

# Detroit Continuum of Care | Board of Directors

Working to Equitably End Homelessness in Detroit, Highland Park, & Hamtramck

**Board Meeting Agenda | May 3, 2021 | 2:00-4:30pm | Webinar: [Registration Link](#)**

## CoC Board Norms:

- Start and end on time.
- Come prepared.
- Focus on strategy and high-level goals.
- Be aware of different roles you're playing.
- Be solutions oriented.
- Avoid rabbit holes & use the parking lot.

## CoC Board Draft Values:

- Homelessness should be rare, brief and non-recurring.
- Flexibility to respond to emerging ideas and challenges or try new and innovative ideas and projects.
- Racial equity as demonstrated through equitable outcomes
- Transparent decision that makes the greatest possible use of data.
- Collaboration and a cross-systems approach.

Time	Agenda Item	Presenter	Committee <small>(see acronym list below)</small>	Attachment
Housekeeping & Agenda Setting				
2:00 pm	Welcome and Introductions	Amy Brown	EC	--
2:05 pm	Executive Committee Report & Announcements <ul style="list-style-type: none"><li>- HCV Update</li><li>- Outreach Initiatives</li><li>- General Membership Meeting (<a href="#">Zoom Link</a>)</li></ul>	Amy Brown	EC	--
2:15 pm	Consent Agenda <ul style="list-style-type: none"><li>- April 2021 Board Minutes <b>(ACTION ITEM – VOTE)</b></li></ul>	Amy Brown	EC	# 1
Additional Information (No Immediate Action) <sup>1</sup>				# 2 – 3
Applications and Funding				
2:20 pm	FY2021 CoC Competition Launch <ul style="list-style-type: none"><li>- Renewal Project Evaluation &amp; Scoring Criteria <b>(ACTION ITEM – VOTE)</b></li><li>- FY2021 New Project Recommendations <b>(ACTION ITEM – VOTE)</b></li></ul>	Amanda Sternberg	VFPC	# 4a & b
Additional Information (No Immediate Action) <sup>2</sup>				# 5
3:05pm	5 minute break 😊 (Stay on Zoom please!)			
CoC Policies and Governance				
3:10 pm	Notice of Policy Updates <ul style="list-style-type: none"><li>- Rapid Re-Housing Policy &amp; Procedure</li><li>- Housing Choice Voucher Policy &amp; Procedure</li></ul>	Terra Linzner	CoD, HAND	<a href="#">Link to RRH P&amp;P</a> <a href="#">Link to HCV P&amp;P</a>
Data and Reporting				
3:15 pm	CAM 2020 Annual Report	Catherine Distelrath	CAM	# 6
Advancing Equity				

<sup>1</sup> Additional Information from Housekeeping & Agenda – **Attachment 2:** CoC Board Attendance Tracking and **Attachment 3:** Apr. Exec. Com. Minutes

<sup>2</sup> Additional Information from Applications & Funding – **Attachment 6:** FY2018 Ramp Up Status – Final Report

<b>3:40 pm</b>	Modifying the CoC Board Values	Vanessa Samuelson	EC	<b># 7</b>
<b>4:00pm – Adjourn</b>				

NEXT MEETING: JUNE 7, 2021 | 2:00-4:30PM | WEBINAR (UNTIL IN-PERSON MEETINGS RESUME)

**Key Committee and System Partner Acronyms:**

**CGC** – *CAM Governance Committee* – **Co-Chairs:** Celia Thomas & Charles Pearson | **Staff:** Catherine Distelrath & Scott Jackson

**EC** – *Executive Committee* – **Chair:** Amy Brown | **Vice-Chair:** Alicia Ramon | **Secretary:** DaJuan Smith

**CAM** – *Coordinated Assessment Model* – Detroit’s Coordinated Entry System (Managed by Southwest Solutions)

**CoD** – *City of Detroit*

**HAND** – *Homeless Action Network of Detroit* – Detroit’s Collaborative Applicant, CoC Lead Agency, and HMIS Lead Agency

**Additional Acronyms for Reference:**

**BNL** = By-name List

**CoC** = Continuum of Care

**CE** = Coordinated Entry

**CARES** = Coronavirus Aid, Relief, and Economic Security Act

**CDBG** = Community Development Block Grant

**CH** = Chronically Homeless

**DV** = Domestic Violence

**ESG** = Emergency Solutions Grant

**ESP** = Emergency Shelter Partnership

**FY** = Fiscal Year

**HIC** = Housing Inventory Count

**HMIS** = Homelessness Management Information System

**HUD** = US Department of Housing & Urban Development

**MI** = Michigan

**MSHDA** = Michigan State Housing Development Authority

**PIT** = Point in Time Count

**P&P** = Policies and Procedures

**PSH** = Permanent Supportive Housing

**RFP** = Request for Proposals

**RRH** = Rapid Re-Housing

**SH** = Supportive Housing

**SPDAT** = Service Prioritization Decision Assistance Tool

**SPM** = System Performance Measure

**TA** = Technical Assistance

**TH** = Transitional Housing

**QR** = Quarterly Report

## **ATTACHMENT ONE**

# Detroit Continuum of Care | Board of Directors

Working to Equitably End Homelessness in Detroit, Highland Park, & Hamtramck

**April 5, 2021 Board Meeting Minutes**

*(Agenda can be accessed by [clicking here](#); Supporting Materials by [clicking here](#))*

## **Board Members Present**

Amy Brown  
Anne Blake  
Catherine Distelrath  
Celia Thomas  
Chioke Mose-Telesford  
DaJuan Smith  
Donna Price  
Eleanor Bradford  
Gerald Curley  
Joy Flood  
June White  
Katie Zeiter  
Ray Shipman  
Sharyn Johnson  
Shawntae Harris-Mintline  
Tasha Gray  
Vanessa Samuelson

## **Absent Board Members**

Ari Ruttenberg  
Deloris Cortez  
Elizabeth Vasquez  
Ted Phillips

## **Excused Board Members**

Ashlee Cunningham  
Erica George  
Terra Linzner

## **General Public**

Amanda Sternberg  
Allison Green  
Alyssa Rietveld  
Ayana Gonzalez  
Bobby Brown  
Erica Snyder  
Jamie Wojahn  
Jamie Ebaugh  
Jasmine Morgan  
Jay Krammes  
John Stoyka  
Kaitie Giza  
Karlton Akins  
Kathleen Noel  
Kiana Harrison  
Kimberly Benton  
Laura Urteaga-Fuentes  
Lauren Bianchi  
Lindsey Bishop-Gilmore  
Marguerite Lawrence  
Matthew Tommelein  
Nailah Brown  
Olivia Carter  
ReGina Hentz  
Rosie Jones  
Roslyn Baughman  
Sandy Clarke  
Shani Campbell  
Slaynne De La Cruz  
Theresia Prince  
William Sheeley

**Amy B. opened the meeting at 2:04pm with introductions – utilizing the chat box.**

## **Executive Committee Report & Announcements:**

### **Summary –**

- Amy B. took some time to go over the webinar logistics: including the agenda, breakout rooms, and the presentations.
- COVID Emergency Rental Assistance (CERA) Update:
  - The funding for CERA is no longer being held in the legislative process and has begun to be made available to communities. Therefore, the program in Detroit has officially begun operating.
  - Tasha shared the flyer to advertise the resource ([linked here](#)) and encouraged folks to begin sharing with clients, landlords, and community members.

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## Working to Equitably End Homelessness in Detroit, Highland Park, & Hamtramck

- Update on Board Values Revision Process
  - There has been progress on the efforts to finalize the values for the CoC Board (a process which began in 2019). A small group of Board Members met in March to incorporate the feedback from the last Board Discussion. The feedback requested to better center the values on equity and to ensure that they were framed in a way that was asset/strength-based. The discussion around values will be revisited at the May Board Meeting.

### *Consent Agenda*

#### March Board Meeting Minutes

- The floor was opened for questions. None were asked.
- Celia motioned to approve the March 2021 Board Minutes. Gerald seconded the motion. Of the 14 voting members present, 14 voted in favor. 0 were opposed. 0 abstained. The motion passed.

### *FY2020 CoC Competition Update & Projected Timeline:*

#### Summary –

- Amanda reminded the board that the FY2020 competition was cancelled by HUD due to the pandemic. As a result, all projects funded in FY2019 were automatically renewed. In total, Detroit received 28,917,271 in CoC Funding for FY2020 (factoring in the increase for FMR and the full CoC Planning Grant allocation).
- Amanda then provided the board with updates about the FY2021 competition. Amanda anticipates that this year's competition will follow a more traditional timeline – with the NOFA being released in May/June and the application being due in late summer/early fall. Similarly, the CoC can likely anticipate the award announcements in the late months of 2021 or early months of 2022.

#### Next Steps –

- The Board can anticipate the following Competition-related content to come before them in the coming months (final timelines may vary):
  - May –
    - Evaluation and Scoring Recommendations
    - Priority Ranking & Reallocation Recommendations
    - New Project Funding Recommendations
  - June/July –
    - Progress updates
  - August –
    - New Project Applications
  - September –
    - General Membership reviews and approves the written application
  - November/December –
    - Debrief of the 2021 Competition.

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## *Tracking of the Impact of ESG-CV Funding:*

### Summary –

- Technical Assistance (TA) Work:
  - Ayana G. and Erica S. introduced themselves and explained that they work for The Technical Assistance Collaborative, INC. (TAC) – a nonprofit technical assistance (TA) provider who HUD has assigned to provide intensive support to Detroit (one of 29 communities selected). Some of the goals for their TA in Detroit are as follows:
    - Help with the speed and coordination of the administration of the relief funding provided to the community, assist with the implementation of best practices, increase system capacity, and maximize outlets for systems transformation.
    - Ultimately, they are working to help communities transition from a crisis-response to the development and implementation of longer-range rehousing strategies and operations.
  - Ayana and Erica also spent some time celebrating what has been able to be accomplished as a result of the increased pandemic-related funding in the community. As a reminder, Detroit received roughly 22.6 million dollars in ESG funding in 2020 (roughly \$19 million more than the standard \$3 million annual allocation) Some of those accomplishments are as follows (tied to the goals stated above):
    - Speed and Coordination –
      - Developed the ESG Planning Group
      - Targeted community response to COVID-19 which has been adaptive to the ever-changing pandemic
    - Implement Best Practices –
      - Surveyed shelter and RRH providers and used the results to provide targeted training opportunities
      - Developed a homeless prevention assessment tool and provided trainings
      - Developed ESG-CV Written Standards
      - Coordinated with the health department for a comprehensive vaccine distribution strategy
    - Systems Capacity –
      - Developed ESG-CV data dashboards
      - Developed the Homeless Prevention Provider Workgroup
    - Maximize Systems Transformation
      - Launched the Family Housing Accelerator initiative
      - Created an ESG-CV RFP and scoring tool to assist with the strategic allocation of the additional resources
- Integrating Prevention into Coordinated Entry (CE):
  - Catherine D. explained that Detroit has received roughly \$3 million in homeless prevention funding to assist the most vulnerable households who are at “imminent risk of homelessness, meaning that the household is likely to be literally homeless within the next 14 days.” This funding is unique from the more than \$100 million eviction diversion funding that Detroit has received which is targeted to those facing eviction, but are not at immediate risk of homelessness.
  - With the increased prevention funding came an opportunity to integrate prevention into Coordinated Entry which allows for a streamlined prioritization and referral process for resources and ensures the funding is targeted to the most vulnerable.

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- After several months of hard work, CAM was able to launch its new process on February 1, 2021. 53 households have been assessed to-date using the new prevention prioritization tool. Some of the preliminary data is as follows:
  - 78% of those assessed were staying with family or friends (doubled up); 15% were staying in a h/motel; and 7% were staying in some other at-risk situation.
  - 48% had no income or were below 14% Area Median Income (AMI).
  - Of the 53 assessed, 10 have been successfully referred to homeless prevention providers to receive assistance.

### Next Steps –

- TAC will continue to provide support on an array of the efforts listed above. CAM will continue to monitor and adjust as needed.

### 2021 Housing Choice Voucher Surge:

#### Summary –

- Catherine D. reported that an unprecedented number of homeless households (258 so far in 2021) have been pulled from the MSHDA Homeless Preference Housing Choice Voucher (HP HCV) waitlist. Per conversations with MSHDA, it is expected that there will be even more (likely up to 500) pulls throughout 2021. This is an exciting opportunity to provide a large number of persons experiencing homelessness with a long-term housing resource.
  - To successfully link as many clients as possible to this resource will require a concerted effort, coordination, and collaboration. Staff from CAM, HAND, and the City of Detroit have been meeting to develop a systems level strategy and response. Efforts have already been underway to partner with MSHDA and the housing agents to ensure no clients fall through the cracks. This team has also developed some high-level goals. They are as follows:
    - 100% of persons still in a CoC Program (street outreach, emergency shelter, transitional housing, rapid re-housing) at the time of the pull from MSHDA will be contacted and offered assistance with completing the voucher paperwork.
    - 80% of persons still in a CoC program at the time of the pull will successfully navigate the process and lease up with a voucher.

### Next Steps –

- The interagency team will continue to meet to plan for and respond to the surge of pulls and to advocate on behalf of the system.

### 2021 PIT & HIC Data Submission:

#### Summary –

- William S. explained that CoC's are required annually to conduct a count of the number of persons experiencing homelessness and staying in shelter on a single night. This is known as the Point-in-Time (PIT) Count. Every two years, CoC's are required to conduct a count of persons experiencing unsheltered homelessness. 2021 would have traditionally been a required year for the unsheltered count, however Detroit received a waiver from HUD to forgo the count due to the risks incurred from the ongoing pandemic. Detroit still conducted the sheltered PIT and HIC for 2021.
- William went on to briefly review the *draft* PIT data for 2021. HAND is still working with providers to clean up any data errors to ensure the final information is as accurate as possible. There are also still a few providers who have yet to get their data to HAND. The *preliminary* data shows that 1,171 persons were experiencing homelessness in the Detroit CoC as of January 27, 2021. This is 24% decrease from January 2020. While homelessness decreased overall, there was a slight increase in the number of persons experiencing chronic homelessness on this night as well as those fleeing domestic violence.
- Kiana H. explained that HUD requires to do an annual inventory of the number of beds that are operational within the CoC. This is called the Housing Inventory Count (HIC). The HIC gives a community a sense of what their capacity is (the maximum number of beds that are available to serve persons experiencing homelessness in the community). It is conducted at the same time as the PIT. Kiana went on to explain that 2021 is unique in that HUD has not opened the

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portal to enter and submit the data (called the HDX) yet. This is typically opened in March. HUD has not made any announcements as to when the portal will open or if they will extend the submission deadline due to their delays. HAND has collected the majority of the data for 2021. However, the HUD VASH data still needs to be collected. HAND is working with the VA, MCAH, and MSHDA to determine how to obtain that data. The *preliminary* data has shown that for shelter, transitional housing, and safe haven we have generally experienced a decrease in the total number of beds available in the system. Providers report that this is due to COVID-19 and the need to social distance. Our community has seen a slight increase in the number of PSH beds and a decrease in the number of RRH beds. Again, all of this data is preliminary and may change as it is finalized. In total, 104 projects reported data for the HIC.

- Once the data is finalized, HAND can then determine our community's utilization rates – which compares the maximum number of beds available to the number of persons who were utilizing those beds on the night of the PIT.

### Decision –

- Donna motioned to approve the HMIS team to finalize the data and submit it to HUD. Eleanor seconded the motion. Of the 15 voting members present, 15 voted in favor. 0 were opposed. 0 abstained. The motion passed.

### Next Steps –

- HAND will keep the Board updated about the status of the submission. The final data will be uploaded to HAND's website once it is complete.

