Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with–if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.
- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1A-1. CoC Name and Number: MI-504 - Pontiac, Royal Oak/Oakland County CoC

1A-2. Collaborative Applicant Name: Alliance for Housing Oakland County Continuum of Care

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Alliance for Housing

1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1B-1.	**Inclusive Structure and Participation–Participation in Coordinated Entry.**	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

	In the chart below for the period from May 1, 2020 to April 30, 2021:
1.	**select yes or no in the chart below if the entity listed participates in CoC meetings, voted–including selecting CoC Board members, and participated in your CoC's coordinated entry system; or**
2.	**select Nonexistent if the organization does not exist in your CoC's geographic area:**

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	**Affordable Housing Developer(s)**	Yes	No	Yes
2.	**Agencies serving survivors of human trafficking**	Yes	Yes	Yes
3.	**CDBG/HOME/ESG Entitlement Jurisdiction**	Yes	Yes	Yes
4.	**CoC-Funded Victim Service Providers**	Yes	Yes	Yes
5.	**CoC-Funded Youth Homeless Organizations**	Yes	Yes	Yes
6.	**Disability Advocates**	Yes	Yes	No
7.	**Disability Service Organizations**	Yes	Yes	Yes
8.	**Domestic Violence Advocates**	Yes	Yes	Yes
9.	**EMS/Crisis Response Team(s)**	Yes	No	Yes
10.	**Homeless or Formerly Homeless Persons**	Yes	Yes	Yes
11.	**Hospital(s)**	Yes	No	No
12.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	Nonexistent	No	No
13.	**Law Enforcement**	Yes	No	No
14.	**Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates**	Yes	No	No
15.	**LGBT Service Organizations**	Yes	No	No
16.	**Local Government Staff/Officials**	Yes	Yes	Yes
17.	**Local Jail(s)**	Yes	No	No
18.	**Mental Health Service Organizations**	Yes	Yes	Yes

19.	**Mental Illness Advocates**	Yes	Yes	Yes
20.	**Non-CoC Funded Youth Homeless Organizations**	Yes	Yes	Yes
21.	**Non-CoC-Funded Victim Service Providers**	Yes	No	No
22.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes	Yes	Yes
23.	**Organizations led by and serving LGBT persons**	Yes	No	No
24.	**Organizations led by and serving people with disabilities**	Yes	No	No
25.	**Other homeless subpopulation advocates**	Yes	Yes	Yes
26.	**Public Housing Authorities**	Yes	No	Yes
27.	**School Administrators/Homeless Liaisons**	Yes	Yes	Yes
28.	**Street Outreach Team(s)**	Yes	Yes	Yes
29.	**Substance Abuse Advocates**	Yes	No	No
30.	**Substance Abuse Service Organizations**	Yes	No	No
31.	**Youth Advocates**	Yes	Yes	Yes
32.	**Youth Service Providers**	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.	N/A	No	No	No
34.	N/A	No	No	No

1B-2.	**Open Invitation for New Members.**	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	**communicated the invitation process annually to solicit new members to join the CoC;**
2.	**ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
3.	**conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and**
4.	**invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).**

(limit 2,000 characters)

1.CoC's invitation process is done in person at multiple community meetings, via email and on our website. 2 &3.CoC communicates the invitation process & solicits new members via community meetings, website and listserv, personal invitations at community meetings/forums & encourages partner agencies to invite client/former clients, new staff, volunteers, individuals with disabilities & stakeholders join the CoC. We also a provide the ability to contact the CoC via our website if anyone has a question about becoming a member. The CoC has revamped the website to make applying for membership more accessible to anyone that is interested including those with disabilities. They will be able to complete the membership form and pay online and accommodations are made for anyone needing assistance completing the form. The COC has the ability to wave membership dues to encourage membership. CoC also awards certificates of membership for each agency/community person, which will increase reputability by providing owners with a piece of official documentation representing their participation within the CoC.. 4. The CoC has been engaged with C4 Innovations to successfully start Racial Equity training and Consultation for our community. By reviewing HMIS/ Census data C4 was able to assess and

review specific areas, focusing on demographics, housing and homelessness. The Alliance &C4 have effectively hosted sessions with thecommunity. We focused on understanding language and concepts, transforming our work to be viewed through a racial equity lens, reviewing inequities across systems (state and local government, political leadership,education, justice system, healthcare, law enforcement) & Racial equity statement. People with lived experience join us offering their input, and are also compensated for their time. C4 is currently hosting listening session with staff and those with lived expertise for feedback.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,000 characters)

1.CoC solicits&considers opinions from homeless/nonhomeless service providers&organizations by going to county meetings to gather&provide feedback,hosting public events, including virtual, inviting providers,residents&organizations who have interest in/work directly w homeless .CoC annual retreat &planning meeting is posted on website& listserv to invite public to hear successes,work on upcoming year strategies,&provide input.CoC has also engaged in cross sector meetings such as Homeless Health Care. 2.Every GM meeting has a guest speaker that presents about their program&how their services can help w preventing/ending homelessness.Guest speakers give opportunity to find innovative ways to prevent/end homelessness.It is at this community meeting there is a 'round table' session where agencies and community members may bring any input or issues to the table. 3.CoC agencies &staff are able to engage &take info back to the CoC committee meetings to implement new processes, tweak &or change how services are offered/delivered. The CoC hosts General Membership (GM)meetings everyother month that are open to anyone that is interested in making connections,finding new resources&services&updates on homeless programs.CoC is apart of another listserv that consists of multiple counties that is used for Metro Region Networking,we can share and post events,activities and announcement that contribute to the well-being of the community.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC's local competition was open and accepting project applications;

2.	**that your CoC will consider project applications from organizations that have not previously received CoC Program funding;**
3.	**about how project applicants must submit their project applications;**
4.	**about how your CoC would determine which project applications it would submit to HUD for funding; and**
5.	**how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.**

(limit 2,000 characters)

1. CoC notifies the public that it is accepting new project applications via the CoC website and listserve. CoC also posts a timeline of events and important dates. In addition throughout the year the CoC ED is doing outreach to other non-funded agencies and encouraging them to sign up for the listserve and apply for new funding opportunities, as the CoC is open to accepting new applications. 2. The CoC does consider project application from organizations that have not previously received CoC Program Funding 3.It states in the RFP how to submit concept papers, via email by specified date and time. 4. CoC Prioritization committee uses data and community priorities in their process to determine whether the project application will be included in the FY21 funding for new proposals based on community need via the housing registry and sub-populations. In addition to agency capacity to administer federal programs and NOFO specific requirements. 5. The CoC ensures effective communication with individuals with disabilities by posting via website and listserv. Individuals can makes requests for reasonable accommodations to any staff at any time.

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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1C-1.	**Coordination with Federal, State, Local, Private, and Other Organizations.**	
	NOFO Section VII.B.1.b.	

	In the chart below:
1.	**select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or**
2.	**select Nonexistent if the organization does not exist within your CoC's geographic area.**

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	**Funding Collaboratives**	Yes
2.	**Head Start Program**	Yes
3.	**Housing and services programs funded through Local Government**	Yes
4.	**Housing and services programs funded through other Federal Resources (non-CoC)**	No
5.	**Housing and services programs funded through private entities, including Foundations**	Yes
6.	**Housing and services programs funded through State Government**	Yes
7.	**Housing and services programs funded through U.S. Department of Health and Human Services (HHS)**	Yes
8.	**Housing and services programs funded through U.S. Department of Justice (DOJ)**	No
9.	**Housing Opportunities for Persons with AIDS (HOPWA)**	Yes
10.	**Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)**	Nonexistent
11.	**Organizations led by and serving Black, Brown, Indigenous and other People of Color**	Yes
12.	**Organizations led by and serving LGBT persons**	Yes
13.	**Organizations led by and serving people with disabilities**	Yes
14.	**Private Foundations**	Yes
15.	**Public Housing Authorities**	Yes
16.	**Runaway and Homeless Youth (RHY)**	Yes
17.	**Temporary Assistance for Needy Families (TANF)**	Yes
	Other:(limit 50 characters)	

18.	N/A	No

1C-2.	**CoC Consultation with ESG Program Recipients.**	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:
1.	**consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;**
2.	**participated in evaluating and reporting performance of ESG Program recipients and subrecipients;**
3.	**provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and**
4.	**provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.**

(limit 2,000 characters)

1.CoC consults with the following ESG recipients, MSHDA & Oakland County in the planning and allocation of ESG funds. The CoC provides detailed information of community need and the request to align funding to best serve individuals experiencing homelessness or those at imminent risk of homelessness. OC attends the COC's annual retreat to get input from homeless service providers as well as COC staff provides written and in person comment during the public comment period during OC's annual planning process. CoC staff attends the annual MSHDA homeless summit as well as provides written and in person comment during open comment periods. 2.HMIS data is reviewed at the COC level to evaluate and the annual report to provide performance based feedback to the recipient and sub recipients. 3. The CoC provided PIT/HIC data to the Consolidated plan and director of the HOME/ESG funds. 4. The CoC meets regularly and provides data and input for any and all updates for the Cononsolidated plan.

1C-3.	**Ensuring Families are not Separated.**	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	**Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.**	No
2.	**Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.**	Yes
3.	**Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.**	Yes
4.	**Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.**	Yes
5.	**Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.**	No
6.	**Other. (limit 150 characters)**	
	NA	No

1C-4.	**CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.**	
	NOFO Section VII.B.1.d.	

	Describe in the field below:
1.	**how your CoC collaborates with youth education providers;**
2.	**your CoC's formal partnerships with youth education providers;**
3.	**how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);**
4.	**your CoC's formal partnerships with SEAs and LEAs;**
5.	**how your CoC collaborates with school districts; and**
6.	**your CoC's formal partnerships with school districts.**

(limit 2,000 characters)

1,2&3 CoC has a strong partnership with the local education providers. Oakland Schools (OS) the LEA, is the consortium lead for all Oakland County school districts,is represented at both the CoC GM meetings as well as a seat on the CoC board. Services are exclusively geared toward children and youth, Oakland Schools is dependent on the relationship with the consortium and its members to secure and coordinate necessary services outside of the educational focus of the McKinney-Vento grant for Homeless Children and Youth. 4. OS is involved with making sure that pertinent information is funneled from the CoC to school districts and homeless families. OS has printed materials(posters and flyers) that are provided to CoC members that can be posted and/or distributed to families that may qualify for McKinney-Vento services. 5.CoC members also contact school district liaisons and/or Oakland Schools directly to help link families to school services. 6.All COC projects have a identified student homeless liaisons staff so they can be immediately connected with homeless school services. COC has a formal MOU with education provider and schools districts to collaborate and make sure that homeless youth are served. Please see MOU in attachments. OS also maintains a toll free 800 number for homeless youth and families to call to be connected to the program for help in maintaining students in school and facilitating their coordination with partner agencies.

1C-4a.	**CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.**	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

COC member agencies provide direct referral of students experiencing homelessness to both the Oakland Schools Homeless Student Education Coordinator and/or the Homeless Liaison in the local school district. Oakland County Homeless Student Education Services works directly with the 28 local school districts and the 22 Public School Academies to supply them with written and electronic materials to assist staff in the process of the identification and service of homeless children and youth. This information is posted in the school buildings in the form of posters and electronically on a multitude of sites for staff

and parents. A homeless liaison is named in each of the districts and academies to serve as point person to coordinate homeless student identification and service. This person receives training and support from the ISD on a continual basis in addition to being supplied with materials to be posted in the school offices and buildings to direct the staff and student body to someone who can help if they know of a student, or are a student themselves, experiencing homelessness. Additionally, regular presentations are made to consortium groups where there is district staff representation, such as school social workers, counselors, bus drivers, lunchroom aides,and front office staff. Coordination with truancy and attendance staff, administration, and transportation is also key to ensuring district personnel are familiar with the McKinney-Vento Law and the associated reporting responsibilities. Local liaisons are trained to coordinate services with CoC partners, and also rely on the ISD for guidance in navigating the array of services available in each of the districts. A strong data collection system is in place to track the identification and reporting of all identified homeless children and youth, and is managed by the ISD in coordination with Michigan Department of Education.

1C-4b.	**CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.**	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	**Birth to 3 years**	No	Yes
2.	**Child Care and Development Fund**	No	No
3.	**Early Childhood Providers**	No	Yes
4.	**Early Head Start**	No	No
5.	**Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)**	No	No
6.	**Head Start**	No	Yes
7.	**Healthy Start**	No	No
8.	**Public Pre-K**	No	No
9.	**Tribal Home Visiting Program**	No	No
	Other (limit 150 characters)		
10.	NA	No	No

1C-5.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Annual Training–Best Practices.**	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC coordinates to provide training for:
1.	**Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and**

2.	**Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).**

(limit 2,000 characters)

1&2 HAVEN is OC's lead agency in providing services related to domestic violence, dating violence, sexual assault and stalking. HAVEN provides training in trauma informed care,victim centered training and best practices, safety planning, domestic violence 101, strangulation and sexual assault. CES staff are also provided training opportunities yearly for trauma informed care. Training is also made available through the Michigan Coalition to End Domestic and Sexual Violence. HAVEN also has a Prevention Education Department. This provides access to trained educators that are available to train and educate on the dynamics of domestic violence and sexual assault through training seminars. HARA and community partner agency staff are trained in the Danger Assessment. This allows staff to measure lethality and provide a measurement similar to how those experiencing Cat 1 Homelessness are prioritized with the VI-SPDAT within the community.

1C-5a.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Using De-identified Aggregate Data.**	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

(limit 2,000 characters)

COC uses de-identified HMIS and DV data from a comparable database, crisis call center numbers, OC arrest reports and online data from the DOJ online domestic and sexual assault data resource center. All agencies within the CoC have a Public Privacy Notice that is posted and visible to clients in locations where information is collected. This is to ensure transparency between agency and client in regards to the purpose of data collection, and client rights. Also, each agency is required to have a Privacy Policy that includes specific protections for clients with increased privacy risks. For example, a client can choose to be entered under an Un-Named Record Protocol where identifying information is not recorded in the System and the record is located through a randomly generated number. The CoC works in collaboration with HAVEN, the lead organization in DV services, to collect data on persons who are homeless or if they are fleeing/fled domestic violence. In addition to HMIS, HAVEN obtains data from a CSL comparable to HMIS but is specifically designed for DV, abuse, and shelter organizations.

1C-5b.	**Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.**	
	NOFO Section VII.B.1.e.	

	Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:
1.	**prioritize safety;**

2.	**use emergency transfer plan; and**
3.	**ensure confidentiality.**

(limit 2,000 characters)

1.CoC policy to prioritize safety of survivors by an emergency transfer plan it adapts services to their unique circumstances through victim-centered practices,trauma informed care,participant choice,&confidentiality.CoCs screening process is designed to allow participant to go to any access point.Regardless of its dedicated population,clients will be linked to the appropriate resources.This process assures that participants can be served at all access points.If unable to meet at an access point,screening can be done via phone or agency staff can work with the client to meet w/ them at a location that is safe &accessible.No access point will deny a person who has or is a victim of DV, dating violence,sexual assault &stalking. Rather,the assessment will be completed,linkage will occur&services will be provided with safety considerations for the participant in mind.Lead DV shelter HAVEN connects potential participants w/CoC through agencies doing outreach at the shelter and/or by asking the participant if they would like to sign an ROI.If the participant doesnt want their info shared then they will be given the resources info so they can contact them.The DV shelter helps to create safety plans for all DV households even if a shelter bed is unavailable. Survivors identified as Cat.4 are given priority status for entry, including time needed to become self-sufficient.2.The CoC has implemented an Emergency Transfer Policy Plan.This policy outlines the ability to request a transfer for a client regardless of sex, gender, identity or sexual orientation. This policy emphasizes accommodation to DV specific needs and maximizes client choice.The plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections and how an emergency transfer may occur.Also it provides guidance for tenants on safety&security.3.All info is locked&confidential.

1C-6.	**Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.**	
	NOFO Section VII.B.1.f.	

1.	**Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?**	Yes
2.	**Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?**	Yes
3.	**Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?**	Yes

1C-7.	**Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf or the two PHAs your CoC has a working relationship with–if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
MSHDA	95%	Yes-HCV	Yes

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

	Describe in the field below:
1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference–if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,000 characters)

CoC works directly with the largest PHA, MSHDA, they have a homeless preference and agencies populate waitlist with homeless HH's.CoC continues to reach out to all PHA's to discuss the importance of a homeless preference within their polices. As well as invites them to attend our annual retreat and to become CoC members. provided LOS to MSHDA and reached out to Pontiac PHA to do the same for RRH preference for moving on vouchers. To date we have met with Pontiac,Ferndale and MSHDA to provide homeless community data, explain agencies services that can be offered to HH's. CoC works informally with the Detroit PHA to coordinate for homeless individuals. HARA coordinated with all PHA's, when they open up their waiting lists to infirm everyone how to apply.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored–For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	**Including PHA-Funded Units in Your CoC's Coordinated Entry System.**	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	No

1C-7c.1.	**Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.**	
	NOFO Section VII.B.1.g.	

	If you selected yes in question 1C-7c., describe in the field below:
1.	**how your CoC includes the units in its Coordinated Entry process; and**
2.	**whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.**

(limit 2,000 characters)

1C-7d.	**Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.**	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No

1C-7d.1.	**CoC and PHA Joint Application–Experience–Benefits.**	
	NOFO Section VII.B.1.g.	

	If you selected yes to question 1C-7d, describe in the field below:
1.	**the type of joint project applied for;**
2.	**whether the application was approved; and**
3.	**how your CoC and families experiencing homelessness benefited from the coordination.**

(limit 2,000 characters)

NA

1C-7e.	**Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.**	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	No

1C-7e.1.	**Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with**	

	MOUs.	
	Not Scored–For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
MSHDA
Detroit Housing C...

1C-7e.1. List of PHAs with MOUs

Name of PHA: MSHDA

1C-7e.1. List of PHAs with MOUs

Name of PHA: Detroit Housing Commission (DHC)

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	19
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	19
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

The CoC regularly evaluates projects to ensure those that commit to a HF approach are prioritizing rapid placement and ensuring PH are not requiring service participation or preconditions by monitoring client files yearly, attending prioritization meetings and discussions around PH placement and ensuring if

the conversation eludes to any specific requirements to entry or services they are addressed and resolved immediately. The CoC also asks for client participation survey results and has has focus groups to listen to client experiences. The CoC also has a housing first policy that each partner abides by. The policy explains that there are no preconditions to receive housing and no requirement to participate in services. The only requirements for program participation are eligibility factors (homeless status, income etc). Agency staff work on creating goals with participant that are housing focuses and then re-evaluate those once housed. The the CE system, the CoC and community partners place an emphasis on move the most vulnerable in our community into permanent housing as quickly as possible.

1C-9b.	**Housing First–Veterans.**	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes

1C-10.	**Street Outreach–Scope.**	
	NOFO Section VII.B.1.j.	

	Describe in the field below:
1.	**your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;**
2.	**whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;**
3.	**how often your CoC conducts street outreach; and**
4.	**how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.**

(limit 2,000 characters)

1.CoCs S.O provide access to those least likely to apply,outreach teams utilizes Assertive Engagement to be flexible&persistent showing empathy &a positive regard for the individual that might be decompensating &/or engaging in substance use.Team meets individuals where they are at by strength-based approach SMART goal setting and utilizing Motivational Interviewing techniques.2CoC has a no wrong door approach with CE and ensures the entire geographic area is covered. CoC has created a Community Referral Form to ensure that all agencies that do not have the capacity to be formal access points, or that donot use HMIS have the ability to easily connect individuals to the CoC. This enables the clients to access any agency to obtain help. This approach ensures that all agencies within the CoC respond to the individuals stated &assessed needs through either direct services or linkage to other appropriate programs.Initial screening can be done via phone to eliminate barriers, such as transportation. This is standard process across the CoC,especially at the HARA.3.outreach team is out in the field 5-7 days of the week, including nights and weekends.Outreach team submits monthly schedules to the CoC and community partners to ensure if a community partner sees an individual in need of services they are able to rely the teams location.4.CoC uses a phased approach of assessment; this process has integrated housing first principles focusing on rapidly housing clients w/

precondition to services. The initial screening includes aVISPDAT for those that are literally homeless.After screened &are potentially eligible a face to face assessment occurs,accommodations are made to meet the person if there are barriers, visual, language or hearing. More detailed info collected at this time including housing/homeless history, goals, preferences. Housing and SS are advertised,discussed and posted for persons regardless of race,color,religion, sex,gender, sexual orientation, age, familial status or disability.

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	
	NA	No

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.l.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC–only enter bed data for projects that have an inventory type of "Current."	254	147

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	No	Yes
3.	Nonprofit, Philanthropic	No	No
4.	Other (limit 150 characters)		

1C-13a.	**Mainstream Benefits and Other Assistance–Information and Training.**	
	NOFO Section VII.B.1.m	

	Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:
1.	**systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;**
2.	**communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;**
3.	**working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and**
4.	**providing assistance with the effective use of Medicaid and other benefits.**

(limit 2,000 characters)

1. & 2. Some CoC agencies have a MDHHS rep present at their offices regularly to directly help clients in applying/renewing benefits &answer questions clients/case managers have. CoC agencies who implement various housing programs including PSH, are charged with the task of leveraging mainstream benefits throughout the application, leasing & housed program phases. For example, every RRH &PSH household also applies for emergency housing assistance through the State Emergency Relief (SER) program implemented by MDHHS. Many CoC agencies implement SOAR, &are actively working on connecting eligible households to SS benefits. 3. &4 . The CoC works collaboratively with a network of agencies including representation of mainstream resources such as Michigan Works, Medicaid, and MRS. Participants are trained in effective utilization in Medicaid by being linked with a primary care physician and training to go to doctors office instead of ERs. This includes maintaining "payee of last resort" for any HUD financial assistance. Program participants are routinely required to apply for assistance through MDHHS first as well as demonstrate denial from two other funding sources before HUD funds are used. CoC members also utilize programs such as MI Bridges to assist program participants in accessing and applying for benefits. SOAR assistance is also provided to those who are eligible as capacity allows.

1C-14.	**Centralized or Coordinated Entry System–Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.1.n.	

	Describe in the field below how your CoC's coordinated entry system:
1.	**covers 100 percent of your CoC's geographic area;**
2.	**reaches people who are least likely to apply for homeless assistance in the absence of special outreach;**
3.	**prioritizes people most in need of assistance; and**
4.	**ensures people most in need of assistance receive assistance in a timely manner.**

(limit 2,000 characters)

1.CoC has a no wrong door approach with CE to ensure the entire geographic area is covered. CoC has a Community Referral Form to ensure that all

agencies that do not have the capacity to be formal access points, or that do notuse HMIS have the ability to easily connect individuals to the CoC. This enablesthe clients to access any agency to obtain help. This approach ensures that allagencies within the CoC respond to the individual's stated and assessed needs through either direct services or linkage to other appropriate programs. The initial screening can be done via phone to eliminate barriers, such as transportation. This is standard process across the CoC, especially at the HARA. 2.The CoC's PATH program conducts special street outreach to provides access to those least likely to apply. Such as, persons with active addictions or criminal history. 3.CoC uses a phased approach of assessment; this process has integrated housing first principles focusing on rapidly housing clients without precondition to services. The initial screening includes a VISPDAT for those that are literally homeless. After screened and are potentially eligible for a program, a face to face assessment occurs, accommodations are made to meet the person if there are barriers. More detailed information is collected at this time including housing/homeless history, barriers, goals, preferences. This assessment supports the evaluation of the client's vulnerability and prioritization of assistance using the full SPDAT. This process will assist in the prioritization of housing those with the highest needs first.

1C-15.	**Promoting Racial Equity in Homelessness–Assessing Racial Disparities.**	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes

1C-15a.	**Racial Disparities Assessment Results.**	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	**People of different races or ethnicities are more likely to receive homeless assistance.**	Yes
2.	**People of different races or ethnicities are less likely to receive homeless assistance.**	No
3.	**People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.**	No
4.	**People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.**	Yes
5.	**There are no racial or ethnic disparities in the provision or outcome of homeless assistance.**	No
6.	**The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.**	No

1C-15b.	**Strategies to Address Racial Disparities.**	

NOFO Section VII.B.1.o.

