

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: MI-502 - Dearborn, Dearborn Heights, Westland/Wayne County CoC

1A-2. Collaborative Applicant Name: Wayne Metropolitan Community Action Agency

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Wayne Metropolitan Community Action Agency

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	No	No
Local Jail(s)	No	No
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	Yes	Yes
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	No	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes
Non-CoC Funded Victim Service Providers	No	No
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	No	No
LGBT Service Organizations	No	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)

The CoC considers strategies to end homelessness from a broad range of organizations. Key prioritizations that emerged from these considerations included meeting identified needs, consistency with HUD’s goals and protecting services to special populations. The CoC approved allocations for HUD priorities including Central Intake and RRH for families and for singles--those who are serially homeless without a disability. A percentage of the TH program was preserved for homeless persons in recovery. This year’s NOFA includes the CoC’s 2 bonus projects: an expansion of RRH for families and an additional PSH project. Participants in these discussions include the Melvindale PHA that prioritizes homeless households, strengthening participation in CoC activities. The City of Canton uses CDBG to support CoC homeless prevention activities (rent arrears/assistance) that are not HUD eligible, leveraging mainstream resources to provide the full range of activities necessary to end homelessness.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)

The CoC uses its website as the primary means of outreach to the general public and non-CoC member agencies. The website, monthly meetings and the Coordinated Entry (CE) Process allows the CoC to extend its open invitation to the public, including stakeholders that have not participated in CoC activities, and to persons who are or were formerly homeless. A committee is prioritizing outreach surrounding CE to local organizations, community groups, police, hospitals, and other public and non-profit agencies that interact with homeless individuals, community mental health and the like. The CoC’s implementation of CE has created effective referral and collaborative support amongst its organizations so that many who are also involved in working with homeless individuals hear of and become involved with the CoC. CoC agencies provide job leads for positions within their organizations to formerly homeless clients and that has resulted in hiring for staff positions and peer support.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must include the date(s) the CoC made publicly knowing they were open to proposals.

(limit 1000 characters)

The CoC uses its website and the Collaborative Applicant's Facebook page as the primary means of communicating with the general public and non-CoC agencies about the project application process. The project application process started with the creation of a local RFP referencing the HUD NOFA and detailing local policies, procedures, priorities and deadlines for renewal and new project applications. The RFP and all project submissions were reviewed and approved by the CoC Ranking Committee and membership. Project applications were submitted by email to the Collaborative Applicant. The NOFA was published on the CoC website (7/19/17) and then the RFP (on 8/8/17), renewal and new project application templates, Ranking Committee and membership meeting dates, funding recommendations and ranking decisions were all published on the website and Facebook so that all persons and agencies have full and equal access to information. The notices of the NOFA and RFP invite anyone to submit proposals.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Not Applicable
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient's in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)

There are 2 ESG recipients - Wayne County & MSHDA (State). The County allocates ESG to support the only shelter for only non-DV families in the area and its integration with the CoC model for Coordinated Entry and PH. MSHDA

solicits input thru a NOFA. The CoC response in 2017 resulted in an additional \$94,105 and increased priority for HMIS, Coordinated Entry, prevention and RRH. The CoC provides ESG recipients HMIS/PIT/HIC data to develop performance standards. MSHDA used data to assess from where clients entered RRH and how quickly they moved in. MSHDA also looked at moving vets into housing, successful exits for PH clients, returns to homelessness, and use of VI-SPDAT. In 2016 the CoC provided HMIS/HIC/PIT data to Livonia, Westland and Wayne County for new 5 year ConPlans. The CoC reviewed draft ConPlans to confirm data provided was being addressed appropriately. In each case, the community has supported or provided funding, and referred residents to CoC programs.