### *Continuing the Conversation on Adopting a Vision as the Detroit CoC:*

### Summary –

- This conversation is a continuation of the effort to adopt a vision for the CoC that is rooted in equity. These joint discussions between the CoC Board and General Membership began at the March Board Meeting and continued at the March General Membership Meeting. Amy B. explained that today's discussion will work to engage with the feedback that was received in March. Amy briefly recapped some of the feedback. Amy also took some time to briefly review the process that has led to the conversation today. This began out of the CoC Board making a commitment to focus on promoting racial equity and centering the work of the CoC around those with lived expertise. The National Innovation Service (NIS) was contracted to help advance this work and their scope of service was oriented to these goals. While the adoption of a vision wasn't the initial focus, the need for a centralizing vision for the CoC was highlighted during the community engagement process that NIS conducted.
- Vanessa S. went on to re-review the proposed vision. Vanessa then went on to directly address some of the questions that were asked during the meetings in March. Vanessa then discussed the ways that adopting the vision can lead to action. If adopted, the vision would function as the umbrella under which all of our collective work falls under, is guided by, and is measured against. The Board and General Membership are also being asked to commit to (re)designing a system that aligns with the vision. Ideally, this (re)design process would be coordinated, addresses accountability, and address the need for a community-driven processes to set priorities.
- Kaitie G. briefly discussed what the co-design process could look like. She emphasized that the intention is to center frontline staff and persons with lived expertise throughout the entire process.
- Tasha G. briefly discussed the importance of adopting a vision. She explained that the vision will provide the CoC with a framework under which to develop necessary partnerships with the City and other key service and funding partners. Adopting the vision is a first step to addressing ongoing CoC challenges and will hopefully help drive the CoC towards action.
- The group then broke out into small groups to continue the conversation.



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### Next Steps –

- This discussion will continue at the May General Membership Meeting – at which point the Board and CoC will be asked to vote.

**Amy B. closed the meeting at 4:32pm.** *The next CoC Board meeting will be on Monday, May 3rd, from 2 – 4:30pm. Location will continue to be virtual due to COVID-19.*

## **ATTACHMENT TWO**

## 2021 Detroit CoC Board Meeting Attendance

Board Member	January	February	March	April	May	June	July	August	September	October	November	December	Total Present	Total Excused Absence	Total Unexcused Absence
Anne Blake	P	P	P	P									4	0	0
Amy Brown - Chair	P	P	P	P									4	0	0
Deloris Cortez	P	P	P	U									3	0	1
Eleanor Costa	P	P	P	P									4	0	0
Ashlee Cunningham	P	P	P	E									3	1	0
Gerald Curley	P	P	P	P									4	0	0
Catherine Distelrath	P	P	P	P									4	0	0
Joy Flood	P	P	P	P									4	0	0
Erica George	P	P	P	E									3	1	0
Tasha Gray	P	P	P	P									4	0	0
Shawntae Harris-Mintline	P	P	P	P									4	0	0
Sharyn Johnson	P	P	P	P									4	0	0
Terra Linzner	P	P	P	E									3	1	0
Chioke Mose-Telesford	P	P	P	P									4	0	0
Ted Phillips	P	P	P	U									3	0	1
Donna Price	P	P	P	P									4	0	0
Vanessa Samuelson	P	P	P	P									4	0	0
Mary Sheffield (Ari Rettenburg)	P	P	P	U									3	0	1
Ray Shipman	P	P	P	P									4	0	0
DaJuan Smith	P	P	U	P									3	0	1
Celia Thomas	P	P	E	P									3	1	0
Elizabeth Vasquez	U	P	P	U									2	0	2
June White	P	P	P	P									4	0	0
Katie Zieter	P	P	P	P									4	0	0

### Codes:

P = Present  
E = Excused Absence  
U = Unexcused Absence

**Board member attendance and timely notification of absences is vital in ensuring that we are able to reach quorum at our meetings.** Per the governance charter, our attendance policy is as follows: *"Members of the Detroit CoC Board may remove a Board member (elected or appointed) who is absent for two (2) Board regularly scheduled meetings in any twelvemonth 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."*

**In order to be considered excused, please send written notice to the Board Chair ([abrown@noahprojectdetroit.org](mailto:abrown@noahprojectdetroit.org)), Secretary ([jebaugh@swsol.org](mailto:jebaugh@swsol.org)), and the CoC Coordinator ([kaitie@handetroit.org](mailto:kaitie@handetroit.org)) at least 8 hours before the meeting commences. After one unexcused absence, the board member will be sent a warning**

notification. If during that calendar year, the board member has an additional unexcused absense, they will be removed.

## **ATTACHMENT THREE**

# Executive Committee

APRIL 7, 2021 | 4-5PM | WEBINAR

## MINUTES

### Attendance

**Executive Committee Members:** Amy Brown, Vanessa Samuelson, Donna Price, DaJuan Smith

**System Partners:** Terra Linzner, Tasha Gray, Kaitie Giza, Catherine Distelrath, Lindsey Bishop-Gilmore, Gerald Curley

Time	Agenda Item & Notes	Presenter/ Facilitator	Supporting Materials
4:00 pm	<b>1. Board Meeting Debrief</b> <b>Summary:</b> April marked the one-year anniversary of us meeting online. The group celebrated the progress we have made in formatting and helping to keep the meetings engaging. The group collectively appreciated the break. There was also a collective desire to stimulate deeper discussion. The group brainstormed a few ideas to foster engagement. It was suggested to encourage the presenters to prepare some discussion questions to help motivate deeper engagement. Breaking the content into breakout rooms and allowing board members to pick which room to join was also mentioned as an idea.	Amy Brown	
4:08 pm	<b>2. HCV Update</b> <b>Summary:</b> Catherine brought forward a few key areas of work related to the HCV surge that could benefit from support from the EC. The first area was related to simplifying vital document requirements. MSHDA agreed to accept a printout from MDHHS with client name, DOB, and SSN to verify identity. MDHHS agreed to create a printout template, but the process is moving slowly. The group brainstormed ways to help speed things along. See below for agreed upon next steps. The second item is related to landlord engagement and identification of quality units. There may be ways to partner with the work of CERA to move this forward. Tasha informed the group that the courts are mandating for landlords to register with the City of Detroit to receive CERA funds. <b>Next Steps:</b> Catherine will share language for the request regarding the MDHHS printout with Tasha. Tasha will email a local MDHHS contact to request support. Catherine will also follow up with Lynn again. Tasha and Catherine will meet separately to discuss potential partnership/overlap in relation to landlord engagement.	Catherine Distelrath	
4: 25 pm	<b>3. NIS Work</b> <b>Summary:</b> The group briefly debriefed the breakout room engagement from the Board Meeting. The overall themes of the feedback were as follows: <ul style="list-style-type: none"><li>• More frontline staff engagement was needed and opportunities to engage in alternately scheduled sessions</li></ul>	Amy & Vanessa	<a href="#">Phase 1 &amp; 2 Planning</a>

	<ul style="list-style-type: none"><li>• Need more explicit attention to how people with lived expertise and the “most vulnerable” are centered.</li><li>• General membership needs to be engaged regularly.</li><li>• There is a fine balance between the vision and needing tangibility/detail. Many want tangibility -- what things will look like, how will we know we are making progress/getting results?</li><li>• Regular discussions about this helpful, would like them to continue/Regularly revisit the vision as part of our work.</li><li>• Better communication -- “forwards and backwards” -- making sure everyone has the same information at the same time. Reduce jargon and state things simply.</li><li>• Is the process too fast?</li></ul> <p>There was a general agreement that some of the themes point to a need for stronger engagement of and communication with the General Membership/providers. This is a need that has been present for some time and is rising to the surface through this process for the vision. Lindsey shared that in the group Dr. G. facilitated, Dr. G. had folks close their eyes while he read the vision and that this was very impactful. We may want to have him facilitate a similar process with everyone during the next community meeting.</p> <p>Vanessa reviewed a document that she created to help manage the various streams of work that are moving forward (<a href="#">linked</a>). The group spent a little time discussing the first work effort related to engaging with various persons and entities one-on-one to help move this work forward. There was debate over whether the engagement needs to occur prior to the vote on the vision or after. The group agreed that while the vote on the vision may not be held up, it will be important to engage a few key entities to ensure that the work as a whole can move forward and that they feel included/valuable in the process. However, the group agreed to strive to discuss the vision at upcoming workgroup and committee meetings prior to the vote.</p> <p><b>Next Steps:</b> Vanessa will draft a few key talking points to discuss at upcoming workgroup and committee meetings. Amy and Vanessa will meet to disseminate the information.</p>		
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# Executive Committee

APRIL 14, 2021 | 4-5PM | WEBINAR

## MINUTES

### Attendance

**Executive Committee Members:** Amy Brown, Vanessa Samuelson

**System Partners:** Kaitie Giza, Tasha Gray, Terra Linzner, Lindsey Bishop-Gilmore, Gerald Curley

Time	Agenda Item & Notes	Presenter/ Facilitator	Supporting Materials
4:00 pm	<p><b>1. Follow Up Around HCV Advocacy to MDHHS</b></p> <p><b>Summary:</b> Catherine reached out to Lynn at MDHHS to understand the barriers to creating the document that could be utilized to meet the HCV ID requirements. Lynn is partnering with folks at the Detroit MDHHS office to finalize the document. Terra has been working to partner with a few contacts to expand the list of landlords who will accept HCV. Of the 200 clients pulled for HCV in 2021, that are still active in the CoC, 65% have submitted their preliminary paperwork and continue to move forward in the process. Work is underway to continue to improve this rate. The team discussed the ongoing challenges of collecting data to track clients' progress through the process. Lindsey recommended organizing a meeting with MSHDA to discuss the data that the CoC is currently tracking and requesting that MSHDA share more detailed progress data on a regular basis. Tasha recommended potentially consulting Candace Morgan or Jane Scarlett to get their perspective as former housing agents.</p> <p><b>Next Steps:</b> Amy will relay recommendations back to Catherine and partner to determine next steps.</p>	Amy Brown	
4:22 pm	<p><b>CERA Update</b></p> <p><b>Summary:</b> CERA is up and running but is moving slowly. Because this a new program, MSHDA continues to make changes daily in light of new information which requires the team to continually adapt and pivot in addition to working to get the program running at full speed. MSHDA has developed an online application that everyone (statewide) must apply through. This portal went live last week and supersedes the local application that had been developed for EDP. The online portal controls where referrals are directed. This interferes with the distribution of tasks that Detroit had agreed upon which will ultimately impact Detroit's ability to effectively spend down the money. Tasha has a meeting with MSHDA tomorrow to try to resolve this hurdle. Another major hurdle has been created locally. The mayor is wanting to utilize the CERA program as a means to enforce the need for landlords to certify their properties with the City of Detroit – requiring certification in order for landlords to receive any back rent. What we know right now is that 90% of the court cases</p>	Tasha Gray	



	<p>currently do not have a certificate of compliance. Since the courts have agreed to enforce this, the impact will extend beyond CERA cases to ESG rental assistance as well. This has caused a major uproar amongst the landlords' attorneys which is putting things at a standstill. There is major concern about the impact this will have on clients – as it seems likely that landlords will just forgo the process and push tenants out because the rental assistance will be too difficult to obtain. Terra threw out the idea that landlord incentive funding for ESG may be able to be utilized to help fund the repairs necessary to obtain a certificate of compliance from the City. The team agreed to continue to brainstorm supports to provide to landlords to help cover the costs of repairs. Vanessa suggested that this is a place where leveraging philanthropy could be very beneficial. Vanessa is willing to help communicate with funding partners if the team can help to develop a tight message/ask.</p> <p><b>Next Steps:</b> The EC will continue discussing this next week. There will be a standing agenda item on CERA for meetings moving forward. Tasha will work to draft up a narrative of the need to help in leveraging philanthropy and share at next week's meeting.</p>		
4:45 pm	<p><b>2. May Board Meeting Check-In</b></p> <p><b>Summary:</b> Kaitie shared a draft of the Board Meeting for May for feedback from the Executive Committee. The group provided feedback to the draft. The group also discussed lingering next steps for the upcoming General Membership Meeting.</p> <p><b>Next Steps:</b> Kaitie will incorporate the feedback into an updated agenda and will partner with presenters to gather materials for the packet.</p>	Kaitie Giza	May Draft Agenda

# Executive Committee

APRIL 21, 2021 | 4-5PM | WEBINAR

## MINUTES

### Attendance

**Executive Committee Members:** Amy Brown, Donna Price, Vanessa Samuelson, DaJuan Smith, Celia Thomas

**System Partners:** Lindsey Bishop-Gilmore, Catherine Distelrath, Terra Linzner, Tasha Gray

Time	Agenda Item & Notes	Presenter/ Facilitator	Supporting Materials
4:00 pm	<b>1. City of Detroit Updates</b> <b>Summary:</b> Hart Plaza will be undergoing major reconstruction through July or August. The Department of Housing and Revitalization (HRD) was notified of this on April 16th, and they met with the homelessness outreach team on April 17th. On April 26th, General Services will do a final cleanup. Currently there are 12 people living at Hart Plaza. The NOAH Project and Motor City Mission are the individual outreach teams, and HRD is going to offer hotel rooms to anyone interested, with CHS offering navigation services.	Terra Linzner	
4:15 pm	<b>2. CERA Updates</b> <b>Summary:</b> Currently units with formal eviction processes are not moving through the process to get certificates of compliance; this means CERA funding cannot be fully distributed to them. MSHDA is monitoring CERA deployment for eviction support and the impact on performance that certificates of compliance may cause. <b>Next Steps:</b> Tasha will begin a document to gather questions about this issue; others can populate it. Vanessa will reach out to Ted Phillips at UCHC and Patrick Cooney at Poverty Solutions.	Tasha Gray	<a href="#">Certificate of Compliance Document</a>
4:45pm	<b>3. Medicaid Briefing with Corporation for Supportive Housing</b> <b>Summary:</b> Michigan's Medicaid Waiver offers the option to bill Medicaid for tenancy based services. Thus far, this waiver has very low utilization across the state, with the majority of utilization in northern Michigan. The ability to bill for this code is made available by Detroit Wayne Integrated Health Network CSH will be offering technical assistance and support to providers who are currently billing Medicaid to learn about it. This work is supported by Kresge, hopefully through the fall of 2021. CSH is also interested in working on short-term advocacy with local providers who are interested in requesting service funding in the state budget; with MDHHS eyeing the 2022 budget.	Lindsey Bishop-Gilmore	

# Executive Committee

APRIL 28, 2021 | 4-5PM | WEBINAR

## MINUTES

### Attendance

**Executive Committee Members:** Amy Brown, Vanessa Samuelson, DaJuan Smith, Celia Thomas, Donna Price

**System Partners:** Kaitie Giza, Tasha Gray, Gerald Curley, Catherine Distelrath, Terra Linzner, Lindsey Bishop-Gilmore

Time	Agenda Item & Notes	Presenter/ Facilitator	Supporting Materials
4:00 pm	<b>1. May Board Meeting Prep</b> <b>Summary:</b> The Executive Committee discussed a few final logistics for Monday's Board Meeting. <b>Next Steps:</b> Kaitie will send the Board Packet out today. Slides are due to Kaitie by tomorrow, 4/29. Kaitie will send a final slide deck out to the presenters on 4/30. Kaitie will also work to coordinate the breakout room distribution and facilitation. She will email everyone with their assignments in the coming days.	Kaitie Giza	May Board Meeting Agenda
4:20 pm	<b>1. NIS Follow-Up</b> <b>Summary:</b> The Executive Committee discussed next steps for moving the work forward. There will be a letter sent to the advisors' group in response to their proposed work over the coming months. McGregor Fund and NIS are also in the process of signing a contract that will outline and fund the work with the advisors' group through June. The CoC will be voting in May to adopt the proposed vision. The group discussed the need to make sure that it is clear that folks are being asked to vote on the vision and an agreement to ensure the work of the CoC aligns with the vision. There seems to be confusion about what is specifically being voted on in May. Clarifying the scope of the vote may help to alleviate some of the tension. <b>Next Steps:</b> The Executive Committee will continue to check in about the progress of this work.	Vanessa Samuelson & Amy Brown	
4:45 pm	<b>2. HCV Surge</b> <b>Summary:</b> MSHDA did a pull on April 16 <sup>th</sup> of 166 people. Catherine anticipates that MSHDA will likely continue to pull once a month. Overall, the efforts to move clients through the process seem to be going fairly well. Catherine is hoping to receive an update from the Housing Agents in the near future about any barriers they are running into. <b>Next Steps:</b> Catherine will keep the EC updated.	Catherine Distelrath	
4:48 pm	<b>3. CERA</b> <b>Summary:</b> A formal complaint was filed around the need for landlords to secure a certificate of compliance to receive CERA funding. These negotiations continue to hold up the process and provide barriers to providing financial assistance. At the last meeting, the Executive	Tasha Gray	

	<p>Committee expressed a number of concerns. Tasha created a document for the Executive Committee to compile their questions for the City of Detroit related to this mandate. Vanessa recently met with Pat C. from Poverty Solutions. It seems that there could be better, more data-informed ways that the City of Detroit could go about enforcing their certificate of compliance initiative than this current blanket approach. Diving into some of the data that HRD is collecting could be a way to advocate for an alternate approach and mitigate the unintended consequences of the current efforts.</p> <p><b>Next Steps:</b> Tasha will share the EC's questions with the City of Detroit. She will also coordinate with Catherine and other relevant persons to discuss how to prevent CERA applicants who need to be relocated from ending up in the shelter. The Executive Committee will end this conversation at the next Executive Committee Meeting.</p>		
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## **ATTACHMENT FOUR (A)**



## Recommended FY2021 Continuum of Care Renewal Project Evaluation and Scoring Criteria May 3, 2021

- **The CoC board is asked to approve the recommended FY2021 renewal project evaluation and scoring criteria for CoC projects.**

### **Background**

The development of the recommended evaluation and scoring criteria for renewal projects in the FY2021 CoC competition local application process included several discussions with the Values & Funding Priorities and Performance & Evaluation Committees and a [public comment process](#).

