC's geographic area.

3. Street outreach is conducted daily. Different teams operate at different times of the day, to ensure coverage at different hours.

4. Detroit's SO providers have experience working the chronically homeless population. Providers use motivational interviewing and continual engagement to build rapport and trust with the client. SO providers also often coordinate

with local soup kitchens and other service providers where consumers have already built relationships and collaboratively work to provide housing services to the consumer where they feel most comfortable. When consumers are hesitant to engage in services, the street outreach team offers other types of interventions, including assistance with accessing a shelter and other needed resources, as well as assistance accessing the coordinated entry system.

4A-4. Affirmative Outreach. Applicants must describe:
(1) the specific strategy the CoC implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability; and
(2) how the CoC communicated effectively with persons with disabilities and limited English proficiency fair housing strategy in (1) above.
(limit 2,000 characters)

1. CoC and ESG programs are expected to comply with all Fair Housing Requirements. Persons seeking housing/services from CoC or ESG programs are served to the extent that the person meets HUD's eligibility requirements for the program. The CoC board also decided to require PSH not be limited to persons with a specific disability, which will provide additional housing opportunities for more populations. The Detroit CoC also implemented a Non-Discrimination policy which prohibits any provider from disallowing program entry or maltreatment based on race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status or disability.

2. It is not common for CoC agencies to encounter persons who have limited English proficiency (LEP). If a person with LEP contacts the CE system, the staff will either access a translator service or use bilingual staff to serve the client. Provider agencies have experience working with persons with disabilities and have developed skills necessary to communicate with persons with disabilities.

4A-5. RRH Beds as Reported in the HIC. Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2017 and 2018.

	2017	2018	Difference
RRH beds available to serve all populations in the HIC	633	950	317

4A-6. Rehabilitation or New Construction Costs. Are new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?   No

4A-7. Homeless under Other Federal Statutes. Is the CoC requesting to designate one or more of its SSO or TH projects to serve   No

families with children or youth defined as homeless under other Federal statutes?

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource

Document Type	Required?	Document Description	Date Attached
1C-5. PHA Administration Plan–Homeless Preference	No	MI-501_PHA Plans ...	09/10/2018
1C-5. PHA Administration Plan–Move-on Multifamily Assisted Housing Owners' Preference	No	MI-501_Move On Mu...	09/10/2018
1C-8. Centralized or Coordinated Assessment Tool	Yes	MI-501_CE Assessm...	09/13/2018
1E-1. Objective Critiera–Rate, Rank, Review, and Selection Criteria (e.g., scoring tool, matrix)	Yes	MI-501_FY2018 CoC...	09/12/2018
1E-3. Public Posting CoC-Approved Consolidated Application	Yes	MI-501_Public Pos...	09/12/2018
1E-3. Public Posting–Local Competition Rate, Rank, Review, and Selection Criteria (e.g., RFP)	Yes	MI-501_Public Pos...	09/12/2018
1E-4. CoC's Reallocation Process	Yes	MI-501_CoC Reallo...	09/12/2018
1E-5. Notifications Outside e-snaps–Projects Accepted	Yes	MI-501_Projects A...	08/31/2018
1E-5. Notifications Outside e-snaps–Projects Rejected or Reduced	Yes	MI-501_Project Re...	09/04/2018
1E-5. Public Posting–Local Competition Deadline	Yes	MI-501_Public Pos...	09/12/2018
2A-1. CoC and HMIS Lead Governance (e.g., section of Governance Charter, MOU, MOA)	Yes	MI-501_CoC Lead a...	09/12/2018
2A-2. HMIS–Policies and Procedures Manual	Yes	MI-501_HMIS Polic...	09/04/2018
3A-6. HDX–2018 Competition Report	Yes	FY2018 CoC Compet...	08/20/2018
3B-2. Order of Priority–Written Standards	No	MI-501_PSH Order ...	09/12/2018

3B-5. Racial Disparities Summary	No	MI-501_Racial Dis...	09/12/2018
4A-7.a. Project List–Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
Other	No		
Other	No		
Other	No		

Attachment Details

Document Description: MI-501_PHA Plans Homeless Preference

Attachment Details

Document Description: MI-501_Move On Multifamily Assisted

Attachment Details

Document Description: MI-501_CE Assessment Tools

Attachment Details

Document Description: MI-501_FY2018 CoC Rating and Ranking Procedure

Attachment Details

Document Description: MI-501_Public Posting of CoC Application

Attachment Details

Document Description: MI-501_Public Posting of Ranking and Review Process_FY2018

Attachment Details

Document Description: MI-501_CoC Reallocation Policies_FY2018

Attachment Details

Document Description: MI-501_Projects Accepted Notification

Attachment Details

Document Description: MI-501_Project Rejection Notification

Attachment Details

Document Description: MI-501_Public Posting of Local Competition Deadline_FY2018

Attachment Details

Document Description: MI-501_CoC Lead and HMIS Governance

Attachment Details

Document Description: MI-501_HMIS Policies & Procedures

Attachment Details

Document Description: FY2018 CoC Competition Report_MI-501

Attachment Details

Document Description: MI-501_PSH Order of Priority

Attachment Details

Document Description: MI-501_Racial Disparities Assessment Summary

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. Identification	09/12/2018
1B. Engagement	09/12/2018
1C. Coordination	09/12/2018
1D. Discharge Planning	09/12/2018
1E. Project Review	09/12/2018
2A. HMIS Implementation	09/12/2018
2B. PIT Count	09/12/2018
2C. Sheltered Data - Methods	09/12/2018
3A. System Performance	09/12/2018
3B. Performance and Strategic Planning	09/12/2018
4A. Mainstream Benefits and Additional Policies	09/13/2018
4B. Attachments	09/13/2018

Submission Summary   No Input Required

Targeted Funding [24 CFR 982.204(e)]

HUD may award MSHDA funding for a specified category of families on the waiting list. MSHDA must use this funding only to assist the families within the specified category. In order to assist families within a targeted funding category, MSHDA may skip families that do not qualify within the targeted funding category. Within this category of families, the order in which such families are assisted is determined according to the policies provided in Section 4-III.C.

MSHDA Policy

MSHDA administers the following types of targeted funding:
- VASH
- Non-Elderly Disabled (NED) (formerly Mainstream I)
- Mainstream 5
- Rental Assistance Demonstration Program (RAD)

Regular HCV Funding

Regular HCV funding may be used to assist any eligible family on the waiting list. Families are selected from the waiting list according to the policies provided in Section 4-III.C.

4-III.C. SELECTION METHOD

MSHDA must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that MSHDA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

MSHDA is permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits MSHDA to establish other local preferences, at its discretion. Any local preferences established must be consistent with MSHDA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

MSHDA Policy

MSHDA will offer a preference to any family that has been terminated from its Housing Choice Voucher (HCV) program due to insufficient program funding. These families will be drawn before all other waiting list preferences once program funding is reinstated to sufficient levels as determined by MSHDA.

A homeless preference is only assigned to applicants on the HCV waiting list who are also a Michigan resident.

Effective January 1, 2019, applicants will be sorted and drawn in the following hierarchy of HCV Waiting List Preferences:

1. ***Homeless/ County of Application Residency*** (Applicant who is homeless and is living or working in the county of application)

2. ***Disabled County of Application Residency*** (Applicant who is disabled and is living or working in the county of application)

3. ***County of Application Residency*** (Applicant who is living or working in the county of application)

4. ***Michigan Residency*** (Applicant not living or working in the county of application)

5. ***Out of state Residency*** (Non-Michigan resident)

In general, the homeless preference is valid for 120 days. In order to retain the homeless preference, the homeless service agency must recertify that the applicant meets the homeless preference every 120 days while on the HCV waiting list.

Income Targeting Requirement [24 CFR 982.201(b)(2)]

HUD requires that extremely low-income (ELI) families make up at least 75 percent of the families admitted to the HCV program during MSHDA's fiscal year. ELI families are those with annual incomes at or below the federal poverty level or 30 percent of the area median income, whichever number is higher. To ensure this requirement is met, MSHDA may skip non-ELI families on the waiting list in order to select an ELI family.

Low income families admitted to the program that are "continuously assisted" under the 1937 Housing Act [24 CFR 982.4(b)], as well as low-income or moderate-income families admitted to the program that are displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing, are not counted for income targeting purposes [24 CFR 982.201(b)(2)(v)].

MSHDA Policy

MSHDA will monitor progress in meeting the income targeting requirement throughout the fiscal year. Extremely low-income families will be selected ahead of other eligible families on an as-needed basis to ensure the income targeting requirement is met.

Order of Selection

MSHDA system of preferences may select families based on local preferences according to the date and time of application, or by a random selection process [24 CFR 982.207(c)]. If a PHA does not have enough funding to assist the family at the top of the waiting list, it is not permitted to skip down the waiting list to a family that it can afford to subsidize when there are not sufficient funds to subsidize the family at the top of the waiting list [24 CFR 982.204(d) and (e)].

MSHDA Policy

Families will be selected from the waiting list based on the targeted funding or selection preference(s) for which they qualify, and in accordance with MSHDA's hierarchy of preferences, if applicable. Within each targeted funding or preference category, families will be selected according to the date and time assigned to the completed application.

Annual PHA Plan *(Standard PHAs and Troubled PHAs)*	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires: 02/29/2016

Purpose. The 5-Year and Annual PHA Plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission, goals and objectives for serving the needs of low- income, very low- income, and extremely low- income families.

Applicability. Form HUD-50075-ST is to be completed annually by **STANDARD PHAs**. *Standard PHA* - A PHA that owns or manages 250 or more public housing units and any number of vouchers where the total combined units exceeds 550, and that was designated as a standard performer in the most recent PHAS or SEMAP assessments.

A.	PHA Information.

A.1

PHA Name: <mark>Detroit Housing Commission</mark> PHA Code: MI001

PHA Type: ☒ Standard PHA ☐ Troubled PHA

PHA Plan for Fiscal Year Beginning: (MM/YYYY): 07/01/2018

PHA Inventory (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above)

Number of Public Housing (PH) Units ___3337___ Number of Housing Choice Vouchers (HCVs) ___6067___ Total

Combined Units/Vouchers ___9793___

PHA Plan Submission Type: ☒ Annual Submission   ☐Revised Annual Submission

☐ PHA Consortia: (Check box if submitting a Joint PHA Plan and complete table below)

Participating PHAs	PHA Code	Program(s) in the Consortia	Program(s) not in the Consortia	No. of Units in Each Program	
				PH	HCV
Lead PHA:					

B.	Annual Plan Elements

form HUD-50075-ST (12/2014)

Local Preference Related to Homelessness and Transitioning from Permanent Supportive Housing

A local preference is available for families that participate in a homeless program or that are transitioning from permanent supportive housing.

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DHC will not accept referrals from an agency, organization or consortia that denies its services to members of any Federally protected class under fair housing laws.

There will be a separate waitlist for this preference. The waitlist will never close.

Local Preference Related to VASH Voucher Holders Transitioning from Permanent Supportive Housing

A local preference is available for families that have received assistance under the Veterans Administration Supportive Housing Program ("VASH") who no longer require permanent supportive housing as mutually agreed upon by the adult family members and MSHDA and the area VA Medical Center. The transition from permanent supportive housing requires the family to have participated in the VASH Program for the last five years.

DHC will provide up to 25 tenant-based vouchers per year for this preference through its HCVP. The preference does not guarantee eligibility for the HCVP.

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form HUD-50075-ST (12/2014)

PRIORITY OF PREFERENCES

DHC will administer the local preferences based upon the following priority listing:

1. Displaced by DHC
2. Lead-Based Paint Displacement
3. VAWA
4. Victims of Human Trafficking
5. Homeless
6. Transitioning from VASH

Each of these local referral preferences has its own waiting list. In light of the uniqueness of each local preference , an applicant should only be on a single local preference waitlist. An applicant, however, can be on a local preference waitlist and on the traditional HCVP tenant-based waitlist.

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B.1 Significant Amendment / Modification

The Agency Plan is a living document, which shall serve to guide DHC operations and resource management. In the event that circumstances or priorities necessitate actions, which would represent a substantial departure from the goals, objectives, timetables or policies as set forth in the plan, the DHC will invite resident review and input prior to taking actions that would implement such substantial changes.

Development of subsequent Annual Plans shall be a vehicle through which updates and minor or routine modifications to the Agency Plan are made. On an annual basis the DHC will review its progress toward the achievement of its goals and objectives and the existing policies and procedures, adequately address the needs of its constituents, stakeholders and the agency. To the extent that those needs are not met by the elements of the existing Agency Plan, the subsequent Annual Plan shall be written to reflect changes to goals, objectives, policies and procedures to address those needs.

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DHC's definition of Significant Amendment will include the following revisions under

Please See subsection B.1

- Homeownership Program

- Substantial Amendment/Modification

form HUD-50075-ST (12/2014)

PART IX. HUD - VETERANS ADMINISTRATION SUPPORTIVE HOUSING (VASH)

[Federal Register, May 6 and May 19, 2008]

15.IX.A. OVERVIEW

The HUD-VASH program combines HUD HCV rental assistance for homeless veterans with case management and clinical services provided by the Department of Veterans Affairs (VA) at its medical centers and in the community. Ongoing VA case management, health, and other supportive services is made available to homeless veterans at many VA Medical Center (VAMC) supportive services sites across the nation. MSHDA partners with three VA Medical Centers in Michigan: the John D. Dingell VA Medical Center in Detroit; the Oscar Johnson VA Medical Center in Iron Mountain, and the Aleda E. Lutz VA Medical Center in Saginaw, Michigan.

MSHDA Policy

MSHDA administers the Veterans Administration Supportive Housing (VASH) program by following the above Federal Register Notices and subsequent HUD guidance.

PART X. MAINSTREAM AND MAINSTREAM 5

[24 CFR Part 982]

15.X.A. OVERVIEW

The Mainstream Voucher Program assists persons with disabilities in locating suitable and accessible housing.

MSHDA Policy

MSHDA administers the Mainstream and Mainstream 5 program.

PART XI. MOVING UP PILOT PROGRAM

15.XI.A. OVERVIEW

MSHDA Policy

MSHDA has established a pilot program in Detroit, Michigan to be called the Moving Up Program in calendar 2014 and continues to administer this pilot program. MSHDA is designating the use of a limited number of its own HCV vouchers for this program.

- The Authority, the Michigan Department of Community Health, and the Detroit Continuum of Care (CoC) will be partnering in a pilot program preferencing individuals and families transitioning, or "moving up", from Permanent Supportive Housing (PSH) units. These are person that were previously homeless prior to entry in to the PSH program and who continue to need a housing subsidy, but no longer need the intense level of supportive services PSH provides.

- Referral agencies for these Housing Choice Vouchers will be Detroit CoC Permanent Supportive Housing providers that are recipients or sub-recipients of funding under the CoC Program (programs formerly called Shelter + Care and the Supportive Housing Program (SHP)

- Detroit CoC PSH providers will use a common assessment tool to identify those individuals and families that have reached a level of stability that makes them a good candidate for a successful transition to a Housing Choice Voucher. Those individuals and families will then be placed on a separate waiting list for this Moving Up pilot.

- The Authority initially allocated up to 100 Housing Choice Vouchers in Wayne County towards this Pilot Program in FY 2014-15. In FY 2016, the Authority currently administers 370 vouchers in the following counties: Wayne, Oakland, Macomb, Genesee, Kent, Grand Traverse, and Washtenaw.

- As the Pilot Program moves forward, the Authority will select additional sites across the state of Michigan, and may allocate additional vouchers towards this program as needed. The Authority will work with individual CoC PSH providers when additional sites for this pilot are identified for assistance in implementation.

XII. FAMILY SELF-SUFFICIENCY PROGRAM
[24 CFR Part 984]

MSHDA Policy

MSHDA Administers a Family Self-Sufficiency Program in compliance with 24 CFR Part 984 with funding received from HUD.

<table>
<tr><td>**Annual PHA Plan**
(Standard PHAs and Troubled PHAs)</td><td>U.S. Department of Housing and Urban Development
Office of Public and Indian Housing</td><td>OMB No. 2577-0226
Expires: 02/29/2016</td></tr>
</table>

Purpose. The 5-Year and Annual PHA Plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission, goals and objectives for serving the needs of low- income, very low- income, and extremely low- income families.

Applicability. Form HUD-50075-ST is to be completed annually by **STANDARD PHAs**. *Standard PHA* - A PHA that owns or manages 250 or more public housing units and any number of vouchers where the total combined units exceeds 550, and that was designated as a standard performer in the most recent PHAS or SEMAP assessments.

A.	PHA Information.

A.1

PHA Name: <mark>Detroit Housing Commission</mark> PHA Code: __MI001__

PHA Type: ☒ Standard PHA ☐ Troubled PHA

PHA Plan for Fiscal Year Beginning: (MM/YYYY): _07/01/2018_

PHA Inventory (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above)

Number of Public Housing (PH) Units ___3337___ Number of Housing Choice Vouchers (HCVs) ___6067___ Total

Combined Units/Vouchers ___9793___

PHA Plan Submission Type: ☒ Annual Submission ☐ Revised Annual Submission

☐ PHA Consortia: (Check box if submitting a Joint PHA Plan and complete table below)

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- Substantial Amendment/Modification

Administration

Interviewer's Name	Agency	☐ Team
		☐ Staff
_____	_____	☐ Volunteer
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ __ __	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.   **SCORE:**

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A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

   ☐ Shelters
   ☐ Transitional Housing
   ☐ Safe Haven
   ☐ **Outdoors**
   ☐ **Other (specify):**
   _____
   ☐ **Refused**

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	**SCORE:**

2. How long has it been since you lived in permanent stable housing? _____ ☐ Refused

3. In the last three years, how many times have you been homeless? _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	**SCORE:**

B. Risks

4. In the past six months, how many times have you...

   a) Received health care at an emergency department/room? ____ ☐ Refused

   b) Taken an ambulance to the hospital? ____ ☐ Refused

   c) Been hospitalized as an inpatient? ____ ☐ Refused

   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? ____ ☐ Refused

   e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? ____ ☐ Refused

   f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	**SCORE:**

5. Have you been attacked or beaten up since you've become homeless? ☐ **Y** ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	**SCORE:**

7. Do you have any legal stuff going on right now that may result ☐ **Y**   ☐ N   ☐ Refused
    in you being locked up, having to pay fines, or that make it
    more difficult to rent a place to live?

IF "YES," THEN SCORE 1 FOR **LEGAL ISSUES.**	SCORE:

8. Does anybody force or trick you to do things that you do not ☐ **Y**   ☐ N   ☐ Refused
    want to do?

9. Do you ever do things that may be considered to be risky ☐ **Y**   ☐ N   ☐ Refused
    like exchange sex for money, run drugs for someone, have
    unprotected sex with someone you don't know, share a
    needle, or anything like that?

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF EXPLOITATION.**	SCORE:

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, ☐ **Y**   ☐ N   ☐ Refused
    or government group like the IRS that thinks you owe them
    money?

11. Do you get any money from the government, a pension, ☐ Y   ☐ **N**   ☐ Refused
    an inheritance, working under the table, a regular job, or
    anything like that?

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR **MONEY MANAGEMENT.**	SCORE:

12. Do you have planned activities, other than just surviving, that ☐ Y   ☐ **N**   ☐ Refused
    make you feel happy and fulfilled?

IF "NO," THEN SCORE 1 FOR **MEANINGFUL DAILY ACTIVITY.**	SCORE:

13. Are you currently able to take care of basic needs like bathing, ☐ Y   ☐ **N**   ☐ Refused
    changing clothes, using a restroom, getting food and clean
    water and other things like that?

IF "NO," THEN SCORE 1 FOR **SELF-CARE.**	SCORE:

14. Is your current homelessness in any way caused by a ☐ **Y**   ☐ N   ☐ Refused
    relationship that broke down, an unhealthy or abusive
    relationship, or because family or friends caused you to
    become evicted?

IF "YES," THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.**	SCORE:

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? ☐ **Y** ☐ N ☐ Refused

16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? ☐ **Y** ☐ N ☐ Refused

17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you? ☐ **Y** ☐ N ☐ Refused

18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

19. When you are sick or not feeling well, do you avoid getting help? ☐ **Y** ☐ N ☐ Refused

20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant? ☐ **Y** ☐ N ☐ N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.**	SCORE:

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused

22. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.**	SCORE:

23. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

    a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

    b) A past head injury? ☐ **Y** ☐ N ☐ Refused

    c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.**	SCORE:

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.	SCORE:

25. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y** ☐ N ☐ Refused

26. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.**	**SCORE:**

27. *YES OR NO:* Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? ☐ **Y** ☐ N ☐ Refused

IF "YES", SCORE 1 FOR **ABUSE AND TRAUMA.**	**SCORE:**

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	**Score: Recommendation:**
A. HISTORY OF HOUSING & HOMELESSNESS	/2	0-3: no housing intervention
B. RISKS	/4	4-7: an assessment for Rapid Re-Housing
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	8+: an assessment for Permanent Supportive Housing/Housing First
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : _____ or
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

A. *Mental Health & Wellness & Cognitive Functioning*

PROMPTS	CLIENT SCORE:

PROMPTS

- *Have you ever received any help with your mental wellness?*
- *Do you feel you are getting all the help you need for your mental health or stress?*
- *Has a doctor ever prescribed you pills for nerves, anxiety, depression or anything like that?*
- *Have you ever gone to an emergency room or stayed in a hospital because you weren't feeling 100% emotionally?*
- *Do you have trouble learning or paying attention?*
- *Have you ever had testing done to identify learning disabilities?*
- *Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby?*
- *Have you ever hurt your brain or head?*
- *Do you have any documents or papers about your mental health or brain functioning?*
- *Are there other professionals we could speak with that have knowledge of your mental health?*

NOTES

SCORING

4	**Any** of the following: ☐ Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) **and** not in a heightened state of recovery currently ☐ Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
3	**Any** of the following: ☐ Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition ☐ Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
2	While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, **all** of the following are true: ☐ No major concerns about safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning ☐ No major concerns for the health and safety of others because of mental health or cognitive functioning ability ☐ No compelling reason for screening by an expert in mental health or cognitive functioning prior to housing to fully understand capacity
1	☐ In a heightened state of recovery, has a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, **and** is engaged with mental health supports as necessary.
0	☐ No mental health or cognitive functioning issues disclosed, suspected or observed.

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B. *Physical Health & Wellness*

PROMPTS	CLIENT SCORE:

- *How is your health?*
- *Are you getting any help with your health? How often?*
- *Do you feel you are getting all the care you need for your health?*
- *Any illness like diabetes, HIV, Hep C or anything like that going on?*
- *Ever had a doctor tell you that you have problems with blood pressure or heart or lungs or anything like that?*
- *When was the last time you saw a doctor? What was that for?*
- *Do you have a clinic or doctor that you usually go to?*
- *Anything going on right now with your health that you think would prevent you from living a full, healthy, happy life?*
- *Are there other professionals we could speak with that have knowledge of your health?*
- *Do you have any documents or papers about your health or past stays in hospital because of your health?*

NOTES

SCORING	
4	**Any** of the following: ☐ Co-occurring chronic health conditions ☐ Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health ☐ Pallative health condition
3	Presence of a health issue with **any** of the following: ☐ Not connected with professional resources to assist with a real or perceived serious health issue, by choice ☐ Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) ☐ Unable to follow the treatment plan as a direct result of homeless status
2	☐ Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care ☐ Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	Single chronic or serious health condition, but **all** of the following are true: ☐ Able to manage the health issue and live a relatively active and healthy life ☐ Connected to appropriate health supports ☐ Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	☐ No serious or chronic health condition disclosed, observed, or suspected ☐ If any minor health condition, they are managed appropriately

C. Medication

PROMPTS
• *Have you recently been prescribed any medications by a health care professional?* • *Do you take any medications prescribed to you by a doctor?* • *Have you ever sold some or all of your prescription?* • *Have you ever had a doctor prescribe you medication that you didn't have filled at a pharmacy or didn't take?* • *Were any of your medications changed in the last month? If yes: How did that make you feel?* • *Do other people ever steal your medications?* • *Do you ever share your medications with other people?* • *How do you store your medications and make sure you take the right medication at the right time each day?* • *What do you do if you realize you've forgotten to take your medications?* • *Do you have any papers or documents about the medications you take?*

CLIENT SCORE: [   ]

NOTES

SCORING	
4	**Any** of the following: ☐ In the past 30 days, started taking a prescription which **is** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **less** than is sold or shared ☐ Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) ☐ Has had a medication prescribed in the last 90 days that remains unfilled, for any reason
3	**Any** of the following: ☐ In the past 30 days, started taking a prescription which is **not** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **more** than is sold or shared ☐ Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping nighttime medications on the bedside table and morning medications by the coffeemaker) ☐ Medications are stored and distributed by a third-party
2	**Any** of the following: ☐ Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week ☐ Self-manages medications except for requiring reminders or assistance for refills ☐ Successfully self-managing medication for fewer than 30 consecutive days
1	☐ Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	**Any** of the following: ☐ No medication prescribed to them ☐ Successfully self-managing medication for 181+ consecutive days

D. Substance Use

PROMPTS
• *When was the last time you had a drink or used drugs?*   • *Is there anything we should keep in mind related to drugs or alcohol?*   • *[If they disclose use of drugs and/or alcohol] How frequently would you say you use [specific substance] in a week?*   • *Ever have a doctor tell you that your health may be at risk because you drink or use drugs?*   • *Have you engaged with anyone professionally related to your substance use that we could speak with?*   • *Ever get into fights, fall down and bang your head, or pass out when drinking or using other drugs?*   • *Have you ever used alcohol or other drugs in a way that may be considered less than safe?*   • *Do you ever end up doing things you later regret after you have gotten really hammered?*   • *Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?*

CLIENT SCORE: _____

NOTES

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women.

	SCORING

4	☐ In a life-threatening health situation as a direct result of substance use, **or**,
	 In the past 30 days, **any** of the following are true...
	   ☐ Substance use is almost daily (21+ times) **and** often to the point of complete inebriation
	   ☐ Binge drinking, non-beverage alcohol use, or inhalant use 4+ times
	   ☐ Substance use resulting in passing out 2+ times

3	☐ Experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, **or**,
	 In the past 30 days, **any** of the following are true...
	   ☐ Drug use reached the point of complete inebriation 12+ times
	   ☐ Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation
	   ☐ Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times

2	In the past 30 days, **any** of the following are true...
	   ☐ Drug use reached the point of complete inebriation fewer than 12 times
	   ☐ Alcohol use exceeded the consumption thresholds fewer than 5 times

1	☐ In the past 365 days, no alcohol use beyond consumption thresholds, **or**, ☐ If making claims to sobriety, no substance use in the past 30 days
0	☐ In the past 365 days, no substance use

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E. Experience of Abuse & Trauma

PROMPTS
To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported. • *"I don't need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?"* • *"Are you currently or have you ever received professional assistance to address that abuse?"* • *"Does the experience of abuse or trauma impact your day to day living in any way?"* • *"Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?"* • *"Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?"* • *"Have you ever become homeless as a direct result of experiencing abuse or trauma?"*

CLIENT SCORE: [   ]

NOTES

	SCORING
4	☐ A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	☐ The experience of abuse or trauma is **not** believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) **is** impacting daily functioning and/or ability to get out of homelessness
2	**Any** of the following: ☐ A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness ☐ Engaged in therapeutic attempts at recovery, but does not consider self to be recovered
1	☐ A reported experience of abuse or trauma, and considers self to be recovered
0	☐ No reported experience of abuse or trauma

F. Risk of Harm to Self or Others

PROMPTS
• Do you have thoughts about hurting yourself or anyone else? Have you ever acted on these thoughts? When was the last time? • What was occurring when you had these feelings or took these actions? • Have you ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt yourself or others? How long ago was that? Does that happen often? • Have you recently left a situation you felt was abusive or unsafe? How long ago was that? • Have you been in any fights recently - whether you started it or someone else did? How long ago was that? How often do you get into fights?

CLIENT SCORE: _____

NOTES

	SCORING
4	**Any** of the following: ☐ In the past 90 days, left an abusive situation ☐ In the past 30 days, attempted, threatened, or actually harmed self or others ☐ In the past 30 days, involved in a physical altercation (instigator or participant)
3	**Any** of the following: ☐ In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days ☐ In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	**Any** of the following: ☐ In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days ☐ 366+ days ago, 4+ involvements in physical alterations
1	☐ 366+ days ago, 1-3 involvements in physical alterations
0	☐ Reports no instance of harming self, being harmed, or harming others

G. Involvement in Higher Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE:

- *[Observe, don't ask] Any abcesses or track marks from injection substance use?*
- *Does anybody force or trick you to do something that you don't want to do?*
- *Do you ever do stuff that could be considered dangerous like drinking until you pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?*
- *Do you ever find yourself in situations that may be considered at a high risk for violence?*
- *Do you ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?*

NOTES

	SCORING
4	**Any** of the following: ☐ In the past 180 days, engaged in 10+ higher risk and/or exploitive events ☐ In the past 90 days, left an abusive situation
3	**Any** of the following: ☐ In the past 180 days, engaged in 4-9 higher risk and/or exploitive events ☐ In the past 180 days, left an abusive situation, but not in the past 90 days
2	**Any** of the following: ☐ In the past 180 days, engaged in 1-3 higher risk and/or exploitive events ☐ 181+ days ago, left an abusive situation
1	☐ Any involvement in higher risk and/or exploitive situations occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no involvement in higher risk and/or exploitive events

H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE:
• *How often do you go to emergency rooms?* • *How many times have you had the police speak to you over the past 180 days?* • *Have you used an ambulance or needed the fire department at any time in the past 180 days?* • *How many times have you called or visited a crisis team or a crisis counselor in the last 180 days?* • *How many times have you been admitted to hospital in the last 180 days? How long did you stay?*	**NOTES**

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

	SCORING
4	☐ In the past 180 days, cumulative total of 10+ interactions with emergency services
3	☐ In the past 180 days, cumulative total of 4-9 interactions with emergency services
2	☐ In the past 180 days, cumulative total of 1-3 interactions with emergency services
1	☐ Any interaction with emergency services occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no interaction with emergency services

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I. Legal

PROMPTS	CLIENT SCORE:

PROMPTS

- *Do you have any "legal stuff" going on?*
- *Have you had a lawyer assigned to you by a court?*
- *Do you have any upcoming court dates? Do you think there's a chance you will do time?*
- *Any involvement with family court or child custody matters?*
- *Any outstanding fines?*
- *Have you paid any fines in the last 12 months for anything?*
- *Have you done any community service in the last 12 months?*
- *Is anybody expecting you to do community service for anything right now?*
- *Did you have any legal stuff in the last year that got dismissed?*
- *Is your housing at risk in any way right now because of legal issues?*

CLIENT SCORE:

NOTES

SCORING	
4	**Any** of the following: ☐ Current outstanding legal issue(s), likely to result in fines of $500+ ☐ Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand
3	**Any** of the following: ☐ Current outstanding legal issue(s), likely to result in fines less than $500 ☐ Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand
2	**Any** of the following: ☐ In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) ☐ Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)
1	☐ There are no current legal issues, **and** any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration
0	☐ No legal issues within the past 365 days, **and** currently no conditions of release

J. Managing Tenancy

PROMPTS
• *Are you currently homeless?* • *[If the person is housed] Do you have an eviction notice?* • *[If the person is housed] Do you think that your housing is at risk?* • *How is your relationship with your neighbors?* • *How do you normally get along with landlords?* • *How have you been doing with taking care of your place?*

CLIENT SCORE:	

NOTES

Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is <u>not</u> considered to be a short-coming or deficiency in the ability to pay rent.

SCORING	
4	**Any** of the following: ☐ Currently homeless ☐ In the next 30 days, will be re-housed or return to homelessness ☐ In the past 365 days, was re-housed 6+ times ☐ In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters
3	**Any** of the following: ☐ In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days ☐ In the past 365 days, was re-housed 3-5 times ☐ In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters
2	**Any** of the following: ☐ In the past 365 days, was re-housed 2 times ☐ In the past 180 days, was re-housed 1+ times, but not in the past 60 days ☐ Continuously housed for at least 90 days but not more than 180 days ☐ In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters
1	**Any** of the following: ☐ In the past 365 days, was re-housed 1 time ☐ Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days
0	☐ Continuously housed, with no assistance on housing matters, for at least 365 days

K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE:

PROMPTS

- *How are you with taking care of money?*
- *How are you with paying bills on time and taking care of other financial stuff?*
- *Do you have any street debts?*
- *Do you have any drug or gambling debts?*
- *Is there anybody that thinks you owe them money?*
- *Do you budget every single month for every single thing you need? Including cigarettes? Booze? Drugs?*
- *Do you try to pay your rent before paying for anything else?*
- *Are you behind in any payments like child support or student loans or anything like that?*

NOTES

SCORING

4	**Any** of the following: ☐ Cannot create or follow a budget, regardless of supports provided ☐ Does not comprehend financial obligations ☐ Does not have an income (including formal and informal sources) ☐ Not aware of the full amount spent on substances, if they use substances ☐ Substantial real or perceived debts of $1,000+, past due or requiring monthly payments
3	**Any** of the following: ☐ Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) ☐ Only understands their financial obligations with the assistance of a 3rd party ☐ Not budgeting for substance use, if they are a substance user ☐ Real or perceived debts of $999 or less, past due or requiring monthly payments
2	**Any** of the following: ☐ In the past 365 days, source of income has changed 2+ times ☐ Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs ☐ Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) ☐ Has been self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	☐ Has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days
0	☐ Has been self-managing financial resources and taking care of associated acministrative tasks for at least 180 days

L. Social Relationships & Networks

PROMPTS	CLIENT SCORE:

PROMPTS

- *Tell me about your friends, family or other people in your life.*
- *How often do you get together or chat?*
- *When you go to doctor's appointments or meet with other professionals like that, what is that like?*
- *Are there any people in your life that you feel are just using you?*
- *Are there any of your closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that?*
- *Have you ever had people crash at your place that you did not want staying there?*
- *Have you ever been threatened with an eviction or lost a place because of something that friends or family did in your apartment?*
- *Have you ever been concerned about not following your lease agreement because of your friends or family?*

NOTES

SCORING	
4	**Any** of the following: ☐ In the past 90 days, left an exploitive, abusive or dependent relationship ☐ Friends, family or other people are placing security of housing at imminent risk, **or** impacting life, wellness, or safety ☐ No friends or family and demonstrates no ability to follow social norms ☐ Currently homeless and would classify most of friends and family as homeless
3	**Any** of the following: ☐ In the past 90-180 days, left an exploitive, abusive or dependent relationship ☐ Friends, family or other people are having some negative consequences on wellness or housing stability ☐ No friends or family but demonstrating ability to follow social norms ☐ Meeting new people with an intention of forming friendships ☐ Reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship ☐ Currently homeless, and would classify some of friends and family as being housed, while others are homeless
2	**Any** of the following: ☐ More than 180 days ago, left an exploitive, abusive or dependent relationship ☐ Developing relationships with new people but not yet fully trusting them ☐ Currently homeless, and would classify friends and family as being housed
1	☐ Has been housed for less than 180 days, **and** is engaged with friends or family, who are having no negative consequences on the individual's housing stability
0	☐ Has been housed for at least 180 days, **and** is engaged with friends or family, who are having no negative consequences on the individual's housing stability

M. Self Care & Daily Living Skills

PROMPTS
• *Do you have any worries about taking care of yourself?* • *Do you have any concerns about cooking, cleaning, laundry or anything like that?* • *Do you ever need reminders to do things like shower or clean up?* • *Describe your last apartment.* • *Do you know how to shop for nutritious food on a budget?* • *Do you know how to make low cost meals that can result in leftovers to freeze or save for another day?* • *Do you tend to keep all of your clothes clean?* • *Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment?* • *When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty?*

CLIENT SCORE: [   ]

NOTES

SCORING	
4	**Any** of the following: ☐ No insight into how to care for themselves, their apartment or their surroundings ☐ Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis ☐ Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	**Any** of the following: ☐ Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period ☐ Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	**Any** of the following: ☐ Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	☐ In the past 365 days, accessed community resources 4 or fewer times, **and** is fully taking care of all their daily needs
0	☐ For the past 365+ days, fully taking care of all their daily needs independently

N. Meaningful Daily Activity

PROMPTS
• *How do you spend your day?*   • *How do you spend your free time?*   • *Does that make you feel happy/fulfilled?*   • *How many days a week would you say you have things to do that make you feel happy/fulfilled?*   • *How much time in a week would you say you are totally bored?*   • *When you wake up in the morning, do you tend to have an idea of what you plan to do that day?*   • *How much time in a week would you say you spend doing stuff to fill up the time rather than doing things that you love?*   • *Are there any things that get in the way of you doing the sorts of activities you would like to be doing?*

CLIENT SCORE: _____

NOTES

	SCORING
4	☐ No planned, legal activities described as providing fulfillment or happiness
3	☐ Discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness
2	☐ Attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, **or** the individual is not fully committed to continuing the activities.
1	☐ Has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
0	☐ Has planned, legal activities described as providing fulfillment or happiness 4+ days per week

O. History of Homelessness & Housing

PROMPTS
• *How long have you been homeless?* • *How many times have you been homeless in your life other than this most recent time?* • *Have you spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your permanent address?* • *Have you ever spent time sleeping in a car or alleyway or garage or barn or bus shelter or anything like that?* • *Have you ever spent time sleeping in an abandoned building?* • *Were you ever in hospital or jail for a period of time when you didn't have a permanent address to go to when you got out?*

CLIENT SCORE:

NOTES

	SCORING
4	☐ Over the past 10 years, cumulative total of 5+ years of homelessness
3	☐ Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of homelessness
2	☐ Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of homelessness
1	☐ Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of homelessness
0	☐ Over the past 4 years, cumulative total of 7 or fewer days of homelessness

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
MENTAL HEALTH & WELLNESS AND COGNITIVE FUNCTIONING		
PHYSICAL HEALTH & WELLNESS		
MEDICATION		
SUBSTANCE USE		
EXPERIENCE OF ABUSE AND/OR TRAUMA		
RISK OF HARM TO SELF OR OTHERS		
INVOLVEMENT IN HIGHER RISK AND/OR EXPLOITIVE SITUATIONS		
INTERACTION WITH EMERGENCY SERVICES		

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT		
MANAGING TENANCY		
PERSONAL ADMINISTRATION & MONEY MANAGEMENT		
SOCIAL RELATIONSHIPS & NETWORKS		
SELF-CARE & DAILY LIVING SKILLS		
MEANINGFUL DAILY ACTIVITIES		
HISTORY OF HOUSING & HOMELESSNESS		
TOTAL		

Administration

Interviewer's Name	Agency	☐ Team
		☐ Staff
_____	_____	☐ Volunteer
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

<table>
<tr><td rowspan="6">PARENT 1</td><td>First Name</td><td>Nickname</td><td>Last Name</td></tr>
<tr><td>_____</td><td>_____</td><td>_____</td></tr>
<tr><td colspan="3">In what language do you feel best able to express yourself? _____</td></tr>
<tr><td>Date of Birth</td><td>Age</td><td>Social Security Number   Consent to participate</td></tr>
<tr><td>DD/MM/YYYY ____/____/_____</td><td>_____</td><td>_____   ☐ Yes   ☐ No</td></tr>
</table>

PARENT 2	☐ No second parent currently part of the household		
	First Name	**Nickname**	**Last Name**
	_____	_____	_____
	In what language do you feel best able to express yourself? _____		
	Date of Birth	**Age**	**Social Security Number** **Consent to participate**
	DD/MM/YYYY ____/____/_____	_____	_____ ☐ Yes ☐ No

IF EITHER HEAD OF HOUSEHOLD IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.	SCORE:

Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused

2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused

3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant? ☐ **Y** ☐ N ☐ Refused

4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

	SCORE:
IF THERE IS A SINGLE PARENT WITH 2+ CHILDREN, AND/OR A CHILD AGED 11 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**. IF THERE ARE TWO PARENTS WITH 3+ CHILDREN, AND/OR A CHILD AGED 6 OR YOUNGER, AND/OR A CURRENT PREGNANCY, THEN SCORE 1 FOR **FAMILY SIZE**.	