1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants. (limit 1000 characters)

Those identifying as survivors at any Coordinated Entry point are immediately referred to First Step (FS) DV. Client choice is upheld in safety/service plan made with FS advocate & as plans/services/housing options are reviewed & updated. To protect identity, FS enters data into EmpowerDB in lieu of HMIS. When FS refers to other service providers, signed confidentiality form specifies what information can be shared. Children remain with family. FS provides TH services to 15 households via relationship with private landlord. FS pays all rent/furnishing/utilities. Survivors then referred to other CoC services; immediate referral is made to CoC RRH. Housing case managers update safety plan with clients prior to move-in. FS assists with costs for move to PH. WMCAA employment specialist is on-site at FS. When full, CE staff works with client & uses FS safety plan to find alternate shelter. FS & housing case managers continue coordination post housing to ensure victim-centered practices.

1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment. (limit 1,000 characters)

First Step (FS), a domestic violence shelter, attends all CoC meetings and provides an annual in-service training for CoC organizations. FS also makes other trainings available free-of-charge, whenever requested (DV 101, safety planning, recognizing signs of DV, appropriate interventions, etc.). FS provides data from their database to the CoC, documenting that FS serves 7,490 clients, sheltering 140 adults/188 children, providing TSH for 23 adults/29 children. These data have been instrumental in continued CoC support of FS as a DV agency, renewing FS funding each year. DV victims have 24-hr access to the Coordinated Entry (CE) system through FS DV shelter. CE points provide

immediate service to survivors of DV and immediate referral to FS. FS works with participants to develop safety plan and that they are not denied access to services. Emphasis is placed on client choice.

1C-4. Using the chart provided, for each of the Public Housing Agency’s (PHA) in the CoC’s geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA’s that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Michigan State Housing Development Authority	100.00%	Yes-HCV
Westland Housing Commission	11.00%	No
Detroit Housing Commission	9.00%	No
Livonia	12.00%	No
Melvindale	4.00%	Yes-Public Housing

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

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)

The CoC regularly invites PHA’s to monthly membership meetings. Over the past two years there has been regular attendance from two PHA’s, who participate in ongoing discussion about policies that CoCs and PHAs can create together to increase the opportunities for homeless residents in public housing. In 2016 the Melvindale Housing Commission adopted a preference for the first time as a result of dialog with the CoC. Last year the CoC encouraged PHA’s to attend a workshop organized by the Detroit HUD office to engage PHAs and CoCs at which opportunities for PHA’s to help address homelessness were discussed. Each time an entitlement community requests homeless data the CoC discusses the opportunity for the public housing authority if applicable to adopt a homeless admission preference.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular 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, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)

The CoC addresses the needs of LGBT individuals and their families experiencing homelessness by making all services available to any who are in need, regardless of LGBT status or Gender Identity. As CoC has and abides by anti-discrimination clauses (most recently revised 8/3/17), all agencies are required to provide assistance without prejudice. CoC conducts monthly in-service trainings with annual training provided, including a training on 12/21/17 on how to implement equal housing in HUD programs. While the CoC does not have specialized services targeted towards the LGBT population and their families, the Coordinated Entry system provides multiple entry sites and utilizes the SPDAT to prioritize needs based on vulnerability. The CoC works with all vulnerable populations that face issues with homelessness.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

When "No Strategies have been implemented" is selected no other checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

N/A

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>

Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

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

1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)**

The ranking process considered severity of need of clients, giving first priority to projects that focus on those with most needs (historical common assessment tool data). The CoC first prioritized housing programs for PSH projects that take referrals from Coordinated Entry, ensuring that those with dedicated chronically homeless beds were ranked high in Tier 1. As the referral process follows HUD Order of Priority standards & starts with the longest periods of homelessness & highest needs, these grants serve those with the highest needs & vulnerabilities. Scoring reflected these priorities with points for Housing First and participation in Coordinated Entry. No income at client entry was added as a specific measure across all applications to indicate severity of need. The CoC also adopted specific consideration in the ranking protocol for special subpopulations. All factors were in the RFP and project app templates submitted to Ranking Committee and membership for review and approval

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 2

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 09/13/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/13/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. Page 2, Charter Statewide HMIS

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual. Yes

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

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area. Statewide HMIS (multiple CoC)

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	114	52	62	100.00%
Safe Haven (SH) beds	7	0	7	100.00%
Transitional Housing (TH) beds	69	44	25	100.00%
Rapid Re-Housing (RRH) beds	168	0	168	100.00%
Permanent Supportive Housing (PSH) beds	1,619	0	1,619	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.

