CRHC CoC Grant Application

(One project per application)

Application due to <u>matt.stevenson@lansingmi.gov</u> **by noon Thursday, August 22, 2019**

<u>**Application organization must have tax-exempt status under 501(c) of the IRS, DUNS Number and an active registration in SAMS**</u>

Date of Application: **8/22/2019**

PART I: Program Information

Renewal ☒   Reallocation Project ○   Non-DV Bonus Project ○   DV Bonus Project ○

Consolidation ○   Transition ○   Expansion ○

Organization: __**Child and Family Charities- Gateway division**__

Contact Person: _Jennifer McMahon_   Title: __Division Director__

Telephone: _517.882.4000 X121_   Email: jenniferm@childandfamily.org

---

Project Grant Name: <u>Rapid Rehousing for Youth</u>   Minimum # Units (see table): <u>TH-6; RRH-9</u>

<u>Renewal only:</u> Previous Year Award Amount: $__169,057__   Amount Requesting: **$172,885**

Circle the Program Component for Which You Are Requesting Funds:

*Permanent Supportive Housing * Transitional Housing * Rapid Rehousing (* Joint TH-RRH)
* DV-RRH * DV-Joint TH-RRH * DV-Coordinated Entry * HMIS * Coordinated Entry

A. Are other funds leveraged with the requested funds?

Yes: X_ No: ___ If yes, please identify the amounts and sources for all leveraged funds.

Amount $200,000_ Source: <u>U.S. DHHS-FYSB-TLP grant</u>

Amount $194,728_ Source: <u>U.S. DHHS-FYSB-TLP for pregnant/parenting youth</u>

Amount $192,588 Source: <u>Michigan DHHS- TLP grant</u>

Amount $15,300 Source: <u>Ingham County- TH and RRH support</u>

Amount $3,000   Source: <u>Greater Lansing Food Bank</u>

Amount $30,000 Source: <u>United Way- Financial Literacy/Stability services</u>

B. This grant requires a 25% cash or in-kind match. Please describe in detail:

a) type (cash or in-kind); b) Source of match; c) Amount, and how it will be documented.

Child and Family Charities (CFC) is applying to renew a Joint TH/PH-RRH Project in the amount of $172,885. Twenty-five percent of the requested amount is $43,221. Match amounts will be met using the following:

$10,250 Cash Match: Program Income: Residents in the RRH Project will be expected to contribute 30% of their adjusted income toward rental expenses. It is projected that by the last quarter of the year, all residents will be able to cover (on average) 30% of their rental expenses for a total of $10,250. Child and Family Charities will pay the full value of monthly rent each month to the landlord. The 30% of adjusted monthly income will be paid by each resident directly to Child and Family Charities, thus will be classified as Program Rental Income and will be used to cover eligible program expenses.

$15,300 Cash Match: Ingham County: Child and Family Charities has been a grant recipient of Ingham County funds to provide supportive services to runaway and homeless youth. The grant period is January 2020 through December 2020 and has been consistent for many years.

$17,671 In-Kind Match: State of Michigan DHHS Homeless and Runaway Grant Award: Child and Family Charities receives $192,588 from the State of Michigan for its Transitional Living Program (TH component) to cover operating costs. These are federal funds passed through the State of Michigan to operate programs for runaway and homeless youth. $17,671 will be used as a match for the HUD CoC Grant Award. Contract period for the State of Michigan is 10/1/2020 through September 30, 2021 and is renewed annually.

Documentation: Monthly finance reports are completed based on the following: salaries and benefits allocated to the grant are based on actual number of hours worked by each staff person for each program as noted in timesheets. Payroll reports spread salaries and fringe benefits across programs and then across funding sources. This determines monthly reimbursement from each funding source for salaries and fringes. Operating costs are directly applied to each program. Cash drawdowns from Ingham County and a portion of the cash drawdowns from the State of Michigan will be included as match in the HUD monthly financial status report.

For RRH Program Income, youth meet a minimum of monthly with their case manager to evaluate their income using their pay stubs and other income documentation. They then submit to CFC a check or cash for 30% of their adjusted monthly income for rent and utility expenses. This income is coded RRH Rental Income in CFC's accounting system. Each youth receives a receipt for their rent payment and it is additionally recorded in their client case file. RRH rent income will be recorded each month as match on the HUD monthly financial status report.

Financial reports, including income and expenses, are reviewed monthly and presented to the CFC Board of Directors by the Director of Finance. An annual agency budget is presented to the board and approved in November of each year. An independent CPA firm performs an annual audit and presents the results to the Board. The most recent audit had no negative findings.

C. Does/Will the agency follow the Orders of Priority as defined in CPD-16-11 (See Exhibit A of this application)? Yes: _X_ No: ___

D. How many households will be housed during the funding year? __19__

Part II: Narrative
Please be concise. Use bullets where possible.

1. Describe the **target population** for the Project. Specifically identify who the project will serve. i.e. individuals; families; chronic; Special populations. What is the **average acuity level**?

   If the Project has admission preferences for different sub-populations, please explain.

GYS's joint Transitional Housing/Rapid Rehousing Program (TH/RRH) serves the special population of unaccompanied youth ages 16 through 24 who are homeless or at risk of homelessness. The program serves individual youth as well as youth who are pregnant or parenting. GYS prioritizes youth who are living on the street or in places not meant for human habitation; living in unsafe households where abuse, neglect, domestic violence, or human trafficking are described to occur; have faced multiple episodes of homelessness; are living in emergency shelters; are aging out of foster care or the juvenile justice system without a safe place in which to return; and are doubled up with other households and facing impending eviction.

Youth prioritized for TH include minor youth as there is nowhere else for them to go in the service area, as well as adult youth who may need time to gather identification documents, create safety plans, stabilize mental health, and locate a unit for the RRH component. Adult youth will be quickly transitioned into RRH as soon as they are able and express readiness. Adult youth do not have to enter TH services. They can go directly from street-based services to the RRH component.

GYS staff received training on the use of the TAY-VI-SPDAT, the Transition Age Youth-Vulnerability Index- Service Prioritization Decision Assistance Tool, to create a standardized measure of homeless acuity and implement an objective measurement tool to prioritize youth for housing and supportive services. The TAY-VI-SPDAT takes into account the specialized developmental needs of youth. GYS has had an active Street Outreach Program that goes into the community to identify homeless and street youth (as identified in detail in #8 below). Youth with a TAY-VI-SPDAT score of 4 or higher will be prioritized for RRH. In the event that there are more youth applicants than beds available, youth with higher TAY-VI-SPDAT scores will be prioritized for housing first. The average acuity level of the youth who have been assessed using the TAY-VI-SPDAT is 8.2, an increase of 2.2 average acuity points from the prior year.