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)
   - ☐ Shelters
   - ☐ Transitional Housing
   - ☐ Safe Haven
   - ☐ **Outdoors**
   - ☐ **Other (specify):**
     _____
   - ☐ **Refused**

	SCORE:
IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ Refused

7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

	SCORE:
IF THE FAMILY HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	

B. Risks

8. In the past six months, how many times have you or anyone in your family...

   a) Received health care at an emergency department/room?   ____ ☐ Refused

   b) Taken an ambulance to the hospital?   ____ ☐ Refused

   c) Been hospitalized as an inpatient?   ____ ☐ Refused

   d) Used a crisis service, including sexual assault crisis, mental   ____ ☐ Refused
      health crisis, family/intimate violence, distress centers and
      suicide prevention hotlines?

   e) Talked to police because they witnessed a crime, were the victim   ____ ☐ Refused
      of a crime, or the alleged perpetrator of a crime or because the
      police told them that they must move along?

   f) Stayed one or more nights in a holding cell, jail or prison, whether ____ ☐ Refused
      that was a short-term stay like the drunk tank, a longer stay for a
      more serious offence, or anything in between?

	SCORE:
IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.	

9. Have you or anyone in your family been attacked or beaten up   ☐ **Y**   ☐ N   ☐ Refused
    since they've become homeless?

10. Have you or anyone in your family threatened to or tried to   ☐ **Y**   ☐ N   ☐ Refused
    harm themself or anyone else in the last year?

	SCORE:
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.	

11. Do you or anyone in your family have any legal stuff going on   ☐ **Y**   ☐ N   ☐ Refused
    right now that may result in them being locked up, having to
    pay fines, or that make it more difficult to rent a place to live?

	SCORE:
IF "YES," THEN SCORE 1 FOR LEGAL ISSUES.	

12. Does anybody force or trick you or anyone in your family to do   ☐ **Y**   ☐ N   ☐ Refused
    things that you do not want to do?

13. Do you or anyone in your family ever do things that may be   ☐ **Y**   ☐ N   ☐ Refused
    considered to be risky like exchange sex for money, run drugs
    for someone, have unprotected sex with someone they don't
    know, share a needle, or anything like that?

	SCORE:
IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.	

C. Socialization & Daily Functioning

14. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?
☐ **Y**   ☐ N   ☐ Refused

15. Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?
☐ Y   ☐ **N**   ☐ Refused

IF "YES" TO QUESTION 14 OR "NO" TO QUESTION 15, THEN SCORE 1 FOR MONEY MANAGEMENT.
SCORE:

16. Does everyone in your family have planned activities, other than just surviving, that make them feel happy and fulfilled?
☐ Y   ☐ **N**   ☐ Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.
SCORE:

17. Is everyone in your family currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?
☐ Y   ☐ **N**   ☐ Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE.
SCORE:

18. Is your family's current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because other family or friends caused your family to become evicted?
☐ **Y**   ☐ N   ☐ Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS.
SCORE:

D. Wellness

19. Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?
☐ **Y**   ☐ N   ☐ Refused

20. Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?
☐ **Y**   ☐ N   ☐ Refused

21. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?
☐ **Y**   ☐ N   ☐ Refused

22. Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?
☐ **Y**   ☐ N   ☐ Refused

23. When someone in your family is sick or not feeling well, does your family avoid getting medical help?
☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR PHYSICAL HEALTH.
SCORE:

24. Has drinking or drug use by you or anyone in your family led your family to being kicked out of an apartment or program where you were staying in the past?   ☐ **Y**   ☐ N   ☐ Refused

25. Will drinking or drug use make it difficult for your family to stay housed or afford your housing?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR SUBSTANCE USE.   **SCORE:**

26. Has your family ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

    a) A mental health issue or concern?   ☐ **Y**   ☐ N   ☐ Refused

    b) A past head injury?   ☐ **Y**   ☐ N   ☐ Refused

    c) A learning disability, developmental disability, or other impairment?   ☐ **Y**   ☐ N   ☐ Refused

27. Do you or anyone in your family have any mental health or brain issues that would make it hard for your family to live independently because help would be needed?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR MENTAL HEALTH.   **SCORE:**

28. *IF THE FAMILY SCORED 1 EACH FOR PHYSICAL HEALTH, SUBSTANCE USE, AND MENTAL HEALTH:* Does any single member of your household have a medical condition, mental health concerns, **and** experience with problematic substance use?   ☐ **Y**   ☐ N   ☐ N/A or Refused

IF "YES", SCORE 1 FOR TRI-MORBIDITY.   **SCORE:**

29. Are there any medications that a doctor said you or anyone in your family should be taking that, for whatever reason, they are not taking?   ☐ **Y**   ☐ N   ☐ Refused

30. Are there any medications like painkillers that you or anyone in your family don't take the way the doctor prescribed or where they sell the medication?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS.   **SCORE:**

31. *YES OR NO:* Has your family's current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you or anyone in your family have experienced?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA.   **SCORE:**

E. Family Unit

32. Are there any children that have been removed from the family by a child protection service within the last 180 days?   ☐ **Y**   ☐ N   ☐ Refused

33. Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY LEGAL ISSUES.   **SCORE:** _____

34. In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?   ☐ **Y**   ☐ N   ☐ Refused

35. Has any child in the family experienced abuse or trauma in the last 180 days?   ☐ **Y**   ☐ N   ☐ Refused

36. *IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week?   ☐ Y   ☐ **N**   ☐ N/A or Refused

IF "YES" TO ANY OF QUESTIONS 34 OR 35, OR "NO" TO QUESTION 36, SCORE 1 FOR NEEDS OF CHILDREN.   **SCORE:** _____

37. Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?   ☐ **Y**   ☐ N   ☐ Refused

38. Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR FAMILY STABILITY.   **SCORE:** _____

39. Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?   ☐ Y   ☐ **N**   ☐ Refused

40. After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...

    a) 3 or more hours per day for children aged 13 or older?   ☐ **Y**   ☐ N   ☐ Refused

    b) 2 or more hours per day for children aged 12 or younger?   ☐ **Y**   ☐ N   ☐ Refused

41. *IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?   ☐ **Y**   ☐ N   ☐ N/A or Refused

IF "NO" TO QUESTION 39, OR "YES" TO ANY OF QUESTIONS 40 OR 41, SCORE 1 FOR PARENTAL ENGAGEMENT.   **SCORE:** _____

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/2	
A. HISTORY OF HOUSING & HOMELESSNESS	/2	**Score:** **Recommendation:**
B. RISKS	/4	0-3 no housing intervention
C. SOCIALIZATION & DAILY FUNCTIONS	/4	4-8 an assessment for Rapid Re-Housing
D. WELLNESS	/6	
E. FAMILY UNIT	/4	9+ an assessment for Permanent Supportive Housing/Housing First
GRAND TOTAL:	/22	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

A. *Mental Health & Wellness & Cognitive Functioning*

PROMPTS	CLIENT SCORE:

PROMPTS
• *Has anyone in your family ever received any help with their mental wellness?* • *Do you feel that every member in your family is getting all the help they need for their mental health or stress?* • *Has a doctor ever prescribed anyone in your family pills for nerves, anxiety, depression or anything like that?* • *Has anyone in your family ever gone to an emergency room or stayed in a hospital because they weren't feeling 100% emotionally?* • *Does anyone in your family have trouble learning or paying attention, or been tested for learning disabilities?* • *Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby? What about when you were pregnant?* • *Has anyone in your family ever hurt their brain or head?* • *Do you have any documents or papers about your family's mental health or brain functioning?* • *Are there other professionals we could speak with that have knowledge of your family's mental health?*

NOTES

	SCORING
4	**Any** of the following among any family member: ☐ Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) **and** not in a heightened state of recovery currently ☐ Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
3	**Any** of the following among any family member: ☐ Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition ☐ Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability
2	While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, **all** of the following are true: ☐ No major concerns about the family's safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning ☐ No major concerns for the health and safety of others because of mental health or cognitive functioning ability ☐ No compelling reason for any member of the family to be screened by an expert in mental health or cognitive functioning prior to housing to fully understand capacity
1	☐ All members of the family are in a heightened state of recovery, have a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, **and** are engaged with mental health supports as necessary.
0	☐ No mental health or cognitive functioning issues disclosed, suspected or observed.

B. *Physical Health & Wellness*

PROMPTS	CLIENT SCORE:

PROMPTS

- *How is your family's health?*
- *Are you getting any help with your health? How often?*
- *Do you feel you are getting all the care you need for your family's health?*
- *Any illnesses like diabetes, HIV, Hep C or anything like that going on in any member of your family?*
- *Ever had a doctor tell anyone in your family that they have problems with blood pressure or heart or lungs or anything like that?*
- *When was the last time anyone in your family saw a doctor? What was that for?*
- *Do you have a clinic or doctor that you usually go to?*
- *Anything going on right now with your family's health that you think would prevent them from living a full, healthy, happy life?*
- *Are there other professionals we could speak with that have knowledge of your family's health?*
- *Do you have any documents or papers about your family's health or past stays in hospital because of your health?*

CLIENT SCORE:

NOTES

SCORING

4	**Any** of the following for any member of the family: ☐ Co-occurring chronic health conditions ☐ Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health ☐ Pallative health condition
3	Presence of a health issue among any family member with **any** of the following: ☐ Not connected with professional resources to assist with a real or perceived serious health issue, by choice ☐ Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) ☐ Unable to follow the treatment plan as a direct result of homeless status
2	☐ Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care ☐ Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	Single chronic or serious health condition in a family member, but **all** of the following are true: ☐ Able to manage the health issue and live a relatively active and healthy life ☐ Connected to appropriate health supports ☐ Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	☐ No serious or chronic health condition ☐ If any minor health condition, they are managed appropriately

C. Medication

PROMPTS	CLIENT SCORE:

- *Has anyone in your family recently been prescribed any medications by a health care professional?*
- *Does anyone in your family take any medication, prescribed to them by a doctor?*
- *Has anyone in your family ever had a doctor prescribe them a medication that wasn't filled or they didn't take?*
- *Were any of your family's medications changed in the last month? Whose? How did that make them feel?*
- *Do other people ever steal your family's medications?*
- *Does anyone in your family ever sell or share their medications with other people it wasn't prescribed to?*
- *How does your family store their medication and make sure they take the right medication at the right time each day?*
- *What do you do if you realize someone has forgotten to take their medications?*
- *Do you have any papers or documents about the medications your family takes?*

NOTES

SCORING	
4	**Any** of the following for any family member: ☐ In the past 30 days, started taking a prescription which **is** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **less** than is sold or shared ☐ Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) ☐ Has had a medication prescribed in the last 90 days that remains unfilled, for any reason.
3	**Any** of the following for any family member: ☐ In the past 30 days, started taking a prescription which is **not** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **more** than is sold or shared ☐ Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping nighttime medications on the bedside table and morning medications by the coffeemaker) ☐ Medications are stored and distributed by a third-party
2	**Any** of the following for any family member: ☐ Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week ☐ Self-manages medications except for requiring reminders or assistance for refills ☐ Successfully self-managing medication for fewer than 30 consecutive days
1	☐ Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	**Any** of the following is true for **every** family member: ☐ No medication prescribed to them ☐ Successfully self-managing medication for 181+ consecutive days

D. Substance Use

PROMPTS	CLIENT SCORE:

PROMPTS

- *When was the last time you had a drink or used drugs? What about the other members of your family?*
- *Anything we should keep in mind related to drugs/alcohol?*
- *How often would you say you use [substance] in a week?*
- *Ever have a doctor tell you that your health may be at risk because you drink or use drugs?*
- *Have you engaged with anyone professionally related to your substance use that we could speak with?*
- *Ever get into fights, fall down and bang your head, do things you regret later, or pass out when drinking or using other drugs?*
- *Have you ever used alcohol or other drugs in a way that may be considered less than safe?*
- *Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?*

NOTES

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women.

	SCORING

4	☐ An adult is in a life-threatening health situation as a direct result of substance use, **or**,
	 ☐ Any family member is under the legal age but over 15 and would score a 3+, **or**,
	 ☐ Any family member is under 15 and would score a 2+, **or** who first used drugs prior to age 12, **or**,
	 In the past 30 days, **any** of the following are true for any adult in the family…
	    ☐ Substance use is almost daily (21+ times) **and** often to the point of complete inebriation
	    ☐ Binge drinking, non-beverage alcohol use, or inhalant use 4+ times
	    ☐ Substance use resulting in passing out 2+ times

3	☐ An adult is experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, **or**,
	 ☐ Any family member is under the legal age but over 15 and would score a 2, **or**,
	 ☐ Any family member is under 15 and would score a 1, **or** who first used drugs at age 13-15, **or**,
	 In the past 30 days, **any** of the following are true for any adult in the family…
	    ☐ Drug use reached the point of complete inebriation 12+ times
	    ☐ Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation
	    ☐ Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times

2	☐ Any family member is under the legal age but over 15 and would otherwise score 1, **or**,
	 In the past 30 days, **any** of the following are true for any adult in the family…
	    ☐ Drug use reached the point of complete inebriation fewer than 12 times
	    ☐ Alcohol use exceeded the consumption thresholds fewer than 5 times

1	☐ In the past 365 days, no alcohol use beyond consumption thresholds, **or**, ☐ If making claims to sobriety, no substance use in the past 30 days
0	☐ In the past 365 days, no substance use

E. Experience of Abuse & Trauma of Parents

PROMPTS	CLIENT SCORE:

*To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported.

*Because this section is self-reported, if there are more than one parent present, they should each be asked individually.

- *"I don't need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?"*
- *"Are you currently or have you ever received professional assistance to address that abuse?"*
- *"Does the experience of abuse or trauma impact your day to day living in any way?"*
- *"Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?"*
- *"Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?"*
- *"Have you ever become homeless as a direct result of experiencing abuse or trauma?"*

NOTES

	SCORING
4	☐ A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	☐ The experience of abuse or trauma is **not** believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) **is** impacting daily functioning and/or ability to get out of homelessness

2	**Any** of the following:
	    ☐ A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness
	    ☐ Engaged in therapeutic attempts at recovery, but does not consider self to be recovered

1	☐ A reported experience of abuse or trauma, and considers self to be recovered
0	☐ No reported experience of abuse or trauma

F. Risk of Harm to Self or Others

PROMPTS
• *Does anyone in your family have thoughts about hurting themselves or anyone else? Have they ever acted on these thoughts? When was the last time? What was occurring when that happened?* • *Has anyone in your family ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt themself or others? How long ago was that? Does that happen often?* • *Has anyone in your family recently left a situation you felt was abusive or unsafe? How long ago was that?* • *Has anyone in your family been in any fights recently – whether they started it or someone else did? How long ago was that? How often do they get into fights?*

CLIENT SCORE: [   ]

NOTES

SCORING	
4	**Any** of the following for any family member: ☐ In the past 90 days, left an abusive situation ☐ In the past 30 days, attempted, threatened, or actually harmed self or others ☐ In the past 30 days, involved in a physical altercation (instigator or participant)
3	**Any** of the following for any family member: ☐ In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days ☐ In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	**Any** of the following for any family member: ☐ In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days ☐ 366+ days ago, 4+ involvements in physical alterations
1	☐ 366+ days ago, a family member had 1-3 involvements in physical alterations
0	☐ Whole family reports no instance of harming self, being harmed, or harming others

G. Involvement in Higher Risk and/or Exploitive Situations

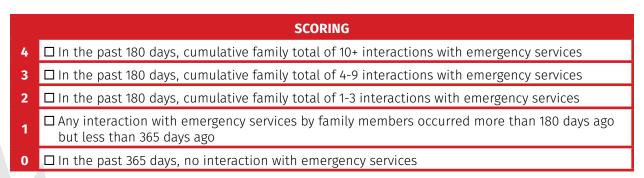| PROMPTS |
|---|
| • *[Observe, don't ask] Any abcesses or track marks from injection substance use?*
• *Does anybody force or trick people in your family to do things that they don't want to do?*
• *Do you or anyone in your family ever do stuff that could be considered dangerous like drinking until they pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?*
• *Does anyone in your family ever find themselves in situations that may be considered at a high risk for violence?*
• *Does your family ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?* |

CLIENT SCORE: _____

NOTES

SCORING	
4	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 10+ higher risk and/or exploitive events ☐ In the past 90 days, any member of the family left an abusive situation
3	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 4-9 higher risk and/or exploitive events ☐ In the past 180 days, any member of the family left an abusive situation, but not in the past 90 days
2	**Any** of the following: ☐ In the past 180 days, family engaged in a total of 1-3 higher risk and/or exploitive events ☐ 181+ days ago, any member of the family left an abusive situation
1	☐ Any involvement in higher risk and/or exploitive situations by any member of the family occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no involvement by any family member in higher risk and/or exploitive events

H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE:
• *How often does your family go to emergency rooms?* • *How many times have you had the police speak to members of your family over the past 180 days?* • *Has anyone in your family used an ambulance or needed the fire department at any time in the past 180 days?* • *How many times have members of your family called or visited a crisis team or a crisis counselor in the last 180 days?* • *How many times have you or anyone in your family been admitted to hospital in the last 180 days? How long did they stay?*	**NOTES**

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

	SCORING
4	☐ In the past 180 days, cumulative family total of 10+ interactions with emergency services
3	☐ In the past 180 days, cumulative family total of 4-9 interactions with emergency services
2	☐ In the past 180 days, cumulative family total of 1-3 interactions with emergency services
1	☐ Any interaction with emergency services by family members occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no interaction with emergency services

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I. Legal

PROMPTS	CLIENT SCORE:
• *Does your family have any "legal stuff" going on?* • *Has anyone in your family had a lawyer assigned to them by a court?* • *Does anyone in your family have any upcoming court dates? Do you think there's a chance someone in your family will do time?* • *Any outstanding fines?* • *Has anyone in your family paid any fines in the last 12 months for anything?* • *Has anyone in your family done any community service in the last 12 months?* • *Is anybody expecting someone in your family to do community service for anything right now?* • *Did your family have any legal stuff in the last year that got dismissed?* • *Is your family's housing at risk in any way right now because of legal issues?*	**NOTES**

	SCORING
4	**Any** of the following among any family member: ☐ Current outstanding legal issue(s), likely to result in fines of $500+ ☐ Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand
3	**Any** of the following among any family member: ☐ Current outstanding legal issue(s), likely to result in fines less than $500 ☐ Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand
2	**Any** of the following among any family member: ☐ In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) ☐ Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)
1	☐ There are no current legal issues among family members, **and** any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration
0	☐ No family member has had any legal issues within the past 365 days, **and** currently no conditions of release

J. Managing Tenancy

PROMPTS
• *Is your family currently homeless?*   • *[If the family is housed] Does your family have an eviction notice?*   • *[If the family is housed] Do you think that your family's housing is at risk?*   • *How is your family's relationship with your neighbors?*   • *How does your family normally get along with landlords?*   • *How has your family been doing with taking care of your place?*

CLIENT SCORE:
NOTES

Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is <u>not</u> considered to be a short-coming or deficiency in the ability to pay rent.

	SCORING
4	**Any** of the following: ☐ Currently homeless ☐ In the next 30 days, will be re-housed or return to homelessness ☐ In the past 365 days, was re-housed 6+ times ☐ In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters
3	**Any** of the following: ☐ In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days ☐ In the past 365 days, was re-housed 3-5 times ☐ In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters
2	**Any** of the following: ☐ In the past 365 days, was re-housed 2 times ☐ In the past 180 days, was re-housed 1+ times, but not in the past 60 days ☐ Continuously housed for at least 90 days but not more than 180 days ☐ In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters
1	**Any** of the following: ☐ In the past 365 days, was re-housed 1 time ☐ Continuously housed, with no assistance on housing matters, for at least 180 days but not more than 365 days
0	☐ Continuously housed, with no assistance on housing matters, for at least 365 days

K. Personal Administration & Money Management

PROMPTS
• *How are you and your family with taking care of money?* • *How are you and your family with paying bills on time and taking care of other financial stuff?* • *Does anyone in your family have any street debts or drug or gambling debts?* • *Is there anybody that thinks anyone in your family owes them money?* • *Do you budget every single month for every single thing your family needs? Including cigarettes? Booze? Drugs?* • *Does your family try to pay your rent before paying for anything else?* • *Is anyone in your family behind in any payments like child support or student loans or anything like that?*

CLIENT SCORE: _____

NOTES

SCORING	
4	**Any** of the following: ☐ No family income (including formal and informal sources) ☐ Substantial real or perceived debts of $1,000+, past due or requiring monthly payments **Or**, for the person who normally handles the household's finances, **any** of the following: ☐ Cannot create or follow a budget, regardless of supports provided ☐ Does not comprehend financial obligations ☐ Not aware of the full amount spent on substances, if the household includes a substance user
3	☐ Real or perceived debts of $999 or less, past due or requiring monthly payments, **or** For the person who normally handles the household's finances, **any** of the following: ☐ Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) ☐ Only understands their financial obligations with the assistance of a 3rd party ☐ Not budgeting for substance use, if the household includes a substance user
2	☐ In the past 365 days, source of family income has changed 2+ times, **or** For the person who normally handles the household's finances, **any** of the following: ☐ Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs ☐ Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) ☐ Self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	☐ The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days
0	☐ The person who normally handles the household's finances has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days

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L. Social Relationships & Networks

PROMPTS
• *Tell me about your family's friends, extended family or other people in your life.* • *How often do you get together or chat with family friends?* • *When your family goes to doctor's appointments or meet with other professionals like that, what is that like?* • *Are there any people in your life that you feel are just using you, or someone else in your family?* • *Are there any of your family's closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that?* • *Have you ever had people crash at your place that you did not want staying there?* • *Have you ever been threatened with an eviction or lost a place because of something that friends or extended family did in your apartment?* • *Have you ever been concerned about not following your lease agreement because of friends or extended family?*

CLIENT SCORE: _____

NOTES

	SCORING
4	**Any** of the following: ☐ Currently homeless and would classify most of friends and family as homeless ☐ Friends, family or other people are placing security of housing at imminent risk, **or** impacting life, wellness, or safety ☐ In the past 90 days, left an exploitive, abusive or dependent relationship ☐ No friends or family and any family member demonstrates an inability to follow social norms
3	**Any** of the following: ☐ Currently homeless, and would classify some of friends as housed, while some are homeless ☐ In the past 90-180 days, left an exploitive, abusive or dependent relationship ☐ Friends, family or other people are having some negative consequences on wellness or housing stability ☐ No friends or family but all family members demonstrate ability to follow social norms ☐ Any family member is meeting new people with an intention of forming friendships ☐ Any family member is reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship
2	**Any** of the following: ☐ Currently homeless, and would classify friends and family as being housed ☐ More than 180 days ago, left an exploitive, abusive or dependent relationship ☐ Any family member is developing relationships with new people but not yet fully trusting them
1	☐ Has been housed for less than 180 days, **and** family is engaged with friends or family, who are having no negative consequences on the individual's housing stability
0	☐ Has been housed for at least 180 days, **and** family is engaged with friends or family, who are having no negative consequences on the individual's housing stability

M. Self Care & Daily Living Skills of Family Head

PROMPTS	CLIENT SCORE:

- *Do you have any worries about taking care of yourself or your family?*
- *Do you have any concerns about cooking, cleaning, laundry or anything like that?*
- *Does anyone in your family ever need reminders to do things like shower or clean up?*
- *Describe your family's last apartment.*
- *Do you know how to shop for nutritious food on a budget?*
- *Do you know how to make low cost meals that can result in leftovers to freeze or save for another day?*
- *Do you tend to keep all of your family's clothes clean?*
- *Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment?*
- *When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty?*

NOTES

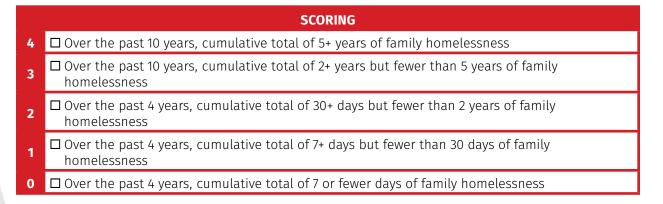| SCORING	
4	**Any** of the following for head(s) of household: ☐ No insight into how to care for themselves, their apartment or their surroundings ☐ Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis ☐ Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	**Any** of the following for head(s) of household: ☐ Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period ☐ Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	**Any** of the following for head(s) of household: ☐ Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	☐ In the past 365 days, family accessed community resources 4 or fewer times, **and** head of household is fully taking care of all the family's daily needs
0	☐ For the past 365+ days, fully taking care of all the family's daily needs independently

N. Meaningful Daily Activity

PROMPTS
• *How does your family spend their days?*   • *How does your family spend their free time?*   • *Do these things make your family feel happy/fulfilled?*   • *How many days a week would you say members of your family have things to do that make them feel happy/ fulfilled?*   • *How much time in a week would you or members of your family say they are totally bored?*   • *When people in your family wake up in the morning, do they tend to have an idea of what they plan to do that day?*   • *How much time in a week would you say members of your family spend doing stuff to fill up the time rather than doing things that they love?*   • *Are there any things that get in the way of your family doing the sorts of activities they would like to be doing?*

CLIENT SCORE: _____

NOTES

	SCORING
4	☐ Any member of the family has no planned, legal activities described as providing fulfillment or happiness
3	☐ Any member of the family is discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness
2	☐ Some members of the family are attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, **or** they are not fully committed to continuing the activities.
1	☐ Each family member has planned, legal activities described as providing fulfillment or happiness 1-3 days per week
0	☐ Each family member has planned, legal activities described as providing fulfillment or happiness 4+ days per week

O. History of Homelessness & Housing

PROMPTS
• *How long has your family been homeless?* • *How many times has your family experienced homelessness other than this most recent time?* • *Has your family spent any time sleeping on a friend's couch or floor? And if so, during those times did you consider that to be your family's permanent address?* • *Has your family ever spent time sleeping in a car, alleyway, garage, barn, bus shelter, or anything like that?* • *Has your family ever spent time sleeping in an abandoned building?* • *Was anyone in your family ever been in hospital or jail for a period of time when they didn't have a permanent address to go to when they got out?*

CLIENT SCORE:

NOTES

	SCORING
4	☐ Over the past 10 years, cumulative total of 5+ years of family homelessness
3	☐ Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of family homelessness
2	☐ Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of family homelessness
1	☐ Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of family homelessness
0	☐ Over the past 4 years, cumulative total of 7 or fewer days of family homelessness

P. Parental Engagement

PROMPTS	CLIENT SCORE:

PROMPTS

- *Walk me through a typical evening after school in your family.*
- *Tell me about what role, if any, the older kids have with the younger kids. Do they babysit? Walk them to school? Bathe or put the younger kids to bed?*
- *Does your family have play time together? What kinds of things do you do and how often do you do it?*
- *Let's pick a day like a Saturday...do you know where your kids are the entire day and whom they are out with all day?*

NOTES

Note: In this section, a child is considered "supervised" when the parent has knowledge of the child's whereabouts, the child is in an age-appropriate environment, and the child is engaged with the parent or another responsible adult. "Caretaking tasks" are tasks that may be expected by a parent/caregiver such as getting children to/from school, preparing meals, bathing children, putting children to bed, etc.

	SCORING
4	☐ No sense of parental attachment and responsibility ☐ No meaningful family time together ☐ Children 12 and younger are unsupervised 3+ hours each day ☐ Children 13 and older are unsupervised 4+ hours each day ☐ In families with 2+ children, the older child performs caretaking tasks 5+ days/week
3	☐ Weak sense of parental attachment and responsibility ☐ Meaningful family activities occur 1-4 times in a month ☐ Children 12 and younger are unsupervised 1-3 hours each day ☐ Children 13 and older are unsupervised 2-4 hours each day ☐ In families with 2+ children, the older child performs caretaking tasks 3-4 days/week
2	☐ Sense of parental attachment and responsibility, but not consistently applied ☐ Meaningful family activities occur 1-2 days per week ☐ Children 12 and younger are unsupervised fewer than 1 hour each day ☐ Children 13 and older are unsupervised 1-2 hours each day ☐ In families with 2+ children, the older child performs caretaking tasks fewer than 2 days/week
1	☐ Strong sense of parental attachment and responsibility towards their children ☐ Meaningful family activities occur 3-6 days of the week ☐ Children 12 and younger are never unsupervised ☐ Children 13 and older are unsupervised no more than an hour each day
0	☐ Strong sense of attachment and responsibility towards their children ☐ Meaningful family activities occur daily ☐ Children are never unsupervised

Q. Stability/Resiliency of the Family Unit

PROMPTS
• *Over the past year have there been any different adults staying with the family like a family friend, grandparent, aunt or that sort of thing? If so, can you tell me when and for how long and the changes that have occurred?* • *Other than kids being taken into care, have there been any instances where any child has gone to stay with another family member or family friend for any length of time? Can you tell me how many times, when and for how long that happened?*

CLIENT SCORE: _____

NOTES

	SCORING
4	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relative within the family have changed 4+ times ☐ Children have left or returned to the family 4+ times
3	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 3 times ☐ Children have left or returned to the family 3 times
2	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 2 times ☐ Children have left or returned to the family 2 times
1	In the past 365 days, **any** of the following have occurred: ☐ Parental arrangements and/or other adult relatives within the family have changed 1 time ☐ Children have left or returned to the family 1 time
0	In the past 365 days, **any** of the following have occurred: ☐ No change in parental arrangements and/or other adult relatives within the family ☐ Children have not left or returned to the family

R. Needs of Children

PROMPTS	CLIENT SCORE:

- *Please tell me about the attendance at school of your school-aged children.*
- *Any health issues with your children?*
- *Any times of separation between your children and parents?*
- *Without going into detail, have any of your children experienced or witnessed emotional, physical, sexual or psychological abuse?*
- *Have your children ever accessed professional assistance to address that abuse?*

NOTES

SCORING	
4	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 15+ days in any month ☐ School-aged children are not currently enrolled in school ☐ Any member of the family, including children, is currently escaping an abusive situation ☐ The family is homeless
3	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 7-14 days in any month ☐ School-aged children typically miss 3+ days of school per week for reasons other than illness ☐ In the last 180 days, any child(ren) in the family has experienced an abusive situation that has since ended
2	**Any** of the following: ☐ In the last 90 days, children needed to live with friends or family for 1-6 days in any month ☐ School-aged children typically miss 2 days of school per week for reasons other than illness ☐ In the past 365 days, any child(ren) in the family has experienced an abusive situation that has ended more than 180 days ago
1	**Any** of the following: ☐ In the last 365 days, children needed to live with friends or family for 7+ days in any month, but not in the last 90 days ☐ School-aged children typically miss 1 day of school per week for reasons other than illness
0	**All** of the following: ☐ In the last 365 days, children needed to live with friends or family for fewer than 7 days in every month ☐ School-aged children maintain consistent attendance at school ☐ There is no evidence of children in the home having experienced or witnessed abuse ☐ The family is housed

S. Size of Family Unit

PROMPTS
• *I just want to make sure I understand how many kids there are, the gender of each and their age. Can you take me through that again?* • *Is anyone in the family currently pregnant?*

CLIENT SCORE:	
NOTES	

SCORING	
FOR ONE-PARENT FAMILIES:	**FOR TWO-PARENT FAMILIES:**

	FOR ONE-PARENT FAMILIES:	FOR TWO-PARENT FAMILIES:
4	**Any** of the following: ☐ A pregnancy in the family ☐ At least one child aged 0-6 ☐ Three or more children of any age	**Any** of the following: ☐ A pregnancy in the family ☐ Four or more children of any age
3	**Any** of the following: ☐ At least one child aged 7-11 ☐ Two children of any age	**Any** of the following: ☐ At least one child aged 0-6 ☐ Three children of any age
2	☐ At least one child aged 12–15.	**Any** of the following: ☐ At least one child aged 7-11 ☐ Two children of any age
1	☐ At least one child aged 16 or older.	☐ At least one child aged 12 or older
0	☐ Children have been permanently removed from the family and the household is transitioning to services for singles or couples without children	

T. Interaction with Child Protective Services and/or Family Court

PROMPTS	CLIENT SCORE:

PROMPTS

- *Any matters being considered by a judge right now as it pertains to any member of your family?*
- *Have any of your children spent time in care? When was that? For how long were they in care? When did you get them back?*
- *Has there ever been an investigation by someone in child welfare into the matters of your family?*

NOTES

SCORING

4	**Any** of the following: ☐ In the past 90 days, interactions with child protective services have occurred ☐ In the past 365 days, one or more children have been removed from parent's custody that have **not** been reunited with the family at least four days per week ☐ There are issues still be decided or considered within family court
3	In the past 180 days, **any** of the following have occurred: ☐ Interactions with child protective services have occurred, but not within the past 90 days ☐ One or more children have been removed from parent's custody through child protective services (non-voluntary) **and** the child(ren) has been reunited with the family four or more days per week; ☐ Issues have been resolved in family court
2	☐ In the past 365 days, interactions with child protective services have occurred, but not within the past 180 days, and there are no active issues, concerns or investigations
1	☐ No interactions with child protective services have occurred, within the past 365 days, and there are no active issues, concerns or investigations.
0	☐ There have been no serious interactions with child protective services because of parenting concerns

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
MENTAL HEALTH & WELLNESS AND COGNITIVE FUNCTIONING		
PHYSICAL HEALTH & WELLNESS		
MEDICATION		
SUBSTANCE USE		
EXPERIENCE OF ABUSE AND/OR TRAUMA		
RISK OF HARM TO SELF OR OTHERS		
INVOLVEMENT IN HIGHER RISK AND/OR EXPLOITIVE SITUATIONS		
INTERACTION WITH EMERGENCY SERVICES		

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT		
MANAGING TENANCY		
PERSONAL ADMINISTRATION & MONEY MANAGEMENT		
SOCIAL RELATIONSHIPS & NETWORKS		
SELF-CARE & DAILY LIVING SKILLS		
MEANINGFUL DAILY ACTIVITIES		
HISTORY OF HOUSING & HOMELESSNESS		

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
PARENTAL ENGAGEMENT		
STABILITY/RESILIENCY OF THE FAMILY UNIT		
NEEDS OF CHILDREN		
SIZE OF FAMILY		
INTERACTION WITH CHILD PROTECTIVE SERVICES AND/ OR FAMILY COURT		
TOTAL		

Administration

Interviewer's Name	Agency	☐ Team
		☐ Staff
_____	_____	☐ Volunteer
Survey Date	**Survey Time**	**Survey Location**
DD/MM/YYYY ____/____/_____	__ __ : __ __	_____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only "Yes," "No," or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name	Nickname	Last Name
_____	_____	_____

In what language do you feel best able to express yourself? _____

Date of Birth	Age	Social Security Number	Consent to participate
DD/MM/YYYY ____/____/_____	_____	_____	☐ Yes ☐ No

	SCORE:
IF THE PERSON IS 17 YEARS OF AGE OR LESS, THEN SCORE 1.	

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

   ☐ Shelters   ☐ **Couch surfing**   ☐ **Other (specify):**
   ☐ Transitional Housing ☐ **Outdoors**
   ☐ Safe Haven   ☐ **Refused**   _____

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", "TRANSITIONAL HOUSING", OR "SAFE HAVEN", THEN SCORE 1.	SCORE:

2. How long has it been since you lived in permanent stable housing?   _____ ☐ Refused

3. In the last three years, how many times have you been homeless?   _____ ☐ Refused

IF THE PERSON HAS EXPERIENCED 1 OR MORE CONSECUTIVE YEARS OF HOMELESSNESS, AND/OR 4+ EPISODES OF HOMELESSNESS, THEN SCORE 1.	SCORE:

B. Risks

4. In the past six months, how many times have you...

   a) Received health care at an emergency department/room?   ____ ☐ Refused

   b) Taken an ambulance to the hospital?   ____ ☐ Refused

   c) Been hospitalized as an inpatient?   ____ ☐ Refused

   d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?   ____ ☐ Refused

   e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?   ____ ☐ Refused

   f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between?   ____ ☐ Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR **EMERGENCY SERVICE USE.**	SCORE:

5. Have you been attacked or beaten up since you've become homeless?   ☐ **Y** ☐ N ☐ Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year?   ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **RISK OF HARM.**	SCORE:

7. Do you have any legal stuff going on right now that may result   ☐ **Y**   ☐ N   ☐ Refused
    in you being locked up, having to pay fines, or that make it
    more difficult to rent a place to live?

8. Were you ever incarcerated when younger than age 18?   ☐ **Y**   ☐ N   ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR LEGAL ISSUES.   SCORE:

9. Does anybody force or trick you to do things that you do not   ☐ **Y**   ☐ N   ☐ Refused
    want to do?

10. Do you ever do things that may be considered to be risky like   ☐ **Y**   ☐ N   ☐ Refused
    exchange sex for money, food, drugs, or a place to stay, run
    drugs for someone, have unprotected sex with someone you
    don't know, share a needle, or anything like that?

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION.   SCORE:

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer,   ☐ **Y**   ☐ N   ☐ Refused
    or government group like the IRS that thinks you owe them
    money?

12. Do you get any money from the government, an inheritance,   ☐ Y   ☐ **N**   ☐ Refused
    an allowance, working under the table, a regular job, or
    anything like that?

IF "YES" TO QUESTION 11 OR "NO" TO QUESTION 12, THEN SCORE 1 FOR MONEY MANAGEMENT.   SCORE:

13. Do you have planned activities, other than just surviving, that   ☐ Y   ☐ **N**   ☐ Refused
    make you feel happy and fulfilled?

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY.   SCORE:

14. Are you currently able to take care of basic needs like bathing,   ☐ Y   ☐ **N**   ☐ Refused
    changing clothes, using a restroom, getting food and clean
    water and other things like that?