(limit 1000 characters)

N/A - all project types are 100%. For OPH, zero beds are listed in the report.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 12

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). 05/02/2017
(mm/dd/yyyy)

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/25/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 05/02/2017

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)

Not applicable.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? Yes

2C-2a. If “Yes” was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	0
Beds Removed:	22
Total:	-22

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from Yes

**2016 to 2017?
CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.**

2C-4a. Describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC’s unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

The CoC implemented improvements to data quality. The CoC expanded site coverage through the introduction of an additional volunteer hub at the Livonia Housing Commission. Capacity was increased by removing a cap on the number of volunteers and providing additional training allowing for an increase in the number of lead volunteers. A web based training component was developed allowing the training to be more accessible and also driving the capacity increase in volunteers. The CoC adopted a multidisciplinary approach to carrying out the PIT Count through the inclusion of a hospital system/provider in the count that has a SOAR program. A member of the health system was part of the PIT planning committee and served as a lead volunteer. She led the effort to identify homeless at the health system. She educated hospital staff on the HUD definitions of homelessness and instituted practices to identify between homeless and precariously housed.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

The CoC has taken extra measures to identify unaccompanied homeless youth. Wayne Metro McKinney-Vento case manager was a member of the PIT planning committee and a site lead. The case manager is able to identify homeless students via County LEA’s and referrals from CoC agencies. Any homeless youth on the By-Name list would have been identified. The CoC is able to identify locations for homeless youth through partner runaway and homeless youth service providers that serve a 4 county region and as the referral source for FUP vouchers for youth aging out of foster care through a local housing commission. The CoC increased its capacity for a youth count through participation in the 2016 Voices of Youth initiative for a local youth PIT Count. The Out Wayne CoC coordinated the street count and counted shelter sites for Out-Wayne County for this specialized count.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

The CoC had volunteers that served on the planning committee or as site volunteers from every agency receiving CoC or ESG funding, the VA, and a local community mental health agency. Every CoC program targeting chronically homeless, families with children and vets had case managers participating in planning and implementation. CoC agencies collaborated to identify known locations of homeless from all target populations. By-Name lists identified chronically homeless, families with children and vets. All shelters participated in planning and implementation, including a family shelter. State HMIS system provides a masking methodology so that local DV shelter serving families can contribute to the PIT. A van from a provider of drop-in and overnight shelter engages street homeless. The drop-in center is a trusted location for homeless leery of formal engagement. The CoC's employment and training system assists with count efforts; at times it is the entry point for chronically homeless.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)**

Wayne Metro (WMCAA) is the responsible party to reduce the number of individuals and families experiencing homelessness for the first time. For first-time homeless, CoC reports an overall decrease for ES/SH/TH (-41), but an increase of 32 when PH/RRH are considered. The CoC allows a no wrong door approach, prioritizing Prevention and Diversion at the level of the referral agency in collaboration with the CoC coordinated entry system that uses the same intake process (VI-SPDAT) across agencies identifying common risk factors and fast-tracking clients. Utility and rent arrearages are precursors to homelessness. CoC uses various funding sources to pay past-due utilities (DOE, LIHEAP) and short-term rent subsidy (CDBG, FEMA, non-HEARTH) to avoid loss of housing thus homelessness. Private donations and pro-bono legal services are solicited. Tenants at risk of homelessness are referred to Lakeshore Legal Aid. Landlord-Tenant Guides are dispersed at central intake.

**3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)**

Under WMCAA's leadership, CoC utilizes a variety of strategies to reduce Length-of-Time (LOT) persons remain homeless prior to being housed. HDX showed an increase among clients in ES and SH (5) and a decrease when combined with TH (-23) among average LOT of bed nights. The coordinated entry system has guidelines to factor how quickly to house a client based on

document-readiness and ES/SH stays, prioritizing LOT, homeless and vulnerability via the SPDAT tool. Further, CoC is phasing in implementation of the homeless preference on the MSHDA HCV list to move persons into PH with a permanent subsidy within 6 months. With the SPDAT, HMIS data and the adoption of HUD Notice CPD-14-012, the continued and increased commitment to RRH has been an important factor in reducing LOT homeless. This is shown by the increase in PH numbers. 3 CoC agencies coordinate non-homeless, local and donated resources to address move-in obstacles (utility assistance, furniture, household items, etc.).