2. Provide examples of how the **Project outcomes** will contribute to improving the CoC's system-wide performance, as measured by HUD's system performance measures below:
   - Reducing the length of time people are homeless
   - Increasing discharges to permanent housing
   - Preventing returns to homelessness (reducing recidivism)
   - Increasing client income

The TH-RRH Program will follow the guidelines identified in the Framework to End Youth Homelessness (United States Interagency Council on Homelessness, 2013) and the recommendations for Youth Centric Rapid Re-housing (National Network for Youth). The Joint TH-RRH program will help youth attain the project outcomes (reducing the length of time youth are homeless, increasing discharges to permanent housing, preventing returns to homelessness (reducing recidivism) and increasing client income).

The project outcomes for the Joint TH-RRH program are in line with HUD's priorities to serve the priority population of youth, maximizing the use of mainstream resources, building partnerships, and strategic resource allocation. The goals are also in line with CRHC's priorities to provide

Rapid Rehousing, Supportive Services with targeted case management and wrap around services to lead to self-stability, and Essential Services for vulnerable sub-populations. The Joint TH-RRH project outcomes are the following:

-Reducing the length of time people are homeless
CFC analyzes the length of time between Street Outreach engagement and move-in to TH or RRH and engages in team discussions to develop strategies that reduce the length of time youth remain homeless. These include:
• Decreasing the intake process by providing only the RHY Intake to document program eligibility and TAY-VI-SPDAT for acuity for prioritization.
• Focus on moving youth from the street into housing before completing additional assessments to determine the need for supportive services. Supportive services will be prioritized once housing is stabilized.
Outcome: Over the course of the 2020-2021 contract year, CFC will identify the current benchmark for length of time between engagement and move in to TH or RRH. At the end of the 2021 contract year, CFC will reduce the number of days between engagement and move in to housing.

-Increasing discharges to permanent housing
Outcome: The addition of the RRH component for youth offers youth in our community an additional alternative for permanent housing with youth-focused supportive services. The goal of the RRH component is to help youth transition in place, or take over the terms of their lease and be able to sustain the apartment or home on their own. During program participation, youth learn how to read and understand the terms of their lease and build healthy landlord/tenant relationships. Youth also learn how to manage conflict in their apartment communities. **90% of youth will leave the TH/RRH project to safe and stable housing.**

-Preventing returns to homelessness (reducing recidivism)
Outcome: Youth in the TH-RRH program work toward improving life skills necessary for independent living which includes building permanent connections in the community, accessing mainstream financial and other resources necessary for housing stability, and addressing mental health issues that often lead to homelessness. Youth are eligible to receive ongoing aftercare supportive services after leaving the housing component of the program. **80% of youth contacted at six months post-program discharge will identify maintaining safe and stable housing.**

-Increasing client income
Outcome: Youth are taught employment skills and offered employment case management services that include applying for jobs, creating resumes, and learning soft skills for healthy job maintenance and promotional opportunities. Additionally, youth are connected to employment services in the community including Michigan Rehabilitation Services, Michigan Works, Peckham Vocational Industries, and a variety of temp agencies based on youth interests. Youth with identified disabilities are connected to a SOAR provider to help with SSI/SSDI applications. Youth are also connected to mainstream benefits including Child Care Assistance, Medicaid, Cash Assistance, and Food Assistance. CFC Case Managers are trained MI Bridges Navigators. Youth work with their case manager to learn budgeting skills to manage their income. CFC is working with Flagstar bank to evaluate and improve our financial literacy curriculum. **65% of youth will demonstrate an increase in cash income between project intake and project discharge.**

3. Using Exhibit B-Describe the Project's implementation of the **Housing First** approach. Include 1) eligibility criteria; 2) process for accepting new clients; 3) process and criteria for exiting clients as it pertains to substance use, income, criminal records (with exceptions for restrictions imposed by federal, state, or local law or ordinance), marital status, familial status, actual or perceived sexual orientation, gender identity. Include descriptions of program

policies and procedures to address situations that may lead to termination. How will the project assist clients in finding decent housing?

Eligibility Criteria/Process for Accepting New Clients: All youth who identify as homeless receive crisis intervention and immediate connection to housing options. Homelessness is determined by referrals from the CEA and emergency shelters, by Street Outreach teams, and by personal statements from the youth. Youth often run away from home due to abuse, neglect, domestic violence, and/or human trafficking. Some youth are kicked out of their homes by their caregivers and lack the life skills and resources needed to live independently. CFC also works with youth who are exiting the foster care system without a safe and/or stable housing option available.
Youth who are on the street are quick targets for human traffickers, thus they need quick access to low barrier shelter options. Since the Transitional Housing program is a communal living environment with up to 6 youth varying in age from 12-21 and is co-ed, assessments also determine the best housing model for the youth. If youth cannot live in a co-ed communal environment safely (intensive history of assaultive behavior, criminal sexual conduct, substance abuse disorder requiring detox or inpatient medical care first, severe emotional disturbances that jeopardize the safety of the youth and/or other residents requiring intensive psychiatric services first) youth are referred to housing programs that better meet their needs. The Transitional Living Program for Youth is housed in a Licensed Child Caring Institution in order to receive approval by the State of Michigan to house unaccompanied minor children. Licensure requires specified safety regulations. Without the license, homeless minors could not be sheltered. Considerations must be made regarding the safety of all residents. Adult youth ineligible for housing in the TH component may be served in the RRH component. Intake forms identify eligibility criteria based on HUDs definition of homelessness.

Process and Criteria for Exiting Clients: Two safety-related issues might disqualify a youth from ongoing program participation in the TH component. These include multiple and recent incidents of physical assault and/or inappropriate sexual behavior and repeatedly returning to the youth home while under the influence of illegal substances resulting in unpredictable and unsafe behaviors. If the youth is determined to be a safety risk for group home living or if the youth identifies that a group home living environment is not a good option for them, case management services continue to quickly connect the youth with housing options that better meet the needs of the youth.

