

CONTINUUM OF CARE (CoC) BOARD

MAY 20, 2020 | 3:00 – 5:00PM

ZOOM MEETING (LINK WILL BE SHARED VIA EMAIL)

TIME	AGENDA ITEM
3:00pm	1. Call to Order
3:01pm	2. Welcome/Introductions
3:05pm	3. Approval of Agenda (ACTION)
3:06pm	4. Approval of Minutes (ACTION)
3:08pm	5. CoC Response to Coronavirus – <i>Morghan Williams Boydston, Office of Community and Economic Development (OCED) & Amanda Carlisle, Washtenaw Housing Alliance (WHA)</i>
3:40pm	6. COVID-19 Barrier Assessment Report – <i>Kate D’Alessio, Shelter Association of Washtenaw County (SAWC)</i>
3:55pm	7. Delegate Authority to the Executive Committee to Approve ESG-CV Funding Awards (ACTION) – <i>Anna O’Toole, OCED</i>
4:00pm	8. 2020 Continuum of Care Renewal Project Rubric (ACTION) – <i>Andrew Kraemer, OCED</i>
4:10pm	9. CoC Project Reallocation Policy (ACTION) – <i>Anna O’Toole, OCED</i>
4:20pm	10. CoC Pregnant Individuals Policy (ACTION) – <i>Morghan Williams Boydston & Anna O’Toole, OCED</i>
4:35pm	11. CoC Meeting Schedule (ACTION) – <i>Anna O’Toole, OCED</i>
4:40pm	12. Board Member Updates/Issues
4:55pm	13. Public Comment
5:00pm	14. Adjournment

ACTION ITEM SUMMARY

CONTINUUM OF CARE (CoC) BOARD | May 20, 2020

Delegate Authority to the Executive Committee to Approve ESG-CV Funding Awards

The Coronavirus Aid, Relief, and Economic Security (CARES) Act provided \$4 billion in Emergency Solutions Grant (ESG) funding to prevent, prepare for, and respond to increased demand for services due to COVID-19. Thus far, HUD has announced allocations for the first \$1 billion in ESG-CV funding. Washtenaw County will receive, direct from HUD, \$643,403 in ESG-CV funding. In addition, Washtenaw County will receive \$843,265 as part of the state's ESG-CV allocation. Additional phases of funding are expected in the coming weeks or months.

OCED is working closely with the Corporation for Supportive Housing, the Washtenaw Housing Alliance, and our CoC providers to determine community needs and best uses of funding. Once finalized, OCED will run a simplified Request for Funding process for ESG-CV funding under identified service categories. The CoC Funding Review Team (FRT) will make final funding recommendations. In order to ensure funds are deployed efficiently and swiftly, OCED requests that the CoC Executive Committee be given authority to approve the FRT's ESG-CV funding recommendations, should the CoC Board be unable to do so under the necessary timeline.

Current Action Needed:

Delegate authority to the CoC Executive Committee to approve ESG-CV funding awards.

Motion:

The CoC Board delegates authority to the CoC Executive Committee to approve ESG-CV funding awards.

Approval of 2020 CoC Renewal Project Scoring Rubric

As part of the local CoC funding competition process, each year CoC-funded projects are required to submit data on project and agency performance. The data submitted is incorporated into a rubric used by the Funding Review Team to score and rank projects for funding. In February 2020, OCED hosted a meeting to review the 2019 CoC Renewal Project Rubric, in an effort to determine if there were changes that stakeholders felt should be made prior to the 2020 CoC Funding Competition. All CoC-funded agencies and CoC Board Members were invited to attend the Rubric Review.

Attendees had a chance to ask questions and discuss proposed changes at the Rubric Review and were subsequently asked to complete a survey indicating their view on each proposed change. The explanatory report contained in the Board packet describes this process in detail. The rubric presented to the CoC Board is reflective of feedback provided by various CoC providers.

Current Action Needed:

Approval of the 2020 CoC Renewal Project Rubric.

Motion:

The CoC Board approves the 2020 CoC Renewal Project Rubric.

CoC Project Reallocation Policy

In the 2019 Continuum of Care (CoC) funding competition, the U.S. Department of Housing and Urban Development (HUD) awarded points to communities that have a written, CoC-approved project reallocation policy. OCED anticipates points will also be awarded for this in the 2020 CoC funding competition. Reallocation is the process by which funding for an existing, under-performing renewal project is transferred to create a new project. Reallocation must be done without increasing the overall renewal funding amount for which the CoC is eligible to apply; full or partial reallocation is possible.

The CoC Project Reallocation Policy presented is identical to the policy approved by the CoC Board in September 2019 and matches the CoC's historical reallocation process.

Current Action Needed:

Adoption of the Washtenaw County CoC Project Reallocation Policy.

Motion:

The CoC Board approves the Washtenaw County CoC Project Reallocation Policy.

CoC Pregnant Individuals Policy

CoC providers, WHA, OCED, and the CHP Committee have identified a need for a clear local policy on serving pregnant individuals in our CoC, and a comprehensive resource guide for providers serving pregnant clients. The policy and resource guide presented to the Board was developed with extensive feedback from the Ending Family Homelessness Leadership Team and was also discussed with the Ending Chronic Homelessness Leadership Team.

Key changes to current, unwritten practice include placing pregnant individuals on the individuals' by-name list (BNL) until they reach the third trimester, at which point the client would be added to the family BNL. In addition, under the new policy, pregnant clients in their first and second trimesters will be referred to individuals' resources, and to families' resources in their third trimester. Previously, all pregnant clients were placed on the family BNL and referred to family resources, regardless of their pregnancy term. The policy also outlines transfer procedures between Individual and Family RRH, should the need arise.

Current Action Needed:

Adoption of the Serving Pregnant Individuals in Continuum of Care Programs policy.

Motion:

The CoC Board approves the Serving Pregnant Individuals in Continuum of Care Programs policy.

CoC Board Meeting Schedule

To enable a rapid and flexible CoC response to the COVID-19 pandemic, it is proposed that the CoC Board meet monthly rather than bimonthly for the time being.

Current Action Needed:

Amend the CoC Board schedule to meet on the third Wednesday of every month.

Motion:

The CoC Board agrees to meet the third Wednesday of every month.

CONTINUUM OF CARE (CoC) BOARD

JANUARY 15, 2020 | 3:00 – 5:00PM

HURON ROOM, LEARNING RESOURCE CENTER | 4135 WASHTENAW AVE, ANN ARBOR

Board members present: D. Kelly, J. Little, J. Carlberg, J. Rosen, S. Dowling, J. Hieftje, K. Wyatt, L. Grant [for R. Weathers], R. Kraut, A. Seipelt, R. Smith, M. Conkin, H. Linky, N. Adelman, J. Hall, P. Smith, T. Gillotti.