IF "NO," THEN SCORE 1 FOR SELF-CARE.   SCORE:

15. Is your current lack of stable housing...

    a) Because you ran away from your family home, a group home or a foster home?   □ **Y**   □ N   □ Refused

    b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?   □ **Y**   □ N   □ Refused

    c) Because your family or friends caused you to become homeless?   □ **Y**   □ N   □ Refused

    d) Because of conflicts around gender identity or sexual orientation?   □ **Y**   □ N   □ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SOCIAL RELATIONSHIPS.**	SCORE:

    e) Because of violence at home between family members?   □ **Y**   □ N   □ Refused

    f) Because of an unhealthy or abusive relationship, either at home or elsewhere?   □ **Y**   □ N   □ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **ABUSE/TRAUMA.**	SCORE:

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?   □ **Y**   □ N   □ Refused

17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?   □ **Y**   □ N   □ Refused

18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?   □ **Y**   □ N   □ Refused

19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?   □ **Y**   □ N   □ Refused

20. When you are sick or not feeling well, do you avoid getting medical help?   □ **Y**   □ N   □ Refused

21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?   □ **Y**   □ N   □ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH.**	SCORE:

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? ☐ **Y** ☐ N ☐ Refused

23. Will drinking or drug use make it difficult for you to stay housed or afford your housing? ☐ **Y** ☐ N ☐ Refused

24. If you've ever used marijuana, did you ever try it at age 12 or younger? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE.**	SCORE:

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

   a) A mental health issue or concern? ☐ **Y** ☐ N ☐ Refused

   b) A past head injury? ☐ **Y** ☐ N ☐ Refused

   c) A learning disability, developmental disability, or other impairment? ☐ **Y** ☐ N ☐ Refused

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH.**	SCORE:

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.	SCORE:

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? ☐ **Y** ☐ N ☐ Refused

28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? ☐ **Y** ☐ N ☐ Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR **MEDICATIONS.**	SCORE:

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	**Score: Recommendation:**
A. HISTORY OF HOUSING & HOMELESSNESS	/2	0-3: no moderate or high intensity services be provided at this time
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	4-7: assessment for time-limited supports with moderate intensity
D. WELLNESS	/6	
GRAND TOTAL:	/17	8+: assessment for long-term housing with high service intensity

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ____ or _____
Is there a phone number and/or email where someone can get in touch with you or leave you a message?	phone: (_____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	☐ Yes ☐ No ☐ Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the youth at some point in the future
- safety planning

A. *Mental Health & Wellness & Cognitive Functioning*

PROMPTS	CLIENT SCORE:

PROMPTS

- *Have you ever had a conversation with a psychiatrist, psychologist, or school counsellor? When was that?*
- *Do you feel you are getting all the help you might need with whatever mental health stress you might have?*
- *Have you ever hurt your brain or head?*
- *Do you have trouble learning or paying attention?*
- *Has anyone ever told you you might have ADD or ADHD?*
- *Was there ever any special testing done to identify learning disabilities?*
- *Has any doctor ever prescribed you pills for anxiety, depression, or anything like that?*
- *Do you know if, when pregnant with you, your mother did anything that we now know can have negative effects on the baby?*
- *Are there any professionals we could speak with that have knowledge of your mental health?*

NOTES

SCORING

		FOR YOUTH
4	**Any** of the following: ☐ Serious and persistent mental illness (2+ hospitalizations in a mental health facility or psychiatric ward in the past 2 years) **and** not in a heightened state of recovery currently ☐ Major barriers to performing tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability	
3	**Any** of the following: ☐ Heightened concerns about state of mental health, but fewer than 2 hospitalizations, and/or without knowledge of presence of a diagnosable mental health condition ☐ Diminished ability to perform tasks and functions of daily living or communicating intent because of a brain injury, learning disability or developmental disability	
2	While there may be concern for overall mental health or mild impairments to performing tasks and functions of daily living or communicating intent, **all** of the following are true: ☐ No major concerns about safety or ability to be housed without intensive supports to assist with mental health or cognitive functioning ☐ No major concerns for the health and safety of others because of mental health or cognitive functioning ability ☐ No compelling reason for screening by an expert in mental health or cognitive functioning prior to housing to fully understand capacity	**FOR YOUTH** ☐ Age 16 or under and would not otherwise score higher
1	☐ In a heightened state of recovery, has a Wellness Recovery Action Plan (WRAP) or similar plan for promoting wellness, understands symptoms and strategies for coping with them, **and** is engaged with mental health supports as necessary.	☐ Age 17-23 and would not otherwise score higher
0	☐ Age 24+ **and** no mental health or cognitive functioning issues disclosed, suspected or observed	

B. *Physical Health & Wellness*

PROMPTS	CLIENT SCORE:
• *How is your health?* • *Do you feel you are getting all the care you need for your health? When was the last time you saw a doctor? What was that for?* • *Do you have a clinic or doctor that you usually go to?* • *Any illness like diabetes, HIV, Hep C or anything like that going on?* • *Do you have any reason to suspect you might be pregnant? Is that impacting your health in any way? Have you talked with a doctor about your pregnancy? Are you following the doctor's advice?* • *Anything going on right now with your health that you think would prevent you from living a full, healthy, happy life?* • *Are there other professionals we could speak with that have knowledge of your health?*	**NOTES**

Note: In this section, a current pregnancy can be considered a health issue.

	SCORING
4	**Any** of the following: ☐ Co-occurring chronic health conditions ☐ Attempting a treatment protocol for a chronic health condition, but the treatment is not improving health ☐ Pallative health condition
3	Presence of a health issue with **any** of the following: ☐ Not connected with professional resources to assist with a real or perceived serious health issue, by choice ☐ Single chronic or serious health concern but does not connect with professional resources because of insufficient community resources (e.g. lack of availability or affordability) ☐ Unable to follow the treatment plan as a direct result of homeless status
2	☐ Presence of a relatively minor physical health issue, which is managed and/or cared for with appropriate professional resources or through informed self-care ☐ Presence of a physical health issue, for which appropriate treatment protocols are followed, but there is still a moderate impact on their daily living
1	Single chronic or serious health condition, but **all** of the following are true: ☐ Able to manage the health issue and live a relatively active and healthy life ☐ Connected to appropriate health supports ☐ Educated and informed on how to manage the health issue, take medication as necessary related to the condition, and consistently follow these requirements.
0	☐ No serious or chronic health condition ☐ If any minor health condition, they are managed appropriately

C. Medication

PROMPTS	CLIENT SCORE:

PROMPTS

- *Have you recently been prescribed any medications by a health care professional?*
- *Do you take any medications prescribed to you by a doctor?*
- *Have you ever sold some or all of your prescription?*
- *Have you ever had a doctor prescribe you medication that you didn't have filled at a pharmacy or didn't take?*
- *Were any of your medications changed in the last month? If yes: How did that make you feel?*
- *Do other people ever steal your medications?*
- *Do you ever share your medications with other people?*
- *How do you store your medications and make sure you take the right medication at the right time each day?*
- *What do you do if you realize you've forgotten to take your medications?*
- *Do you have any papers or documents about the medications you take?*

NOTES

SCORING

4	**Any** of the following: ☐ In the past 30 days, started taking a prescription which **is** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **less** than is sold or shared ☐ Regularly misuses medication (e.g. frequently forgets; often takes the wrong dosage; uses some or all of medication to get high) ☐ Has had a medication prescribed in the last 90 days that remains unfilled, for any reason
3	**Any** of the following: ☐ In the past 30 days, started taking a prescription which is **not** having any negative impact on day to day living, socialization or mood ☐ Shares or sells prescription, but keeps **more** than is sold or shared ☐ Requires intensive assistance to manage or take medication (e.g., assistance organizing in a pillbox; working with pharmacist to blister-pack; adapting the living environment to be more conducive to taking medications at the right time for the right purpose, like keeping night-time medications on the bedside table and morning medications by the coffeemaker) ☐ Medications are stored and distributed by a third-party
2	**Any** of the following: ☐ Fails to take medication at the appropriate time or appropriate dosage, 1-2 times per week ☐ Self-manages medications except for requiring reminders or assistance for refills ☐ Successfully self-managing medication for fewer than 30 consecutive days
1	☐ Successfully self-managing medications for more than 30, but less than 180, consecutive days
0	**Any** of the following: ☐ No medication prescribed to them ☐ Successfully self-managing medication for 181+ consecutive days

D. Substance Use

PROMPTS	CLIENT SCORE:
• *When was the last time you had a drink or used drugs?* • *Is there anything we should keep in mind related to drugs or alcohol?* • *[If they disclose use of drugs and/or alcohol] How frequently would you say you use [specific substance] in a week?* • *Ever get into fights, fall down and bang your head, or pass out when drinking or using other drugs?* • *Have you ever used alcohol or other drugs in a way that may be considered less than safe?* • *Do you ever end up doing things you later regret after you have gotten really hammered?* • *Do you ever drink mouthwash or cooking wine or hand sanitizer or anything like that?* • *Have you engaged with anyone professionally related to your substance use that we could speak with?*	**NOTES**

Note: Consumption thresholds: 2 drinks per day or 14 total drinks in any one week period for men; 2 drinks per day or 9 total drinks in any one week period for women. "Under legal age" refers to under the age at which it is legal to purchase and consume the substance in question.

	SCORING	FOR YOUTH

4	☐ In a life-threatening health situation as a direct result of substance use, **or**,
	In the past 30 days, **any** of the following are true…
	  ☐ Substance use is almost daily (21+ times) **and** often to the point of complete inebriation
	  ☐ Binge drinking, non-beverage alcohol use, or inhalant use 4+ times
	  ☐ Substance use resulting in passing out 2+ times
		☐ First used drugs before age 12
		☐ Scores a 2-3 and is under age 15
		☐ Scores a 3 and is under legal age

3	☐ Experiencing serious health impacts as a direct result of substance use, though not (yet) in a life-threatening position as a result, **or**,
	In the past 30 days, **any** of the following are true…
	  ☐ Drug use reached the point of complete inebriation 12+ times
	  ☐ Alcohol use usually exceeded the consumption thresholds (at least 5+ times), but usually not to the point of complete inebriation
	  ☐ Binge drinking, non-beverage alcohol use, or inhalant use occurred 1-3 times
		☐ First used drugs aged 12-15
		☐ Scores a 1 and is under age 15
		☐ Scores a 2 and is under legal age

2	In the past 30 days, **any** of the following are true…
	  ☐ Drug use reached the point of complete inebriation fewer than 12 times
	  ☐ Alcohol use exceeded the consumption thresholds fewer than 5 times
		☐ Scores a 1 and is under legal age

1	☐ In the past 365 days, no alcohol use beyond consumption thresholds, **or**, ☐ If making claims to sobriety, no substance use in the past 30 days	
0	☐ In the past 365 days, no substance use	

E. Experience of Abuse & Trauma

PROMPTS
To avoid re-traumatizing the individual, ask selected approved questions as written. Do not probe for details of the trauma/abuse. This section is entirely self-reported.
• *"I don't need you to go into any details, but has there been any point in your life where you experienced emotional, physical, sexual or psychological abuse?"*
• *"Are you currently or have you ever received professional assistance to address that abuse?"*
• *"Does the experience of abuse or trauma impact your day to day living in any way?"*
• *"Does the experience of abuse or trauma impact your ability to hold down a job, maintain housing or engage in meaningful relationships with friends or family?"*
• *"Have you ever found yourself feeling or acting in a certain way that you think is caused by a history of abuse or trauma?"*
• *"Have you ever become homeless as a direct result of experiencing abuse or trauma?"*

CLIENT SCORE: [   ]

NOTES

	SCORING
4	☐ A reported experience of abuse or trauma, believed to be a direct cause of their homelessness
3	☐ The experience of abuse or trauma is **not** believed to be a direct cause of homelessness, but abuse or trauma (experienced before, during, or after homelessness) **is** impacting daily functioning and/or ability to get out of homelessness

2	**Any** of the following:
	  ☐ A reported experience of abuse or trauma, but is not believed to impact daily functioning and/or ability to get out of homelessness
	  ☐ Engaged in therapeutic attempts at recovery, but does not consider self to be recovered

1	☐ A reported experience of abuse or trauma, and considers self to be recovered
0	☐ No reported experience of abuse or trauma

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F. Risk of Harm to Self or Others

PROMPTS	CLIENT SCORE:
• *Do you have thoughts about hurting yourself or anyone else? Have you ever acted on these thoughts? When was the last time?* • *What was occurring when you had these feelings or took these actions?* • *Have you ever received professional help – including maybe a stay at hospital – as a result of thinking about or attempting to hurt yourself or others? How long ago was that? Does that happen often?* • *Have you recently left a situation you felt was abusive or unsafe? How long ago was that?* • *Have you been in any fights recently - whether you started it or someone else did? How long ago was that? How often do you get into fights?*	**NOTES**

SCORING	
4	**Any** of the following: ☐ In the past 90 days, left an abusive situation ☐ In the past 30 days, attempted, threatened, or actually harmed self or others ☐ In the past 30 days, involved in a physical altercation (instigator or participant)
3	**Any** of the following: ☐ In the past 180 days, left an abusive situation, but no exposure to abuse in the past 90 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 180 days, but not in the past 30 days ☐ In the past 365 days, involved in a physical altercation (instigator or participant), but not in the past 30 days
2	**Any** of the following: ☐ In the past 365 days, left an abusive situation, but no exposure to abuse in the past 180 days ☐ Most recently attempted, threatened, or actually harmed self or others in the past 365 days, but not in the past 180 days ☐ 366+ days ago, 4+ involvements in physical alterations
1	☐ 366+ days ago, 1-3 involvements in physical alterations
0	☐ Reports no instance of harming self, being harmed, or harming others

G. Involvement in High Risk and/or Exploitive Situations

PROMPTS	CLIENT SCORE:

- *[Observe, don't ask] Any abcesses or track marks from injection substance use?*
- *Does anybody force or trick you to do something that you don't want to do?*
- *Do you ever do stuff that could be considered dangerous like drinking until you pass out outside, or delivering drugs for someone, having sex without a condom with a casual partner, or anything like that?*
- *Do you ever find yourself in situations that may be considered at a high risk for violence?*
- *Do you ever sleep outside? How do you dress and prepare for that? Where do you tend to sleep?*

NOTES

SCORING		
4	**Any** of the following: ☐ In the past 180 days, engaged in 10+ higher risk and/or exploitive events ☐ In the past 90 days, left an abusive situation	**YOUTH PREGNANCY** ☐ Under the age of 24, and has ever become pregnant
3	**Any** of the following: ☐ In the past 180 days, engaged in 4-9 higher risk and/or exploitive events ☐ In the past 180 days, left an abusive situation, but not in the past 90 days	☐ Under the age of 24, and has ever gotten someone else pregnant, and wouldn't otherwise score a 4
2	**Any** of the following: ☐ In the past 180 days, engaged in 1-3 higher risk and/or exploitive events ☐ 181+ days ago, left an abusive situation	
1	☐ In the past 365 days, any involvement in higher risk and/or exploitive events, but not in the past 180 days	
0	☐ In the past 365 days, no involvement in higher risk and/or exploitive events	

H. Interaction with Emergency Services

PROMPTS	CLIENT SCORE:
• *How often do you go to emergency rooms?* • *How many times have you had the police speak to you over the past 180 days?* • *Have you used an ambulance or needed the fire department at any time in the past 180 days?* • *How many times have you called or visited a crisis team or a crisis counselor in the last 180 days?* • *How many times have you been admitted to hospital in the last 180 days? How long did you stay?*	**NOTES**

Note: Emergency service use includes: admittance to emergency room/department; hospitalizations; trips to a hospital in an ambulance; crisis service, distress centers, suicide prevention service, sexual assault crisis service, sex worker crisis service, or similar service; interactions with police for the purpose of law enforcement; interactions with fire service in emergency situations.

	SCORING
4	☐ In the past 180 days, cumulative total of 10+ interactions with emergency services
3	☐ In the past 180 days, cumulative total of 4-9 interactions with emergency services
2	☐ In the past 180 days, cumulative total of 1-3 interactions with emergency services
1	☐ Any interaction with emergency services occurred more than 180 days ago but less than 365 days ago
0	☐ In the past 365 days, no interaction with emergency services

I. Legal

PROMPTS	CLIENT SCORE:
• *Do you have any "legal stuff" going on?* • *Have you had a lawyer assigned to you by a court?* • *Do you have any upcoming court dates? Do you think there's a chance you will do time?* • *Any involvement with family court or child custody matters?* • *Any outstanding fines?* • *Have you paid any fines in the last 12 months for anything?* • *Have you done any community service in the last 12 months?* • *Is anybody expecting you to do community service for anything right now?* • *Did you have any legal stuff in the last year that got dismissed?* • *Is your housing at risk in any way right now because of legal issues?*	**NOTES**

	SCORING		JUVENILE DELINQUENCY
4	**Any** of the following: ☐ Current outstanding legal issue(s), likely to result in fines of $500+ ☐ Current outstanding legal issue(s), likely to result in incarceration of 3+ months (cumulatively), inclusive of any time held on remand		☐ The youth is under the age of 18 and has current outstanding legal issue(s) that are likely to result in incarceration
3	**Any** of the following: ☐ Current outstanding legal issue(s), likely to result in fines less than $500 ☐ Current outstanding legal issue(s), likely to result in incarceration of less than 90 days (cumulatively), inclusive of any time held on remand		☐ The youth is under the age of 24 and was ever incarcerated while still a minor, and would not otherwise score a 4
2	**Any** of the following: ☐ In the past 365 days, relatively minor legal issue has occurred and was resolved through community service or payment of fine(s) ☐ Currently outstanding relatively minor legal issue that is unlikely to result in incarceration (but may result in community service)		
1	☐ There are no current legal issues, **and** any legal issues that have historically occurred have been resolved without community service, payment of fine, or incarceration		
0	☐ Has not had any legal issues within the past 365 days, **and** currently no conditions of release		

J. Managing Tenancy

PROMPTS	CLIENT SCORE:
• *Are you currently homeless?* • *Have you ever signed a lease? How did that go?* • *[If the person is housed] Do you have an eviction notice?* • *[If the person is housed] Do you think that your housing is at risk?* • *How is your relationship with your neighbors?* • *How do you normally get along with landlords (or your parents/guardian(s))?* • *How have you been doing with taking care of your place?*	**NOTES**

Note: Housing matters include: conflict with landlord and/or neighbors, damages to the unit, payment of rent on time and in full. Payment of rent through a third party is <u>not</u> considered to be a short-coming or deficiency in the ability to pay rent.

	SCORING	
		RUNAWAYS
4	**Any** of the following: ☐ Currently homeless ☐ In the next 30 days, will be re-housed or return to homelessness ☐ In the past 365 days, was re-housed 6+ times ☐ In the past 90 days, support worker(s) have been cumulatively involved 10+ times with housing matters	☐ In the past 90 days, ran away from foster home, group home, or parent's home
3	**Any** of the following: ☐ In the next 60 days, will be re-housed or return to homelessness, but not in next 30 days ☐ In the past 365 days, was re-housed 3-5 times ☐ In the past 90 days, support worker(s) have been cumulatively involved 4-9 times with housing matters	☐ In the past 365 days, ran away from foster home, group home, or parent's home, but not in the past 90 days
2	**Any** of the following: ☐ In the past 365 days, was re-housed 2 times ☐ In the past 180 days, was re-housed 1+ times, but not in the past 60 days ☐ For the past 90 days, was continuously housed, but not for more than 180 days ☐ In the past 90 days, support worker(s) have been cumulatively involved 1-3 times with housing matters	☐ Ran away from foster home, group home, or parent's home, but not in the past 365 days
1	**Any** of the following: ☐ In the past 365 days, was re-housed 1 time ☐ For the past 180 days, was continuously housed, with no assistance with housing matters, but not for more than 365 days	
0	☐ For the past 365+ days, was continuously housed in same unit, with no assistance with housing matters	

K. Personal Administration & Money Management

PROMPTS	CLIENT SCORE:

PROMPTS

- *How are you with taking care of money?*
- *How are you with paying bills on time and taking care of other financial stuff?*
- *Do you have any street debts?*
- *Do you have any drug or gambling debts?*
- *Is there anybody that thinks you owe them money?*
- *Do you budget every single month for every single thing you need? Including cigarettes? Booze? Drugs?*
- *Do you try to pay your rent before paying for anything else?*
- *Are you behind in any payments like child support or student loans or anything like that?*

NOTES

SCORING

4	**Any** of the following: ☐ Cannot create or follow a budget, regardless of supports provided ☐ Does not comprehend financial obligations ☐ Does not have an income (including formal and informal sources) ☐ Not aware of the full amount spent on substances, if they use substances ☐ Substantial real or perceived debts of $1,000+, past due or requiring monthly payments
3	**Any** of the following: ☐ Requires intensive assistance to create and manage a budget (including any legally mandated guardian/trustee that provides assistance or manages access to money) ☐ Only understands their financial obligations with the assistance of a 3rd party ☐ Not budgeting for substance use, if they are a substance user ☐ Real or perceived debts of $999 or less, past due or requiring monthly payments
2	**Any** of the following: ☐ In the past 365 days, source of income has changed 2+ times ☐ Budgeting to the best of ability (including formal and informal sources), but still short of money every month for essential needs ☐ Voluntarily receives assistance creating and managing a budget or restricts access to their own money (e.g. guardian/trusteeship) ☐ Has been self-managing financial resources and taking care of associated administrative tasks for less than 90 days
1	☐ Has been self-managing financial resources and taking care of associated administrative tasks for at least 90 days, but for less than 180 days
0	☐ Has been self-managing financial resources and taking care of associated administrative tasks for at least 180 days

L. Social Relationships & Networks

PROMPTS	CLIENT SCORE:

PROMPTS

- *Tell me about your friends, family and other people in your life. How often do you get together or chat?*
- *How do you get along with teachers, doctors, police officers, case workers, and other professionals?*
- *Are there any people in your life that you feel are just using you?*
- *Are there any of your closer friends that you feel are always asking you for money, smokes, drugs, food or anything like that?*
- *Have you ever had people crash at your place that you did not want staying there?*
- *Have you ever been kicked out of where you were living because of something that friends or family did at your place?*
- *Have you ever been concerned about not following your lease agreement because of your friends or family?*

NOTES

SCORING

4	**Any** of the following: ☐ In the past 90 days, left an exploitive, abusive or dependent relationship, **or** left home due to family violence or conflict over religious or moral differences, including sexual orientation ☐ Friends, family or other people are placing security of housing at imminent risk, **or** impacting life, wellness, or safety ☐ No friends or family and demonstrates no ability to follow social norms ☐ Currently homeless and would classify most of friends and family as homeless
3	**Any** of the following: ☐ In the past 90-180 days, left an exploitive, abusive or dependent relationship, **or** left home due to family violence or conflict over religious or moral differences ☐ Friends, family or other people are having some negative consequences on wellness or housing stability ☐ No friends or family but demonstrating ability to follow social norms ☐ Meeting new people with an intention of forming friendships, **or** reconnecting with previous friends or family members, but experiencing difficulty advancing the relationship ☐ Currently homeless, and would classify some of friends and family as being housed, while others are homeless
2	**Any** of the following: ☐ More than 180 days ago, left an exploitive, abusive or dependent relationship, **or** left home due to family violence or conflict over religious or moral differences ☐ Developing relationships with new people but not yet fully trusting them ☐ Currently homeless, and would classify friends and family as being housed
1	☐ Has been housed for less than 180 days, **and** is engaged with friends or family, who are having no negative consequences on the individual's housing stability
0	☐ Has been housed for at least 180 days, **and** is engaged with friends or family, who are having no negative consequences on the individual's housing stability

M. Self Care & Daily Living Skills

PROMPTS	CLIENT SCORE:

PROMPTS

- *Do you have any worries about taking care of yourself?*
- *Do you have any concerns about cooking, cleaning, laundry or anything like that?*
- *Do you ever need reminders to do things like shower or clean up?*
- *Describe your last apartment.*
- *Do you know how to shop for nutritious food on a budget?*
- *Do you know how to make low cost meals that can result in leftovers to freeze or save for another day?*
- *Do you tend to keep all of your clothes clean?*
- *Have you ever had a problem with mice or other bugs like cockroaches as a result of a dirty apartment?*
- *When you have had a place where you have made a meal, do you tend to clean up dishes and the like before they get crusty?*

CLIENT SCORE:

NOTES

	SCORING
4	**Any** of the following: ☐ No insight into how to care for themselves, their apartment or their surroundings ☐ Currently homeless and relies upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing) on an almost daily basis ☐ Engaged in hoarding or collecting behavior and is not aware that it is an issue in her/his life
3	**Any** of the following: ☐ Has insight into some areas of how to care for themselves, their apartment or their surroundings, but misses other areas because of lack of insight ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), 14+ days in any 30-day period ☐ Engaged in hoarding or collecting behavior and is aware that it is an issue in her/his life
2	**Any** of the following: ☐ Fully aware and has insight in all that is required to take care of themselves, their apartment and their surroundings, but has not yet mastered the skills or time management to fully execute this on a regular basis ☐ In the past 180 days, relied upon others to meet basic needs (e.g. access to shelter, showers, toilet, laundry, food, and/or clothing), fewer than 14 days in every 30-day period
1	☐ In the past 365 days, accessed community resources 4 or fewer times, **and** is fully taking care of all their daily needs
0	☐ For the past 365+ days, fully taking care of all their daily needs independently

N. Meaningful Daily Activity

PROMPTS	CLIENT SCORE:

PROMPTS

- *How do you spend your day?*
- *How do you spend your free time?*
- *Does that make you feel happy/fulfilled?*
- *How many days a week would you say you have things to do that make you feel happy/fulfilled?*
- *How much time in a week would you say you are totally bored?*
- *When you wake up in the morning, do you tend to have an idea of what you plan to do that day?*
- *How much time in a week would you say you spend doing stuff to fill up the time rather than doing things that you love?*
- *Are there any things that get in the way of you doing the sorts of activities you would like to be doing?*

CLIENT SCORE:

NOTES

	SCORING	SCHOOL-AGED YOUTH
4	☐ No planned, legal activities described as providing fulfillment or happiness	☐ Not enrolled in school **and** with no planned, legal activities described as providing fulfillment or happiness
3	☐ Discussing, exploring, signing up for and/or preparing for new activities or to re-engage with planned, legal activities that used to provide fulfillment or happiness	☐ Enrolled in school, but attending class fewer than 3 days per week
2	☐ Attempting new or re-engaging with planned, legal activities that used to provide fulfillment or happiness, but uncertain that activities selected are currently providing fulfillment or happiness, **or** the individual is not fully committed to continuing the activities.	☐ Enrolled in school, and attending class 3 days per week
1	☐ 1-3 days per week, has planned, legal activities described as providing fulfillment or happiness	☐ Enrolled in school and attending class 4 days per week
0	☐ 4+ days per week, has planned, legal activities described as providing fulfillment or happiness	☐ Enrolled in school and maintaining regular attendance

O. History of Homelessness & Housing

PROMPTS
• *How long have they been homeless?* • *How many times have they been homeless in their life other than this most recent time?* • *Have they spent any time sleeping on a friend's couch or floor? And if so, during those times did they consider that to be their permanent address?* • *Have they ever spent time sleeping in a car or alleyway or garage or barn or bus shelter or anything like that?* • *Have they ever spent time sleeping in an abandoned building?* • *Were they ever in hospital or jail for a period of time when they didn't have a permanent address to go to when they got out?*

CLIENT SCORE:	

NOTES

	SCORING
4	☐ Over the past 10 years, cumulative total of 5+ years of homelessness
3	☐ Over the past 10 years, cumulative total of 2+ years but fewer than 5 years of homelessness
2	☐ Over the past 4 years, cumulative total of 30+ days but fewer than 2 years of homelessness
1	☐ Over the past 4 years, cumulative total of 7+ days but fewer than 30 days of homelessness
0	☐ Over the past 4 years, cumulative total of 7 or fewer days of homelessness

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
MENTAL HEALTH & WELLNESS AND COGNITIVE FUNCTIONING		
PHYSICAL HEALTH & WELLNESS		
MEDICATION		
SUBSTANCE USE		
EXPERIENCE OF ABUSE AND/OR TRAUMA		
RISK OF HARM TO SELF OR OTHERS		
INVOLVEMENT IN HIGH RISK AND/OR EXPLOITIVE SITUATIONS		
INTERACTION WITH EMERGENCY SERVICES		

Client:	Worker:	Version:	Date:

COMPONENT	SCORE	COMMENTS
LEGAL INVOLVEMENT		
MANAGING TENANCY		
PERSONAL ADMINISTRATION & MONEY MANAGEMENT		
SOCIAL RELATIONSHIPS & NETWORKS		
SELF-CARE & DAILY LIVING SKILLS		
MEANINGFUL DAILY ACTIVITIES		
HISTORY OF HOUSING & HOMELESSNESS		
TOTAL		

Diversion:
The Critical Questions to Ask &
The Order In Which to Ask Them

by

OrgCode Consulting, Inc.

The practice of diverting people from services is a helpful and necessary part of delivering shelter services. As an individual or family presents for shelter, considerable effort must be made to ensure that all other possible natural supports have been exhausted prior to undertaking a shelter admission.

There are nine steps to an effective diversion practice:

STEP ONE:

Explanation of the diversion conversation.

"Our goal is to learn more about your specific housing situation right now and what you need so that together we can identify the best possible way to get you a place to stay tonight and to find safe, permanent housing as quickly as possible. That might mean staying in shelter tonight, but we want to avoid that if at all possible. We will work with you to find a more stable alternative if we can."

STEP TWO:

- Why are you seeking emergency shelter today?

- What are all the other things you tried or thought about trying before you sought shelter today?

STEP THREE:

- Where did you stay last night?

  a. If staying with someone else, what is the relationship between them and you?
  b. How long have you been staying there?
  c. Where did you stay before that?
  d. Would it be safe for you to stay there again for the next 3-7 days?
  e. (If a couple and/or household with children under 18) Would your whole household be able to return and stay there safely for the next 3-7 days?
  f. If indicate that the place where they stayed is unsafe, ask why it is unsafe.
  g. If cannot stay there safely, or if were staying in a place unfit for human habitation, move to Step Six.

STEP FOUR:

- What is the primary/main reason that you had to leave the place where you stayed last night?

- Are there additional reasons why you can't stay there any longer?

STEP FIVE:

- Do you think that you/you and your family could stay there again temporarily if we provide you with some help or referrals to find permanent housing or connect with other services?

- If no, why not? What would it take to be able to stay there temporarily?

STEP SIX:

- If no, is there somewhere else where you/you and your family could stay temporarily if we provide you with some help or referrals to find permanent housing and access other supports? For example, what about other family members? Friends? Co-workers?

- What would it take for you to be able to stay there temporarily?

STEP SEVEN:

- What is making it hard for you to find permanent housing for you/you and your family - or connect to other resources that could help you do that?

    a. For example, do you or does anyone in your family have special needs or a medical condition? How does this affect your housing situation?
    b. Do you owe money for rent or utilities?
    c. Are you new to the area?

STEP EIGHT:

What resources do you have right now that could help you and your family find a place to stay temporarily or find permanent housing?

    a. For example, are you getting any help from other family members or friends?
    b. Do you have income? What are the sources?
    c. Are you involved with any other services right now?

STEP NINE:

- If admitted to shelter there is still an expectation that you will be attempting to secure permanent housing for you and your family.

- What is your plan at this point for securing housing if you are admitted to shelter?

Detroit Continuum of Care
FY2018 HUD Continuum of Care Funding Competition Renewal Application and Evaluation Policies and Procedures

Application Due Date June 27, 2018

As the Collaborative Applicant for the Detroit Continuum of Care (CoC), the Homeless Action Network of Detroit (HAND) manages the decision-making and application process for the FY2018 HUD Continuum of Care Homeless Assistance Funding application. HUD requires that the Continuum of Care (CoC) develop a process to determine whether projects up for renewal are (1) performing satisfactorily and (2) effectively addressing the needs for which they were designed.

This packet contains information about the process that will be used for the FY2018 funding competition. Currently funded Continuum of Care (CoC) projects that are not being reallocated and that will expire during calendar year 2019 must request renewal funding in the FY2018 funding process.

The information presented here has been developed before the release of HUD's Notice of Funding Availability (NOFA). Therefore, the information presented here is subject to change depending upon the content of the NOFA.

All information and materials may also be found on HAND's website at www.handetroit.org/continuum-of-care-funding.

All renewal application materials are due to HAND by 3:00 PM on June 27, 2018.

FY2017 Continuum of Care Competition Score and Awards

The Detroit CoC received the following score on the FY2017 CoC competition:

Scoring Category	Maximum Score Possible	Detroit CoC Score
Part 1: CoC Structure & Governance	50	39.25
Part 2: Data Collection & Quality	46	38.5
Part 3: CoC Performance & Strategic Planning	82	64.5
Part 4: Cross-Cutting Policies	22	18
CoC Application Score	**200**	**160.25**

National Scores

Highest score: 190.75	Median Score: 147.5	Low Score: 57.75

Additional analysis on the score, along with suggested areas for improvement, will be provided at a future CoC board meeting. A list of projects awarded funding in FY2017 may be accessed here.

Summary of Changes to Scoring Criteria

Below is a summary of the significant changes to project scoring criteria from the FY2017 to the FY2018 competitions. Additionally, more minor changes are noted throughout individual scoring components.

Changes include:
1) Financial performance reporting (Component #3, 15 points): This information will no longer be based on self-report from the agencies, but rather taken by HAND staff directly from Sage.
2) RRH Projects: Adding a scored element (2 points) for the number of RRH subcommittee meetings attended (Component #7). Meeting attendance at the RRH subcommittee is required of RRH projects.
3) For PSH Projects: Modified the scored element (2 points) for the number of PSH subcommittee meetings attended (Components #7). Last year this score was based on PSH matching meetings, but due to a change in the meeting structures in 2017, this element is changed to subcommittee meeting attendance, which remains required for all PSH liaisons.
4) PSH Projects: Modified the scored element (2 points) for the percentage of new clients served in 2017 coming via CAM (Component #7). Scoring scale changed so that at least 98% of clients must have entered via CAM for full points, an increase from last year in which 95% needed to be achieved to get full points. Also changed so that less than 95% earns 0 points, a change from last year in which less than 90% earned 0 points.
5) Removal of the component that scored agencies on "Other CAM Funder Requirements for Non-CoC Funded Projects" (component 7B, worth 2 points in FY17). Historically this component was included when Coordinated Entry (CE) was being rolled out, as a way to hold agencies accountable for CE participation requirements of non-CoC funders. These other funders have now incorporated CE participation expectations for their grantees into their own evaluation processes and therefore it no longer needs to be included here.
6) HMIS Dedicated Projects: Added a scored element (2 points) for HMIS lead agency staff attendance at RRH subcommittee meeting (Component #7).
7) PSH Projects: Component #8 is completely new and aligns with the scoring criteria approved by the CoC board during the PSH site visits for written standards.
8) For Coordinated Entry Supportive Services Only (CE-SSO) projects: Component #9 is completely new and aligns with the recommendations made to the CAM Governance Committee for the CAM Lead Agency evaluation.
9) HMIS Dedicated Projects: Component #10, proportional score from FY2017 CoC application. Increased this value from 67 to 70 points so that the total number of points available overall was more aligned with other project types.

Renewal Project Scoring

Except where otherwise indicated, renewal projects will be scored based upon the following components. The total number of points a project may earn will vary on the project type as given below. Details on these scoring components are given in the remainder of the document. Elements that are new/modified from FY17 are highlighted in **red**.

	PSH	RRH	TH	SSO* (non CE-SSO)	HMIS	CE-SSO (CHS only)	CE-SSO (SWCS only)
Component #1: Income & Employment							
A) Leavers w/cash income	5	5	5	6	N/A	N/A	N/A
B) Leavers w/non-cash benefits	5	5	5	6	N/A	N/A	N/A
C) Leavers w/earned income	3	3	3	3	N/A	N/A	N/A

	PSH	RRH	TH	SSO* (non CE-SSO)	HMIS	CE-SSO (CHS only)	CE-SSO (SWCS only)
D) Leavers w/increase in total income	2	2	2	N/A	N/A	N/A	N/A
Component #1 Sub-Total	*15 (13%)*	*15 (14%)*	*15 (15%)*	*15 (15%)*	*N/A*	*N/A*	*N/A*
Component #2: Housing Performance							
A) Project-specific	30	30	30	30	N/A	N/A	N/A
B) Project-specific	10	10	10	10	N/A	N/A	N/A
Component #2 Sub-Total	*40 (35%)*	*40 (38%)*	*40 (40%)*	*40 (40%)*	*N/A*	*N/A*	*N/A*
Component #3: Financial Performance							
Amount expended	15	15	15	15	15	15	15
Component #3 Sub-Total	*15 (13%)*	*15 (14%)*	*15 (15%)*	*15 (15%)*	*15 (14%)*	*15 (33%)*	*15 (15%)*
Component #4: HMIS							
A) Agency Admin Mtg Attend	3	3	3	3	N/A	3	3
B) UDE Completion	6	6	6	6	N/A	6	6
C) Known Exit Destinations	6	6	6	6	N/A	6	6
D) 2018 HIC Submission	5	5	5	5	N/A	N/A	N/A
E) Referrals to Assigned Bin (CE-SSOs only)	N/A	N/A	N/A	N/A	N/A	5	5
Component #4 Sub-Total	*20 (18%)*	*20 (19%)*	*20 (20%)*	*20 (20%)*	*N/A*	*20 (44%)*	*20 (20%)*
Component #5: Consumer Participation							
Consumer participation	5	5	5	5	5	5	5
Component #5 Sub-Total	*5 (4%)*	*5 (5%)*	*5 (5%)*	*5 (5%)*	*5 (5%)*	*5 (11%)*	*5 (5%)*
Component #6: CoC Participation							
A) CoC Meeting Attendance	3	3	3	3	3	3	3
B) 2018 PIT Participation	2	2	2	2	2	2	2
Component #6 Sub-Total	*5 (4%)*	*5 (5%)*	*5 (5%)*	*5 (5%)*	*5 (5%)*	*5 (11%)*	*5 (5%)*
Component #7: CAM Participation							
A) Subcommittee Mtg attendance	2	2	N/A	N/A	N/A	N/A	N/A
B) Vacancy reporting	2	N/A	N/A	N/A	N/A	N/A	N/A
C) New client entries	2	2	N/A	N/A	N/A	N/A	N/A
D) Making/receiving referrals to/from CAM	N/A	N/A	1	1	N/A	N/A	N/A
E) HMIS Lead Agency staff at PSH match or subcommittee mtgs	N/A	N/A	N/A	N/A	2	N/A	N/A
F) HMIS Lead Agency staff generating reports from HMIS to support CAM process	N/A	N/A	N/A	N/A	2	N/A	N/A
G) HMIS Lead Agency staff providing CAM-specific HMIS training	N/A	N/A	N/A	N/A	2	N/A	N/A
H) HMIS Lead Agency staff providing customized HMIS reports to support CAM	N/A	N/A	N/A	N/A	2	N/A	N/A
I) HMIS Lead Agency staff at RRH sub com mtgs	N/A	N/A	N/A	N/A	2	N/A	N/A
Component #7 Sub-Total	*6 (6%)*	*4 (4%)*	*1 (1%)*	*1 (1%)*	*10 (10%)*	*N/A*	*N/A*

	PSH	RRH	TH	SSO* (non CE-SSO)	HMIS	CE-SSO (CHS only)	CE-SSO (SWCS only)
Component #8: Additional PSH Performance							
A) Client eligibility (VOH + VOD) for client files reviewed	**2**	N/A	N/A	N/A	N/A	N/A	N/A
B) Completion of annual assessment for client files reviewed	**2**	N/A	N/A	N/A	N/A	N/A	N/A
C) Client lease/occupancy agreement for client files reviewed	**2**	N/A	N/A	N/A	N/A	N/A	N/A
D) Agency or project eviction prevention plan submitted	**1**	N/A	N/A	N/A	N/A	N/A	N/A
E) Project eligibility criteria	**1**	N/A	N/A	N/A	N/A	N/A	N/A
Component #8 Sub-Total	*8 (7%)*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*
Component #9: CAM Lead Agency Only							
A) Managing Active/Inactive on PSH Prioritization List	N/A	N/A	N/A	N/A	N/A	N/A	**20**
B) Matching Clients Based on Prioritization Factors	N/A	N/A	N/A	N/A	N/A	N/A	**20**
C) PSH Outcome Reporting	N/A	N/A	N/A	N/A	N/A	N/A	**15**
Component #9 Sub-Total	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*N/A*	*55 (55%)*
Component #10: HMIS Lead Only							
Proportional Points from CoC Application	N/A	N/A	N/A	N/A	**70**	N/A	N/A
Component #10 Sub-Total	*N/A*	*N/A*	*N/A*	*N/A*	*70 (67%)*	*N/A*	*N/A*
GRAND TOTAL OF TOTAL POINTS POSSIBLE**	**114**	**104**	**101**	**101**	**105**	**45**	**100**
*Applies only if HUD grants an appeal and non-CE SSO project(s) become eligible for renewal.							
**Assuming all component apply to all project types. Does not account for instances in which an individual component or sub-component is 'N/A' for a project.							

Weighting of Evaluation Components

Percentages in parenthesis in the chart above indicate the proportion that component is worth for the given project type. Not all evaluation components are weighed equally for each project type due variation in the total number of evaluation components applicable to a project type. Additionally, within project types there may be an individual project for which an evaluation component does not apply, resulting in those points being removed from the total number of points that project can earn, further changing how the components are weighted.