There are no restrictions for entry into the TH-RRH program imposed by past substance abuse, income, criminal records (other than Criminal Sexual Contact), marital status, familial status, actual or perceived sexual orientation, or gender identity. Youth identifying or demonstrating substance use disorders, meaning daily life functioning and ability to achieve life goals is impeded, are referred for substance abuse assessments. Recommendations for treatment are discussed and youth are encouraged to set risk/harm reduction goals. While youth cannot use alcohol or drugs on the premises of the Youth Home (TH), or return to the Youth Home while under the influence, youth are not required to demonstrate sobriety before entering housing services. If detox or inpatient substance abuse services are recommended, case managers assist youth in accessing these services and youth are able to reapply for TH/RRH again upon completing inpatient treatment.

It is rare that youth enter the program with income. Once the youth's housing is stabilized in TH or RRH and their basic needs are met, case managers connect youth to employment services (Workforce development, temp services, Michigan Rehabilitation Services) and provide employment-focused case management to help youth acquire and maintain employment. Gateway serves a high volume of lesbian, gay, bi-sexual, transgender, and questioning youth who are rejected from parents, caregivers, and society due to their sexual orientation and/or gender identity.

Transgender youth self-identify their gender, chosen name, and preferred pronouns, and are assigned bedrooms based on the information provided, not by what is on their birth certificate. Gateway also serves pregnant and parenting youth. Heads of household can be either male or female.

Goals are developed with the youth to provide the youth with the best possible chance of obtaining and sustaining permanent housing. Each youth establishes an individualized service plan with the case manager to develop and improve life skills needed for self-sufficiency. Service plan goals are developed through a series of assessments that take into consideration the youth's identified needs and goals. Service options that the youth may choose aid in gaining skills and enhance positive relationships with housemates and staff. Assessment of need is ongoing and goals are updated every 90-days.

Youth who are age appropriate and demonstrate self- sufficient life skills necessary to live without the need for imposed structure and supervision will quickly transition to the Rapid Rehousing component. Youth will be accepted into the Rapid Rehousing program regardless of their sobriety or use of substances, completion of treatment, and participation in services. Youth will not be rejected on the basis of no income, a poor credit history or lack of financial or rental history. Supportive services and case management will be individualized, youth driven, and without predetermined goals.

CFC has a lengthy disciplinary process that addresses behavioral issues in the TH and lease issues in the RRH. This is reviewed with the youth during program intake and reviewed with the youth again as issues arise. The first step in addressing any violations to program expectations outlined in the Program Agreement and signed by the youth is to verbally discuss the violation with the youth, reiterating its importance. The second step is a written warning highlighting the violations in the Program Agreement or lease and identifying immediate actions needed to remedy the situation. The third step is a Behavior Improvement Plan that is a therapeutic method designed to help youth understand what needs are being met by their "inappropriate behaviors" and how to get their needs met in a healthy manner that does not jeopardize their housing and important relationships. This plan also identifies additional supports and strategies the youth and case manager will access to help the youth with their plan. Step four is an eviction warning where youth work with their case managers to identify alternative housing options in the event that eviction does occur. This includes talking to community support persons, checking on housing waitlist status, identifying other youth housing partners in neighboring counties, and ability to live independently without housing support from CFC. Even if youth are no longer appropriate to receive housing services from CFC, they still remain eligible for aftercare supportive services to help obtain and maintain housing elsewhere.

4. Explain how the **needs assessment** process ensures that participants are directed to appropriate services. How are participants connected to **mainstream resources**? Are there **MOUs or letters of commitment**? (These must be dated between May 1, 2019 and September 30, 2019.) Include collaborations with other programs or agencies. For renewals, how successful have these collaborations been?
(See Mainstream Resources definition in glossary)

Using the Self-Sufficiency Matrix and other evidence-based assessment tools (Daniel Memorial Life Skills Assessment, Adult-Adolescent Parenting Inventory, Trauma Screening Tool, TAY-SPDAT, Human Trafficking Indicator Card, GAIN short screener for substance abuse), the case manager develops a specialized and unique service plan to address barriers to self-sufficiency. The following connections are commonly made for youth in the TH-RRH based on individual need:

(a) Referrals to Michigan Works! and other employment related services: Based on the youth's age, work history, and work "ability", youth are provided on-site employment case

management and supportive services including job search; application/resume building; career exploration and networking; mock interviewing; and soft skills for maintaining employment. Additionally, youth are connected with the following resources based on need: temporary employment services, Michigan Works, Michigan Rehabilitation Services, and other "work placement" and assisted employment agencies. Gateway has recently entered into a partnership with Advent House Ministries and Housing Services Mid-Michigan to strengthen our financial stability services to families, where AHM and HSMM provide services to the adults ages 25 an over, and Gateway works with the transition age youth to strengthen financial literacy, support, and community connection for improved self-sufficiency.

(b) If a youth has a disabling condition that impairs daily functioning, specifically the ability to obtain and/or maintain employment as a source of income, the case manager helps the youth apply for SSI/SSDI using local SOAR (SSI/SSDI Outreach, Access, and Recovery) Trained workers and helps the youth gather the needed documentation to verify disability. The case manager will engage Legal Services of South Central Michigan (a GLHRN member) in the event that an appeal is needed.

(c) Healthcare: Gateway's license requires that GYS obtain a physical for youth upon shelter entry if the youth has not had a physical in the previous 12 months, which is usually the case. GYS case managers help the youth apply for health coverage, including MiChild (Michigan's Health Insurance Program for Children), Medicaid or coverage under the Affordable Care Act, to address ongoing health issues. GYS also has a long-standing relationship with Ingham County's Teen Health Center, located in Willow Plaza.

(d) Food Assistance Program (FAP). While residing in the Youth Home, three healthy meals and snacks are provided to the youth daily. Upon exit, the Case Manager assists the youth in applying for Food Assistance as well as knowing the locations of local food banks and organizations that provide meals.

(e) Schools. The Case Manager provides an education assessment for each youth. Staff work closely with the McKinney-Vento liaison for the schools. Youth who have not completed high school are enrolled in public school and Gateway provides transportation to school. If the youth is between 18 and 21 and a return to high school is not practical, the youth may be directed to a program that will result in completion of a GED. Youth who are completing their final year of high school or their GED are provided assistance with applying for post-secondary vocational training or higher education at community colleges or universities. Youth who transition to Job Corp, the Michigan Career and Technical Institute, or other universities apply for housing assistance through these programs where housing is offered in a dormitory-style fashion that provides developmentally appropriate structure and supervision.

(f) Rapid Rehousing. Youth who are adults will be referred to the Rapid Rehousing for Youth program.

(g) The intake coordinator, the case manager, and the therapist additionally provide extensive referrals for diagnostic and mental health services.