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	Yes
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	Yes
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

The CoC has partnered with C4 to take a deep dive into our data and we have pulled baseline information to better see and understand our homeless CES using a Racial Equity (RE) lens. We are also engaging front line staff and participants that are experiencing or have experienced homelessness. This work started right before COVID and has continued strong throughout. We have implemented a COVID assessment that included areas that identified racial disparities. With that information we incorporated that into to our prioritization process to improve and remove barriers. We are also looking at our over all outcomes and addressing RE disparities in every area, shelter intakes, housing pulls and placements as well as exits and returns to homelessness. C4 is also reviewing Coordinated Entry Policy to provide recommendations, specifically in regards to EDI. Through this partnership an Equity Roadmap with performance benchmarks will be developed. The Equity Roadmap will specify next steps for analysis, training, implementation, coaching

and monitoring. As part of the training C4 is developing a Summary and Recommendations report, this includes plans for sustaining and measuring change objective overtime. At the completion of this engagement C4 will produce a brief report that summarizes key activities, observations and recommendations for sustaining the training, implementation and monitoring.

1C-16.	**Persons with Lived Experience–Active CoC Participation.**	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	**Included and provide input that is incorporated in the local planning process.**	3	0
2.	**Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.**	3	0
3.	**Participate on CoC committees, subcommittees, or workgroups.**	1	1
4.	**Included in the decisionmaking processes related to addressing homelessness.**	1	1
5.	**Included in the development or revision of your CoC's local competition rating factors.**	1	0

1C-17.	**Promoting Volunteerism and Community Service.**	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	**The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.**	No
2.	**The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).**	No
3.	**The CoC works with organizations to create volunteer opportunities for program participants.**	Yes
4.	**The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).**	Yes
5.	**Provider organizations within the CoC have incentives for employment and/or volunteerism.**	Yes
6.	**Other:(limit 500 characters)**	
	NA	No

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	**Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:
1.	**unsheltered situations;**
2.	**congregate emergency shelters; and**
3.	**transitional housing.**

(limit 2,000 characters)

1. The CoC and shelters were able to increase the sheltering capacity by using hoteling and were able to meet the need of unsheltered individuals and families in the community experiencing homelessness during COVID. The PATH Outreach team was also equipped with extra PPE to give to unsheltered individuals. 2. The CoC quickly pivoted and worked with local shelters to either spread out and reduce individuals in the congregate setting and add hoteling OR move from out rotating model to fully hoteling individuals and families. 3. The CoC TH projects are all single family units and or scattered site units so once referred through CES were quickly housed with TH. The CoC also utilized an added HMIS COVID questionnaire to better coordinate with individuals that had health or community risks and used that in the CES process. The CoC purchased PPE's, and sanitizing supplies for shelters, outreach and housing staff. The CoC also updated the referral process for families and individuals who were looking for shelter to better coordinate those that needed to quarantine or were COVID positive. The congregate shelter currently does on-site testing and vaccines.

1D-2.	**Improving Readiness for Future Public Health Emergencies.**	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

The CoC is working on a County Community Emergency Response Policy is to address the immediate needs of economically vulnerable individuals and families in Oakland County using strategic communication and coordination of resources. This policy is designed to help individuals who have experienced an emergency resulting in a disruption or displacement, therefore unable to find temporary housing without assistance. It focuses on crisis communications and coordination of resources that is managed by the ED of the CoC or designee. In the event that member agencies become aware of a crisis such as fire, building becoming condemned, power outage, service closure, or weather-related issues that could displace vulnerable populations leading to homelessness, the agencies should contact the Executive Director of the Alliance for Housing or designee. The CoC is developing Memorandums of Understanding (MOU) with organizations that provide services such as potential emergency shelter sites, transportation, food, and clothing. The MOU will outline the responsibility of each agency regarding their obligation to provide information to the Alliance including, support services, communication and coordination as well as space for temporary sheltering.

1D-3.	**CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.**	
	NOFO Section VII.B.1.q	

	Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:
1.	**safety measures;**
2.	**housing assistance;**
3.	**eviction prevention;**
4.	**healthcare supplies; and**
5.	**sanitary supplies.**

(limit 2,000 characters)

1. Staff were provided with PPE to conduct safe interactions with participants and provided PPE to participants, as well. Staff met with ESG-CV participants in non-congregate setting to ensure added safety amidst the pandemic. 2.With increased case management funds, staff have been able to meet (virtually if needed) with more participants and connect them with housing assistance with RRH, HCV's, and other housing options. ESG-CV funds have also provided landlord incentives to increase our housing stock and build relationships with landlords. As well as hazard pay for staff. 3 In conjunction with CERA funding, ESG-CV funds have been instrumental in helping with relocation assistance so that households who are at risk of homelessness are able to transition into housing without becoming homeless. MSHDA ESG-CV has also allowed us to utilize a waiver to provide arrears assistance for households who have a tenant based or project based voucher needing one time assistance to prevent eviction and loss of their subsidy, which is not typically allowable.4&5 On top of the ESG-CV funding, the CoC applied and received United Way Funding that went toward healthcare supplies (masks, gloves) as well as sanitary supplies for our recipients

1D-4.	**CoC Coordination with Mainstream Health.**	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:
1.	decrease the spread of COVID-19; and
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).

(limit 2,000 characters)

CoC coordinated with mainstream health and state agencies during COVID to decrease the spread of COVID by organizing vaccine outreach, participated in virtual meetings to plan and implement best sheltering and housing practices, and by utilizing all HUD waivers. 2. The CoC received a local grant to purchase hand sanitor, masks, gloves for staff and program participants to assist in ensuring the decrease of COVID.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:
1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

(limit 2,000 characters)

1. In response the the pandemic, the CoC would host weekly agency calls to brainstorm any issues arisings from COVID. The CoC also used foundation money to disperse PPE to agencies. 2.The CoC created temporary changes to the CES process in order to be in compliance with the governor and CDC guidelines. OCHD provides weekly COVID test at shelters for guest and staff. The County is now including the shelters in the PPE distributed by the county's emergency management. Our shelters also had a weekly scheduled meetings to coordinate the shelter reponse.MDHHS has put out standards for homeless shelters to abide by to ensure staff and client safety and is providing support and guidance through the pandemic, as well as providing support and guidance for the vaccine distribution. With following the CDC and MDHHS direction, the shelters have strict protocol to adhere to for ensuring safety to shelter staff and residents. Shelters are to maintain social distance standards w/ staff and clients, and all staff that can work remotely are doing so. OC's two funded shelters are using hotels to shelter anyone COVID positive or otherwise needing to quarantine. One shelter is almost exclusively using hotels for their shelter beds, and households are given their own room to shelter within. The other shelter is using the hotel to quarantine guests prior to moving them into their congregate shelter setting. Regular onsite testing is provided at the hotel, social distancing is practiced and shelter staff and hotel staff are provided with PPE. OCHD has been providing regular vaccinations onsite beginning 2/11/21. 3.Any time they are out vaccinating they call the shelter if they have left over vaccines to see if any folks need to be vaccinated. This shelters vaccination rate has been at or close to 100% since May. Housed participants are offered education and access to vaccine clinics, at home visits or transportation if need.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

When the vaccine rollout occurred, Oakland County Health Division (OCHD) identified that both staff and guest were eligible in early February 2021 and set up a date for the vaccination clinic. Guests were included in the 1B rollout due to the congregate settings in the shelters and large numbers of people in close quarters. Since then public health nurses are at shelter multiple time a week providing both COVID and influenza vaccinations. The CoC has been having conversation about how to implement vaccine status in HMIS to better keep track of the vaccine rates in the homeless population and reach out to those unvaccinated to offer vaccines to them. Once connected to CES each person is asked if they would like the vaccine or information about the vaccines. Street Outreach also offers this to unsheltered individuals and will go out with out homeless visiting nurses to meet participants where they are at.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

DV crisis line continues to be 24 hours service. Clients that reach out and need housing services while in ay of their direct service programs a safety plan and options of completing fleeing paperwork is offered. Their agency has also increased their capacity to offer virtual counseling using Doxye.mi and or the phone. Services can be done in person as well. They offer a monthly newsletter that has ongoing employment needs of the community. All clients are welcome to sign up for the newsletters.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

In response to the pandemic, temporary changes have been made to the CES. Our intention is to give agencies flexibility to lower barriers in order to respond

to this crisis, while ensuring the safety of staff and households they serve. Our agencies continue to operate by amending their service delivery practices that are aligned with the governor and CDC mitigation strategies.The HARA and community agencies are working remotely or at limited capacity to anwer housing emergency questions. The CoC continues to operate with at 'no wrong door'for ppps to be able to access services. The weekly registry meetings are still be done virtually through Zoom for ppps to be assigned to an agency and receive assistance. In-person navigation/CM are suspended but continue to engage w/ clients over the phone and through other means such as email. We have also incorporated a COVID-Risk assessment. This risk assessment was developed to help determine which individuals are at a greater risk of severe illness caused by CV and would be prioritized for CARES ESG funding. Our community still utilizes a no wrong door policy so in addition to out HRC taking calls everyday from those seeking housing assistance, we also offer access &services to our unsheltered neighbors through each of our community partner agencies. The HARA remains open and has received funding though numerous sources including CERA, ESG and private gran funds to provided increased capacity due to increased demand. Program staff remain available and use tech to say in contact with current pps and continue to conduct assessments, and complete paperwork.In person screenings at congregate and non-congregate homeless shelters are still happening in their full capacity. If an individual experiencing homelessness presents at shelter, they can be screened in person and the referring agency can complete the necessary electronic paperwork to add them to the Prioritized Registry.

1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1E-1.	**Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.a. and 2.g.	

1.	**Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.**	08/25/2021
2.	**Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.**	09/08/2021

1E-2.	**Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.**	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	**Established total points available for each project application type.**	Yes
2.	**At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).**	Yes
3.	**At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).**	Yes
4.	**Used data from a comparable database to score projects submitted by victim service providers.**	Yes
5.	**Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.**	Yes
6.	**Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.**	No

1E-2a.	**Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.**	

	NOFO Section VII.B.2.d.

	Describe in the field below how your CoC reviewed, scored, and selected projects based on:
1.	**the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and**
2.	**considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.**

(limit 2,000 characters)

1.Prioritization committee takes into consideration the following needs and vulnerabilities, low/no income, current/past sub. abuse, criminal background,sig.health and behavioral issues during the scoring and ranking process. 2. For example, chronic projects sometimes have a higher turnover rate or lower successful housing placement. With housing first those that may have current substance abuse issues take longer to stabilize and so income growth is delayed so the increased income category would be taken into consideration. Some youth take longer to stabilize or may be able to get back into school so the income growth category is again not as high. DV is another area we review to as they are working to rebuild, stabilize and earned income category may be a lower threshold.

1E-3.	**Promoting Racial Equity in the Local Review and Ranking Process.**	
	NOFO Section VII.B.2.e.	

	Describe in the field below how your CoC:
1.	**obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;**
2.	**included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;**
3.	**rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).**

(limit 2,000 characters)

1 & 2. The Prioritization Committee consists of people from different races and backgrounds. The ranking process is discussion based and data driven, this allows members to provide as much input as they would like. 3. Within out RFP we specially ask Description of the proposed project- with detail of activities included for CE regarding steps that will be taken to ensure traditionally marginalized populations (such as racial and ethnic minorities and persons with disabilities, LGBT) will be addressed in an outreach component.

1E-4.	**Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

	Describe in the field below:
1.	**your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;**
2.	**whether your CoC identified any projects through this process during your local competition this year;**

3.	**whether your CoC reallocated any low performing or less needed projects during its local competition this year;**
4.	**why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and**
5.	**how your CoC communicated the reallocation process to project applicants.**

(limit 2,000 characters)

1. Each year the Alliance monitors each sub-grantee as well as prioritizes projects when the funding round opens up. The CoC prioritization committee, made up of non CoC HUD-funded community partners reviews all submitted sub-grantee application documents as well as a review of APR reports. If a project is not meeting threshold determined by the Alliance and HUD NOFO the project risks having funding reduced and/or cut. This allows the CoC to create new projects through reallocation to be in align with current community needs. There may be times when a grantee requests that their CoC funded project be reallocated into a new project and they will still serve as the grantee. This willrequire a written request of project reallocation with specific project changes as well as a new budget and proposed number served. This will be submitted to the Alliance for Housing Executive Director via email who will then forward to the Oakland County CoC board for a documented vote. The board will review community wide data, including our community priorities. If the CoC board denies or accepts this request the sub-grantee will be informed via email. 2.3.4.Because our projects perform at high levels based on our project performance reviews we are not re-allocating at this time. The projects that perform lower still meet the required CoC threshold and are needed projects in our community. 5. NA

1E-4a.	**Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.**	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No

1E-5.	**Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.**	
	NOFO Section VII.B.2.g.	

1.	**Did your CoC reject or reduce any project application(s)?**	Yes
2.	**If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.**	09/29/2021

1E-5a.	**Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/30/2021

1E-6.	**Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website–which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/10/2021

2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2A-1.	**HMIS Vendor.**	
	Not Scored–For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	WellSky

2A-2.	**HMIS Implementation Coverage Area.**	
	Not Scored–For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	**HIC Data Submission in HDX.**	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/11/2021

2A-4.	**HMIS Implementation–Comparable Database for DV.**	
	NOFO Section VII.B.3.b.	

	Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:
1.	**have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and**
2.	**submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.**

(limit 2,000 characters)

1. SA1 had a virtual meeting with the IT admin at HAVEN who confirmed that their vendor (CaseStream/BiZStream) is compliant with all HUD's Data Standards and has updated the software to the FY2022 standards. IT admin has a letter stating such from their vendor and provided a copy of the letter to the CoC and HMIS Lead.
2. IT admin for DV provider (HAVEN) has a copy of a de-identified aggregated report from their vendor and provided a zipped copy to the CoC and HMIS Lead.

2A-5.	Bed Coverage Rate–Using HIC, HMIS Data–CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	253	29	246	109.82%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	87	0	87	100.00%
4. Rapid Re-Housing (RRH) beds	147	0	147	100.00%
5. Permanent Supportive Housing	698	0	697	99.86%
6. Other Permanent Housing (OPH)	164	0	164	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

	For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

N/A

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	100.00%

2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

1.	**steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and**
2.	**how your CoC will implement the steps described to increase bed coverage to at least 85 percent.**

(limit 2,000 characters)

N/A

2A-6.	**Longitudinal System Analysis (LSA) Submission in HDX 2.0.**	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

2B-1.	**Sheltered and Unsheltered PIT Count–Commitment for Calendar Year 2022**	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes

2B-2.	**Unsheltered Youth PIT Count–Commitment for Calendar Year 2022.**	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes

2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2C-1.	**Reduction in the Number of First Time Homeless–Risk Factors.**	
	NOFO Section VII.B.5.b.	

	Describe in the field below:
1.	**how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;**
2.	**how your CoC addresses individuals and families at risk of becoming homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.**

(limit 2,000 characters)

1.The COC determines risk factors using a number of processes to identify first-time homelessness, including consulting with foster care, eviction prevention, foreclosure prevention, Oakland schools homeless liaison, PATH outreach, and MDHHS court services for individuals/families, including families with children that may be facing eviction. 2. CoC address individuals and families at risk of becoming homeless for the first time by offering transportation, bus tickets, increase affordable housing through landlord outreach and prevention services, early intake hours, and integration of MDHHS staff to the overall intake process to ensure efficiency and that full service needs are met. The COC also works with communities in OC to develop locally-centered prevention strategies that suit residents needs. 3. The Alliance for Housing's executive director and Community Housing Network (HARA) director of community programs, oversees, manages, and regularly reviews this process and its outcomes to reduce/end individuals/families experiencing homelessness for the first time.

2C-2.	**Length of Time Homeless–Strategy to Reduce.**	
	NOFO Section VII.B.5.c.	

	Describe in the field below:
1.	**your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;**
2.	**how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**
3.	**provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.**

(limit 2,000 characters)

1. The CoC has implemented strategies to reduce the LOT individuals and families remain homeless include: increased case management, CoC project wide housing first practices, MDHHS same day denial to speed the process along, landlord outreach, as well as fee waiver for birth certificate and SOS expedited ID, & supporting development of affordable housing. 2. CoC identifies and houses individuals and families with the longest length-of-time homeless through weekly housing registry meetings by prioritizing & using the VI-SPDAT. Taking the following factors into consideration while prioritizing: if individual or family is chronically homeless, sheltered or un-sheltered, if they can't be served by other projects, or if CPS is involved. 3. The organization and position Alliance for Housing, ED and Performance Outcome committee w/board chair are responsible for overseeing these strategies.

2C-3.	**Exits to Permanent Housing Destinations/Retention of Permanent Housing.**	
	NOFO Section VII.B.5.d.	

	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:
1.	**emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and**
2.	**permanent housing projects retain their permanent housing or exit to permanent housing destinations.**

(limit 2,000 characters)

1.CoC has a higher placement/retention rate with RRH and TH. Increase the permanent housing rate at which individuals/families leave shelter providers are increasing case management, embedding emergency housing assistance into our shelter program, everyone completes HCP/HPV application at entry. Each ES, TH or RRH project work together and have weekly call in meetings then once a month virtually face to face, as well as work on building landlord relationships. We utilize Moving Up, HCV and EHV vouchers provided by our PHA, and use a length of time in project as well as a matrix to assist in this placement process and move HH to this permanent voucher and follow up at least at the 180 day mark. Case management is key to assisting getting individuals housed, case managers work with individuals to increase income, make connections to healthcare/supportive services as well as address any barriers the individual may be facing and help with identifying ways to break those barriers down. 2. The CoC's strategies to increase the rate of people in permanent supportive housing (PSH) stay in PSH or leave for PH destination includes using termination only as a last resort once all other options have been exhausted, strong relationships with supportive services, landlord liaison's, case management assistance and income supports to maintain client housing. Those who leave PSH are able to maintain connections to supportive services. The CoC's goal is to assist individuals through bringing awareness to the services and supports that are available in their community to create a sustainable living environment. PSH households
also have the ability to transition to Section 8 HCV to be secure financially and maintain their housing when the support services are no longer needed.

2C-4.	**Returns to Homelessness–CoC's Strategy to Reduce Rate.**	
	NOFO Section VII.B.5.e.	

	Describe in the field below:
1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,000 characters)

1. The CoC identifies individuals and persons in families who return to homelessness by implementing a 60,90&180 day follow up contact. Working to re-engage the individuals in services and adding them back on to the housing registry, linking them back to services providers such as back to MDHHS, original housing provider, and shelter referral if needed. 2. The strategies that the CoC will use within the next 12 months to reduce returns to homelessness include: using the information from the 60,90,&180 day follow up we will increase engagement to reduce risk factors so they don't return to homelessness. We will also discuss returns to homeless at the monthly Outcomes meeting and follow up with housing providers to reengage. 3. The Alliance for Housing ED and board chair for the Outcomes committee are responsible for overseeing this strategy to reduce the rate of individuals/families return to homelessness.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	your CoC's strategy to increase employment income;
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

(limit 2,000 characters)

1 & 2. The CoC strategy to increase employment income is by partnering with employment organizations such as Michigan Rehabilitation Services, Michigan Works!, Michigan Department of Human Services, various flexible employers, vocational services, veteran employment services, and other similar organizations. Housing agencies provide referrals to participants working toward increasing their cash income to these partners, and work with partner agencies to increase access to their services. The CoC and funded agencies partners with organizations that help eliminate employment barriers such as expungement and criminal backgrounds, vital documents, transportation, and childcare. Agency case management staff work with program participants to develop goals, and provide referrals to partner organizations and other resources that can help them achieve these goals .The Continuum of Care works with funded agencies to share best practices and help agency staff navigate resources. While increasing cash income is often a participant goal, it is not required for participants to gain access to the programs per Housing First policies. 3.The Alliance for Housing's executive director and the Outcomes Committee oversee the strategy to increase income from employment.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

	Describe in the field below how your CoC:
1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

(limit 2,000 characters)

1 &2. The CoC promotes partnerships and access to employment opportunities by sharing in person and virtual job fair information. The CoC also shares employment and staffing opportunities to community partners to share with program participants. At the General Membership Meeting we have speakers to discuss job opportunities and also financial management education. For example at the July General Membership meeting we had a speaker from a community agency that presented on a new program for low/ moderate income families with Money, Credit and Homeownership Barriers. This program includes instruction on money management, credit and homeownership, budget and credit sessions. This information was also sent out on the Alliance Listserve which has over 300 people on it. Additionally all PH residents have a goal to increase skills and or income in their housing plans. The CoC has developed multiple relationships with public and private organizations. For example many of our residents get hired as peer support specialist with behavioral health providers.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	your CoC’s strategy to increase non-employment cash income;
2.	your CoC’s strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.

(limit 2,000 characters)

1. The CoC's strategies to increase non-employment cash income is to link those eligible with a SOAR CM and assisting in the completion of paperwork and collecting documents to obtain SSI, Community partners work in coordination with AmeriCorps employment specialist to increase access to non-employment cash sources for individuals. We also provide a streamlined process with MDHHS to non employment cash, all CM are trained annually in non-employment cash income. 2. CoC strategy to increase access to non-employment case by linking to
MDHHS for SNAP & cash assistance and child care assistance. 3. The Alliance for Housing's executive director and the Outcomes Committee oversee the strategy to increase non-employment cash income.

3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- 24 CFR part 578

3A-1.	**New PH-PSH/PH-RRH Project–Leveraging Housing Resources.**	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No

3A-1a.	**New PH-PSH/PH-RRH Project–Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	**Private organizations**	No
2.	**State or local government**	No
3.	**Public Housing Agencies, including use of a set aside or limited preference**	No
4.	**Faith-based organizations**	No
5.	**Federal programs other than the CoC or ESG Programs**	No

3A-2.	**New PSH/RRH Project–Leveraging Healthcare Resources.**	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	No

3A-2a.	**Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.B.6.b.	

1.	**Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?**	No
2.	**Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?**	No

3A-3.	**Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.**	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
This list contains no items			

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

3B-1.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting $200,000 or more in funding for housing rehabilitation or new construction?	No

3B-2.	**Rehabilitation/New Construction Costs–New Projects.**	
	NOFO Section VII.B.1.s.	

	If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:
1.	**Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and**
2.	**HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.**

(limit 2,000 characters)

NA

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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- 24 CFR part 578

3C-1.	**Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No

3C-2.	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.**	
	NOFO Section VII.C.	

	If you answered yes to question 3C-1, describe in the field below:
1.	**how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and**
2.	**how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.**

(limit 2,000 characters)

NA

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	**New DV Bonus Project Applications.**	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes

4A-1a.	**DV Bonus Project Types.**	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

	Project Type	
1.	**SSO Coordinated Entry**	Yes
2.	**PH-RRH or Joint TH/RRH Component**	Yes

4A-2.	**Number of Domestic Violence Survivors in Your CoC's Geographic Area.**	
	NOFO Section II.B.11.	

1.	**Enter the number of survivors that need housing or services:**	2,167
2.	**Enter the number of survivors your CoC is currently serving:**	180
3.	**Unmet Need:**	1,987

4A-2a.	**Calculating Local Need for New DV Projects.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and**

2.	**the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or**
3.	**if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.**

(limit 2,000 characters)

1. Our CoC calculated the number of survivors by looking at the number of calls that were made to the crisis line seeking shelter. Then decreased that number by 1/4th to take in consideration of duplication of calls. 2. The data source is a comparable database as well as using their crisis line calls. 3.The COC is unable to meet the needs of all survivors because of our current PH resources. Even with prioritization and working to meet the needs of all cat.1 or cat. 4 and additional COVID funding we don't have dedicated survivor units. With the addition of our bonus DV SSO-CE and DV RRH projects we will better meet the needs of survivors.