Deducting Points for Late, Incomplete, or Incorrect Submissions

After the project has been reviewed and scored according to the criteria above/below, the following criteria will be evaluated, and points deducted from the project accordingly:

Timely and Correct Renewal Project Application Submission	Points to be Deducted
All required portions of the renewal application and attachments must be submitted to HAND in the correct format and by the deadline given. For **each** item that is either submitted late or not the correct item (for example, an incorrect APR), points will be deducted from the overall project score. Missing or incorrect items must be corrected; however, points will still be deducted for late/incorrect	3 points per late or incorrect item

submissions. If, after the points are deducted, the project score is less than 70%, the project will need to submit an appeal in order to be considered for placement on the project ranking list.

The number of items required for submission will vary from project to project. Projects should carefully review page 23 for the required items to be submitted. Agencies are encouraged to contact HAND staff if they are unclear as to the applicability of items to be submitted.

Outstanding Assessment Invoices

Agencies that have an outstanding balance on HUD assessments due to HAND by the time the application is due to HUD will not have their renewal project application(s) submitted to HUD for funding via eSNAPS.

Component #1: Mainstream Resources & Employment
Value = 15 points total
Reporting period: 1/1/2017– 12/31/2017; Data Source: CY APR

Applies To: PSH, RRH, and TH	
	Scoring range and points possible
(A) <u>Leavers with Any Cash Income (5 pts)</u> Projects will be scored on the percentage of adult leavers who leave the project with one or more sources of cash income. The higher the percentage of people with one or more sources of cash income, the higher the score. "Cash income" includes both earned and non-earned income.	• 60% - 100%: 5 points • 40% - 59%: 3 pts • Below 40%: 0 pts
(B) <u>Leavers with Any Non-Cash Benefits (5 pts)</u> Projects will be scored on the percentage of adult leavers who leave the project with one or more sources of non-cash benefits. The higher the percentage of adults leaving with one or more sources of non-cash benefits, the higher the score. Non-cash benefits includes items such as food stamps, Medicaid/Medicare, TANF, WIC, etc.	• 80% - 100%: 5 pts • 60% - 79%: 3 pts • Below 60%: 0 pts
(C) <u>Leavers with Earned Income (Employment) (3 pts)</u> Projects will be scored on the percentage of adult leavers who leave the project with earned income (ie, employment). The higher the percentage of adults leaving with earned income, the higher the score.	• 20% - 100%: 3 pts • 10% - 19%: 1 pts • Below 10%: 0 pts
(D) Increases in Total Cash Income (either earned or non-earned) for <u>leavers & stayers (2 pts)</u> Projects will be scored on the percentage of persons (leavers and stayers) who have an increase in any income (earned or other). Measure will be based on both those who exited the project and those who were still in the project as of 12/31/2017. Data will be pulled from APR question 19.a.3.	• 20% - 100%: 2 pts • 10% - 19%: 1pts • Below 9%: 0 pts

Applies To: Non-Coordinated Entry SSO only	
	Scoring range and points possible
(A) <u>Leavers with Any Cash Income (6 pts)</u> Projects will be scored on the percentage of adult leavers who leave the project with one or more sources of cash income. The higher the percentage of people with one or more sources of cash income, the higher the score. "Cash income" includes both earned and non-earned income.	• 60% - 100%: 6 points • 40% - 59%: 4 pts • Below 40%: 0 pts
(B) <u>Leavers with Any Non-Cash Benefits (6 pts)</u> Projects will be scored on the percentage of adult leavers who leave the project with one or more sources of non-cash benefits. The higher the percentage of adults leaving with one or more sources of non-cash benefits, the higher the score. Non-cash benefits includes items such as food stamps, Medicaid/Medicare, TANF, WIC, etc.	• 80% - 100%: 6 pts • 60% - 79%: 4 pts • Below 60%: 0 pts
(C) <u>Leavers with Earned Income (Employment) (3 pts)</u> Projects will be scored on the percentage of adult leavers who leave the project with earned income (ie, employment). The higher the percentage of adults leaving with earned income, the higher the score.	• 20% - 100%: 3 pts • 10% - 19%: 1pt • Below 10%: 0 pts

Component #2: Housing Performance
Value = 40 points total
Reporting period: 1/1/2017 – 12/31/2017; Data Source: CY APR

Applies To: Permanent Supportive Housing (PSH) Projects	
	Scoring range and points possible
(A) <u>Retention in Permanent Housing (30 pts)</u> Measure: Percentage of participants who either remain in the PSH project as of the end of the reporting period, or who have exited that project to another permanent housing destination. *Note: Due to a change in the HMIS Data Standards effective 10/1/2017, any clients that entered a PSH project after 10/1/2017 but were not housed and subsequently exited from the project will be removed from the total number of persons served and will not be counted against the project. However, if a client was entered and housed between 10/1/17 and 12/31/17 and exited during that same time period, that client and his/her exit destination will be factored into the scoring.*	• 95% – 100%: 30 pts • 90% - 94%: 25 pts • 85% - 89%: 20 pts • 80% - 84%: 15 pts • 75% - 79%: 10 pts • Below 75%: 0 pts
(B) <u>Occupancy Rates (10 pts)</u> Measure: Overall average project occupancy rates as given in the APR for following dates: 1/25/17, 4/26/17, 7/26/17, 10/25/17	• 90% – 100%: 10 pts • 75% – 89%: 5 pts • Below 75%: 0 pts

Note: If, following the review of all PSH project occupancy scores, it becomes apparent that the CAM PSH matching process negatively impacted a PSH project's occupancy rates, this scoring component may be revised. *NOTE: Projects that initially started leasing up at some point in 2017 will not be evaluated on Component 2B (occupancy) because these projects were in the process of reaching full occupancy over the course of 2017.*	

Applies To: Rapid Rehousing (RRH) Projects	
	Scoring range and points possible
(A) Exits to Permanent Housing (30 pts) Measure: Percentage of participants who exit the program to a permanent housing destination. *Note: For the FY2018 competition, this data will be reviewed for all of 2017 (Jan – Dec) based on a client's entry to exit. Providers should note that next year, this measure will likely be measured based on a client's housing move-in date to exit.*	• 85% – 100%: 30 pts • 80% – 84%: 25 pts • 75% – 79%: 20 pts • 70% – 74%: 15 pts • 65% – 69%: 10 pts • Below 65%: 0 pts
(B) Occupancy Rates (10 pts) Measure: Overall average project occupancy rates as given in the APR for following dates: 1/25/17, 4/26/17, 7/26/17, 10/25/17 *NOTE: Projects that initially started leasing up at some point in 2017 will not be evaluated on Component 2B (occupancy) because these projects were in the process of reaching full occupancy over the course of 2017.*	• 90% – 100%: 10 pts • 75% – 89%: 5 pts • Below 75%: 0 pts

Applies To: Transitional Housing (TH) Projects	
	Scoring range and points possible
(A) Exits to Permanent Housing (30 pts) Measure: Percentage of participants who exit the program to a permanent housing destination.	• 85% – 100%: 30 pts • 80% – 84%: 25 pts • 75% – 79%: 20 pts • 70% – 74%: 15 pts • 65% – 69%: 10 pts • Below 65%: 0 pts
(B) Occupancy Rates (10 pts) Measure: Overall average project occupancy rates as given in the APR for following dates: 1/25/17, 4/26/17, 7/26/17, 10/25/17	• 90% – 100%: 10 pts • 75% – 89%: 5 pts • Below 75%: 0 pts

Applies To: Non-Coordinated Entry Supportive Services Only Projects	
	Scoring range and points possible
(A) <mark>Exits to Positive Housing Destination (30 pts)</mark> Measure: Percentage of participants who exit the program to a positive housing destination. "Positive Housing destination" includes any destination except: • Emergency shelter • Jail • Hotel/motel paid for by client • Safe Haven • Place not meant for human habitation • Staying with friends/family (temporary tenure) • Don't Know/Other/Refused	• 85% – 100%: 30 pts • 80% – 84%: 25 pts • 75% – 79%: 20 pts • 70% – 74%: 15 pts • 65% – 69%: 10 pts • Below 65%: 0 pts
(B) Exit to Permanent Housing (10 pts) Measure: Percentage of participants who have exited the project to a **permanent** housing destination.	• 80% - 100%: 10 pts • 60% - 79%: 5 pts • Below 60%: 0 pts

Component #3: Financial Performance
Value = 15 Points total
Reporting period: Individual project term; Data source: Sage

Financial performance will be evaluated and scored based on the extent to which each project has expended its CoC grant for its most recently completed project year. Scoring will be based on the following scales. Note there are different scales, depending on the project type.

New in FY2018: Information on funds expended will be drawn by HAND staff directly from Sage, and this information will no longer be self-reported in the project application. HAND staff will begin to pull this information from Sage in May 2018.

See Appendix A for the grant number and spending information reported in Sage that will be scored.

Projects that do not have a rental assistance budget line:	Projects with a rental assistance budget line:
• Expended 95% - 100% of grant funding: 15 points • Expended 90% - 94% of grant funding: 8 points • Expended less than 90% of grant funding: 0 points	• Expended 90% - 100% of grant funding: 15 points • Expended 80% - 89%: of grant funding: 8 points • Expended less than 80% of grant funding: 0 points

Any organization found to have less than 90/95% of their grant expended will be required to provide an explanation of the situation and why some funds were recaptured. Depending upon the nature of the situation, the project or organization may be targeted for follow-up technical assistance.

Note: If, following the review of all PSH project expenditure scores, it becomes apparent that the CAM PSH matching process negatively impacted a PSH project's ability to expend its funds, this scoring component may be revised.

Component #4: HMIS Participation
Value = 20 Points total
Reporting period: January – December 2017 unless otherwise indicated; Data source: HMIS records

Projects will be scored based on the project's participation in HMIS. The HMIS score is broken down into several sub-components, as follows.

Sub-Component	Points	Timeframe Under Review	Report Generated By…	Note
(A) Attendance at the majority of Agency Administrator meetings. For the time frame under review, these meeting dates were: • 2/21/17 • 4/4/17 • 5/16/17 • 6/27/17 • 8/8/17 • 9/19/17 • 10/31/17 • 12/12/17	• 5 or more mtgs = 3 pts • 4 or fewer mtgs = 0 pts	Jan – Dec 2017	HMIS Lead Agency staff	Will be determined by HMIS Lead agency attendance records
(B) 90% UDE completion for the identified projects an organization has in HMIS	• 90% - 100%: 6 pts • 50% - 89%: 3 pts • <50%: 0 pts	Jan –Dec 2017	HMIS Lead Agency staff. Report to be used: Data Completeness Report Card.	Applies to: projects as identified below that the organization reports into in HMIS, NOT just the project being submitted for renewal funding. See Appendix C for the specific projects that will be included for each organization.
(C) At least 75% of clients exited exit to known destinations for the identified projects an organization has in HMIS.	• 75% - 100%: 6 pts • 50% - 74%: 3 pts • <50%: 0 pts	Jan – Dec 2017	HMIS Lead Agency staff. Report to be used: Discharge destination report.	
(D) Submitted required 2018 Housing Inventory Count (HIC) information by Feb 13, 2018.	5	N/A	Submission compliance will be determined by reviewing electronic communication records held by HMIS Lead Agency staff.	Applies to all projects for which information was required for the HIC.

Sub-Component	Points	Timeframe Under Review	Report Generated By…	Note
(E) CAM Lead/Implementing Agency Only: Percentage of clients in assigned bin that have referrals to or from CAM	• 95% - 100%: 5 pts • 90% - 94%: 3 pts • <90%: 0 pts	2017	Report will be run by HMIS Lead Agency staff.	See self-scoring tools for details
Total Points Possible	**20**			

NOTE: Organizations that score low on the HMIS component (10 or less points out of the possible 20 points) will be targeted for follow-up technical assistance to help remedy the deficiencies. These organizations must commit to working with HMIS staff to resolve the deficiencies identified.

Component #5: Consumer Participation
Value = 5 Points total
Data source: Self-report in project application & accompanying attachments as required

HEARTH regulations require the following of CoC-funded recipient and sub-recipients *(24 CFR 578.75(g))*:

"(1) Each recipient and sub-recipient must provide for the participation of not less than one homeless individual or formerly homeless individual on the board of directors or other equivalent policymaking entity of the recipient or sub-recipient, to the extent that such entity considers and makes policies and decisions regarding any project, supportive services, or assistance provided under this part. This requirement is waived if a recipient or sub-recipient is unable to meet such requirement and obtains HUD approval for a plan to otherwise consult with homeless or formerly homeless persons when considering and making policies and decisions."

Recipients and sub-recipients will be required to either demonstrate compliance with this regulation, including documentation of the individuals' participation, or provide a description of how compliance will be met in the coming year. If the project has a recipient and sub-recipients(s) points will be awarded based on the extent to which all entities associated with the grant are compliant with this regulation.

For the purposes of the CoC's local application process, documentation of participation of a homeless or formerly homeless person on a policy-making entity may include:
- Board roster identifying the person who is homeless or formerly homeless
- Meeting notes of other policy-making entities, with an identification that this entity has body has policy-making abilities for the CoC program and includes persons who are homeless or formerly homeless
- Note: If the agency has a policy to not disclose the homeless/formerly homeless status of an individual serving in a decision-making capacity in order to protect that individual's privacy, the agency may submit a letter on agency letterhead explaining this.

Scoring Scale
- Over the course of CY2017, the organization had no current consumer participation and currently has no plan to incorporate consumer participation = 0 pts
- Over the course of CY2017, the organization had no current consumer participation, but has a plan in place to incorporate consumer participation = 3 pts

- Over the course of CY2017, organization had consumer participation and provided documentation of same = 5 pts

Please see clarification below from HUD regarding how HUD defines "equivalent policymaking entity"

Question:
"Does HUD have any further definition of what "other equivalent policymaking entity" includes? For example, would a resident tenant council meet this criteria? Would conducting consumer satisfaction surveys meet this criteria?"

HUD's Response:
"The recipient and subrecipient is only required to ensure participation of homeless individuals in entities making policies or decisions related to activities funded with CoC Program funding. The CoC Program interim rule does not require that this entity be the same entity as the recipient's board of directors if a separate equivalent policy making body will exist that is responsible for all policies and decisions related to CoC Program projects and activities. It should be noted that this requirement can be waived if a recipient or subrecipient is unable to meet the requirement and obtains HUD approval for an alternative consultation mechanism. If you would like to seek a waiver of this requirement, please contact your local HUD field office.

To answer your specific questions a resident tenant council would only meet the requirement if the body has policy making authority for the CoC Program. HUD would not consider a consumer satisfaction survey to meet the requirement and it would not be a suitable alternative."

Source: HUD Ask-A-Question, 5-21-15

Component #6: Continuum of Care Participation
Value = 5 Points total
Data source: Records of participation

Sub-Component	Points	Note
(A) A maximum of 3 points are available for an agency's participation in the Continuum of Care meetings from January – December 2017. Meeting dates were: • January 17, 2017 • March 21, 2017 • May 16, 2017 • July 18, 2017 • September 19, 2017 • November 21, 2017	3	• Organization represented at 5 or more meetings: 3 points • Organization represented at 3 - 4 meetings: 2 points • Organization represented at 2 meetings: 1 point • Organization represented at 1 or fewer meetings: 0 points
(B) Organization participated in the January 31, 2018 Point-in-Time Count through at least one of the following: • By having a non-PATH team on the street during the street count (night of January 31); OR	2	

Sub-Component	Points	Note
• By having a team participate in a next-day interview shift on either Feb 1 or 2.		
Total Points Possible	**5**	

Component #7: Participation in Coordinated Assessment Model (CAM)
Value = Varies Depending on Project Type
Data source: Records of participation, including HMIS

Projects will be scored based on their participation in the CoC's CE system (CAM). Over the course of 2017 progress was made towards incorporating CoC funded projects in the CAM process. However, there remains variations in CAM participation expectations depending upon the type of project, as is reflected below.

CoC-Funded PSH Projects (total points possible: 6)	**A) PSH Liaison Attendance at PSH Subcommittee Meeting** • **2 points** if the agency was represented at 80% or more of the PSH subcommittee meetings from Jan – Dec 2017 • **1 point** if the agency was represented at 60 - 79% of the PSH subcommittee meetings from Jan – Dec2017 • **0 points** if the agency was represented at <60% of the PSH subcommittee meetings from Jan – Dec 2017 **B) PSH Vacancy Reporting** *Note: the vacancy reporting requirement does not mean that the agency reported more than zero vacancies. Rather, it means that the agency reported something, even if what they reported was zero vacancies.* • **2 points** if the agency submitted a vacancy report for 80% or more of the dates on which the report was due from Jan – December 2017. • **1 point** if the agency submitted a vacancy report for 60 - 79% of the dates on which the report was due from Jan – Dec 2017. • **0 points** if the agency submitted a vacancy report for <60% of the dates on which the report was due from Jan – Dec 2017. **C) New Client Entries** • **2 points** if 98 – 100% of new client entries into the project from Jan – Dec 2017 were referred via the CAM process. • **1 point** if 95 – 97% of new client entries into the project from Jan – Dec 2017 were referred via the CAM process. • **0 points** if <95% of new client entries into the project from Jan – Dec 2017 were referred via the CAM process.
CoC-Funded RRH Projects (total points possible: 4)	**A) RRH Subcommittee Meeting Attendance** • **2 points** if the agency was represented at 80% or more of the RRH subcommittee meetings from Jan – Dec 2017 • **1 point** if the agency was represented at 60 - 79% of the RRH subcommittee meetings from Jan – Dec2017 • **0 points** if the agency was represented at <60% of the RRH subcommittee meetings from Jan – Dec 2017

	C) New Client Entries • **2 points** if 100% of client entries into the project from January – December 2017 were referred via the CAM • **1 point** if 95 – 99% of client entries into the project from January – December 2017 were referred via the CAM • **0 points** if less than 95% of client entries into the project from January – December 2017 were referred via the CAM.
CoC-Funded TH and non-CE-SSO Projects **(total points possible: 1)**	**D) Making/Receiving Referrals** • **1 point** if the TH or non-CE-SSO project voluntarily sent and/or received referrals from CAM at any point in 2017. • **0 points** if the TH or non-CE-SSO project did not voluntarily send and/or receive referrals from CAM at any point in 2017.
HMIS Only Grants **(total points possible: 10)**	**E)** HMIS Lead Agency Staff attendance at PSH match or subcommittee meetings (2 pts) **F)** HMIS Lead Agency staff generating reports from HMIS to support CAM process (2 pts) **G)** HMIS Lead Agency staff providing CAM-specific HMIS training (2 pts) **H)** HMIS Lead Agency staff providing customized HMIS reports to support CAM (2 pts) **I)** HMIS Lead Agency staff at RRH sub committee meetings (2 pts)

Component #8: Additional PSH Performance
Value = 8 points
Data source: Results of Client File Reviews, and HMIS

A) Documentation of client eligibility (proof of homelessness and verification of disability) for case files reviewed.	• **2** points: 98% - 100% of clients reviewed have documentation of eligibility. • **1** point: 97% of clients reviewed have documentation of eligibility. • **0** points: Less than 97% of client files review have documentation of eligibility.
B) Completion of annual reassessment for case files reviewed. Note: for 2018, this element will be evaluation based on the completion of the HMIS annual assessment.	• **2** points: 98% - 100% of clients reviewed (and have been in project for at least one year) have an annual assessment in HMIS. • **1** point: 97% of clients have the annual assessment in HMIS. • **0** points: Less than 97% of clients reviewed have annual assessment.

C) All clients have a lease/occupancy agreement for client files reviewed.	• **2** points: 98% - 100% of clients reviewed have lease that meets regulatory requirements. • **1** point: 97% of clients reviewed have lease that meets regulatory requirements. • **0** points: Less than 97% clients reviewed have lease that meets regulatory requirements.
D) Agency submitted to HAND an eviction prevention plan. *Note: this scored element is reviewing only if an agency submitted an eviction prevention policy. Future evaluation may take into consideration the content of the policy.*	• **1** point: Project has an eviction prevention plan and submits it to HAND. • **0** points: No eviction prevention plan submitted.
E) Project eligibility criteria is limited to only funder requirements or approved waiver.	• **1** point: Project eligibility criteria is limited to only funder criteria or project has been granted a waiver. • **0** points: Project has additional eligibility criteria above funder requirements and has not been granted a waiver.

Component #9: CAM Lead Agency Only
Value =55 points
Data source: CAM Lead Agency reports, HMIS, other CAM or HAND records

The CAM Lead Agency (Southwest Counseling only) will be evaluated on the following:
  A. Documentation that the PSH Prioritization List was purged every 45 days over the course of 2017. (Max points possible = 20)
  B. Documentation that the PSH matching process was conducted in accordance with the CoC's prioritization policies over the course of 2017. (Max points possible = 20)
  C. Documentation that the PSH outcome reporting policy was followed during March – Dec 2017 OR documentation that CAM Gov Com approved the temporary suspension of the policy. (Max points possible = 15

Evaluation Criteria for Newer CE-SSO Grants
The following CE-SSO grants is not currently operational, therefore is no data on which to evaluate this project. Therefore, it will be submitted for renewal and ranked according to the ranking policies. In future funding rounds, additional evaluation criteria will be applied to this project.

Recipient	Project Name	First Funded In
SWCS (CHS subrecipient)	Coordinated Entry Collaborative SSO	FY2017

Future Evaluation Criteria
For future funding cycles, the CoC board and CAM Governance Committee will develop additional evaluation criteria for the Coordinated Entry/CAM SSO grants and implementing agencies Such evaluation criteria should consider the role these projects plan with assisting persons experiencing homeless in accessing needed services and should align with the CoC's written standards.

Component #10: HMIS Lead Agency Only
Project-Specific Performance
Proportional Points from FY2017 CoC Application
Value = 70 points
Data source: Score received on the FY2017 CoC Application

The CoC application that is prepared and submitted to HUD annually scores the CoC's HMIS implementation on a number of evaluation criteria, including the following:

1. Having required policies and procedures in place.
2. Bed coverage rates.
3. Data quality and completion rates.
4. The extent to which the HMIS system is able to generate required reports.
5. Submission of required data (Point in Time, Housing Inventory Count, System Performance Measures, Annual Homeless Assessment Report).
6. The amount of data the CoC is able to submit the AHAR (Annual Homeless Assessment Report).
7. Point-in-Time methodology and implementation.

HUD reviews and scores the responses given in the CoC application on these questions. In the FY2017 application, the Detroit CoC earned 17.5 out of 19 possible points (92% of the points possible) for the HMIS section of the CoC application which included the evaluation criteria above.

Over the course of the past year, specific performance expectations for the HMIS project had not been defined. Therefore, for the FY2018 local application review and scoring process, the percentage of points earned for the HMIS section in the FY2017 CoC application (92%) will be applied to the total number of points possible for the "Project Specific Performance" section of the local application. This section is worth 70 points, therefore the HMIS grants will each receive 64 of these 70 points.

A value of 70 points was assigned to this section so that the total amount of points the HMIS project may receive is 105 (as detailed in chart above). Having a total of 105 points possible allows for comparable weighing of components across the PSH, RRH, TH, and HMIS projects.

Evaluation Process for HMIS Grants
- The HMIS Lead agency will complete an application form that will respond to/address the items above.
- The responses given will be reviewed by the Values & Funding Priorities Committee.
- Based upon the responses given in the application form, the Values & Funding Priorities Committee will make a recommendation as to whether or not the HMIS grants should be submitted for renewal funding.
- HMIS Lead Agency staff will be recused from any review of the HMIS project application material or discussion pertaining to the same.

Future Evaluation Criteria for HMIS Grants

The evaluation process for the HMIS grants in FY2018 is using the score received in the FY2017 CoC application HMIS section as a proxy for scoring HMIS project performance. This is being done for the FY2018 competition due to absence of other objective criteria on which to evaluate and score this project. For future funding cycles, the CoC board and committee(s) will need to develop additional evaluation criteria for the HMIS project. This evaluation criteria *may* include:

- Progress against HMIS project plan
- Extent to which privacy plan, data quality plan, and/or security plans are implemented
- End-user satisfaction ratings
- Incorporation or expansion of innovative technology or strategies
- Timely submission of APR reports to HUD
- Additional requirements to be identified in the MOU between HMIS Lead and CoC Board

All Projects (Non-Scored, Optional Question)

Explanation of Performance Outcomes and Continuous Quality Improvement (optional question, not required)

Agencies may provide, in one-half page or less, an explanation or commentary on the project's performance outcomes for the items in any of the components and any steps the agency may be taking to implement a continuous quality improvement program. While this question will NOT be scored, an explanation may be included to help reviewers understand any special circumstances that contributed to the project's performance.

Protocol for Components/Subcomponents Unable to be Evaluated

In instances where a particular component/sub-component is unable to be evaluated, the following protocol will be used:

- Situation: Project is prohibited by law from entering into HMIS.
  - ➤ Protocol: The value of any scoring components that rely solely on *HMIS* data (such as HMIS data completeness, data quality, etc) will be removed from the total number of points that project may earn. That project will then only be scored on the remaining components/sub-components.
  - ➤ Protocol: For components that may be reported on via alternate internal agency records, those components will be evaluated and scored based on data the project submits to HAND in the format prescribed by HAND.
- Situation: The project had no (0) leavers, and the scored component/sub-component is based on a leaver's status.
  - ➤ Protocol: If the project had no leavers, then the project will be scored for the component/sub-component in question based only on the *stayers* in the program.
- Situation: Project had persons who passed away during the term under review.
  - ➤ Protocol: Persons who passed away during the project term are excluded from project performance calculations related to destination.
- Situation: There are additional factors that result in no data existing on which to evaluate a project.

Detroit Continuum of Care
FY2018 Request for Proposals
Availability of Funds for New Projects
June 7, 2018

In the FY2018 Continuum of Care (CoC) competition, the Detroit CoC is soliciting proposals for new projects. The new projects to be funded may be Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), a joint-component Transitional Housing-Rapid Rehousing (TH-RRH), Coordinated Entry Supportive Services Only (CE-SSO) or Dedicated HMIS. Applications will be considered for both new projects and expansion projects.

Prospective applicants are encouraged to review these materials carefully and note that applications are due to HAND by **July 13, 2018 at 3:00 PM.**

As of the release of this RFP, the Department of Housing and Urban Development (HUD) has not yet released the Notice of Funding Availability (NOFA) for the FY2018 CoC competition. Therefore, the content, deadlines, and amount of funding available given in this RFP are subject to change based on HUD's NOFA.

The following types of new projects will be considered in FY2018:

New Projects	Expansion Projects
• Permanent Supportive Housing (scattered site)	• Permanent Supportive Housing
• Permanent Supportive Housing (project based)	• Rapid Rehousing
• Rapid Rehousing	• Coordinated Entry Supportive Services Only
• Joint-component Transitional Housing-Rapid Rehousing	• Dedicated HMIS *(HMIS Lead Agency only)*
• Coordinated Entry Supportive Services Only	
• Dedicated HMIS *(HMIS Lead Agency only)*	

Expansion Projects
Agencies that currently receive CoC funding for PSH, RRH, CE-SSO, or dedicated HMIS grants may apply to expand one or more of their renewal projects. This expansion must be for one or more of the following reasons:
1. To expand the number of persons served, including expanding the number of units/beds provided.
2. To provide additional supportive services to persons experiencing homelessness.
3. To bring existing facilities up to state/local government health and safety standards.
4. To replace the loss of nonrenewable funding (private, federal, other excluding state/local government).
5. To expand HMIS activities in the CoC's geographic area.

Each proposal submitted may only request funding for one type of project, and organizations may submit more than one proposal. Multiple proposals from the same organization will be reviewed, evaluated, and ranked independent of each other. Applicants should note there are different application forms for the different types of projects.

Amount and Type of Funding Available
There are two sources of funding for new projects: reallocated funding and Permanent Housing Bonus funding. The total amount of funding available from each source is currently unknown. The final amount of funding that may be available from reallocated projects will not be known until the renewal project review and appeals

Permanent Supportive Housing (PSH) & Rapid Rehousing (RRH) & Transitional Housing-Rapid Rehousing (TH-RRH)

Scoring Criteria for Housing Projects

Applications applying for new PSH, RRH, or TH-RRH funding to will be scored and evaluated on the following components. Please note there are slight variations in the components to be evaluated, based on the type of project being applied for:

Topic of Evaluation	Review will take into consideration:	Max Points Possible		
		Scoring for PSH: Scattered-Site	Scoring for PSH: Project-Based	Scoring for RRH and TH-RRH
Applicant Experience & Capacity	• If agency currently provides RRH or PSH (points if "yes") • If applying for TH-RRH project, points given if "yes" to being a current RRH provider and a current or former provider of TH. • Any outstanding concerns with current CoC grants • Clarity of roles of partners on project (if applicable) Change from 2017 • None	5	5	5
Attachments (inclusion and content of)	• Required attachments all submitted, and no concerns/issues noted therein • Audit will be reviewed separately, as noted below. Change from 2017 • None	5	5	5
Project Description	• Clarity of overall description of project • Extent to which project will be able to be in operation w/in 6 months of receiving grant agreement for PSH projects and within 3 months for RRH and TH-RRH projects. Change from 2017 • None.	10	10	10

Topic of Evaluation	Review will take into consideration:	Max Points Possible		
		Scoring for PSH: Scattered-Site	Scoring for PSH: Project-Based	Scoring for RRH and TH-RRH
Housing First Experience	• Description of how they incorporate Housing First • Review an example of lease (required attachment) • Review of eviction prevention policies (required attachment) Change from 2017 • None	22	22	22
Participation in CAM	• Up to 10 points will be awarded proportionally for the proportion of the points the project earns on the CAM participation portion of its renewal application(s). For example, if an agency earned 80% of the points possible for CAM participation in the renewal application, that agency's new project application would earn 8 out of the 10 points for this section. • Agencies that do not currently receive CoC funding or that have never participated in CAM will be unable to earn these points, and therefore points associated with this criterion will be removed Change from 2017 • None	10	10	10
Ability to Leverage Medicaid & Mainstream Services	• Extent to which agency has activities in place to enroll persons in Medicaid or other mainstream resources (all) • Extent to which agency is able to bill Medicaid for services, or has partnership (MOU provided) with agency that is able to bill Medicaid (PSH only)	20	20	10

Topic of Evaluation	Review will take into consideration:	Max Points Possible		
		Scoring for PSH: Scattered-Site	Scoring for PSH: Project-Based	Scoring for RRH and TH-RRH
	• The greater extent to which agency is able to leverage Medicaid or other mainstream resources, the greater ability to earn points Change from 2017 • None			
Site Description	• Description of the project site and its' appropriateness as PSH • Any current use concerns with building (ie, zoning concerns, if bldg. is currently in use for another purpose, etc) Change from 2017 • Removing as a scored criteria "unit privacy", assuming that the policy requiring such privacy will be approved.	N/A	23	N/A
Relationships with Landlords	• How the agency works with landlords to recruit their participation • How agency ensures on-going communication and maintenance of positive relationships with landlords Change from 2017 • None	23	N/A	33
Client Services & Outcomes	• Extent to which past clients have been able to obtain/maintain permanent housing and increase income/employment (based on data provided) • Extent to which project assists client with connecting to other mainstream services Change from 2017 • None	15	15	15

Topic of Evaluation	Review will take into consideration:	Max Points Possible		
		Scoring for PSH: Scattered-Site	Scoring for PSH: Project-Based	Scoring for RRH and TH-RRH
Budget, Costs, Match, & Leveraging	• Documentation of leveraging and match • Budget requests allowable costs • Per-unit cost • For leveraging and match: If agency is requesting multiple projects (new and/or renewal), will need to demonstrate that the identified match/leverage is distinct for each Change from 2017 • None	15	15	15
Review of Entire Applicant CoC Portfolio	• The portfolio of all an applicant and/or subrecipient's current CoC-funded projects that are applying for renewal in FY2018 will reviewed. If an applicant and/or subrecipient has any renewal projects in FY2017 that do not pass the renewal project threshold, ten (10) points will be deducted from the new project application's overall score. • This policy will not apply to applicants/subrecipients that are not currently recipients of CoC funding. Change from 2017 • None.	-10 if renewal(s) do not pass threshold	-10 if renewal(s) do not pass threshold	-10 if renewal(s) do not pass threshold
Total Maximum Points Possible		**125**	**125**	**125**

Scoring Criteria for New Coordinated Entry Supportive Services Only (CE-SSOs)

Application for new SSO funding for Coordinated Entry will be scored and evaluated on the following components. Note the differences in the scoring criteria on if the application is from a current CE-SSO recipient or not.

Area of Evaluation	New CE-SSO Grants	
	Points possible (Current CE-SSO agencies)	Points Possible (New CE-SSO agencies)
Agency Experience	10	40
Agency Capacity to Expand	20	N/A
Experience in Specific Area(s) of Request	10	35
Rationale for New Funding Request	10	10
Current Project Performance (Proportional score earned on Component 3: Financial)	20	N/A
Current Project Performance (Proportional score earned on Component 9: CAM Lead)	15	N/A
Housing First Experience	4	4
Obtaining and Maintaining Permanent Housing	4	4
Budget, Costs, Match, and Leveraging	5	5
Attachments (inclusion & content of)	2	2
Inclusion of letter of support from CAM Governance Committee	Threshold requirement	Threshold requirement
Review of Entire Applicant CoC Portfolio *(point deduction if any current projects are under threshold)*	-10	-10
Total Points Possible	**100**	**100**

Scoring Criteria for Expansion Grants (PSH, RRH, HMIS, or CE-SSO)

Area of Evaluation	PSH or RRH Expansion	HMIS Expansion	CE-SSO Expansion
Agency Experience	5	5	5
Agency Capacity to Expand	25	25	25
Rationale for New Funding Request	10	10	10
Current Project Performance (Proportional score earned on Component 1: Income)	5		
Current Project Performance (Proportional score earned on Component 2: Housing)	10		
Current Project Performance (Proportional score earned on Component 3: Financial)	10	10	10
Current Project Performance (Proportional score earned on Component 7: CAM Participation)	5	5	
Current Project Performance (Proportional score earned on Component 9: CAM Lead)			20 (if applicable)
Current Project Performance (Proportional score earned on Component 10: HMIS Lead)		15	
Agency Experience Ramping up New Projects	20	20	20
Housing First Experience	4	4	4
Budget, Costs, Match, and Leveraging	4	4	4
Attachments (inclusion & content of)	2	2	2
Review of Entire Applicant CoC Portfolio *(point deduction if any current projects are under threshold)*	-10	-10	-10
Total Points Possible	**100**	**100**	**80 - 100**

Current Project Score
The score given for each "Current Project Performance" component will be based on the amount of points the project earned on its renewal application, proportionally. For example, if a PSH project is applying for an expansion grant and earned 30/40 points (75%) on Component 2 in its renewal application, the project will earn 7.5 points (75% of 10) for the comparable component on its expansion grant.

Threshold Score
Projects that score less than 70% of the maximum points possible will not be given further consideration for funding. The Detroit CoC reserves the right to reject all proposals or reject portions of any proposal.

Audit Review
All projects seeking new funding, will be required to submit the organization's most recent financial audit, including the most recent A-133 audit, if applicable. The audits will be reviewed; any concerns or findings noted in the audit, especially but not necessarily limited to, material findings of a lack of internal financial controls, will be addressed on a case-by-case basis. The CoC reserves the right to not fund new projects in the event of significant concerns regarding an organization's financial capacity.

- CAM Providers Focus Group (December 2015)
- CAM Retreat (March 2015)
- CAM PSH Match Policy Meeting (May 2015)

All Projects (Non-Scored, Optional Question)

<u>Explanation of Performance Outcomes and Continuous Quality Improvement (optional question, not required)</u>

Agencies may provide, in one-half page or less, an explanation or commentary on the project's performance outcomes for the items in any of the components and any steps the agency may be taking to implement a continuous quality improvement program. While this question will NOT be scored, an explanation may be included to help reviewers understand any special circumstances that contributed to the project's performance.

Protocol for Components/Subcomponents Unable to be Evaluated
In instances where a particular component/sub-component is unable to be evaluated, the following protocol will be used:

- Situation: Project is prohibited by law from entering into HMIS.
  - Protocol: The value of any scoring components that rely solely on *HMIS* data (such as HMIS data completeness, data quality, etc) will be removed from the total number of points that project may earn. That project will then only be scored on the remaining components/sub-components.
  - Protocol: The following components will be evaluated and scored based on data the project submits to HAND in the format prescribed by HAND. Data for these components will come from the organization's internal records.
    - Components 1A – 1G, and 2A, 2B
- Situation: The project had no (0) leavers, and the scored component/sub-component is based on a leaver's status.
  - Protocol: If the project had no leavers, then the project will be scored for the component/sub-component in question based only on the *stayers* in the program.
- Situation: Project had persons who passed away during the term under review.
  - Protocol: Persons who passed away during the project term are excluded from project performance calculations related to destination.
- Situation: There are additional factors that result in no data existing on which to evaluate a project.
  - Protocol: That scored component will be removed from the total number of points a project may earn. That project will then only be scored on the remaining components/sub-components.

Recipient/Subrecipient Responsibility

There are a number of projects in which the funds granted to an agency (the recipient) are sub-granted to one or more agencies (subrecipient). In general, the sub-recipient is responsible for carrying out the activities of the project, while the recipient is responsible for overall project management and reporting. This chart clarifies which entity will be reviewed for which scoring components.

Note: The recipient/subrecipient relationship applies to those agencies in which a subrecipient(s) is identified in the project application and grant agreement, unless the Collaborative Applicant has been notified in writing

HOMELESS ACTION NETWORK OF DETROIT

FY2018 Detroit Continuum of Care Competition Ranking Policies
(post-NOFA release)

Public Comments
The preliminary ranking policies (prior to NOFA release) were released for public comment on May 9. Four (4) comments were received. These comments, and responses to them, are available here.

Eligibility
In order to be submitted to HUD for renewal, projects in the Detroit Continuum of Care seeking renewal funding must meet the following basic eligibility criteria:
1) Submit completed renewal application and additional required documents to HAND as outlined in this document.
2) Meet the threshold score of at least 70% on their renewal project application or have been approved by the Appeals Committee to still be submitted for renewal if under threshold score.
3) Meet the HUD application deadlines (ie, entry into eSNAPS) set by the CoC.
4) Projects that were required by the CoC to participate in technical assistance in previous competition years must be compliant with all requirements in the projects' technical assistance plan.
5) Meet all HUD eligibility criteria, as outlined in the FY2018 CoC Program NOFA (to be released), the July 2012 CoC Program Interim HEARTH Regulations, and other official documents published by HUD.
6) A representative from the organization must attend the June 7, 2018 Detroit CoC grantee meeting, held at 10:00 AM – 12:00 PM at **Northeast Guidance Center** *Wellness Academy*, located at **2900 Conner Ave, Building A, Detroit, 48215.**

Exclusion or Removal from Project Ranking List
The Detroit CoC reserves the right to exclude or remove a renewal project from the project ranking list, and consequently not submit a project for renewal funding, in the event of written notification from the local HUD Field Office that the project has been out of compliance with regulatory or programmatic requirements and has made no progress on any corrective actions as required by HUD.

Any renewal projects excluded or removed from the project ranking list will be reallocated to a new project(s).

FY2018 Detroit CoC Project Ranking Policies
Projects seeking CoC funding in the FY2018 competition will be ranked in the following order:

1. The CoC's renewal infrastructure projects will be ranked first, in the following order:
   a. HMIS renewal projects in by overall percentage scored on the application, from highest to lowest.
   b. CE-SSO[*] projects by overall percentage scored on the application, from highest to lowest.