(h) Transportation is provided for the youth through bus tokens and passes until such a time where the youth obtains income and is able to budget for transportation costs. Youth are taught how to access and utilize public transportation to meet their needs in their local community. Case Managers also work with youth who desire to pursue drivers training and the attainment of a driver's license with budgeting goals to purchase a personal vehicle.

(i) CFC is a MI Bridges Community Partner. Jennifer McMahon, GYS Division Director, is the agency lead point of contact.

Collaborations are generally successful in helping youth to meet their goals. CFC case managers meet weekly to process cases, share information on resources, what works, and where we run into

system barriers. Whenever barriers arise, CFC management reaches out to agency administrators to discuss and reduce barriers, whenever possible. For example, CFC continues to meet with Clinton, Eaton, Ingham Community Mental Health to discuss barriers to accessing psychiatric services for youth residing in a licensed Child Caring Institution.

5. How will clients be assisted in maximizing their ability to live independently? What **criteria** are used to evaluate participants' readiness to "graduate" or **transition** from the project to other permanent housing?

CFC offers youth a full continuum of services from Street Outreach and Emergency Shelter, to Transitional Housing, Permanent Supportive Housing and Rapid Rehousing. Each youth will create an individualized stable housing and care plan with their case manager that is evaluated weekly for youth in TH and monthly for youth in RRH and updated every three months. Housing goals for each youth will differ. Some youth are still working toward a successful family reunification that offers extended financial support until the youth can obtain a livable wage. For many, this option may be achievable once family conflict, the youth's mental health, substance use disorders, education and income are addressed. For youth who cannot return home, housing may include staying with extended family members, living in a co-op, renting a room in a home with shared communal space, renting a small studio or one bedroom apartment, sharing housing expenses with selected roommates, or moving to a college dormitory. All options will be explored with each youth so they can select the option that best fits their needs. Housing plans may change over time as the youth's needs and skills evolve.

Staff members utilize materials from the CLASS Curriculum and Casey Life Skills to teach life skills to the youth. The CLASS curriculum was developed by the Daniel Memorial Institute, and is recommended for use with at-risk youth by the Michigan Department of Health and Human Services to help youth transition successfully to independence. CLASS stands for Curriculum and Lessons for Attaining Self-Sufficiency. The curriculum addresses 14 life skills categories including interpersonal skills, educational planning, money management, food management, personal appearance, health, job seeking, job maintenance, legal skills, emergency and safety skills, community resources, housekeeping, housing, and transportation. Concrete skills are taught through exercises, worksheets, games, and practice. Each session takes about 45 minutes. The Casey Life Skills curriculum was developed for use with transition-age-youth, specifically those youth living outside the home.

Program readiness is evaluated on a case-by-case basis depending on housing goal. For youth returning to live with family, readiness is dependent on the expectations of the family. For example, the youth may be required to do chores to compensate for their room and board, or they may be required to contribute to household bills. For youth transitioning out of RRH, readiness is dependent on their ability to take over the terms of the lease including monthly rental and utility expenses.

6. CoC policies require that participants be **referred from the Coordinated Entry Agency** (CEA). What is your estimate of the % of referrals you accept from the CEA? Please explain how you track/verify this information.

Program referrals for the special population of youth that Gateway serves come from several sources, including CRHC member agencies who encounter homeless youth under the age of 24 through Coordinated Entry. The CEA sends referrals via HMIS to Gateway for all youth. Gateway attempts to follow up with 100% of CEA HMIS referrals. Gateway staff document youth contacts from referrals in HMIS. During the past year 73 referrals for 23 households and 35 individuals have been made to CFC from the CEA. Forty-five remain open and are receiving Street-based Case

Management services under Gateway's Street Outreach program and/or are on waitlists to get into housing, 28 have been closed out.

In addition, Gateway has partnered with East Lansing Public Library, the Capital Area District Libraries, East Lansing Schools, East Lansing Police Department, Lansing Schools, the Lansing Police Department, Ingham County Community Mental Health, the state Department of Health and Human Services (DHHS), the federal DHHS, All Saints Episcopal Church, University Lutheran Church, Ingham County, and others who all act in the capacity of Safe Zones connecting homeless youth to Gateway's 24/hour crisis hotline.

All youth ages 18 or over are referred to the CEA to determine eligibility for housing waitlists. Since the youth's data is already in HMIS and the youth is an adult, a release can be signed by the youth for electronic CEA referral.

7. How will the project **engage those with the most severe needs or vulnerabilities, disabilities or limited English proficiency** per the CRHC CoC/HUD prioritization policy? Describe any Outreach efforts. Reaching participants throughout the County that may not otherwise have known of the Project?

First, the term "most vulnerable" seems tailored to the precise population that Gateway serves. Once youth find themselves rudderless and on the street, studies have shown that a significant majority of these youth are at much higher risk of exploitation, injury, or death than their housed or sheltered peers. In addition to the TH-RRH, Gateway operates a Street Outreach Program (SOP) that searches the streets for homeless youth and brings them to shelter or a safer housing situation. The SOP also provides youth with basic needs such as food, clothing, and hygiene products as a way of building rapport and trust with the youth. Gateway also runs a support group for LGBTQ youth, a particularly vulnerable population that is at-risk for homelessness. The SOP conducts community outreach to educate the community about our mission and to increase awareness of the signs of homelessness (that youth are sometimes unwilling to discuss). Outreach is conducted at the Refugee Development Center and Samaritas' Refugee and foster care programs. The SOP team also patrols the Lansing area, looking for likely contact points with street youth such as bridges and encampments. The team also engages people who may know whether the youth is associating with individuals connected with human trafficking. The SOP team works closely with the TH-RRH intake coordinator to assure that the youth they come into contact with are provided appropriate shelter and services. The SOP team also works with the intake coordinator to assess the youth's degree of risk for homelessness or actual homelessness to determine program suitability.

The vast majority of the youth that engage with Gateway could meet the ADA definition of having a learning, developmental, psychiatric or substance abuse disability. This also includes youth with physical impairments such as auditory and visual impairments. Program staff are provided with ongoing training on how to meet the needs of youth. Youth are connected to services to specifically address their disabling conditions.

CFC provides training to staff on how to accommodate persons with limited English proficiency (LEP), utilizing translators as needed.

8. Are there any **outstanding Civil Rights matters,** delinquent Federal debts, debarment or suspensions from doing business with the federal government? Yes _____ No _X_ _
Approved Code of Conduct is on file with HUD? Yes _ X _ No_____
Please explain your response. (50 words or less)

CFC's Gateway Youth Services division has been managing federal grants since 1974 when the Runaway and Homeless Act first appropriated funding. The GYS division has been a recipient of HUD funds for over 17 years.