OCED staff present: Morghan Williams Boydston, Anna O’Toole, Andrew Kraemer, Amin Al-Qadi

Members of the public: Barbara Niess-May [SafeHouse], Kim Montgomery [SafeHouse]

TIME	AGENDA ITEM
3:00pm	1. Call to Order J. Hieftje called meeting to order at 3:06pm.
3:01pm	2. Welcome/Introductions
3:03pm	3. Public Comment (<i>limited 2 minutes per person</i>) No public comment.
3:05pm	4. Approval of Agenda (ACTION) M. Conkin moved to approve agenda. R. Smith seconded. There was no further discussion and the motion carried with no opposition.
3:06pm	5. Approval of Minutes (ACTION) A Seipelt moved to approve the minutes. R. Kraut seconded. There was no further discussion and the motion carried with no opposition.
3:08pm	6. Select CoC Board Chairs & Secretary (ACTION) Both Board Co-Chairs and the Board Secretary position terms expire in January and are open for nominations. No nominations were received prior to the Board meeting; no interest was indicated at the meeting. J. Hieftje and R. Smith offer to continue serving as Board Co-Chairs, and D. Kelly offers to continue serving as Secretary. J. Little moved to approve selection. M. Conkin seconded. There was no further discussion and the motion carried with no opposition.
3:15pm	7. 2020 CoC Board Calendar Approval (ACTION) – Anna O’Toole, Office of Community and Economic Development (OCED) The 2020 Board Calendar is largely the same as last year. Only small changes are suggested for this year, including changing PIT debrief from February to May, adjusting dates for the CoC committee reports, adding a Governance Charter update in February, and Board elections in August. A. Seipelt moved to approve the 2020 CoC Board calendar. R. Smith seconded. There was no further discussion and the motion carried with no opposition.

3:25pm

8. CoC Systems Collaboration & Efforts

- a. State Innovation Model (SIM) Project Updates – *Dan Kelly, Shelter Association of Washtenaw County (SAWC) and Amanda Carlisle (Not Present), Washtenaw Housing Alliance (WHA) Anna O'Toole, (OCED) in place of Amanda C.*

SIM Project involves Diversion, Discharge Planning, and System Modeling. So far there have been two well-attended Diversion trainings for CoC service providers. The core group of providers for the pilot Diversion program include SAWC, HAWC, PATH, and Ozone House. They meet every two weeks to track their progress. The final report on the pilot program will be unveiled at the WHA meeting on April 15th. At present, there have been 20-30 completed diversions, mostly done by HAWC.

The SIM program is continuing to build relationships with hospitals around Discharge Planning for homeless patients. An online tool, also an app for mobile use, has been designed for hospital social workers and discharge workers conducting the discharge process. They can access this tool to determine adequate services available in the homelessness and housing system for discharged clients. Hospitals have positively responded to the diversion tool.

In December 2019, Corporation of Supportive Housing (CSH) held a meeting on the system modeling project. On January 23rd a final report by CSH will be released detailing gaps found in the CoC system.

- b. Built for Zero (BFZ) Update – *Andrew Kraemer, OCED*

The majority of the BFZ work is done at Community Housing Prioritization (CHP) meetings. In April 2019, the CoC had its first CHP retreat of service providers and OCED staff and held a second in October 2019; CoC will continue to hold these retreats when appropriate.

In 2019, 55 chronically homeless individuals were housed—two fewer than in 2018. There has been a huge improvement on chronic homelessness documentation, which has helped lower the number of clients on the CHP By-name list. Washtenaw County was recognized for its achievement at Denver BFZ conference in October 2019. In the final 5 months of 2019, the length of time from client identification to housing was less than 90 days. In 2019, over 100 veterans were housed.

The CoC applied for Federal recognition from the US Interagency Council on Homelessness (USICH) that our community has effectively

ended veteran homelessness. We are still awaiting confirmation that our community has achieved this goal.

c. 2018 CoC Annual Report – *Morghan Williams Boydston, OCED*

The CoC Annual report only focuses on CoC resources to end homelessness, not the resources of the community at-large. The CoC has seen a 55% reduction in people entering and exiting the system since 2015. As of December 31, 2018, there were 762 people on the CHP list. Throughout 2018, 3,312 people experienced literal homelessness in Washtenaw County. So while our system has seen progress this year, the CoC still lacks the resources needed to address the overall need. The average length of time between clients entering and exiting the system is 135 days. We continue to see people of color, especially black, experiencing homelessness at a higher rate. On average, it cost \$503 to prevent homelessness; this does not include funds from Barrier Busters or congregation funds from outside of the CoC. Including funding sources from outside of the CoC, an average of \$1,500 is spent per client.

In 2019, 98 households were placed in Permanent Supportive Housing (PSH) and 346 households were rehoused through Rapid Re-Housing (RRH). Rehousing families in 30 days or less is a nation-wide best practice goal, but it is unfortunately not realistic in terms of available resources in the community. In 2018, Washtenaw County was at an average of 57 days from entry to housing for families.

The CoC continues to reach for its goals of ending veteran homelessness, chronic homelessness, and increasing funding and resources to meet these goals. The CoC continues to improve the relationship between law enforcement and the CoC. In 2019, the CoC will place an emphasis on improving Racial Equity in the system.

4:15pm

9. Washtenaw Housing Alliance Update – *Amanda Carlisle, WHA*

A. Carlisle not present. Written update was provided to Board members and sent via email after the meeting.

4:25pm

10. OCED Updates – *Anna O’Toole, OCED & Morghan Williams Boydston, OCED*

a. Tier 1 CoC Funding Announcement

CoC has received a slight increase in Tier 1 project funding; this is mostly to keep up with fair market rent rates. The CoC was awarded a DV Bonus Project, funded at \$155,000. We have not yet received Tier 2 funding, but OCED will update the CoC when notification is received.

b. Upcoming CoC All-Membership and other meetings

- CoC Funding Competition Rubric Review on February 13
- CoC All-Membership meeting on February 18th
- SIM project meeting on January 23rd

c. Discussion of Governance Charter update

CoC is required to update Governance Charter annually, and the version presented today will be voted on at the All-Membership meeting in February. OCED is proposing three amendments to the Governance Charter:

- Add the three CHP Leadership Teams (Ending Family Homelessness Leadership Team; Ending Chronic Homelessness Leadership Team; Ending Veteran Homelessness Leadership Team) to the official CoC Committee list
- Change frequency of committee updates to CoC Board to twice annually rather than quarterly to better fit the Board's meeting schedule
- Add a Board seat for DV representative; this member would be nominated by All-Membership

d. Equity Update

CoC is examining findings from the Racial Equity focus groups that were convened between August and December 2019. Findings will be compiled in a report and shared with the Board. OCED has also been holding equity trainings with the Diversion pilot group and will continue to do so more broadly.

e. Point-in-Time Count Update

The PIT Count will take place on January 29th from 10pm-2am. A community debrief on the results will be held in May.

4:40pm

11. Board Member Updates/Issues

M. Conkin states Salvation Army is looking to relocate its Ypsilanti property and are hoping to move in February; the current location will be put up for sale. HAWC will relocate three rehousing resource staff to the new location, and the family shelter assessment staff member will be on-site three days a week. Their office location will be on Packard near Golfside, near the bus line. The ultimate goal is to have one community Salvation Army location along the Carpenter Rd corridor.

Prospective Avalon property in Dexter is receiving pushback. Community meetings are coming up, so please ask community members for their support of affordable housing/supportive housing. The pushback is caused by a multitude of issues including racial bias, the location's proximity to a school, and lack of community knowledge on success of the supportive housing system.

J. Rosen states an assembled team of stakeholders and providers are leveraging work from the CoC and SIM mapping to look at the service systems in order to make these systems friendlier. The group will report back to CoC Board when final report is ready in May/June.

K. Wyatt states Sheriff Clayton will be on panels for Dexter Avalon projects and advocating that supportive housing makes communities safer.

Additionally, a study on incarceration in MI produced recommendations for the entire state of MI that have the potential to impact homelessness. If the study's recommendations are approved by the state legislature, they will help keep people out of the jail system and have positive impacts across the state. The Sheriff is asking the County Board of Commissioners and the Cities of Ypsilanti and Ann Arbor Boards to approve the study's proposals. It has 18 recommendations and is bipartisan. Study recommendations also called for funding to Victim Services; MI currently does not have funding for this.