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[*] Coordinated Entry Supportive Services Only (CE-SSO) projects are projects specifically funding to support Detroit's Coordinated Entry System, known as the Coordinated Assessment Model or CAM.
Final polices, approved by CoC board August 6, 2018

2. New project(s) created via reallocation or via reallocation plus Permanent Housing Bonus funds in FY2018 in the following order.
   a. PH-PSH project(s) in the following order:
      i. Highest overall percentage scored on the application.
      ii. If needed as a tie breaker, in order of the time the application was submitted to HAND, from first submitted to last.
   b. PH-RRH project(s) in the following order:
      i. Highest overall percentage scored on the application.
      ii. If needed as a tie breaker, in order of the time the application was submitted to HAND, from first submitted to last.
   c. TH-RRH combination project(s) in the following order:
      i. Highest overall percentage scored on the application.
      ii. If needed as a tie breaker, in order of the time the application was submitted to HAND, from first submitted to last.
   d. Supportive Services Only (SSO) projects dedicated for Coordinated Entry in the following order:
      i. Highest overall percentage scored on the application.
      ii. If needed as a tie breaker, in order of the time the application was submitted to HAND, from first submitted to last.
   e. Dedicated HMIS grants in the following order:
      i. Highest overall percentage scored on the application.
      ii. If needed as a tie breaker, in order of the time the application was submitted to HAND, from first submitted to last.

3. First time renewal projects and second time renewal projects that have not yet completed one full calendar year of operations in in the following order:
   a. PH-PSH project(s) by overall percentage scored on the application, from highest to lowest.
      i. If needed as a tie breaker, in order of the time application was submitted to HAND, from first submitted to last.
   b. PH-RRH project(s) by overall percentage scored on the application, from highest to lowest.
      i. If needed as a tie breaker, in order of the time application was submitted to HAND, from first submitted to last.
   c. CE-SSO project(s) by overall percentage scored on the application, from highest to lowest.
      i. If needed as a tie breaker, in order of the time application was submitted to HAND, from first submitted to last.

4. Renewal Permanent Supportive Housing (PSH) projects ranked by overall percentage scored on the renewal application, from highest to lowest.

5. New Domestic Violence Bonus Project(s) ranked in the following order:
   a. Highest overall percentage scored on the application.
   b. If needed as a tie breaker, in order of the time the application was submitted to HAND, from first submitted to last.

6. All renewal Rapid Rehousing (RRH) by overall percentage scored on the renewal application, from highest to lowest.

7. All renewal Transitional Housing (TH) projects by overall percentage scored on the renewal application, from highest to lowest.

8. New project(s) funded 51% or more with Permanent Housing Bonus funds ranked in the following order:
   a. Highest overall percentage scored on the application.
   b. If needed as a tie breaker, in order of the time the application was submitted to HAND, from first submitted to last.

9. All renewal Supportive Services Only (SSO) projects not designated for Coordinated Entry (CAM) by the overall percentage scored on the renewal application, from highest to lowest. This policy will only apply if HUD grants an appeal to appealing SSO projects, thereby making those projects eligible for renewal funding in the FY2018 competition.

Tie-Breaking Criteria for Ranking Policies 4, 6, 7, and 9
Tie-breakers for ranking policies 4, 6, 7, and 9 will be applied in the following order:
1. First tie-breaker: the *percentage* on component 2A of the project-specific housing performance in the local application
2. Second tie-breaker: the *percentage* on component 2B of the project-specific housing performance in the local application
3. Third tie-breaker: the *percentage* on component 1A of the project performance in the local application (leaving with source of cash income)
4. Fourth tie-breaker: the *percentage* on component 1B of the project performance in the local application (leaving with source of non-cash income)

Project-Specific Housing Performance
"Project-specific housing performance" refers to scored component #2 of the local application. This component is further divided into 2 sub-components (parts A and B). The specific performance criteria being measured depends upon the project type, as different project types have different housing- focused performance expectations.

Projects that Straddle Tier 1/Tier 2
If a project, once listed in ranked order, straddles the Tier 1/Tier 2 funding line, the following policy will apply: If a project is straddling the line – that is, a portion of the project budget falls within Tier 1 and a portion falls within Tier 2 – that project will be asked if the project would still be feasible it if was only funded for the amount in Tier 1.
1. If the project indicates that it would still be feasible at the reduced amount, it will be required to submit in writing how the project would remain feasible.
2. The Values & Funding Priorities Committee will review the feasibility plan, and decide whether the project would be feasible at the reduced amount. If the Committee decides it will be feasible, the project will be submitted as is, straddling the Tier 1/Tier 2 line.
3. If the Committee decides that the project would not be feasible at the reduced amount, or if the project itself indicates that it would not be feasible at the reduced amount, that project will be dropped down so that it wholly fits into Tier 2, and the next ranked project will have the same opportunity to show feasibility if straddling the line.
4. This process will continue until the following are realized:
   a. All Tier 1 funds are allocated; OR
   b. The amount of funds remaining in Tier 1 are a negligible amount. If this occurs, the CoC retains the discretion to allocate the remaining funds to another project in Tier 1 that can accept additional funds. The Collaborative Applicant will make a recommendation on this allocation; this recommendation will be reviewed and approved by the CoC Board before implementing.

Final polices, approved by CoC board August 6, 2018

Renewal Project Threshold Score

All projects applying for renewal funding will be evaluated and scored on a given point scale which will be given in the FY2017 CoC Application Policies. Renewal projects must score at least 70% of the points possible in order to be placed on the project ranking list. Renewal projects that do not score at least 70% will be able to submit an appeal in accordance with the Appeals Policy.

Renewal Project Appeals

Renewal projects that score less than the amount of points required for passing threshold may submit an appeal to the Appeals Committee. The Appeals Committee will review the appeal and make a recommendation to the CoC Board on whether or not the appeal should be granted. If the appeal is granted, the project will be submitted for funding and placed on the project ranking list in accordance with the ranking policies given above. If an appeal is not granted, the project will be reallocated to a new project(s). The reallocated funds will be available for organizations to apply for via a competitive Request for Proposals (RFP). Details on the appeals policy may be found the Appeals Policy.

A project may not appeal its placement on the project ranking list.

Final Ranking List Review and Recommendation

Following the submission, review, and scoring of all renewal and new project applications, a preliminary project ranking list will be developed in accordance with the above policies. This ranking list, with projects identified by name and type, will be reviewed by the Values & Funding Priorities Committee. The Values & Funding Priority Committee may recommend to the CoC board that a project(s) that would have been in Tier 2 because of the ranking policies instead be placed into Tier 1. If the Committee chooses to move a Tier 2 project up to Tier 1, it will need to provide rationale for the recommendation. The Committee will present its final recommended project ranking list to the CoC board in accordance with the timeframe required by HUD. The CoC board will make the final decision on the project ranking list.

Final Ranking Policies

The above ranking policies were approved following the release of the FY2018 NOFA, and therefore reflect the final ranking policies.

Evidence of Public Posting of CoC Application and Project Ranking (9/12/18)
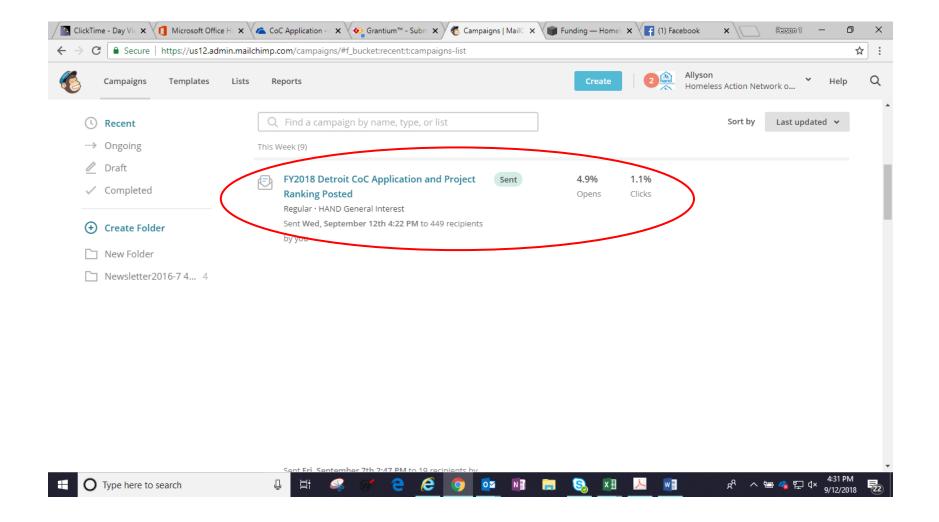
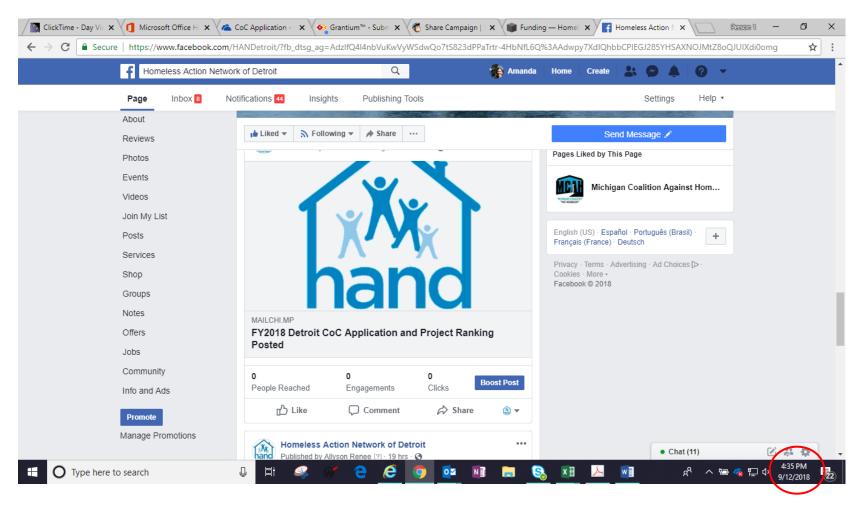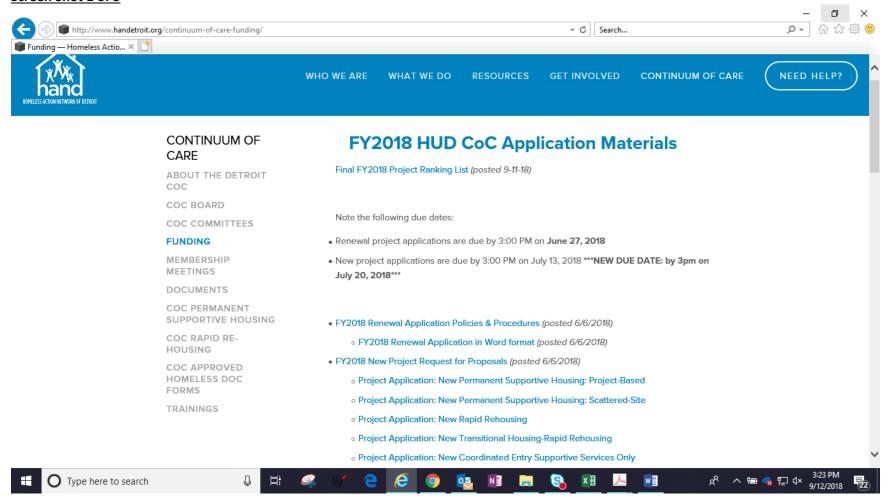**Communication to CoC funded Agencies about Public Posting of CoC Application and Project Ranking (9/12/18)**

Wed 9/12/2018 4:22 PM

Amanda Sternberg

FY2018 Detroit CoC Consolidated Application and Project Listing Posted

To: 'agood@alternativesforgirls.org'; 'ajac121082@yahoo.com'; 'amoore@drmm.org'; 'amorrell@cotsdetroit.org'; 'bwillis@drmm.org'; 'ccumcac@aol.com'; 'cjackson@csswayne.org'; 'cjackson@marinersinn.org'; 'cjohnson@cotsdetroit.org'; 'cliesman@develctrs.org'; 'cmorgan@drmm.org'; 'cparks@nso-mi.org'; 'crayford@alternativesforgirls.org'; 'csmith@centralcityhealth.com'; 'cthomas@alternativesforgirls.org'; 'dave.sampson@marinersinn.org'; 'ddrennan@freedomhousedetroit.org'; 'draudi@drmm.org'; 'dworley@cotsdetroit.org'; 'dyefarginson@aol.com'; 'egeorge@casscommunity.org'; 'evasquez@freedomhousedetroit.org'; 'greid@nso-mi.org'; 'gwhite@wcnls.org'; 'gwhite@wcnls.org'; 'HendgesL2@michigan.gov'; 'hwarren@dcccmh.org'; 'jdavis2@dwmha.com'; 'jebaugh@swsol.org'; 'jgriggs@wcnls.org'; 'js1@chsinc.org'; 'jscarlett@swsol.org';

Cc: Amelia Allen

Hello,

At the Detroit CoC meeting on 9/11/18, CoC members voted to approve the FY2018 Detroit CoC application. The application, and the final project listing, have been publicly posted on HAND's website, and may be accessed here. These materials are being publicly posted per the requirement that they be posted at least 2 days prior to the submission deadline.

HAND intends to submit the CoC Application on September 14, 2018. Please let me know if you have any questions. Thank-you.

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

Listserv Communication to all CoC Members about Public Posting of CoC Application and Project Ranking (9/12/18)

*FY2018 Detroit Continuum of Care (CoC) Application
and Project Ranking Posted*

hand

HOMELESS ACTION NETWORK OF DETROIT

September 12, 2018

Hello,

At the Detroit CoC meeting on 9/11/18, CoC members voted to approve the FY2018 Detroit CoC application. The application, and the final project listing, have been publicly posted on HAND's website, and may be accessed here. These materials are being publicly posted per the requirement that they be posted at least 2 days prior to the submission deadline.

HAND intends to submit the CoC Application on September 14, 2018.

Posting to Collaborative Applicant (HAND) Facebook page CoC application and project ranking posting

Evidence of Public Posting of CoC Rating and Review Procedures

Screen Shot 1 of 3

FY2018 HUD CoC Application Materials

Final FY2018 Project Ranking List *(posted 9-11-18)*

Note the following due dates:

- Renewal project applications are due by 3:00 PM on **June 27, 2018**
- New project applications are due by 3:00 PM on July 13, 2018 ***NEW DUE DATE: by 3pm on July 20, 2018***

- FY2018 Renewal Application Policies & Procedures *(posted 6/6/2018)*
  - FY2018 Renewal Application in Word format *(posted 6/6/2018)*
- FY2018 New Project Request for Proposals *(posted 6/6/2018)*
  - Project Application: New Permanent Supportive Housing: Project-Based
  - Project Application: New Permanent Supportive Housing: Scattered-Site
  - Project Application: New Rapid Rehousing
  - Project Application: New Transitional Housing-Rapid Rehousing
  - Project Application: New Coordinated Entry Supportive Services Only

CONTINUUM OF CARE

ABOUT THE DETROIT COC

COC BOARD

COC COMMITTEES

FUNDING

MEMBERSHIP MEETINGS

DOCUMENTS

COC PERMANENT SUPPORTIVE HOUSING

COC RAPID RE-HOUSING

COC APPROVED HOMELESS DOC FORMS

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WHO WE ARE   WHAT WE DO   RESOURCES   GET INVOLVED   CONTINUUM OF CARE   NEED HELP?

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Funding — Homeless Actio...

- Project Application: New Transitional Housing-Rapid Rehousing
- Project Application: New Coordinated Entry Supportive Services Only
- **New Expansion Grant Applications**
  - Expansion PSH or RRH
  - Expansion Homeless Management Information System (HMIS)
  - Expansion Coordinated Entry Supportive Services Only

- **FY2018 Renewal Project Self-Scoring Tools** *(posted 6/6/2018)*
  - Permanent Supportive Housing (PSH)
  - Transitional Housing (TH)
  - Rapid Rehousing (RRH)
  - Non-Coordinated Entry Supportive Services Only (Non CE-SSO)
  - Coordinated Entry Supportive Services Only (CE-SSO)

- **New**: Final FY2018 Project Ranking Policies *(posted 8/9/18)*

- **Additional Policies & Resources** *(posted 6/6/2018)*
  - FY2018 Project Ranking Policies *(link removed as these were preliminary policies. Final ranking policies are linked above)*
  - FY2018 Reallocation Policies

Type here to search

Screen Shot 3 of 3

http://www.handetroit.org/continuum-of-care-funding/

Funding — Homeless Actio...

- Transitional Housing (TH)

- Rapid Rehousing (RRH)

- Non-Coordinated Entry Supportive Services Only (Non CE-SSO)

- Coordinated Entry Supportive Services Only (CE-SSO)

- **New**: Final FY2018 Project Ranking Policies *(posted 8/9/18)*

- **Additional Policies & Resources** *(posted 6/6/2018)*

    - FY2018 Project Ranking Policies *(link removed as these were preliminary policies. Final ranking policies are linked above)*

    - FY2018 Reallocation Policies

    - CoC Funded Transitional Housing Projects in FY2018 CoC Competition

    - Detroit CoC Funding Application Review and Ranking Process

    - Detroit CoC Funding Appeals Process Policy & Procedures

    - Draft policy comments and responses

    - FY2018 Grants Inventory Worksheet (GIW)

    - FY2018 CoC Registration

    - Application Process Flow Chart

Past Continuum of Care applications and materials may be accessed here.

Type here to search

3:24 PM
9/12/2018

Reallocation Policies for FY2018 Continuum of Care Competition

Public Comments
The policy below was released for public comment on May 9. Five (5) comments were received. These comments, and responses to them, are available here.

CoC Board Approval
The Detroit CoC Board voted to approve these policies on June 4, 2018.

Background
HUD has historically had a policy priority in the CoC competitions to "strategically allocate and use [CoC] resources". Additionally, HUD has historically scored CoCs on the extent to which CoCs pursue reallocation. Reallocation is the process by which the budget of a CoC funded project is reduced in part or in whole. The funds gained from this budget reduction are then used to fund new projects.

As the FY2018 CoC NOFA has not yet been released, it is currently unknown the extent HUD will prioritize project reallocation. Details on the Detroit CoC's history of reallocation is given in the "Supplemental Information" section at the end of this document.

Recommendations
The Values and Funding Priorities Committee recommends that for the FY2018 CoC competition, the CoC pursue reallocation via the following means:

- Any renewal project that fails to meet the 70% scoring threshold and is not granted a threshold waiver will be reallocated. The project(s) and amounts will be unknown until the end of the appeals process.

Rationale
The Values & Funding Priorities Committee is not recommending any other reallocation other than that given above due to the following rationale:
1. The project types remaining in the CoC are CoC Infrastructure projects (HMIS, CE-SSOs), PSH, RRH, and TH
2. To promote alignment with recommendations for TH projects in FY2018, there are no recommendations made to reallocate TH projects in FY18, unless any TH project fails to meet the scoring threshold and is not granted a waiver.
3. There is no clear basis at this time to justify reallocating other project types.
4. Renewal projects may be reallocated if they fail to meet the 70% scoring threshold and are not granted a threshold waiver.
5. Renewal projects may be reallocated at the discretion of the CoC board.

Supplemental Information

Detroit CoC's History of Reallocation

The Detroit CoC has historically pursued reallocation apart from reallocation that occurred due to projects not meeting the scoring threshold. The chart below gives the type and number of renewal projects that have been reallocated over the past four years:

	Number of Reallocated Project Types and Reason for Reallocation		
	Did not meet threshold/appeal denied	Voluntary reallocation *(see below for details)*	Policy decision of CoC board decision pre-NOFA release
FY2014		2 (SSO, PSH)	
FY2015	1 (SSO)		10 (TH)
FY2016	1 (TH)	3 (SSO)	
FY2017	2 (TH, RRH)		

Voluntary Reallocation

This chart describes how funds were distributed from projects that voluntary reallocated their projects:

Year	Project	Disposition of Funds from the Reallocated Project
FY2014	NLSM Project Permanency One (SSO)	Funds were reallocated back to NLSM as RRH project based on NLSM's application for project to become RRH
	Cass Bernauer Manor (PSH)	Funds allocated to NLSM's RRH project; CoC board approved this action based on the small dollar amount and short time frame within which a decision needed to be made
FY2016	D/WMHA and Southwest Counseling Springwells (SSO)	Funds were reallocated back to Southwest as a CE-SSO project based on an application SW had made for the project funds to be used to support coordinated entry.
	Southwest Housing Partners SSO	Funds were reallocated back to Southwest as a CE-SSO project based on an application SW had made for the project funds to be used to support coordinated entry.
	CHS Targeted Housing & Homeless Assn't (SSO)	Funds were reallocated back to CHS as a CE-SSO project based on an application CHS had made for the project funds to be used to support coordinated entry.

Amanda Sternberg

Hello,

You are receiving this message because your agency submitted an application for either renewal or new project funding to the Detroit CoC in the FY2018 competition. We are required by HUD to inform applicants within 15 days of the CoC application due date if your project(s) will be submitted to HUD for funding. <mark>The attached list contains all of the renewal and new projects that will be submitted to HUD this year.</mark> Please note, this list is ordered alphabetically by agency name. The final project ranking list, which indicates is a project is in Tier 1 or Tier 2, will be decided at the CoC Board's September 10 meeting. Agencies that had a project that has not been selected for funding also received an individual communication providing details on why the project was not selected.

All of the projects listed here, and the CoC application, will be submitted to HUD by September 18, 2018.

Amanda Sternberg, LMSW
Performance Management Analyst
Homeless Action Network of Detroit
3701 Miracles Blvd, Suite 101
Detroit, MI 48201
(p) 313-964-3666 x104 | (f) 313-221-8383

Detroit CoC Projects Accepted for Submission in FY2018 CoC Competition

Following is the list of Detroit CoC renewal, new, and CoC planning projects that have been accepted for submission in the FY2018 CoC competition. All projects listed below will be submitted to HUD for funding by 9/18/18. **The projects below are listed in alphabetical order by agency name**. The final project ranking list, which indicates if a project will be in Tier 1 or Tier 2, will be finalized at the Detroit CoC board meeting on 9/10/18 and will be communicated following that meeting. Agencies that submitted project for funding that were not selected for submission have been notified individually.

FY2018 Detroit CoC Renewal Projects Accepted for Submission			
Applicant Name	**Project Name**	**Project Component**	**Total CoC Funding Request**
Alternatives For Girls	Detroit Youth Collaborative RRH Initiative	RRH	272,137
Cass Community Social Services	Travis Permanent Supportive Housing	PSH	382,887
Cass Community Social Services	Webb Street Permanent Supportive Housing	PSH	215,412
Cass Community Social Services	Cass Apartments Permanent Supportive Housing	PSH	344,592
Cass Community Social Services	Scott Permanent Supportive Housing	PSH	205,833
Catholic Social Services of Wayne County	Teen Infant Parenting Services Program	TH	362,392
Coalition On Temporary Shelter	Buersmeyer Manor 2018	PSH	144,667
Coalition On Temporary Shelter	Pathways	PSH	761,627
Community & Home Supports	Permanent Community Home Support II	PSH	577,495
Community & Home Supports	Permanent Community Home Support	PSH	522,980
Community & Home Supports	Coordinated Assessment & Navigation Project	CE-SSO	693,486
Detroit Central City CMH (CCIH)	Leasing Project FY 18	PSH	629,043
Detroit Central City CMH (CCIH)	FY 2018 CoC PSH Program	PSH	1,113,104
Detroit Rescue Mission Ministries	My Own Place*	PSH	244,661
Detroit Rescue Mission Ministries	Douglass*	PSH	584,119
Detroit Rescue Mission Ministries	Cornerstone*	PSH	484,444
Detroit Rescue Mission Ministries	Genesis House II	TH	1,077,868
Detroit Rescue Mission Ministries	Genesis House I / Teen Moms	TH	414,457
Detroit Wayne Mental Health Authority	Shelter Plus Care - Detroit Central City (CCIH)	PSH	335,611
Detroit Wayne Mental Health Authority	Supportive Housing Program - DCI/COTS Omega	PSH	496,932
Detroit Wayne Mental Health Authority	S+C Southwest Solutions Matrix	PSH	44,861

* Projects marked with an asterisk are also being submitted as a consolidated project. See chart at the end of this document for details.

FY2018 Detroit CoC Renewal Projects Accepted for Submission			
Applicant Name	**Project Name**	**Project Component**	**Total CoC Funding Request**
Detroit Wayne Mental Health Authority	Shelter Plus Care - Southwest - 0110	PSH	249,196
Detroit Wayne Mental Health Authority	SHP Detroit Central City (CCIH) - Permanent Housing	PSH	440,124
Freedom House	New Beginnings/New American Homeless	TH	390,841
Homeless Action Network of Detroit	Homeless Management Information System	HMIS	194,078
Homeless Action Network of Detroit	Expansion HMIS	HMIS	96,155
Mariners Inn	Mariners Inn Permanent Housing	PSH	248,938
Michigan Dpt of Health and Human Services	Development Centers and others Renewal	PSH	2,533,788
Neighborhood Legal Services Michigan	Project Hope II - PSH	PSH	744,807
Neighborhood Legal Services Michigan	Project Hope	PSH	545,535
Neighborhood Legal Services Michigan	NLSM CARES	RRH	872,022
Neighborhood Legal Services Michigan	Project Permanency One	RRH	1,127,154
Neighborhood Service Organization	NSO/COTS 2018	PSH	105,696
Neighborhood Service Organization	Bell Supportive Housing Project	PSH	542,414
Neighborhood Service Organization	Supportive Housing Program	PSH	355,352
Neighborhood Service Organization	FUSE 2018	PSH	224,118
Neighborhood Service Organization	NSO RRH	RRH	295,954
Southwest Counseling Solutions	Coordinated Assessment Project Renewal FY2018[*]	CE-SSO	200,000
Southwest Counseling Solutions	CAM SSO[*]	CE-SSO	200,000
Southwest Counseling Solutions	CE Collaborative SSO FY 2018*	CE-SSO	237,686
Southwest Counseling Solutions	CE SSO[*]	CE-SSO	321,655
Southwest Counseling Solutions	SW Springwells Renewal FY2018[*]	PSH	209,429
Southwest Counseling Solutions	SW Chronic Renewal FY2018[*]	PSH	520,392
Southwest Counseling Solutions	Housing Recovery Project[*]	PSH	520,812
Southwest Counseling Solutions	SW Samaritan Renewal FY2018[*]	PSH	420,197
Southwest Counseling Solutions	ICAM[*]	PSH	384,016
Southwest Counseling Solutions	CAM Rapid ReHousing Project	RRH	378,855
Southwest Housing Solutions	Wilshire FY 2018	PSH	140,505
Travelers Aid Society of Metro Detroit	BEIT	PSH	957,519
Travelers Aid Society of Metro Detroit	INFINITY	PSH	1,035,876

FY2018 Detroit CoC New Projects Accepted for Submission

As noted above, these projects are listed in alphabetical order by agency name.

New projects could be funded using reallocated funding, Permanent Housing Bonus funding, or the Domestic Violence (DV) Bonus funding.

Applicant Name	Project Name	Project Component	Total CoC Funding Request	Source of Project Funding
Community & Home Supports	Permanent Community Housing Supports II Expansion	PSH	330,005	Reallocated + Perm Housing Bonus
Community & Home Supports	Coordinated Assessment & Navigation Expansion	CE-SSO	154,052	Reallocated
Detroit Central City CMH (CCIH)	Supportive Housing Program Expansion	PSH	586,070	Permanent Housing Bonus
Homeless Action Network of Detroit	HMIS Expansion	HMIS	100,000	Reallocated
Neighborhood Legal Services Michigan	Project Cares Expansion	RRH	270,762	Permanent Housing Bonus
Neighborhood Legal Services Michigan	Project First Step D.V. Bonus	TH-RRH	904,106	DV Bonus
Travelers Aid Society of Metro Detroit	BEIT Expansion	PSH	132,808	Permanent Housing Bonus
United Community Housing Coalition	New RRH	RRH	386,851	Permanent Housing Bonus

FY2018 New CoC Planning Grant Accepted for Submission

Applicant Name	Project Name	Project Component	Total CoC Funding Request	Source of Project Funding
Homeless Action Network of Detroit	CoC planning	Planning	285,000	CoC Planning

FY2018 Consolidated Projects

New in FY2018, HUD is allowing agencies to consolidate renewal projects via the application process. The chart below details projects being submitted for consolidated. Note: the dollar amount given in the "total CoC funding request column" is the *sum* of the individual project budgets listed in the chart above. It does not indicate that the agency is receiving additional funding for these projects.

Applicant Name	Project Name	Project Component	Total CoC Funding Request *(sum of individual project budgets)*	Individual projects included in this consolidated project
Detroit Rescue Mission Ministries	Cornerstone PSH	PSH	$1,313,224	Cornerstone My Own Place Douglass
Southwest Counseling Solutions	Consolidated Rental Assistance	PSH	$1,150,018	SW Springwells Renewal FY2018 SW Chronic Renewal FY2018 SW Samaritan Renewal FY2018
Southwest Counseling Solutions	Consolidated Leasing Assistance	PSH	$904,828	Housing Recovery Project ICAM
Southwest Counseling Solutions	Consolidated Coordinated Entry	CE-SSO	$959,341	Coordinated Assessment Project Renewal FY2018 CAM SSO CE Collaborative SSO FY 2018 CE SSO

DRMM
DETROIT RESCUE MISSION MINISTRIES
Rebuilding our community, one life at a time.

P.O Box 312087, Detroit, MI 48231-2087, 150 Stimson St. Detroit, MI 48201
(313) 993-4700

May 10, 2018

Curtis Smith, Continuum of Care Board Chair
c/o csmith@centralcityhealth.com

RE: Pending Contract for Maranatha

Dear Mr. Smith,

During the 2017 funding round for continuum of care dollars, we were selected for continuation funding for the above permanent housing project for 76 chronically homeless men.

Since submitting those requests, Detroit Rescue Mission Ministries has engaged in a cost analysis. Having done so, we find we must decline the opportunity to accept these contracts. We have been operating both of these programs on reduced funding and consistently subsidizing costs.

It is our sincere hope that the funds can be utilized within the continuum of care to meet the permanent supportive housing needs of chronically homeless individuals. Please advise us on what steps we need to take beyond this notification to facilitate any possible transfer of funds.

Sincerely,

Chad Audi
President

CC: Tasha Gray, Homeless Action Network of Detroit

Amanda Sternberg

From:	Amanda Sternberg
Sent:	Friday, May 25, 2018 3:00 PM
To:	'Aurine Moore (amoore@drmm.org)'; Candace Morgan (cmorgan@drmm.org)
Cc:	Tasha Gray
Subject:	Following Up
Attachments:	PSH Project Ramp-Down Plans.docx

Aurine, Candace,

Thank you for meeting today. Just wanted to send a quick email to summarize our conversation:

- DRM wishes to relinquish the following CoC grants:
  - Maranatha ($444,353)
  - My Own Place ($244,661)
- DRM additionally wants to relinquish the new project funding for Compassion Village ($350,652) it had received in the FY17 competition.
- DRM will send an official letter to the CoC (Curtis Smith, CoC board chair) stating their desire to relinquish these grants.
- The funding from these three projects will be reallocated in the FY18 CoC competition meaning that they will be put towards funding new projects. Agencies in the community will apply for this funding on a competitive basis.
- DRM will sign the FY17 grant agreements for Maranatha and My Own Place, and finish out those grants to their ending in early 2019.
- HAND will seek guidance from HUD regarding how to handle the Compassion Village grant, considering that it is a new project. HAND will do this, but it is likely that the process for this grant will be:
  - DRM signs the FY17 grant agreement; this will likely be necessary so that the CoC has access to these funds in order to reallocate them.
  - DRM does not expend any of this money or implement any part of the project. This will mean that at the end of the grant term, all of the funds will be recaptured.
  - The funds from this grant are reallocated in the FY18 competition.
- A plan will need to be put into place to ensure the clients are not returned to homelessness. Clients may be transferred to another PSH projects. DRM's other PSH projects will be a starting place, although we may need to consider vacancies in other projects. Moving Up vouchers may also be a resource.
- A plan will also need to be developed on when DRM will stop reporting vacancies for these projects and thereby stop receiving referrals. Once DRM has informed the appropriate parties of their desire to relinquish the grants (ie, the CoC, DRM staff), this planning will begin in earnest. HAND will work with DRM and CAM staff on this plan.
- DRM will take inventory of the clients currently served by Maranatha and My Own Place to understand the needs of the clients, the numbers currently in the projects, and if they were chronically homeless at entry.
- It will be important to have close communication between HUD, HAND, and DRM during this entire process.

Ramp Down Plan
Attached is a ramp down plan that we're asking DRM to complete. Additional questions will likely arise as this process progresses, but this plan will at least be a starting point. We'd like to have this plan as soon as you can get it to us once you have provided the letter stating you want to relinquish the grants.

HMIS
As stated in the meeting, you should continue HMIS data entry as usual. Kiana Harrison is your HMIS contact, and she can answer any questions you may have (kiana@handetroit.org, 313-964-3666 x105).

Please let me know if I missed anything here. Thank you.

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

From:	cmorgan@drmm.org
Sent:	Thursday, July 19, 2018 11:36 AM
To:	Amanda Sternberg; 'Aurine Moore'; 'Barbara Willis (bwillis@drmm.org)'
Cc:	Tasha Gray
Subject:	RE: FY2017 Maranatha Grant Agreement & Next Steps

Amanda,

Thanks for the update. We're on point and caught up on the grant side of things and client side of things is pretty much complete as well. I have much to share so a meeting sounds appropriate. Please see my availability below:

August 6 - before 1pm
August 8 - 9am -1pm
August 10 - All Day

Many Thanks,
Candace Morgan
Director of Housing
Detroit Rescue Mission Ministries
3607 Third St., Detroit, Michigan 48201
(O) 313.993.4700 x 3431
(M) 313.595.1166

"If you can't fly then run, if you can't run then walk, if you can't walk then crawl, but whatever you do you have to keep moving Forward."

-------- Original Message --------
Subject: FY2017 Maranatha Grant Agreement & Next Steps
From: Amanda Sternberg <amanda@handetroit.org>
Date: Tue, July 17, 2018 4:26 pm
To: 'Aurine Moore' <amoore@drmm.org>, "'Barbara Willis (bwillis@drmm.org)'" <bwillis@drmm.org>, "Candace Morgan (cmorgan@drmm.org)" <cmorgan@drmm.org>
Cc: Tasha Gray <tasha@handetroit.org>

Hi All,

There have been some emails recently about the two CoC projects DRM is relinquishing. I want to "close the loop" regarding the *FY17 Maranatha grant agreement* to affirm we're all on the same page:

- DRM should execute (if it has not already) the FY2017 grant agreement for Maranatha. As DRM has already incurred expenses for this project earlier this year, you'll need to execute this grant agreement in order to be reimbursed for those expenses.
- This project is not being submitted for renewal funding in the FY2018 competition. Rather, the CoC is reallocating the funds that had been with this project to a new project, via the CoC's competitive application process for new funding.

- When DRM comes to the end of the FY2017 grant term, you may need to complete additional paperwork with the HUD field office, but your HUD rep can provide additional guidance at that time.

That's the grant administration side of things. From the *client* side of things: we will need additional conversations about ensuring the men are able to be transitioned to other housing resources. When we last spoke about this in June, DRM staff were still doing a file review of the clients in the project to determine who needs what type of intervention going forward. I would like to meet the week of August 6 to continue the conversations on this end. Specifically, at this next meeting I'd like us to talk in greater detail:

- the number of men who need continued PSH (and of these, who can be transferred to another DRM project and who may need to be transferred to another provider)
- the number of men who may need an HCV voucher.
- the number of men who do not need additional assistance.

Please let me know some days/times the week of **Aug 6** that would for you to have this meeting. Please do not wait, however, to continue the work you have been doing in ramping down this project.

Let me know if you have any questions. Thanks.

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

Public Posting of Local Competition Deadline

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Tab: Funding — Homeless Actio...

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Logo: hand — HOMELESS ACTION NETWORK OF DETROIT

CONTINUUM OF CARE

- ABOUT THE DETROIT COC
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Note the following due dates:

- Renewal project applications are due by 3:00 PM on **June 27, 2018**
- New project applications are due by 3:00 PM on July 13, 2018 ***NEW DUE DATE: by 3pm on July 20, 2018***

- FY2018 Renewal Application Policies & Procedures *(posted 6/6/2018)*
  - FY2018 Renewal Application in Word format *(posted 6/6/2018)*
- FY2018 New Project Request for Proposals *(posted 6/6/2018)*
  - Project Application: New Permanent Supportive Housing: Project-Based
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Detroit Continuum of Care Governance Charter

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Continuum of Care Background

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

Overview

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

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

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

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

Additional roles and responsibilities for each of these entities can be found in Table 1. A Memorandum of Understanding between the Detroit Continuum of Care Board, Lead Agency, and Collaborative Applicant can be found in Addendum 1. This MOU outlines in more detail the roles, responsibilities, funding, and reporting/accountability between these partners.

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

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

- Establishing the Continuum of Care
- Operating the Continuum of Care
  - Continuum of Care Governance and Management
  - System and Project-Level Performance
  - Coordinated Assessment System
  - Written Standards[1]
- Designating an HMIS for the Continuum of Care
- Planning for the Continuum's Geographic Area
  - Coordinated System of Care

I.   Establishing the Detroit Continuum of Care

Representatives from relevant organizations within a geographic area shall establish a Continuum of Care for the geographic area to carry out the duties outlined in this Governance Charter. The Detroit Continuum of Care is a community group of stakeholders with a shared vision.

Membership in the Detroit Continuum of Care

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

The following parties are represented on the Detroit Continuum of Care. An official membership list is documented and published by the CoC Lead Agency.

- Non-Profit Homeless Assistance Providers
- Victim Service Providers
- Faith-Based Organizations
- Governments
- Local Municipalities
- Businesses
- Advocates
- Public Housing Agencies
- School Districts
- Social Service Providers
- Mental Health Agencies
- Hospitals

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

- Universities
- Affordable Housing Developers
- Law Enforcement
- Veteran Service Organizations
- Persons who are/have experienced homelessness

The Detroit Continuum of Care invites new members to join at any time during the year. Annually, the Detroit Continuum of Care will issue a public invitation for any interested person within the geographic area to become a member of the CoC. The invitation is made public through CoC Lead Agency's website and an email message to all interested parties on the Detroit Continuum of Care email listserv.

Levels of Membership in the Detroit Continuum of Care

The following levels of membership exist:

- Non-Voting Members
- Voting Members

Non-Voting Members

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

Voting Members

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

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

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

Terms of Service

Members of the Continuum of Care will retain their membership and voting status as long as they are in good standing. To remain in good standing, Voting Members must attend 50% of the regularly scheduled meetings within a calendar year. Attendance at meetings is tracked by voting member sign-in. Therefore, in order to remain in good standing, all Voting Members must attend at least 50% of the meetings. A regularly scheduled meeting includes meetings that are on the annual meeting schedule and are publicly announced at the beginning of the calendar year. Members must also complete the annual written disclosure statement based on the Continuum of Care Conflict of Interest policy.

Meetings

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

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

Quorum

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

Decision-Making

Robert's Rules of Order will be followed to open and close each meeting and to bring a motion to the floor. Decisions shall be made by a vote of the majority of voting members present.