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC’s strategy for retention of, or placement in permanent housing. (limit 1000 characters)

Of those in ES, SH, TH and PH/RRH exiting, 60% (-23 persons) were successful to PH. The successful exits/retention rates for all PH (not RRH) have increased to 99% (+39 persons). Both are 2% more than FY '15. The prioritization of PH/RRH initiatives successfully paired with leveraged state resources in MSHDA HCV Homeless Preference, and adoption of the priority in HUD Notice CPD-14-012 supported this result. This is part of a strategy with the coordinated entry process utilizing the SPDAT to identify levels of need. Lead agency WMCAA as housing provider works closely with family shelter and has on-site case manager at drop-in/shelter program for individuals to quickly assess risk factors in obtaining housing, reinforced by monthly case management meetings and a focus on strengthening coordination between agencies. The next improvement is preventative care providers will be utilizing the coordinated entry system to improve rate of housing and removing idling factors.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC’s efforts to reduce the rate of individuals and families’ returns to homelessness. (limit 1000 characters)

Lead agency WMCAA oversees the CoC’s strategy to reduce the rate of returns to homelessness. Only 9% have returned to homelessness once exiting to PH over the last 2 years (4% < 6 months, 1% 6 to 12 months, 3% 13-24 months), the majority of which come from those exiting from ES, SH and TH. PH levels have remained the lowest due to: 1) One WMCAA staff establishes and maintains a network of strong landlord relationships to avoid evictions and reduce risk of returns to homelessness; 2) Ongoing cases with supportive landlords/blended management help tenants with rent and utility budgeting and maintain access to 12-step community and mental health supports; 3) Life skills

training for those with a longer history of homelessness includes helping tenants respect others' rights. New RRH & PSH grants propose ongoing supports that will employ the same strategies to greatly reduce risk of return to homelessness. Increased state ESG funding is providing more prevention resources.

3A-5. Performance Measures: Job and Income Growth

Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits. (limit 1000 characters)

Lead agency Wayne Metro oversees CoC strategies. Coordinated entry identifies Income/employment needs; referrals leverage state resources such as Michigan Works!, Michigan Rehabilitation Services, and the Area Agency on Aging to provide employment up to 3 years. Weekly employment support groups led by Wayne Metro counselors include: skills training, job readiness, job search techniques, job leads, access to internet/copier/mail service, bus tickets, case management. Employment maintenance services help remove barriers such as paying for a uniform or supplies and assistance with transportation. Program funded projects target CoC drop-in center and shelters with access to employment groups and counselors. Referrals to Wayne Metro case managers trained in SOAR and directly by SSA help obtain SSI/SSDI. Wayne Metro SSVF project helps obtain VA benefits. Case managers in 4 CoC agencies assist with HCVs and State programs including food assistance, TANF, Medicaid and Disability Assistance.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests). No

3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count? (limit 1000 characters)

N/A

3A-7. Enter the date the CoC submitted the 06/01/2017

**System Performance Measures data in HDX,
which included the data quality section for FY
2016.
(mm/dd/yyyy)**

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for use by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	57	48	-9

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	52
Total number of beds dedicated to individuals and families experiencing chronic homelessness	126
Total	178

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)

The CoC goal is 30 days or less to rapidly rehouse families with children. Families are offered a shelter bed or vouchered in a hotel, then referred to PH within 14 days of being in a shelter or document-ready. A by-name list was created in '16-'17 to more effectively target rapid rehousing. COC full-time landlord case manager has developed relationships with multiple landlords that have a track record of moving families in quickly. CoC has resources to help with security deposit and utility back payment to facilitate leasing as well as resources for furniture. The McKinney Vento homeless school liaison is available to make sure school enrollment and transportation are not obstacles. CoC strategy for increasing RRH for families resulted in increased State ESG resources for RRH for 2016-17 and 2017-18 and submission of an expansion project in FY 2017 for an RRH program for families. The CoC is working on developing a methodology for tracking length of time to rapidly rehouse families.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	35	38	3