S. Dowling states the VA is contracted with SAWC for emergency beds, and the prior contract ended on September 30, 2019. New contract has been awarded for 5 beds for the next 5 years. Additionally, 11 more VASH vouchers were granted by HUD to Washtenaw County. The Ann Arbor Housing Commission will work with the VA on these.

D. Kelly states Winter Shelter and Rotating Shelter are up 15%. SAWC is conducting more focus groups with guests, and they have had positive reactions to the groups. Majority of participants are asking for housing. More case management has been present in the evening. A Crisis Team, led by CMH, will be at SAWC in the evening.

T. Gillotti states 1,000 rent-controlled units have been lost in Washtenaw County over the last few years and an increase in family homelessness has been seen due to this. There is a 3-year tenant protection clause that requires a 3-year delay in charging market rate rent on units where subsidized housing used to be present. However, new incoming tenants can be charged market rate rent.

4:50pm
5:00pm

12. Public Comment (*limited 2 minutes per person*) No public comment

13. Adjournment

T. Gillotti moved to approve adjournment. R. Smith seconded.

J. Hieftje adjourned meeting at 3:56pm

Homeless System Response: Changes to Coordinated Entry Prioritization to Support and Respond to COVID-19

Background

As Continuums of Care (CoCs) across the country respond to the COVID-19 pandemic, many are asking about the role of Coordinated Entry (CE) in their response efforts. HUD strongly encourages CoCs to contact local public health departments, Healthcare for the Homeless agencies, and other local health partners to ensure the unique needs and opportunities related to the homeless service system are incorporated. CoCs can take steps now to implement community changes to further protect and prioritize families and individuals experiencing homelessness. Coordinated Entry remains a requirement for CoC and ESG projects and can be used to meet urgent housing needs associated with COVID-19 risk factors. CE policies have the potential to protect those most vulnerable to the virus' severe effects by speeding up connections to permanent housing for people at high risk of COVID-19 complications.¹ CE system grants may be utilized to review and adapt workflow, intake, assessment, and service approaches that may impact participants' access to services and housing.

Changes to Coordinated Entry Prioritization to Support and Respond to COVID-19

CE systems should actively evaluate policies and procedures affecting access and interventions for different subpopulations based on vulnerability to public health outbreaks. Communities are always encouraged to evaluate and adjust their prioritization policies based on evolving information and circumstances, including new or improved data, changing needs and priorities, and available resources. The spread of COVID-19 has created new, urgent needs and has shifted priorities in communities throughout the country. With new and expanded resources available through the CARES Act, communities should make sure their prioritization criteria efficiently and accurately targets resources to families and individuals impacted by or at high risk of being impacted by COVID-19. This is a crucial moment to make these changes as systems like justice and healthcare are rapidly updating their operations in response to the outbreak; both of which could dramatically impact the flow of families and individuals into homelessness.

What populations need to be prioritized for permanent housing due to COVID-19?

During this public health crisis, [people at high risk of developing severe COVID-19 symptoms](#) (those 65+ and people of all ages with underlying medical conditions, per the CDC) are at higher risk of death than most others living in congregate settings or unsheltered. Rehousing this high-risk population will limit the spread and impact of COVID-19, so prioritization policies should support swift assessment and rehousing for anyone meeting ANY of the risk factors indicated by the CDC. CoCs should continue working with local health partners, including public health authorities, and monitoring [CDC guidance](#) to maintain an updated understanding of who is most vulnerable to severe illness or death from COVID-19 and adjust prioritization criteria as appropriate. The science is changing as we learn more about COVID-19 and the CE assessment and prioritization process needs to adapt accordingly.

One original goal of creating CE systems was to ensure that we were not leaving out the most vulnerable among those experiencing homelessness. However, despite the implementation of CE systems, Black people, people of color, and LGBTQ - identified people continue to have longer periods of homelessness, longer times to be housed, and higher

¹ The policies discussed in this document are those established through Coordinated Entry to prioritize households for referral to permanent housing resources. CoCs should consult with their local public health authorities around referral pathways into temporary isolation and quarantine facilities.

rates of returns to homelessness. Black people and people of color also experience [disproportionate impacts of COVID-19](#). These health and housing disparities represent high vulnerabilities that CE assessment and prioritization processes should be actively addressing. Although CoCs cannot set prioritization based solely on protected classes, CoCs can and should prioritize the vulnerabilities created by the compounding effect of other systems' inequities that contribute to people of color experiencing homelessness and impacts of COVID-19 at higher rates. Consider, for instance, housing barriers such as criminal records, poor credit histories, and histories of evictions—all of which disproportionately impact people of color—as vulnerabilities, as these factors often contribute to difficulties accessing and maintaining housing.

As new and additional permanent housing resources are developed, communities should also consider the opportunity to prioritize people based on much simpler criteria, even when that includes a large number of people. For example, if resources allow large numbers of people in unsheltered locations, congregate shelters, or temporary non-congregate shelters to be moved into permanent housing, then sophisticated assessment and prioritization could be unnecessary. CE system prioritization in nearly every community across the country has been shaped by a scarcity of resources, and CE policies must adapt to quickly and effectively use the current resources to rehouse people who otherwise have been left without options.

How must the Coordinated Entry assessment process change to collect the information needed for adjusted prioritization policies?

CE managers, access and assessment providers, current or former participants with lived expertise, working groups or other system-level committees, CoC and HMIS Lead agencies, and ESG recipients should be involved to implement and evaluate your prioritization strategy. This may require temporary changes to your governance or leadership structure and decision-making process. Your system should have the ability to evaluate, update, and implement changes in 10 days or less. Ensure you have discussed and communicated changes with all individuals or organizations who will be directly involved.

Jails, prisons, hospitals, and other institutions have prioritized diverting or releasing individuals to reduce populations and protect public health. CoCs should collaborate closely with mainstream systems discharging individuals to ensure at-risk and vulnerable populations have identified housing resources or access to Coordinated Entry.

As always, when considering changes to prioritization policies, it is important to think about who is likely to shift to a lower priority as a result of those changes. Each community can and should shift its policies in light of COVID-19 to prioritize those who are currently most vulnerable, but it is important to keep the broader population in mind when doing so and consider potential effects on (and alternative supports and resources still available to help) those who will not immediately be prioritized for permanent housing resources.

What specific tasks need to be completed to implement this strategy?

Prioritization policies should continue to change in response to additional learning, adjustments in resources available, and evolving needs of your community. The following steps will assist you in assessing, updating, and implementing changes to your policies and procedures:

- Create values to specifically address your community's immediate needs and guide decisions.
- Merge leadership teams and staffing to review, approve, and evaluate ongoing implementation.
- Identify processes that can or must be simplified to reduce time and increase staff capacity. This should include identifying recipients who are utilizing [available CoC, ESG, and HOPWA waivers](#).
- Document how current prioritization standards will change, which projects will be impacted (e.g. Diversion, Emergency Shelter, Permanent Supportive Housing, Rapid Rehousing, etc.), eligibility criteria, priority populations, and the applicable time period of changes.
- Update your assessment process and tools to allow for collecting the minimum required information for prioritization and ensure diversion, housing-focused problem solving, flexible fund resources, and other resources are available and accessible for participants and staff during assessments.
- Implement accompanying changes to expedite the matching and referral process.
- Ensure housing programs receiving CE referrals have the guidance, tools, and logistics to facilitate move-ins while also following local public health orders.

- Communicate changes widely and in writing with remote/recorded training for new/updated tools or data entry processes.
- Meet frequently with leadership to monitor for further changes and evaluation of impact.
- Support efforts to reduce system-wide barriers to housing such as ID and documentation requirements.