4A-3.	**New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project–Applicant Information.**	
	NOFO Section II.B.11.(c)	

Enter in the chart below information about the project applicant applying for the new SSO-CE DV Bonus project:

1. Applicant Name	Lighthouse
2. Project Name	2021-2022 SSO-CE DV

4A-3a.	**New SSO-CE Project–Addressing Coordinated Entry Inadequacy.**	
	NOFO Section II.B.11.(c)	

	Describe in the field below:
1.	**how the current Coordinated Entry is inadequate to address the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and**
2.	**how the proposed project addresses inadequacies identified in element 1. above.**

(limit 2,000 characters)

1. The current Coordinated Entry is inadequate to address the needs of survivors of DV as a key component to a successful DV CE program is having access to a separate data base that safeguards anonymity and security of clients. Another missing component is on going inter agency staff training and implementation of the Danger Assessment tool. Also, increase marketing and CoC wide information about DV resources. 2.With this new project the above inadequacies will be addressed by developing a more comprehensive coordinated entry process to better meet the needs of survivors of DV by expanding CE activities to more agencies within our CoC to meet HUD's goal of using the CE process to promote participant choice, coordinate homeless assistance and mainstream housing and services to ensure people experiencing DV receive assistance quickly and make safety a priority. Having more agencies equipped to provide lethality assessments, emergency shelter/hotel stays and safety planning, for example, will increase the number of people served and the variety of supportive services provided, increase the

level of choice clients have in who and where they engage in services, and will help ensure the entire County is served proportionally. Collaboration with CoC partners and the HARA will be priority to continue to utilize the Danger Assessment as an assessment tool to determine lethality. Lighthouse would continue to work with the CoC partners and non-CoC partners to ensure this tool is utilized, agency trainings are conducted, and community established thresholds are implemented and monitored for streamlined prioritization within the community's coordinated entry system.

4A-4.	**New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.**	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects–only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Training and Trea...
Lighthouse MI

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	**New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	**Applicant Name**	Training and Treatment Innovations (HAVEN)
2.	**Rate of Housing Placement of DV Survivors–Percentage**	21.00%
3.	**Rate of Housing Retention of DV Survivors–Percentage**	100.00%

4A-4a.	**Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and**
2.	**the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).**

(limit 1,000 characters)

1. The project applicant calculated the rate of housing placement and rate of housing retention by looking at outcomes 2. Call center and comparable database are used.

4A-4b.	**Providing Housing to DV Survivor–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below how the project applicant:
1.	**ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;**
2.	**prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;**
3.	**connected survivors to supportive services; and**
4.	**moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.**

(limit 2,000 characters)

1 &2.HAVEN/TTI ensures that DV survivors experiencing homelessness are assisted to quickly move into safe affordable housing as they have been a long term partner with the CoC and actively participate in the Prioritized Registry and

Coordinated Entry Process. The CES system in intended to be responsive to the various needs and demographics of those in the community in housing crisis, including DV. The assessment used at the HARA is tailored to include the essentials, including HUD standard questions related to homeless history and other factors like the VI-SPDAT and Danger Assessment for those who present as literally homeless/fleeing domestic violence. The CoC has implemented an Emergency Transfer Policy Plan.This policy outlines the ability to request a transfer for a client regardless of sex, gender, identity or sexual orientation. This policy emphasizes accommodation to DV specific needs and maximizes client choice.The plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections and how an emergency transfer may occur.Also it provides guidance for tenants on safety&security.3.HAVEN has a 24-Hour Crisis and support line as well as a live chat that survivors can utilize to get connected to services. Survivors go through a screen process before coming into the shelter to ensure that the individuals' needs match their mission and guiding principles. Individuals needing other types of shelter or services are assisted with referrals. 4.Making sure that a budget is established based on history of employment/ income and not based on program budget. Sustainability is based on continuous communication on the different stages of services and focusing on long term goals clients present and future income goals which include employment.

4A-4c.	**Ensuring DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	**training staff on safety planning;**
2.	**adjusting intake space to better ensure a private conversation;**
3.	**conducting separate interviews/intake with each member of a couple;**
4.	**working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
5.	**maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and**
6.	**keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.**

(limit 5,000 characters)

1.The key thing that will be looked at regarding safety planning is ensuring that it is led by survivors and Advocates, they will be trained on offering options that fit the individual survivors needs. This also means training outside of just safety surrounding just their homes but clients personnel with considerations of their jobs and personal accounts which are also a safety issue for survivors. 2.Intakes space will be offered onsite to insure privacy including assistance with monitoring of children if need to support privacy that is needed for those clients that are fleeing and are not ready for children to be aware of their plan to leave. Having the options of transportation we will be able to assist with some intakes while meeting clients in the community when needed.3.N/A HAVEN usually sees one of the two partners at a time. 4.Survivors will be aware of available location and asked their preferred areas of safety and options that are available as well as looking at what needs to be in place for them to feel safe. 5 & 6

HAVEN is separated into two components in which a gate sparates the shelter from the main parking space. No one can get into the shelter space with out a specific key fob. At 8 PM everything closes down, entering in and out of the building is controlled by the shelter. For the individual homes in the present TH program, HAVEN/TTI have an alarm system on all the homes that the survivor controls. HAVEN/TTI is notified if an alarm is sound, and they will address whatever the situation is. The survivor is in control of the alarm system, they can dictate the number to the alarm codes. For safety purposed no one can stay there over night unless listed on the lease.

4A-4c.1.	**Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

HAVEN has decades of expertise in providing services grounded in victim safety and autonomy, and those values will be reflected in the development of the program. All participants will develop a plan in partnership with the Community Resource Advocate which will explore each survivor's options for increasing safety. HAVEN will also ensure that all Training & Treatment Innovations (TTI) staff are trained in security issues for domestic violence survivors. The grant will compensate TTI for safety equipment, including security cameras. Survivors will also have access to emergency numbers as well as HAVEN's 24-hour Crisis and Support hotline. Also by lessoning to survivors since they are professionals based on their own safety and encouraging landlords to provide alarms systems and continuously review safety plan to meet long term and day today safety.

4A-4d.	**Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	**prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
4.	**emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offering support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

1. HAVEN/TTI prioritizes program participant choice by ensuring that in their RRH survivors have a choice of were they are living. The process first addresses their wants and needs and then the budget for what is available for them. For their TH program there is an online platform survivors can see units available with location (city and how many bedrooms) the person that is pulled will go see the place and decide if they like the housing. 2&3.HAVEN/TTI ensures program participant and staff interactions are based on equality and minimize power differentials as well as provide program participants with info on trauma by having staff go through 40 hours of training as well as connecting or try to connect all survivors to counseling with the option of in person and virtual. Also for participants that have been in shelter or presenting fleeing are put in contact with their Social Action team which aids in legal matters. A "one stop shop" is the goal of offering these services for survivors where counseling and other services are offered on site. Additionally, staff has had crisis line and support training. Overall, HAVEN is a survivor focused agency, and supports survivors based on their on needs. 4.HAVEN centers on cultural responsiveness and inclusivity by having an active VIEWS Council with an approved Mission Statement, this is a group of staff is that also co facilitated by HR staff to address different areas at HAVEN. Currently, they are working on how to best help survivors with disabilities inside and outside shelter. Recently they had their first meeting of the Survivors Advisory board that represent SA and DV. HAVEN offers multiple types of training (SOGIE Training, Microaggression Training, Joi Rencher Training, mental health training). They have also implemented an Affinity Recognition program that is geared toward recognizing staff that has represented HAVEN above and beyond their mission. 5. HAVEN/TTI center on cultural responsiveness and inclusivity by increasing their conversations regarding racial disparity and micro-aggressions and biases. This includes discussion around agency services, languages used and how the voices of black survivors and staff are heard. They are also revamping their Anti-Discrimination Policy.HAVEN provides opportunities and support for staff by offering Coffee Hour Presentations, this was an opportunities for staff to talk about what is going on within their agency, any issues they need collaboration or support on, eg if a community isn't responding to their efforts they can brainstorm and collaborate during this time. HAVEN also has an agency wide book club addressing anti- racism; Reading my Grandmother's Hands. They also actively participate with the CoC in Racial Equity Sessions lead by C4 Innovations. 6 & 7. HAVEN provides opportunities for connection for program participants by offering group counseling, there is a WAVE group for survivors that were arrested for hitting back, there are specialized groups for healing workshops such as parenting through trauma experiences, yoga secessions, mentorship program for boys and girls, summer camp, juniors camp counselors program were a stipend is offered; these opportunities are offered to kids from the community and kids from survivors. Participants are able to engage with community and receive info about jobs and resources at HAVENs Gift Give Away for Survivors that occurs once a month. At this event survivors can engage with HAVEN to get resources and they offer info about opportunities in the community.

4A-4e.	**Meeting Service Needs of DV Survivors–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.

(limit 5,000 characters)

1.Supportive services are given to survivors based on their identified barriers which include transportation, assistance with employment, food, clothing, Court Advocacy, Counseling services regarding DV, SA, Substance abuse, and counseling for children. Supportive services surrounding medical needs as well. 2.HAVEN/TTI provide services that fit client's individual needs. Based on the program that they are in and time allocated. They offer support surrounding resources for basic needs and focusing on transportation options and assistance, employment options and assistance, food assistance and financial support when available. They will also seek assistance from community partners to also assist as well as ensuring that staff that work with survivor have knowledge of needed resources and or trained in areas like SOAR and housing process as a whole. Services also include meeting survivor's emotional needs.

4A-4f.	Trauma-Informed, Victim-Centered Approaches–New Project Implementation.	
	NOFO Section II.B.11.	

	Provide examples in the field below of how the new project will:
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1. With this new project HAVEN/TTI will prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participant's preferences in collaboration with the coordinated entry system by partner with with multiple organizations to provide a comprehensive response to housing crisis. Operating within a coordinated entry system model, the programs work together to best serve the needs of the community. Like their current programs, they will first addresses survivor wants and needs and then their budget for sustainable housing. 2&3.TTI/HAVEN will continue to ensure that program participant staff interactions are based on equality with the continued training on trauma informed care. HAVEN is a survivor focused agency, and supports survivors based on their on needs. The focus of TTI will be the housing component and HAVEN on the Case management that way will

be able to implement more of a "one stop shop" type of programming with the case management being able to inform survivors of counseling that is available in addition to other opportunities of support and assistance in the community which also includes assistance with transportation. 4. HAVEN utilizes the empowerment model realizing that the survivors are experts regarding their own situation. Survivors develop their own goals and HAVEN supports those goals. 5. As part of this new project HAVEN/TTI will have supportive services included and not limited to outreach which will include recruitment, education and training. They will continue with having an active VIEWS Council with an approved Mission Statement, this is a group of staff is that also co facilitated by HR staff to address different areas at HAVEN. Currently, they are working on how to best help survivors with disabilities inside and outside shelter. They will also continue their Survivors Advisory board that represent SA and DV. HAVEN offers multiple types of training (SOGIE Training, Microaggression Training Joi Rencher Training, mental health training). 6 & 7. This new program will also include provide opportunities for connection for program participants and offer support for parenting by providing DV and SA counseling, Court support, Resource Room assistance and Children services. They will also offer a peer advocate and will continue with their specialized groups for healing workshops such as parenting through trauma experiences, yoga secessions, mentorship program for boys and girls, summer camp, juniors camp counselors program were a stipend is offered; these opportunities are offered to kids from the community and kids from survivors. Overall, HAVEN/TTI will continue to use community partnerships to enhance the services they offer, counseling, individual group, substance abuse, mental health and services for children.

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	**New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	**Applicant Name**	Lighthouse MI
2.	**Rate of Housing Placement of DV Survivors–Percentage**	77.00%
3.	**Rate of Housing Retention of DV Survivors–Percentage**	100.00%

4A-4a.	**Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.**	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

1. The project applicant calculated the rate of housing placement and rate of housing retention by taking the total number of DV households and dividing by the number of housed DV clients. All of them are still housed, therefore the percentage is at 100%. 2. The data source is HMIS for non-DV projects.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below how the project applicant:
1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors–you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain–address housing stability after the housing subsidy ends.

(limit 2,000 characters)

1.Lighthouse ensures that DV survivors experiencing homelessness are assisted to quickly move into safe affordable housing by prioritizing them for TH or by referring them to an appropriate PH program. LH consistently moves people into affordable housing and is well versed on the program eligibility requirements for these programs & in screening and connecting households accordingly. 2.The CoC has an Emergency Transfer Policy Plan which provides the ability to request a transfer regardless of sex, gender, identity, or sexual orientation. This policy ensures that tenants who are eligible for an emergency transfer have a plan, documentation, confidentiality protection and how the transfer may occur to best aid the client. The Danger Assessment is also utilized during the screening process at access points within our CoC. 3.This process assures that households who are included in more than one population (for example unaccompanied youth also fleeing DV) can be served at all access/referral points. This also allows for standardized decision making. Additionally no access/referral point can deny a person who has or is a victim of domestic violence, dating violence, sexual assault and stalking. no access/referral point can deny a person who has or is a victim of domestic violence, dating violence, sexual assault and stalking. Rather, the assessment will be completed, linkage occur and services will be provided with safety considerations for the individual or household in mind. After assessment occurs if eligible they will be placed on the prioritization list.4.LH ensures that participants are ready to move in to sustainable housing on their own by providing mental health services, connecting through employment services, offering follow up calls and connections.

4A-4c.	Ensuring DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

	Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

1.Lighthouse (LH) staff especially those directly working with this population training on safety planning, lethality assessments, and trauma informed care. LH will continue to provide best practices training to all current and new hire staff. 2.Lighthouse case managers and intake specialists currently have private offices in order to ensure they are able to have private conversations with all clients.3.Lighthouse case managers are equipped to have private conversations and intakes with each member of a couple and continue to make this a priority. 4.Lighthouse works with survivors to have them identify what is safe for them for rental units by offering a client centered approach where the client guides the conversation related to their action plan, safety plan, and housing needs & wants. Lighthouse staff present ideas such as locations with available units, special amenities on units such as home alarms, bars on windows, and apartments that allow entrance via a buzz in system and or gated entry. This reminds clients what is available as it relates to safety. 5.Lighthouse has a facilities team that works diligently to keep our space maintained. They offer a facility that entry cannot be accessed unless a staff member buzzes the individual in.6.LH also keeps the address of their solo units dedicated private. These units are equipped with alarms and monitored by our site coordinators and/or congregate living spaces set-aside solely for use by survivors. Currently they have dedicated space available in our family shelter and our shelter for single individuals for survivors. This is considered a best practice for their agency and helps to provide that immediate need of the survivor for a safe and stable space.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

Lighthouse evaluated its ability to ensure the safety of DV survivors for this project by having a facilities team that works diligently to keep their space maintained. They offer a facility that entry cannot be accessed unless a staff member buzzes the individual in. Lighthouse also keeps the address of their solo units dedicated private. These units are equipped with alarms and monitored by our site coordinators and/or congregate living spaces set-aside

solely for use by survivors. Currently they have dedicated space available in their family shelter and their shelter for single individuals for survivors. This is considered a best practice for their agency and helps to provide that immediate need of the survivor for a safe and stable space.

4A-4d.	**Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:
1.	**prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
4.	**emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offering support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

1.Lighthosue prioritizes program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preference by using a strengths based case management style that allows them to meet the client where they are and work with them to find housing that is safe and stable in an area of the clients choice. Lighthouse also helps the client to create an action plan to fit the clients needs.

2. Lighthouse staff continues to have client centered and sensitivity training for diversity equity and inclusion to ensure that they maintain a mutual respect with program participants. Through these efforts Lighthouse ensures they maintain an environment of mutual respect with clients.

3. Lighthouse staff, especially those directly working with this population, are trained on safety planning, lethality assessments, and trauma informed care. Lighthouse prides itself in having a physically and emotionally welcoming and safe environment for clients and understands that if this is not accomplished, it will be difficult to engage clients in any level of service. Their staff has ongoing training in order to be sensitive to these traumas and triggers while also being culturally sensitive to the diverse population served. For counseling services Lighthouse refers survivors to community partners.

4.Lighthouse uses the Danger Assessment tool to screen for lethality in the prioritization process. Case managers use a strengths based style that allows

them to meet client where they are at and work on their goals and aspirations.

5.Lighthouse provides fair housing, equal access training as well as cultural sensitivity once a year but also offers opportunities as they come available.

6. Lighthouse offers program participant groups such as book club; clients pick the book and discuss the topics and meet weekly with each othe. There offer a resident leadership for onsite programs; they usually meet monthly or weekly to advocate for themselves, for example having community parties or access to the community garden. Parenting classes, cooking classes, financial literacy classes are also offered to program participants.

7. Lighthouse offers support for parenting by providing resources for things such as child care, parenting classes, financial coaching, and workforce development based on the individual client needs. This action plan is a fluid document and changes as the client sees fit.

4A-4e.	**Meeting Service Needs of DV Survivors–Project Applicant Experience.**	
	NOFO Section II.B.11.	

	Describe in the field below:
1.	**supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and**
2.	**provide examples of how the project applicant provided the supportive services to domestic violence survivors.**

(limit 5,000 characters)

1 Lighthouse offers Safety planning, access to emergency food, coordination to emergency hotel funds within the community, assistance with securing vital documents needed for re-housing, and 1:1 case management.
2.Lighthouse has over 27 years of experience specific to the DV population. Working with and providing housing programs and services for individuals and families impacted by domestic violence has been a critical and essential component of our work. Lighthouse has operated TH for women and children since 1991 and RRH for women and children since 2015. Over the last PY year, their RRH program provided housing for 49 families consisting of 163 homeless women and children. Of these families, 65% reported a history of domestic violence; and 29% reported fleeing DV. The impact of DV is reflected in the population they serve and in our daily work. Staff receive ongoing training and professional development geared towards best practices in working with this population including trauma-informed, client-centered approaches. Lighthouse has specific experiences in re-housing households escaping DV situations or otherwise impacted by DV. This experience guides how we work with clients and landlords and our safety planning measures for clients and their case managers. Lighthouse is confident in their ability to successfully manage this expansion project to advance their impact with households affected by DV.

4A-4f.	**Trauma-Informed, Victim-Centered Approaches–New Project Implementation.**	
	NOFO Section II.B.11.	

Provide examples in the field below of how the new project will:

1.	**prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
2.	**establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
3.	**provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;**
4.	**place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
5.	**center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
6.	**provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
7.	**offer support for parenting, e.g., parenting classes, childcare.**

(limit 5,000 characters)

1. With this new project Lighthouse will prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences by utilizing the lethality assessment and coordinated entry. Their current RRH programs participate in the CoC's coordinated Housing Registry process, and thus prioritize those with the highest level of need based on chronicity, Danger Assessment, and VI scores. They are committed to continuing to prioritize those with the highest level of need, based on Danger Assessment Scores, for DV restricted RRH services. Currently, if no one on the Registry meets the criteria for an opening, they pull from their Persons of Interest List which is populated largely by referrals from HAVEN (a DV shelter) and Category 4 (fleeing DV) households. With this structure and sub-population focus already in place, they will be easily able to integrate DV RRH services into their agency's workflow and household screenings. Lighthouse is committed to implementing programs that uphold housing-first principles. They integrate housing-first strategies throughout our shelter, RRH, TH, and PSH programs and would continue to uphold these principals in the DV RRH expansion project.

2.Lighthouse strives to reflect the principles of trauma-informed care in their culture and programmatic approach. For example, Lighthouse strives to create physically and emotionally welcoming and safe environments for clients, and understands that if this is not accomplished, it will be difficult to engage clients in any level of service.

3.Lighthouse acknowledges that domestic violence is a traumatic event, but also that systems can be traumatic and that re-interacting with these systems can be traumatizing. As such, someone in crisis and experiencing domestic violence may have many triggers associated with those trying to assist them. They understand that clients experiencing trauma may display coping strategies that seem counter to recovery such as: substance use, pushing to get needs met, resistance to services, aggression, anger or shame. Lighthouse trains case managers to recognize and understand these coping strategies in order to limit judging client behavior, avoid taking client responses personally, and to remain hopeful that they can overcome these barriers with their clients to move them through the healing process. For instance, understanding that when clients are resistant to services or putting up boundaries, they are not being defiant, but are trying to protect themselves from past and current trauma and feel a sense of control over their life. Lighthouse is constantly thinking through the client

experience, and changing processes and policies to make services easier to access and navigate, while increasing our responsiveness to the actual needs of our clients. This is how they will approach the new DV RRH project. Lighthouse will strive to not only be client centered during implementation by giving client options, not requiring services, and practicing reflective listening.

4.Lighthouse will place emphasis on a program participants strengths by continuing their practice of a client centered DV RRH approach. This means that clients have a major say in identifying their housing, goals and needs, and also providing feedback regarding the DV RRH process and practices.

5.Lighthouse will continue to provide cultural sensitivity, diversity, equity and inclusion training to staff yearly, as well as providing opportunities as they arise. Lighthouse also has a Non-discrimination policy and is actively working with the CoC in Racial Equity Sessions facilitated by C4 Innovations.

6 & 7.Lighthouse will continue to program participant groups such as book club; clients pick the book and discuss the topics and meet weekly with each other. There offer a resident leadership for onsite programs; they usually meet monthly or weekly to advocate for themselves, for example having community parties or access to the community garden. Parenting classes, cooking classes, financial literacy classes are also offered to program participants. As well as continuing to off the resources to support parenting by providing resources for things such as child care, parenting classes, financial coaching, and workforce development based on the individual client needs. They also partner with an agency that offers parenting classes as well as free child care during the class. These programs will be offered to program participants that are offsite.