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

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

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

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

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

Responsibilities

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

Additional responsibilities set forth by the Continuum of Care include:

- Receive community and public policy updates relevant to homelessness issues;
- Advocate on behalf of all persons experiencing homelessness, including the implementation of efficient and effective service provision regardless of funding sources;
- Receive updates on the Plan to Prevent and End Homelessness;
- Review and act on the annual CoC-funding allocations;
- Review and act on additional HUD required activities; and

II.   Establishing the Detroit Continuum of Care Board

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

Board Membership

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

The Detroit Continuum of Care Board consists of no less than 19 or more than 25 members with at least 50% elected at any given time. The precise number for any given year will be announced with the annual call for nominees. No more than one staff person and/or Board Member of a single agency/ organization may be an Elected Member of the Detroit Continuum of Care Board, excluding persons who are elected under the "homeless or formerly homeless" Board seat. This seat will not be counted as a representative of a particular service provider. In all other cases, if during the term of an elected Board Member, the person leaves the agency/organization and moves to an agency already represented on the board, that person must resign their position. If an appointed Board Member leaves the agency/organization that appointed them they automatically resign their board position. The designee must then appoint a new Board Member.

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

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

- Ten to Sixteen (10-16) **Elected Seats**

- o 4-7 Direct Homeless Service Providers, at least one (1) for a CoC Program Recipient
- o 1-2 Homeless or Formerly Homeless Individuals
- o 5-7 Members at Large (i.e. Faith-Based Organization, Homeless Advocacy or other appropriate advocacy agencies, Business Entities, Public Schools and/or Higher Education Institution, Department of Health and Human Services, Veterans Administration, Detroit Housing Commission, Department of Community Health,

  Healthcare for the Homeless and/or Hospital, Police Department, Workforce Development, Department of Corrections, Landlords, Philanthropy/foundation, State and/or Federal Interagency Council on Homelessness)

- Named designees for *up to* ten (10) **Appointed Seats**
  - o Collaborative Applicant
  - o Consolidated Plan Entity
  - o CoC Lead Agency
  - o Detroit City Council
  - o ESG Grantee
  - o Hamtramck, Mayor's Office
  - o Highland Park, Mayor's Office
  - o HMIS Lead
  - o State Entity
  - o Detroit Wayne Mental Health Authority

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

The election process will include at least the following:
- Calls for nominations, vetting of nominations received, and ballot announcement will happen between the last two meetings of the calendar year.
- Nominees must be eligible to vote in order to compete in the election
- Ballots will be arranged by the three (3) categories delineated above
- Votes may be cast for up to the maximum number of seats within a category. Ballots that vote for more than the number of seats in a particular category will not be counted for that category only

- Individuals receiving the highest votes for a given seat will be declared the winner
- In the event of a tie for a specific seat, the individuals involved will have their names put on a second ballot for that seat. The individual receiving the highest vote for that seat will be declared the winner

Board Officers

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

Election and Term

The Detroit Continuum of Care Board will elect a chairperson, a vice chairperson and a secretary at the first meeting of the calendar year. Officers elected in the first year will serve staggered terms, with the chairperson serving three (3) years, the vice chairperson serving two (2) years, and the secretary serving one (1) year. Thereafter, officers will serve three (3) year terms. An officer cannot serve for more than two (2) consecutive terms in the same role.

Chair and Vice Chair

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

Secretary

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

Executive Committee: Plan board meetings, act on behalf of the board when necessary. All decisions made by the Executive Committee are brought to the next board meeting. Members of the Executive Committee will include the Chair, Vice Chair, Secretary and may include a designee from the CoC Lead Agency.

Vacancy, Removal and Resignation

Vacancy

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

Removal

Members of the Detroit CoC Board may remove a Board member (elected or appointed) who has unexcused absences for two (2) Board regularly scheduled meetings in any twelve-month period.

Unexcused absences from special meetings will generally not be considered in this calculation but may be included as appropriate. Absences are considered excused if the CoC Board Chair is notified within 8 hours of the meeting via phone, e-mail, or letter.

Detroit CoC Board members (elected or appointed) may also be removed by a ¾ vote of the Detroit CoC Board then-seated for cause including but not limited to:

- Failure to perform Board duties

- Failure to comply with this Charter and/or applicable policies
- Engaging in conduct that constitutes a conflict of interest
- Engaging in behavior that causes harm to the reputation of the Continuum Such seats will then be filled through the process described above under vacancies.

Resignation

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

Meetings

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

Quorum

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

Decision-Making

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

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

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

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

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

No member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents or to themselves as

individuals. Therefore, any individual participating in or influencing decision making must identify actual or perceived conflicts of interest as they arise and comply with the letter and spirit of this policy. Disclosure should occur at the earliest possible time and if possible, prior to the discussion of any such issue. Individuals with a conflict of interest should recuse themselves from discussion and voting on any issue in which they may have a conflict. A Conflict of Interest Policy will be approved by the Continuum of Care annually.

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

Responsibilities

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

- Elect a Chairperson, Vice Chairperson and Secretary;
- Establish policies for funding and resource allocation;
- Set priorities for the CoC and establish an annual workplan;
- Take action against poor performers;
- Review and act on any programs that should be removed from HUD funding and any proposed funding reallocations;
- Create a CoC-funding appeal process;
- Review and make final determination on CoC-funding appeals;
- Ensure that each Board Member serves on a Detroit Continuum of Care Committee
- Assure that services provided by the Fiduciary, HARA, and sub-grantees are meeting the needs of the local community and that critical issues are addressed;
- Designate the Housing Assessment Resource Agency (HARA) for administration of the MSHDA ESG Program; and
- Identify an agency to function as Fiduciary for MSHDA ESG funds.

III.   Establishing the Detroit Continuum of Care Committees

The Detroit Continuum of Care may establish Committees, Subcommittees, or Work Groups that are made up of Continuum of Care members and other interested parties to act on behalf of the Detroit Continuum of Care. The Committees are the action planning components of the system. In these bodies, strategies are developed, deepened and expanded into timed work plans. These groups may also be directly responsible for specific strategies or exploring options to solve particular concerns. Unless authority is designated by the Continuum of Care, Committees make recommendations to the CoC Board for approval. Each committee has a chair and co-chair, one board member appointed by the board, and one member of the CoC General Body elected by the committee. Committee chairs serve three (3) year terms, with the option of renewable terms.

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

- **Data Committee**: Oversee the point-in-time count, conduct an annual gaps analysis of the homeless needs and services available and coordinate data collection and systems (including HMIS)
- **Performance Evaluation Committee:** Scan the environment for best practices and innovations and evaluate outcomes of the Continuum overall and projects funded under HUD (CoC and ESG Programs). This committee has the authority to establish program subcommittees as appropriate.
  - o **Program Sub-Committees –** Review programmatic and fiscal data performance and recommend expectations and coordination, scan the environment for best practices and innovations, and evaluate outcomes of the Continuum overall and projects funded under HUD. Sub-committees should be representative of the funded service categories.

- **Coordinated Access Model (CAM) Governance Committee**: Oversee the implementation of coordinated entry, consult with ESG Grantees and other stakeholders
- **Development and Communications Committee**: Plan for special events, including but not limited to Homeless Awareness Week events, coordinate publicity/advocacy, and seek out financial resources for any identified needs.
- **Housing Resource Committee:** Recruit and train landlords and property managers and develop new housing resources.
- **CoC General Membership Committee-** Plan and facilitate the CoC General Membership Meetings.
- **Values and Funding Priorities Committee-** Establish our community values and priorities that drive decisions on how community resources are utilized. Create policies to rank HUD CoC programs for the annual competition. Membership is appointed by the Board of Directors. Recommendations of the committee are presented and approved by the Board. This committee is not open to the public.

Committee Membership

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

Each committee has a chair and co-chair, one board member appointed by the board, and one member of the CoC General Body elected by the committee.

Meetings

Each Committee will hold meetings at least two (2) times per year. All meetings are open to any interested party, unless noted.

Quorum

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

Decision-Making

Unless authority is otherwise designated to a Committee, the Detroit Continuum of Care Committees will make recommendations to the CoC Board for approval.

The Continuum of Care Committee(s) will strive to make decisions through consensus. When consensus is

not possible, decisions shall be made by a vote of the majority of voting members present.

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

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

No member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents or to themselves as

individuals. Therefore, any individual participating in or influencing decision making must identify actual or perceived conflicts of interest as they arise and comply with the letter and spirit of this policy. Disclosure should occur at the earliest possible time and if possible, prior to the discussion of any such issue. Individuals with a conflict of interest should recuse themselves from discussion and voting on any issue in which they may have a conflict. An individual with a conflict of interest, who is the committee

chair, shall yield that position during discussion and abstain from discussion and voting on the item. A full Conflict of Interest Policy will be approved by the Continuum of Care annually.

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

Responsibilities

The Detroit Continuum of Care tasks the Detroit Continuum of Care Committees with specific responsibilities. The responsibilities required by the Continuum of Care Interim Rule are outlined in Table 1 of this Governance Charter. Additional responsibilities required by the Continuum of Care are:
- Recruit its members
- Select a chair or co-chairs
- Establish its policies and procedures, and provide them to the CoC Board
- Record its minutes and attendance, and provide them to the CoC Lead Agency
- Ensure transparency of its process and meetings

IV.   Roles of the Designated Entities

Continuum of Care Lead Agency

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

Designated responsibilities include:

- Establishing performance targets in consultation with recipients/sub-recipients;
- Monitoring recipient/sub-recipient performance;
- Evaluating outcomes for ESG and CoC projects and reporting them to HUD; taking action against poor performers;
- Measuring system performance;
- Operating a Coordinated Assessment System in consultation with ESG;
- Planning and conducting a Point-in-Time study;
- Conducting an annual gaps analysis of homeless needs and services;
- Participating in the Consolidated Plan;
- Consulting with ESG recipients;

The designation of the CoC Lead Agency is valid for a maximum of 3 years before the designation must be

reviewed and renewed by the Detroit Continuum of Care. The Continuum will review performance of the CoC Lead Agency every three years. The review will be based on the roles and responsibilities included in the MOU. The designation may be terminated upon mutual agreement or for cause with a vote of 75% of the CoC membership.

Collaborative Applicant

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

The designation of the Collaborative Applicant is valid for a maximum of 3 years before the designation must be reviewed and renewed by the Detroit Continuum of Care. The Collaborative Applicant will submit the HUD Annual Performance Report and HUD Application for CoC Planning dollars to the CoC Board annually. The CoC Board will review the Collaborative Applicant's performance with the Continuum of Care at a meeting. The designation may be terminated earlier than the 3 year time period upon mutual agreement or for cause with a vote of 75% of the CoC membership.
Before the submission of the annual application to HUD for Continuum of Care Program funding, the Collaborative Applicant must submit a final draft of the application to the Detroit Continuum of Care for approval. Depending on the timing of the submission to HUD, the Detroit Continuum of Care Board and Collaborative Applicant will create a timeline for submission to the Detroit Continuum of Care.

HMIS Lead

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

The designation of the HMIS Lead is valid for a maximum of 3 years before the designation must be reviewed and renewed by the Detroit Continuum of Care. Each year, the HMIS Lead will submit the HUD

Annual Performance Report and HUD Application for HMIS-dedicated grant to the CoC Board. The CoC Board will review the HMIS Lead's performance with the Continuum of Care at a meeting. The designation may be terminated earlier than the 3 year time period upon mutual agreement or for cause with a vote of 75% of the CoC membership.

V.   Reviewing and Updating the Charter

Process for Updating the Charter

At least once every year the Detroit Continuum of Care must review this Governance Charter in consultation with the Collaborative Applicant and HMIS Lead. Members of the Detroit Continuum of Care, Detroit Continuum of Care Board, Collaborative Applicant, Lead Agency, or HMIS Lead may make suggestions for updating. It is the Collaborative Applicants responsibility to review HUD rules, regulations, and guidance and to suggest updates to the Governance Charter. The updates must be presented on the agenda prior to the meeting. Updates to the Governance Charter require a 2/3's vote. Housekeeping changes that do not change the content or intent of the charter can be made once a year by the CoC Board.

Review and Updating History

Date Revision Approved	Summary	Summary of Vote
May 16, 2017	The Detroit CoC General Membership approved all proposed changes. Changed the wording on HAND executive committee involvement to as needed.	16 of the 28 representatives with voting member status were present at the meeting. **Deborah Drennan made a motion to accept all the proposed charter changes including the addition mentioned above. Leonard Sanchez seconded the motion. All in favor. The motion carried**

Table 1. Responsibilities of Continuum of Care Entities

Responsibility Category	Responsibility	Responsible Party
Establishing CoC	Define membership of Continuum of Care	**Continuum of Care**
Establishing CoC	Invite new members	**Continuum of Care**
Operating CoC	Hold meetings of full membership, with published agenda, at least	**Continuum of Care**
CoC Governance and Management	Establishing a Continuum of Care Board	**Continuum of Care**
CoC Governance and Management	Reviewing the Written Selection Process for the	**Continuum of Care**

Detroit Continuum of Care Governance Charter

Responsibility Category	Responsibility	Responsible Party
CoC Governance and Management	Designate a Collaborative Applicant	**Continuum of Care**
CoC Governance and Management	Designate Responsibilities to the CoC Board, HMIS Lead,	**Continuum of Care**
CoC Governance and Management	If have UFA, approve amendments for any grants	**Continuum of Care**
CoC Governance and Management	Apply for CoC Planning Funds	**Collaborative Applicant**
CoC Governance and Management	Apply for UFA Planning Funds	**Collaborative Applicant / UFA**
CoC Governance and Management	Appoint Committees / Sub-	**Continuum of Care**
CoC Governance and Management	Develop a Governance Charter	**Continuum of Care**
CoC Governance and Management	Review Governance Charter Annually	**Continuum of Care**
Overall and Project-Level	Establish performance targets in	**CoC Lead and Data and**
Performance	consultation with recipients/sub- recipients	**Performance Evaluation Committee**
Overall and Project-Level Performance	Monitor recipient/sub-recipient performance	**CoC Lead**
Overall and Project-Level Performance	Evaluate outcomes for ESG and CoC Projects and report to HUD	**CoC Lead and Data and Performance Evaluation**
Overall and Project-Level Performance	Take action against poor	**CoC Board**
Overall and Project-Level Performance	Measure system performance	**CoC Lead and Data and Performance Evaluation**
Coordinated Assessment System	Operate a Coordinated Assessment System in	**CoC Board and CAM Governance Committee**
Coordinated Assessment System	Develop a policy for how Coordinated System and Housing and Service System will address needs	**Continuum of Care and CAM Governance Committee**
Designate an HMIS	Designate a Single HMIS for the entire CoC	**Continuum of Care**
Designate an HMIS	Designate a Single HMIS	**Continuum of Care**
Designate an HMIS	Review, revise and approve the HMIS privacy plan, security	**Continuum of Care**
Designate an HMIS	Ensure HMIS is in compliance with HUD requirements	**Continuum of Care**

Responsibility Category	Responsibility	Responsible Party
Designate an HMIS	Ensure consistent participation of recipients and sub-recipients in HMIS	**Continuum of Care**
Designate an HMIS	Develop HMIS privacy plan, security plan and data quality plan	**HMIS Lead and Data and Performance Evaluation Committee**
Designate an HMIS	Execute participation agreements with contributing HMIS	**HMIS Lead**
Designate an HMIS	Execute user agreements with all HMIS users	**HMIS Lead**
Plan for the CoC	Plan and Conduct a Point-in-Time Study	**CoC Lead and Data Committee**
Plan for the CoC	Conduct an annual gaps analysis of homeless needs and services	**CoC Lead and Data Committee**
Plan for the CoC	Consult with ESG Recipients[2]	**CoC Lead**
Plan for the CoC	Submit annual application to HUD for Continuum of Care Program funding	**Collaborative Applicant and CoC Board**
Plan for the CoC	Approve annual application to HUD for Continuum of Care Program funding	**Continuum of Care**
Plan for the CoC	**Participate in the Consolidated Plan**	**CoC Lead**

[2] Consult with ESG Recipients:
- Coordinated Assessment
- Consolidated Plan homelessness strategy and goals
- Allocation of ESG funding
- ESG performance standards
- ESG sub-recipient participation in HMIS
- ESG and CoC Program written standards
- Evaluate performance of ESG recipients/sub-recipients

Addendum One

<div align="center">

Memorandum of Understanding

Between

Detroit Continuum of Care Board

and

Homeless Action Network of Detroit

(Lead Agency and Collaborative Applicant)

</div>

I. Introduction

The purpose of this Memorandum of Understanding ("MOU") is to confirm the agreement between the Detroit Continuum of Care Board ("CoC Board") and the Homeless Action Network of Detroit ("HAND"). HAND was selected by the CoC Membership to serve as the *Continuum of Care Lead Agency* and *Collaborative Applicant*. This MOU defines the roles, responsibilities, funding, accountability, duration, and evaluation related to HAND performing the functions of the *CoC Lead Agency* and *Collaborative Applicant*. This MOU starts on X and is reviewed and renewed on an annual basis.

II. Definitions:

- *Continuum of Care (CoC)* – a year round planning body of representative stakeholders in the community's work toward ending homelessness and often referred as the CoC Membership
- *CoC Board* – a group of elected and appointed leaders of the CoC who have the authority to make decisions on behalf of the COC
- *CoC Lead Agency* – provides administrative and meeting support and technical expertise to the CoC, CoC Board, and CoC Committees
- *Collaborative Applicant* – designated by the CoC to prepare and submit the CoC funding application to HUD each year
- *Continuum of Care Committees* – action based strategies are developed, deepened, and expanded into timed work plans.

III. CoC Lead Agency Roles and Responsibilities:

Designated responsibilities for the Lead Agency, as outlined in the Detroit CoC Board Governance Charter and further defined in this MoU, include:
- In coordination with the Performance Evaluation Committee, establish system and project performance targets:
    - Create an implementation and monitoring plan related to CoC Written Standards, in coordination with other homeless system funders
    - Educate and provide training-(projects, funders, and key stakeholders) on the system and performance targets
    - Monitor HUD CoC Program funded recipients/sub-recipients for adherence to performance expectations
- Evaluate outcomes for ESG and CoC projects and report them to HUD;
- In coordination with Coordinated Assessment System (CAM) Governance Committee, implement system-wide coordinated entry, ongoing evaluation, and tracking data and performance.
- In coordination with the Data Committee, plan and conduct Point-in-Time count. Upon completion and analysis of PIT count data, submit report to CoC Board on data and any additional analysis, changes/trends over time, and/or recommendations. Submit required report to HUD.

1

- In partnership with the Data and Performance Evaluation Committees, conduct an annual gaps analysis of homeless needs and services. Submit the gaps analysis to the CoC Board for review specifically highlighting areas of importance, concerns, specific recommendations and/impact on relevant committees.
- Participate in the Consolidated Plan processes as developed by the City of Detroit
- Coordinate on Emergency Solution Grants Programs with ESG funders and funded programs:
  - o City of Detroit ESG:
    - Support the submission of the CAPER annually.
    - Participate annually in ESG and CDBG Homeless Public Service proposal review to create funding recommendations.
    - Provide support to City of Detroit sub-recipients to assess program performance as outlined in the written standards.
  - o Michigan State Housing and Development Authority ESG:
    - Prepare and submit annual funding application
    - Prepare and submit Financial Status and Progress Reports
    - Conduct annual audits of sub-grantees
    - Provide technical assistance to sub- grantees
- Other key work products as identified and mutually defined and agreed upon by CoC Board and Lead Agency

The CoC Lead Agency will provide both technical expertise, administrative support, and leadership to the *Detroit CoC Board, CoC Committees* and *CoC Membership*. This includes:
- Support *CoC Board*
  - o Working with the CoC Board to schedule meetings, develop agendas, issue materials, email/post relevant documents, take meeting minutes, when necessary
  - o Participate in CoC Board Executive Committee and CoC Board Meetings
- Support *CoC Committees*
  - o Provide support to CoC Board committees
  - o Work with the CoC Committee Chairs to schedule meetings, develop agendas, issue materials, email/post relevant documents, take meeting minutes, when necessary
  - o Participate in CoC Committee Meetings
- Support *CoC Membership*
  - o Distribute via email newsletter and post information on CoC webpage information that impacts the CoC including communication from the CoC Board
  - o Work with CoC Board Committee to schedule meetings, develop agendas, issue materials, and take meeting minutes

IV.   Collaborative Applicant Roles and Responsibilities:

The Collaborative Applicant is also responsible for submitting the annual application to HUD for Continuum of Care Program funding. This includes:
- Educate CoC Board on the HUD application and process by providing summaries, linking to resources, highlighting application and/or policy changes, scoring and feedback from previous funding rounds, etc.

- Develop recommendations and/or options to CoC Board on funding policies including ranking policies, reallocation, and priorities for renewal and new project funding
- Make recommendations to the CoC Board on applying for CoC Planning funds and receive CoC Planning funds
- Support application submission by developing, disseminating, and training or communicating on the following:
  - Comprehensive application process and timeline
  - Completion and submission of HUD Grant Inventory Worksheet
  - Completion and submission of the HUD AHAR
  - Ranking policies
  - Renewal Application Process:
    - Renewal application policies and procedures
    - Renewal application forms
    - Renewal project self-scoring tools
    - Renewal project evaluation and scoring
  - New Project Process:
    - New project application policies and procedures
    - Request for proposals and application forms
    - New project application review
- Facilitate and manage the submission of all renewal and new project applications into eSNAPS
- Provide on-going training and support for applicants
- Review and revise appeals policy; implement policy
- Write Consolidated CoC Application
- Submit a final draft of the application to the Detroit Continuum of Care for approval
- Submit final application, required attachments, and final project ranking to HUD and post on Detroit CoC Webpage

V. Duration:

As outlined in the Governance Charter the Lead Agency and Collaborative Applicant are selected based on the following criteria:

- *CoC Lead Agency* - The designation of the CoC Lead Agency is valid for a maximum of three years before the designation must be reviewed and renewed by the Detroit Continuum of Care. The Continuum will review performance of the CoC Lead Agency every three years. The review will be based on the roles and responsibilities included in the MOU. The designation may be terminated upon mutual agreement or for cause with a vote of 75% of the CoC membership.
- *Collaborative Applicant* - The designation of the Collaborative Applicant is valid for a maximum of three years before the designation must be reviewed and renewed by the Detroit Continuum of Care. The Collaborative Applicant will submit the HUD Annual Performance Report and HUD Application for CoC Planning dollars to the CoC Board annually. The CoC Board will review the Collaborative Applicant's performance with the Continuum of Care at a meeting. The designation may be terminated earlier than the three year time period upon mutual agreement or for cause with a vote of 75% of the CoC membership.

The roles and responsibilities outlined in the MoU will be evaluated, revised, and renewed minimally annually. The date for renewal will be X.

VI. Funding:

The funding to support the roles and responsibilities of the *Lead Agency* and *Collaborative Applicant* is provided through HUD CoC Planning Grant. HAND is responsible for providing the commitment of the required local match.

To fulfill the funding requirements to complete the roles and responsibilities outlined in this MOU, HAND will coordinate with the CoC Board to identify funding opportunities that arise to support the roles and responsibilities of the Lead Agency and Collaborative Applicant (i.e. CoC Program Planning Grant), HAND will:

- Inform the CoC Board of the funding opportunity
- Summarize the funding requirements, applicable rules, and matching requirements to the CoC Board
- Make recommendations on how to best utilize resources and timeline for application

VII.   Reporting/Accountability:

Reporting on Activities:
- Annually, Lead Agency/Collaborative Applicant will submit a work plan that identifies staff point person and timeline to define how tasks will be prioritized and objectives to complete the work. Progress on that work plan will be reported on a quarterly basis to the CoC board.
- Quarterly, the Lead Agency/Collaborative Applicant will submit a report to the CoC Board outlining the activities, accomplishments, changes in staffing, etc.

Reporting on Funding:
- Quarterly, the Lead Agency/Collaborative Applicant will submit to the CoC Board a summary of funding/spending that support the Lead Agency/Collaborative Applicant functions.
- Annually, the Lead Agency/Collaborative Applicant will submit to the CoC Board a summary of funding/spending that support the Lead Agency/Collaborative Applicant functions for the specific grant contract year.

On an annual basis, the CoC Executive Committee will coordinate and facilitate an evaluation of the adherence to MoU and completing roles and responsibilities outlined. That information will be utilized to revise the MoU annually.

VIII.   Termination:

The CoC Board or Lead Agency/Collaborative Applicant may terminate this MoU at a date prior to the renewal date specified in this MoU by giving 60 days written notice to the other parties. If the funds relied upon to undertake activities described in this MoU are withdrawn or reduced, or if additional conditions are placed on such funding, any party may terminate this MoU within 60 days by providing written notice to the other parties. The termination shall be effective on the date specified in the notice of termination.

IX. Execution

Signature _[signature]_   Date _4-18-17_

Tasha Gray, Executive Director, Homeless Action Network of Detroit
Continuum of Care Lead Agency and Collaborative Applicant

Signature _[signature]_   Date _4/27/17_

Meghan Takashima, Chairperson
Detroit Continuum of Care Board

Detroit CoC Homeless Management Information System (HMIS)

Policies and Procedures

(Including MSHMIS Policies and Procedures)

Provided by

Homeless Action Network of Detroit

2018

Table of Contents

Policy: Roles and Responsibilities

Participation in an HMIS system has been mandated for all programs receiving McKinney-Vento/Hearth Act and/or ESG Funding, State ESP, RHYMIS, HOPWA, PATH, City ESG and CDBG, and some VA funding. HUD, in turn, is mandated to provide ongoing reports to Congress.

System Administrator Responsibilities

HMIS Administrators (SAs) report to the Homeless Action Network of Detroit (HAND). They are the lead entity in coordinating and implementing the HMIS technology for Detroit, Highland Park and Hamtramck agencies.

   a. Convene and lead local Agency Administrator Meetings (approximately every 6 weeks).

   b. Provide local support to partnering agencies according to HAND guidelines.

   c. Provide training, coaching, technical assistance and webinars on various HMIS-related topics

   d. Add assessments to customize the implementation locally. All assessments must be coordinated with MSHMIS and built very carefully.

   e. Help ensure data quality among all agencies participating in HMIS.

   f. Submit AHAR, Point-In-Time (PIT) Count, and Housing Inventory Count (HIC) reports to HUD.

   g. Help ensure the agency provider pages are complete by generating helpful reports.

   h. Conduct on-site monitoring of the agency.

   i. Complete Privacy training annually.

   j. Support the CAM lead agency with HMIS implementation.

   k. Provide a Security Officer for the CoC and provide Security Officer training.

   l. Generate CoC reports based on HUD and other funding needs

Agency Administrator Responsibilities

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

   a. Maintain and create end user passwords, have full reporting access and be able to view agency level data.

b. The Agency Administrator will submit a HelpDesk ticket to the System Administrator when an end user is no longer using the system.

c. Maintain the security of the system and assist end users with system problems and serve as level-1 Help Desk for all users at the agency.

d. Attend meetings approximately every 6 weeks facilitated by the Systems Administrator.

e. Assist in determining what functionalities of the system the agency will utilize and work closely with the Systems Administrator on data quality issues.

f. Run various ART and ServicePoint reports at least monthly and provide them to program managers and end users.

g. Ensure that all HMIS-related information is disseminated to all agency end users.

h. Complete privacy training annually.

i. Log all service requests via www.handetroit.org/helpdesk

j. Serve as Security Officer for the Agency or appoint a Security Officer.

k. Prepare for HMIS audits.

l. Oversee all HMIS responsibilities for the agency and ensure that the agency is compliant with the HMIS Administrator's guidelines.

m. Create a succession plan for the agency regarding all HMIS procedures to help new staff come onboard to HMIS efficiently in the event of turnover.

End User Responsibilities

HMIS End Users will be responsible for the following:

a. Enter client data according to Data Quality and Data Entry standards.

b. Follow the guidelines and procedures in the Privacy Policy.

c. Work with the Agency Administrator to clean up data.

d. Complete privacy training annually.

e. Communicate all HMIS service requests to the Agency Administrator.

Policy: Updating and Maintaining the Provider Site

Maintenance of provider pages is typically managed by the Detroit System Administrators on behalf of each agency. Agency administrators are encouraged to review the content noted below and communicate back to HAND via the helpdesk at www.handetroit.org/helpdesk should any updates need to be made.

1. Services the Agency provides are to be clearly identified, as well as the services the agency refers to other agencies, and must be obtained from the Airs Taxonomy List, along with the Services Quick List

2. Complete information for each Agency / Program / Project Provider Site

a. Designate who will receive referrals in the Agency; and establish a separate email address to receive referrals, in order to delineate between referrals and other emails to that designee.

b. Utilize the service terms identified in the Services provided on the Provider Description field.

c. Complete HUD standards on all provider pages.

d. Accurate and Up To Date Provider and Services Quicklists on each of the Agency's provider sites using the codes identified in number "1." Above.

    i. Services Quicklists are the services the agency provides and refers for.

    ii. Provider Specific Services are populated with those services you provide that are not listed in the AIRS Taxonomy.

    iii. "Services Provided" is a list of services the Agency provides with corresponding AIRS Taxonomy codes.

    iv. Referral Quicklists are the programs that the Agency refers to.

Policy: Determining Your Workflow

1. Decide how your agency plans to use the database. Does the agency plan to simply use the database to report to funders or does the agency plan to implement multiple functionalities of the database using it as the agency's automated record system or a portion of its automated record system?

2. Define what screens the agency intends to include in its implementation within each program.

a. An assessment that includes all of the HUD Universal Data Elements is recommended for all agencies regardless of their funding sources as the assessment includes most of the information organizations will need to plan and write grants.

b. Agencies will provide instruction to staff on any issues related to how questions should be asked.

c. Agencies will provide instruction on how clients should be assigned to the various programs.

d. Agencies will define how paper forms will be used to support data collection or storage. *It is recommended that agencies continue to maintain paper records by either printing screens or storing the forms on which the data is initially documented.*

3. Define who will complete entry and when that entry will occur. Entry should be as close to "real time" as possible, especially if the agency intends to share records.

a. Agencies may have staff enter data as they interview clients.

b. Agencies may have staff interview using paper and enter the data after the session is over.

c. Agencies may have staff interview using paper and have a delegated data entry person for multiple clients.

4. Define what paper will be used to support the automated file. Forms are used to collect information that is subsequently entered and/or screens are printed from real-time entry.

5. Intake and Exit forms are available for download here: http://mihomeless.org/index.php/user-resources/michigan-users/mshmis-assessment-forms

Policy: User Licenses & HMIS Fee Schedule

1. A User License will be required for all those given access to the database whether their function is to complete data entry or to generate reports. Licenses within a particular organization may be transferred as staff members leave and replacements are hired.

   a. The total number of licenses allocated to each agency within a CoC are documented by the Lead Agency on the Purchase Order form within ServicePoint and submitted to MSHMIS. Each agency may receive up to 5 user licenses (number determined by agency and HMIS staff) and associated monthly support fees (these costs are covered under the HUD grant.) Additional user licenses may be purchased at $175 per license. **Note: These costs are subject to change.**

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

One Time Charges:			
SP License	$ 175.00		
Encryption License	$ 0.00		
	$175.00		

ART Licenses:
1. View Licenses are available to end users appointed by the Agency Administrator and System Administrator.

2. The URL to the MSHMIS site should never be sent via email with the User ID and Temporary Password. Send the information in two emails to maintain security. The User will sign onto the site and change the password upon receiving his/her temporary password.

3. To access the database, end users must have completed both Privacy Training and End User Training outlined in the HMIS Training Plan. Visit www.mihomeless.org .

4. The Agency Administrator will submit a HelpDesk ticket to the System Administrator to delete any end users from HMIS.

5. User Profile Issues:

   a. The System Administrator will issue a License to all Agency Administrators.

   b. After the Provider Site(s) are completed, the System Administrators will add the users to the site according to their workflow plan.

      i. The Access Level is defined for the User and the System Administrator determines what other functionalities the user may have access to such as backdating ROIs or SkanPoint.

      ii. The System Administrator completes the User Screen that defines where the User may enter data.

6. End users may also be required to attend specific workflow training.

HMIS Fee Schedule
REVISED BASED ON COC BOARD FEEBACK

Fee	Task
BASIC SERVICES	
$950	New agency or new program BASIC set-up. Basic setup includes orientation; new user training/webinars; helpdesk support; standard system configuration (provider page, workflow setup, sharing configuration, bin creation, and assessment setup); and one (1) HMIS User License. Additional licenses may be purchased
$425*	Annual agency maintenance fee includes annual/refresher training/webinars, helpdesk support; maintenance of agency HMIS setup; and annual fees for one (1) HMIS User License. *Fee does not apply to existing agencies or programs.
$175/User	Additional HMIS User Licenses (one-time fee)
$100/Annually/User	Annual HMIS User License fee. **Fee does not apply to existing user.
$100/User**	HMIS Report License
CUSTOM SERVICES	
$70/Hr	Customization to integrate ServicePoint into agency's workflow; custom reports; on-site training; transfer of agency's database to ServicePoint or vice-versa; data clean-up; consultation services
$250	Agency-request HMIS Compliance Review
$40/Hr	Data entry

Policy: Sharing Protocol

Required Sharing of HMIS Data

In order to maximize the use of the HMIS, and to improve the coordination of care for the clients served by providers, to the Detroit CoC requires all agencies using HMIS to share client data related to services. Sharing client data may not be appropriate for all agencies; therefore, if there is a reason why your agency (or a particular program within our agency) should not be required to

share data, your organization may apply for a waiver of the sharing requirement. This process is described below.

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

Best Practices:
- The sharing of data is only possible when the project enters a Release of Information (ROI) in ServicePoint. Also, we strongly recommend a 2-year ROI. If the client agrees to the sharing release, the end user should always enter the ROI in ServicePoint. This allows subsequent programs to see what services have been provided and by whom.
- The HMIS Match Assessment should be updated frequently so that other agencies can see the progress of each client as they move toward their housing goal.
- End users should not edit or delete a service entered by another agency.
- Data quality is vital to data sharing; make sure you are entering all required fields.
- If the client does not want to share his or her data, be sure to close the record.

- The agency agrees to place all Client Authorization for Release of Information forms related to the MSHMIS in a file to be located at its business address and that such forms are made available to the MSHMIS for periodic audits. The agency will retain these MSHMIS related Authorization for Release of Information forms for a period of seven years upon expiration, after which time the forms will be discarded in a manner ensuring un-compromised client confidentiality.

- The agency may restrict a client's information when the client refuses to allow his/her name, year of birth, gender or other personally identifiable information to be shared in the database.

- The agency cannot refuse to provide services if the consumer elects not to participate in the Sharing Protocol with the exception of ESG and SSVF.

- The agency will uphold relevant federal and state confidentiality regulations and laws that protect client records and will only release confidential client records with written consent by the client, or the client's guardian, unless otherwise provided for in regulations or laws.

Policy: Information Security Protocols

User Access Privileges to MSHMIS Database

- User accounts will be created and deleted by the System Administrator. The Agency Administrator will submit a HelpDesk ticket to the System Administrator when an end user is no longer using the system.

- The Agency Administrator will enter email address, title and phone number of the end user on the User Admin tab in ServicePoint.

- The Agency Administrator will manage the proper designation of user accounts and will monitor account usage.

- The Agency Administrator will reset passwords within the Administrative function of the MSHMIS. The URL address will be sent separately from the temporary username/password for security purposes.

  - Passwords are automatically generated from the system when a user is created. Agency Administrators can customize a temporary password. Agency Administrators will communicate the temporary password to the user.
  - The user will be required to change the password the first time they log onto the system. The password must be between 8 and 50 characters and be alphanumeric. Passwords should not be able to be easily guessed or found in a dictionary.
  - Any passwords written down should be securely stored and inaccessible to other persons. Users should not store passwords on a personal computer for easier log on.
  - Passwords expire every 45 days. Users may not use the same password consecutively, and cannot be re-used until 2 password selections have expired.
  - The Agency Administrator should contact the System Administrator to terminate the rights of a user immediately upon termination from their current position.
  - The Agency Administrator must have users sign the End User Agreement. The Agency Administrator will keep the End User Agreements on file.
  - If a user unsuccessfully attempts to logon 3 times, the user id will be "locked out", access permission revoked and unable to gain access until their password is reset in the manner stated above.
  - Passwords are the individual's responsibility, and users cannot share passwords.

- Agency staff will not engage in electronic transmission of user IDs and passwords, except for first-time, temporary passwords or encryption keys.

- The Agency Administrator will inform Systems Administrator of any changes in personnel to ensure training of new personnel.

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

- The Agency Administrator must establish internal access to data protocols. These policies will include who has access, for what purpose, and how they can transmit this information. A formal white paper must be created and filed on site. Issues to be addressed include storage, transmission and disposal of data.

- Users who have been granted access to the Advanced Reporting Tool and Report Writer/Query Function have the ability to download and save client level data onto their local computer. Once this information has been downloaded, this data becomes the responsibility of the agency and all proper handling policies must be followed.

- Each agency understands that all client records containing identifying information that are stored within local computers are the responsibility of the agency.

Policy: Training and Help Desk Support

This training guide outlines courses that must be completed at the Michigan HMIS training site mihomeless.org. New users should look for the row that aligns with the role they will fulfill at their agency. Each page outlines which of the trainings HAND HMIS staff will need to see documentation for before licensing credentials will be released.

Staff that transition from one role to another within or between agencies should plan to share a screenshot of their quiz results with their agency administrator when license requests are submitted through the helpdesk at www.handetroit.org/helpdesk

Most trainings will require that participants review a video and then pass a short quiz. The chart below outlines the minimum amount of time agencies should plan to have users set aside for HMIS training and on-boarding.

Role	Total Time To Complete Training Modules
Emergency Shelter Staff	9.5 hours
SSVF, RRH, Diversion, and Prevention Program Staff	12 hours
Permanent Supportive Housing, Transitional Housing, and GPD Staff	13.5 hours
Street Outreach and CAM Staff	10 hours
Youth Provider Staff (RHY/ HYR Funded Programs ONLY)	16.25 hours
Agency Administrators	14.5-20.5 hours (varies by project type)
Staff with ART access	13.5 hours
CoC and HMIS Lead Staff	5-21.25 hours (read only – Agency Admin Level)
Read Only License	5 hours
Current or Previously HMIS licensed staff transitioning to new roles	Varies by Project Type and Previously Completed Trainings

Once new staff complete their trainings, HAND receives a report the following week with results from MCAH. If a new license request is being submitted through HAND's helpdesk (www.handetroit.org/helpdesk)the same week that trainings are being completed either a screenshot of the new staff's "quiz results" tab from mihomeless.org should be included OR an email with downloads or scans of the users certifications, user agreement, and training self-certification form should be sent via email to hmisinfo@handetroit.org

Once login credentials are provided by HAND's HMIS team, a 1 hour in person check in at HAND's HMIS lab can be arranged upon request. This appointment will be scheduled 1-2 weeks after the user is added to the system to allow them a chance to gain familiarity with the site and have the chance to be assigned cases by their agency. Users may find it helpful to bring a selection of client files with them to this check in, typically conducted with the System Administrator assigned to their agency. A listing of System Administrator assignments is linked on the right hand side of the HMIS webpage at www.handetroit.org/hmis .