Community Examples

The following communities have implemented changes to their prioritization policies due to COVID-19. CoCs can review these examples but should make decisions based on the unique conditions in their own communities, taking the above factors and questions into account:

Chicago Continuum of Care Expedited Housing Initiative

<https://allchicago.org/wp-content/uploads/2020/04/COVID-19-Expedited-Housing-Initiative-4.21.2020.pdf>

Washington State Temporary Changes and Suspensions for Coordinated Entry

<https://deptofcommerce.app.box.com/s/mx4yx38vuuhtq3uf2a45uxfmc6dccw8b>

State of Connecticut Rapid Re-Housing Prioritization

<https://cceh.org/wp-content/uploads/2020/03/COVID-19-DOH-Guidance-RRH-Prioritization-Paperwork-Requirements.pdf>

Greater Richmond Continuum of Care CE Policies and Procedures Addendum

http://endhomelessnessrva.org/images/Committees/Board/PoliciesStandards/GRCoc_CES_Emergency_Policies_and_Procedures.pdf

Rhode Island Continuum of Care Policies and Procedures Addendum

https://www.rihousing.com/wp-content/uploads/RI-CES-PP-COVID-addendum_4.15.2020_final.pdf



Shelter Association of Washtenaw County Assessment of Sheltering in Place for Homeless Single Adults during COVID-19 April 2020

SHELTERING IN PLACE

The Shelter Association of Washtenaw County usually ends winter programming in April 2020. In response to the COVID-19 pandemic, SAWC has expanded the winter programs, allowing all single adults experiencing homeless to shelter in place. With four offsite locations, SAWC has been sheltering and offering supportive services to more than 140 persons each day and night while maintaining social distancing and giving adults experiencing homelessness a place to “stay-home and stay safe”.

In efforts to rapidly locate affordable housing, SAWC case managers are working to overcome barriers with each client. SAWC has created a Barrier Assessment Taskforce to determine the unique barriers among the current population being sheltered in place.

METHOD

Client barriers were assessed using the following:

- HMIS record data mining including
 - Length of Time Homeless
 - Chronic Status
 - VI-SPDAT score
 - Income source and monthly income amount
- Familiarity with clients
 - Housing history and frequency of homelessness episodes
 - Past and current challenges to obtain housing
 - Disabilities that limit the clients ability to live independently
 - Client’s plans to access/maintain financial resources to sustain housing
 - Client’s current access to or lack of financial resources to obtain housing

SAWC used the below housing categories to determine housing and/or move in supports that would be needed by the end of sheltering in place to secure housing for the majority of persons sheltering in place. Each client was assessed for one of the following categories.

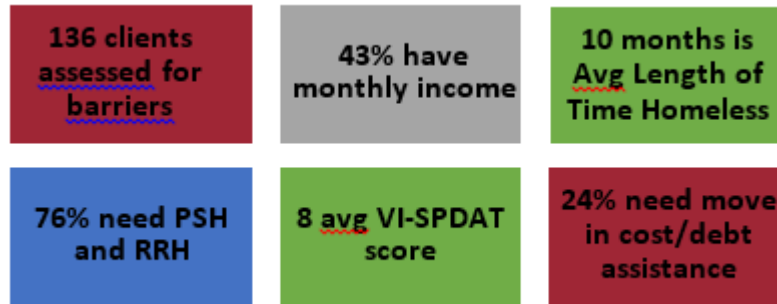
RRH- Has a VI-SPDAT score of 6 or higher. Client does not yet have access to regular income, but can obtain income and live independently in rapid re housing. Needs initial supports to sustain housing.

PSH- Usually has a VI-SDPAT score of 11 or higher and is chronic status or nearing chronic status as defined by HUD. Client has disabilities and/or health challenges and will need to live in Permanent Supportive Housing supports in order to sustain housing long term.

Move in Costs Only- Client can move into housing if provided financial resources for move in costs including security deposit and/or first months rent. Client has access to regular, sustainable income and can move in own rental unit without subsidy.

Move In Costs plus debt assistance- Client can live independently in rental unit and has regular income, but cannot move into housing tomorrow with only move in costs. The client has owed back rent and/or utilities that has been a significant barrier to obtaining housing until paid off.

NUMBERS AT A GLANCE



FINDINGS

Using the aforementioned method, the Barrier Assessment Taskforce assessed over 136 persons sheltering in place in April 2020. Fifty-three percent are African American, 1.5% American Indian or Alaskan American, .05% are Asian, and 45% are Caucasian. Less than 20% are female clients and the average age is 47.7, ranging from 21 to 76 years old. An overwhelmingly **73%** of clients reported having a chronic health condition and/or a disability.

Based on this assessment, if **32 persons** have *access to financial resources*, they can move into housing prior to the shelter in place ending. For these 30 persons, additional barriers other than lack of income included criminal history and/or substance abuse disorder, which had caused them to lose their housing in the past.

An additional **36 clients** were assessed as needing *permanent supportive housing* to sustain housing long term. These individuals are either currently chronic status or nearing chronic status. Based on the assessment, 69% of persons needing PSH have a mental health diagnosis as a barrier to obtain and sustain housing. Other common barriers to housing include physical disabilities and substance use disorder. In addition, not all clients that were assessed as needing PSH have a current VI-SPDAT score higher than 11. SAWC case management will work with the client to re-evaluate the score to ensure that it is accurate and updated.

56 clients would benefit from *rapid re-housing* and initial housing supports. A majority of these clients do not yet have access to income, but plan to obtain income. Common barriers to housing for these individuals were assessed as lack of income and poor credit and rental history. Not all 56 clients currently have a VI-SPDAT of 6 or higher, but the SAWC case management will re-evaluate the score. The current average VI-SPDAT score is 7 for this group of persons.



2020 Rubric Review Summary and Proposal

Washtenaw County Continuum of Care

Background

As part of our annual application for HUD Continuum of Care Funding, Washtenaw CoC is required to review, select, and rank renewal projects. The requirements include:

- Using objective criteria, such as cost effectiveness, performance data, type of population served, or type of housing provided, and
- Including at least one factor related to improving system performance, such as exits to permanent housing destinations

Washtenaw CoC developed the currently used rubric through a community process in 2017. A rubric review process is conducted annually by OCED staff with input from grantees, FRT members, and other stakeholders. This process has led to only minor changes since 2017.

2020 Rubric Review Process

Goals

Based on a review of previous rubrics and results, as well as scoring, feedback, and notes from prior HUD CoC Funding submissions, OCED proposed the following goals for the 2020 Rubric:

- **Create a Cost Effectiveness Measure:**
 - Cost effectiveness is specifically mentioned each year in the Notice of Funding Availability (NOFA) which outlines the application process.
 - Both OCED staff and consultants who have reviewed our application believe that we lose points each year in the overall competition because we don't include cost effectiveness in our rubric.
- **Review rubric to make sure all criteria are still helpful and appropriate**
- **Adjust scoring with two goals:**
 - Make sure the criteria is helping to distinguish between projects
 - Make sure that each criteria has 2 point values above the 60% threshold
 - These adjustments should reduce the number of ties produced by the rubric

Timeline

January

- OCED staff researched cost effectiveness measures used in other COCs
- OCED staff reviewed local data and rubric outcomes from the last three competitions
- OCED staff created a draft rubric proposal to present to grantees, FRT members, and other stakeholders to meet the above goals.

February

- On 2/13/20, OCED held a Rubric Review Meeting for stakeholders to present the draft rubric and gather initial feedback.
- After the meeting, further comment was gathered from attendees through an online survey.