4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/04/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/05/2021
1C-7. PHA Moving On Preference	No	PHA Moving on Pre...	11/05/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	11/09/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/09/2021
1E-5. Public Posting–Projects Rejected-Reduced	Yes	Public Posting–Pr...	11/05/2021
1E-5a. Public Posting–Projects Accepted	Yes	Public Posting–Pr...	11/09/2021
1E-6. Web Posting–CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No		
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

Attachment Details

Document Description: CE Assessment Tool

Attachment Details

Document Description: PHA Homeless Preference

Attachment Details

Document Description: PHA Moving on Preference

Attachment Details

Document Description: Local Competition Announcement

Attachment Details

Document Description: Project Review and Selection Process

Attachment Details

Document Description: Public Posting–Projects Rejected-Reduced

Attachment Details

Document Description: Public Posting–Projects Accepted

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/06/2021
1B. Inclusive Structure	10/26/2021
1C. Coordination	11/04/2021
1C. Coordination continued	11/04/2021
1D. Addressing COVID-19	11/04/2021
1E. Project Review/Ranking	11/09/2021
2A. HMIS Implementation	11/05/2021
2B. Point-in-Time (PIT) Count	10/21/2021
2C. System Performance	11/09/2021
3A. Housing/Healthcare Bonus Points	11/05/2021
3B. Rehabilitation/New Construction Costs	10/18/2021

3C. Serving Homeless Under Other Federal Statutes	10/11/2021
4A. DV Bonus Application	11/09/2021
4B. Attachments Screen	Please Complete
Submission Summary	No Input Required

Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Families

AMERICAN VERSION 2.0

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COMMUNITY SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 2.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 4.0 for Families
- SPDAT V 4.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

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SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

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Administration

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

Opening Script

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

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

Basic Information

PARENT 1

First Name	**Nickname**	**Last Name**
_____	_____	_____

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

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

PARENT 2

☐ No second parent currently part of the household

First Name	**Nickname**	**Last Name**
_____	_____	_____

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

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

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

SCORE:

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Children

1. How many children under the age of 18 are currently with you? _____ ☐ Refused
2. How many children under the age of 18 are not currently with your family, but you have reason to believe they will be joining you when you get housed? _____ ☐ Refused
3. *IF HOUSEHOLD INCLUDES A FEMALE:* Is any member of the family currently pregnant? ☐ **Y** ☐ N ☐ Refused
4. Please provide a list of children's names and ages:

First Name	Last Name	Age	Date of Birth

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

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

SCORE:

A. History of Housing and Homelessness

5. Where do you and your family sleep most frequently? (check one)

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

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

SCORE:

6. How long has it been since you and your family lived in permanent stable housing? _____ ☐ Refused
7. In the last three years, how many times have you and your family been homeless? _____ ☐ Refused

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

SCORE:

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B. Risks

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

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

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

   c) Been hospitalized as an inpatient? ____ ☐ Refused

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

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

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

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

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

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

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

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

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

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

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

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

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C. Socialization & Daily Functioning

14.	Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you or anyone in your family owe them money?	☐ **Y**	☐ N	☐ Refused
15.	Do you or anyone in your family get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?	☐ Y	☐ **N**	☐ Refused

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

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

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

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

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

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

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

D. Wellness

19.	Has your family ever had to leave an apartment, shelter program, or other place you were staying because of the physical health of you or anyone in your family?	☐ **Y**	☐ N	☐ Refused
20.	Do you or anyone in your family have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ **Y**	☐ N	☐ Refused
21.	If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you or anyone in your family?	☐ **Y**	☐ N	☐ Refused
22.	Does anyone in your family have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused
23.	When someone in your family is sick or not feeling well, does your family avoid getting medical help?	☐ **Y**	☐ N	☐ Refused

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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E. Family Unit

32.	Are there any children that have been removed from the family by a child protection service within the last 180 days?	☐ **Y**	☐ N	☐ Refused
33.	Do you have any family legal issues that are being resolved in court or need to be resolved in court that would impact your housing or who may live within your housing?	☐ **Y**	☐ N	☐ Refused

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

34.	In the last 180 days have any children lived with family or friends because of your homelessness or housing situation?	☐ **Y**	☐ N	☐ Refused
35.	Has any child in the family experienced abuse or trauma in the last 180 days?	☐ **Y**	☐ N	☐ Refused
36.	*IF THERE ARE SCHOOL-AGED CHILDREN:* Do your children attend school more often than not each week?	☐ Y	☐ **N**	☐ N/A or Refused

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

37.	Have the members of your family changed in the last 180 days, due to things like divorce, your kids coming back to live with you, someone leaving for military service or incarceration, a relative moving in, or anything like that?	☐ **Y**	☐ N	☐ Refused
38.	Do you anticipate any other adults or children coming to live with you within the first 180 days of being housed?	☐ **Y**	☐ N	☐ Refused

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

39.	Do you have two or more planned activities each week as a family such as outings to the park, going to the library, visiting other family, watching a family movie, or anything like that?	☐ Y	☐ **N**	☐ Refused
40.	After school, or on weekends or days when there isn't school, is the total time children spend each day where there is no interaction with you or another responsible adult...			
	a) 3 or more hours per day for children aged 13 or older?	☐ **Y**	☐ N	☐ Refused
	b) 2 or more hours per day for children aged 12 or younger?	☐ **Y**	☐ N	☐ Refused
41.	*IF THERE ARE CHILDREN BOTH 12 AND UNDER & 13 AND OVER:* Do your older kids spend 2 or more hours on a typical day helping their younger sibling(s) with things like getting ready for school, helping with homework, making them dinner, bathing them, or anything like that?	☐ **Y**	☐ N	☐ N/A or Refused

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

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Scoring Summary

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

Follow-Up Questions

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

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

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

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Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need a practical, evidence-informed way to satisfy federal regulations while quickly implementing an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

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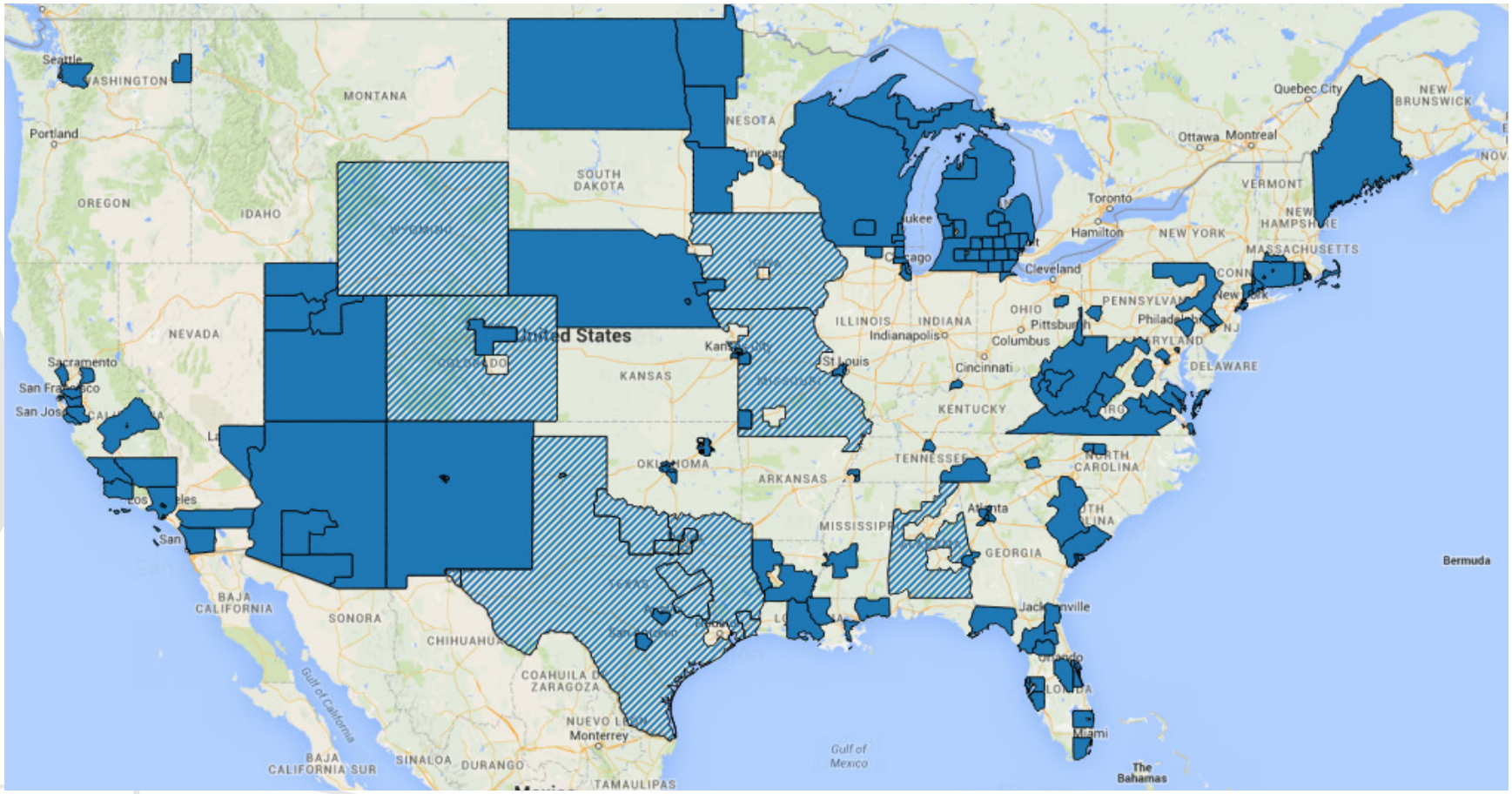
Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



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A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

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Vulnerability Index -

Service Prioritization Decision Assistance Tool

(VI-SPDAT)

Prescreen Triage Tool for Single Adults

AMERICAN VERSION 2.01

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COMMUNITY SOLUTIONS

ORG CODE

Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdat/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

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SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

http://www.orgcode.com/product-category/training/spdat/

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Administration

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

Opening Script

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

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

Basic Information

First Name	**Nickname**	**Last Name**
_____	_____	_____

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

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

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

SCORE:

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A. History of Housing and Homelessness

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

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

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

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

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

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

B. Risks

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

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

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

c) Been hospitalized as an inpatient? ____ ☐ Refused

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

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

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

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

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

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

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

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

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

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

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

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

C. Socialization & Daily Functioning

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

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

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

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

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

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

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

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

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

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D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?	☐ **Y**	☐ N	☐ Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?	☐ **Y**	☐ N	☐ Refused
17. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?	☐ **Y**	☐ N	☐ Refused
18. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused
19. When you are sick or not feeling well, do you avoid getting help?	☐ **Y**	☐ N	☐ Refused
20. *FOR FEMALE RESPONDENTS ONLY:* Are you currently pregnant?	☐ **Y**	☐ N	☐ N/A or Refused

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

21. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?	☐ **Y**	☐ N	☐ Refused
22. Will drinking or drug use make it difficult for you to stay housed or afford your housing?	☐ **Y**	☐ N	☐ Refused

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

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

a) A mental health issue or concern?	☐ **Y**	☐ N	☐ Refused
b) A past head injury?	☐ **Y**	☐ N	☐ Refused
c) A learning disability, developmental disability, or other impairment?	☐ **Y**	☐ N	☐ Refused
24. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?	☐ **Y**	☐ N	☐ Refused

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

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

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

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

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

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

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

Scoring Summary

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

Follow-Up Questions

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

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

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

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Appendix A: About the VI-SPDAT

The HEARTH Act and federal regulations require communities to have an assessment tool for coordinated entry - and the VI-SPDAT and SPDAT meet these requirements. Many communities have struggled to comply with this requirement, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using "gut instincts" in lieu of solid evidence. Communities need practical, evidence-informed tools that enhance their ability to to satisfy federal regulations and quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance use, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

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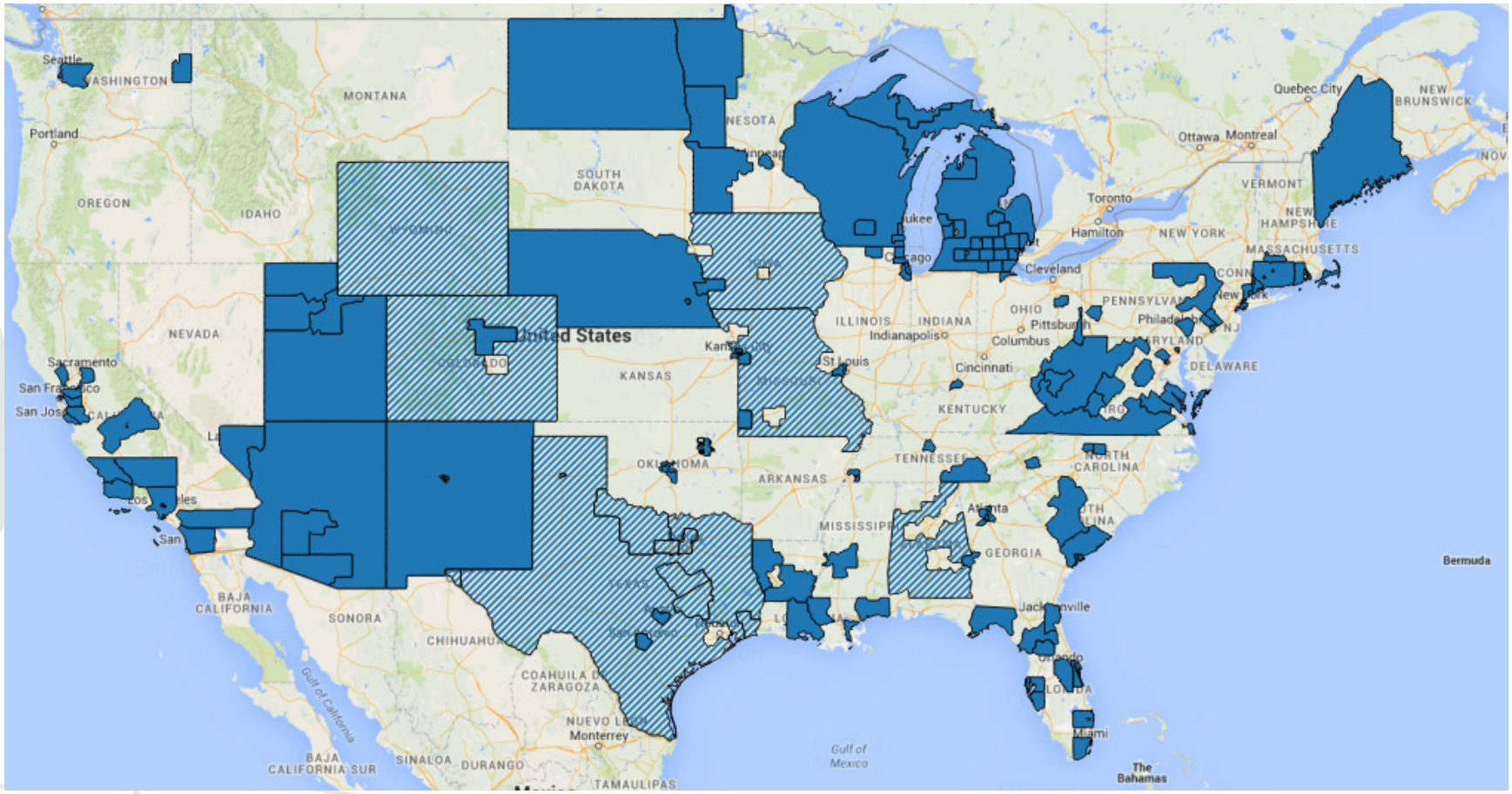
Appendix B: Where the VI-SPDAT is being used in the United States

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is being used in more communities than we know of. It is also being used in Canada and Australia.



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A partial list of continua of care (CoCs) in the US where we know the VI-SPDAT is being used includes:

Alabama
- Parts of Alabama Balance of State

Arizona
- Statewide

California
- San Jose/Santa Clara City & County
- San Francisco
- Oakland/Alameda County
- Sacramento City & County
- Richmond/Contra Costa County
- Watsonville/Santa Cruz City & County
- Fresno/Madera County
- Napa City & County
- Los Angeles City & County
- San Diego
- Santa Maria/Santa Barbara County
- Bakersfield/Kern County
- Pasadena
- Riverside City & County
- Glendale
- San Luis Obispo County

Colorado
- Metropolitan Denver Homeless Initiative
- Parts of Colorado Balance of State

Connecticut
- Hartford
- Bridgeport/Stratford/Fairfield
- Connecticut Balance of State
- Norwalk/Fairfield County
- Stamford/Greenwich
- City of Waterbury

District of Columbia
- District of Columbia

Florida
- Sarasota/Bradenton/Manatee, Sarasota Counties
- Tampa/Hillsborough County
- St. Petersburg/Clearwater/Largo/Pinellas County
- Tallahassee/Leon County
- Orlando/Orange, Osceola, Seminole Counties
- Gainesville/Alachua, Putnam Counties
- Jacksonville-Duval, Clay Counties
- Palm Bay/Melbourne/Brevard County
- Ocala/Marion County
- Miami/Dade County
- West Palm Beach/Palm Beach County

Georgia
- Atlanta County
- Fulton County
- Columbus-Muscogee/Russell County
- Marietta/Cobb County
- DeKalb County

Hawaii
- Honolulu

Illinois
- Rockford/Winnebago, Boone Counties
- Waukegan/North Chicago/Lake County
- Chicago
- Cook County

Iowa
- Parts of Iowa Balance of State

Kansas
- Kansas City/Wyandotte County

Kentucky
- Louisville/Jefferson County

Louisiana
- Lafayette/Acadiana
- Shreveport/Bossier/Northwest
- New Orleans/Jefferson Parish
- Baton Rouge
- Alexandria/Central Louisiana CoC

Massachusetts
- Cape Cod Islands
- Springfield/Holyoke/Chicopee/Westfield/Hampden County

Maryland
- Baltimore City
- Montgomery County

Maine
- Statewide

Michigan
- Statewide

Minnesota
- Minneapolis/Hennepin County
- Northwest Minnesota
- Moorhead/West Central Minnesota
- Southwest Minnesota

Missouri
- St. Louis County
- St. Louis City
- Joplin/Jasper, Newton Counties
- Kansas City/Independence/Lee's Summit/Jackson County
- Parts of Missouri Balance of State

Mississippi
- Jackson/Rankin, Madison Counties
- Gulf Port/Gulf Coast Regional

North Carolina
- Winston Salem/Forsyth County
- Asheville/Buncombe County
- Greensboro/High Point

North Dakota
- Statewide

Nebraska
- Statewide

New Mexico
- Statewide

Nevada
- Las Vegas/Clark County

New York
- New York City
- Yonkers/Mount Vernon/New Rochelle/Westchester County

Ohio
- Toledo/Lucas County
- Canton/Massillon/Alliance/Stark County

Oklahoma
- Tulsa City & County/Broken Arrow
- Oklahoma City
- Norman/Cleveland County

Pennsylvania
- Philadelphia
- Lower Marion/Norristown/Abington/Montgomery County
- Allentown/Northeast Pennsylvania
- Lancaster City & County
- Bristol/Bensalem/Bucks County
- Pittsburgh/McKeesport/Penn Hills/Allegheny County

Rhode Island
- Statewide

South Carolina
- Charleston/Low Country
- Columbia/Midlands

Tennessee
- Chattanooga/Southeast Tennessee
- Memphis/Shelby County
- Nashville/Davidson County

Texas
- San Antonio/Bexar County
- Austin/Travis County
- Dallas City & County/Irving
- Fort Worth/Arlington/Tarrant County
- El Paso City and County
- Waco/McLennan County
- Texas Balance of State
- Amarillo
- Wichita Falls/Wise, Palo Pinto, Wichita, Archer Counties
- Bryan/College Station/Brazos Valley
- Beaumont/Port Arthur/South East Texas

Utah
- Statewide

Virginia
- Richmond/Henrico, Chesterfield, Hanover Counties
- Roanoke City & County/Salem
- Virginia Beach
- Portsmouth
- Virginia Balance of State
- Arlington County

Washington
- Seattle/King County
- Spokane City & County

Wisconsin
- Statewide

West Virginia
- Statewide

Wyoming
- Wyoming Statewide is in the process of implementing

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ATTACHMENT A
FY 2021-22 ANNUAL PHA PLAN FOR HCV ONLY PHAs
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
(MSHDA) (MI-901)

B. Annual Plan

B.1 Revision of PHA Plan Elements:

Housing Needs and Strategy for Addressing Housing Needs

MSHDA is dedicated to serving the needs of the homeless, very low and extremely low-income Michigan residents. This is demonstrated in its administration of the Housing Choice Voucher Program via the on-going efforts:

- designating a homeless preference for county HCV waiting lists;
- designating a disabled preference for county HCV waiting lists;
- commitment to the Michigan Campaign to End Homelessness;
- working with partner agencies serving the elderly, families with disabilities, households of various races and ethnic groups;
- working with Continuum of Care groups across the State of Michigan.
- exceeding federal income targeting requirements by establishing that 80% of new admissions must be extremely low-income families and up to 20% of new admissions must be very low-income families.
- administering the HCV VASH Program in partnership with four VA medical facility sites across the State of Michigan (Battle Creek, Detroit, Saginaw, and Iron Mountain);
- administering Mainstream 1 (now called Non-Elderly Disabled or NED) and Mainstream 5 (MS5) vouchers;
- administering the Affordable Assisted Housing Program (AAHP), in Macomb and Oakland Counties; which combines an HCV with the Michigan Medicaid Waiver to provide housing as an alternative to nursing home care;
- expanding the 2014-2015 Moving-Up Pilot that partners with the Michigan Department of Community Health (MDCH) and provides a resource for previously homeless populations utilizing Permanent Supportive Housing; MSHDA has committed 710 vouchers for this pilot program;
- leveraging 100 vouchers with the Section 811 Project Rental Assistance Program;
- creating a State Innovation Model (SIM) Pilot Program that partners with the Michigan Department of Health and Human Services (MDHHS) to provide housing and supportive services to citizens that have very high utilization levels of emergency departments and emergency services that are also experiencing homelessness. MSHDA has committed up to 200 vouchers for this pilot program;
- administering nearly 4,000 Project-Based Vouchers in over 190 developments across the state;
- offering a PBV waiting list preference in select PBV properties for Chronically Homeless, United States Veterans, Homeless Frequent Emergency Department Users with Care Needs, Highly Vulnerable Populations and Supportive Housing Populations;
- implementing a recertification of homelessness at the time of PBV waiting list draw, to ensure the applicant still meets the definition of homelessness;
- administrating more than 1,200 Project-Based Vouchers via the Rental Assistance Demonstration (RAD) in 22 properties across the state;
- continuing outreach efforts to find affordable and good quality units for voucher holders;
- identifying when to open and close county waiting lists to maintain up-to-date lists;
- implementing biennial HQS inspections for HCV housing units;
- administering an initiative in partnership with the Michigan Department of Corrections (MDOC) to enhance housing opportunities for persons exiting correctional facilities. MSHDA has allocated up to 200 vouchers for returning citizens that need long-term rental assistance;
- administering the Mainstream Voucher Program in collaboration with the MDHHS. The program provides voucher assistance to non-elderly and disabled households while partnering agencies provide support services based on the individual's needs and MDHHS affiliated program. MSHDA was awarded 99 vouchers from HUD for this program. An additional 30 Mainstream Vouchers were

awarded by HUD via the CARES Act funding.

- administering the Family Unification Program (FUP) in collaboration with the MDHHS. The program provides voucher assistance to FUP-eligible families and FUP-eligible youth experiencing housing barriers. MSHDA was awarded 81 vouchers from HUD for this program.

Deconcentration and Other policies that Govern Eligibility, Selection and Admissions

MSHDA promotes deconcentration of poverty and promotes income mixing in all areas by educating applicants at the time of their briefing on these issues.

Waiting lists exist for all 83 Michigan counties and are opened or closed as necessary. Applications are taken electronically. As of November 18, 2020, there are 37,608 applicants on the waiting lists. Of these, 33,605 are extremely low income; 3,069 are very low income; and 934 are low income. Families with children make up 39% of waiting list applicants; 10% are elderly and 17% are disabled.

MSHDA has a homeless preference and applications are taken from homeless families and added to the homeless preference waiting list when certified.

A disability preference is given for those applicants where the head of household, co-head or spouse are disabled. Verification of disability is obtained upon selection from the waiting list.

A county residency preference is given for those applicants who either live or work in the county and can prove residency through a verified current address or verification from an employer.

A Michigan residency preference is given for those applicants who either live or work in the state of Michigan and can prove residency through a verified current address or verification from an employer.

PBV applicants must apply through the Lead Agency/HARA or property management staff. Referrals are sent directly to the MSHDA contracted Housing Agent for placement on the PBV Waiting List.

Financial Resources

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
1. **Federal Grants (FY 2019 grants)**		
a) Public Housing Operating Fund	Not applicable	
b) Public Housing Capital Fund	Not applicable	
c) Annual Contributions for Section 8 Tenant-Based Assistance	$209,608,985	Section 8 Eligible expenses
d) Community Development Block Grant (CDBG)	Not applicable	
e) HOME	Not applicable	
Other Federal Grants (list below)		
FSS Program	$ 1,064,552	FSS Program
Sec 811 Program	$ 5,516,950	Sec 811 PRA Program
2. Prior Year Federal Grants (unobligated funds only) (list below)	None	
3. Public Housing Dwelling Rental Income	Not applicable	
4. Other income (list below)	None	
5. Non-federal sources (list below)	None	
Total resources	$216,190,487	

Rent Determination:

MSHDA will continue to have a $50 Minimum Total Tenant Payment (TTP). If the MSHDA HCV budget is significantly increased, the minimum TTP amount may be adjusted downward.

Payment standards will be maintained at 110% of Fair Market Rent (FMR). MSHDA will conduct an annual review to determine payment standard levels and if necessary, may request an exception payment standard of between 111-120% of FMR for one or more counties if appropriate.

Homeownership:

MSHDA will continue administering its Section 8 Homeownership Program entitled the *Key to Own* Homeownership Program which has been operating since March 2004. The MSHDA *Key to Own* Homeownership Program has no set limits on the maximum number of participants. Currently, MSHDA has over 1,120 participants in the *Key to Own* Homeownership Program who are working on program requirements; i.e. credit scores, finding employment, debt reduction, etc. Since the program's inception, 563 MSHDA HCV participants have become homeowners.