### **New, Modified, Re-Incorporated, or Informational Only Evaluation Criteria**

The tables below detail evaluation criteria that are either:

- **New:** Were not included in 2020
- **Modified:** Changed in some way from 2020
- **Re-Incorporated:** Temporarily set-aside in 2020 due to the pandemic, and are now being re-incorporated
- **Informational Only:** Questions asked of project applicants to gather information, but are not scored

The evaluation and scoring criteria for renewal projects looks back on calendar year 2020, necessitating some recommended changes based on the pandemic. The full evaluation and scoring criteria for renewal projects is [here](#).

#### **NEW Evaluation Criteria**

Project Type	Evaluation Criteria	Maximum Point Value	Addition and Rationale
RRH, TH, TH-RRH	Component 2F: Program Termination Policy	3	<ul style="list-style-type: none"> <li>• Inclusion of a review of program termination policy for RRH, TH, and TH-RRH projects to promote project quality and alignment with regulations.</li> <li>• Aligns with a scored evaluation criterion applied to PSH projects.</li> </ul>

#### **MODIFIED Evaluation Criteria**

Project Type	Evaluation Criteria	Maximum Point Value	Change and Rationale
RRH, TH, TH-RRH	Component 1C: Project leavers with employment	5	<ul style="list-style-type: none"> <li>• Reduced the performance rate RRH, TH, and TH-RRH projects need to achieve to earn full points.</li> <li>• Preliminary data for CY2020 show lower average performance, presumably due to the pandemic.</li> </ul>
RRH, TH, TH-RRH	Component 1D: Increases in total cash income for project leavers and project stayers	3	<ul style="list-style-type: none"> <li>• Reduced the performance rate RRH, TH, and TH-RRH projects need to achieve to earn full points.</li> <li>• Preliminary data for CY2020 show lower average performance, presumably due to the pandemic.</li> </ul>
PSH	Component 2A: Retaining	30	<ul style="list-style-type: none"> <li>• Modified scoring scale so projects with</li> </ul>

MODIFIED Evaluation Criteria			
Project Type	Evaluation Criteria	Maximum Point Value	Change and Rationale
	Permanent Housing		<p>75% - 79% of clients retaining permanent housing could still earn 5 points.</p> <ul style="list-style-type: none"> <li>Change made in response to public comments expressing concern pandemic may have impacted project performance.</li> </ul>
RRH, TH, and TH-RRH	Component 2A: Exits to Permanent Housing	35	<ul style="list-style-type: none"> <li>Change made in scoring scale so project had to perform at least 90% to earn full points, and any performance lower than 70% would earn 0 points as exiting clients to permanent housing is a key measure of these project types.</li> <li>Modified scoring scale so projects with 80% - 89% of clients exiting to permanent housing could still earn quite significant (25), but not full points. Change made in response to comments expressing concern the pandemic may have impacted project performance.</li> </ul>
PSH, RRH, TH, TH-RRH	Component 2B: Average Utilization Rates	10	<ul style="list-style-type: none"> <li>Added a 5<sup>th</sup> date in late December when evaluating overall average project utilization to better account for project performance over the entire calendar year.</li> </ul>
All Projects	Component 3A: Spending Rates	8	<ul style="list-style-type: none"> <li>Reduced the performance rate projects had to achieve to earn points.</li> <li>Change made in response to comments expressing concern the pandemic may have impact project's ability to full expend funds.</li> </ul>
All Projects	Component 5D: Substantiated Grievances	A range of negative points depending on severity of grievance	<ul style="list-style-type: none"> <li>Negative points will be assigned to a CoC project if a substantiated grievance filed against any homeless program operated by the agency in 2020, even if that program does not receive CoC funding, if that grievance included client retaliation or non-compliance.</li> </ul>
CE-SSO (CAM Lead Agency & Implementing Partner)	Component 7J: Submission of Quarterly or Annual reports to CoC Board	2	<ul style="list-style-type: none"> <li>Included submission of annual data reports (in addition to quarterly reports) to account for annual reports provided to CoC board in early 2020.</li> </ul>
HMIS (HMIS Lead Agency)	Component 8: Proportional Points from FY2019 CoC Application Score	70	<ul style="list-style-type: none"> <li>The local HMIS grants will receive a score in Detroit's local competition in proportion to the score received on the most recent CoC Application Submitted to HUD, which for this coming competition is recommended to be the score from the FY2019 competition, as the FY2020 competition was cancelled.</li> </ul>

### RE-INCORPORATED Evaluation Criteria

The following evaluation criteria were originally intended to be included in the local project evaluation for 2020. Due to the pandemic, these criteria were temporarily set-aside in 2020 and projects were not evaluated on them last year. It is recommended these criteria be re-incorporated in the 2021 local project evaluation process.

Project Type	Evaluation Criteria	Maximum Point Value	Rationale for Change
PSH	Component 2E: PSH Policy Review	18	• Measure of project quality
PSH, RRH, TH, and TH-RRH	Component 6A: Referral outcome reporting	2	• Key component reporting for Coordinated Entry process
CE-SSO (CAM Lead Agency & Implementing Partner)	Component 7D: Accurate Submission of PSH Packets	8	• All three components are key steps in the process of moving a person from homelessness to housing via the Coordinated Entry process.
	Component 7E: Accurate Submission of HCV Applications	8	
	Component 7I: PSH Prioritization List	10	

### New Informational Only Questions

The following are new informational only questions project applicants will be required to respond to. Applicants will be informed any informational only questions may be incorporated as a scored component in future competitions.

Project Type	Information Collected	Rationale for Inclusion
RRH, TH, TH-RRH	Number of Evictions/Terminations from Project in 2020	<ul style="list-style-type: none"> <li>• Projects will report on number of clients whose evictions or terminations were able to be prevented.</li> <li>• Aligns with an informational only question asked of PSH projects.</li> </ul>
Projects funded with Domestic Violence bonus funding	Increasing Client Safety	<ul style="list-style-type: none"> <li>• Response will help the CoC understand how projects funded to serve persons fleeing D.V. increase the safety of their clients.</li> </ul>
All Projects	Component 5C: Not Scored, Informational Only	<ul style="list-style-type: none"> <li>• Projects will be asked how the agency responded to client needs that arose during the pandemic.</li> </ul>

### Scored Criteria From 2020 Removed for 2021 Due to COVID

The 2021 evaluation looks back on calendar year 2020. Considering the challenges faced by the community due to COVID-19, the following scored criteria were removed for the 2021 evaluation. All CoC grantees should note it is likely these scored criteria will be re-incorporated into future competitions:

- **All projects:**
  - Meeting attendance, including CoC meetings, workgroup meetings
- **PSH and RRH projects:**
  - Length of time to housing
- **CE-SSO Projects (CAM Lead Agency and Implementing Partner):**
  - Provision of training to participating agencies
  - Accuracy of HCV Applications Entered into MSHDA Portal (removed as MSHDA did not monitor in 2020).
  - Length of time from HCV recertification paperwork submission to updates in portal and timeliness of CAM liaisons notified of HCV pulls (removed as a result of completion of their CAP).



### **Projected FY2021 CoC Competition Timeline**

A timeline of tasks already accomplished, and projected dates for the upcoming FY2021 CoC Competition may be found [here](#). It is important to note any timeline going forward is subject to change, as we receive additional information from HUD.

### **Acronyms Used in This Document**

CAM/CE	Coordinated Assessment Model/Coordinated Entry
CAP	Corrective Action Plan
CoC	Continuum of Care
D.V.	Domestic Violence
HAND	Homeless Action Network of Detroit
HCV	Housing Choice Voucher
HMIS	Homeless Management Information System
MSHDA	Michigan State Housing Development Authority
PSH	Permanent Supportive Housing
RRH	Rapid Rehousing
TH	Transitional Housing
TH-RRH	A project that includes both TH and RRH in one project

## **ATTACHMENT FOUR (B)**

## Summary of Recommendations for Round 1 FY2021 New Projects

*Presented to CoC Board May 3, 2021*

Project Score	Agency (Project) Name	Type*	Project Component	REQUEST		REQUEST DETAILS	RECOMMENDATION (details below)
				Amount	Number (size) units gained via CoC funding		
86.7%	Cass Community Social Services (Expansion PSH)	Expansion†	PSH	\$150,000	4 (1 bedroom)	Services to add additional PSH staffing; expanding staffing would allow Cass to use 4 additional units an existing building as PSH	Fund via grant transfer.
77.8%	Wayne Metro Community Action Agency (Expansion PSH)	Expansion	PSH	\$835,424	45 (1 bedroom)	Services and rental assistance to expand current CoC PSH project	Allow to re-submit application in Round 2.
87.6%	NSO (Clay Apartments)	New	PSH	\$524,968	N/A	Services and operations for Clay PSH Building	Commit to submitting to HUD as a new project in the FY2021 competition.
76.6%	Ruth Ellis Center (Clairmount PSH)	New	PSH	\$221,848	N/A	Services for new Clairmount PSH project	Allow to re-submit application in Round 2.
71.6%	Wayne Metro Community Action Agency (Roselawn PSH)	New	PSH	\$498,589	N/A	Services for new Roselawn PSH project	Allow to re-submit application in Round 2.
72.8%	Wayne Metro Community Action Agency (WMCAA RRH)	New	RRH	\$456,479	30 (1 bedroom)	Services and rental assistance to provide RRH	Allow to re-submit application in Round 2.
71.2%	Ruth Ellis Center (RRH)	New	RRH	\$352,282	20 (1 & 2 bedroom)	Services and rental assistance to provide RRH	Allow to re-submit application in Round 2.
<b>Total Requested (all applicants)</b>				<b>\$3,039,590</b>	PSH Units: 49 RRH Units: 50		
<b>Total New Project Funding Available</b>				<b>TBD, pending NOFA release</b>			

\* "Expansion" projects are projects seeking funding to expand a currently funded CoC project by adding additional units and/or staff. "New" projects are projects that do not currently receive CoC funding. Both HUD and the CoC considered expansion projects are considered new projects.

† If the Cass application is funded via the grant transfer (as recommended) it would not technically be an expansion grant, as we cannot expand a current grant via a grant transfer. Noting this here to keep all aware of this technicality. This would not impact Cass's ability to utilize the funds in the grant transfer to carry out the activities proposed in their application.

## New Project Review Committee Recommendations

Based on the review of the applications, and the final scores given as noted above, the New Project Review Committee makes the following recommendations. These recommendations have been approved by the Values and Funding Priorities Committee:

- 1. Recommendation #1: The CoC commits to either submitting to HUD for funding, or funding with grant transfer funds, the two highest scoring projects in Round 1 (this application round).** Specially:
  - a. The CoC commits to submitting the NSO PSH application to HUD as a new project in the FY2021 CoC competition. NSO would not need to re-submit in Round 2.  
*Rationale: Highest scoring application and would build the service capacity of the applicant agency to serve people experiencing chronic homelessness, which is goal of the CoC. Recommendation also aligns with the VFP committee's goal of prioritizing in some manner applications submitted in Round 1 if the RFP is re-opened.*
  - b. The Cass Community Social Services application be funded using the funds available via grant transfer.  
*Rationale: Second highest-scoring application, and the proposed budget is well-aligned with amount of funds available. Allows the CoC to move in an expedited manner to ensure funds are utilized in the CoC.*
- 2. Recommendation #2: Defer recommending which remaining applications to submit to HUD pending the outcome of a review of Round 2 applications.**
  - a. Remaining applications received in Round 1 will receive detailed and targeted feedback on how their Round 1 application scored, allowing them an opportunity to correct and re-submit their application to be re-reviewed and re-scored.
  - b. If the agency chooses to re-submit its application, the score it receives on its re-submission will be the score used to determine if the application will be submitted to HUD. If the agency chooses to not re-submit its application, the score it received on its initial (Round 1) submission will be the score used to determine if the application will be submitted to HUD.  
*Rationale: Gives some priority to applications submitted in Round 1 by providing feedback on their application, allowing opportunity to strengthen the responses in those areas, and re-submit for continued considerations. This will help better ensure the CoC is submitting strong applications to HUD for funding.*
- 3. Recommendation #3: Re-release the Request for Proposal (RFP) and invite additional agencies to apply for CoC bonus funding.**
  - a. The re-released RFP would be modified slightly from the Round 1 RFP as follows:
    - Slightly modifying language in application questions inquiring about past agency experience in housing and employment outcomes, allowing agencies to provide more narrative in addition to any data they may have. Making this change may allow agencies with less experience in this field to be more competitive against more experienced agencies.
    - Remove any language regarding the availability of grant transfer funds, as would no longer apply.
  - b. Applications would be considered for new or expansion PSH, RRH, and CE-SSO (same as in Round 1)
  - c. Applicants submitting in Round 2 would be evaluated and scored as were applicants in Round 1 and will be submitted for new project funding based on application score.  
*Rationale: Allows agencies with limited capacity last fall to now apply. Better positions the CoC to have sufficient, quality applications to submit to HUD and to fully utilize all the CoC Bonus funding available.*

Note: All recommendations are made pending the release of the NOFA. Any contradictions between the recommendations and the NOFA will be addressed when the NOFA is released. All final funding decisions, including final approval of the grant transfer, are made by HUD.

## **Additional Information and Context**

### **Timeline of New Project Application and Review Process to Date**

Due to the cancellation of the FY2020 CoC competition, the CoC's initial plans for allocating new project funding had to be changed. Following is a summary of how these plans evolved over the course of 2020/2021:

- April 2020: Values and Funding Priorities Committee developed recommendations on new project evaluation criteria and funding priorities for new projects.
- May 2020: CoC board approved the Values and Funding Priorities Committee recommendations
- November 2020: Request for Proposals (RFP) for new projects released
- January 8, 2021: New project applications submitted
- January 29, 2021: Received notice the FY2020 CoC competition was canceled, and no new funding for 2020
- February 2021: Values and Funding Priorities Committee discussed the following strategy:
  - Affirmed the applications submitted should be reviewed to provide us information on the quality of the applications and capacity of project applicants.
  - Recommended the committee consider ways to prioritize for new project funding in 2021 any applications submitted in January (ie, "Round 1").
  - Discussed the potential need to re-release the RFP for CoC Bonus funding again in 2021.
- February – March 2021: Review of new project applications submitted
- March 2021: New Project Review committee developed recommendations of new projects reviewed
- April 2021: Values and Funding Priorities Committee approved New Project Review Committee recommendations
- May 2021: CoC Board asked to approve the New Project Review Committee recommendations

### **Funds Available Via Grant Transfer**

A current CoC-funded PSH provider is voluntarily relinquishing its grant. (All clients currently served by this project have been, or will be, transferred to other PSH). Conversations began with HUD in late 2020 to explore options with this grant given it was unlikely the project could be reallocated in the FY2020 competition. HUD affirmed pursuing a grant transfer was a good course of action to take to ensure these funds remain in the CoC. A grant transfer must be completed prior to the release of the NOFA later this spring for the current funds associated with this grant to remain in use in the CoC.