MARCH

- OCED staff collected feedback in early March and began revising the draft rubric based on feedback.
- At this point the process was disrupted by the emergence of the Coronavirus. Shifting priorities and limited staff time at both OCED and agencies prevented further follow-up with stakeholders

MAY

- OCED Staff revised the draft rubric based on feedback gathered at the 2/13 meeting and through the online survey
- OCED is presenting the revised rubric for approval by the CoC Board for use in this year's CoC application process

Summary of Changes from 2019 Rubric

- **Section 1: Threshold**
 - No changes
- **Section 2: Project Outcomes:**
 - **PSH**
 - **Criterion A) Occupancy/Average Bed Utilization Rate**
 - This criterion was removed entirely
 - All projects scored above 100% in this measure in all years, so it wasn't serving any purpose
 - Per community feedback, OCED will research alternate measures for future use
 - **Criteria B) – E)**
 - Scoring was adjusted to better fit community data in a way that helps to distinguish between projects
 - Based on community feedback, scoring was further revised from the original OCED draft proposal
 - **RRH**
 - **Criteria A) – D)**
 - Scoring was adjusted to better fit community data and to match total points from the PSH rubric.
 - **Cost Effectiveness**
 - A new cost effectiveness measure was added for both PSH and RRH
 - It will be calculated by dividing the total grant amount by the number of successful outcomes (stayers and exits to permanent housing)
 - It will not be scored, but will help us figure out how we might be able to use information like this in the future



- Additional measures will be calculated to see if they are more helpful. See Appendix B of the 2020 Draft Rubric
- **Section 3: Consumer Feedback**
 - A fourth criteria was added to help measure the use of client feedback.
 - Points remain the same (12), but each is now worth 3 points maximum
 - This change is meant to clarify the intent of this section, not to make changes to agency expectations
- **Section 4: Compliance**
 - No changes
- **Section 5: Budget**
 - No changes
- **Section 6: HMIS Data Quality**
 - *For 2020 Only:* Adjust the SSN data quality threshold up to 10% to reflect the current state of local data quality

CoC RENEWAL PROJECT RUBRIC

AGENCY:	PROGRAM:	PROJECT TYPE:
AGENCY LEVEL THRESHOLD		
Agency Level Threshold requires agencies to meet local funding standards and be an active participant in the CoC based on the criteria below.		
THRESHOLD DESCRIPTION	THRESHOLD MET (YES/NO)	
Agency meets the financial audit requirements stipulated under the Coordinated Funding Request for Information (RFI).		
Agency has attended at least 1 of 2 CoC All-Membership Meetings in the past 12 months.		
Agency has representation in at least one of the CoC committees (i.e. WHA Operations Committee, Coordinated Entry Oversight & Evaluation) and has attended at least 75% of meetings convened by the committee.		
Agency has a 75 % attendance rate at Community Housing Prioritization Meetings.		
PROJECT LEVEL THRESHOLD		
Threshold needs to be met as described below for projects to be considered for funding renewal. Projects falling within certain score ranges will need to submit a Corrective Action Plan (CAP), as stated below. <i>Please note: Projects that have not completed a full calendar year will be EXEMPT from this threshold.</i>		
THRESHOLD DESCRIPTION	OUTCOME PERCENTAGE	THRESHOLD MET (YES/NO/EXEMPT)
Program Outcomes: Project attained above 60% of the total score possible. If not, projects scoring between 20-60% will need to submit a CAP and below 20% will not be considered for funding.	%	
Compliance: Project attained above 70% of the total score possible. If not, projects scoring between 50-70% will need to submit a CAP and below 50% will not be considered for funding.	%	
HMIS Compliance & Data Quality: Project attained above 85% of the total score. If not, projects scoring between 55-85% will need to submit a CAP and below 55% will not be considered for funding.	%	
<i>NOTE: For threshold items that are not met, the agency will need to submit an explanatory letter to the CoC Funding Review Team to request a waiver for each threshold item not met before the project application can be considered for funding.</i>		

SECTION 1 - PROJECT DESCRIPTION

PROJECT NARRATIVE (INSERT HERE)

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

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

TARGET POPULATION

(check all that apply)

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

PROJECTED HOUSING TYPE

(check all that apply)

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

PROJECTED UNITS/BEDS

Total Units: ____ (total agency-owned) ____

Total Beds: ____

PROJECTED CLIENTS SERVED

Total Households Served: ____

Total Persons Served: ____

Total Adults: ____

Total Accompanied Children (Under 18): ____

Unaccompanied Children (Under 18): ____

SECTION 2 - PROJECT OUTCOMES

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

2A – PERMANENT SUPPORTIVE HOUSING (PSH) PROJECT OUTCOMES

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

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

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

SECTION 3 - CONSUMER FEEDBACK

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

SECTION 4 - COMPLIANCE

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

SECTION 5 - BUDGET

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

SECTION 6 - HMIS COMPLIANCE & DATA QUALITY

CRITERIA	STANDARD	AGENCY RATE	SCORING	POINTS/ POSSIBLE POINTS	SOURCE
*HMIS - % of Universal Data Elements (UDEs) with No or Null Values in HMIS (left blank) for the following criteria:					
Name	5% or < *		5% or <= 1 >5% = 0	/1	HMIS Report
Date of Birth	5% or < *	«DOB»	5% or <= 1 >5% = 0	/1	HMIS Report
Gender	5% or < *		5% or <= 1 >5% = 0	/1	HMIS Report
Social Security Number	10% or < *		5% or <= 1 >5% = 0	/1	HMIS Report
Race	5% or < *		5% or <= 1 >5% = 0	/1	HMIS Report

Ethnicity	5% or < *		5% or <= 1 >5% = 0	/1	HMIS Report
Veteran Status	5% or < *		5% or <= 1 >5% = 0	/1	HMIS Report
Disabling Condition	5% or < *		5% or <= 1 >5% = 0	/1	HMIS Report
Residence prior to program entry	5% or < *		5% or <= 1 >5% = 0	/1	HMIS Report
Zip code of last residence	5% or < *		5% or <= 1 >5% = 0	«ZIP1_score »/1	HMIS Report
Destination	5% or < *		5% or <= 1 >5% = 0	/1	HMIS Report
Relationship to Head of Household	5% or < *		5% or <= 1 >5% = 0	/1	HMIS Report
SUBTOTAL HMIS COMPLIANCE & DATA QUALITY				/12	
GRAND TOTAL				/92	