> 9. Who is the agency contact person knowledgeable about **Fair Housing** and HUD priorities?
> Name: Jennifer McMahon _____ Contact # 517.882.4000 x121 _____

+++

ONLY Renewal Projects, complete questions 10-12

> 10. Are the agency **reports turned in on time** (%)? Is the agency **HMIS data error free (%)**?
> Are the agency monthly Financial Status Reports correct (%)?

Reports are turned in on time 100% of the time (based on internal records).

HMIS data is 99.2% error free (combination of HUD notifications; HUD UDE, and HUD additional) for the TH program and 100% error free for the RRH component.

The past year has been a learning process for the new RRH component, launched in September of 2018. Financial Status Reports have been frequently passed back and forth with our City of Lansing contractor monitor to add or address details in the Rent Rolls. However, it is improving over time and we are hopeful the need to return FSR's will diminish quickly.

> 11. **Project cost-effectiveness** – what was the average cost per person or family served in your project? (Take the cost to run the project including match divided by the actual number of households served per project year).

Licensed Child Caring Institutions are very expensive to operate requiring 24/hour staffing for developmentally appropriate structure and supervision. Staffing ratios for youth programs are low. The TH program has a required staffing ratio of no more than 10 youth for every one staff person. Due to the varying ages and co-ed nature of the Youth Home, licensing consultants have recommended a 1:7 staff to youth ratio. The TH program provides for all of the youth's basic care needs including nutritious meals and snacks, clothing, hygiene products, school supplies, transportation to and from school and appointments, age appropriate recreation and social activities, and individualized financial assistance to meet long-term housing goals. Additionally, all TH program participants have access to on-site case managers and therapists who meet with each youth a minimum of weekly. Services are coordinated through a wrap-around treatment team where cases are digested and monitored for progress weekly. The Youth Home utilizes trauma-informed care that helps young people heal and recover from the effects of trauma, including traumatic episodes that happened prior to homelessness as well as the impact of being homeless at such a young age. Licensing requires extensive staff screening and training.

The CoC Program provides a portion of the funds necessary to operate the TH. It cost $550,156 annually to operate the TH where last year 26 youth are served each year for a cost per youth of $21,159.

Adding the TH-RRH program last September reduced the costs by moving older youth with independent living skills quickly to off-site RRH apartments with ongoing age appropriate supportive services. Not having to provide 24/hour staffing coverage in RRH units significantly improved cost effectiveness. The cost to house 13 youth in the RRH component is $188,616 for an annual cost of $14,508 per youth.

12. Attach the agency's response letter to **any findings or concerns** identified by the City during the **last monitoring/site visit** of the agency. Please provide any CAP (Corrective Action Plan) requested by the City or CoC if applicable.

Please see attached Corrective Action Plan dated February 14, 2019 written by Jennifer McMahon.

+++

ONLY Reallocation, New Bonus and DV Bonus Projects, complete questions 13-17

13. Attach (one page or less) the general Objectives/Mission of the Organization and the Organization's **experience in providing the services** for which funding is being requested, including populations served.

14. Describe the plan to assist clients with **barriers to housing** (poor rental history, criminal history, bad credit, etc.) to rapidly secure and maintain permanent housing that is safe, affordable, accessible, and acceptable to their needs.

15. Describe how the **project design** will fit the needs of project participants: 1) to help maintain housing; 2) to meet other client needs that contribute to instability and homelessness; 3) to **establish performance measures** for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.

16. Describe a plan for **rapid implementation of the project** documenting how and when the project will be ready to house the first project participant. Provide a detailed schedule of proposed activities for 30 days, 60 days, 120 days, and 180 days, if applicable, after grant award.

17. My agency is **willing to be trained** in processes and programs used by the CoC to manage and administer the HUD grant including but not limited to Homeless Management Information System (HMIS), the Coordinated Entry Agency (CEA) and the assessment tool (SPDAT).   Agree: _____   Disagree: _____

DV-Bonus applicants only (18 – 20):
18. Do you have a **client-level database** that is capable of meeting HUD's Annual Performance Reporting requirements? (see document on GLHRN website for clarification)
Yes_____   No _____

19. What are the **issues facing DV survivors in accessing local CoC** permanent housing assistance programs? Support your response with local data.

20. How do you **address/improve safety for the DV populations** you serve?

For further information, please see the HUD Notice of Funding Availability at:
https://www.hudexchange.info/resource/5842/fy-2019-coc-program-nofa/

Part III: Budget
Budget may also be submitted in an Excel Spreadsheet – contact HRCS for document.

	HUD CoC Expenses					
	PH: PSH	PH:RRH	TH	SSO	HMIS	
Rental Assistance		$82,488				$82,488
Leasing						
Supportive Services*		$41,288	$38,442			$79,730
Operating Costs						
HMIS						
Total Admin		$8,107	$2,560			$10,667
Sub Total		$131,883	$41,002			$172,885
Cash Match (all line items except Leasing)		$9,168	$6,132			$15,300
Program Income if used as Match (if applicable)		$10,250				$10,250
In-Kind Match (all line items except for Leasing)		$13,464	$4,207			$17,671
Grand Total		$164,765	$51,341			$216,106

Shaded areas not eligible for funding in designated categories. Match must total 25%, excluding Leasing costs.

*Supportive Service breakdown	
Salaries	$61,428
Fringe Benefits	$15,357
Contractual services	
Travel	
Supplies/materials	
Utilities	$1,145
Repairs/Maintenance	
Financial assistance to clients	$1,800
Total	$79,730

Program Income*	
Source	Amount
RRH Rental Income	$10,250
Total	$10,250

*Program Income is funds generated by project activities such as participant contributions toward their rent.

Authorized Representative: (Please print or type)
Name: Jennifer McMahon
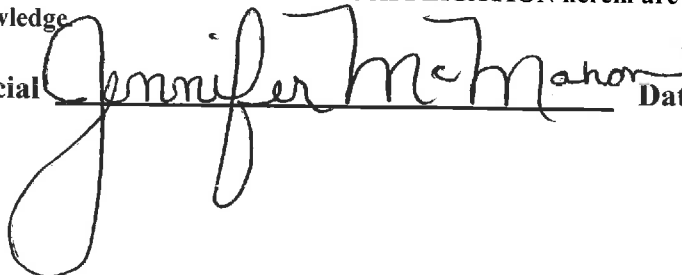Title: Division Director, Runaway and Homeless Youth
Telephone Number: 517-882-4000 x121
Email: jenniferm@childandfamily.org
Fax Number:

By signing this application, I certify the statements contained in the APPLICATION herein are true, complete, and accurate to the best of my knowledge.