### **New Project Scoring & Committee Recommendations**

New project applications received in January were reviewed and scored by the New Project Review Committee. Reviewers were provided scoring tools and instructions on how to score the projects. The scores each reviewer gave were averaged together, to come up with a final project score. This final score was then divided by the total amount of points the project could earn, for a final percentage. Projects had to earn at least 70% of the points possible to be considered for funding. A meeting was held with the New Project Review Committee to establish final scores and develop the recommendations contained here. The New Project Review committee members were:

• Vanessa Samuelson (The McGregor Fund, CoC Board member, Perform. and Evaluation Committee member)	• Anne Blake (Pope Francis Center, CoC Board member, VFP Committee Member)
• Ashlee Cunningham (CoC Board member, VFP Committee Member)	• Daniel Kelly (Salvation Army, Washtenaw County)
• Jesica Mays (Michigan Balance of State CoC Coordinator)	• Kaitie Giza (HAND)
• Amanda Sternberg (HAND)	• Jasmine Morgan (HAND)
• Alexis Alexander (City of Detroit, Perform. and Evaluation Committee member)	

### **Domestic Violence Bonus Funding RFP**

The CoC received no applications for the Domestic Violence (DV) Bonus Funding RFP released last fall. This RFP will need to be re-released in 2021 so the CoC may be in a better position to apply for whatever DV bonus funding HUD will make available. Strategies are being identified to increase applicants for these funds.

## **ATTACHMENT FIVE**



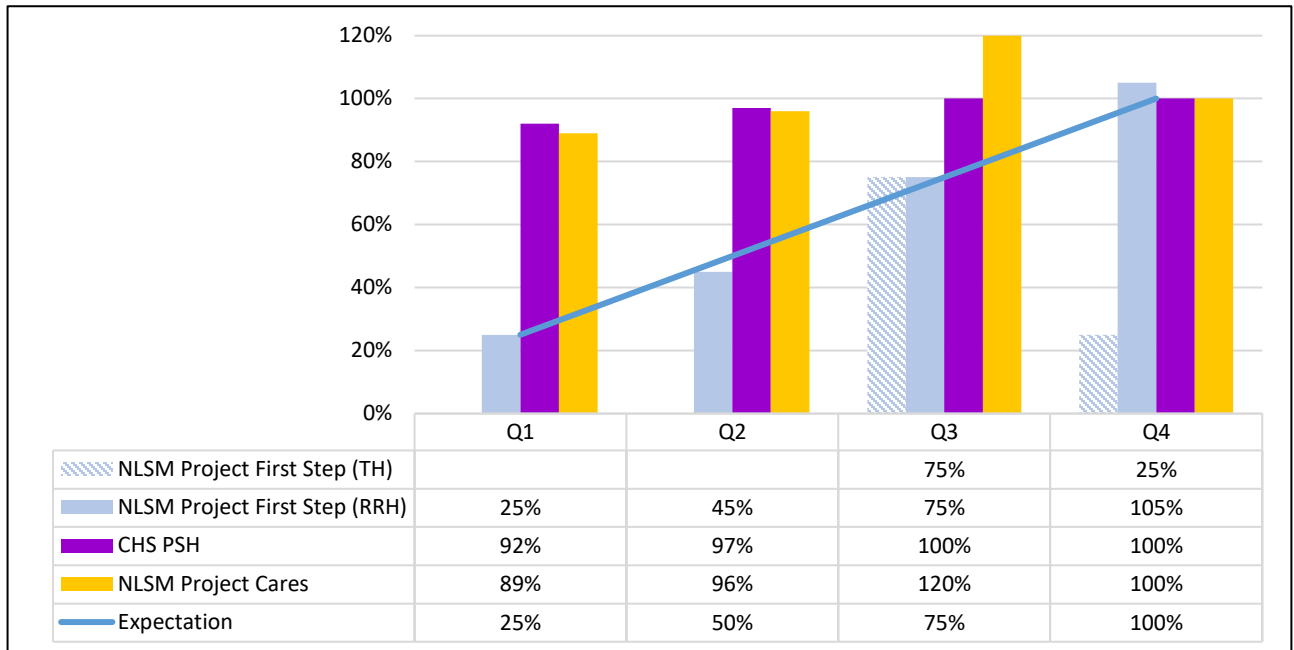
## New FY2018 CoC Project Ramp Up Monitoring Report to Detroit CoC Board of Directors May 3, 2021

Five new projects funded in the FY2018 CoC competition were monitored quarterly against utilization and expenditure targets to help ensure a smooth ramp-up and to identify any challenges during the ramp-up phase. The board received regular updates over the course of 2019 and 2020 on the projects' progress. All new FY2018 projects have now completed their initial grant term. This report is the final outcome of these projects' ramping up.

### Project Types:

- CHS: CE-SSO Expansion (staffing only)
- NSLM: RRH
- CHS: PSH
- NSLM: TH-RRH for persons fleeing DV
- HAND: HMIS (staffing only)

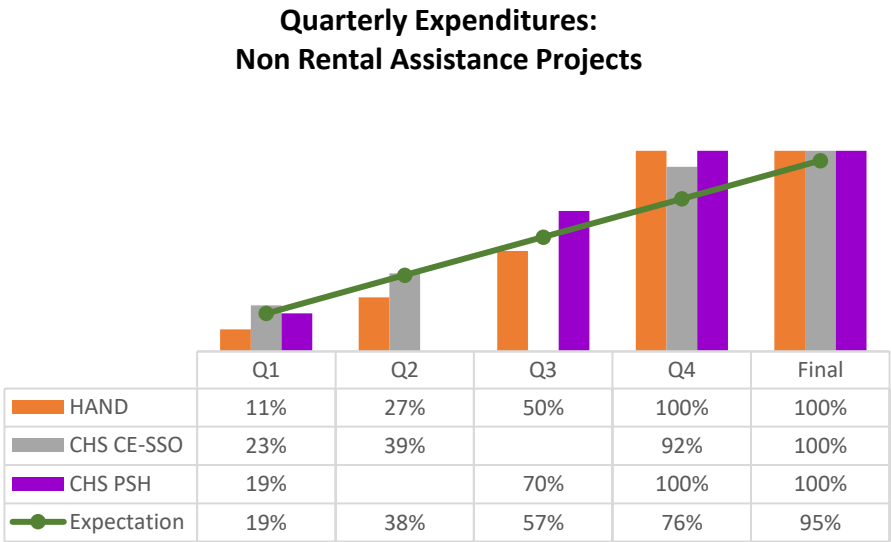
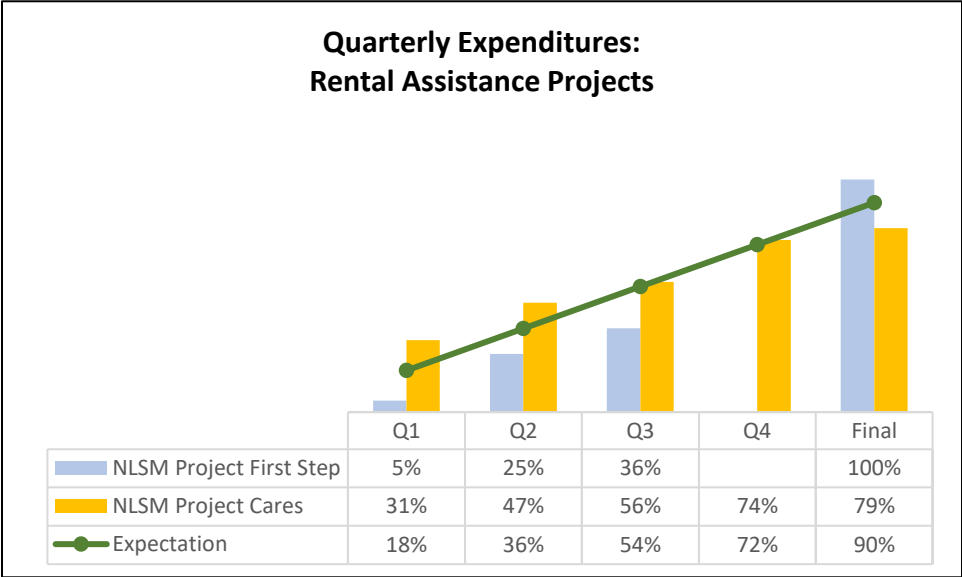
### Quarterly Utilization Rates



### Comments on Utilization Targets and Performance:

- **NSLM Project First Step:** This project has both RRH units and TH beds. The RRH units began leasing up in October 2019. Due to some delays, including delays related to COVID-19, the TH portion of the project did not begin accepting referrals until April 2020. Although the project did increase its utilization within the first few months of operation, at the end of this project's term, utilization was down. Conversations were had with the agency regarding utilization. One of the challenges expressed by the agency was that people were tending to stay in the TH portion for a relatively short period of time, causing fluctuations in utilization rates. The agency also indicated it would re-review the data used for this report to ensure it had been entered accurately. HAND will continue to monitor the TH project for utilization and help the agency address any challenges.
- All other housing projects have met the utilization expectations by the end of the grant term.

In general, expenditures should increase each quarter as occupancy rates increase and as the project begins serving more people. There are different expenditure targets for rental assistance projects vs projects without rental assistance, as given in the charts below.



**Comments on Expenditure Targets and Performance:**

- **NLSM Project Cares:** The final expenditures for this project indicate 79% of the grant has been expended. At this time, it is not clear what lead to the under-spending. The under-spending will impact the score tis project receives on its renewal application in the upcoming FY2021 CoC competition.

**Additional Performance Targets:**

- HAND and the CHS CE-SSO projects were funded for staffing only. The status of the project bringing on additional staffing is as follows:
- **HAND:** As of May 2020, the Data Analyst position has been filled. Additional contractual staff have also been hired to fill staffing gaps as needed.
  - **CHS CE-SSO:** the two proposed resource navigators have been hired.



## **ATTACHMENT SIX**

# DETROIT'S HOMELESSNESS RESPONSE COORDINATED ENTRY **2020 DATA REPORT**





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## OVERVIEW

### Background

[Coordinated Entry](#) is an approach to provide a streamlined process for people experiencing homelessness to access services, and to efficiently and effectively use community resources to end homelessness. Every community that receives federal funding from the [Department of Housing and Urban Development](#) (HUD) for homelessness assistance is required to implement a Coordinated Entry system.

The [Detroit Continuum of Care](#) (CoC) oversees and coordinates the response to homelessness in Detroit, Highland Park and Hamtramck, and is comprised of community organizations serving people experiencing homelessness. [CAM Detroit](#) is the local name for Coordinated Entry within the Detroit CoC, and serves as the entry and referral system to all of the CoC-funded programs. CAM is staffed by [Southwest Counseling Solutions](#) and [Community & Home Supports \(CHS\)](#).

There are four “[core elements](#)” of Coordinated Entry that CAM Detroit provides to the community:

**Access** – CAM provides access to shelter and services for people experiencing homelessness. Rather than having separate intake processes for each program in the community, CAM provides a streamlined entry process connecting people to available shelter and housing resources. Typically, access is provided via in-person Access Points, however in response to COVID-19, CAM has shifted to a remote call center model.

**Assessment** – Upon initial access, CAM uses a standardized assessment tool along with other vulnerability factors to assess a person's housing needs. Assessment is used to understand each person's unique situation and the most appropriate resource to serve them.

**Prioritization** – Based on assessment, CAM uses the CoC-defined prioritization process to prioritize available community housing resources for people with the greatest need and vulnerability.

**Referral** – Following prioritization, CAM refers people to the community programs providing housing resources and services. CAM itself does not operate any housing or provide housing assistance.

This report details the operations of Coordinated Entry from January 1 to December 31, 2020, and is organized around the four core elements described above. Data are selected to provide insight on homelessness and Detroit's community-wide response to it.

### COVID-19 Context

In response to the COVID-19 Pandemic, and in order to protect the well-being of clients and staff, CAM switched to remote phone-based operations on March 23, 2020. CAM also increased hours of operation at this time. CAM continued in a call center model throughout 2020, with limited in-person access at the NOAH Project resuming in July.

Where applicable, data has been broken out to show in-person versus phone operations. CAM's switch to a call center also roughly aligned with the start of the second quarter, and quarterly data trends may reflect changes based on shifts due to the pandemic. Additionally, this report includes a section detailing the role CAM played in Detroit's system wide homelessness response to COVID-19.

CAM continues to monitor and adapt to the COVID-19 Pandemic. The latest information on CAM's services can be found at [www.camdetroit.org](http://www.camdetroit.org).



## Key Data Points Summary

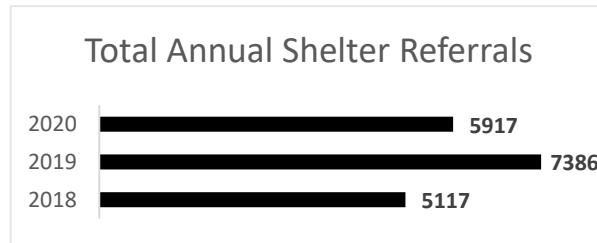
There was a significant increase in the volume of households presenting to CAM after CAM switched to a call center model in response to the COVID-19 pandemic.

- CAM staff had **42,248** total engagements with households, an average of **147** engagements per day

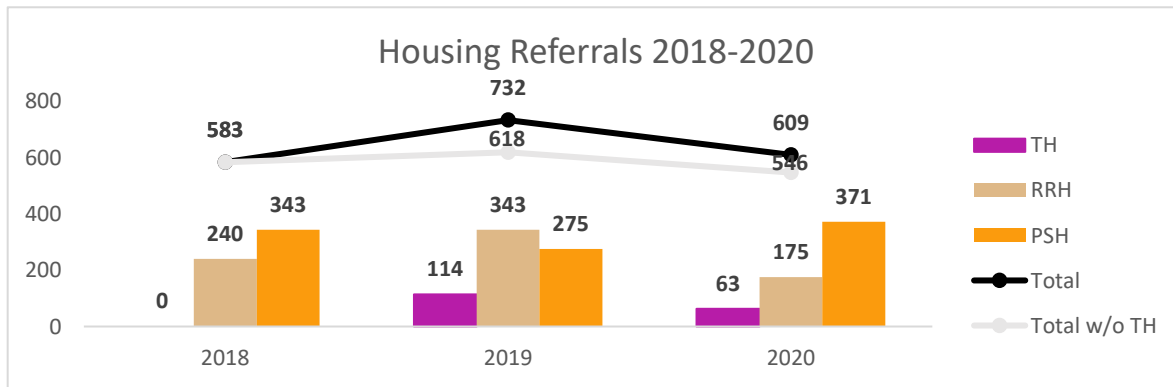
While CAM engaged significantly more households over the phone than in person, intakes actually decreased as engagements increased.

- CAM staff conducted **8,211** total intakes in 2020, an average of **29** intakes per day
  - CAM staff made a total of **2,294** diversions in 2020, an average of **8** per day
  - CAM staff made a total of **5,917** referrals to shelter in 2020, an average of **21** per day

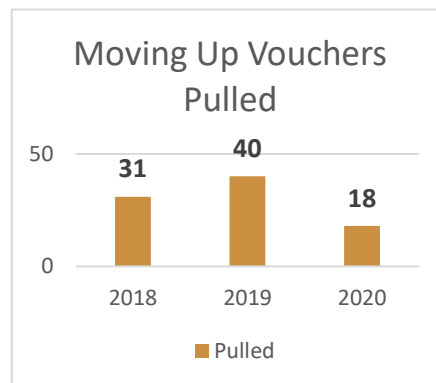
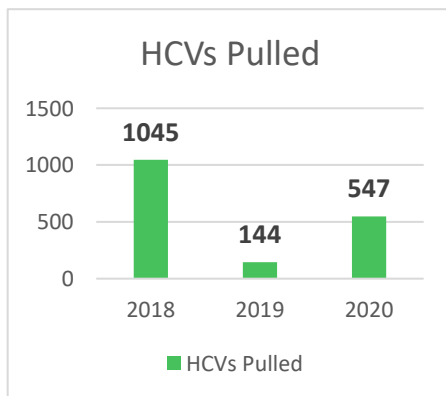
Total shelter referrals in 2020 were lower than 2019, however were still higher than 2018.



The referrals made to permanent housing programs also decreased slightly from 2019-2020



The number of Housing Choice Vouchers pulled in 2020 increased from 2019 but was still well below levels from 2018.



### Definitions:

"Engagements" are counted each time CAM Intake Staff interacts with a household. This includes in-person visits and connected calls.

"Intakes" are counted as each time a household is seeking shelter and CAM either diverted the household to a safe place to stay or referred the household to shelter.

## ACCESS

CAM provides a streamlined entry process connecting people to available shelter and housing resources. Typically, access is provided via in-person Access Points, however in response to COVID-19, CAM has shifted to a remote call center model. Data in this section indicate the volume of need and services.