REVIEWER COMMENTS & QUESTIONS

Reviewer: _____

APPENDIX A: PROJECT OUTCOMES CALCULATIONS

2A –PSH PROJECT OUTCOMES

CRITERIA	SOURCE & CALCULATION	
<p>A) Retention of Permanent Housing or Movement to Other Permanent Housing</p> $\left[\frac{\text{No. of stayers + No. of leavers exiting to PH types}}{\text{Total no. of persons served}} \right]$ <p style="text-align: center;">X 100%</p>	<p><i>Numerator:</i></p> <p>A. APR Q22a1 Total stayers + B. APR Q23a Permanent Subtotal + C. APR Q23b Permanent Subtotal Q23b</p> <p><i>Denominator:</i></p> <p>D. APR Q7a Total persons served (inc. children)</p>	$\frac{A + B + C}{D} \times 100\%$
<p>B) Leavers and Stayers at Annual Assessment with one or more type of Health Insurance (de-duplicated) (includes Medicaid, Medicare, VA Insurance) <i>Total no. of (L + S) with HI</i></p> $\left[\frac{\text{Total no. of Adults with Annual Assessments and Adult Leavers}}{\text{Total no. of Adults with Annual Assessments and Adult Leavers}} \right]$ <p style="text-align: center;">X 100%</p>	<p><i>Numerator:</i></p> <p>A. APR Q21 Total at annual assessment with 1 source + B. APR Q21 Total at annual assessment w/ more than 1 source + C. APR Q21 Total leavers with 1 source + D. APR Q21 Total leavers with more than 1 source</p> <p><i>Denominator:</i></p> <p>E. APR Q7a Total no. of adults - F. APR Q21 # of stayers not yet required to have an assessment</p>	$\frac{A + B + C + D}{E - F} \times 100\%$
<p>C) Employment Rate for Leavers and Stayers at Annual Assessment</p> $\frac{\text{Total no. of Adult (L + S) with earned Y}}{\text{Total no. of Adults served}}$ <p style="text-align: center;">X 100%</p>	<p><i>Numerator:</i></p> <p>A. APR Q18 Total at annual assessment with 1 source + B. APR Q18 Total at annual assessment w/ more than 1 source + C. APR Q18 Total leavers with 1 source + D. APR Q18 Total leavers with more than 1 source</p> <p><i>Denominator:</i></p> <p>E. APR Q18 Total adults + F. APR Q18 Total adult leavers - G. APR Q18 # of stayers not yet required to have an assessment</p>	$\frac{A + B + C + D}{E + F - G} \times 100\%$
<p>D) Leavers and Stayers who maintained or increased total income (earned + non-employment income)</p> $\left[\frac{\text{Total no. of Adults (L + S) who maintained or } \uparrow \text{ Total Y}}{\text{Total no. of Adults served}} \right]$ <p style="text-align: center;">X 100%</p>	<p><i>Numerator:</i></p> <p>A. APR Q19a3* Retained income category and same \$ + B. APR Q19a3* Retained income category and increased \$ + C. APR Q19a3* Did not have income category and gained income</p> <p><i>Denominator:</i></p> <p>D. APR Q19a3* Total adults (including those with no income) * Use row "Number of Adults with any Income" in table Q19a3</p>	$\frac{A + B + C}{D} \times 100\%$
<p>E) Cost Effectiveness</p> $\left[\frac{\text{Project Grant $ Total}}{\text{\# of Stayers + \# of exits to PH}} \right]$	<p><i>Numerator:</i></p> <p>A. Grant Inventory Worksheet Column K Total ARA (Annual Renewal Amount)</p> <p><i>Denominator:</i></p> <p>B. APR Q22a1 Total stayers + C. APR Q23a Permanent Subtotal + D. APR Q23b Permanent Subtotal Q23b</p>	$\frac{A}{B + C + D}$

2A – RRH PROJECT OUTCOMES

CRITERIA	SOURCE & CALCULATION	
<p>A) Exit to Permanent Housing Destinations</p> $\left[\frac{\text{No. of leavers exiting to PH types}}{\text{Total no. of leavers served}} \right]$ <p style="text-align: center;">X 100%</p>	<p><i>Numerator:</i></p> <p>A. APR Q23a Permanent destination subtotal + B. APR Q23b Permanent destination subtotal</p> <p><i>Denominator:</i></p> <p>C. APR Q5a Total leavers -D. APR Q23a Total deceased -E. APR Q23b Total deceased</p>	$\frac{A + B}{C - D - E} \times 100\%$
<p>B) Leavers with Health Insurance (includes Medicaid, Medicare, VA Insurance)</p> $\left[\frac{\text{No. of leavers with HI}}{\text{Total no. of leavers served}} \right]$ <p style="text-align: center;">X 100%</p>	<p><i>Numerator:</i></p> <p>A. APR Q21 Leavers with 1 source of health insurance + B. APR Q21 Leavers with more than 1 source of health insurance</p> <p><i>Denominator:</i></p> <p>C. APR Q5a Total adult leavers</p>	$\frac{A + B}{C} \times 100\%$
<p>C) Employment Rate for Leavers</p> $\frac{\text{No. of Adult leavers with earned } Y}{\text{Total no. of Adult leavers served}}$ <p style="text-align: center;">X 100%</p>	<p><i>Numerator:</i></p> <p>A. APR Q18 Adult leavers with only earned income + B. APR Q18 Adult leavers with both earned and other income</p> <p><i>Denominator:</i></p> <p>C. APR Q5a Total adult leavers</p>	$\frac{A + B}{C} \times 100\%$
<p>D) Leavers who maintained or increased total income (earned + non-employment income)</p> $\left[\frac{\text{No. of Adult leavers who maintained or } \uparrow \text{ Total } Y}{\text{Total no. of Adult leavers served}} \right]$ <p style="text-align: center;">X 100%</p>	<p><i>Numerator:</i></p> <p>A. APR Q19a2* Retained income category and same \$ + B. APR Q19a2* Retained income category and increased \$ + C. APR Q19a2* Did not have income category and gained income</p> <p><i>Denominator:</i></p> <p>D. APR Q19a2* Total adults (including those with no income) * Use row "Number of Adults with any Income" in table Q19a2</p>	$\frac{A + B + C}{D} \times 100\%$
<p>A) E) Cost Effectiveness</p> $\left[\frac{\text{Project Grant } \$ \text{ Total}}{\# \text{ of exits to PH}} \right]$	<p><i>Numerator:</i></p> <p>A. Grant Inventory Worksheet Column K Total ARA (Annual Renewal Amount)</p> <p><i>Denominator:</i></p> <p>B. APR Q23a Permanent destination subtotal + C. APR Q23b Permanent destination subtotal</p>	$\frac{A}{B + C}$

APPENDIX B: ALTERNATE COST EFFECTIVENESS MEASURES

TO BE CALCULATED TO HELP DECIDE WHICH IS MOST USEFUL FOR FUTURE COMPETITIONS

<p style="text-align: center;">A) Total Project Amount</p> $\left[\frac{\text{Project Grant \$ Total}}{\# \text{ of Successful Outcomes}} \right]$	<p><i>Measures the total grant dollars spent per successful outcome.</i></p> <p><i>A successful outcome for PSH is staying or exiting to permanent housing</i></p> <p><i>A successful outcome for RRH is exiting to permanent housing</i></p>	<p>This measure will provide a picture of the entire grant, but will obscure differences in percentage of funds assigned to admin, as well as differences in the costs of rental assistance based on the unit makeup of the project, or other factors, such as client acuity.</p>
<p style="text-align: center;">B) Project Amount less Admin</p> $\left[\frac{\text{Project Grant \$ Total} - \text{Admin \$}}{\# \text{ of Successful Outcomes}} \right]$	<p><i>Measures the grant dollars used for rental assistance and supportive services per successful outcome</i></p>	<p>This measure focuses on the operational dollars of the project by removing admin costs from consideration. It does not account for differences in the costs of rental assistance based on unit makeup of the project or other factors, such as client acuity.</p>
<p style="text-align: center;">B) Supportive Services</p> $\left[\frac{\text{Supportive Services \$}}{\# \text{ of Successful Outcomes}} \right]$	<p><i>Measures the grant dollars used for supportives services per successful outcome.</i></p>	<p>This measure focuses strictly on supportive services, allowing us to look at the cost of providing services independent of rental costs. It does not account for factors such as client acuity.</p>



2020 CONTINUUM OF CARE PROJECT REALLOCATION POLICY

WASHTENAW COUNTY CONTINUUM OF CARE (CoC)

Purpose:

The policy establishes the circumstances that would lead to the reallocation of a CoC-funded project. Per the U.S. Department of Housing and Urban Development (HUD), reallocation allows a CoC to shift funds from existing eligible renewal projects to create one or more new projects.¹ Funds can be shifted in whole or in part and must be done without decreasing the CoC's renewal funding amount.