Substantial Deviation:
MSHDA defines a substantial deviation from the 5-Year Plan to be a change in its policy, activity or program that redirects MSHDA's mission, goals, or objectives; and/or the addition of new policies, activities or programs not included in the current PHA Plan.

Significant Amendment:
The addition of new policies, activities or programs not included in the current PHA Plan may qualify as a Significant Amendment.

Safety and Crime Prevention:
The MSHDA Office of Rental Assistance and Homeless Solutions (RAHS) is committed to the implementation of the VAWA of 2013. MSHDA will continue to undertake actions to meet this requirement in the administration of the Housing Choice Voucher (HCV) Program.

MSHDA's contracted Housing Agents participate in local Continuum of Care meetings and use those contacts and others known to them through the Family Self-Sufficiency Program to assist survivors of domestic violence (including dating violence, sexual assault, or stalking) and their children when cases are made known to them.

Many of the agencies participating in the Continuum of Care groups provide temporary housing/shelter to survivors of domestic violence and their children. MSHDA staff and Housing Agents work with the partnering Continuum of Care service agencies and partnering Housing Assessment and Resource Agencies (HARAs) to find resources for domestic violence survivors, and children and adult victims of dating violence, sexual assault, or stalking to make sure the family is able to maintain their housing assistance.

MSHDA provides the Notice of Occupancy Rights under VAWA (HUD 5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (HUD 5382) when a family is denied admission to the program, when a family is admitted to the program and when the family is terminated from the program. In addition, MSHDA has created an Emergency Move Plan for HCV and PBV participants and provides the Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault and Stalking (HUD 5383) upon request.

ATTACHMENT A
FY 2021-22 ANNUAL PHA PLAN FOR HCV ONLY PHAs
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
(MSHDA) (MI-901)

B. Annual Plan

B.1 Revision of PHA Plan Elements:

Housing Needs and Strategy for Addressing Housing Needs

MSHDA is dedicated to serving the needs of the homeless, very low and extremely low-income Michigan residents. This is demonstrated in its administration of the Housing Choice Voucher Program via the on-going efforts:

- designating a homeless preference for county HCV waiting lists;
- designating a disabled preference for county HCV waiting lists;
- commitment to the Michigan Campaign to End Homelessness;
- working with partner agencies serving the elderly, families with disabilities, households of various races and ethnic groups;
- working with Continuum of Care groups across the State of Michigan.
- exceeding federal income targeting requirements by establishing that 80% of new admissions must be extremely low-income families and up to 20% of new admissions must be very low-income families.
- administering the HCV VASH Program in partnership with four VA medical facility sites across the State of Michigan (Battle Creek, Detroit, Saginaw, and Iron Mountain);
- administering Mainstream 1 (now called Non-Elderly Disabled or NED) and Mainstream 5 (MS5) vouchers;
- administering the Affordable Assisted Housing Program (AAHP), in Macomb and Oakland Counties; which combines an HCV with the Michigan Medicaid Waiver to provide housing as an alternative to nursing home care;
- expanding the 2014-2015 Moving-Up Pilot that partners with the Michigan Department of Community Health (MDCH) and provides a resource for previously homeless populations utilizing Permanent Supportive Housing; MSHDA has committed 710 vouchers for this pilot program;
- leveraging 100 vouchers with the Section 811 Project Rental Assistance Program;
- creating a State Innovation Model (SIM) Pilot Program that partners with the Michigan Department of Health and Human Services (MDHHS) to provide housing and supportive services to citizens that have very high utilization levels of emergency departments and emergency services that are also experiencing homelessness. MSHDA has committed up to 200 vouchers for this pilot program;
- administering nearly 4,000 Project-Based Vouchers in over 190 developments across the state;
- offering a PBV waiting list preference in select PBV properties for Chronically Homeless, United States Veterans, Homeless Frequent Emergency Department Users with Care Needs, Highly Vulnerable Populations and Supportive Housing Populations;
- implementing a recertification of homelessness at the time of PBV waiting list draw, to ensure the applicant still meets the definition of homelessness;
- administrating more than 1,200 Project-Based Vouchers via the Rental Assistance Demonstration (RAD) in 22 properties across the state;
- continuing outreach efforts to find affordable and good quality units for voucher holders;
- identifying when to open and close county waiting lists to maintain up-to-date lists;
- implementing biennial HQS inspections for HCV housing units;
- administering an initiative in partnership with the Michigan Department of Corrections (MDOC) to enhance housing opportunities for persons exiting correctional facilities. MSHDA has allocated up to 200 vouchers for returning citizens that need long-term rental assistance;
- administering the Mainstream Voucher Program in collaboration with the MDHHS. The program provides voucher assistance to non-elderly and disabled households while partnering agencies provide support services based on the individual's needs and MDHHS affiliated program. MSHDA was awarded 99 vouchers from HUD for this program. An additional 30 Mainstream Vouchers were

awarded by HUD via the CARES Act funding.

- administering the Family Unification Program (FUP) in collaboration with the MDHHS. The program provides voucher assistance to FUP-eligible families and FUP-eligible youth experiencing housing barriers. MSHDA was awarded 81 vouchers from HUD for this program.

Deconcentration and Other policies that Govern Eligibility, Selection and Admissions

MSHDA promotes deconcentration of poverty and promotes income mixing in all areas by educating applicants at the time of their briefing on these issues.

Waiting lists exist for all 83 Michigan counties and are opened or closed as necessary. Applications are taken electronically. As of November 18, 2020, there are 37,608 applicants on the waiting lists. Of these, 33,605 are extremely low income; 3,069 are very low income; and 934 are low income. Families with children make up 39% of waiting list applicants; 10% are elderly and 17% are disabled.

MSHDA has a homeless preference and applications are taken from homeless families and added to the homeless preference waiting list when certified.

A disability preference is given for those applicants where the head of household, co-head or spouse are disabled. Verification of disability is obtained upon selection from the waiting list.

A county residency preference is given for those applicants who either live or work in the county and can prove residency through a verified current address or verification from an employer.

A Michigan residency preference is given for those applicants who either live or work in the state of Michigan and can prove residency through a verified current address or verification from an employer.

PBV applicants must apply through the Lead Agency/HARA or property management staff. Referrals are sent directly to the MSHDA contracted Housing Agent for placement on the PBV Waiting List.

Financial Resources

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
1. **Federal Grants (FY 2019 grants)**		
a) Public Housing Operating Fund	Not applicable	
b) Public Housing Capital Fund	Not applicable	
c) Annual Contributions for Section 8 Tenant-Based Assistance	$209,608,985	Section 8 Eligible expenses
d) Community Development Block Grant (CDBG)	Not applicable	
e) HOME	Not applicable	
Other Federal Grants (list below)		
FSS Program	$ 1,064,552	FSS Program
Sec 811 Program	$ 5,516,950	Sec 811 PRA Program
2. Prior Year Federal Grants (unobligated funds only) (list below)	None	
3. Public Housing Dwelling Rental Income	Not applicable	
4. Other income (list below)	None	
5. Non-federal sources (list below)	None	
Total resources	$216,190,487	

Rent Determination:

MSHDA will continue to have a $50 Minimum Total Tenant Payment (TTP). If the MSHDA HCV budget is significantly increased, the minimum TTP amount may be adjusted downward.

Payment standards will be maintained at 110% of Fair Market Rent (FMR). MSHDA will conduct an annual review to determine payment standard levels and if necessary, may request an exception payment standard of between 111-120% of FMR for one or more counties if appropriate.

Homeownership:

MSHDA will continue administering its Section 8 Homeownership Program entitled the *Key to Own* Homeownership Program which has been operating since March 2004. The MSHDA *Key to Own* Homeownership Program has no set limits on the maximum number of participants. Currently, MSHDA has over 1,120 participants in the *Key to Own* Homeownership Program who are working on program requirements; i.e. credit scores, finding employment, debt reduction, etc. Since the program's inception, 563 MSHDA HCV participants have become homeowners.

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ALLIANCE FOR HOUSING

Alliance for Housing HUD FY2021 Timeline and Important Dates

The Notice of Funding Opportunity (NOFO) for FY2021 funding portion of the FY2021 Continuum of Care (CoC) Program competition has been released. The Alliance for Housing of Oakland County is the HUD-approved Consolidated Applicant for the FY2021 Continuum of Care Application. In this role, the Alliance for Housing is responsible for leading and managing the decision-making and application process for the FY2021 HUD Continuum of Care Homeless Assistance Funding application for projects seeking both renewal and new HUD funding.

- **Wednesday, September 8, 2021 -** Alliance for Housing Renewal application/scoring document issued to the community via listserve and the Alliance for Housing's website www.oaklandhomeless.org/hud-fy2021

- **Wednesday, September 15, 2021 -** Alliance for Housing issues RFP for HUD Bonus and DV Bonus applications via listserve and Alliance for Housing's website www.oaklandhomeless.org/hud-fy2021

- **Wednesday, September 15, 2021 –** Alliance for Housing Renewal application/scoring document due to Ashley Burton by 5:00pm via email aburton-alliance@oaklandhomeless.org

- **Wednesday, September 22, 2021 -** HUD Bonus and DV Bonus applications due to Ashley Burton by 5:00pm via email aburton-alliance@oaklandhomeless.org

- **Monday, September 27, 2021** Alliance for Housing Prioritization Committee ranking meeting at the Oakland County Executive Building - 2100 Pontiac Lake Rd, Waterford Twp, MI 48328, East Conference Room. Potential grantee/agency presentations will be held via Zoom. The Zoom link will be sent to you.

- **Thursday, September 30, 2021 -** Alliance for Housing will provide priority and ranking of projects via listserve and on the Alliance for Housing website www.oaklandhomeless.org/hud-fy2021 by 5:00pm.

- **Thursday, October 14, 2021-** Grantee/agency applications completed in ESNAPS by 5:00pm. Provide the Alliance for Housing a PDF copy to Ashley Burton by 5:00pm, aburton-alliance@oaklandhomeless.org

- **Monday, October 25, 2021-** Grantee/agency revisions completed in ESNAPS (if revisions are needed, you will be notified). Confirmation of revisions completed sent via email to Ashley Burton, aburton-alliance@oaklandhomeless.org

- **Friday, November 12, 2021-** Alliance for Housing will complete and submit the CoC HUD consolidated application via ESNAPS.

- **Tuesday, November 16, 2021-** HUD deadline for CoC applications submitted in ESNAPS.

Alliance for Housing FY2021 Scoring

Renewal Project Scoring Overview

		POSSIBLE POINTS	POINTS SCORED
#1	Financial Performance	14	
#2	Consumer Satisfaction	8	
#3	CoC Participation	6	
#4	Program Performance	85	
#5	HMIS Compliance	34	
Total Points Possible		147	

CRITERIA	FACTOR/ GOAL	POSSIBLE POINTS	POINTS SCORED
FINANCIAL PERFORMANCE			
Grant Expenditures; % of grant funding expended during last project year	**100-98%**	**10**	
Quarterly Drawdown of funds; Minimum of quarterly drawdown	**Y/N**	**4**	
	TOTAL	**14**	

CONSUMER SATISFACTION			
Copy provided of participant feedback, survey	**Y/N**	**2**	
Results of program satisfaction survey; project enhancement or change, Narrative	**Y/N**	**2**	
Narrative of the survey results	**Y/N**	**2**	
Participant involvement; Position on Board of Director's, peer counselor, participant advisory council, other similar role	**Y/N**	**2**	
	TOTAL	**8**	

CoC PARTICIPATION			
Agency Participation; at least one committee	**Y/N**	**1**	
Agency Leadership; at least one workgroup	**Y/N**	**1**	
Organization representation; 5 or more meetings	**Y/N**	**2**	
Narrative of ending homelessness	**Y/N**	**2**	
	TOTAL	**6**	

PROGRAM PERFORMANCE			
1. Length of Stay	**Days RRH – 43 PSH – 64 TH - 232**	**20**	
2. Exits to Positive Housing	**90%**	**25**	
3. New or Increased Earned Income (RRH, PSH, TH)			
A. Minimum % of participants with new or increased income for project stayers	**7%**	**5**	
B. Minimum % of participants with new or increased income for project leavers	**9%**	**5**	
4. New or Increased other (Non-Employment) Income (RRH, PSH, TH)			
A. Minimum % of participants with other (non-employment) income for project stayers	**31%**	**5**	
B. Minimum % of participants with other (non-employment) income for project leavers	**28%**	**5**	
5. Project Effectiveness			
A. Minimum % leavers with health insurance	**85%**	**10**	
B. RRH ONLY- Cost Effectiveness	**<2500**	**10**	
C. PSH ONLY- Cost Effectiveness	**<6000**	**10**	
D. TH ONLY- Cost Effectiveness	**<5000**	**10**	
	TOTAL	**85**	

HMIS PERFORMANCE			
1. HMIS Operation			
A. Utilization rate	**98%**	**4**	
B. Clients entering project with completed VI-SPDAT	**95%**	**4**	
C. Submitted APR to SAGE on time	**Y/N**	**2**	
2. Data Quality			
A. Required APR run correctly	**Y/N**	**2**	
B. Application completed correctly	**Y/N**	**2**	
C. Attended 12 Agency Admin meetings	**Y/N**	**2**	
D. Submitted all monthly data quality reports	**Y/N**	**2**	
E. PII		**6**	
F. UDE		**5**	
G. Income and Housing DQ		**4**	
H. CH		**1**	
	TOTAL	**34**	

The Alliance for Housing 2021 Renewal Application and Scoring
Continuum of Care Program Competition

The Alliance for Housing developed a renewal process to determine if Permanent Housing, Transitional Housing and Rapid Rehousing projects are performing in accordance with HUD requirements and CoC expectations. This year, grants will be renewable under the CoC Program Competition as set forth in 24 CFR 578.33 to continue ongoing leasing operating, rental assistance, HMIS, and project administration costs. Projects are eligible for renewal if they are currently in operation and have a signed grant agreement with HUD expiring between January 1, 2022 and December 31, 2022. Renewal grants will be limited to 1 year of funding.

Annually, the Alliance for Housing reviews these projects and provides guidance for renewal project funding. Scoring guidelines are listed within this document to determine if agencies comply with renewal criteria and meet the required threshold. The Alliance for Housing will provide explanations for projects that are rejected.

The deadline for submitting this scoring application and supplemental information is due **Wednesday, September 15, 2021 at 5PM** to the Grants and Community Manager via email (aburton-alliance@oaklandhomeless.org). Applicants that do not meet this deadline may be subject to funding reallocation or loss of funding.

The Alliance for Housing Prioritization Committee will meet, review and provide priority and ranking of projects on **Monday, September 27, 2021.** During this meeting applicants will have an opportunity to talk about their application and answer any questions the committee may have via Zoom. Zoom information will be sent to the applicants. The priority ranking (tier 1 tier 2 and bonus) will be sent out via listserve and posted on the Alliance for Housing Website on **Thursday, September 30, 2021.**

The deadline for submitting all project renewal applications in ESNAPS as well as submitting an email pdf copy of the ESNAPS application to the Alliance for Housing, Grants and Community Manager (aburton-alliance@oaklandhomeless.org) is **Thursday, October 14, 2021.**

Ranking
In alignment with the 2021 CoC Program NOFO, existing projects will not be automatically renewed during the FY 2021 competition. As stated in the FY 2021 NOFO, projects will be divided into two tiers, wherein Tier 1 applicants will have funding priority over Tier 2. Tier 1 applicants will be prioritized by their ranking score, HUD/CoC determined high priority projects (Chronically Homeless, Youth, Veteran, and Families with Children), high performance, and meeting the needs and gaps as identified by the CoC. This year the CoC will review performance measures related to the projects.

Based on guidelines set forth by HUD, ranking will also be prioritized for projects in the following order:

Renewal/new projects.

a. HMIS
b. PSH
c. RRH
d. TH

e. New projects created through bonus (ranking of bonus application priority TBD by Alliance Board/Prioritization committee)

Refer to 2021 Notice of Funding Opportunity (NOFO) for the Continuum of Care Program Competition for a more detailed description of applicant updates.

The FY2021 CoC planning grant will not be ranked per the NOFO therefore will not be tiered.

Renewal Project Threshold Score

Renewal projects are scored on 5 components: program performance, financial performance, HMIS compliance, consumer satisfaction, and CoC participation. Total scoring depends on project type. The threshold for renewal is 65%. Projects below this threshold may not be eligible for refunding and will be offered technical assistance to improve project performance for future applicability.

The Alliance for Housing reserves the right to make decisions on which projects should receive funding and/or the amount awarded based upon recommendations of the Prioritization Committee and the Alliance for Housing Board of Directors.

Renewal Project Scoring Overview

ATTACHMENT 1		Points
#1	Financial Performance	14
#2	Consumer Satisfaction	8
#3	CoC Participation	6
ATTACHMENT 2		
#4	Program Performance	85
#5	HMIS Compliance	34
Total Points Possible		147

Threshold: All Projects must score 65% or higher to be eligible for renewed funding.

Agency Name:	
Grant Name:	
Grant Type (PSH/RRH/TH):	
Grant Number:	

Component #1 Financial Performance 14 Points

Financial performance is measured by the extent to which each project has expended its budgeted grant during the last project year fully completed.

- Applicants are responsible for submitting information from the Line of Credit Control System (LOCCS) from your HUD representative, and financial performance evidence from an Independent Auditor Report.

Renewal projects must draw project funds, at a minimum, on a quarterly basis. Instances where drawdown is delayed or not serving participants may result in the project not being funded in the FY2021 CoC Program Competition.

A. What percentage of your project's grant funding has been expended? During the projects most recently completed year.*

B. How often has your project completed a drawn down from ELOCCS?

- 98% grant funding expensed: 10 points
- 97% - 0% grant funding expensed: 0 points
- Evidence of drawdown of funds at least quarterly: 4 point

*****Projects expending less than 100% of their grant are required to provide a written explanation. Depending on explanation, the Alliance for Housing will determine whether to target follow-up technical assistance or to deem the project ineligible.

Component #2 Consumer Satisfaction- 8 Points

Projects will be scored on their submission of the following items:

Category	**Points Possible**
A. Provide a copy of your client satisfaction/feedback form or survey.	2
B. Project enhancement or change via feedback narrative	2
C. Narrative of the results of the survey's outcome	2
D. Participant involvement in decision-making or other role within the organization	2
TOTAL	8

A. Who do you give your survey to, leavers? Current participants?
Submission of form/survey w/ explanation of those surveyed: 2 point
No submission: 0 point

B. Submission of narrative of the results of the agency or program's most recent survey.
****Total number of forms sent-total number of forms returned= outcome PER QUESTION (with narrative of explanation if needed)**
Yes: 2 point
No: 0 points

C. In what way(s) does your agency use your survey results to enhance your project(s)?
Narrative with examples: 2 points
No narrative or example: 0 points

D. Participant involvement in decision-making or other role within the organization
Does the organization have a participant or former participant involved in: a position on the organization's Board of Directors, peer counselor (or similar role), or a participant advisory council (or similar role)

Yes, there is demonstrated participant involvement and their involvement is described: 2 points
No, there is not participant involvement: 0 points

Component #3: Continuum of Care Participation
6 Points

An agency's participation is measured by the number of Continuum of Care meetings attended during 2020-2021.

Agency's Participation in the CoC Meetings (applies to only one category)	**Possible Points**
A. Agency participation on at least one CoC committee	1
B. General membership attendance/Annual retreat	1
C. Organization represented at 5 or more meetings	2
E. Narrative of CE agency involvement.	2
Total:	6

A. Does your agency participate in at least one CoC committee, and, if so, which one (s)?

Yes: participated: 1 point
No: 0 points

B. How many CoC general membership meetings including the Annual Retreat was your organization represented at in the last fiscal year?

Yes: participated in meeting(s): 1 point
No: 0 points

C. Was the organization represented at five or more Alliance meetings (GM, board, committee or workgroup)?

Yes: participated in 5 or more: 2 points
Less than 5: 0 points

D. How does your agency provide equal access within Coordinated Entry?

Narrative provided: 2 points
No narrative: 0 points

Additional Narrative

Note: This is not a scored area for this year.

E. Please describe the mainstream and other community-based resources and partnerships your agency has to sustain permanent exits from the program (ex: job training, life skills, treating substance abuse, etc.).

F. Does your agency use data and evidence to measure cost-effectiveness, impact of homelessness programs on positive outcomes, recovery, self-sufficiency, and reducing homelessness? If yes, please explain in detail.

G. Does your agency work with local employment agencies and employers for training and employment opportunities for persons in project? If yes, please explain in detail.

H. How does your agency connect participants to mainstream health (e.g., local and state health agencies, hospitals)?

Appeals Process

An appeals process will be available for renewal projects that do not pass the scoring threshold (65%).

All appeals will be reviewed by a group established by the Alliance for Housing Board of Directors and Project Review Committee. Members of the Appeals Committee will not have any projects that receive HUD CoC Homeless Assistance Program funding.

- Appeals must to be submitted in writing via email to lmccall-alliance@oaklandhomeless.org . Address all appeals to the Appeals Committee/prioritization committee and submit the following details: the issue being appealed, the argument for overturning the score, and evidence to support the argument. Please ensure that your appeal is concise and includes appropriate detail to process the review. Changes made to the project after application will not be considered.

- The appeal must be received by the close of the business day within 5 business days of the communication of denial of eligibility to submit for funding. Submission must be received in a type written format (with attachments if appropriate) electronically.

- The decisions of the Appeal/prioritization Committee are final.

- Applicants that are rejected may also appeal directly to HUD by submitting a Solo Application prior to the deadline per the 2021 NOFO.

Attachment Checklist:

- ☐ HMIS Reports- Run report for 8/1/2020 to 7/31/2021
  - CoC - APR (canned report)
- ☐ Line of Credit Control System (ELOCCS print out from draws)
  - Evidence of drawdown of funds at least quarterly
- ☐ Financial Performance Evidence from an Independent Auditor Report

_____
_____
_____
_____

_____ (agency) confirms it has read, reviewed and is in compliance with the FY2021 NOFO as well as ensured has a Code of Conduct that complies with the requirements of 2 CFR part 200 and is included on HUD's website.

Please sign and date below.

_____ _____

(Sign) (Date)

1. Length of Stay (Days) - From Project entry to Housing Move-in (RRH,PSH) and Length of Participation in Days (TH)

RRH	PSH	TH	Points
0-43 days	0-64 days	0-232 days	20
44-86 days	65-127 days	232-463 days	15
87-130 days	128-192 days	464-696 days	10
131-173 days	193-256 days	697+929	5
174+ days	257+ days	930+ days	0

2. Exits to Permanent Housing

RRH	PSH	TH	Points
90-100%	90-100%	90-100%	25
85-89%	85-89%	85-89%	20
80-84%	80-84%	80-84%	15
75-79%	75-79%	75-79%	10
0-74%	0-74%	0-74%	5

3. and 4. New or Increased Non-Employment Income and Earned Income (20 possible total points)

5 points given for meeting listed threshold for each. This is not a tiered question. The factor/goal is based on the average of the project types for the measure

5. Project Effectiveness

A. Health Insurance

RRH/PSH/TH	Points
85-100%	10
70-84%	8
55-69%	6
0-54%	0

Cost Effectiveness

B.

RRH	Points
<$2500	10
$2500-$3000	8
$3000+	0

PSH	Points
<$6000	10
$6000-$6500	8
$6500-$7000	6
$7000-$7500	4
$7500-$8000	2
$8000+	0

TH	Points
<$5000	10
$2500-$3000	8
$3000+	0

Component # 5: HMIS Compliance

1. HMIS Operation

A	Points
>98%	1
<98%	0

1 point awarded per data element

B	Points
95%+	4
90%-94%	3
85-89%	2
80%-84%	1
0%-80%	0

C	Points
Yes	2
No	0

2. Data Quality

A	B	C	D	Points
Yes	Yes	Yes	Yes	2
No	No	No	No	0

E	F	G	H	Points
<5%	<5%	<5%	<5%	1
>5%	>5%	>5%	>5%	0

1 point awarded per data element

Component # 4: Program Performance
85 points

Performance will be evaluated and scored using data from a variety of sources. Comments are added to each box to describe where you can find the element. Cells highlighted in grey will autocalculate. Only answer the questions relevant to the specific project type for each renewal. *It is recommended to complete this application in Excel and save as PDF for submission.*

Reports need to be run for **8/1/2020 to 7/31/2021** regardless of the grant term. Reports required to complete this section:

[ ] **CoC - APR (canned report)**

*** Canned reports need to be submitted as a PDF and can be done directly in the browser settings.

Please contact hmishelp-alliance@oaklandhomeless.org if you have HMIS or ART related questions.