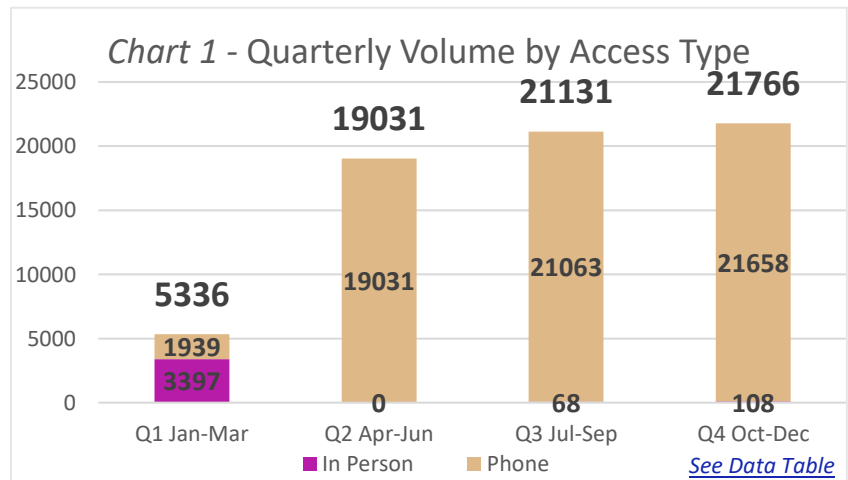
### Volume

In 2020 there were **67,264** combined visits to CAM Access Points and calls to CAM,<sup>1</sup> an average of **234** contacts per day.<sup>2</sup> Of these, there were **3,573** in-person visits and **63,691** calls.<sup>3</sup>

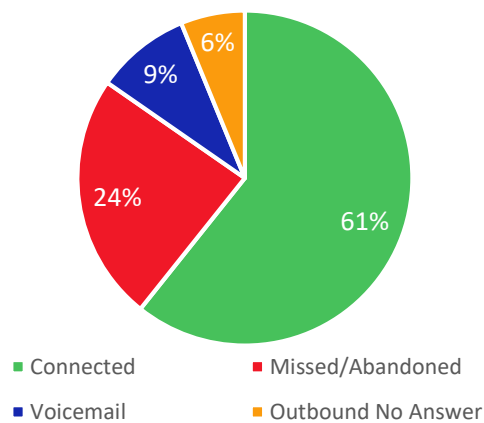
The number of times CAM was contacted increased by 360.5% from 2019 to 2020.<sup>4</sup> This large increase corresponds with CAM's switch to phone-based operations on March 23 at the onset of the COVID-19 Pandemic. *Chart 1* shows how the switch led to a significant increase in contacts from Quarter 1 to Quarter 2.

Presumably, easier access via phone largely explains the increase. Additionally, CAM began operating seven days per week on March 23 with expanded hours each day.<sup>5</sup>

While phone-based operations provided easier access to people contacting CAM, this does not necessarily reflect an increase in the need for CAM services. As can be seen later in this report, as contacts to CAM increased in Quarter 3, actual intakes decreased. CAM staff report that a larger share of calls come from people with needs outside of CAM's scope.



*Chart 2 - Total Calls by Outcome*



The switch to a call center model was sudden, as was the accompanying increase in volume being handled by CAM staff. *Chart 2* shows the outcome of the 63,691 calls that came into the CAM phone lines.

#### Call Outcomes

- Connected:** Call was answered by CAM Staff. Includes outbound automatic callbacks.
- Missed/Abandoned:** Call was unanswered by CAM Staff or caller disconnected call while waiting to be connected to CAM staff.
- Voicemail:** Caller left voicemail. All voicemails are returned by CAM staff.
- Outbound No Answer:** Caller requested automatic callback, but did not answer when CAM staff called.

<sup>1</sup> This number has not been de-duplicated. That is, the same household may have contacted CAM multiple times and each contact is counted here. "Calls" includes calls to the CAM general line and interim line. It does not include calls in to the phone system that were then routed to an external number (e.g., the Eviction Diversion Program).

<sup>2</sup> Average based on 288 CAM work days in 2020.

<sup>3</sup> CAM changed phone service providers at the start of November. Due to this change, there was a lapse in data collection and this report does not include data from 11/4/20-11/10/20.

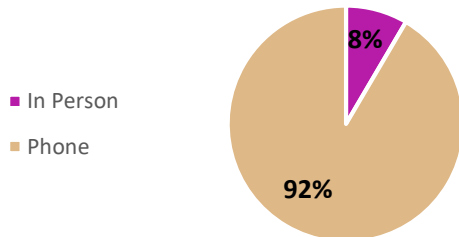
<sup>4</sup> There were 13,748 total visits to CAM Access Points in 2019.

<sup>5</sup> Previously CAM was open Monday-Friday with hours varying by site. CAM changed hours again on October 1, reducing services to 6 days per week.

## Engagements<sup>6</sup>

In 2020, CAM staff had **42,248** total engagements, an average of **147** engagements per day.<sup>7</sup>

*Chart 3 - Engagements by Access Type*

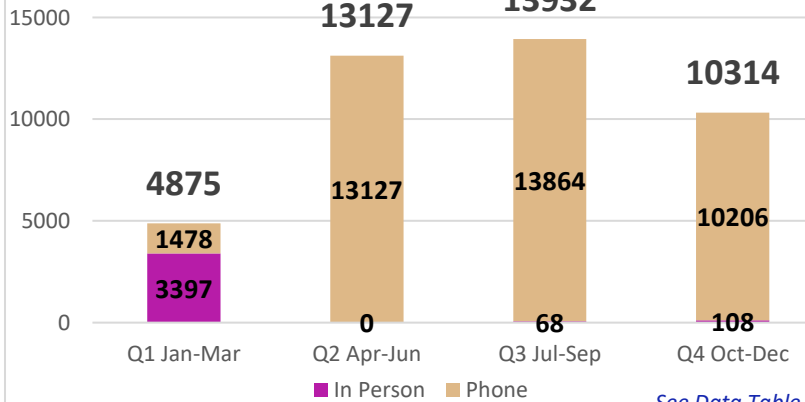


[See Data Table](#)

*Chart 4* shows that there was a decrease in the number of connected calls from Quarter 3 to Quarter 4. This decrease is partially explained because there is one week of missing call data in Quarter 4 (see footnote 3). Additionally, at the start of the quarter, CAM implemented a new phone system presenting callers with a menu which diverted some calls to other services, and presented callers with the option to request a callback rather wait on hold. Of the call backs that were made by CAM staff, 3,953 went unanswered by the household.

CAM staff primarily engaged households over the phone in 2020 as illustrated by *Chart 3*, and spoke to significantly more households via phone than CAM would have seen in person. CAM staff engaged more households in Quarter 3 of 2020 than they did in all of 2019.

*Chart 4 - Quarterly Engagements by Access Type*

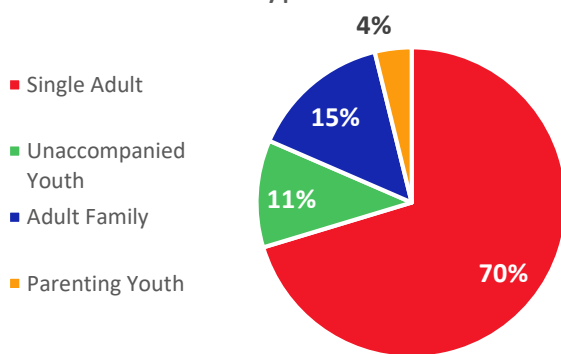


[See Data Table](#)

## Intakes<sup>8</sup>

CAM conducted **8,211** total intakes in 2020, an average of **29** intakes per day.<sup>9</sup>

*Chart 5 -Intakes by Household Type*



[See Data Table](#)

The majority (70%) of intakes in 2020 were conducted with single adults. As can be seen in the shelter referrals section below, this is largely due to the fact that more singles are referred to shelter than families. This is true for both youth and adult households.

### Household Types

**Single Adult:** Age 25+ with no minor children  
**Unaccompanied Youth:** Age 18-24 with no minor children  
**Adult Family:** Head of Household 25+ with minor children  
**Parenting Youth:** Head of Household Age 18-24 with minor children

<sup>6</sup> "Engagements" are counted each time CAM Intake Staff interacts with a household. This includes in-person visits and connected calls.

<sup>7</sup> This number has not been de-duplicated. That is, CAM staff may have had multiple engagements with the same household, and each engagement is counted here.

<sup>8</sup> "Intakes" are counted as each time a household is seeking shelter and CAM either diverted the household to a safe place to stay or referred the household to shelter.

<sup>9</sup> This number is not de-duplicated. That is, CAM staff may have conducted an intake the same household multiple times, and each intake is counted here.

Chart 6 shows the rates of diversion and shelter referrals between household types. There are more singles than families receiving an intake, and singles are more often referred to shelter, whereas families are diverted at higher rates.

Youth are diverted and referred to shelter at similar rates to their adult counterparts of the same household composition.

Chart 6 - Distribution of Intake Outcomes by Household Type

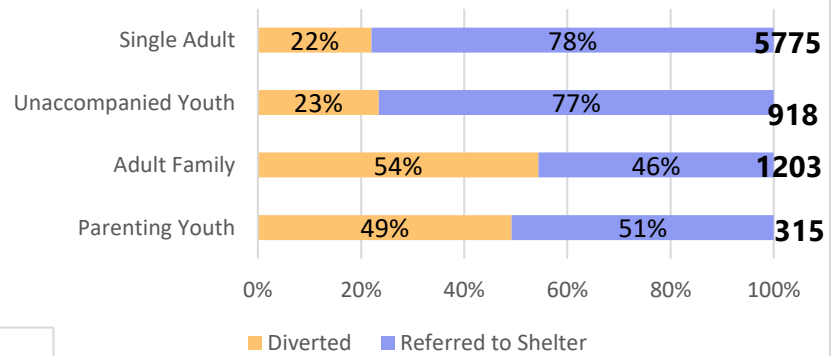
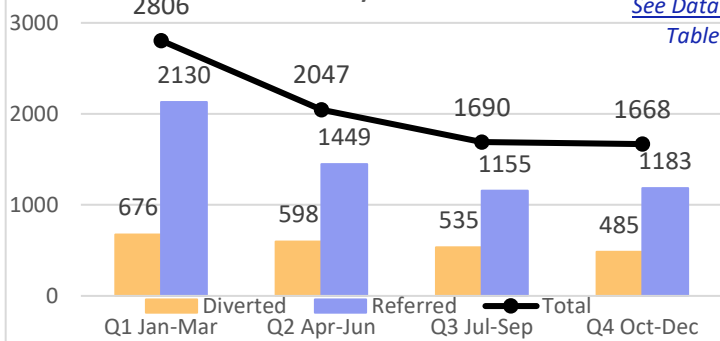


Chart 7 - Quarterly Intake Outcomes

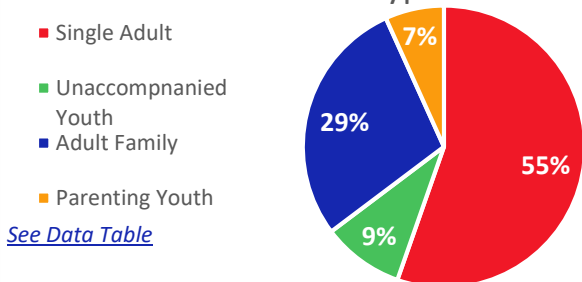


Counterintuitively, as engagements increased (see pg. 4), intakes decreased. This likely indicates that while the phone system led to many more people contacting CAM, many of those people were not in immediate need of shelter (and therefore not diverted or referred to shelter). The decrease in shelter referrals could partially be explained by people staying in shelter longer.<sup>10</sup> However, this would not explain the decrease in diversions.

## Diversions<sup>11</sup>

CAM staff made **2,294** diversions in 2020, an average of **8** per day.<sup>12</sup>

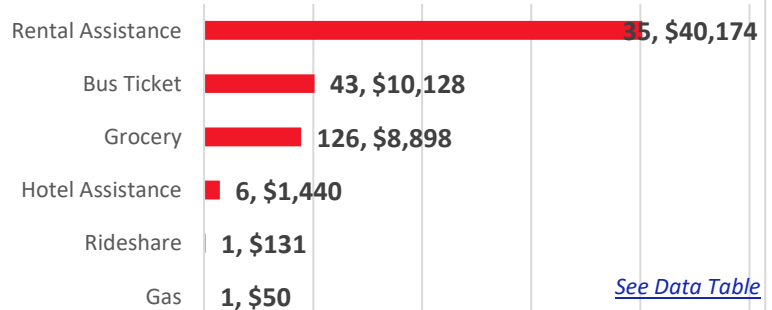
Chart 8 - Diversions by Household Type



CAM staff diverted 28% of households who had an intake. The majority of households diverted in 2020 were single adults. However, families and parenting youth were diverted at a higher rate (see chart 6) than singles and unaccompanied youth.

In March 2020, CAM received funding from the City of Detroit to divert households.

Chart 9 - Total Diversion Financial Assistance



CAM Spent **\$60,820.52** diverting **212** households in 2020, an average of **\$286.89** spent per household. **9%** of households diverted were diverted using financial assistance.

<sup>10</sup> MDHHS waived the 90-day shelter stay cap in response to COVID-19

<sup>11</sup> "Diversions" are defined as connecting a household to a safe, habitable place to stay for the night whether or not shelter is available.

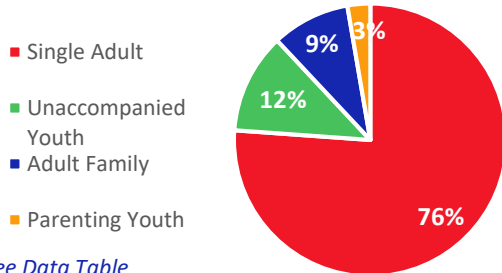
<sup>12</sup> This number is not de-duplicated. That is, CAM staff may have diverted the same household multiple times and each diversion is counted here.



## Shelter Referrals<sup>13</sup>

CAM staff made **5,917** referrals to shelter in 2020, an average of **21** per day<sup>14</sup>

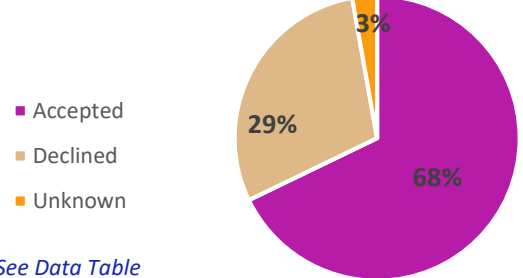
**Chart 10 - Shelter Referrals by Household Type**



[See Data Table](#)

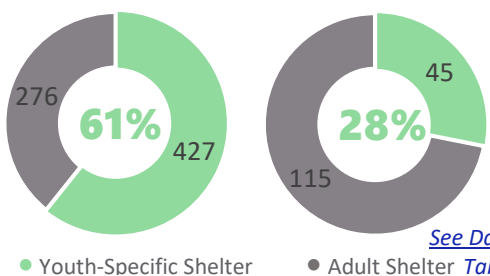
Over 75% of shelter referrals in 2020 were for single adults. It should also be noted that the 5,917 referrals in 2020 indicate referrals made; *Chart 11* shows that only 68% of those referrals were accepted. The 29% of referrals that were declined indicate cases where the household did not show up to the shelter.

**Chart 11 - Shelter Referral Outcome**



[See Data Table](#)

**Chart 12 - Proportion of Youth Shelter Referrals to Youth-Specific Shelter**

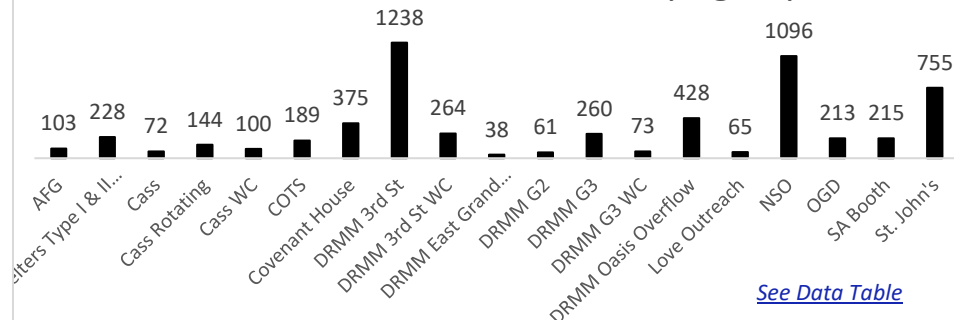


[See Data Table](#)

There are only two shelters in Detroit which specifically serve youth. Of the 863 referrals that went to youth, only 472 (55%) were to a youth shelter. *Chart 12* breaks this down further showing parenting youth in particular are often referred to general population adult shelters which typically do not have targeted services for youth.