Policy:

The Funding Review Team (FRT) uses project and agency performance data contained in the CoC-approved rubric, along with community need data and narrative responses, to make reallocation determinations. At the agency level, applicants are evaluated based on a variety of threshold criteria assessing their fiscal management, active participation in the CoC and its committees, and attendance at the Community Housing Prioritization meetings. In addition, agencies' projects are evaluated based on project outcomes, compliance with federal and local requirements, and data quality standards. If a threshold is unmet, agencies may submit an explanatory waiver request to the FRT. After thorough consideration, the FRT may prescribe a corrective action plan to improve agency/project performance.

Reallocation will be recommended by the FRT if an agency: 1) does not meet the threshold criteria AND a waiver is not granted of the threshold criteria; OR 2) does not meet the requirements of a corrective action plan AND if a waiver has not been granted for unmet requirements; OR 3) if the project is no longer needed, as determined by community need.

Full or partial reallocation is possible. The FRT will make reallocation recommendations as necessary to the CoC Board. The CoC Board will make the final decision on any recommended reallocations.

Approved by the CoC Board on 5/20/2020.

¹ U.S. Department of Housing and Urban Development, Community Planning and Development. *Notice of Funding Availability (NOFA) for the Fiscal Year (FY) 2019 Continuum of Care Program Competition*. Washington, DC: U.S. Department of Housing and Urban Development, n.d., page 20. <https://files.hudexchange.info/resources/documents/FY-2019-CoC-Program-Competition-NOFA.pdf>.



Serving Pregnant Individuals in Continuum of Care Programs Washtenaw County Continuum of Care

Background

Research shows that experiencing homelessness during pregnancy can have multiple, negative risk factors for both the mother and infant. For example, results from a 2019 Health Affairs study¹ found pregnant individuals experiencing homelessness were more than twice as likely to experience a complication that affected their health during birth and almost twice as likely to have an early or threatened labor or hemorrhage during pregnancy. Living in shelter was associated with higher rates of hemorrhaging and maternal birth complications compared with their health outcomes before entering shelter.²

In addition, a study published by the American Academy of Pediatrics found homeless pregnant individuals had less prenatal care and well-visits and were less likely to take prenatal vitamins.³ The researchers further found that infants born to homeless mothers had longer hospital stays and were more likely to receive neonatal intensive care.

Washtenaw County Continuum of Care (CoC) Policy

In order to best serve pregnant individuals in need of homelessness services and encourage healthy outcomes for the mother and baby, the CoC will adhere to the following policies and procedures.

Assessment & Shelter Placement for Pregnant Individuals with No Other Children

Literally homeless pregnant individuals will receive an Individual's VI-SPDAT assessment by the Shelter Association of Washtenaw County (SAWC). Once the baby is born, a Family VI-SPDAT assessment must be completed, ideally within 3-5 days, by Housing Access for Washtenaw County (HAWC) or a family provider.

Literally homeless pregnant individuals who request shelter shall be placed, when space is available, at either of the individual shelters (Delonis Center and Staples). If space is not available at the Delonis Center or Staples, pregnant individuals may be placed at a family shelter, as space permits and at the discretion of Housing Access for Washtenaw County (HAWC).

Shelter case managers shall make every effort to connect pregnant individuals to the appropriate services, including but not limited to prenatal, infant, and maternal care; child care and education; legal resources; and baby items. See Appendix for a list of local resources.

Referrals of Pregnant Individuals to Permanent Housing

Regarding eligibility of pregnant individuals for CoC-funded family resources, the U.S. Department of Housing and Urban Development (HUD) has clarified the following:

A pregnant [individual] *is generally considered a household with children* under the CoC Program. Therefore, [...] she would be eligible for a project as a household with children (including minor children) even before the child is born so long as she meets the definition of homeless as set forth in section 578.3 of the [CoC Program interim rule](#) and any additional eligibility criteria that may be

¹ Robin E. Clark, L. Weinreb, J. Flahive, R. Seifert. Pregnant and Homeless: How Unstable Housing Affects Maternal Health Outcomes. *Health Affairs*. <https://housingmatters.urban.org/research-summary/pregnant-and-homeless-how-unstable-housing-affects-maternal-health-outcomes>.

² Ibid.

³ Rickelle Richards, R. Merrill, and L. Baksh. 2011. Health Behaviors and Infant Health Outcomes in Homeless Pregnant Individual in the United States. *Pediatrics* 128 (3): 438-446.

established in the annual Fiscal Year NOFA under which the project was most recently awarded and would be applicable to the project's current grant agreement.

Local Policy

Pregnant individuals in their first or second trimester of pregnancy will be placed on the Individuals' By-Name List and be eligible for referral to permanent housing resources for individuals following established CoC prioritization policies.

Upon reaching their third trimester, pregnant individuals will be placed on the Families' By-Name List and eligible for referral to permanent housing resources designated for households with children. Referrals will be made as soon as possible and in accordance with established CoC prioritization policies. Every effort will be made to ensure that pregnant clients have housing in place for when the baby is born.

Pregnant individuals will be housed in a unit that is possible and sustainable for the family size postpartum. While every effort should be made to connect pregnant individuals to prenatal healthcare and to confirm pregnancy status, in no instance will a pregnant individual be required to take a pregnancy test prior to referral.

Transfers of Pregnant Individuals between Individual and Family Rapid Re-Housing (RRH)

Changes in client situations and family composition may require transfers between Individual and Family RRH programs. Applicable federal and state regulations state the following regarding suitable dwelling unit size:

*Per the CoC Program Interim rule:*⁴

- a. The dwelling unit must have at least one bedroom or living/sleeping room for each two persons.
 - i. If household composition changes during the term of assistance, recipient and subrecipients may relocate the household to a more appropriately sized unit.

*Per Michigan State Housing Development Authority (MSHDA) Emergency Solutions Grant (ESG) regulations:*⁵

- a. No more than two persons are required to occupy a bedroom
 - i. Persons of different generations (i.e., grandparents, parents, children), persons of the opposite sex (other than spouses/couples), and unrelated adults are not required to share a bedroom

Fair housing rules permit a household to select smaller units that do not create seriously overcrowded conditions.

Individual RRH to Family RRH Transfer Procedure

If a pregnant individual in their first or second trimester is referred to the Individuals' Rapid Re-Housing (RRH) program, or if an individual is receiving assistance through the Individuals' RRH program and subsequently becomes pregnant, a transfer to the Family RRH program is possible in their third trimester of pregnancy, dependent on client request, resource availability, and grant restrictions. The procedure is as follows:

1. When the individual's housing provider becomes aware of the client's pregnancy, Family RRH providers and CHP Coordinators will be notified and informed of the anticipated delivery date.
2. Once the client reaches the third trimester of pregnancy, an agency representative working with the client in the Individuals' RRH program will attend the Families' Community Housing Prioritization (CHP)

⁴ "Part 578 – Continuum of Care Program," 24 *Code of Federal Regulations*, 578.75. 2017 ed.

<https://www.govinfo.gov/content/pkg/CFR-2017-title24-vol3/xml/CFR-2017-title24-vol3-part578.xml>.

⁵ Michigan State Housing Development Authority, Office of Rental Assistance and Homeless Solutions. *Emergency Solutions Grant Funds Policy and Procedures*. May 2019, page 21.

https://www.michigan.gov/documents/mshda/ESG_Policy_and_Procedures_558163_7.pdf. MSHDA ESG funds the CoC's individuals' RRH program.



Committee Meeting. At Families' CHP, providers will work together to identify an agency able to accept the client into their program as soon as possible. HAWC will make the referral in HMIS.