---

1. Length of Stay (Days) 20 points	**Factor/Goal**	**Max Point Value**
[ ] **RRH** - Average Length of days from project entry to housing move in	<43 days	20 points
	Factor/Goal	**Max Point Value**
[ ] **PSH** - Average length of days from project entry to housing move-in	<64 days	20 points
[ ] **TH** - Average length of stay in project for leavers	<232 days	20 points

2. Exits to Positive Housing Destination (25 pts)	**Factor/Goal**	**Max Point Value**
RRH/PSH/TH – Percent total persons exited to positive housing destination	90%	25 points
[ ] Total Percentage		

3. New or Increased Earned Income (10 pts)	**Factor/Goal**	**Max Point Value**
A. [ ] **RRH/PSH/TH** - Minimum % of participants with new or increased income for project *stayers*	7%	5 points
B. [ ] **RRH/PSH/TH** - Minimum % of participants with new or increased income for project *leavers*	9%	5 points

4. New or Increased other (Non-Employment) Income (10 pts)	**Factor/Goal**	**Max Point Value**
A. [ ] **RRH/PSH/TH** - Minimum % of participants with other (non-employment) income for project stayers	31%	5 points
B. [ ] **RRH/PSH/TH** - Minimum % of participants with other (non-employment) income for project *leavers*	28%	5 points

5. Project Effectiveness (A=10 points; B= 10 points; Total points available=20) (RRH, PSH, TH)	**Factor/Goal**	**Max Point Value**
A. #DIV/0! **RRH/PSH/TH** - Minimum % leavers with health insurance. [ ] 1 Source of Health Insurance + [ ] More than 1 Source of Health Insurance / [ ] Number of Leavers	85%	10 points
B. #DIV/0! **RRH - Cost Effectiveness** [ ] Total Cost of Project [ ] Total Persons Served	<$2500	10 points
C. #DIV/0! **PSH- Cost Effectiveness** [ ] Total Cost of Project / [ ] Total Persons Served	<$6000	10 points
D. #DIV/0! **TH - Cost Effectiveness** [ ] Total Cost of Project / [ ] Total Persons Served	<$5000	10 points

Component # 5: HMIS Compliance
34 Points

HMIS compliance will be evaluated and scored using data from a variety of sources. Comments are added to each box to describe where you can find the element. Cells highlighted in grey will autocalculate. Cells highlighted in black will be provided by the HMIS SA1 or CoC Director. Only answer the questions relevant to the specific project type for each renewal.

Reports need to be run for **8/1/2020 to 7/31/2021** regardless of the grant term. Reports required to complete this section:

[ ] **CoC - APR (canned report)**

Please contact hmishelp-alliance@oaklandhomeless.org if you have HMIS or ART related questions.

---

1. HMIS Operation	**Factor/Goal**	**Max Point Value**
A. Average utilization rate.	98%	4 Points

	[ ]	Total Beds Written in FY19 Application
#DIV/0!	[ ]	January
#DIV/0!	[ ]	April
#DIV/0!	[ ]	July
#DIV/0!	[ ]	October

B.	[ ]	Clients entering project have a completed VI-SPDAT.	95%	4 Points
C.	[ ]	Was your most recent APR submitted to SAGE on time?	Yes	2 Points

2. Data Quality		**Factor/Goal**	**Max Point Value**
A.	[ ]	Were the Reports Required for this Application Run Correctly?	Yes	2 Points
B.	[ ]	Was this Application Completed Correctly?	Yes	2 Points

C.		Attended 12 monthly Agency Administrator/Data Quality meetings.	Yes	2 Points
D.		Submitted all monthly data quality reports to the Oakland County HMIS System Administrators.	Yes	2 Points

E. Personally Identifiable Information- % Error Rate

%	Name	<5%	1 Point
%	SSN	<5%	1 Point
%	Date of Birth	<5%	1 Point
%	Race	<5%	1 Point
%	Ethnicity	<5%	1 Point
%	Gender	<5%	1 Point

F. Universal Data Elements % Error Rate

%	Veteran	<5%	1 Point
%	Project Start Date	<5%	1 Point
%	Relationship to HoH	<5%	1 Point
%	Client Location	<5%	1 Point
%	Disabling Condition	<5%	1 Point

G. Income and Housing Data Quality % Error Rate

%	Destination	<5%	1 Point
%	Income and Sources at Start	<5%	1 Point
%	Income and Sources at Annual Assessment	<5%	1 Point

%	Income and Sources at Exit	<5%	1 Point

H. Chronic Homelessness % Of Records Unable to Calculate

%	TH or PH (RRH & PSH)	<5%	1 Point

ALLIANCE FOR HOUSING
OAKLAND COUNTY'S CONTINUUM OF CARE

REQUEST FOR PROPOSALS-New DV Bonus Project(s)

The Alliance for Housing is requesting proposals for funding under the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Homeless Assistance Program.

This Request for Proposals (RFP) is for Alliance for Housing, Oakland County Continuum of Care (CoC) partners to work with the Alliance to support those experiencing domestic violence (DV) in the community. The CoC is looking for proposals to expand these services to include a project that will provide Support Services Only for Coordinated Entry (SSO-CE) specifically for DV; and a Rapid Rehousing (RRH) project for expansion OR a new RRH project specifically for the DV population. Please see the FY2021 NOFO for full requirements. The DV bonus amount for Oakland County is $807,966. Out of the proposals received the Alliance Prioritization Committee will choose one DV SSO-CE and one DV RRH project to be added to the new applications in the FY21 HUD Tier 1 & Tier 2 ranking process. Agencies are eligible to apply for both.

- Potential sub-recipients must meet the eligibility requirements of the CoC Program as described in 24 CFR part 578 and provide evidence of eligibility required in the application (e.g., nonprofit documentation).
- Potential sub-recipients must demonstrate the financial, management capacity and experience to carry out the project as detailed in the project application as well as administer Federal funds. Demonstrating capacity may include a description of the sub-recipient experience with domestic violence, dating violence, sexual assault, stalking or human trafficking.
- Potential sub-recipients must address their involvement with Homeless Management Information System (HMIS)/comparable system.
- Project applicants must submit the required certifications as specified in the NOFO, for example, SAM registration, DUNS number. Eligible project applicants for the CoC Program Competition are found at 24 CFR 578.15, must also comply with SSO/RRH requirements at 24 CFR 578.37.

The two projects that the Alliance for Housing will be accepting applications for in the HUD FY2021 DV bonus applications are:

1. **Supportive Services Only Projects for Coordinated Entry (SSO-CE)** to implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking, human trafficking (e.g. to implement policies and procedures that are trauma-informed,

client-centered or to better coordinate referrals between the CoC's coordinated entry and the victim service providers coordinated entry system where they are different). Project descriptions should include a plan incorporate a measurement tool to determine vulnerability for those attempting to flee DV (Cat 4) to integrate with the community established thresholds and prioritization policies within the community's coordinated entry system.

2. **Rapid Rehousing (RRH) component project** Projects must follow a Housing First approach. RRH project can provide medium term rental assistance (4 – 24 months). This RRH project will only be funded to expand a current RRH that serves DV OR a new RRH project. This can include admin and support services in addition to the housing portion. Please include numbers of households served within the RRH component in the concept paper.

Interested applicants are requested to submit a two to eight-page concept paper for each of the descripted projects above, with a proposed budget including 25% match (in-kind or cash) depending on the project type. All proposed projects may only request HUD funding for activities and services as allowed under the HUD FY2021 NOFO under the above two categories, as defined in Section II.B.11.e in the NOFO. Please read the Continuum of Care FY2021 NOFO in its entirety before submission. Your concept paper should address the following components:

- Description of the proposed project
- A trauma informed approach
- A client centered approach
- Housing First approach
- Community need
- Capacity/Experience
- Performance measurement outcomes
- Leveraging
- Linkage to mainstream resources
- How agency addresses racial disparities

Concept papers can be submitted to Ashley Burton via email at Aburton-alliance@oaklandoaklandhomeless.org by Wednesday, September 22, 2021 at 5:00 p.m. No proposals will be accepted after this timeline.

Concept papers will be judged by an independent panel of Alliance Board Members/ Prioritization Committee members. The committee will only fund one project per component (i.e. one new or expansion DV RRH and one DV SSO-CE project). Agencies are eligible to apply for both.

For additional information please contact Leah McCall at lmccall-alliance@oaklandhomeless.og or Kathy Williams at Williamska@oakgov.com

Bonus Scoring
Scoring for project proposals for the HUD FY2021 DV bonus:

**New in 2021, HUD is encouraging new or expansion projects that leverage existing housing resources and/or partner with healthcare organizations. Specific consideration will be given to projects that meet these criteria. For more information, please see pages 77-78 of the 2021 NOFO.

1. 5 points: Partial response
   10 points: Full response – including all areas of below explanation
   SSO-CE AND RRH:
   Provide a clear explanation of how the project will use a housing first approach, client centered approach and trauma informed approach.

2. 5 points: Partial response
   10 points: Full response – including copy of sample job description
   SSO-CE:
   Provide explanation how receiving this project will enhance policies and procedures within the CoC and coordinated entry in the community for this population. What specific areas will you address within this project? Provide a sample job description that funds received would support.

3. 5 points: Partial response – just narrative
   10 points: Narrative with data included
   RRH:
   Provide data to quantify the need for this project and how expanding or creating a new RRH project will fill a gap in Oakland County.

4. 5 points: Partial response
   10 points: Full response – including all areas of below explanation
   RRH:
   Provide previous RRH performance or how you as a new applicant are currently serving survivors of DV, dating violence, sexual assault, stalking and human trafficking and how your agencies ability to house survivors and meet safety concerns will be met.

Issued: September 15, 2021

ALLIANCE FOR HOUSING

OAKLAND COUNTY'S CONTINUUM OF CARE

REQUEST FOR PROPOSALS SSO/CE Bonus

The Alliance for Housing is requesting proposals for funding under the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Homeless Assistance Program.

This Request for Proposals (RFP) is for Alliance for Housing, Oakland County Continuum of Care (CoC) partners to work with the Alliance as a sub-grantee for a project that will provide Support Services Only for Coordinated Entry (SSO-CE). Please see the FY2021 NOFO for full requirements. The Alliance will fund no more than two applicants for this award in total for $278,083. The Alliance will hire a full-time position for SSO-CE Homeless Management Information System (HMIS) technical assistance and training. The applicant must be able to meet 25% of asked budget in match (in-kind or cash) per requirements of HUD grant recipients in their proposal.

Interested applicants are requested to submit a concept paper (minimum of 2 pages, up to 10 pages) the proposed project, with an accompanying budget. The proposed project must meet the continuum requirements for funding applicants. Project applicants must submit the required certifications as specified in the NOFO, for example, SAM registration, DUNS number. Eligible project applicants for the CoC Program Competition are found at 24 CFR 578.15. Please read the Continuum of Care FY2021 NOFO in its entirety before submission, agencies must also comply with SSO requirements at 24 CFR 578.37.

The concept paper should address the following components:

- Description of the proposed project- with detail of activities included for CE regarding steps that will be taken to ensure traditionally marginalized populations (such as racial and ethnic minorities and persons with disabilities, LGBT) will be addressed in an outreach component.
- Describe in detail how your agency will assist with in linking non- CoC funded partners to coordinated entry (i.e MOU, scheduled outreach plan, marketing/advertisement strategy).
- Complete required data entry into the Homeless Management Information System (HMIS).
- Describe the process to work collaboratively with the Alliance and other partners to deliver effective and efficient coordinated entry services.
- For purposes of this sub-grantee funding opportunity, describe how these funds will directly impact those in need of housing and what steps your agency/staff will take to link to housing opportunities. For example, using standardized assessment process, assist in obtaining needed documentation,

refer to housing registry or Veteran BNL, and assist in paperwork completion of HCV applications, housing application and, transportation.

- Work with the Alliance for Housing to update and add to existing CE policies and procedures.
- Address:
    - Housing first approach
    - Racial disparities
    - A trauma informed approach
    - A client centered approach
    - Equal access to housing regardless of sexual orientation or gender identity
    - Decriminalization of homelessness
    - Limited English proficiency
    - Advertisement strategy for those with the highest barriers, least likely to apply for housing assistance.
    - Ensure individuals are directed to appropriate housing/services that fit their needs.
    - Specific plan to coordinate and integrate with other mainstream health, social services, employment, and benefits.
- Explain how being a sub-grantee will provide additional community support services to individuals experiencing homelessness.
- Capacity/Experience
- Performance measurement outcomes that directly relate to additional coordinating dollars/staffing, number of persons served etc.
- Timeframe for project milestones: new staff hired from time of signed grant agreement, describe process to assist on documented 100% coverage of CoC's service area (Oakland County).

Concept papers can be submitted to Ashley Burton via email at aburton-alliance@oaklandhomeless.org by Wednesday, September 22, 2021 at 5:00PM. No proposals will be accepted after this timeline.

Concept papers will be reviewed by an independent panel of Alliance Board Members/Prioritization Committee members.

For additional information please contact Leah McCall at lmccall- alliance@oaklandhomeless.og or Kathy Williams at Williamska@oakgov.com

Issued: September 15, 2021

Alliance for Housing
Oakland County Michigan's Continuum of Care

Search Site

HUD FY2021 Documents

Alliance for Housing FY2021 Timeline

Posted 8.24.21 - 2:51 PM

Search Conversations | HUD FY2021 | Mysite | Alliance for Housing HUD FY2021

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Alliance for Housing HUD FY2021 Timeline

0 views

Ashley Burton <aburton-alliance@oaklandhomeless.org>
to OCTHAH@googlegroups.com, lmccall.alliance

2:57 PM (4 minutes ago)

Good afternoon,

Please see the attached Alliance for Housing timeline for HUD FY2021. Any questions please email Leah at lmccall-...@oaklandhomeless.org or Ashley at aburton-...@oaklandhomeless.org

Also, please visit our website for all Alliance HUD FY2021 important documents! https://www.oaklandhomeless.org/hud-fy2021

Thank you,

Ashley Burton
Grants and Community Manager
Alliance for Housing, Oakland County Continuum of Care
1 N. Saginaw Suite 208
Pontiac, MI 48342
www.oaklandhomeless.org

87% 88°F 3:01 PM 8/24/2021

HUD FY2021 Documents

Alliance for Housing FY2021 Timeline

Posted 8.24.21 - 2:51 PM

Updated 8.25.21 - 9:55 AM

Alliance/HUD FY2021 Renewal Application & Scoring

- Application Document - Attachment 1
- Application Document - Attachment 2
- Scoring Document

Posted 9.8.21 - 9:42 AM

Alliance/HUD FY2021 Renewal Sc

groups.google.com/g/octhah/c/UBgx7NuuHks?hl=en

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Alliance/HUD FY2021 Renewal Scoring Application - 2 Application Documents

0 views

Ashley Burton <aburton-alliance@oaklandhomeless.org>
to OCTHAH@googlegroups.com

10:03 AM (1 minute ago)

Good morning,

Please see the attached **RENEWAL Alliance HUD application/scoring documents**. There are two parts to this renewal process (the Word Document & Excel Document). The Blank Scoring Document is optional to use if you would like to score yourself. The Word Doc and the Excel Doc must be completed and emailed to Ashley at aburton-...@oaklandhomeless.org with any needed attachments by **Wednesday, September 15, 2021, 5PM.**

Click HERE for all documents related to Alliance/HUD documents for FY2021

Thank you,

Ashley Burton

Grants and Community Manager

Alliance for Housing, Oakland County Continuum of Care

1 N. Saginaw Suite 208

Pontiac, MI 48342

Aburton-...@oaklandhomeless.org

www.oaklandhomeless.org

91% 68°F 10:04 AM 9/8/2021

HUD FY2021 Documents

Alliance for Housing FY2021 Timeline

Posted 8.24.21 - 2:51 PM

Updated 8.25.21 - 9:55 AM

Alliance/HUD FY2021 Renewal Application & Scoring

- Application Document - Attachment 1
- Application Document - Attachment 2
- Scoring Document

Posted 9.8.21 - 9:42 AM

Alliance/HUD FY2021 Bonus RFPs

- DV-SSO-CE and DV-RRH HUD Bonus FY2021
- SSO-CE HUD Bonus FY2021

Posted 9.15.21 - 1:41 PM

Dashboard | Wix.com | Wix Website Editor | HUD FY2021 | Mysite | fbcbe2_d43a000373b747c | Alliance/HUD FY2021 Con

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Alliance/HUD FY2021 Community Bonuses

0 views

Ashley Burton <aburton-alliance@oaklandhomeless.org>
to OCTHAH@googlegroups.com, lmccall.alliance

1:43 PM (now)

Good afternoon,

The Alliance for Housing is requesting proposals for funding under the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Homeless Assistance Program.

Please see attached for the Request for Proposals:

- Supportive Services Only – Coordinated Entry Bonus Project
- Domestic Violence Supportive Services Only – Coordinated Entry Project; and a Domestic Violence New Repaid Rehousing or Rapid Rehousing Expansion Bonus Project

If you have any questions please contact Leah McCall at lmccall-...@oaklandhomeless.org

Please visit https://www.oaklandhomeless.org/hud-fy2021 for all Alliance/HUD FY2021 related documents.

Ashley Burton

Grants and Community Manager

Alliance for Housing, Oakland County Continuum of Care

1 N. Saginaw Suite 208

Pontiac, MI 48342

www.oaklandhomeless.org

RFP for Bonus S...
RFP for Bonus D...

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69% 72°F 1:44 PM 9/15/2021

Alliance for Housing FY2021 Scoring

Renewal Project Scoring Overview

		POSSIBLE POINTS	POINTS SCORED
#1	Financial Performance	14	
#2	Consumer Satisfaction	8	
#3	CoC Participation	6	
#4	Program Performance	85	
#5	HMIS Compliance	34	
Total Points Possible		147	

CRITERIA	FACTOR/ GOAL	POSSIBLE POINTS	POINTS SCORED
FINANCIAL PERFORMANCE			
Grant Expenditures; % of grant funding expended during last project year	**100-98%**	**10**	
Quarterly Drawdown of funds; Minimum of quarterly drawdown	**Y/N**	**4**	
	TOTAL	**14**	

CONSUMER SATISFACTION			
Copy provided of participant feedback, survey	**Y/N**	**2**	
Results of program satisfaction survey; project enhancement or change, Narrative	**Y/N**	**2**	
Narrative of the survey results	**Y/N**	**2**	
Participant involvement; Position on Board of Director's, peer counselor, participant advisory council, other similar role	**Y/N**	**2**	
	TOTAL	**8**	

CoC PARTICIPATION			
Agency Participation; at least one committee	**Y/N**	**1**	
Agency Leadership; at least one workgroup	**Y/N**	**1**	
Organization representation; 5 or more meetings	**Y/N**	**2**	
Narrative of ending homelessness	**Y/N**	**2**	
	TOTAL	**6**	

PROGRAM PERFORMANCE			
1. Length of Stay	**Days RRH – 43 PSH – 64 TH - 232**	**20**	
2. Exits to Positive Housing	**90%**	**25**	
3. New or Increased Earned Income (RRH, PSH, TH)			
A. Minimum % of participants with new or increased income for project stayers	**7%**	**5**	
B. Minimum % of participants with new or increased income for project leavers	**9%**	**5**	
4. New or Increased other (Non-Employment) Income (RRH, PSH, TH)			
A. Minimum % of participants with other (non-employment) income for project stayers	**31%**	**5**	
B. Minimum % of participants with other (non-employment) income for project leavers	**28%**	**5**	
5. Project Effectiveness			
A. Minimum % leavers with health insurance	**85%**	**10**	
B. RRH ONLY- Cost Effectiveness	**<2500**	**10**	
C. PSH ONLY- Cost Effectiveness	**<6000**	**10**	
D. TH ONLY- Cost Effectiveness	**<5000**	**10**	
	TOTAL	**85**	

HMIS PERFORMANCE			
1. HMIS Operation			
A. Utilization rate	**98%**	**4**	
B. Clients entering project with completed VI-SPDAT	**95%**	**4**	
C. Submitted APR to SAGE on time	**Y/N**	**2**	
2. Data Quality			
A. Required APR run correctly	**Y/N**	**2**	
B. Application completed correctly	**Y/N**	**2**	
C. Attended 12 Agency Admin meetings	**Y/N**	**2**	
D. Submitted all monthly data quality reports	**Y/N**	**2**	
E. PII		**6**	
F. UDE		**5**	
G. Income and Housing DQ		**4**	
H. CH		**1**	
	TOTAL	**34**	

The Alliance for Housing 2021 Renewal Application and Scoring
Continuum of Care Program Competition

The Alliance for Housing developed a renewal process to determine if Permanent Housing, Transitional Housing and Rapid Rehousing projects are performing in accordance with HUD requirements and CoC expectations. This year, grants will be renewable under the CoC Program Competition as set forth in 24 CFR 578.33 to continue ongoing leasing operating, rental assistance, HMIS, and project administration costs. Projects are eligible for renewal if they are currently in operation and have a signed grant agreement with HUD expiring between January 1, 2022 and December 31, 2022. Renewal grants will be limited to 1 year of funding.

Annually, the Alliance for Housing reviews these projects and provides guidance for renewal project funding. Scoring guidelines are listed within this document to determine if agencies comply with renewal criteria and meet the required threshold. The Alliance for Housing will provide explanations for projects that are rejected.

The deadline for submitting this scoring application and supplemental information is due **Wednesday, September 15, 2021 at 5PM** to the Grants and Community Manager via email (aburton-alliance@oaklandhomeless.org). Applicants that do not meet this deadline may be subject to funding reallocation or loss of funding.

The Alliance for Housing Prioritization Committee will meet, review and provide priority and ranking of projects on **Monday, September 27, 2021.** During this meeting applicants will have an opportunity to talk about their application and answer any questions the committee may have via Zoom. Zoom information will be sent to the applicants. The priority ranking (tier 1 tier 2 and bonus) will be sent out via listserve and posted on the Alliance for Housing Website on **Thursday, September 30, 2021.**

The deadline for submitting all project renewal applications in ESNAPS as well as submitting an email pdf copy of the ESNAPS application to the Alliance for Housing, Grants and Community Manager (aburton-alliance@oaklandhomeless.org) is **Thursday, October 14, 2021.**

Ranking
In alignment with the 2021 CoC Program NOFO, existing projects will not be automatically renewed during the FY 2021 competition. As stated in the FY 2021 NOFO, projects will be divided into two tiers, wherein Tier 1 applicants will have funding priority over Tier 2. Tier 1 applicants will be prioritized by their ranking score, HUD/CoC determined high priority projects (Chronically Homeless, Youth, Veteran, and Families with Children), high performance, and meeting the needs and gaps as identified by the CoC. This year the CoC will review performance measures related to the projects.

Based on guidelines set forth by HUD, ranking will also be prioritized for projects in the following order:

Renewal/new projects.

a. HMIS
b. PSH
c. RRH
d. TH

e. New projects created through bonus (ranking of bonus application priority TBD by Alliance Board/Prioritization committee)

Refer to 2021 Notice of Funding Opportunity (NOFO) for the Continuum of Care Program Competition for a more detailed description of applicant updates.

The FY2021 CoC planning grant will not be ranked per the NOFO therefore will not be tiered.