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)

CoC Coordinated Entry Plan provides access at any point-of-entry for persons who are experiencing homeless to receive services and referrals regardless of circumstances. CoC adopted its most recent anti-discrimination policy that prohibits discrimination or separation from family or care-giver on 8/3/17. CoC uses the SPDAT with Coordinated Entry, allowing for particularly vulnerable

populations to be prioritized and advanced into shelter/housing. Further, there is a method for which clients can alert CoC when involuntarily separated. Monthly in-service trainings address accessibility to housing, with one focused on preventing involuntary family separation. Prioritizing vulnerable populations as a whole signifies that all individuals experiencing homelessness receive assistance regardless of age, sex, gender, LGBT or marital status, or disability. Only limitation to avoiding separation is at the family shelter for a child over 18 not attending school.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

Human trafficking and other forms of exploitation?	Yes
LGBT youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC’s efforts. (limit 1500 characters)

All youth homelessness addressed in Out-Wayne CoC and Detroit CoC are coordinated through the Detroit Task Force for Youth Homelessness and the Consortium of Schools in Wayne County with WMCAA. Additional family funding has provided more youth shelter. Services are coordinated across schools and service providers in the Metro area – unsheltered youth are referred to shelter at Covenant House or Ruth Ellis in Detroit and to Starfish

Family Services for services. All youth identified as homeless receive services. No measure is used to demonstrate effectiveness in reducing youth homelessness. The unique collaboration between CoCs and school consortiums allow for quick referrals. Many youth that are sheltered homeless live in temporary situations with family members or friends. HMIS data for HUD-defined youth paired with school serviced youth identified as homeless provide duplicated counts.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)

WMCAA employs Wayne County McKinney-Vento Coordinator who manages all youth experiencing homelessness by addressing housing crises and provides educational and transportation services. The Coordinator attends Out-Wayne and Detroit CoC meetings representing LEAs and area youth service providers. Adopted procedures require all homeless students be referred to coordinator by LEAs for services and shelters and by CoCs for educational services. Coordinator attends all LEA meetings and community meetings. Coordinator works closely with homeless liaisons at schools and give regular training and outreach to staff—teachers, custodians, bus—to train in homelessness signs and referral options. CoC partners with Michigan DHHS foster care Education Planners to ensure foster students are attending school while between placement. Further, Educational Rights for Homeless Students are posted in sites where homeless families may visit as well as in every school building where families frequent.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers		Yes
Head Start	Yes	Yes
Early Head Start	Yes	Yes
Child Care and Development Fund		Yes
Federal Home Visiting Program	Yes	Yes
Healthy Start		Yes
Public Pre-K	Yes	Yes
Birth to 3	Yes	
Tribal Home Visting Program		Yes
Other: (limit 50 characters)		

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)**

The consistent decrease in homeless veterans reflects the variety of services (CoC and VA) and coordinated efforts to provide services. Homeless veterans who are identified through the SPDAT are referred to the VA. During PIT counts, known encampments are canvassed, asking veteran status. SSVF, VASH and mainstream and CoC services are all made available. Veterans are quickly referred to permanent housing and other services. The CoC utilizes a By Name List to track the status, needs and outcomes of vets in CoC programs. The WMCAA SSVF case manager is a veteran and holds regular office hours at a local American Legion and a satellite VA VRC site on a weekly basis in addition to availability at the regular office.