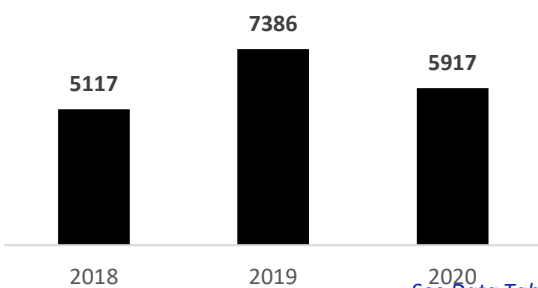
2020 saw a decrease in total shelter referrals, although the volume of referrals remained higher than in 2018. As discussed on page 5, shelter referrals trended downward over the course of 2020 from quarter to quarter. In contrast, *Chart 15* illustrates that in previous years referrals have tended to trend up over the course of the year with the most referrals usually being made in quarter 4.

**Chart 13 - Referrals by Agency**



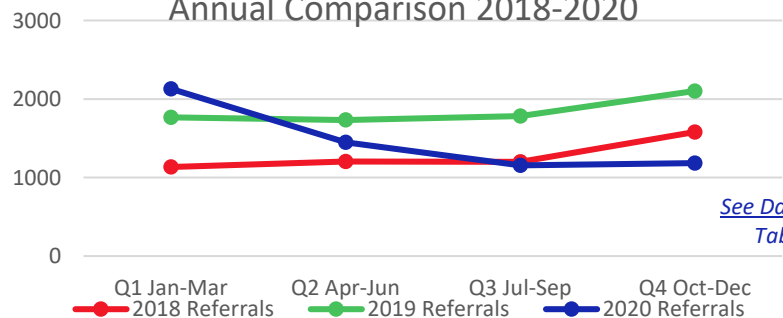
[See Data Table](#)

**Chart 14 - Total Annual Shelter Referrals**



[See Data Table](#)

**Chart 15 - Quarterly Shelter Referrals Annual Comparison 2018-2020**



[See Data Table](#)

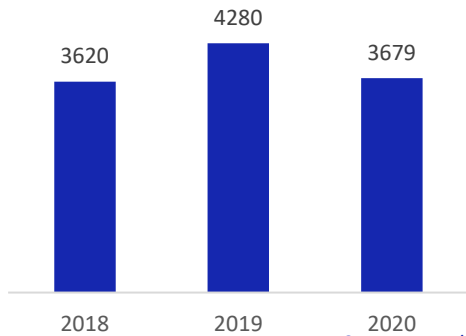
<sup>13</sup> "Shelter Referrals" count each time CAM staff refer a household to an emergency shelter provider.

<sup>14</sup> This data has not been de-duplicated. That is CAM staff may have referred the same household to shelter multiple times and each referral is counted here.

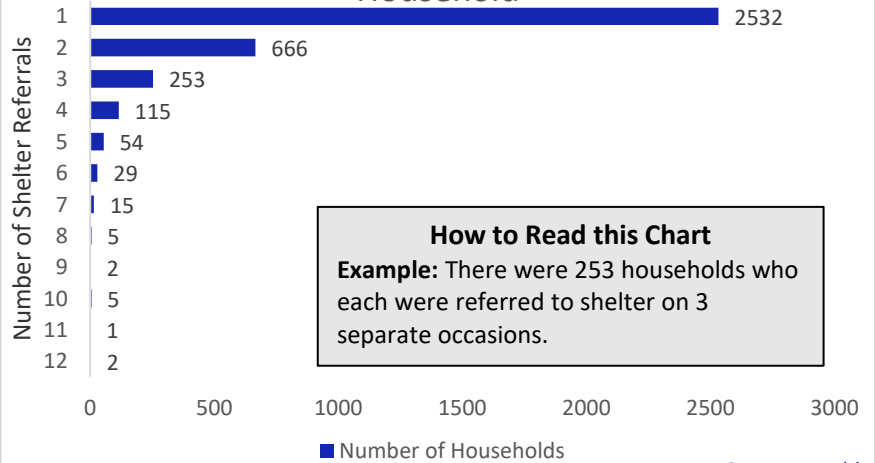
CAM staff referred **3,679** unique households in 2020<sup>15</sup>

The 5,917 total referrals made in 2020 were split between 3,679 households. This means that 2,238 referrals were made to a household which had already been referred to shelter at least once that year. *Chart 17* shows how many households received different numbers of referrals throughout the course of the year.

**Chart 16 - Annual Unique Shelter Referrals**



**Chart 17 - Number of Shelter Referrals per Household**



## Client Satisfaction Survey<sup>16</sup>

Client satisfaction decreased from 2019 to 2020. This is likely due to the switch to the phone. It is more difficult to build rapport and provide quality care on a call. Additionally, CAM staff are engaging more people with less time for each person.



**"I felt respected and treated with dignity by the staff."**

2020 Average **3.2**

2019 Average: **4.6**

**"I felt comfortable sharing my past and current experiences with CAM staff."**

2020 Average: **3.1**

2019 Average: **4.4**

**"After my experience today, I have the information I need to take the next steps."**

2020 Average: **2.9**

2019 Average: **4.4**

<sup>15</sup> Does not include 142 referrals tracked separately when phone line for Shelter Type 1 & 2 just began

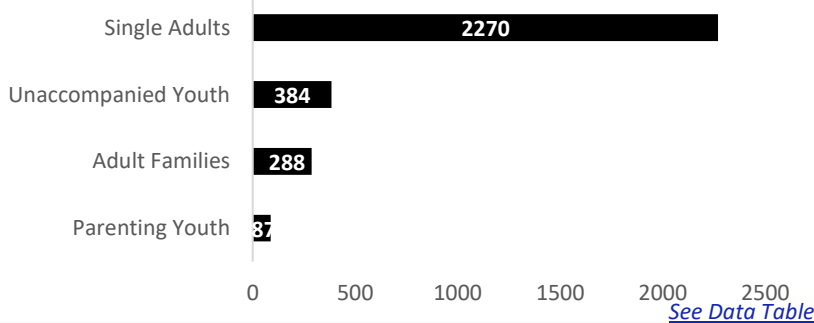
<sup>16</sup> Beginning on 11/4/2020, clients were given the opportunity to complete an automated post-call survey. 224 clients completed the survey between 11/4-12/31, rating on a scale of 1-5 their agreement with the following statements

## ASSESSMENT AND PRIORITIZATION

CAM assesses households to determine individualized strengths, needs and barriers. CAM utilizes the VI-SPDAT and SPDAT in its assessment process to ascertain clients' vulnerability. Available housing resources are prioritized for the most vulnerable households. This section presents data on assessments and prioritization of resources.

### Assessment Recommendations

**Chart 18 - Households Assessed and Added to an Acuity Group**

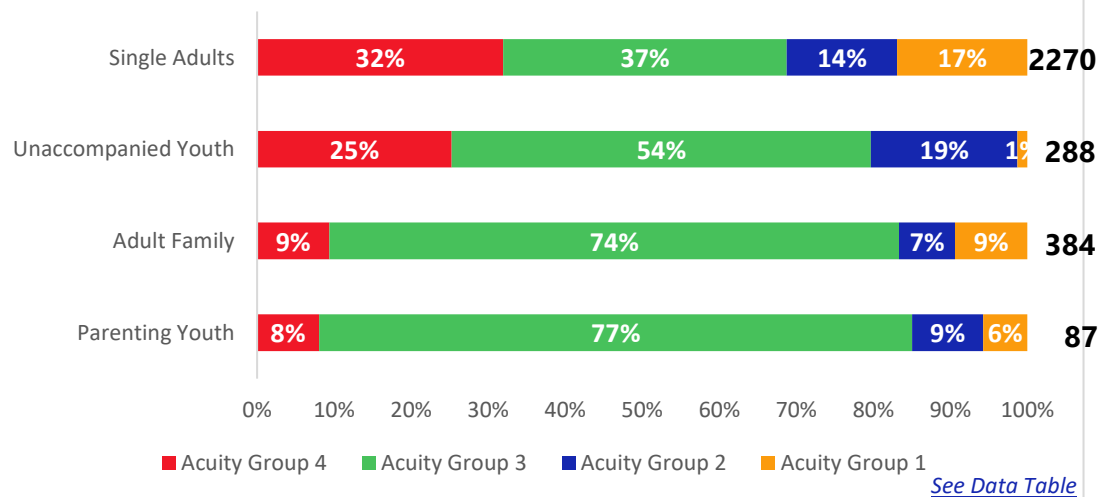


CAM or Street Outreach (SO) staff conduct an initial triage assessment on all households who are referred to shelter or engaged by SO. From that point CAM or SO navigators meet with households for additional assessment and to assist with documentation for housing. Based on the assessment, households are placed in an Acuity Group which determines what housing resources the household will be considered for.<sup>17</sup> Because more single adults are referred to shelter, more single adults are assessed and added to an acuity group.

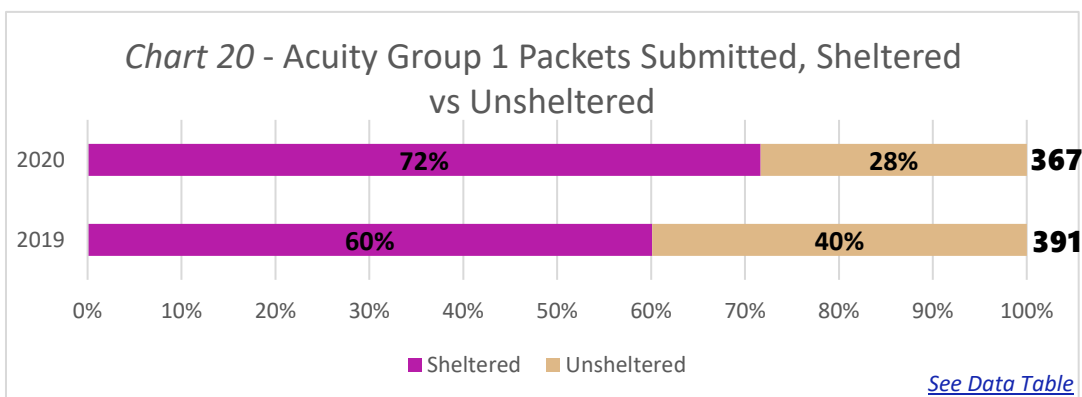
Chart 19 shows the rates at which different household types are added to the Acuity Groups.

Households are also assessed and navigated for housing resources by Street Outreach teams. In 2020, a slightly higher percentage of packets were submitted for sheltered households as compared to 2019 as seen in Chart 20.

**Chart 19 - Distribution of Acuity Groups by Household Type**



**Chart 20 - Acuity Group 1 Packets Submitted, Sheltered vs Unsheltered**



<sup>17</sup> See the [CAM Policies and Procedures](#) for a detailed description of the Acuity Groups and Prioritization process.

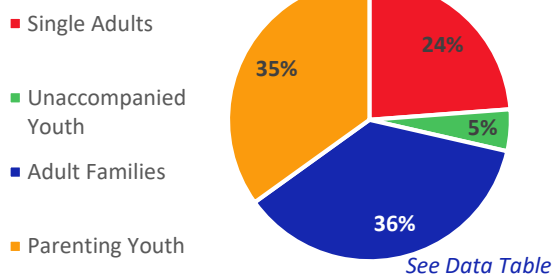
## REFERRAL

As housing resources become available, CAM prioritizes resources for the most vulnerable households, and refers households to those resources. This section details the referrals made to housing programs.

### Transitional Housing (TH) Referrals

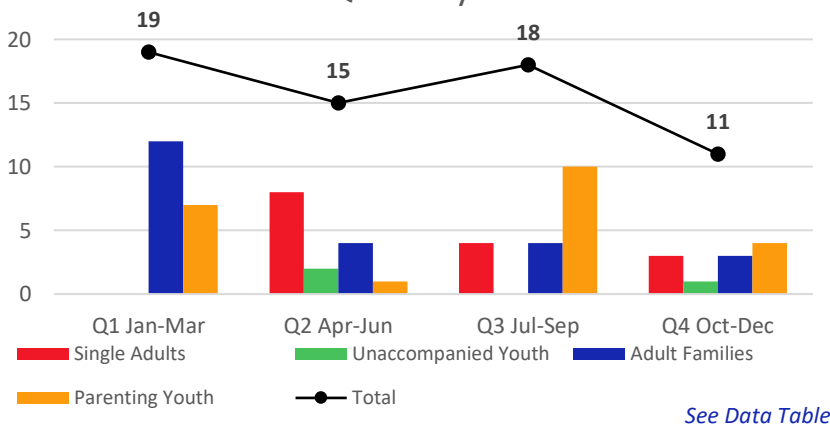
CAM staff referred **63** households to Transitional Housing in 2020

*Chart 21 - TH Referrals by Household Type*

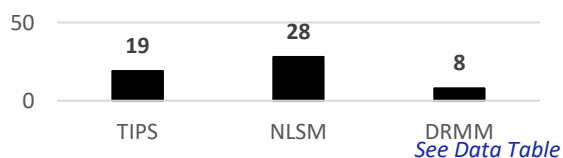


2020 was the first full year Transitional Housing providers took all of their referrals from CAM. Referrals to TH decreased by 45% from 2019 to 2020, primarily due to a loss of funding for TH beds.

*Chart 22 - Quarterly TH Referrals*



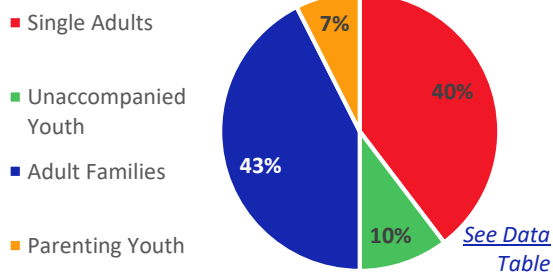
*Chart 23 - TH Referrals by Agency*



### Rapid Re-Housing (RRH) Referrals

CAM staff referred **174** household to Rapid Re-Housing in 2020<sup>18</sup>

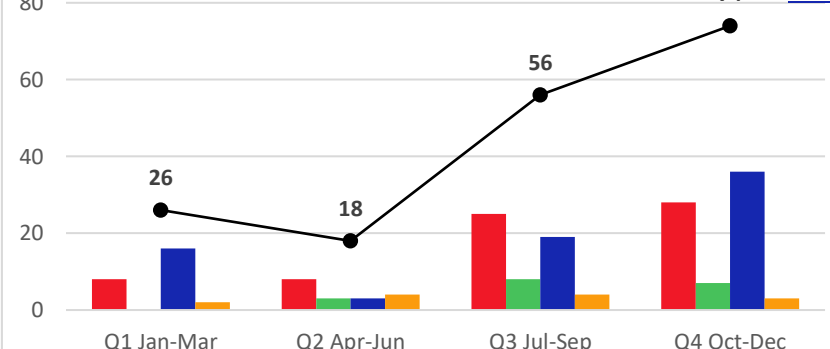
*Chart 24 - RRH Referrals by Household Type*



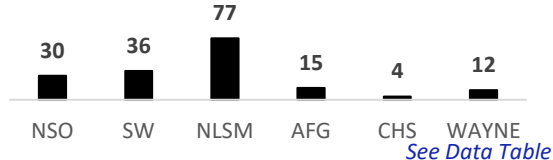
Referrals to Rapid Re-Housing decreased by 49% from 2019 to 2020. However, the number of referrals steadily increased in the second half of the year.

The majority of referrals went to single adults and adult families. While adult families made up 9% of referrals to shelter, they comprised 43% of referrals to RRH.

*Chart 25 - Quarterly RRH Referrals*



*Chart 26 - RRH Referrals by Agency*

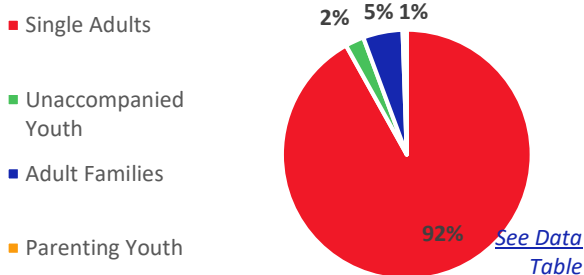


<sup>18</sup> This includes 25 referrals for Security Deposit assistance only, or 14% of all referrals.