3. Individual RRH and Family RRH providers will work in tandem to ensure a smooth transition for the client. The Family RRH provider must help the client to create a new budget and rental contribution plan.
4. If capacity exists, the Individual RRH program will accept a new referral once the pregnant individual is referred to the Family RRH program.

Whenever possible, households will not have to relocate to different permanent housing as a result of a transfer.

Family RRH to Individual RRH Transfer Procedure

If a pregnant individual is referred to the Family RRH program and subsequently loses the baby, or loses custody of the baby, the client will be transferred to the Individuals' RRH program once there is an opening in the program. The following procedure applies:

1. Family RRH provider shall immediately notify CHP Coordinators of the client's situation. Clients will be provided 30 days' notice before termination of assistance.
2. An agency representative working with the client in the Family RRH program will attend the following Individuals' CHP Committee meeting and present the client's situation. The client will be referred to Individuals' RRH as soon as possible. HAWC will make the referral in HMIS.
3. Every effort shall be made to connect the client to supportive services, including postpartum care, grief support, etc. (see Appendix for local resources). The Individual RRH provider must help the client to create a new budget and rental contribution plan.

Where parental custody issues exist, the individual's housing will be maintained while a reunification plan exists. Transfers resulting from custody issues will not occur until after custody is officially terminated.

To the greatest extent possible, providers will work to avoid unnecessary evictions due to changes in participant eligibility or funding source.

Duration of Assistance

Length of RRH assistance is not to exceed 6 months under MSHDA ESG and generally no more than 12 months under HUD CoC, and will be dependent on client need and level of income.

Appendix: Local Resources for Pregnant Individuals and Infant Care

Medical Care for Expecting Mother and Baby

- 1) **Planned Parenthood**
3100 Professional Dr, Ann Arbor, MI 48104
(734) 973-0710
[Website](#)
2370 W Stadium Blvd, Ann Arbor
(734) 929-9480
[Website](#)
- 2) **Washtenaw County Public Health Dept.**
555 Towner St, Ypsilanti, MI 48198
(734) 544-6700
www.washtenaw.org/1129/Health-Department
- 3) **Corner Health Center**
47 N Huron St, Ypsilanti, MI 48197
(734) 484-3600
www.cornerhealth.org/
- 4) **Briarwood Center for Woman, Children, & Young Adults**
400 E Eisenhower Parkway, Building 2, Suite B, Ann Arbor
(734) 232-2600
www.uofmhealth.org/our-locations/briarwood-wcya
- 5) **U-M Women's Health Resource Center**
1540 E. Hospital Dr, Floor 9, Reception B Ann Arbor, MI
1-855-589-6626
uofmhealth.org/our-locations/womens-hospital

Pregnancy Prep and Motherhood Classes

- 1) **Catholic Social Services**
4925 Packard Street Ann Arbor, MI 48108
(734) 971-9781
815 Taylor St., Ann Arbor
(734) 662-4462
csswashtenaw.org/
- 2) **St. Joseph Mercy Hospital**
(734) 712-6357
Register here: www.stjoeshealth.org/health-and-wellness/classes-and-events/
- 3) **Maternal Infant Health Program**
734-544-2984 or 734-544-9749 or ask your doctor for a referral
www.washtenaw.org/1828/Maternal-Infant-Health-Program-MIHP
- 4) **Ann Arbor Baby Beginnings**
Class locations vary



734-221-0158

www.annarborbabybeginnings.com/

5) **Center for the Childbearing Year**

722 Brooks St. Ypsilanti, MI
734-663-1523

www.center4cby.com

6) **Ann Arbor Doulas**

734-800-1854

www.annarbordoulas.com

Child Care

1) **Child Care Network Washtenaw Regional**

3941 Research Park Dr., Suite C Ann Arbor, MI 48108
(734) 975-1840

www.childcarenetwork.org

2) **Head Start | Great Start Readiness Program (GSRP)**

Washtenaw Intermediate School District
Locations vary
734-994-2203 ext.1269

<https://washtenawisd.org/departments/early-childhood/free-quality-preschool>

3) **Early Head Start and Parents as Teachers**

Washtenaw Intermediate School District
Locations vary
734-994-2203 ext. 1272

<https://washtenawisd.org/departments/early-childhood/home-visiting-family-support>

4) **Early On**

Washtenaw Intermediate School District
Locations vary
734-994-2203 ext. 3086

<https://washtenawisd.org/departments/early-childhood/early-intervention>

5) **First Steps Ann Arbor Preschool & Family Center**

2775 Boardwalk Dr., Ann Arbor
(734)994-4949

www.aaps.k12.mi.us/firststeps.home/home

6) **Foundations Preschool of Washtenaw County**

3770 Packard Rd, Ann Arbor
(734) 677-8130

foundations-preschool.org/

Baby Supplies

- 1) **Women, Infants & Children (WIC)**
555 Towner Street Ypsilanti, MI 48198
734-544-6800
www.washtenaw.org/1392/Women-Infants-Children-WIC
- 2) **Once Upon a Child**
4559 Washtenaw Ave. Ann Arbor
(734) 971-6822
onceuponachildannarbor.com
- 3) **Corner Health Center**
47 N Huron St, Ypsilanti, MI 48197
(734) 484-3600
www.cornerhealth.org/
- 4) **Hope Clinic**
518 Harriet Street, Ypsilanti
(734)484-2989
<https://thehopeclinic.org/>
- 5) **University of Michigan Buckle Up Program**
(734)763-2251
- Free car seat or booster seat
- Proof of income or Medicaid required
- 6) **Destiny and Purpose Community Outreach (DAPCO)**
(877) 832-1277 Ext. 103
<https://www.dapco.org/calendar--contact-us.html>

Legal Resources

- 1) **Legal Services of South Central Michigan**
15 S Washington St, Ypsilanti, MI 48197
(734) 665-6181
lsscm.org/
- 2) **U of M Child Advocacy Law Clinic**
734.763.5000
www.law.umich.edu/clinical/calc/Pages/default.aspx
- 3) **Washtenaw County Family Court/Friend of the Court**
(734) 222-3050
101 E Huron Street
Room 1102
Ann Arbor, MI 48107
<https://www.washtenaw.org/1111/Family>
<https://www.washtenaw.org/1037/Friend-of-the-Court>



Infant Safety

- 1) **Washtenaw Area Council for Children**
3075 W. Clark Rd, Suite 110 Ypsilanti, MI 48197
734-434-4215
www.washtenawchildren.org
- 2) **Baby Safe Class**
734-763-2251
www.umwomenshealth.org/patient-resources/classessupport
- 3) **Car Seat Safety Help Mott Buckle-up Program**
734-763-2251
www.mottchildren.org/about-us/mott-buckle

Postpartum Care

- 1) **New Moon Midwifery**
735-424-022
www.newmoonmidwifery.com
- 2) **Catholic Social Services**
4925 Packard Street **Ann Arbor**, MI 48108
(734) 971-9781
815 Taylor St., Ann Arbor
(734) 662-4462
csswashtenaw.org/
- 3) **MomShare - The Women's Center of Southeast Michigan**
1100 Victors Way, #10
Ann Arbor, MI 48108
Drop-in support group every Tuesday at 1-2:30pm and 1st and 3rd Saturdays at 9:30 to 11:00 am
www.womenscentersemi.org
734-973-6779

Grief Support

- 1) **Ele's Place**
355 South Zeeb, Suite E (inside United Bank & Trust) Ann Arbor, MI
734-929-6640
- 2) **Arbor Hospice**
734-662-5999
www.arborhospice.org