Renewal Project Threshold Score

Renewal projects are scored on 5 components: program performance, financial performance, HMIS compliance, consumer satisfaction, and CoC participation. Total scoring depends on project type. The threshold for renewal is 65%. Projects below this threshold may not be eligible for refunding and will be offered technical assistance to improve project performance for future applicability.

The Alliance for Housing reserves the right to make decisions on which projects should receive funding and/or the amount awarded based upon recommendations of the Prioritization Committee and the Alliance for Housing Board of Directors.

Renewal Project Scoring Overview

ATTACHMENT 1		Points
#1	Financial Performance	14
#2	Consumer Satisfaction	8
#3	CoC Participation	6
ATTACHMENT 2		
#4	Program Performance	85
#5	HMIS Compliance	34
Total Points Possible		147

Threshold: All Projects must score 65% or higher to be eligible for renewed funding.

Agency Name:	
Grant Name:	
Grant Type (PSH/RRH/TH):	
Grant Number:	

Component #1 Financial Performance 14 Points

Financial performance is measured by the extent to which each project has expended its budgeted grant during the last project year fully completed.

- Applicants are responsible for submitting information from the Line of Credit Control System (LOCCS) from your HUD representative, and financial performance evidence from an Independent Auditor Report.

Renewal projects must draw project funds, at a minimum, on a quarterly basis. Instances where drawdown is delayed or not serving participants may result in the project not being funded in the FY2021 CoC Program Competition.

A. What percentage of your project's grant funding has been expended? During the projects most recently completed year.*

B. How often has your project completed a drawn down from ELOCCS?

- 98% grant funding expensed: 10 points
- 97% - 0% grant funding expensed: 0 points
- Evidence of drawdown of funds at least quarterly: 4 point

*****Projects expending less than 100% of their grant are required to provide a written explanation. Depending on explanation, the Alliance for Housing will determine whether to target follow-up technical assistance or to deem the project ineligible.

Component #2 Consumer Satisfaction- 8 Points

Projects will be scored on their submission of the following items:

Category	**Points Possible**
A. Provide a copy of your client satisfaction/feedback form or survey.	2
B. Project enhancement or change via feedback narrative	2
C. Narrative of the results of the survey's outcome	2
D. Participant involvement in decision-making or other role within the organization	2
TOTAL	8

A. Who do you give your survey to, leavers? Current participants?
Submission of form/survey w/ explanation of those surveyed: 2 point
No submission: 0 point

B. Submission of narrative of the results of the agency or program's most recent survey.
****Total number of forms sent-total number of forms returned= outcome PER QUESTION (with narrative of explanation if needed)**
Yes: 2 point
No: 0 points

C. In what way(s) does your agency use your survey results to enhance your project(s)?
Narrative with examples: 2 points
No narrative or example: 0 points

D. Participant involvement in decision-making or other role within the organization
Does the organization have a participant or former participant involved in: a position on the organization's Board of Directors, peer counselor (or similar role), or a participant advisory council (or similar role)

Yes, there is demonstrated participant involvement and their involvement is described: 2 points
No, there is not participant involvement: 0 points

Component #3: Continuum of Care Participation
6 Points

An agency's participation is measured by the number of Continuum of Care meetings attended during 2020-2021.

Agency's Participation in the CoC Meetings (applies to only one category)	**Possible Points**
A. Agency participation on at least one CoC committee	1
B. General membership attendance/Annual retreat	1
C. Organization represented at 5 or more meetings	2
E. Narrative of CE agency involvement.	2
Total:	6

A. Does your agency participate in at least one CoC committee, and, if so, which one (s)?

Yes: participated: 1 point
No: 0 points

B. How many CoC general membership meetings including the Annual Retreat was your organization represented at in the last fiscal year?

Yes: participated in meeting(s): 1 point
No: 0 points

C. Was the organization represented at five or more Alliance meetings (GM, board, committee or workgroup)?

Yes: participated in 5 or more: 2 points
Less than 5: 0 points

D. How does your agency provide equal access within Coordinated Entry?

Narrative provided: 2 points
No narrative: 0 points

Additional Narrative

Note: This is not a scored area for this year.

E. Please describe the mainstream and other community-based resources and partnerships your agency has to sustain permanent exits from the program (ex: job training, life skills, treating substance abuse, etc.).

F. Does your agency use data and evidence to measure cost-effectiveness, impact of homelessness programs on positive outcomes, recovery, self-sufficiency, and reducing homelessness? If yes, please explain in detail.

G. Does your agency work with local employment agencies and employers for training and employment opportunities for persons in project? If yes, please explain in detail.

H. How does your agency connect participants to mainstream health (e.g., local and state health agencies, hospitals)?

Appeals Process

An appeals process will be available for renewal projects that do not pass the scoring threshold (65%).

All appeals will be reviewed by a group established by the Alliance for Housing Board of Directors and Project Review Committee. Members of the Appeals Committee will not have any projects that receive HUD CoC Homeless Assistance Program funding.

- Appeals must to be submitted in writing via email to lmccall-alliance@oaklandhomeless.org . Address all appeals to the Appeals Committee/prioritization committee and submit the following details: the issue being appealed, the argument for overturning the score, and evidence to support the argument. Please ensure that your appeal is concise and includes appropriate detail to process the review. Changes made to the project after application will not be considered.

- The appeal must be received by the close of the business day within 5 business days of the communication of denial of eligibility to submit for funding. Submission must be received in a type written format (with attachments if appropriate) electronically.

- The decisions of the Appeal/prioritization Committee are final.

- Applicants that are rejected may also appeal directly to HUD by submitting a Solo Application prior to the deadline per the 2021 NOFO.

Attachment Checklist:

- ☐ HMIS Reports- Run report for 8/1/2020 to 7/31/2021
  - CoC - APR (canned report)
- ☐ Line of Credit Control System (ELOCCS print out from draws)
  - Evidence of drawdown of funds at least quarterly
- ☐ Financial Performance Evidence from an Independent Auditor Report

_____
_____
_____
_____

_____ (agency) confirms it has read, reviewed and is in compliance with the FY2021 NOFO as well as ensured has a Code of Conduct that complies with the requirements of 2 CFR part 200 and is included on HUD's website.

Please sign and date below.

_____ _____

(Sign) (Date)

Component # 4: Program Performance
85 points

Performance will be evaluated and scored using data from a variety of sources. Comments are added to each box to describe where you can find the element. Cells highlighted in grey will autocalculate. Only answer the questions relevant to the specific project type for each renewal. *It is recommended to complete this application in Excel and save as PDF for submission.*

Reports need to be run for **8/1/2020 to 7/31/2021** regardless of the grant term. Reports required to complete this section:

[ ] **CoC - APR (canned report)**

*** Canned reports need to be submitted as a PDF and can be done directly in the browser settings.

Please contact hmishelp-alliance@oaklandhomeless.org if you have HMIS or ART related questions.

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1. Length of Stay (Days) 20 points	**Factor/Goal**	**Max Point Value**
[ ] **RRH** - Average Length of days from project entry to housing move in	<43 days	20 points
	Factor/Goal	**Max Point Value**
[ ] **PSH** - Average length of days from project entry to housing move-in	<64 days	20 points
[ ] **TH** - Average length of stay in project for leavers	<232 days	20 points

2. Exits to Positive Housing Destination (25 pts)	**Factor/Goal**	**Max Point Value**
RRH/PSH/TH – Percent total persons exited to positive housing destination	90%	25 points
[ ] Total Percentage		

3. New or Increased Earned Income (10 pts)	**Factor/Goal**	**Max Point Value**
A. [ ] **RRH/PSH/TH** - Minimum % of participants with new or increased income for project *stayers*	7%	5 points
B. [ ] **RRH/PSH/TH** - Minimum % of participants with new or increased income for project *leavers*	9%	5 points

4. New or Increased other (Non-Employment) Income (10 pts)	**Factor/Goal**	**Max Point Value**
A. [ ] **RRH/PSH/TH** - Minimum % of participants with other (non-employment) income for project stayers	31%	5 points
B. [ ] **RRH/PSH/TH** - Minimum % of participants with other (non-employment) income for project *leavers*	28%	5 points

5. Project Effectiveness (A=10 points; B= 10 points; Total points available=20) (RRH, PSH, TH)	**Factor/Goal**	**Max Point Value**
A. #DIV/0! **RRH/PSH/TH** - Minimum % leavers with health insurance. [ ] 1 Source of Health Insurance + [ ] More than 1 Source of Health Insurance / [ ] Number of Leavers	85%	10 points
B. #DIV/0! **RRH - Cost Effectiveness** [ ] Total Cost of Project [ ] Total Persons Served	<$2500	10 points
C. #DIV/0! **PSH- Cost Effectiveness** [ ] Total Cost of Project / [ ] Total Persons Served	<$6000	10 points
D. #DIV/0! **TH - Cost Effectiveness** [ ] Total Cost of Project / [ ] Total Persons Served	<$5000	10 points

Component # 5: HMIS Compliance
34 Points

HMIS compliance will be evaluated and scored using data from a variety of sources. Comments are added to each box to describe where you can find the element. Cells highlighted in grey will autocalculate. Cells highlighted in black will be provided by the HMIS SA1 or CoC Director. Only answer the questions relevant to the specific project type for each renewal.

Reports need to be run for **8/1/2020 to 7/31/2021** regardless of the grant term. Reports required to complete this section:

[ ] **CoC - APR (canned report)**

Please contact hmishelp-alliance@oaklandhomeless.org if you have HMIS or ART related questions.

---

1. HMIS Operation	**Factor/Goal**	**Max Point Value**
A. Average utilization rate.	98%	4 Points

	[ ]	Total Beds Written in FY19 Application
#DIV/0!	[ ]	January
#DIV/0!	[ ]	April
#DIV/0!	[ ]	July
#DIV/0!	[ ]	October

B.	[ ]	Clients entering project have a completed VI-SPDAT.	95%	4 Points
C.	[ ]	Was your most recent APR submitted to SAGE on time?	Yes	2 Points

2. Data Quality		**Factor/Goal**	**Max Point Value**
A.	[ ]	Were the Reports Required for this Application Run Correctly?	Yes	2 Points
B.	[ ]	Was this Application Completed Correctly?	Yes	2 Points

C.		Attended 12 monthly Agency Administrator/Data Quality meetings.	Yes	2 Points
D.		Submitted all monthly data quality reports to the Oakland County HMIS System Administrators.	Yes	2 Points

E. Personally Identifiable Information- % Error Rate

%	Name	<5%	1 Point
%	SSN	<5%	1 Point
%	Date of Birth	<5%	1 Point
%	Race	<5%	1 Point
%	Ethnicity	<5%	1 Point
%	Gender	<5%	1 Point

F. Universal Data Elements % Error Rate

%	Veteran	<5%	1 Point
%	Project Start Date	<5%	1 Point
%	Relationship to HoH	<5%	1 Point
%	Client Location	<5%	1 Point
%	Disabling Condition	<5%	1 Point

G. Income and Housing Data Quality % Error Rate

%	Destination	<5%	1 Point
%	Income and Sources at Start	<5%	1 Point
%	Income and Sources at Annual Assessment	<5%	1 Point

%	Income and Sources at Exit	<5%	1 Point

H. Chronic Homelessness % Of Records Unable to Calculate

%	TH or PH (RRH & PSH)	<5%	1 Point

1. Length of Stay (Days) - From Project entry to Housing Move-in (RRH,PSH) and Length of Participation in Days (TH)

RRH	PSH	TH	Points
0-43 days	0-64 days	0-232 days	20
44-86 days	65-127 days	232-463 days	15
87-130 days	128-192 days	464-696 days	10
131-173 days	193-256 days	697+929	5
174+ days	257+ days	930+ days	0

2. Exits to Permanent Housing

RRH	PSH	TH	Points
90-100%	90-100%	90-100%	25
85-89%	85-89%	85-89%	20
80-84%	80-84%	80-84%	15
75-79%	75-79%	75-79%	10
0-74%	0-74%	0-74%	5

3. and 4. New or Increased Non-Employment Income and Earned Income (20 possible total points)

5 points given for meeting listed threshold for each. This is not a tiered question. The factor/goal is based on the average of the project types for the measure

5. Project Effectiveness

A. Health Insurance

RRH/PSH/TH	Points
85-100%	10
70-84%	8
55-69%	6
0-54%	0

Cost Effectiveness

B.

RRH	Points
<$2500	10
$2500-$3000	8
$3000+	0

PSH	Points
<$6000	10
$6000-$6500	8
$6500-$7000	6
$7000-$7500	4
$7500-$8000	2
$8000+	0

TH	Points
<$5000	10
$2500-$3000	8
$3000+	0

Component # 5: HMIS Compliance

1. HMIS Operation

A	Points
>98%	1
<98%	0

1 point awarded per data element

B	Points
95%+	4
90%-94%	3
85-89%	2
80%-84%	1
0%-80%	0

C	Points
Yes	2
No	0

2. Data Quality

A	B	C	D	Points
Yes	Yes	Yes	Yes	2
No	No	No	No	0

E	F	G	H	Points
<5%	<5%	<5%	<5%	1
>5%	>5%	>5%	>5%	0

1 point awarded per data element

ALLIANCE FOR HOUSING
OAKLAND COUNTY'S CONTINUUM OF CARE

REQUEST FOR PROPOSALS-New DV Bonus Project(s)

The Alliance for Housing is requesting proposals for funding under the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Homeless Assistance Program.

This Request for Proposals (RFP) is for Alliance for Housing, Oakland County Continuum of Care (CoC) partners to work with the Alliance to support those experiencing domestic violence (DV) in the community. The CoC is looking for proposals to expand these services to include a project that will provide Support Services Only for Coordinated Entry (SSO-CE) specifically for DV; and a Rapid Rehousing (RRH) project for expansion OR a new RRH project specifically for the DV population. Please see the FY2021 NOFO for full requirements. The DV bonus amount for Oakland County is $807,966. Out of the proposals received the Alliance Prioritization Committee will choose one DV SSO-CE and one DV RRH project to be added to the new applications in the FY21 HUD Tier 1 & Tier 2 ranking process. Agencies are eligible to apply for both.

- Potential sub-recipients must meet the eligibility requirements of the CoC Program as described in 24 CFR part 578 and provide evidence of eligibility required in the application (e.g., nonprofit documentation).
- Potential sub-recipients must demonstrate the financial, management capacity and experience to carry out the project as detailed in the project application as well as administer Federal funds. Demonstrating capacity may include a description of the sub-recipient experience with domestic violence, dating violence, sexual assault, stalking or human trafficking.
- Potential sub-recipients must address their involvement with Homeless Management Information System (HMIS)/comparable system.
- Project applicants must submit the required certifications as specified in the NOFO, for example, SAM registration, DUNS number. Eligible project applicants for the CoC Program Competition are found at 24 CFR 578.15, must also comply with SSO/RRH requirements at 24 CFR 578.37.

The two projects that the Alliance for Housing will be accepting applications for in the HUD FY2021 DV bonus applications are:

1. **Supportive Services Only Projects for Coordinated Entry (SSO-CE)** to implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking, human trafficking (e.g. to implement policies and procedures that are trauma-informed,

client-centered or to better coordinate referrals between the CoC's coordinated entry and the victim service providers coordinated entry system where they are different). Project descriptions should include a plan incorporate a measurement tool to determine vulnerability for those attempting to flee DV (Cat 4) to integrate with the community established thresholds and prioritization policies within the community's coordinated entry system.

2. **Rapid Rehousing (RRH) component project** Projects must follow a Housing First approach. RRH project can provide medium term rental assistance (4 – 24 months). This RRH project will only be funded to expand a current RRH that serves DV OR a new RRH project. This can include admin and support services in addition to the housing portion. Please include numbers of households served within the RRH component in the concept paper.

Interested applicants are requested to submit a two to eight-page concept paper for each of the descripted projects above, with a proposed budget including 25% match (in-kind or cash) depending on the project type. All proposed projects may only request HUD funding for activities and services as allowed under the HUD FY2021 NOFO under the above two categories, as defined in Section II.B.11.e in the NOFO. Please read the Continuum of Care FY2021 NOFO in its entirety before submission. Your concept paper should address the following components:

- Description of the proposed project
- A trauma informed approach
- A client centered approach
- Housing First approach
- Community need
- Capacity/Experience
- Performance measurement outcomes
- Leveraging
- Linkage to mainstream resources
- How agency addresses racial disparities

Concept papers can be submitted to Ashley Burton via email at Aburton-alliance@oaklandoaklandhomeless.org by Wednesday, September 22, 2021 at 5:00 p.m. No proposals will be accepted after this timeline.

Concept papers will be judged by an independent panel of Alliance Board Members/ Prioritization Committee members. The committee will only fund one project per component (i.e. one new or expansion DV RRH and one DV SSO-CE project). Agencies are eligible to apply for both.

For additional information please contact Leah McCall at lmccall-alliance@oaklandhomeless.og or Kathy Williams at Williamska@oakgov.com

Bonus Scoring
Scoring for project proposals for the HUD FY2021 DV bonus:

**New in 2021, HUD is encouraging new or expansion projects that leverage existing housing resources and/or partner with healthcare organizations. Specific consideration will be given to projects that meet these criteria. For more information, please see pages 77-78 of the 2021 NOFO.

1. 5 points: Partial response
   10 points: Full response – including all areas of below explanation
   SSO-CE AND RRH:
   Provide a clear explanation of how the project will use a housing first approach, client centered approach and trauma informed approach.

2. 5 points: Partial response
   10 points: Full response – including copy of sample job description
   SSO-CE:
   Provide explanation how receiving this project will enhance policies and procedures within the CoC and coordinated entry in the community for this population. What specific areas will you address within this project? Provide a sample job description that funds received would support.

3. 5 points: Partial response – just narrative
   10 points: Narrative with data included
   RRH:
   Provide data to quantify the need for this project and how expanding or creating a new RRH project will fill a gap in Oakland County.

4. 5 points: Partial response
   10 points: Full response – including all areas of below explanation
   RRH:
   Provide previous RRH performance or how you as a new applicant are currently serving survivors of DV, dating violence, sexual assault, stalking and human trafficking and how your agencies ability to house survivors and meet safety concerns will be met.

Issued: September 15, 2021

ALLIANCE FOR HOUSING

OAKLAND COUNTY'S CONTINUUM OF CARE

REQUEST FOR PROPOSALS SSO/CE Bonus

The Alliance for Housing is requesting proposals for funding under the U.S. Department of Housing and Urban Development (HUD) Continuum of Care Homeless Assistance Program.

This Request for Proposals (RFP) is for Alliance for Housing, Oakland County Continuum of Care (CoC) partners to work with the Alliance as a sub-grantee for a project that will provide Support Services Only for Coordinated Entry (SSO-CE). Please see the FY2021 NOFO for full requirements. The Alliance will fund no more than two applicants for this award in total for $278,083. The Alliance will hire a full-time position for SSO-CE Homeless Management Information System (HMIS) technical assistance and training. The applicant must be able to meet 25% of asked budget in match (in-kind or cash) per requirements of HUD grant recipients in their proposal.

Interested applicants are requested to submit a concept paper (minimum of 2 pages, up to 10 pages) the proposed project, with an accompanying budget. The proposed project must meet the continuum requirements for funding applicants. Project applicants must submit the required certifications as specified in the NOFO, for example, SAM registration, DUNS number. Eligible project applicants for the CoC Program Competition are found at 24 CFR 578.15. Please read the Continuum of Care FY2021 NOFO in its entirety before submission, agencies must also comply with SSO requirements at 24 CFR 578.37.

The concept paper should address the following components:

- Description of the proposed project- with detail of activities included for CE regarding steps that will be taken to ensure traditionally marginalized populations (such as racial and ethnic minorities and persons with disabilities, LGBT) will be addressed in an outreach component.
- Describe in detail how your agency will assist with in linking non- CoC funded partners to coordinated entry (i.e MOU, scheduled outreach plan, marketing/advertisement strategy).
- Complete required data entry into the Homeless Management Information System (HMIS).
- Describe the process to work collaboratively with the Alliance and other partners to deliver effective and efficient coordinated entry services.
- For purposes of this sub-grantee funding opportunity, describe how these funds will directly impact those in need of housing and what steps your agency/staff will take to link to housing opportunities. For example, using standardized assessment process, assist in obtaining needed documentation,

refer to housing registry or Veteran BNL, and assist in paperwork completion of HCV applications, housing application and, transportation.

- Work with the Alliance for Housing to update and add to existing CE policies and procedures.
- Address:
    - Housing first approach
    - Racial disparities
    - A trauma informed approach
    - A client centered approach
    - Equal access to housing regardless of sexual orientation or gender identity
    - Decriminalization of homelessness
    - Limited English proficiency
    - Advertisement strategy for those with the highest barriers, least likely to apply for housing assistance.
    - Ensure individuals are directed to appropriate housing/services that fit their needs.
    - Specific plan to coordinate and integrate with other mainstream health, social services, employment, and benefits.
- Explain how being a sub-grantee will provide additional community support services to individuals experiencing homelessness.
- Capacity/Experience
- Performance measurement outcomes that directly relate to additional coordinating dollars/staffing, number of persons served etc.
- Timeframe for project milestones: new staff hired from time of signed grant agreement, describe process to assist on documented 100% coverage of CoC's service area (Oakland County).

Concept papers can be submitted to Ashley Burton via email at aburton-alliance@oaklandhomeless.org by Wednesday, September 22, 2021 at 5:00PM. No proposals will be accepted after this timeline.

Concept papers will be reviewed by an independent panel of Alliance Board Members/Prioritization Committee members.