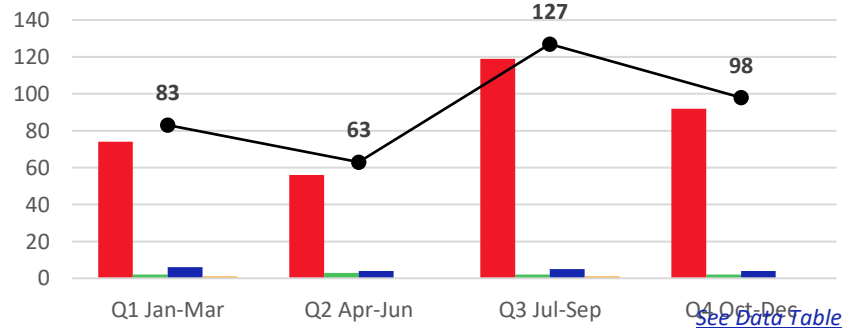
## Permanent Supportive Housing (PSH) Referrals

CAM staff referred **371** household to Permanent Supportive Housing in 2020

**Chart 27 - PSH Referrals by Household Type**



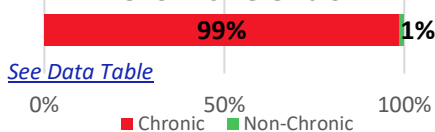
**Chart 28 - Quarterly PSH Referrals**



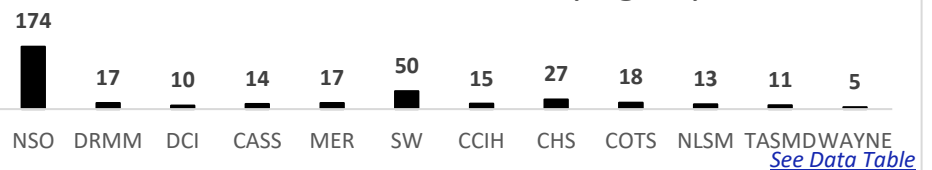
The majority of PSH referrals went to single adults in 2020. While single adults made up 76% of referrals to shelter, they comprised 92% of referrals to PSH. This is largely due to the fact that PSH is prioritized for chronically homeless households, and single adults are more likely to be chronically homeless than other population types.

While referrals to TH and RRH decreased from 2019 to 2020, referrals to PSH increased by 36%. This is partially due to the Clay Center PSH project opening in Fall, 2020. Almost all of the PSH referrals went to chronic households with the exception of 6 non-chronic families.

**Chart 29 - Chronic vs Non-Chronic Referrals**



**Chart 30 - PSH Referrals by Agency**



## Housing Referrals Annual Comparison<sup>19</sup>

**Chart 31 - Housing Referrals 2018-2020**

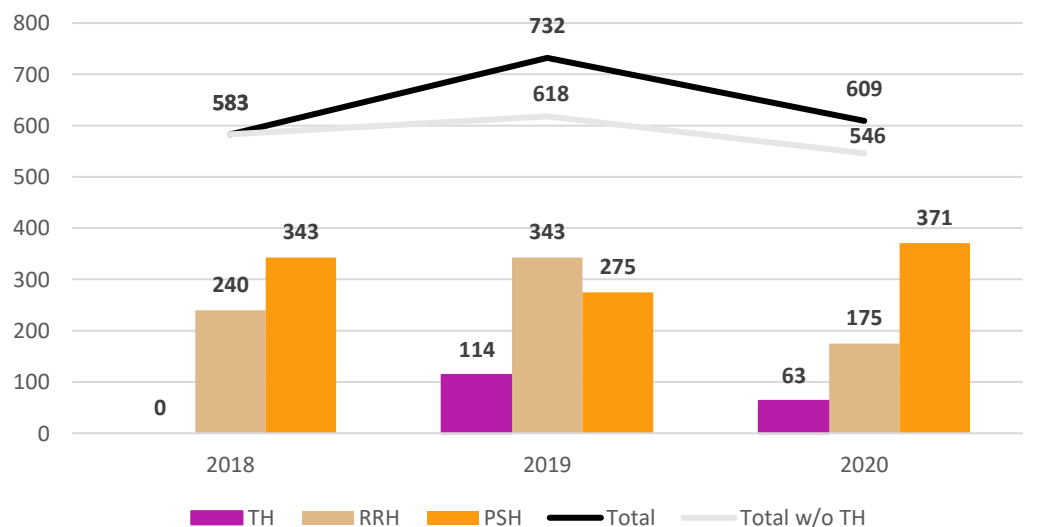


Chart 31 shows the trend in housing referrals for the last three years. The light gray line shows the total referrals when excluding referrals to TH, which began in 2019. Referrals in 2020 were lower than the previous year largely because of the significant decrease in the number of referrals made to RRH. It's likely that the lower number of HCVs pulled in 2019 (see Chart 32) meant that many households stayed enrolled in RRH programs for longer, impacting the number of referrals RRH providers could take in 2020.

<sup>19</sup> Transitional Housing providers officially began taking 100% of referrals from CAM on September 1, 2019, however CAM began making referrals to TH prior to that on an informal basis. The RRH data includes referrals for Security Deposit (SD) assistance only. There were 42 referrals for SD in 2019, and 25 referrals for SD in 2020.



## Homeless Preference - Housing Choice Vouchers (HP-HCVs)

CAM added **909** households to the HP-HCV waiting list in 2020, and **547** households were pulled<sup>20</sup>

Chart 32 - HCVs Added vs Pulled

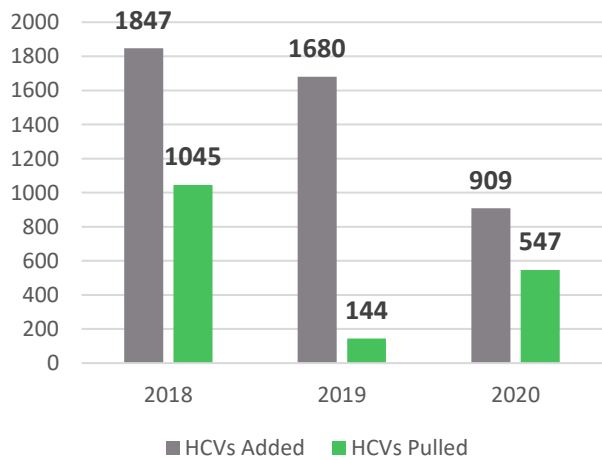
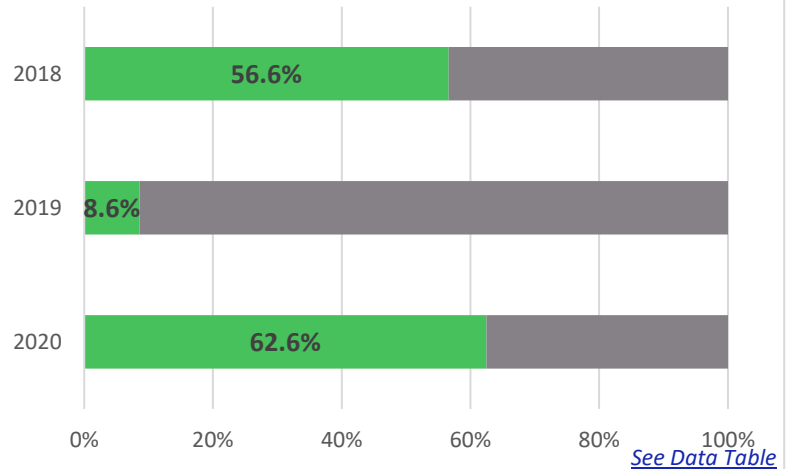


Chart 33 - Ratio of HCVs Pulled vs Added



There was a 46% decrease in the number of households added to the HP-HCV waiting list from 2019 to 2020. This could be partially explained by the decrease in shelter referrals. Additionally, CAM's prioritization policy changed in 2019 which adjusted who was eligible to have an HP-HCV pre-application submitted. The intent of this policy change was to target resources to more vulnerable households and bring the number of households added to the HP-HCV waiting list closer in line with how many households are pulled from the waiting list. Chart 33 shows that a higher percentage of clients were pulled as compared to the number added than in previous years. It should also be noted that all of the HP-HCV pulls in 2020 occurred in the second half of the year. It is anticipated that a larger number of HCV pulls will occur throughout 2021 due to COVID relief funds. While HP-HCVs are an invaluable resource for Detroit to have, it can be difficult to make strategic decisions on how best to utilize this housing resource due to the uncertainty around when and how many HCVs will be pulled.

## Moving Up Vouchers

CAM staff added **33** households to the Moving Up List in 2020, and **18** were pulled from the list

Chart 34 - Moving Up Vouchers Added vs Pulled

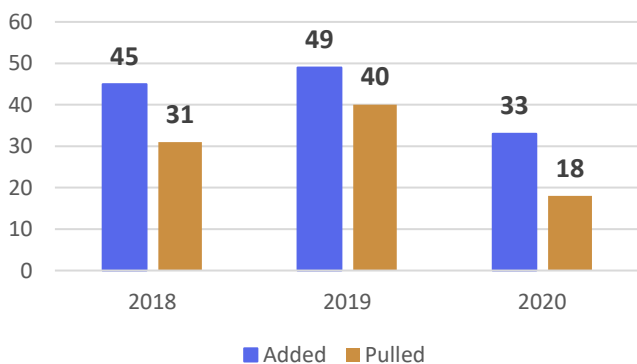
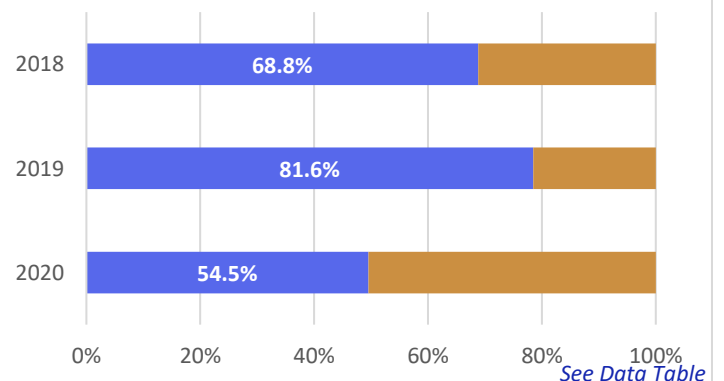


Chart 35 - Ratio of Moving Up Vouchers Pulled vs Added



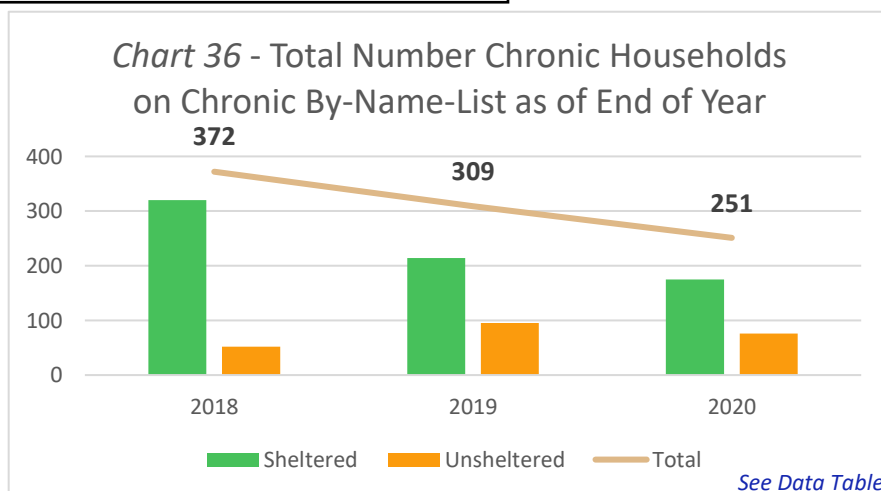
<sup>20</sup> This data has not been de-duplicated.

## POPULATION-SPECIFIC DATA

### Chronic Homelessness<sup>21</sup>

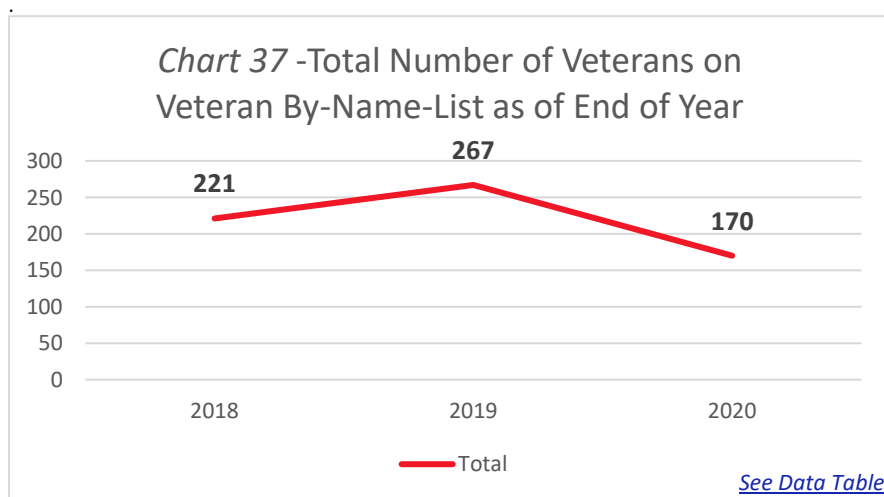
**176** households from the CBNL housed in 2020

The overall number of chronic households has declined steadily from year to year as can be seen in *Chart 36*. This chart also shows that unsheltered households make up a larger share of the list than in previous years.



### Veteran Homelessness

**289** veterans housed in 2020



After increasing in 2019, the number of Veterans on the VBNL at the end of the year decreased in 2020. There were 36% fewer Veterans on the VBNL at the end of 2020 than in 2019.

### Family Homelessness

CAM is partnering in a system-wide effort to quickly house families experiencing homelessness called the Family Housing Accelerator. The project identified **66** families experiencing homelessness on December 1, 2020 to try and house by spring of 2021.

This short-term project is an opportunity to address barriers to housing and apply lessons learned to long term efforts in the future. The project draws from new and existing resources, such as CARES-funded Rapid Re-Housing (RRH) and Housing Choice Vouchers (HCV).

<sup>21</sup> Chronic Homelessness is defined by HUD. Essentially it refers to people who have experienced homelessness for at least a year continuously or repeatedly and who have a disabling condition. You can find the full definition [here](#).

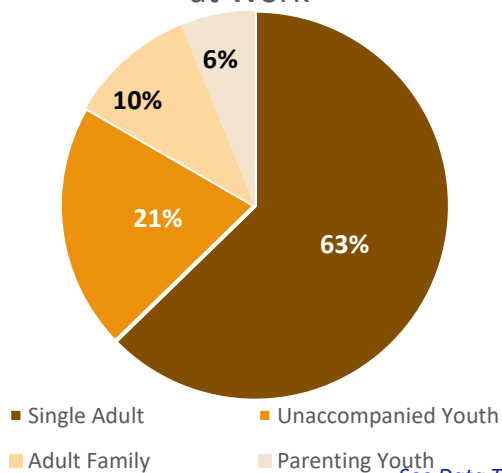
## CROSS SYSTEM COLLABORATION

### Workforce Development

CAM staff referred **228** households to Detroit at Work in 2020

Of these, **85** households connected with Detroit at Work

Chart 38 - Referrals to Detroit at Work



Income is a crucial factor for households to obtain and maintain stable housing. CAM has established a partnership with Detroit's workforce development system (Detroit at Work (DAW)) to advance systems change efforts to support homeless jobseekers. CAM and DAW received Technical Assistance support from Heartland Alliance in 2020, and worked together to offer seven trainings to homeless services and workforce development staff. Additionally, CAM initiated efforts to share data across systems in order to identify shared households and eventually track and support households across the two systems.

CAM and DAW also began a very basic referral pilot in July 2020. CAM intake staff began asking households six employment related questions, and provided interested households with information on DAW's services and how to schedule an appointment. A goal in 2021 is to expand this into a more formal, expanded referral process.