	User Policy, Responsibility, & Code of Ethics	1. Prerequisites (All Users)				2. Core Trainings (All HMIS Users)						
		Basic Privacy and Security	Chronic Homeless Final Rule	Chronic Interview Process	Release of Information (ROI)	Informed Consent and Data Collection	Navigating ServicePoint	Navigating ClientPoint	Securing Client Records	Creating & Managing Households	Entry & Assessments-1	Entry & Assessments-2
Emergency Shelter Staff	X	X	X	X	X	X	X	X	X	If applicable	If not using ShelterPoint	If not using ShelterPoint
SSVF, RRH, Diversion, and Prevention Program Staff	X	X	X	X	X	X	X	X	X	X	X	X
Permanent Supportive Housing, Transitional Housing, and GPD Staff	X	X	X	X	X	X	X	X	X	If applicable	X	X
Street Outreach and CAM Staff	X	X	X	X	X	X	X	X	X	If applicable	If applicable	If applicable
Agency Administrators	X		X	X	X	X	X	X	X	X	X	X
Staff with ART access	X	if not AA	X	X	X	X	X	X	X	X	X	X
CoC and HMIS Lead Staff	X	X	X	X	X	X	X	X	X			
Read Only License	X	X	X	X			X	X				

| | 2. Core Trainings (All HMIS Users) | | | | | | 3a. Grant Specific Training | |
| | | | | ART Reports | | | HARA ESG | HUD-SHP |
	Service Transactions	Interim Income	Sub-Assessments Correcting	Basic ART Orientation	Understanding Reports – Data Quality	Case Plans	HARA ESG Workflow	HUD SHP Workflow
Emergency Shelter Staff	If applicable		X			If applicable		
SSVF, RRH, Diversion, and Prevention Program Staff	X	X (excludes Diversion)	X			X	If applicable	
Permanent Supportive Housing, Transitional Housing, and GPD Staff	If applicable	X	X			X		X
Street Outreach and CAM Staff			X			X		
Agency Administrators	X	X	X	X	X	X	If applicable	If applicable
Staff with ART access	X	X	X	X	X		If applicable	
CoC and HMIS Lead Staff				X	X			
Read Only License				If applicable				

	3a. Grant Specific Training				3b. VI-SPDAT and VI-F-SPDAT	4. Required Annual Updates				
	Youth Providers					Basic Privacy and Security	Informed Consent and Data Collection	Securing Client Records	Establishing Visibility	Advanced Privacy and Data Sharing
	HYR Workflow Service Transactions	HHS RHY Workflow	HHS RHY Street Outreach Workflow	2013 HYR Workflow						
Emergency Shelter Staff	If applicable	If applicable		If applicable	X	X	X	X		
SSVF, RRH, Diversion, and Prevention Program Staff					X (Excluding Prevention Only)	X	X	X		
Permanent Supportive Housing, Transitional Housing, and GPD Staff	If applicable	If applicable		If applicable	X (GPD only)	X	X	X		
Street Outreach and CAM Staff	If applicable	If applicable	If applicable	If applicable	X	X	X	X		
Agency Administrators	If applicable	If applicable	If applicable	If applicable	X		X	X	X	X
Staff with ART access	If applicable	If applicable	If applicable	If applicable	X	X(If not AA)	X	X	X	X(Only if AA)
CoC and HMIS Lead Staff					X		X	X	X	X
Read Only License						X				

	5. Agency/ System Administrator Training		7. ServicePoint Modules
	Creating & Managing Provider Pages 1	Creating & Managing Provider Pages 2	ShelterPoint Introductory Workflow
Emergency Shelter Staff			X (If using ShelterPoint)
SSVF, RRH, Diversion, and Prevention Program Staff			
Permanent Supportive Housing, Transitional Housing, and GPD Staff			X (If using ShelterPoint)
Street Outreach and CAM Staff			
Agency Administrators			X (If using ShelterPoint)
Staff with ART access			X (If using ShelterPoint)
CoC and HMIS Lead Staff	X (Sys Admin ONLY)	X (Sys Admin ONLY)	
Read Only License			

HMIS Helpdesk

All requests for HMIS technical assistance, including trainings, management of user licenses, creation or adjustment of provider pages, assistance analyzing, running, or creating reports, client record issues, should be submitted to the Detroit HMIS using the HMIS helpdesk at www.handetroit.org/hmis .

End users should always speak first with their agency administrator to attempt to resolve HMIS challenges they experience. In the event that the agency administrator is unable to resolve the issue or is unavailable, end users can also reach out via the helpdesk. All end users are encourage to submit requests for duplicate profiles to be merged as well as HMIS verifications through the Helpdesk.

The helpdesk is monitored Monday-Friday during normal business hours. Unless otherwise alerted, submissions should receive acknowledgement within 1 business day. Requests for HMIS technical assistance received through the helpdesk receive priority. Requesting assistance outside of the helpdesk will result in users being asked to submit a helpdesk ticket.

Requests for One on One HMIS Training

Agency administrators are able to make requests for additional training for themselves or individual end users via the helpdesk at any time. New users will be asked to complete the HMIS trainings noted earlier as well as spend some time using the system for 1-2 weeks before one on one training can be scheduled.

Agency Administrators are encouraged to recommend topics that might benefit from being reviewed in CoC wide HMIS trainings and/or HMIS Agency Administrator meetings at any time. Requests for job aids other than those posted here http://www.handetroit.org/traininganddocumentation can also be made via the helpdesk.

Agency Assignments		
Kiana Harrison	**Selwin O'Neal**	**Alexis Alexander**
Black Family Development	Alternatives for Girls	Blue Water CIL
Cass Community Social Services	Development Centers	Central City Integrated Health
City of Detroit – HRD & Health Dept	Faith Love N Kindness	Community Social Services
Covenant House	Love Outreach	Community & Home Supports
CSH	Michigan Veterans Foundation	COTS
DRMM	NSO	Covenant Community Care
Emmanuel House	Operation Get Down	Freedom House
Legal Aid & Defender	Ruth Ellis	Pope Francis Center
Mariners Inn	The Salvation Army	Samaritas
Neighborhood Legal Services Michigan	Southwest Solutions	SHAR Inc.
NOAH	Traveler's Aid Society	UCHC
Positive Images		Volunteers of America
St. John		
THAW		
Wayne Metro CAA		
Special Project Leads		
City ESG	Moving Up	Healthcare Agencies
City CDBG	Salvation Army ESP	HOPWA
HUD Funded- Agencies	Youth	SSVF
MSHDA ESG	AHAR	PIT
HIC	Project Plan Management	Provider Page Maintenance
CAM		Veterans
Data Quality		

Policy: Grievance Policy

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

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

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

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

Grievance Procedure

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

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

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

If the grievance is not resolved by the Executive Director, the participant or his/her representative should contact Amelia Allen of Homeless Action Network of Detroit (HAND). The Agency Administrator will provide the program participant with the information to contact HAND and will assist the participant, if required, with this part of the grievance process. The participant may request the presence of a supportive staff member, friend or other advocate at any HUD meetings. All parties should meet in a timely matter to resolve the grievance, per HAND procedures.

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

Policy: Client Intake/Interview Policies and Procedures

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

Intake/Client Consent Procedure

- The agency staff member will use a script to use as a guide for intake of client to include the explanation of the Privacy Notice, Release of Information, Grievance Policy and

  1. Post the Agency's Public Notice.

  2. Agency staff member must inform the client of the HMIS project using the Summary of Privacy Notice script.

  3. After explanation, agency staff member must provide the client with the MSHMIS Privacy Notice or Agency Privacy Notice that includes information on the MSHMIS project including what HMIS is, what ServicePoint is, why the agency is using it, security precautions, privacy protection and benefits and risk for the clients.

  4. Agency staff member will inform the client that name, age, last 4 digits of SSN and gender will be shared statewide and does not compromise confidentiality as it does not link with any particular agency or service. Profile can be closed if client is being threatened, has family/friends/enemies who work in the MSHMIS participating agency or if the client is famous/has relationship with agency. Client determines if she/he wants information shared.

  5. Agency staff member will document, via a signed MSHMIS Release of Information (ROI) form, a client's (or guardian's when appropriate) understanding and consent to enter client information into a central database and the reasons for this entry and to consent to the sharing protocol set up by AGENCY. The completed ROI provides:

     - Assurance that the consumer knows that his/her information has been entered into the MSHMIS.
     - Assurance that the MSHMIS has been fully explained to the Consumer and he/she has received a copy of the Agency's Privacy Notice.
     - Informed client consent regarding basic profile information to be entered and shared.
     - Release of non-confidential service transaction information to be shared with select agencies included under a negotiated Coordination of Service Agreements (Inter-Agency Sharing Agreement).
     - The length of time the release will be effective. The HMIS Administrator's recommend a 2-year ROI.

6. If profile is not shared, the agency staff member will close the profile.

7. If a sharing agreement is in place, the agency staff member will provide the client with the list of agencies it is sharing information with including the shared assessments. Client will approve the sharing program and will document via a signed Detroit CoC Release of Information form, a client's (or guardian's when appropriate) understanding and consent to enter client information into a central database and the reasons for this entry and to consent to the sharing protocol set up by the agency.

Policy: Data Entry Procedure

- Data should be entered into HMIS as close to real time as possible, but if not, within 48 hours of entry or exit. Emergency shelters should attempt to have data entered on the same day of entry or exit.

- Agency should ensure that all users support data quality.

- The agency administrator will review the organization's data entry and ensure that data errors are corrected at the minimum monthly.

- During intake, agency staff members will complete the minimum required data elements live in ServicePoint or by using the Client Intake Form. Up to date intake forms are available here, organized by project type: http://mihomeless.org/index.php/user-resources/michigan-users/mshmis-assessment-forms

  1. Users should switch to the appropriate program using the "enter data as" feature.

  2. Users should always search to see if the client is already in the system. If so, the user should click on the existing client record, not create a new client record.

  3. Users should also use the backdate feature to enter clients who came into the program prior to the current date.

  4. The Client Name will be entered first.

     - The "First Name, "Last Name", "Date of Birth", and "Gender" fields must be collected in order to create the client's **unique identifier**.
     - Do not use spaces, apostrophes, commas or hyphens, e.g., La Tisha O'Malley would be LaTisha OMalley.
     - Jr. or Sr. designation must follow the last name, e.g., John Smith, Jr. would be John Smith Jr
     - Use initial capital letters on the First Name and Last Name. Do not use all caps or all lower-case letters. Incorrect: mary m jones Incorrect: MARY M JONES
       Correct: Mary M. Jones
     - If "date of birth" is unknown, use January 1st of the estimated year. If no birthdate is entered, the client will be counted as an adult.

  5. If needed, a household will be created next. To create a household, choose one client as "head of household" and add family members as needed. Users should not create a household for singles.

6. Enter the Release of Information.

7. If required, complete a program entry.

8. Enter Case Manager Name under the Case Manager tab.

9. Enter Services.

10. Enter Referrals if referring the client to another project.

11. If required, complete Case Plan.

12. Ensure that a VI-SPDAT, VI-F-SPDAT, or TAY-VI-SPDAT has been recorded for all clients entering emergency shelter programs by checking assessments tab.

13. Remember to use the Interim Assessment to update client data, such as income, employment, education, and disability at least annually.

14. When clients leave the program, complete a program exit.

15. Enter data into the Match Assessment on the Home Page in HMIS and remember to update as needed.

> **Note**: MDHHS-funded projects including PATH, ESP-TANF and MDHHS S+C, should contact Jayne or David Youngs for specific data entry policies, procedures and technical assistance.

> RHYMIS-funded projects should contact MCAH for specific data entry policies, procedures and technical/program assistance.

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

All programs are required to complete the Universal Data Elements (UDEs). Missing UDEs will be flagged by the system in a pop-up window when saving a client's entry, appear as null values on 252 Data Completeness Report in ART, and flag as DQ errors on the CoC APR.

Universal Data Element	Required for Adults	Required for Children	Update at Exit	Update Annually Using Interim Assessment
Name	X	X		
SS Number	X	X		
SSN Data Quality	X	X		
Gender	X	X		
Race	X	X		
Ethnicity	X	X		
Date of Birth	X	X		
Date of Birth Type	X	X		
Residence Prior to Project Entry	X			

Project Start Date	X	X		
Project Exit Date	X	X	X	
Destination	X	X		
Relationship to HoH	X	X		
Client Location	X			
Length of time on street, in shelter or Safe Haven	X			
Number of times on the streets, in ES, or SH over the past 3 years	X			
Total Number of Months homeless on the street, in ES, or SH over the past 3 years	X			
Disability	X	X		
Military Veteran	X			
Income and Sources	X	X	X	X
Domestic Violence	X			
Services	X			

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

Permanent Destinations	Explanation
Owned by Client, no ongoing housing subsidy	The unit the client is living in is owned by him or her and has no ongoing housing subsidy attached to it.
Owned by client, with ongoing housing subsidy	The unit the client is living in is owned by him or her and has an ongoing housing subsidy (mortgage payment support) attached to it. Includes USDA Rural Development Loan/Recovery Act Supports.
Rental by client, no ongoing housing subsidy	The unit the client is renting is not supported by any government or private subsidy.
Rental by client, VASH Subsidy	The unit the client is renting is being supported by a VASH subsidy. VASH (Veterans Affairs Supportive Housing)
Rental by client, GPD TIP housing subsidy	The unit the client is renting is being supported by a GPD TIP subsidy. GPD TIP (Grant and Per Diem Program – Transition in Place)
Rental by client, other	The unit the client is renting is being supported by a subsidy –

ongoing housing subsidy	either government or private, either site-based or voucher. Includes Section 8, HARP, HCV, State Rental Assistance (SER) and HPRP.
Permanent housing (other than RRH) for formerly homeless persons	The unit the client is renting is being subsidized by any homeless funding source. This could be a scattered-site or site-based supportive housing where the rental subsidy is from Shelter Plus Care, Supportive Housing Program, or a local source of subsidy restricted strictly for homeless persons.
Moved from one HOPWA funded project to HOPWA PH	Client exited one HOPWA funded project into HOPWA PH
Staying or Living with Family – Permanent Tenure	The client has moved into a room, apartment or house occupied by a family member and is intending on living there. Use "permanent" if the client has NOT been given a specific time limit in which he/she needs to leave or if exit destination is short term but leads to a permanent destination such as doubled up for two weeks until an apartment is ready.
Staying or Living with Friends – Permanent Tenure	The client has moved into a room, apartment or house occupied by a friend and is intending on living there. Use "permanent" if the client has NOT been given a specific time limit in which he/she needs to leave or if exit destination is short term but leads to a permanent destination such as doubled up for two weeks until an apartment is ready. Includes clients who leave for Job Corps, college, Military or National Guard training.
Rental by client, with RRH or equivalent subsidy	

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

	bus/train/subway/airport station, chicken coop, campsite, or anywhere outside).

Institutional Settings	Explanation
Foster Care Home or Foster Care Group Home	The client has exited to an adult or child foster care home or foster care group home**.**
Psychiatric hospital or other psychiatric facility	The client has exited to a psychiatric facility or psychiatric hospital, or psychiatric unit of a local hospital.
Substance Abuse Treatment facility or Detox center	The client has exited to a substance abuse treatment program, detox program or other substance abuse residential facility.
Hospital or other non-psychiatric medical facility	The client has exited to a hospital for any reason other than psychiatric. Includes any residential care involving a medical need that is not long-term.
Long-term care facility or nursing home	The client has exited to a long-term care facility or nursing home.
Jail, prison or juvenile detention facility	The client has been arrested and is residing in a local jail, prison (state or federal) or juvenile detention facility.

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

interview completed)	
Residential project or halfway house with no homeless criteria	The client has exited to a halfway house or residential project that does not require homeless status for entry.

Policy: Data Quality Assurance

Agency administrators are responsible for monitoring data quality a monthly basis and encouraged to connect with the HMIS for support in developing a plan for carrying this out successfully at their agency.

Following are data quality measures for the HMIS project.

a) End users should always search to see if the client is already in the system; if the client is in the system, click on the name and use that client record. **Do not create a new client if the client already exists.** If multiple profiles are identified, a merge request form should be downloaded from and submitted via the helpdesk at www.handetroit.org/hmis
b) <u>Programs should complete all **the universal data elements** for clients.</u> This is extremely important; especially when sharing data. The standard for UDE completion is at least 90%.
c) When sharing with internal and/or external programs, end users must **complete a Release of Information (ROI) in HMIS**; otherwise the data that has been entered will not be shared. The current ROI is available at www.handetroit.org/hmis
d) Clients who have been entered into HMIS should have an associated **project start date**.
e) When exiting clients, less than 25% of clients should have an "unknown" destination when being exited from a ES, TH or SSO program.
f) Ensure that all household members are included in program entries/exits and services.
g) If clients are in a program longer than one year, end users should use the Interim Review feature to complete an annual assessment.
h) The number of active clients in HMIS programs (per the APR) should not be more than 105% or less than 65% of the number of clients on the Housing Inventory Chart for the AHAR Point-In-Time dates of the last Wednesday of October, January, April and July.
i) Residential programs must participate in the Point-in-Time and Housing Inventory Chart counts (PIT and HIC) as required.
j) Agency Administrator meetings are required; if the Agency Administrator cannot attend, he/she should send a representative. Agency Administrators should attend the majority of

HMIS meetings that are scheduled.
k) Agency Administrators are required to generate data quality reports monthly and provide them to the end users.
l) Agency Administrators generate various reports as required by funders.
m) All requests for HAND letters of support will be based on the guidelines set in HAND's request for letter of support document. [See **Appendix F** for HAND's sample letter of support]

Agency administrators may find it helpful to develop an internal performance improvement team that meets quarterly to review the following issues

- o *Coverage* – What client information is being entered into the database from what programs? What percent of the homeless consumers served by the organization are being entered into the system?
- o *Data Quality* – are interviews/forms generating complete, consistent, high quality information? Are definitions being applied uniformly? Are all required fields being completed? Are outcome measures being reviewed (income, employment, positive destination)?
- o *Security/Privacy/Confidentiality* – Are there concerns regarding the organizations practice around privacy issues. A plan should be developed to correct any problems that are identified.
- o *Reporting issues* – are staff able to access and use the data from the system? Are their problems with reporting? Are there opportunities to use the data to support improvement of program operations?
- o *Outcomes* – is the data accurately reflecting client and program outcomes according to measurement criteria for improving performance

Policy: Right to Deny User and Agency Access

- If HMIS staff has an issue with an agency's data quality, staff will contact the Agency Administrator. If no significant progress is made within two calendar weeks, HMIS staff will contact Agency Management. If no significant progress is made within one calendar week, HMIS staff will contact funder. If no significant progress is made within one calendar week, HMIS staff will deny access to the agency end users and Agency Administrator.

- Agency may request an Exception to the security and privacy standards. However, in lieu of an approved Exception, the agency or a user's access may be suspended or revoked for suspected or actual violation of the security protocols. Serious or repeated violation by users of the system may result in the suspension or revocation of an agency's access.

- All exceptions of these standards are to be requested in writing by the Executive Director of the agency and approved by the Detroit CoC Board after submission to the Detroit Data Committee as appropriate. MSHMIS staff will be notified of the request. Any exception to the data security policies and standards not approved by the Detroit CoC Board is a violation.

- All potential violations of any security protocols will be investigated.

- Any user found to be in violation of security protocols will be sanctioned accordingly. Sanctions may include but are not limited to; a formal letter of reprimand, suspension of system privileges, revocation of system privileges, termination of user license and criminal prosecution.

- Any agency that is found to have consistently and/or flagrantly violated security protocols may have their access privileges suspended or revoked.

- All sanctions are imposed by the Detroit Data Committee and the Detroit CoC Board of Directors.

- All sanctions can be appealed to the Detroit Data Committee and the Detroit CoC Board of Directors.

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

1. Only de-identified aggregate data will be released.

2. Aggregate data will be available in the form of an aggregate report or as a raw data set.

3. Aggregate data may be made directly available to the public.

4. Parameters of the aggregate data, that is, where the data comes from, what it includes and what it does not include will be presented with each report.

5. Requests for aggregated data must be documented on a Data Request Form and approved by HAND. Approval will be based on guidelines established by HAND. HAND reserves the right to deny any request for aggregated data.

6. No client identified may be released without informed consent unless otherwise specified by Michigan State and Federal confidentiality laws. All requests for such information must be addressed to the owner/participating organization where the data was collected.

APPENDIX A: HMIS Data Quality Plan

Overview

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

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

Roles and Responsibilities

HAND Executive Director

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

System Administrator Responsibilities

- Provide training to Agency Administrators on Reports that they are required to run according to the ART Reports Table for Agency Administrators.
- Send out reminders quarterly to Agency Administrators to run reports.
- Provide training to all end users on HMIS Policies and Procedures, including data quality procedures.
- Generate reports as documented in the ART Reports Table for HMIS staff.
- Generate APRs with Detail for each assigned HUD funded program at least twice a year.

- Convene and lead local Agency Administrator Meetings.
- Provide training, coaching, technical assistance and webinars on various HMIS-related topics.
- Help ensure data quality among all agencies participating in HMIS.
- Help the agency set up an HMIS Performance Improvement team.
- Conduct an audit of the agency when required.

Agency Administrator Responsibilities

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

- Run an AHAR report for each emergency shelter, transitional housing and permanent supportive housing program quarterly and submit to HMIS staff. The report will be due by the 15th of the month following the end of the quarter (April 15th, July 15th, October

15th and January 15th.) This new requirement will begin on April 15, 2014. (If the agency administrator has several programs, he or she can ask end users to run the AHAR for some of the programs.) By running the AHAR, end users will be able to quickly identify and complete missing data. This will be one of the scoring components for the 2015 NOFA. The score will be based on the AHAR reports submitted for all three types of programs that the agency has (not only the HUD-funded programs.)

- Attend training on how to run ART reports and other reports that address data quality.

- Attend meetings approximately every 6 weeks facilitated by the Systems Administrator.

- Run various ART and ServicePoint reports according to the Reports Table for Agency Administrators and provide them to Executive Directors, program managers and end users.

- Ensure that HMIS-related information is disseminated to all agency end users.

<u>End User Responsibilities</u>

f.   End users should always search to see if the client is already in the system; if the client is in the system, click on the name and use that client record. Do not create a new client if the client already exists.

g. End users should complete all the universal data elements for clients. This is extremely important; especially when sharing data.

h. When sharing with internal and/or external programs, end users must complete a Release of Information (ROI) in HMIS; otherwise the data that has been entered will not be shared.

i.   Clients who have been entered into HMIS should have an associated program entry unless the program is using a "services only" workflow.

j.   Ensure that all household members are included in program entries/exits and services.

k. If clients are in a program longer than one year, end users should use the Interim Review feature to update income annually.

l.   Be sure to update the Housing Status at exit; this is required. Also, update Education and Employment at exit. Do not update the Homeless question.

Dashboard Reports

Dashboard reports will be drafted for all Emergency Shelter projects and will be posted on the HAND website. These reports will be password-protected until the Detroit CoC Board votes to open all reports to all agencies.

APPENDIX B: Sample Privacy Policy

DATE: August 1, 2012

SUBJECT: HMIS Privacy and Confidentiality

APPROVAL LEVEL: Agency Board of Directors

REASONS FOR POLICY:

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

STATEMENT OF POLICY:

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

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

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

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

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

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

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

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

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

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

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

5) **Privacy Notice, Purpose Specification and Use Limitations**   The purposes for collecting PPI data, as well as it uses and disclosures will be specified and limited.

a) The purposes, uses, disclosures, policies, and practices relative to PPI data will be outlined in an agency Privacy Notice (copy attached).

b) The agency Privacy Notice will comply with all applicable regulatory and contractual limitations.

c) The agency Privacy Notice will be made available to agency clients, or their representative, upon request and explained/interpreted as needed.

d) Reasonable accommodations will be made with regards to the Privacy Notice for persons with disabilities and non-English speaking clients as required by law.

e) PPI will be used and disclosed only as specified in the Privacy Notice, and only for the purposes specified therein,

f) Uses and disclosures not specified in the Privacy Notice can be made only with the consent of the client.

g) The Privacy Notice will be posted on the agency web site.

h) The Privacy Notice will reviewed and amended as needed.

i) Amendments to or revisions of the Privacy Notice will address the retroactivity of any changes.

j) Permanent documentation will be maintained of all Privacy Notice amendments/revisions.

k) All access to, and editing of PPI data will be tracked by an automated audit trail, and will be monitored for violations use/disclosure limitations.

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

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

g) A grievance process may be initiated if a client feels that their confidentiality rights have been violated, if access has been denied to their personal records, or if they have been put at personal risk, or harmed.

h) Any client grievances relative to HMIS will be processed/resolved according to agency grievance policy.

i) A copy of any client grievances relative to HMIS data or other privacy/confidentiality issues and agency response are forwarded to MCAH.

7) **Accountability** Processes will be maintained to ensure that the privacy and confidentiality of client information is protected, and staff is properly prepared and accountable to carry out agency policies and procedure that govern the use of PPI data.

a) Grievances may be initiated through the agency grievance process for considering questions or complaints regarding privacy and security policies and practices. All users of the MSHMIS must sign a User Agreement that specifies each staff persons obligations with regard to protecting the privacy of PPI and indicates that they have received a copy of the agency's Privacy Notice and that they will comply with its guidelines.

b) All users of the MSHMIS must complete formal privacy training.

c) A process will be maintained to document and verify completion of training requirements.

d) A process will be maintained to monitor and audit compliance with basic privacy requirements including but not limited to auditing clients entered against signed MSHMIS Releases.

e) A copy of any staff grievances initiated relative to privacy, confidentiality, or MSHMIS data will be forwarded to MCAH.

f) Regular user meetings will be held and issues concerning data security, client confidentiality, and information privacy will be discussed and solutions will be developed. Minutes of user meetings will be forwarded to MCAH as required by the MSHMIS participation agreement.

8) **Sharing of Information** Client data may be shared with partnering agencies only with client approval

a) All routine data sharing practices with partnering agencies will be documented and governed by a Qualified Service Organization Business Associate Agreement, (QSOBAA) that defines the agency-determined sharing practice.

b) Agency defaults within the MSHMIS system will be set to "closed," open for planned exception guided by sharing agreements negotiated between agencies (QSOBAAs).

c) A completed MSHMIS Client Release of Information (ROI) Form is needed before information may share electronically according to QSOBAA(s).
   i) The MSHMIS release is customized to inform the client about what is shared and with whom it is shared. The customization reflects the agency's QSOBAA(s).
   ii) The client accepts or rejects the sharing plan.
   iii) If the client rejects the sharing plan, staff clicks the Security Button, which closes the record.

d) Clients will be informed about and understand the benefits, risks, and available alternatives to sharing your information prior to signing an ROI, and their decision to sign or not sign shall be voluntary.

e) Clients who choose not to authorize sharing of information cannot be denied services for which they would otherwise be eligible.

f) All Client Authorization for ROI forms related to the MSHMIS will be placed in a file to be located on premises and will be made available to the MCAH for periodic audits.

g) MSHMIS-related Authorization for ROI forms will be retained for a period of **7** years, after which time the forms will be discarded in a manner that ensures client confidentiality is not compromised.

h) No confidential/restricted information received from the MSHMIS will be shared with any organization or individual without proper written consent by the client, unless otherwise permitted by applicable regulations or laws.

i) Restricted information, including progress notes and psychotherapy notes, about the diagnosis, treatment, or referrals related to a mental health disorder, drug or alcohol disorder, HIV/AIDS, and domestic violence concerns shall <u>not</u> be shared with other participating Agencies without the client's written, informed consent as documented on the Agency-modified Authorization for Release of Confidential Form.

    i) Sharing of restricted information is <u>not</u> covered under the general MSHMIS Client ROI.

    ii) Sharing of restricted information must also be planned and documented through a fully executed QSOBAA.

    iii) If a field that normally contain non-confidential information discloses confidential information.

      (1) The staff completes an Authorization to release Confidential Information.

      (2) If the client refuses to authorize the release, the staff closes the Assessment/Screen by clicking the lock on the screen and removing any exceptions.

j) If a client has previously given permission to share information with multiple agencies, beyond basic identifying information and non-restricted service transactions, and then chooses to revoke that permission with regard to one or more of these agencies, the affected agency/ agencies will be contacted accordingly, and those portions of the record, impacted by the revocation, to will be locked from further sharing.

k) All client ROI forms will include an expiration date, and once a Client ROI expires, any new information entered will be closed to sharing unless a new ROI is issued.

9) **System Security** System security provisions will apply to all systems where PPI is stored, agency's networks, desktops, laptops, mini-computers, mainframes and servers.

    a) Password Access**:**

      i) Only individuals who have completed Privacy and System Training may be given access to the MSHMIS through User IDs and Passwords.

      ii) Temporary/default passwords will be changed on first use.

      iii) Access to PPI requires a user name and password at least 8 characters long and using at least one number and one letter.

      iv) Passwords will not use or include the users name or the vendor name, and will not consist entirely of any word found in the common dictionary or any of the above words spelled backwards.

      v) User Name and password may not be stored or displayed in any publicly accessible location

      vi) Passwords must be changed routinely.

      vii) Users must not be able to log onto more than one workstation or location at a time.

viii) Individuals with User IDs and Passwords will not give or share assigned User ID and Passwords to access the MSHMIS with any other organization, governmental entity, business, or individual. There will be one license per user and it can't be shared.

b) Virus Protection and Firewalls:
   i) Commercial virus protection software will be maintained to protect HMIS system from virus attack.
   ii) Virus protection will include automated scanning of files as they are access by users.
   iii) Virus Definitions will be updated regularly.
   iv) All workstations will be protected by a firewall either through a workstation firewall or a server firewall.

c) Physical Access to Systems where HMIS Data is Stored
   i) Computers stationed in public places must be secured when workstations are not in use and staff is not present.
   ii) After a short period of time a password protected screen saver will be activated during time that the system is temporarily not in use.
   iii) For extended absence, staff must log off the computer

d) Stored Data Security and Disposal:
   i) All HMIS data downloaded onto a data storage medium must be maintained and stored in a secure location.
   ii) Data downloaded for purposes of statistical analysis will exclude PPI whenever possible.
   iii) HMIS data downloaded onto a data storage medium must be disposed of by reformatting as opposed to erasing or deleting.
   iv) A data storage medium will be reformatted a second time before the medium is reused or disposed of.

e) System Monitoring
   i) User access to the MSHMIS Live Web Site will be monitored using the computer access logs located on each computer's explorer "history" button, or via a central server report.

f) Hard Copy Security*:*
   i) Any paper or other hard copy containing PPI that is either generated by or for HMIS, including, but not limited to report, data entry forms and signed consent forms will be secured.
   ii) Agency staff will supervise at all times hard copy with identifying information generated by or for the HMIS when the hard copy is in a public area. If the staff leaves the area, the hard copy must be secured in areas not accessible by the public.
   iii) All written information pertaining to the user name and password must not be stored or displayed in any publicly accessible location.

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

APPENDIX C: Homeless Definition Cross-walk

Category	Title	Description See Interim CoC Rule / 24CFR Part 578 for complete wording.	Housing Status Question	"Is Client Homeless?" Question (Michigan Def.)	Program Qualifications & Funding Rules
1	Literally Homeless	**(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence**, meaning: (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;	"1- Literally Homeless"	"Yes" For All **Includes persons in existing TH (shelter) under grandfather clause.** **(New TH is only considered "shelter" if its primary purpose is sheltering and it does not require signed leases or occupancy agreements.)**	**ESG Rapid Rehousing Homeless**

| 2 | Imminent Risk | **An individual or family who will imminently lose their primary nighttime residence** provided that:
(i) The primary nighttime <u>residence will be lost within 14 days</u> 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; | **"2-Imminent Risk"** | **"Yes" only if meets i, ii, and iii.** | **<u>Qualifies</u> for ES, TH & SSO**

ESG Homeless Prevention |

| 3 | Homeless under other statutes | 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. | "2-At Imminent Risk"

 Or

 3-At Risk" | "Yes" only if meets i thru iv otherwise "No". | ESG Homeless Prevention

 Qualifies for ES, *TH, *SSO

 *HUD approval see 578.89 (aligned with plan with 10% limit unless homeless PIT < .01% of population). |

4	Fleeing / Attempting to Flee DV	**Any individual or family who:**
		   (i) Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nightting residence or has made the individual or family afraid to return to their primary nighttime residence;
		   (ii) Has no other residence; and
		   (iii) Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.
			"1-Literally Homeless if shelter or street"
			
			"2-Imminent Risk if doubled-up"
				"Yes" for All if meets i, ii, and iii.	**ESG Rapid Rehousing if also Category 1 (street/vehicle or shelter),**
					
					otherwise
					
					Homeless Prevention

	Chronically Homeless	**1. An individual who:**
		   (i) Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and
		   (ii) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously <u>for at least one year or on at least four separate occasions in the last three years that total 12 or more months.</u>
		   (iii) Can be diagnosed with one or more of the following conditions; substance use disorder, serious mental illness, developmentally disability, PTSD, cognitive impairments resulting from brain injury, or chronic physical illness or disability.
		2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility for fewer than 90 days and met all of the criteria in paragraph 1 of this definition, before entering that facility; or
		3. A family with an adult HoH (or if there is no adult in the family, a minor HoH) who meets all of the criteria in paragraph 1 of this
			"1-Literally Homeless"	**"Yes"**
				
				For Families the HoH must meet iii (disability).	

		definition, including a family whose composition has fluctuated while the HoH has been homeless.			

	At Risk of Homelessness	**An individual or family who:**
		(i) Has an annual income below 30% of median family income for the area, as determined by HUD;
		(ii) does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in category paragraph 1 of the homeless definition.
		(iii) Meets one of the following conditions:
		    a. Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
		    b. Is living in the home of another because of economic hardship;
		    c. Has been notified in writing that their right to occupy their current housing or living situation <u>will be terminated within 21 days</u> of the date of application for assistance;
		    d. Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or federal, State, or local government programs for low-income individuals;
		    e. Lives in a SRO or efficiency apartment unit in
			"2-Imminent Risk" if eviction is 15 to 21 days and i and ii, or or i, ii, and at least one iii.
			
			3-Unstably Housed (eviction > 21 days) and no other condition under iii.
			
			or **4-Stably Housed** if does not meet i, ii, and iii.
				"No"	**For ESG all category 2 and 3 are Homeless Prevention**

		which there reside more than 2 persons, or lives in a larger housing unit in which there reside more than 1.5 people/room, as defined by the US Census bureau;
		    f. Is exiting a publically funded institution or system of care (such as health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
		    g. Otherwise lives in housing that has characteristics associated with instability and increased risk of "homelessness", as identified in the recipient's approved consolidated plan;
		2. A child or youth who does not qualify as "homeless" under this section, but qualifies as homeless under sections 387(3) ….. see rule page 53 (Runaway and Homeless Youth, Head Start, Public Health, VAWA, Food & Nutrition, or Child Nutrition Acts); or
		3. A child or youth who does not qualify a homeless under this section, but qualifies a homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act, and the parent(s) or guardian(s) of that child or youth if living with her or him.
			If child or youth meets definition under 2 or 3 then "2-Imminent Risk"		

2017 MSHMIS Operating Policies and Procedures

rev. 2017.11.08 DRAFT

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Revision History:

Revision Date	
November, 2016	First Release of Policy Rewrite
November, 2017	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

2017 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 homeless housing and supportive services.
- To produce an unduplicated count of persons experiencing homelessness for each Continuum of Care
- To understand the extent and nature of homelessness locally, regionally and nationally
- To 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 governs the privacy standards for participants that can see data from multiple organizations.
Balance of State CoC	**BOS**	MSHDA/MHAAB have organized local planning bodies/jurisdictions throughout Michigan that make up the "Balance of State" IJ. These groups have historically been called Balance of State CoCs as they are organized like Independent Jurisdictions with many of the same rules, 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.[i]
Continuum of Care	**CoC**	Planning body charged with guiding the local response to homelessness.
Contributing HMIS Organizations	**CHO**	An organization that participates on the HMIS.

Coverage Rate		Coverage rate refers to the percentage of the homeless population in a geographic area that is measured on the HMIS, divided by the total number of homeless persons in that geographic area. Coverage estimates are used to project a total homeless count if there are homeless service providers in a jurisdiction that do not participate in MSHMIS. (These may include persons served in Domestic Violence Providers or other non-participating Shelters or Outreach Projects.) See the MSHMIS Coverage Memo for guidance.
Department of Health and Human Services Emergency Services Project	**DHHS ESP**	The ESP project combines DHHS general fund funds and TANF dollars designated for homeless services, primarily sheltering. The dollars are managed through the Salvation Army and require HMIS participation.
Family and Youth Services Bureau	**FYSB**	A division of the Department of Health and Human Services, the Family and Youth Services Bureau provides federal resources to address homelessness among youth.[ii]
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.
Housing Assessment and Resource Agencies	**HARAs**	Michigan has implemented HARAs across the state to serve as coordinated points of entry for homeless persons. 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 Chart	**HIC**	The HIC Chart 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 in this document.
Independent Jurisdiction CoCs	**IJs**	CoCs that are recognized by HUD and are usually organized around higher population counties.
Joint Governance Charter		The Agreement between Michigan's IJ 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. It is calculated using entry and exit dates or shelter stay dates. MSHMIS offers calculations for discrete stays as well as the total stays across multiple sheltering events.
Local Planning Body		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 many of the same tasks that a CoC board/collaborative body are now called Local Planning Bodies.
Local Planning Jurisdiction		A Local Planning Jurisdiction is the geography covered by a Local Planning Body in the Balance of State. Local Planning Jurisdictions usually consist of one or more counties from a regional perspective, and are designed to provide a local presence for Balance of State work.
The Michigan Campaign to End Homelessness	**CTEH**	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).
Michigan Homeless Assistance Advisory Board	**MHAAB**	The BOS CoC Governance Board. The Statewide HMIS project reports to MHAAB.
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 in January that is required for all CoCs. Every other year, 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 mentally ill homeless people, primarily through street outreach, to link them to permanent community housing. This project has different reporting requirements than HUD funded projects and uses HMIS to collect this information.
Project Types		**HUD defines 12 Project Types in HMIS:** • Coordinated Assessment – A CoC project that coordinates assessment and referrals of persons seeking housing and/or services, and may include the use of a comprehensive and standardized assessment tool. • Day Shelter – 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 3 months. • HP: Homeless Prevention- A project that helps those are at imminent risk of losing housing, to retain their housing. • PH: Permanent Supportive Housing- Permanent Supportive Housing is for formerly homeless persons and includes both services and housing. Permanent Supportive Housing requires a disability for entry and often

- PH: Housing Only - Permanent housing that may be supported by a voucher but does not have services attached to the housing.
- PH: Housing with Services (no disability required) – Permanent Housing with services provides both housing and supportive services, but does not require a disability to be served by the project.
- PH: RRH Rapid Rehousing- A project that rapidly rehouses those that are identified at literally homeless.
- SH: Safe Haven - A project that provides low-demand shelter for hard-to-serve persons with severe disabilities. The clients have often failed in other sheltering environments.
- SO: Street Outreach Project- A project that 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- Transitional environments with a planned LOS of not more than 2 years that provide supportive services[iii]

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 and handled and stored with care. 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.
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 FSYB, the Runaway and Homeless Youth programs support street outreach, emergency shelter, transitional living and maternity group homes for youth experiencing homelessness[iv]
Sharing		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.
Shelter Plus Care	**S+C**	Lead by the Michigan Department of Health and Human Services, Shelter + Care provides Permanent Supportive Housing to disabled persons in the State of Michigan and reports on the HMIS.
SSI/SSDI Outreach, Access and Recovery	**SOAR**	Using the national "best practice" curriculum, the SOAR project, led by Department of Health and Human Services, reduces barriers and supports the application for Social Security Benefits for Michigan's disabled homeless population.
User Agreement & Code of Ethics		The document each HMIS user signs that defines the HMIS standards of conduct.
Visibility		Refers to whether or not a provider page can see client data if it has been entered into another provider page. Visibility is configured on the HMIS

Visibility Group	system in each provider page. Visibility can be configured by individual provider pages or by Visibility Groups. 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.
Youth (Homeless Youth)	Homeless Youth are youth who lack a fixed, regular or adequate nighttime residence. Depending on the program and funder, 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. [v]

I. POLICIES AND PROCEDURES SUMMARY:

A. Policy Disclaimers and Updates

Operating 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 may add additional standards to this base document, which govern MSHMIS participation for their local CoC.

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 Policies and Procedures may also be found on the MSHMIS website www.mihomeless.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

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 Lead Agency for administration of the statewide database. Each jurisdiction will identify a local Lead Agency that coordinates with the Statewide Agency and is responsible for specific tasks. The Charter supports the ability for multiple jurisdictions to participate on a single HMIS information system.