Signature of Authorized Official _Jennifer McMahon_ Date 8.22.19

HUD Priorities

Strategic Resource Allocation – maximize use of mainstream resources and develop partnerships.
Ending homelessness for all persons.
Creating a systemic response to homelessness.
Providing Flexibility for Housing First with Service Participation Requirements.
Using an Evidenced-Based Approach.
Increasing employment.

CRHC Priorities

Prioritize Permanent Housing including PSH and Rapid Rehousing
Prevention of Homeless through intervention
Supportive Services with targeted case management and wrap around services to lead to self-stability
Shelter services
Essential Services for vulnerable sub populations
Prioritize the chronically homeless

CoL FY 2019-2020 HUD CoC GRANTS   OMB 24 CFR 578   CFDA 14.267

AGENCY NAME	Account Description	(2018 NOFA Awards)	Start Date	End Date	TOTAL Gr AMT	Budget AMT	BUDGET DETAILS	Units	MATCH
Advent House/ Fresh Start RRH	Supportive Services	MIO5841L5F081801	9/1/2019	8/31/2020	$62,136	$12,733	Supp Svs	5	
	Rental Asst				Agency 60,127	$45,384	Rental Assistance		
	Admin					$2,010	Agency Admin		
	Admin City					$2,009	Admin		$15,534
Advent House/ PSH for Families	Supportive Services	MIO199L5F081811	6/1/2019	5/31/2020	$72,615	$21,605	Supp Svs	4	
	Operating				Agency 71,098	$47,976	Rental Assistance		
	Admin					$1,517	Agency Admin		
	Admin City					$1,517	Admin		$18,154
Advent House/ Hope Housing	Supportive Services	MIO483L5F081803	7/1/2019	6/30/2020	$253,258	$68,279	Supp Svs	19	
	Rental Asst				Agency 245,135	$168,732	Rental Assistance		
	Admin					$8,124	Agency Admin		
	Admin City					$8,123	Admin		$63,315
OCOF/Ending Family Homelessness Through Rapid Rehousing	Supportive Services	MIO417L5F081805	9/1/2019	8/31/2020	$260,933	$52,189	Supp Svs	18	
	Rental Asst				Agency 252,453	$191,784	Rental Assistance		
	Admin					$8,480	Agency Admin		
	Admin City					$8,480	Admin		$65,233
CFC Gateway/Rapid Rehousing for Youth	Supportive Services	MIO582L5F081801	9/1/2019	8/31/2020	$172,885	$79,730	Supp Svs	6 TH	
	Rental Asst				Agency 167,552	$82,488	Rental Assistance	9 RRH	
	Admin					$5,334	Agency Admin		
	Admin City					$5,333	Admin		$43,221
MMRS/Transitions + RRH	Supportive Services	MIO619L5F081800	7/1/2019	6/30/2020	$146,060	$100,371	Supp Svs	6 TH	
	Leasing				Agency 141,277	$7,200	Leasing	6 RRH	
	Rental Assistance					$24,840	Rental Assistance		
	Operating					$4,083	Operating		
	Admin					$4,783	Agency Admin		
	Admin City					$4,783	Admin		$36,515
LHC/PSH 2	Supportive Services	MIO196L5F081811	1/1/2020	12/31/2020	$722,639	$106,417	Supp Svs	70	
	Rental Asst				Agency 706,320	$583,584	Rental Assistance		
	Admin					$16,319	Agency Admin		
	Admin City					$16,319	Admin		$180,660
LHC/S+C Program	Rental Asst	MIO195L5F081811	5/1/2019	4/30/2020	$316,164	$298,080	Rental Assistance	36	
	Admin				Agency 307,122	$9,042	Agency Admin		
	Admin City					$9,042	Admin		$79,041
Holy Cross/PSH Bonus	Supportive Services	MIO376L5F081807	7/1/2019	6/30/2020	$178,179	$27,743	Supp Svs	17	
	Rental Asst				Agency 173,341	$140,760	Rental Assistance		
	Admin					$4,838	Agency Admin		
	Admin City					$4,838	Admin		$44,545
Holy Cross/ICPSH 1+2	Supportive Services	MIO409L5F081805	9/1/2019	8/30/2020	$253,519	$26,750	Supp Svs	24	
	Leasing				Agency 244,629	$205,720	Leasing		
	Operating					$3,269	Operating		
	Admin					$8,890	Agency Admin		
	Admin City					$8,890	Admin		$11,950

Glossary:

Acuity: A term used to describe the level/severity of need /risk of a person experiencing homelessness and to assign the most appropriate housing or service intervention based on that need. The higher the need the higher the acuity.

Case Management: Assessing housing and service needs, arranging, coordinating, and monitoring the delivery of individualized services to meet the needs of the program participant. Conducting the initial evaluation including verifying and documenting eligibility; counseling; developing, securing and coordinating services; obtaining Federal, State, and local benefits; monitoring and evaluating program participant progress; providing information and referrals to other providers; and developing an individualized housing and service plan, including planning a path to permanent housing stability.

Centralized or coordinated assessment system is defined to mean a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool. This definition establishes basic minimum requirements for the Continuum's centralized or coordinated assessment system.

DV: Domestic Violence

Emergency Health Services: Eligible costs are for the direct outpatient treatment of medical conditions and are provided by licensed medical professionals operating in community-based settings, including streets, parks, and other places where unsheltered homeless people are living.

Emergency Mental Health Services: Eligible costs are the direct outpatient treatment by licensed professionals of mental health conditions operating in community-based settings, including streets, parks, and other places where unsheltered people are living. ESG funds may be used only for these services to the extent that other appropriate health services are inaccessible or unavailable within the area.

Engagement: The costs of activities to locate, identify, and build relationships with unsheltered homeless people and engage them for the purpose of providing immediate support, intervention, and connections with homeless assistance programs and/or mainstream social services and housing programs. These activities consist of making an initial assessment of needs and eligibility; providing crisis counseling; addressing urgent physical needs, such as providing meals, blankets, clothes, or toiletries; and actively connecting and providing information and referrals to programs targeted to homeless people and mainstream social services and housing programs, including emergency shelter, transitional housing, community-based services, permanent supportive housing, and rapid re-housing programs. Eligible costs include the cell phone costs of outreach workers during the performance of these activities.