For additional information please contact Leah McCall at lmccall- alliance@oaklandhomeless.og or Kathy Williams at Williamska@oakgov.com

Issued: September 15, 2021

Tier 1	HUD FY2021							
Rank	Applicant Name	Project Name	Grant #	Project Type	Amount Requested	Amount Funded	Scoring Percentage	
1	Alliance for Housing	OCHMIS Consolidation	MI0128L5F042013	HMIS	$ 92,825.00	$ 92,825.00		
2	Community Housing Network, Inc.	OLeasing Assistance Program CG Consolidated	MI0122L5F042013	PH	$ 920,661.00	$ 920,661.00	94.56%	
3	South Oakland Shelter	2020-2021 LH PSH	MI0331L5F042011	PH	$ 121,309.00	$ 121,309.00	93.88%	
4	Community Housing Network, Inc.	OChronically Homeless Leasing Assistance Program 1 Renewal	MI0126L5F042013	PH	$ 315,739.00	$ 315,739.00	91.84%	
5	Training and Treatment Innovations, Inc	Housing Leasing Assistance # 1	MI0118L5F042013	PH	$ 621,041.00	$ 621,041.00	89.80%	
6	Community Housing Network, Inc.	Oakland Rapid Re-Housing Renewal	MI0431L5F042007	PH	$ 92,185.00	$ 92,185.00	83.67%	
7	Community Housing Network, Inc.	OChronically Homeless Leasing Assistance Program 5 Renewal	MI0445L5F042006	PH	$ 121,568.00	$ 121,568.00	83.63%	
8	Community Housing Network, Inc.	OChronically Homeless Leasing Assistance Program 2 Renewal	MI0127L5F042013	PH	$ 323,013.00	$ 323,013.00	82.99%	
9	South Oakland Shelter	Chronic Leasing Assistance Program 2	MI0395L5F042008	PH	$ 200,995.00	$ 200,995.00	79.62%	
10	Community Housing Network, Inc.	ORapid Re-Housing Program 2 Consolidation Renewal	MI0501L5F042005	PH	$ 553,955.00	$ 553,955.00	78.91%	
11	Community Housing Network, Inc.	OLeasing Assistance Program 2 Renewal	MI0129L5F042013	PH	$ 1,111,599.00	$ 1,111,599.00	77.55%	
12	South Oakland Shelter	2020-2021 LH RRH	MI0503L5F042005	PH	$ 153,021.00	$ 153,021.00	76.19%	
13	Common Ground	Graduated Apartment Program II	MI0115L5F042013	TH	$ 242,752.00	$ 242,752.00	75.51%	
14	South Oakland Shelter	2020-2021 LH Apt & Houses	MI0133L5F042013	TH	$ 238,428.00	$ 238,428.00	74.83%	
15	Michigan Department of Health and Human Services	PSH Oakland County Renewal 19	MI0135L5F042013	PH	$ 800,259.00	$ 800,259.00	70.75%	
16	South Oakland Shelter	2020-2021 LH Teen	MI0124L5F042013	TH	$ 144,243.00	$ 144,243.00	68.71%	
17	South Oakland Shelter	Chronic Leasing Assistance Program 1	MI0372L5F042009	PH	$ 408,057.00	$ 408,057.00	65.32%	
					$ 6,461,650.00	$ 6,461,650.00		Total Tier 1
Tier 2								
18	Alliance for Housing (Community Housing Network)	SSO-CE		SSO-CE	$ 323,083.00	$ 323,083.00		
19	Training and Treatment Innovations (HAVEN)	DV-RRH		DV-RRH	$ 334,456.00	$ 290,456.00		
20	South Oakland Shelter	DV-SSO-CE		DV-CE	$ 175,403.00	$ 175,403.00		
21	South Oakland Shelter	DV-RRH		DV-RRH	$ 632,563.00	$ 342,107.00		
					$ 1,465,505.00	$ 1,131,049.00		Total Tier 2
NOT RANKED								
	Alliance for Housing	Planning Grant				$ 193,850.00		Planning Grant Total
						$ 7,592,699.00		Community Total
						$ 7,786,549.00		Total Fund Requested

82.9%

CHN
OCHLAPS
PSH

ALLIANCE FOR HOUSING

Alliance for Housing FY2021 Scoring

Renewal Project Scoring Overview

		POSSIBLE POINTS	POINTS SCORED
#1	Financial Performance	14	14
#2	Consumer Satisfaction	8	8
#3	CoC Participation	6	6
#4	Program Performance	85	62
#5	HMIS Compliance	34	32
Total Points Possible		147	122

CRITERIA	FACTOR/ GOAL	POSSIBLE POINTS	POINTS SCORED
FINANCIAL PERFORMANCE			
Grant Expenditures; % of grant funding expended during last project year	**100-98%**	**10**	10
Quarterly Drawdown of funds; Minimum of quarterly drawdown	**Y/N**	**4**	4
	TOTAL	**14**	14

CONSUMER SATISFACTION			
Copy provided of participant feedback, survey	**Y/N**	**2**	2
Results of program satisfaction survey; project enhancement or change, Narrative	**Y/N**	**2**	2
Narrative of the survey results	**Y/N**	**2**	2
Participant involvement; Position on Board of Director's, peer counselor, participant advisory council, other similar role	**Y/N**	**2**	2
	TOTAL	**8**	8

CoC PARTICIPATION			
Agency Participation; at least one committee	**Y/N**	**1**	1
Agency Leadership; at least one workgroup	**Y/N**	**1**	1
Organization representation; 5 or more meetings	**Y/N**	**2**	2
Narrative of ending homelessness	**Y/N**	**2**	2
	TOTAL	**6**	6

PROGRAM PERFORMANCE			
1. Length of Stay	**Days** **RRH – 43** **PSH – 64** **TH - 232**	**20**	20
2. Exits to Positive Housing	**90%**	**25**	25
3. New or Increased Earned Income (RRH, PSH, TH)			
A. Minimum % of participants with new or increased income for project stayers	**7%**	**5**	0
B. Minimum % of participants with new or increased income for project leavers	**9%**	**5**	0
4. New or Increased other (Non-Employment) Income (RRH, PSH, TH)			
A. Minimum % of participants with other (non-employment) income for project stayers	**31%**	**5**	5
B. Minimum % of participants with other (non-employment) income for project leavers	**28%**	**5**	0
5. Project Effectiveness			
A. Minimum % leavers with health insurance	**85%**	**10**	10
B. RRH ONLY- Cost Effectiveness	**<2500**	**10**	
C. PSH ONLY- Cost Effectiveness	**<6000**	**10**	2
D. TH ONLY- Cost Effectiveness	**<5000**	**10**	
	TOTAL	**85**	

62

HMIS PERFORMANCE			
1. HMIS Operation			
A. Utilization rate	**98%**	**4**	
B. Clients entering project with completed VI-SPDAT	**95%**	**4**	
C. Submitted APR to SAGE on time	**Y/N**	**2**	
2. Data Quality			
A. Required APR run correctly	**Y/N**	**2**	
B. Application completed correctly	**Y/N**	**2**	
C. Attended 12 Agency Admin meetings	**Y/N**	**2**	
D. Submitted all monthly data quality reports	**Y/N**	**2**	
E. PII		**6**	
F. UDE		**5**	
G. Income and Housing DQ		**4**	
H. CH		**1**	
	TOTAL	**34**	

PROJECT:		
CHN 10646 OCHLAP5		
PROGRAM PERFORMANCE		
1. Length of Stay	**Days RRH – 43 PSH – 64 TH - 232**	**20**
2. Exits to Positive Housing	**90%**	**25**
3. New or Increased Earned Income (RRH, PSH, TH)		
A. Minimum % of participants with new or increased income for project stayers	**7%**	**5**
B. Minimum % of participants with new or increased income for project leavers	**9%**	**5**
4. New or Increased other (Non-Employment) Income (RRH, PSH, TH)		
A. Minimum % of participants with other (non-employment) income for project stayers	**31%**	**5**
B. Minimum % of participants with other (non-employment) income for project leavers	**28%**	**5**
5. Project Effectiveness		
A. Minimum % leavers with health insurance	**85%**	**10**
B. RRH ONLY- Cost Effectiveness	**<2500**	**10**
C. PSH ONLY- Cost Effectiveness	**<6000**	**10**
D. TH ONLY- Cost Effectiveness	**<5000**	**10**
	PROGRAM PERFORMANCE TOTAL	**85**

HMIS PERFORMANCE		
1. HMIS Operation		
A. Utilization rate	**98%**	**4**
B. Clients entering project with completed VI-SPDAT	**95%**	**4**

C. Submitted APR to SAGE on time	**Y/N**	**2**
2. Data Quality		
A. Required APR run correctly	**Y/N**	**2**
B. Application completed correctly	**Y/N**	**2**
C. Attended 12 Agency Admin meetings	**Y/N**	**2**
D. Submitted all monthly data quality reports	**Y/N**	**2**
E. PII		**6**
F. UDE		**5**
G. Income and Housing DQ		**4**
H. CH		**1**
	HMIS PERFORMANCE TOTAL	**34**

SCORE
20
25
0
0
5
0
10
2
62

4
4

Projects were awarded full points on this element as there was no report that was consistent across all 3 project types.

2
2
0
2
2
6
5
4
1
32

From: Leah McCall
To: mcraig@chninc.net
Cc: Ashley Burton; eburton@chninc.net; Taylor Eberhart
Subject: HUD FY21 DV bonus application determination
Date: Wednesday, September 29, 2021 5:25:58 PM
Attachments: Community Housing Network - DV RRH Expansion Bonus letter.pdf

---

Good afternoon, thank you for applying for the HUD FY21/Alliance for Housing bonus application. Please see the attached letter for the full response.

Thank you.

Sincerely,
Leah McCall, MA
Alliance for Housing
1 N. Saginaw Suite 208
Pontiac, MI 48342
248-221-1854
www.oaklandhomeless.org

From: Leah McCall
To: "Ryan Hertz"; Jenny Poma
Cc: Ashley Burton
Subject: SOS/LH SSO CES bonus application response
Date: Wednesday, September 29, 2021 5:25:19 PM
Attachments: LH.SOS - SSO - CE Bonus letter.pdf

Good afternoon, thank you for applying for the HUD FY21/Alliance for Housing bonus application. Please see the attached letter for the full response.

Thank you.

Sincerely,
Leah McCall, MA
Alliance for Housing
1 N. Saginaw Suite 208
Pontiac, MI 48342
248-221-1854
www.oaklandhomeless.org

ALLIANCE FOR HOUSING

Community Housing Network, Inc.
5505 Corporate Drive Suite 300
Troy, MI 48098

Mr. Craig,

This is to inform you that the Alliance for Housing, Oakland County's Continuum of Care has rejected your bonus application, DV-RRH Expansion, for funding under the HUD FY2021 Notice of Funding Opportunity.

The reason(s) for the rejection are:

- After detailed review of information, scoring and discussion with the Prioritization Committee, we have decided to go with another applicant for this bonus.

If you have any questions or would like to discuss your application, please call Leah McCall at 248 -221-1854 or email at lmccall-alliance@oaklandhomeless.org

We appreciate your interest and thank you for considering HUD FY2021 bonus funding this year.

Leah McCall, Executive Director
Alliance for Housing
248 -221-1854
lmccall-alliance@oaklandhomeless.org

ALLIANCE FOR HOUSING

South Oakland Shelter (dba Lighthouse MI)
46156 Woodward Ave
Pontiac, MI 48342

Mr. Hertz,

This is to inform you that the Alliance for Housing, Oakland County's Continuum of Care has rejected your bonus application, SSO-CE, for funding under the HUD FY2021 Notice of Funding Opportunity.

The reason(s) for the rejection are:

- After detailed review of information, scoring and discussion with the Prioritization Committee, we have decided to go with one applicant for this bonus.

If you have any questions or would like to discuss your application, please call Leah McCall at 248 -221-1854 or email at lmccall-alliance@oaklandhomeless.org

We appreciate your interest and thank you for considering HUD FY2021 bonus funding this year.

Leah McCall, Executive Director
Alliance for Housing
248 -221-1854
lmccall-alliance@oaklandhomeless.org

From: Ashley Burton
To: "OCTHAH@googlegroups.com"
Cc: Leah McCall
Subject: Alliance/HUD FY2021 Tier 1 & 2, Bonus and Planning Grant Information
Date: Thursday, September 30, 2021 9:40:00 AM
Attachments: Tier 1 Tier 2 Ranking FINAL.pdf

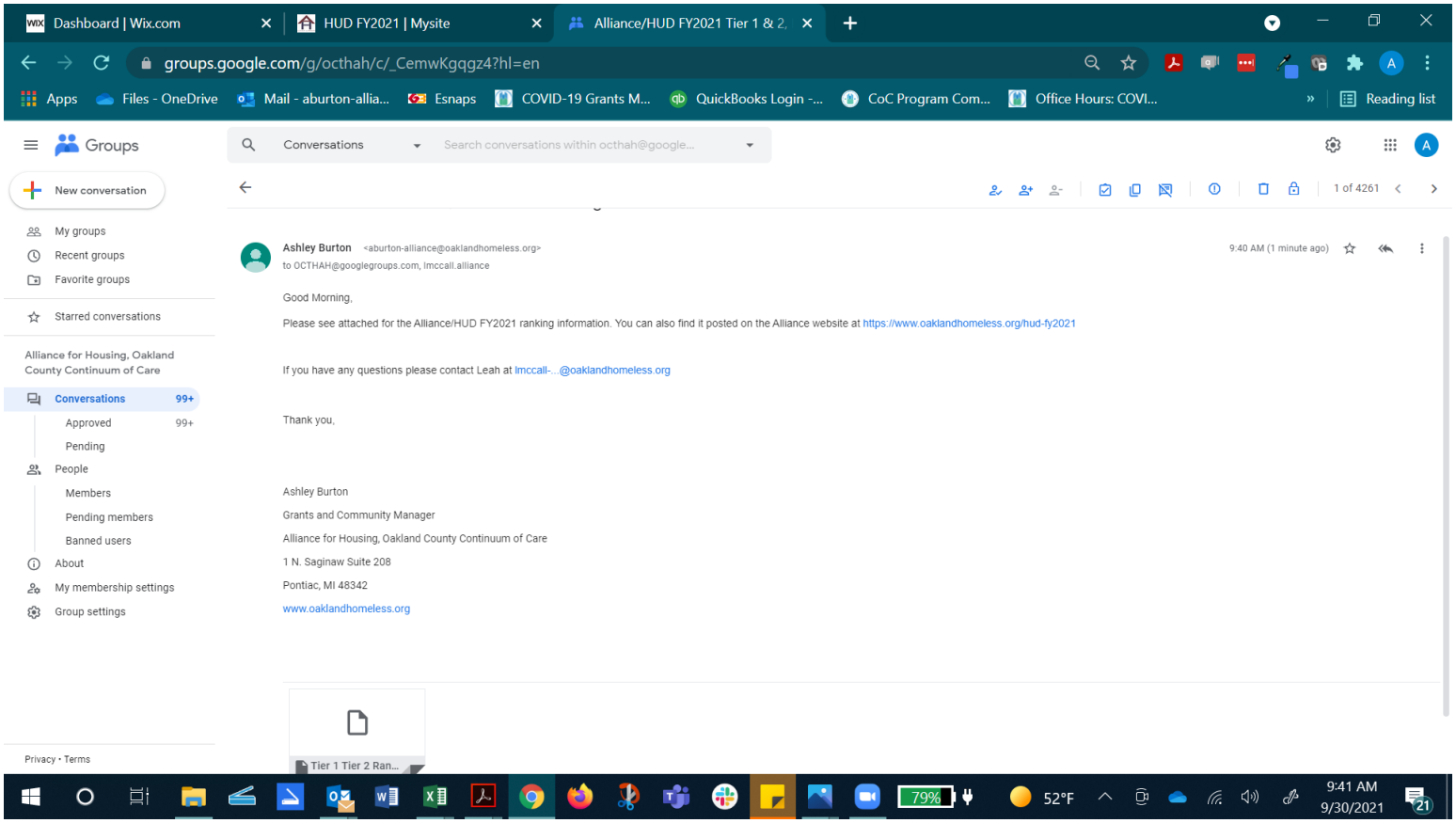
Good Morning,

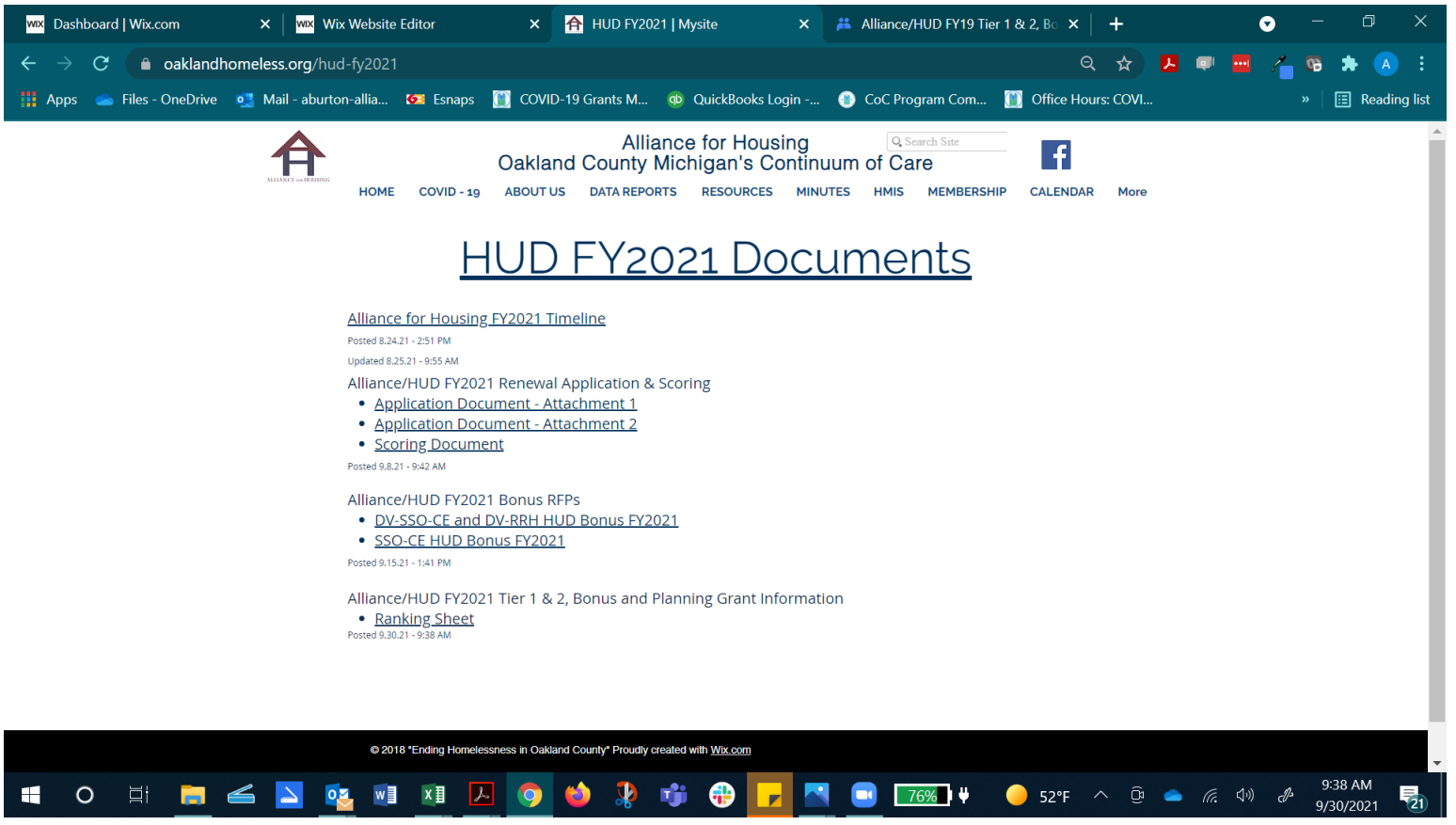
Please see attached for the Alliance/HUD FY2021 ranking information. You can also find it posted on the Alliance website at https://www.oaklandhomeless.org/hud-fy2021

If you have any questions please contact Leah at lmccall-alliance@oaklandhomeless.org

Thank you,

Ashley Burton
Grants and Community Manager
Alliance for Housing, Oakland County Continuum of Care
1 N. Saginaw Suite 208
Pontiac, MI 48342
www.oaklandhomeless.org


Dashboard | Wix.com
HUD FY2021 | Mysite
Alliance/HUD FY2021 Tier 1 & 2,
groups.google.com/g/octhah/c/_CemwKgqgz4?hl=en
Groups
Conversations
Search conversations within octhah@google...
New conversation
My groups
Recent groups
Favorite groups
Starred conversations
Alliance for Housing, Oakland County Continuum of Care
Conversations 99+
Approved 99+
Pending
People
Members
Pending members
Banned users
About
My membership settings
Group settings
Privacy • Terms
1 of 4261
Ashley Burton <aburton-alliance@oaklandhomeless.org>
to OCTHAH@googlegroups.com, lmccall.alliance
9:40 AM (1 minute ago)
Good Morning,
Please see attached for the Alliance/HUD FY2021 ranking information. You can also find it posted on the Alliance website at https://www.oaklandhomeless.org/hud-fy2021
If you have any questions please contact Leah at lmccall-...@oaklandhomeless.org
Thank you,
Ashley Burton
Grants and Community Manager
Alliance for Housing, Oakland County Continuum of Care
1 N. Saginaw Suite 208
Pontiac, MI 48342
www.oaklandhomeless.org
Tier 1 Tier 2 Ran...
79%
52°F
9:41 AM
9/30/2021


Dashboard | Wix.com
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oaklandhomeless.org/hud-fy2021
Alliance for Housing
Oakland County Michigan's Continuum of Care
Search Site
HOME
COVID - 19
ABOUT US
DATA REPORTS
RESOURCES
MINUTES
HMIS
MEMBERSHIP
CALENDAR
More
HUD FY2021 Documents
Alliance for Housing FY2021 Timeline
Posted 8.24.21 - 2:51 PM
Updated 8.25.21 - 9:55 AM
Alliance/HUD FY2021 Renewal Application & Scoring
Application Document - Attachment 1
Application Document - Attachment 2
Scoring Document
Posted 9.8.21 - 9:42 AM
Alliance/HUD FY2021 Bonus RFPs
DV-SSO-CE and DV-RRH HUD Bonus FY2021
SSO-CE HUD Bonus FY2021
Posted 9.15.21 - 1:41 PM
Alliance/HUD FY2021 Tier 1 & 2, Bonus and Planning Grant Information
Ranking Sheet
Posted 9.30.21 - 9:38 AM
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76%
52°F
9:38 AM
9/30/2021

Tier 1	HUD FY2021							
Rank	Applicant Name	Project Name	Grant #	Project Type	Amount Requested	Amount Funded	Scoring Percentage	
1	Alliance for Housing	OCHMIS Consolidation	MI0128L5F042013	HMIS	$ 92,825.00	$ 92,825.00		
2	Community Housing Network, Inc.	OLeasing Assistance Program CG Consolidated	MI0122L5F042013	PH	$ 920,661.00	$ 920,661.00	94.56%	
3	South Oakland Shelter	2020-2021 LH PSH	MI0331L5F042011	PH	$ 121,309.00	$ 121,309.00	93.88%	
4	Community Housing Network, Inc.	OChronically Homeless Leasing Assistance Program 1 Renewal	MI0126L5F042013	PH	$ 315,739.00	$ 315,739.00	91.84%	
5	Training and Treatment Innovations, Inc	Housing Leasing Assistance # 1	MI0118L5F042013	PH	$ 621,041.00	$ 621,041.00	89.80%	
6	Community Housing Network, Inc.	Oakland Rapid Re-Housing Renewal	MI0431L5F042007	PH	$ 92,185.00	$ 92,185.00	83.67%	
7	Community Housing Network, Inc.	OChronically Homeless Leasing Assistance Program 5 Renewal	MI0445L5F042006	PH	$ 121,568.00	$ 121,568.00	83.63%	
8	Community Housing Network, Inc.	OChronically Homeless Leasing Assistance Program 2 Renewal	MI0127L5F042013	PH	$ 323,013.00	$ 323,013.00	82.99%	
9	South Oakland Shelter	Chronic Leasing Assistance Program 2	MI0395L5F042008	PH	$ 200,995.00	$ 200,995.00	79.62%	
10	Community Housing Network, Inc.	ORapid Re-Housing Program 2 Consolidation Renewal	MI0501L5F042005	PH	$ 553,955.00	$ 553,955.00	78.91%	
11	Community Housing Network, Inc.	OLeasing Assistance Program 2 Renewal	MI0129L5F042013	PH	$ 1,111,599.00	$ 1,111,599.00	77.55%	
12	South Oakland Shelter	2020-2021 LH RRH	MI0503L5F042005	PH	$ 153,021.00	$ 153,021.00	76.19%	
13	Common Ground	Graduated Apartment Program II	MI0115L5F042013	TH	$ 242,752.00	$ 242,752.00	75.51%	
14	South Oakland Shelter	2020-2021 LH Apt & Houses	MI0133L5F042013	TH	$ 238,428.00	$ 238,428.00	74.83%	
15	Michigan Department of Health and Human Services	PSH Oakland County Renewal 19	MI0135L5F042013	PH	$ 800,259.00	$ 800,259.00	70.75%	
16	South Oakland Shelter	2020-2021 LH Teen	MI0124L5F042013	TH	$ 144,243.00	$ 144,243.00	68.71%	
17	South Oakland Shelter	Chronic Leasing Assistance Program 1	MI0372L5F042009	PH	$ 408,057.00	$ 408,057.00	65.32%	
					$ 6,461,650.00	$ 6,461,650.00		Total Tier 1
Tier 2								
18	Alliance for Housing (Community Housing Network)	SSO-CE		SSO-CE	$ 323,083.00	$ 323,083.00		
19	Training and Treatment Innovations (HAVEN)	DV-RRH		DV-RRH	$ 334,456.00	$ 290,456.00		
20	South Oakland Shelter	DV-SSO-CE		DV-CE	$ 175,403.00	$ 175,403.00		
21	South Oakland Shelter	DV-RRH		DV-RRH	$ 632,563.00	$ 342,107.00		
					$ 1,465,505.00	$ 1,131,049.00		Total Tier 2
NOT RANKED								
	Alliance for Housing	Planning Grant				$ 193,850.00		Planning Grant Total
						$ 7,592,699.00		Community Total
						$ 7,786,549.00		Total Fund Requested