2) All agencies must have the following fully executed documents on file and be in compliance with the policies and directives contained therein:
   i) An **Administrative QSOBAA** governing administrative access to the system.
   ii) A **Participation Agreement** governing the basic operating principals of the system and rules of membership.
   iii) **Sharing QSOBAA's** (if applicable) governing the nature of the sharing and the re-release of data.
   iv) A board certified **Confidentiality Policy** governing the privacy and security standards for the Agency.
   v) 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 agencies must have the following documents on file for all active users licensed 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 will have training certificates for active users on file.
   a. All users are required to take full privacy training when they are first licensed, and take 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 will 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 are 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 both the Homeless Definition and the Chronic Homeless Definition.

4) Agency Administrator Requirements

All agencies participating on the system must have an assigned Agency Administrator.
   a) Training Requirements - Agency Administrators must complete and maintain documentation of the following:

a. All trainings required for standard users on the system.
b. Provider Page training.
c. Workflow Training for all workflows used in their agency. This training will be developed by the MSHMIS Project, 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 outcome and other performance issues).
e. Other training as specified by the CoC.

2. 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.

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.
- 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 (with minor modifications) that was developed in close collaboration with providers that manage information that may put a client at risk.
- The MSHMIS system is compliant with HIPAA, and all Federal and State laws and codes. All privacy procedures are designed to ensure that the broadest range of providers may participate in the project.
- Privacy Training is a requirement for all agencies and users on the MSHMIS system.
- We view our privacy training as an opportunity for all participating organizations to revisit and improve their overall privacy practices. Many agencies choose to have all of 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 re-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 and included in both the Participation Agreement and this HMIS Policies and Procedures document.
- The MSHMIS System 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[1]:
   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.

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[1] 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.

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.[vi]

2) Criminal background checks must be completed on all Local System Administrators by the Local 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 should be used to support this activity.

3) The CoC 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 CoC 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:

1) 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.[vii]

2) All agencies are required to have the **HUD Public Notice** posted and visible to clients in locations where information is collected.

3) 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.[2]
   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.

4) All Notices must be posted on the Agency's website.

5) 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.

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

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.
   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 none-secured private network such as an airport, hotel, library, or internet café.**
   iv) Access via a cellular network using 4G 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.

6) Agencies must protect **hard copy data** that includes client identifying information from unauthorized viewing or access.
   a) Client files are locked in a drawer/file cabinet.
   b) Offices that contain files are locked when not occupied.
   c) Files are not left visible to unauthorized individuals.

7) 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.

8) 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 re-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 their 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.**
9) 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[3].
   v) Interagency sharing must be accompanied by a negotiated and executed Sharing QSOBAA.
   vi) If an agency is subject to stricter privacy laws (ex. 42 CFR Part 2), that only permit external sharing between a subset of their provider pages, all provider pages within that agency that will be sharing must be listed on any Sharing QSOBAAs that agency is a party of. Visibility cannot be added to new projects within such an agency without adding those provider page(s) to the sharing QSOBAA.

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[3] 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.

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 streamline paper, 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 above in ii.[4]

10) An **automated ROI** is required to enable sharing of any particular client's information between any provider pages on the system.
   a) Agencies should establish **Internal Visibility**[viii] 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.
      (1) Internal Visibility does not require a signed Client Release of Information unless otherwise specified by law. (However, an electronic release must still be entered in the system to permit Internal Visibility.)
      (2) 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).
      (1) A signed and dated Client Release of Information must be stored in the Client Record (paper or scanned onto the system) for all Automated ROIs that release data between different agencies.
      (2) Retroactive Sharing, or sharing historic information between two or more agencies without client consent is not permitted on the system. 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 has defined a procedure for pulling a client's housing history across the entire database to verify a client's eligibility for specific housing options. This procedure requires that:
      i) Consent for obtaining the client's housing history is written into the agency's Outreach Sharing Plan of their Release of Information, and the client has agreed to permit this activity by initialing this section.
      ii) An electronic copy of the signed Release of Information including the client authorization to release the housing history has been attached to the client record on the system.
   d) Client information entered in HMIS may be used to create **By-Name Lists** and in **Prioritization Meetings** provided that:[ix]

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[4] Recognizes existing practice by participating CoCs.

      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 Release of Information, 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.

11) 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

12) **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 are not shared between users, or visible for others to see.
   e) Project staff are educated to not save reports with client identifying data on portable media as evidenced through written training procedures or meeting minutes.
   f) Staff are trained regarding use of email communication, texting, file sharing and other electronic means of transferring data related to client services.
      i) By-name housing lists may not be printed with client identifying information without written client consent.

Data Security:
1) All licensed Users of the System must be assigned **Access Levels** that are consistent with their job responsibilities and their business "need to know".
2) All computers have **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 insure:
      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 System 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 and that of your sharing partners. If an accidental or purposeful breach occurs, you are required to notify MCAH. A full accounting of access to the record can be completed.

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.

1) Backup Details for MSHMIS
   See "Mediware Information Systems Securing Client Data" for a detailed description of data security and Mediware's Disaster Response Plan
   a) The MSHMIS Project is required to maintain the highest level disaster recovery service by contracting with Mediware Information Systems for Premium Disaster Recovery that includes:
      i) Off site, out-of state backup on a different Internet provider, and a separate electrical grid.
      ii) Backups of the application server occur on a regular basis, and align with the current version of the live MSHMIS site.
      iii) Near-instantaneous backups of the MSHMIS database (information is backed up within 5 minutes of entry.)
      iv) Additional nightly off site replication to protect in case of a primary data center failure.
      v) Priority level response (ensures downtime will not exceed 4 hours).

2) MSHMIS Project Disaster Recovery Plan:
   In the event of a major system failure:
   a) The MSHMIS Project Director or designee will notify all participating CoCs and Local System Administrators should a disaster occur at Mediware Information Systems which affects the functionality and availability of ServicePoint. When appropriate, MCAH will notify Local System Administrators/CoC Leadership of the planned recovery activities and related time lines.
   b) Local/assigned System Administrators are responsible for notifying their local agencies and users.
      i) If a failure occurs after normal business hours, MSHMIS staff will report the system failure to Mediware Information Systems 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.

c) The MSHMIS Project Director or designated staff will notify Mediware Information Systems if additional database services are required.

d) The MSHMIS Project will always have one staff member on-call 24/7/365 so agencies and users can report system outages.

3) 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.

a) HMIS Lead Agencies are required to back-up their internal data system nightly.

b) 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.

c) 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.

   i) Agency Emergency Protocols must include:

   (1) 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.

   (2) Delegation of key responsibilities. The plan should outline which persons will be responsible for notification and the timeline of notification.

d) In the event of a local disaster:

   i) MSHMIS in partnership with the local 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.

   ii) MSHMIS in collaboration with the local Lead Agencies will also provide information to local responders as required by law and within best practice guidelines.

e) MSHMIS in collaboration with the local Lead Agencies will also provide access to organizations charged with crisis response within the privacy guidelines of the system and as allowed by law.

V. SYSTEM ADMINISTRATION:

The position of the Local System Administrator/System Administrator I is key to the success of the CoC. This individual 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 local CoC.

A. Training Requirements for a Local System Administrator:

   a) All trainings required for standard users on the system.

   b) Provider Page training and Workflow Training for all workflows used in their CoC.

c) Reports Training (Local System Administrators are tasked with supporting data quality as well as monitoring outcome and other performance issues).
d) System Administrator Training – This training usually takes place several weeks after a new Local System Administrator has been in their position.
e) Continuous Quality Improvement Training
f) All System Administrators are required to read and understand the HUD Data Standards that underpin the rules of the HMIS.
g) HUD Initiative Training (AHAR, 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 1pm).
4. Regular Agency Administrator/User Meetings within the CoC
5. Michigan's Campaign to End Homelessness work groups and Regional Meetings as assigned.

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 CoCs they support. This support includes resetting passwords and troubleshooting/problem solving for users and agencies within their CoCs. 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 if requested by the Local System Administrator/Local CoC.

2. User and Provider Page Setup
   a. Local System Administrators will setup new users in NC HMIS, or delegate the task to their Agency Administrators. In the case of delegating this task, they will train Agency Administrators on proper setup of user accounts.
   b. 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.
   c. 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.
   d. 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 users of the system in the CoC they serve. These meetings will cover important news on changes in the system, items of local interest within the CoC, and issues identified by the Local System Administrator within the CoC.
   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 the Local System Administrator and the local CoC.

5. **HUD Projects and Activities** (Including AHAR, PIT/HIC, HMIS APR, SPMs, HUD NOFA):
   a. The Local System Administrator will work directly with CoC leadership to complete CoC wide HUD activities such as the AHAR, PIT/HIC, System Performance Measures and the CoC HUD NOFA 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 APR for the CoC they serve in.
   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 will be responsible for providing reports to the CoC it serves as the HMIS Lead for regarding requests made by the local CoC for data. 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 AHAR, PIT/HIC, SPMs,[x] 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 for the purpose of monitoring data quality and outcomes on a regular basis in the agencies that it serves.

c. The Local System Administrator will be responsible for reporting out on activities and expenditures to the Local CoC in which it 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 the systemwide 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 not be 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.

8. **Option 1 Balance of State Planning Jurisdictions** where MCAH is the Local System Administrator

   In Planning Jurisdictions where MCAH serves as the Local System Administrator, MCAH will serve as the key agency performing the technical tasks of the Local System Administrator. However, the local Planning Body is responsible for:

   a. The Local Planning Body will designate a local person within the community to serve as the lead point of contact for HMIS initiatives in the Local Planning Jurisdiction

   b. The Local Planning Body is responsible for performing an annual PIT Count as specified by MHAAB. This count will be conducted on the ground by local leadership. Additionally, data entry of all PIT/HIC information into MSHMIS is the responsibility of the Local Planning Body.

   c. Leadership within the Local Planning Body is responsible for all federal, state and local level grant applications and reporting. The LSA assigned to the community from the MCAH staff will assist with any data/reporting pulls as needed.

9. **Option 2 Balance of State Planning Jurisdictions** with their own Local System Administrator

   Local System Administrators in a Local Planning Jurisdiction are responsible for the same duties of a Local System Administrator in a HUD CoC.

(Note: Completion of these tasks are the responsibility of both the HMIS Lead (the Local System

Administrator) and the agencies which participate on the system in the local CoC. The Local System Administrator can create a policy under which local agencies are responsible for monitoring themselves, and instructing them on application of that policy. The Local System Administrator can then assist agencies with implementing the policy locally to ensure compliance. The HMIS Lead has released a series of tools to help local HMIS Leads with the process of developing compliance tools.)

VI. DATA QUALITY PLAN AND WORKFLOWS:

D. Provider Page Set-Up:
1. Provider Page are appropriately named per the MSHMIS naming standards **Agency Name – Location (CoC Name) – Project Name – Project Funding Descriptors.**
   For example: The Salvation Army – Marquette Alger CoC – Hotel Voucher Project – ESP.
   Identification of funding stream is critical to completing required reporting to funding organization.
2. Operating Start Dates are appropriately entered on provider pages and reflect when the project began offering housing and/or services. 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)[xi]
3. Inactive Provider Pages are properly identified with "XXX Closed" followed by the year of the last project exit >Provider Page Name. 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.
4. The primary provider contact information reflects where the services are being delivered.
5. HUD Data Standards are fully completed on all Provider Pages:
   a. CoC code is correctly set. If a project stops functioning in the CoC, the appropriate end date will be added to the CoC Code Entry.
   b. Project type codes are correctly set
   c. If a project is an Emergency Shelter, the Method for Tracking Emergency Shelter Utilization field is correctly set. If a project is not an Emergency Shelter, this field is left null or "-Select-"
   d. Geocodes are set correctly
   e. The Continuum Project field is properly completed.
   f. If a project is HOPWA, RHY, PATH or SSVF, the Provider Grant Type is correctly filled out.
   g. 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.
   h. Federal Partner Funding Source values are selected if a project is funded by one of the Federal Partners. Federal Partner Funding Sources are to be updated at least annually. If a project is not funded by a Federal Partner Funding Source, the option selected is NA.
   i. Assessments with the appropriate 3.917 Living Situation question are assigned based on Program Type
      i. Emergency Shelter, Street Outreach or Safe Haven projects use 3.917a.
      ii. All other project types use 3.917b.

E. Data Quality Plan:

1. Agencies must require documentation at intake of the homeless status of consumers according to the reporting and eligibility guidelines issued by HUD. The "order of priority" for obtaining evidence of homeless status are (1) third party documentation, (2) worker observations, and certification from the person. Lack of third party documentation may not be used to refuse emergency shelter, outreach or domestic violence services. Local CoCs may designate the local HARA's to establish the homeless designation and maintain related documentation.

2. 100% of the clients must be entered into the System within 15 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 by:
   a. Data is entered into the system using the Enter Data As function.
   b. Entering the entry/exit data including the UDEs on the Entry/Exit Tab of ServicePoint or
   c. Backdating the information into the System[5]

3. All staff are required to be trained on the definition of Homelessness.[6]
   a. MSHMIS provides a homeless definition crosswalk and 3.917 flowchart to support agency level training.
   b. There is congruity between the following MSHMIS case record responses, based on the applicable homeless definition. (Elements to HUD Data Standard Element 3.917a or 3.917b are being properly completed).

4. The agency has a process to ensure the First and Last Names are spelled properly and the DOB is accurate.
   a. An ID is 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. Projects that serve the chronic and higher risk populations are encouraged to use the scan card process within ServicePoint to improve un-duplication and to improve the efficiency of recording services.
   d. 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 ServicePoint ID number crosswalks (that are required to find the record again) must be maintained off-line in a secure location.

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.[xii]
   a. For Permanent Housing Projects, the Housing Move-In Date is completed on an update when the client moves into housing.[xiii]

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[5] Clarification of existing policy.
[6] Specific instruction is available for PATH and HOPWA projects at www.dyns-services.com

b. Annual Reviews will be completed in the 30 days prior to 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), annual review and exit. If the income is over two years old please follow the procedure defined above. [7]

6. Agencies have an organized exit process that includes:

a. Clients and staff are educated on the importance of planning and communicating regarding discharge. This is evidenced through staff meeting minutes or other training logs and records.

b. Discharge Destinations are properly mapped to the HUD Destination Categories.
   i. MSHMIS provides a Destination Definition document to support proper completion of exits. All new staff must have training on this document.
   ii. Projects must have defined processes for collecting this information from as many households as possible.[8]

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 following all intakes and exits and quarterly to monitor the recording of services and other required data elements including annual updates of income and employment.[9]

b. The project entry and exit dates should be recorded upon project entry or exit of all participants. Entry dates should record the first day of service or project entry with a new project entry date for each period/episode of service. 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 (red) Universal Data Element Fields.
   ii. The Relationship to Household assessment questions is completed.

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[7] 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.

[8] 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.

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

    iii.   The 3.917 Living Situation series of questions are completed.

    iv.   The 3.16 Client Location question is completed

    v.   The Domestic Violence questions are completed

    vi.   HUD Verifications are completed on all Income, Non Cash Benefits, Health Insurance and Disability sub-assessments.

    vii. The Residential move-in-date is completed for all PH: RRH projects.

    viii. All project specific data elements are completed as required by the various funding sources supporting the project.

    d.   Providers are auditing 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 Project Type. The CoC 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 set in the Provider Page Configuration are appropriate for the funding stream.

2.   Users performing data entry 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 15 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. [10]

    a.   All HMIS participants are required to enter at minimum the Universal Data Elements.

    b.   Projects that serve clients over time are required to complete additional updates as defined by the funding stream. If the Agency is not reporting to a funding stream, they are encouraged to use the Michigan Update form.

VII. RESEARCH AND ELECTRONIC DATA EXCHANGES

F. Electronic Data Exchanges:

1.   Agencies electing to either import or export data from the MSHMIS must assure:

    a.   **Data Import** - The quality of data being loaded onto the System meets all the data quality standards listed in this policy including timeliness, completeness, and accuracy. In all cases, the importing organization must be able to successfully generate all

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[10] PATH, HOPWA and VA projects use project entry forms that correspond to the data collection requirements of those projects. For PATH and HOPWA, please contact www.dyns-services.com

required reports including but not limited to the CoC APR, the ESG CAPER, or other required reports as specified by the funder.

    b. **Data Export -** Agencies exporting data from MSHMIS must certify the privacy and security rights promised participants on the HMIS are met on the destination system. If the destination System operates under less restrictive rules, the client must be fully informed and approve the transfer during the intake process. The agency must have the ability to restrict transfers to those clients that approve the exchange.

2. MSHDA/MCAH or your local CoC may elect to participate in de-identified research data sets to support research and planning.

    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.

    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 research data sets to support research and planning.

    a. All identified research must be governed through an Institutional Research Board including requirements for client informed consent.

    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.

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 CoC Lead Agency is required to maintain this document.)
- ❑ **HMIS Policies and Procedures Document for the CoC:** (Only the HMIS and/or CoC 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.

APPENDIX B: End Notes of Key Changes for 2017

The following reflects changes to the 2017 MSHMIS Operating Policies and Procedures document

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[i] Added definition for 2017

[ii] Added definition for 2017

[iii] Updated list of project types

[iv] Added definition for 2017

[v] Added definition for 2017

[vi] Added specific language and timetables defining the length of time for conducting an investigation and who is responsible for what elements.

[vii] Numbering was continued from the previous section to maintain sectional integrity.

[viii] Updated language from Internal Sharing to Internal Visibility throughout Article IIIB Section 10a which better describes the relationship of internal agency data.

[ix] Section III.B.13.d was added to provide a baseline for By-Name Lists and Prioritization processes for CoCs, in implementing their Coordinated Entry Plans.

[x] Added to reflect the addition of System Performance Measures to the list of CoC required reports

[xi] Added to reflect changes to the 2017 HUD Data Standards.

[xii] Added Health Insurance and Disabilities to items included on the update

[xiii] Added to reflect changes to the 2017 HUD Data Standards

Appendix E: HMIS Comparable Database

This section provides that the purpose of HMIS is to record and store client-level information about the numbers, characteristics, and needs of homeless persons and those at risk of homelessness. This section also clarifies the scope of homeless assistance and prevention programs that must utilize HMIS.

With respect to scope, this rule clarifies that all recipients of financial assistance under the Continuum of Care program, the Emergency Solutions Grant program, the Rural Housing Stability Assistance (RHS) program, as well as HUD programs previously funded under the McKinney-Vento Act (the Supportive Housing Program, the Shelter Plus Care program, and the Section 8 Single Room Occupancy Moderate Rehabilitation program) are required to use HMIS to collect client-level data on persons served. Homeless and non-homeless projects not funded under the McKinney-Vento Act may participate in the local HMIS, and must follow HMIS regulations and any additional requirements as may be issued by notice, in accordance with the Paperwork Reduction Act.

Under this rule, a <u>comparable</u> database means a database used by a victim service provider or a legal service provider that collects client-level data over time and generates unduplicated aggregate reports based on the data, in accordance with the requirements of this part. Information entered into a <u>comparable</u> database must not be entered directly into or provided to an HMIS.

Consistent with section 401(32) of the McKinney-Vento Act, this rule defines the term *victim service provider* as a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

This section establishes that the Continuum of Care is responsible for making decisions about HMIS management and administration. As provided in the Definition section of this rule, Continuum of Care means the group composed of representatives of organizations, including nonprofit homeless providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, and law enforcement, that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons that carry out the responsibilities delegated to a Continuum of Care under HUD's regulations in 24 CFR part 578. The Continuum of Care is responsible for ensuring that the HMIS for the Continuum of Care is operated in accordance with the provisions of the new regulations and other applicable laws.

Duties of the Continuum of Care

This section provides that the Continuum of Care must designate a single information system as the official HMIS software for the geographic area. A single information system reduces administrative burden, is more economical for Continuums and, most importantly, allows for Continuum-wide collaboration between organizations serving homeless persons and persons at risk of homelessness. The Continuum must also designate the HMIS Lead. Homeless Action Network of Detroit (HAND) has been designated as the HMIS Lead. The HMIS Lead must be an instrumentality of state or local government, or a private nonprofit organization. The Continuum must review, revise, and approve all policies and plans the HMIS Lead is required to develop. Finally, the Continuum must develop a governance charter and document all assignments and designations consistent with the governance charter.

This section also provides that a Continuum of Care may choose to participate in HMIS with one or more other Continuums of Care. To create a multi-Continuum HMIS, each Continuum must designate the same HMIS software and the same HMIS Lead and must adopt a joint governance charter. The HMIS must be capable of reporting unduplicated data for each Continuum of Care separately.

Duties of the HMIS Lead

This section lists the duties of the HMIS Lead. These duties include developing written policies and procedures for all Covered Homeless Organizations (CHOs), executing an HMIS participation agreement with each CHO, serving as the applicant to HUD for any HMIS grants that will cover the Continuum of Care geographic area, and monitoring compliance by all CHOs of the Continuum of Care.

Carrying Out HMIS Activities

This section requires recipients and subrecipients of McKinney-Vento Act program funds to participate in the HMIS established by the Continuum of Care for their geographic area and specifies the parameters in which recipients and subrecipients of funds carry out eligible HMIS activities. Participation in HMIS by recipients and subrecipients of Emergency Solutions Grants program funds is statutorily required.

This section also provides that victim service providers must not directly enter or provide data into an HMIS if they are legally prohibited from participating in HMIS and that legal service providers may choose not to use HMIS if it is necessary to protect attorney-client privileges. Victim service providers and legal service providers that are recipients of funds requiring participation in HMIS, but which do not directly enter data into an HMIS, must use a comparable database. This section specifies the standards for a comparable database. Victim service providers have been prohibited from entering data into HMIS since the passage of the Violence Against Women Act and Department of Justice Reauthorization Act of 2005 (42 U.S.C. 13925). The *Notice of Allocation, Application Procedures, and Requirements for Homelessness Prevention and Rapid Re-Housing Program Recipients and subrecipients under the American Recovery and Reinvestment Act of 2009* (HPRP Notice) established, for the first time, standards for a comparable database and required victim service providers to enter data into a comparable database. Entering data into a comparable database was necessary to produce the reports required by the Homelessness Prevention and Rapid Re-Housing Program (HPRP). The HPRP Notice also established the ability for legal service providers to use a comparable database

instead of directly entering data into the HMIS where it is necessary to protect attorney-client privileges. HUD is proposing to adopt above requirements in this rule because without information from victim service providers and legal service providers, the collaborative applicant cannot effectively carry out its required duties and the Continuum of Care cannot evaluate the system-wide performance of the Continuum. A <u>comparable</u> database allows the collaborative applicant and Continuum to obtain the aggregate data needed while respecting the sensitive nature of the client-level information if it complies with all HMIS data, technical, and security standards as established in this part or by notice.

Appendix F: HAND Letter of Support Policy

Policy Title	Policy for Providing a Letter of Support for Projects (excluding Low Income Housing Tax Credits (LIHTC) Projects)
Date Developed/Revised	February 19, 2015/April 9, 2015/November 20, 2016
Date Adopted by Detroit CoC Board of Directors	January 9, 2017
Signed (Detroit CoC Board Chair)	
	Meghan Takashima

<u>Purpose</u>
The purpose of the Detroit Continuum of Care (CoC)'s Letter of Support Policy is to set the policy and guidelines the Detroit CoC will use regarding writing letters of support for existing or new projects which provide housing and/or services to individuals or families who are experiencing homelessness or at-risk of homelessness in the Detroit Continuum of Care (cities of Detroit, Highland Park, and Hamtramck).

<u>Background</u>
Each year, the Detroit CoC receives numerous requests for letters of support from agencies that provide housing and/or services to people experiencing homelessness in the cities of Detroit, Highland Park, and Hamtramck. The Detroit CoC is establishing this policy for providing a letter of support to ensure it has the necessary information about the agency and project to evaluate whether the project meets the objectives of the Detroit Continuum of Care and to ensure it has the appropriate amount of time to compose an effective letter of support for the proposed project. As the CoC Lead Agency, the Homeless Action Network of Detroit (HAND) has been authorized by the Detroit CoC to carry out the following:

- Receive the requested letter of support
- Review submitted materials for letter of support
- Produce the letter of support on the CoC Lead Agency letterhead, signed by the CoC Lead Agency Executive Director

Process to Request a Letter of Support

The agency requesting the letter should provide the following materials at least 7 business days prior to the date that they need the letter (letters of support will not be provided if 7 business days' notice is not given) via e-mail to Amelia Allen at amelia@handetroit.org:

- **Cover Letter:** A cover letter, which may be in the form of an email, from the agency's Executive Director *(or other applicable staff)* requesting the letter of support which includes the amount funding being applied for as well as the funding source;
- **One-Page Project Description:** A brief one-page description of the project which includes:
  - explanation of the need for the project,
  - a description of how the project anticipates participating in the Coordinated Assessment Model (if applicable),
  - project details including the program and service delivery model being used, the location of the project, target population and the number of persons to be served, the number, type (i.e. PSH units), and configuration (i.e. 1 bedroom apartment) of housing units or beds
  - expected project outcomes
  - expected operation date of the project;
- **Project Budget:** A budget which includes the amount and sources for all supportive services;
- **Sample Letter of Support:** A sample letter of support for the project, for the CoC to use at its discretion. The sample letter should be in the form of a Word document

Please include the contact information for the person who should be contacted in case HAND staff has questions about the project or the requested letter of support. A decision about the letter of support requests will be sent to the contact indicated.

If an agency is requesting an updated letter of support within six months of the original letter and there are no significant changes to the project, the agency may proceed to step two. Significant changes include changes to partners, population, unit mix (type, configuration, amount), location, services provided, and funding sources.

Additional Considerations
- **HMIS Certification:** The Homeless Management Information System (HMIS) is a critical component of our Continuum of Care. Therefore, HAND strives to ensure accurate and complete data quality. If the agency and/or its partner(s) enter data into HMIS, the following data quality standards must be met for all programs/projects within the agency at the time of request in order to receive the letter of support:

  - At least 90% of **universal data elements** is completed for all clients.
  - Less than 25% of clients have an unknown destination when being exited from emergency shelters, transitional housing programs, supportive service only programs,

and rapid rehousing programs. (This standard is not applicable for seasonal warming centers.)

- o The number of active clients in HMIS programs (per the APR) is not more than 105% or less than 65% of the number of clients on the Housing Inventory Chart for the AHAR Point-In-Time dates of the last Wednesday of October, January, April and July. Exceptions to this standard, when appropriate, may be granted at the discretion of HAND staff.
- o Agency Administrators attend the majority of Agency Administrator meetings.

- **Written Standards:** Projects receiving a letter of support are expected to align with the [Detroit Homeless System Written Standards](#).
- **HMIS:** Data will be entered into the Homeless Management Information System (HMIS) in accordance with the HMIS Policies & Procedures and as applicable to your type of project
- **Coordinated Assessment Model (CAM):** Tenants experiencing homelessness will be selected via the Coordinated Assessment Model (CAM) process ONLY and homeless and chronicity (if applicable) will be verified by the Detroit CoC HARA.
- Receipt of a letter indicates the agency's commitment to following up with the Detroit CoC via the CoC Lead Agency (HAND) within 10 business days of award notice. For residential projects, an agency should also follow up at least 90 calendar days prior to leasing up. Such communication should be directed to Amelia Allen at amelia@handetroit.org.

2018 HDX Competition Report
PIT Count Data for MI-501 - Detroit CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count	2335	2078	1769
Emergency Shelter Total	1182	1,169	1,035
Safe Haven Total	21	21	40
Transitional Housing Total	939	668	536
Total Sheltered Count	2142	1858	1611
Total Unsheltered Count	193	220	158

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	329	249	221
Sheltered Count of Chronically Homeless Persons	226	144	154
Unsheltered Count of Chronically Homeless Persons	103	105	67

2018 HDX Competition Report
PIT Count Data for MI-501 - Detroit CoC

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT	2018 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	**220**	**179**	**167**
Sheltered Count of Homeless Households with Children	217	178	166
Unsheltered Count of Homeless Households with Children	3	1	1

Homeless Veteran PIT Counts

	2011	2016	2017	2018
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	**385**	**354**	**337**	**322**
Sheltered Count of Homeless Veterans	352	336	320	305
Unsheltered Count of Homeless Veterans	33	18	17	17

2018 HDX Competition Report
HIC Data for MI-501 - Detroit CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2018 HIC	Total Beds in 2018 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	1001	67	934	100.00%
Safe Haven (SH) Beds	40	0	40	100.00%
Transitional Housing (TH) Beds	646	23	623	100.00%
Rapid Re-Housing (RRH) Beds	950	0	950	100.00%
Permanent Supportive Housing (PSH) Beds	3006	0	2468	82.10%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	5,643	90	5015	90.31%

2018 HDX Competition Report
HIC Data for MI-501 - Detroit CoC

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts

	2016 HIC	2017 HIC	2018 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	783	1121	2185

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children

	2016 HIC	2017 HIC	2018 HIC
RRH units available to serve families on the HIC	97	132	221

Rapid Rehousing Beds Dedicated to All Persons

All Household Types

	2016 HIC	2017 HIC	2018 HIC
RRH beds available to serve all populations on the HIC	530	633	950

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Summary Report for MI-501 - Detroit CoC

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.
Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

	Universe (Persons)			Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017		Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES and SH	7161	6348		56	61	5	34	37	3
1.2 Persons in ES, SH, and TH	8534	7031		100	84	-16	57	46	-11

b. This measure is based on data element 3.17.

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

The construction of this measure changed, per HUD's specifications, between FY 2016 and FY 2017. HUD is aware that this may impact the change between these two years.

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Submitted FY 2016	FY 2017		Submitted FY 2016	FY 2017	Difference	Submitted FY 2016	FY 2017	Difference
1.1 Persons in ES, SH, and PH (prior to "housing move in")	7335	6338		228	242	14	80	90	10
1.2 Persons in ES, SH, TH, and PH (prior to "housing move in")	8642	7120		259	256	-3	95	92	-3

2018 HDX Competition Report

FY2017 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

After entering data, please review and confirm your entries and totals. Some HMIS reports may not list the project types in exactly the same order as they are displayed below.

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)	Returns to Homelessness in Less than 6 Months		Returns to Homelessness from 6 to 12 Months		Returns to Homelessness from 13 to 24 Months		Number of Returns in 2 Years	
		FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns	FY 2017	% of Returns
Exit was from SO	274	76	28%	18	7%	24	9%	118	43%
Exit was from ES	1267	365	29%	70	6%	77	6%	512	40%
Exit was from TH	367	70	19%	22	6%	36	10%	128	35%
Exit was from SH	20	5	25%	2	10%	4	20%	11	55%
Exit was from PH	834	149	18%	53	6%	92	11%	294	35%
TOTAL Returns to Homelessness	2762	665	24%	165	6%	233	8%	1063	38%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	January 2016 PIT Count	January 2017 PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	2335	2078	-257
Emergency Shelter Total	1182	1169	-13
Safe Haven Total	21	21	0
Transitional Housing Total	939	668	-271
Total Sheltered Count	2142	1858	-284
Unsheltered Count	193	220	27

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

	Submitted FY 2016	FY 2017	Difference
Universe: Unduplicated Total sheltered homeless persons	8703	7139	-1564
Emergency Shelter Total	7124	6380	-744
Safe Haven Total	56	36	-20
Transitional Housing Total	2034	924	-1110

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	1023	982	-41
Number of adults with increased earned income	21	65	44
Percentage of adults who increased earned income	2%	7%	5%

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	1023	982	-41
Number of adults with increased non-employment cash income	58	230	172
Percentage of adults who increased non-employment cash income	6%	23%	17%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults (system stayers)	1023	982	-41
Number of adults with increased total income	71	280	209
Percentage of adults who increased total income	7%	29%	22%

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	942	710	-232
Number of adults who exited with increased earned income	137	114	-23
Percentage of adults who increased earned income	15%	16%	1%

Metric 4.5 – Change in non-employment cash income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	942	710	-232
Number of adults who exited with increased non-employment cash income	151	165	14
Percentage of adults who increased non-employment cash income	16%	23%	7%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY 2016	FY 2017	Difference
Universe: Number of adults who exited (system leavers)	942	710	-232
Number of adults who exited with increased total income	271	258	-13
Percentage of adults who increased total income	29%	36%	7%

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	7498	7526	28
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2225	2211	-14
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	5273	5315	42

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

	Submitted FY 2016	FY 2017	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	8710	8893	183
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2841	2787	-54
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	5869	6106	237

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

This Measure is not applicable to CoCs in FY2017 (Oct 1, 2016 - Sept 30, 2017) reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2016	FY 2017	Difference
Universe: Persons who exit Street Outreach	1492	637	-855
Of persons above, those who exited to temporary & some institutional destinations	240	63	-177
Of the persons above, those who exited to permanent housing destinations	369	318	-51
% Successful exits	41%	60%	19%

Metric 7b.1 – Change in exits to permanent housing destinations

2018 HDX Competition Report
FY2017 - Performance Measurement Module (Sys PM)

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	7666	6479	-1187
Of the persons above, those who exited to permanent housing destinations	3280	2901	-379
% Successful exits	43%	45%	2%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2016	FY 2017	Difference
Universe: Persons in all PH projects except PH-RRH	2619	2514	-105
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	2546	2443	-103
% Successful exits/retention	97%	97%	0%

2018 HDX Competition Report

FY2017 - SysPM Data Quality

MI-501 - Detroit CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submisssions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports into order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2018 HDX Competition Report
FY2017 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017	2013-2014	2014-2015	2015-2016	2016-2017
1. Number of non-DV Beds on HIC	1206	1137	1041	1117	1225	1157	1092	737	2507	4986	5282	7514	159	631	530	633				
2. Number of HMIS Beds	1135	1063	1041	1072	1177	1100	1071	729	1853	4851	1955	6972	159	631	505	633				
3. HMIS Participation Rate from HIC (%)	94.11	93.49	100.00	95.97	96.08	95.07	98.08	98.91	73.91	97.29	37.01	92.79	100.00	100.00	95.28	100.00				
4. Unduplicated Persons Served (HMIS)	9529	8420	7861	6332	2397	2232	2036	1526	2305	2533	2629	2844	1322	2978	1960	1476	269	873	691	1763
5. Total Leavers (HMIS)	8191	7061	6534	5571	1228	1157	1442	1236	505	403	341	456	501	2365	1220	704	107	660	490	647
6. Destination of Don't Know, Refused, or Missing (HMIS)	2193	1322	690	264	79	64	100	46	28	7	16	12	24	25	32	20	14	228	161	137
7. Destination Error Rate (%)	26.77	18.72	10.56	4.74	6.43	5.53	6.93	3.72	5.54	1.74	4.69	2.63	4.79	1.06	2.62	2.84	13.08	34.55	32.86	21.17

2018 HDX Competition Report
Submission and Count Dates for MI-501 - Detroit CoC

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2018 PIT Count	1/31/2018	

Report Submission Date in HDX

	Submitted On	Met Deadline
2018 PIT Count Submittal Date	4/30/2018	Yes
2018 HIC Count Submittal Date	4/30/2018	Yes
2017 System PM Submittal Date	5/21/2018	Yes

DETROIT COC PERMANENT SUPPORTIVE HOUSING - MATCH

Table of Contents

The Detroit CoC prioritization and matching process for Permanent Supportive Housing (PSH) represents the uniform method to be used across the community for assessing, prioritizing and matching individuals and/or families into permanent supportive housing. The VI-SPDAT assessment tool will be used as a trigger to determine the need for a more comprehensive assessment under the Full SPDAT. The Coordinated Assessment Model (CAM) Lead Agency, the entity tasked with managing Coordinated Entry will triage individuals into the appropriate category of intervention.

PSH Matching Process

The PSH Matching Process is a coordinated activity of linking eligible clients to permanent supportive housing in the Detroit CoC. It involves structured collaboration between the Coordinated Assessment Model Lead Agency, the CoC Navigators, the CoC PSH providers, the CoC Lead Agency (HAND) and the CoC HMIS team. "Matching" occurs when vacancies are available in the Detroit CoC. Clients matched to Permanent Supportive Housing are determined using the CoC Prioritization as outlined in PSH Policy and Procedures.   Please see the **PSH Access Flowchart (Appendix 3)** for the detailed process.

PSH PRIORITIZATION ORDER

FULL SPDAT Score Ranges for PSH:
Families: | 54-80
Individuals: | 35-60

ALL CLIENTS (INCLUDING THOSE WITHIN PRIORITIZATION CATEGORIES, (WHEN APPLICABLE) WILL BE RANKED BY THEIR FULL SPDAT SCORES; SINGLES AND FAMILIES WILL BE PRIORITIZED SEPARATELY

Order of priority
Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness
1. **First Priority–** [1]Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.
2. **Second Priority–**Chronically Homeless Individuals and Families with the Longest History of Homelessness.
3. **Third Priority–**Chronically Homeless Individuals and Families with the Most Severe Service Needs**.**
4. **Fourth Priority–**All Other Chronically Homeless Individuals and Families.
Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness
1. **First Priority–**Homeless Individuals and Families with a Disability with the Most Severe Service Needs.
2. **Second Priority–**Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.
3. **Third Priority–**Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.
4. **Fourth Priority–**Homeless Individuals and Families with a Disability Coming from Transitional Housing.

[1]*Please see glossary for chronic homelessness definition*

MI-501 (Detroit CoC) Summary of Racial Disparity Assessment

Discharge Destination Outcomes by Race and Ethnicity in the Detroit CoC (2015-2017)

	Percentage of Groups Overall Exits by HUD Destination Category (Addition of percentages left to right in any row totals 100% for the group indicated on the left)		
	Permanent Destination	Temporary Destination	Other Destination
Black or African American *n=95,281*	26%	58%	16%
White *n=7,159*	20%	64%	16%
Other *n=1,047*	13%	24%	64%
Native Hawaiian or Other Pacific Islander *n=211*	14%	32%	54%
American Indian or Alaska Native *n=203*	27%	57%	16%
Asian *n=188*	33%	59%	8%

*n= number of exits tallied for each group in the reporting period

	Percentage of Groups Overall Exits by HUD Destination Category (Addition of percentages left to right in any row totals 100% for the group indicated on the left)		
	Permanent Destination	Temporary Destination	Other Destination
Non-Hispanic/ Non-Latino *n=101,206*	26%	58%	16%
Hispanic/Latino *n=1,419*	23%	63%	15%

*n= number of exits tallied for each group in the reporting period

**HUD defined categories of permanent, temporary, and other destinations can be found below.

HUD defined destination categories
Temporary
Emergency shelter, including hotel or motel paid for with emergency shelter voucher
Foster care home or foster care group home
Hospital or other residential non-psychiatric medical facility
Hotel or motel paid for without emergency shelter voucher
Jail, prison or juvenile detention facility
Moved from one HOPWA funded project to HOPWA TH
Place not meant for human habitation
Psychiatric hospital or other psychiatric facility
Residential project or halfway house with no homeless criteria
Safe Haven
Staying or living with family, temporary tenure (e.g., room, apartment or house)
Staying or living with friends, temporary tenure (e.g., room apartment or house)
Substance abuse treatment facility or detox center
Transitional housing for homeless persons (including homeless youth)
Permanent
Long-term care facility or nursing home
Moved from one HOPWA funded project to HOPWA PH
Owned by client, no ongoing housing subsidy
Owned by client, with ongoing housing subsidy
Permanent housing for formerly homeless persons
Rental by client, no ongoing housing subsidy
Rental by client, with GPD TIP housing subsidy
Rental by client, with other ongoing housing subsidy
Rental by client, with VASH housing subsidy
Staying or living with family, permanent tenure
Staying or living with friends, permanent tenure
Other
Deceased
Client doesn't know
Client refused
Data not collected
No exit interview completed
Other