HARA: Housing Assessment and Resource Agency, it is the coordinated assessment point in the CoC and is currently administered by VOA

Leasing : Component of CoC grants -the lease is between the recipient of funds(agency) and the landlord.

Leveraged funds: Leverage is the non-match cash or non-match in-kind resources committed to making a CoC Program project fully operational. This includes all resources in excess of the required 25 percent match for CoC Program funds as well as other resources that are used on costs that are ineligible in the CoC Program.

Leverage funds may be used for any program related costs, even if the costs are not budgeted or not eligible in the CoC Program. Leverage may be used to support any activity within the project provided by the recipient or Subrecipient.

Low Barrier programs: An approach to quickly and successfully connect individuals and families experiencing homelessness to programs without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize stability as opposed to addressing predetermined treatment goals prior to program entry. Housing First is an illustration.

Mainstream Resources: Community resources that are available to any eligible person and are not financed by HUD dollars. Examples include SSDI/SSI, cash assistance, disability services, Michigan Works, Unemployment Agency, Mental Health, substance use, Legal Services, health benefits such as Medicaid, Elder services, home help services, community colleges, local schools, food assistance, informal networks, churches, other non-housing related non-profits.

Rental Assistance: Under this interim rule, rental assistance is an eligible cost for permanent and transitional housing, and this rule clarifies that the rental assistance may be short- term, up to 3 months of rent; medium-term, for 3 to 24 months of rent; and long-term, for longer than 24 months of rent. This section provides that rental assistance may include tenant-based, project-based, or sponsor-based rental assistance. This section also provides that project-based rental assistance may include rental assistance to preserve existing permanent supportive housing for homeless individuals and families. Given that the availability of affordable rental housing has been shown to be a key factor in reducing homelessness, the availability of funding for short-term, medium-term, and long-term rental assistance under both the Emergency Solutions Grants program and the Continuum of Care program is not inefficient use of program funds, but rather effective use of funding for an activity that lowers the number of homeless persons.

Supportive Services: Eligible costs of services to support the special needs of program participants. Eligible costs consist of assistance with moving costs, case management, child care, education services, employment assistance and job training, housing search and counseling services, legal services, life skills training, mental health services, outpatient health services, outreach services, substance abuse treatment services, and transportation.

Transportation: Eligible costs of travel by outreach workers, social workers, medical professionals, or other service providers' takes place during the provision of eligible services under this section. The costs of transporting unsheltered people to emergency shelters or other service facilities are also eligible.

EXHIBIT A

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

_____1_____

<table>
<tr><td>

Special Attention of:
All Secretary's
Representatives

Issued:
All Regional Directors for
CPD

Expires:
All CPD Division Directors
Continuums of Care (CoC)
Recipients of the Continuum of Care (CoC)
  Program

</td><td>

Notice: CPD-16-11
Issued: July 25, 2016
Expires: This Notice is effective until it is
          amended, superseded, or rescinded

Cross Reference: 24 CFR Parts 578 and
42 U.S.C. 11381, *et seq.*

</td></tr>
</table>

Subject: Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing

Table of Contents

I. Purpose

This Notice supersedes Notice CPD-14-012 and provides guidance to Continuums of Care (CoC) and recipients of Continuum of Care (CoC) Program (24 CFR part 578) funding for permanent supportive housing (PSH) regarding the order in which eligible households should be served in **all** CoC Program-funded PSH. This Notice reflects the new definition of chronically homeless as defined in CoC Program interim rule as amended by the Final Rule on Defining "Chronically Homeless" (herein referred to as the Definition of Chronically Homeless final rule) and updates the orders of priority that were established under the prior Notice. CoCs that previously adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the FY2015 CoC Program Competition are encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. CoCs that have not previously adopted the orders of priority established in Notice CPD-14-012 are also encouraged to incorporate the orders of priority included in this Notice into their written standards

A. Background

In June 2010, the Obama Administration released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* (*Opening Doors*), in which HUD and its federal partners set goals to end Veteran and chronic homelessness by 2015, and end family and youth homelessness by 2020. Although progress has been made there is still a long way to go. In 2015, the United States Interagency Council on Homelessness extended the goal timeline for achieving the goal of ending chronic homelessness nationally from 2015 to 2017. In 2015, there were still 83,170 individuals and 13,105 persons in families with children that were identified as chronically homeless in the United States. To end chronic homelessness, it is critical that CoCs ensure that limited resources awarded through the CoC Program Competition are being used in the most effective manner and that households that are most in need of assistance are being prioritized.

Since 2005, HUD has encouraged CoCs to create new PSH dedicated for use by persons experiencing chronic homelessness (herein referred to as dedicated PSH). As a result, the number of dedicated PSH beds funded through the CoC Program for persons experiencing chronic homelessness has increased from 24,760 in 2007 to 59,329 in 2015. This increase has contributed to a 30.6 percent decrease in the number of chronically homeless persons reported in the Point-in-Time Count between 2007 and 2015. Despite the overall increase in the number of dedicated PSH beds, this only represents 31.6 percent of all CoC Program-funded PSH beds.

To ensure that all PSH beds funded through the CoC Program are used as strategically and effectively as possible, PSH needs to be targeted to serve persons with the highest needs and greatest barriers towards obtaining and maintaining housing on their own–persons experiencing chronic homelessness. HUD's experience has shown that many communities and recipients of CoC Program-funded PSH continue to serve persons on a "first-come, first-serve" basis or based on tenant selection processes that screen-in those who are most likely to succeed while screening out those with the highest level of need. These approaches to tenant

selection have not been effective in reducing chronic homelessness, despite the increase in the number of PSH beds nationally.

B. Goals of this Notice

The overarching goal of this Notice is to ensure that those individuals and families who have spent the longest time in places not meant for human habitation, in emergency shelters, or in safe havens and who have the most severe service needs within a community are prioritized for PSH. By ensuring that persons with the longest histories of homelessness and most severe service needs are prioritized for PSH, progress towards the Obama Administration's goal of ending chronic homelessness will increase. In order to guide CoCs in ensuring that all CoC Program-funded PSH beds are used most effectively, this Notice revises the orders of priority related to how persons should be selected for PSH as previously established in Notice CPD-14-012 to reflect the changes to the definition of chronically homeless as defined in the Definition of Chronically Homeless final rule. CoCs are strongly encouraged to adopt and incorporate them into the CoC's written standards and coordinated entry process.