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

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

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

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

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

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

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

Via Coordinated Entry, all participating organizations in CoC provide entry points, and, regardless of barriers, provide access to mainstream services. CoC is comprised of case managers in nonprofits as well as in DHHS (state) who provide assistance in applying for mainstream services. Monthly CoC meetings coupled with Coordinated Entry keeps lines of communication consistently open, systematically ensuring that regardless of entry point, services will be available whether directly or via referral. Further, at CoC meetings, all organizations are updated of any changes to mainstream benefits, which are subsequently passed onto program participants. Still further, employment counselors and groups are available to help increase income. WMCAA as lead agency employs a Housing and Homeless Services Manager who coordinates the CoC strategy for mainstream benefits.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	17.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	17.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	17.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	17.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

Servicing 100% of Out-Wayne County, CoC organizations do outreach to service their specialized populations, most often receiving referrals from the coordinated entry system in which clients seek services. Further, youth street outreach services are contracted through Covenant House from the City of Detroit. A street outreach committee has been created to help reduce the silo-effect of outreach efforts and build on the strengths of servicing specific populations that are particularly vulnerable and aren't as visible (particularly youth and DV victims). The data gleaned through this pilot project will help the CoC tailor its street outreach efforts and have a larger impact. When locations of unsheltered homeless are identified, a van from Christnet is available to provide transportation for case managers and clients. A third party service is employed that can provide translation and sign language assistance to case managers and clients in any language.

**4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.**

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

The CoC serves a diverse population of Spanish, Arabic and English speakers. Direct outreach and marketing is catered to specific communities and specialized populations, especially in their native languages. A third party service is employed that can provide translation and sign language assistance to case managers and clients in any language. Phone and internet-based services (i.e. 211) are utilized to provide general referrals for specific assistance. All organizations are physically accessible for those with disabilities. All students who require DOE McKinney Vento are centralized through the WMCAA coordinator. The SVFF case manager maintains regular outreach hours at a local American Legion. Printing of materials are made available in English, Arabic and Spanish. Clients moving into housing are provided with "Tenants and Landlords: A Practical Guide." The CoC policy on Fair Housing is in the Coordinate Entry Policies and Procedures, and is made available to all clients.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	178	168	-10

4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). No

4B. Attachments

Instructions:

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

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Rejection-Reduction	09/27/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	Consolidated Appl...	09/27/2017
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CoC Rating and Re...	09/26/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	Public Posting Pr...	09/27/2017
05. CoCs Process for Reallocating	Yes	CoC Process for R...	09/27/2017
06. CoC's Governance Charter	Yes	Governance Charter	09/26/2017
07. HMIS Policy and Procedures Manual	Yes	HMIS Policies and...	09/26/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administrativ...	09/26/2017
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	CoC-HMIS MOU	09/26/2017
11. CoC Written Standards for Order of Priority	No	Written Standards...	09/27/2017
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	HDX Competition R...	09/26/2017
14. Other	No	Calculation of Re...	09/27/2017
15. Other	No	Communication to ...	09/28/2017

Attachment Details

Document Description: Rejection-Reduction

Attachment Details

Document Description: Consolidated Application Evidence of Posting

Attachment Details

Document Description: CoC Rating and Review Procedure

Attachment Details

Document Description: Public Posting Project Selections, Ranking

Attachment Details

Document Description: CoC Process for Reallocation

Attachment Details

Document Description: Governance Charter

Attachment Details

Document Description: HMIS Policies and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administrative Plans

Attachment Details

Document Description: CoC-HMIS MOU

Attachment Details

Document Description: Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: HDX Competition Report

Attachment Details

Document Description: Calculation of Reallocation 2013-2017

Attachment Details

Document Description: Communication to Agencies that Project Applications Accepted for Submission with Priority Listing

Submission Summary

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

Page	Last Updated
1A. Identification	09/13/2017
1B. Engagement	09/27/2017
1C. Coordination	09/27/2017
1D. Discharge Planning	09/25/2017
1E. Project Review	09/27/2017
2A. HMIS Implementation	09/27/2017
2B. PIT Count	09/26/2017
2C. Sheltered Data - Methods	09/27/2017
3A. System Performance	09/27/2017
3B. Performance and Strategic Planning	09/27/2017
4A. Mainstream Benefits and Additional Policies	09/27/2017
4B. Attachments	09/28/2017

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Submission Summary

No Input Required