### Education

CAM staff referred **1,083** children and youth for McKinney-Vento educational resources

Under the McKinney-Vento Homeless Assistance Act, children and youth experiencing homelessness are entitled to immediate school enrollment, the option to stay in their school of origin, transportation to their school of origin and support for academic success.<sup>22</sup> CAM refers eligible children and youth to Wayne Metro Community Action Agency which works to make sure they are enrolled, connects them to the school district's homeless services liaison, and provides available services.

Chart 39 - Education Referrals School District

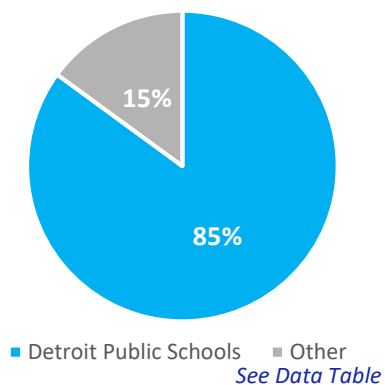


Chart 40 - Age of those Referred

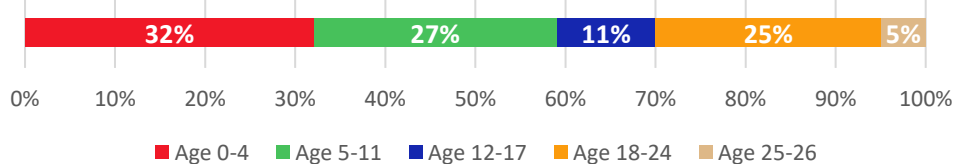
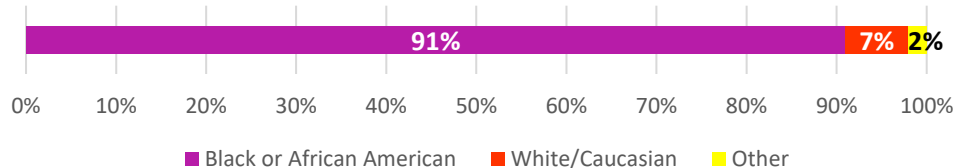


Chart 41 - Race of those Referred



<sup>22</sup> More information on the McKinney-Vento Act can be found here: <https://nche.ed.gov/mckinney-vento/>



## COVID-19 RESPONSE

People experiencing homelessness are at a heightened vulnerability to the negative impacts of the COVID-19 pandemic. Homelessness may increase people's chance of exposure, and many people experiencing homelessness lack access to health care. Additionally, the prevalence of chronic health conditions among people experiencing homelessness increases the risk of severe illness from COVID-19. On top of this, the economic fallout from the pandemic may push more people into homelessness and makes it more difficult to regain economic security.

For these reasons, it was imperative that CAM and the entire homelessness response system quickly adapt to protect to the health and safety of people experiencing homelessness. At the onset of the pandemic, CAM stepped into a leadership role partnering with the CoC, HAND and City of Detroit to adjust services, change policy, and communicate to the community. CAM quickly switched to phone-based operations. While utilizing a call center model presents a number of challenges to staff and clients, it allowed clients to more easily access services without needing to make in-person contact. At the same time CAM moved to phone operations, it also expanded services from five days a week to seven days a week with longer hours of operation.

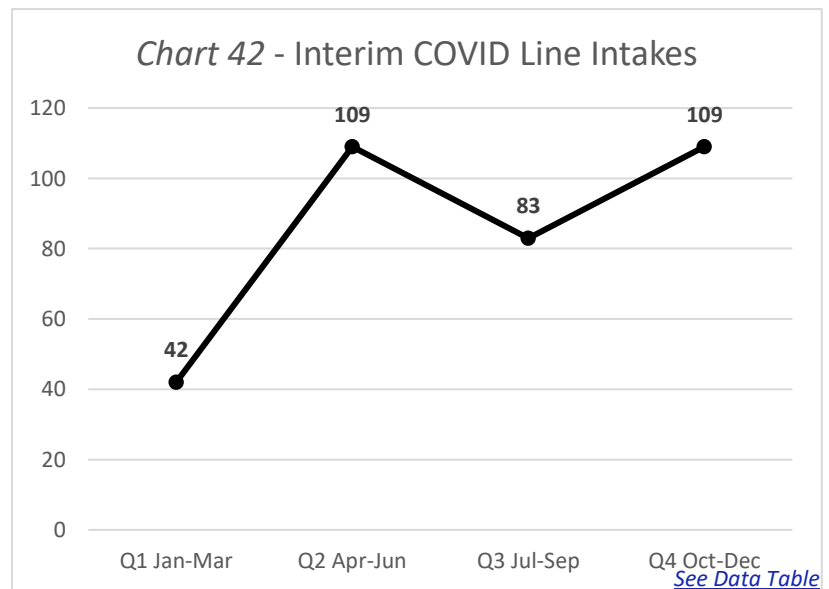
To prevent the spread of COVID-19 in shelters, the homelessness system supported shelters to make environmental changes, began screening households for symptoms and set-up testing of households in partnership with the Health Department.

New shelters were created to allow for isolation and quarantine when required. *Shelter Type I* serves people with COVID symptoms awaiting test results and *Shelter Type II* serves COVID positive households. CAM played a key role facilitating these system changes, screening households, and coordinating referrals and transportation to Shelters Type I and II.

CAM created a phone line specifically for hospitals and shelters to coordinate services for COVID symptomatic and/or positive households. The charts below show the volume of calls and intakes CAM staff handled on these lines.

CAM has also worked hard to ensure households have access to new resources that have become available through COVID-19 relief efforts. This has included utilizing diversion funding, coordinating with the eviction diversion program and preventions providers, and working to quickly navigate and refer households to housing resources.

The COVID-19 pandemic has required intensive coordination between systems leadership, the health department, hospitals, homeless service providers and funders. There are opportunities to build upon this coordination to advance efforts to end homelessness beyond the pandemic.



**KEY ACCOMPLISHMENTS IN 2020**

1. Piloted two new Access Point locations to increase access to CAM
2. Implemented new prioritization process in “partial implementation” phase and monitored data
3. Launched Salesforce database to improve tracking and reporting on CAM-related data
4. Incorporated HUD Coordinated Entry data elements
5. Planned for integrating prevention into CAM (plan for early 2021 launch)
6. Planned for merging Veteran CES with CAM (plan for early 2021 launch)
7. Incorporated veteran representative on Committee
8. Strengthened partnership with Detroit at Work by launching soft referral process; hosting series of cross-system trainings; securing funds for a full time Detroit at Work staff member to focus on alignment between the homeless and workforce systems.
9. Adapted operations to provide services remotely in response to the COVID-19 Pandemic.

## APPENDIX

### Data Tables and Sources

**Data Table 1 – 2020 Quarterly Volume by Access Type**

	In Person	Phone	Total
Q1 Jan-Mar	3397	1939	5336
Q2 Apr-Jun	0	19031	19031
Q3 Jul-Sep	68	21063	21131
Q4 Oct-Dec	108	21658	21766

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**Data Table 2 – 2020 Total Calls by Outcome**

	Calls by Outcome
Connected	38675
Missed/Abandoned	15241
Voicemail	5822
Outbound No Answer	3953

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**Data Table 3 - Engagements by Access Type**

In Person	3573
Phone	38675

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**Data Table 4 – Quarterly Engagements by Access Type**

	In Person	Phone	Total
Q1 Jan-Mar	3397	1478	4875
Q2 Apr-Jun	0	13127	13127
Q3 Jul-Sep	68	13864	13932
Q4 Oct-Dec	108	10206	10314

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**Data Table 5 - Intakes by Household Type**

Single Adult	5775
Unaccompanied Youth	918
Adult Family	103
Parenting Youth	315

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**Data Table 6 – Intake Outcomes by Household Type**

	Diverted	Referred to Shelter
Parenting Youth	155	160
Adult Family	654	549
Unaccompanied Youth	215	703
Single Adult	1270	4505

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**Data Table 7 – Quarterly Intake Outcomes**

	Diverted	Referred	Total
Q1 Jan-Mar	676	2130	2806
Q2 Apr-Jun	598	1449	2047
Q3 Jul-Sep	535	1155	1690
Q4 Oct-Dec	485	1183	1668

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**Data Table 8 - Diversion by Household Type**

Single Adult	1270
Unaccompanied Youth	215
Adult Family	654
Parenting Youth	155

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**Data Table 9 – Total Diversion Financial Assistance**

	Total Spent
Gas	\$50
Rideshare	\$131
Hotel Assistance	\$1,440
Grocery	\$8,898
Bus Ticket	\$10,128
Rental Assistance	\$40,174

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**Data Table 10 - Shelter Referrals by Household Type**

Single Adult	4505
Unaccompanied Youth	703
Adult Family	549
Parenting Youth	160

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**Data Table 11 - Shelter Referral Outcome**

Accepted	4014
Declined	1737
Unknown	166

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**Data Table 12 – Proportion of Youth Shelter Referrals to Youth-Specific Shelter**

	Unaccompanied Youth	Parenting Youth
Youth Specific Shelter	427	45
Non-Youth Specific Shelter	276	115

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**Data Table 13 – Shelter Referrals by Agency**

AFG	103
Shelters Type I & II (COVID)	228
Cass	72
Cass Rotating	144
Cass WC	100
COTS	189
Covenant House	375
DRMM 3rd St	1238
DRMM 3rd St WC	264
DRMM East Grand Overflow	38
DRMM G2	61
DRMM G3	260
DRMM G3 WC	73
DRMM Oasis Overflow	428
Love Outreach	65
NSO	1096
OGD	213
SA Booth	215
St. John's	755

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**Data Table 14 – Total Annual Shelter Referrals**

2018	5117
2019	7386
2020	5917

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**Data Table 15 – Quarterly Shelter Referrals Annual Comparison 2018-2020**

	2018 Referrals	2019 Referrals	2020 Referrals
Q1 Jan-Mar	1134	1768	2130
Q2 Apr-Jun	1203	1732	1449
Q3 Jul-Sep	1200	1784	1155
Q4 Oct-Dec	1580	2102	1183

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**Data Table 16 – Annual Unique Shelter Referrals**

2018	3620
2019	4280
2020	3679

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**Data Table 17 – Number of Shelter Referrals per Household**

Times Referred to Shelter	Number of Households
12	2
11	1
10	5
9	2
8	5
7	15
6	29
5	54
4	115
3	253
2	666
1	2532

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**Data Table 18 – Households Assessed and Added to Acuity Group**

Parenting Youth	87
Adult Families	288
Unaccompanied Youth	384
Single Adults	2270

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**Data Table 19 – Distribution of Acuity Groups by Household Type**

	Acuity Group 4	Acuity Group 3	Acuity Group 2	Acuity Group 1
Parenting Youth	7	67	8	5
Adult Family	27	213	21	27
Unaccompanied Youth	97	209	73	5
Single Adults	725	836	325	384

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**Data Table 20 – Acuity Group 1 Packets Submitted, Shelter Status**

	Sheltered	Unsheltered
2019	235	156
2020	263	104

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**Data Table 21 - TH Referrals by Household Type**

Single Adults	15
Unaccompanied Youth	3
Adult Families	23
Parenting Youth	22

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**Data Table 22 – Quarterly TH Referrals**

Month	Single Adults	Unaccompanied Youth	Adult Families	Parenting Youth	Total
Q1 Jan-Mar	0	0	12	7	19
Q2 Apr-Jun	8	2	4	1	15
Q3 Jul-Sep	4	0	4	10	18
Q4 Oct-Dec	3	1	3	4	11

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**Data Table 23 - TH Referrals by Agency**

TIPS	19
NLSM	28
DRMM	8

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**Data Table 24 - RRH Referrals by Household Type**

Single Adults	69
Unaccompanied Youth	18
Adult Families	74
Parenting Youth	13

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**Data Table 25 – Quarterly RRH Referrals**

	Single Adults	Unaccompanied Youth	Adult Families	Parenting Youth	Total
Q1 Jan-Mar	8	0	16	2	26
Q2 Apr-Jun	8	3	3	4	18
Q3 Jul-Sep	25	8	19	4	56
Q4 Oct-Dec	28	7	36	3	74

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**Data Table 26 - RRH Referrals by Agency**

NSO	30
SW	36
NLSM	77
AFG	15
CHS	4
WAYNE	12

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**Data Table 27 - PSH Referrals by Household Type**

Single Adults	341
Unaccompanied Youth	9
Adult Families	19
Parenting Youth	2

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**Data Table 28 – Quarterly PSH Referrals**

Month	Single Adults	Unaccompanied Youth	Adult Families	Parenting Youth	Total
Q1 Jan-Mar	74	2	6	1	83
Q2 Apr-Jun	56	3	4	0	63
Q3 Jul-Sep	119	2	5	1	127
Q4 Oct-Dec	92	2	4	0	98

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**Data Table 29 – Chronic vs Non-Chronic PSH Referrals**

	Chronic	Non-Chronic
Referrals	366	5

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**Data Table 30 - PSH Referrals by Agency**

NSO	174
DRMM	17
DCI	10
CASS	14
MER	17
SW	50
CCIH	15
CHS	27
COTS	18
NLSM	13
TASMD	11
WAYNE	5

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**Data Table 31 – Housing Referrals 2018-2020**

	TH	RRH	PSH	Total	Total w/o TH
2018	0	240	343	583	583
2019	114	343	275	732	618
2020	63	175	371	609	546

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**Data Table 32/33 – HCVs Added vs Pulled**

	HCVs Added	HCVs Pulled
2018	1847	1045
2019	1680	144
2020	909	547

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**Data Table 34/35– Moving Up Vouchers Added vs Pulled**

	Added	Pulled
2018	45	31
2019	49	40
2020	33	13

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**Data Table 36 - Households on CBNL as of End of the Year**

	Sheltered	Unsheltered	Total
2018	320	52	372
2019	214	95	309
2020	175	76	251

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**Data Table 37 - Households on VBNL as of End of the Year**

2018	221
2019	267
2020	170

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**Data Table 38 - Referrals to Detroit at Work**

Single Adult	143
Unaccompanied Youth	47
Adult Family	24
Parenting Youth	14

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**Data Table 39 – Education Referrals School District**

Detroit Public Schools	921
Other	162

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**Data Table 40 – Education Referrals Age**

Age 0-4	Age 5-11	Age 12-17	Age 18-24	Age 25-26
347	292	119	271	54

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**Data Table 41 – Education Referrals Race**

Black or African American	White/Caucasian	Other
985	76	22

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**Data Table 42 -Calls to Interim COVID Line**

Q1 Jan-Mar	439
Q2 Apr-Jun	1707
Q3 Jul-Sep	557
Q4 Oct-Dec	551

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**Data Table 42 - Interim COVID Line Intakes**

Q1 Jan-Mar	42
Q2 Apr-Jun	109
Q3 Jul-Sep	83
Q4 Oct-Dec	109

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## **ATTACHMENT SEVEN**

## **Detroit Continuum of Care Board Proposed Values Presented at the May 3rd 2021 Board Meeting**

The work of the Detroit Board of the Continuum of Care will be rooted in the following six values and accompanying definition of equity.

The Detroit CoC Board values:

1. **An Outcomes Orientation:** Actions adopted and advanced by the CoC Board will be rooted in successfully preventing homelessness where possible, and if not possible, making the experience of homelessness rare, brief and one-time.
2. **Equity:** We demonstrate a commitment to equity through: inclusive, transparent and thorough decision-making processes and communication; regular examination of equitable outcomes, and diverse representation across the board and committees.
3. **Person-Centered Housing and Services:** All persons have the right to accessible, low barrier, safe and sustainable housing and services that honor all identities, strengths and needs including race, age, gender, sexual orientation, mental health supports, substance use, or any other dimension that could be used to discriminate.
4. **A Data-Driven Approach:** Decision-making processes should make the greatest possible use of quantitative and qualitative data, disaggregated in ways to assess equitable outcomes where possible.
5. **Responsive Solutions:** The entities that form our CoC: the General Membership, Board, executive leaders, client-facing staff, and funders, must have the flexibility to respond to emerging ideas and challenges and try new and innovative ideas and projects.
6. **Cross-Systems Collaboration:** The experience of homelessness is a result of structural inequities and systemic racism. To successfully make progress towards our outcomes, inclusiveness, engagement, collaboration and cross-systems partnerships are required.

**Definition of Equity:** The quality of being fair and impartial based on race, gender, religion, national origin, physical or mental ability, age, sexual orientation, and gender identity.