HUD seeks to achieve two goals through this Notice:

1. Establish a recommended order of priority for dedicated and prioritized PSH which CoCs are encouraged to adopt in order to ensure that those persons with the longest histories residing in places not meant for human habitation, in emergency shelters, and in safe havens and with the most severe service needs are given first priority.

2. Establish a recommended order of priority for PSH that is not dedicated or prioritized for chronic homelessness in order to ensure that those persons who do not yet meet the definition of chronic homelessness but have the longest histories of homelessness and the most severe service needs, and are therefore the most at risk of becoming chronically homeless, are prioritized.

C. Applicability

The guidance in this Notice is provided to all CoCs and all recipients and subrecipients of CoC Program funds–the latter two groups referred to collectively as recipients of CoC Program-funded PSH. CoCs are strongly encouraged to incorporate the order of priority described in this Notice into their written standards, which CoCs are required to develop per 24 CFR 578.7(a)(9), for their CoC Program-funded PSH. Recipients of CoC Program funds are required to follow the written standards for prioritizing assistance established by the CoC (see 24 CFR 578.23(c)(10)); therefore, if the CoC adopts these recommended orders of priority for their PSH, all recipients of CoC Program-funded PSH will be required to follow them as required by their grant agreement. CoCs that adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the most recent CoC Program Competition are strongly encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. Lastly, where a CoC has chosen to not adopt HUD's recommended orders of priority into their written standards, recipients of CoC Program-funded PSH are encouraged to follow these standards for selecting participants into their programs as long as it is not inconsistent with the CoC's written standards.

D. Key Terms

1. **Housing First.** A model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions for entry (such as sobriety or a minimum income threshold). HUD encourages all recipients of CoC Program-funded PSH to follow a Housing First approach to the maximum extent practicable.

2. **Chronically Homeless.** The definition of "chronically homeless", as stated in Definition of Chronically Homeless final rule is:

   (a) A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:

      i. lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

      ii. Has been homeless and living as described in paragraph (a)(i) continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (a)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering an institutional care facility;

   (b) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (a) of this definition, before entering the facility;

   (c) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (a) or (b) of this definition (as described in Section I.D.2.(a) of this Notice), including a family whose composition has fluctuated while the head of household has been homeless.

3. **Severity of Service Needs.** This Notice refers to persons who have been identified as having the most severe service needs.

   (a) For the purposes of this Notice, this means an individual for whom at least one of the following is true:

      i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; and/or

ii. Significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.

iii. For youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations.

iv. When applicable CoCs and recipients of CoC Program-funded PSH may use an alternate criteria used by Medicaid departments to identify high-need, high cost beneficiaries.

(b) Severe service needs as defined in paragraphs i.-iv. above should be identified and verified through data-driven methods such as an administrative data match or through the use of a standardized assessment tool and process and should be documented in a program participant's case file. The determination must not be based on a specific diagnosis or disability type, but only on the severity of needs of the individual. The determination cannot be made based on any factors that would result in a violation of any nondiscrimination and equal opportunity requirements, see 24 C.F.R. § 5.105(a).

II. Dedication and Prioritization of Permanent Supportive Housing Strategies to Increase Number of PSH Beds Available for Chronically Homeless Persons

A. Increase the number of CoC Program-funded PSH beds that are dedicated to persons experiencing chronic homelessness.

Dedicated PSH beds are those which are required through the project's grant agreement to only be used to house persons experiencing chronic homelessness unless there are no persons within the CoC that meet that criteria. If there are no persons within the CoC's geographic area that meet the definition of chronically homeless at a point in which a dedicated PSH bed is vacant, the recipient may then follow the order of priority for non-dedicated PSH established in this Notice, if it has been adopted into the CoC's written standards. The bed will continue to be a dedicated bed, however, so when that bed becomes vacant again it must be used to house a chronically homeless person unless there are still no persons who meet that criterion within the CoC's geographic area at that time. These PSH beds are also reported as "CH Beds" on a CoC's Housing Inventory Count (HIC).

B. Prioritize non-dedicated PSH beds for use by persons experiencing chronic homelessness.

Prioritization means implementing an admissions preference for chronically homeless persons for CoC Program-funded PSH beds. During the CoC Program competition project applicants for CoC Program-funded PSH indicate the number of non-dedicated beds that will be prioritized for use by persons experiencing chronic homelessness during the operating year of that grant, when awarded. These projects are then required to prioritize chronically homeless persons in their non-dedicated CoC Program-funded PSH beds for the applicable operating year as the project application is incorporated into the

grant agreement. All recipients of non-dedicated CoC Program-funded PSH are encouraged to change the designation of their PSH to dedicated, however, at a minimum are encouraged to prioritize the chronically homeless as beds become vacant to the maximum extent practicable, until there are no persons within the CoC's geographic area who meet that criteria. Projects located in CoCs where a sub-CoC approach to housing and service delivery has been implemented, which may also be reflected in a sub-CoC coordinated entry process, need only to prioritize assistance within their specified area. For example, if a Balance of State CoC has chosen to divide the CoC into six distinct regions for purposes of planning and housing and service delivery, each region would only be expected to prioritize assistance within its specified geographic area.[1]

The number of non-dedicated beds designated as being prioritized for the chronically homeless may be increased at any time during the operating year and may occur without an amendment to the grant agreement.

III. Order of Priority in CoC Program-funded Permanent Supportive Housing

The definition of chronically homeless included in the final rule on "Defining Chronically Homeless", which was published on December 4, 2015 and went into effect on January 15, 2016, requires an individual or head of household to have a disability and to have been living in a place not meant for human habitation, in an emergency shelter, or in a safe haven for at least 12 months either continuously or cumulatively over a period of at least 4 occasions in the last 3 years. HUD encourages all CoCs adopt into their written standards the following orders of priority for all CoC Program-funded PSH. CoCs that adopted the orders of priority established in Notice CPD-14-012, which this Notice supersedes, and who received points for having done so in the most recent CoC Program Competition are strongly encouraged to update their written standards to reflect the updates to the orders of priority as established in this Notice. Where a CoC has chosen to not incorporate HUD's recommended orders of priority into their written standards, recipients of CoC Program-funded PSH are encouraged to follow these standards for selecting participants into their programs as long as it is not inconsistent with the CoC's written standards.

As a reminder, recipients of CoC Program-funded PSH are required to prioritize otherwise eligible households in a nondiscriminatory manner. Program implementation, including any prioritization policies, must be implemented consistent with the nondiscrimination provisions of the Federal civil rights laws, including, but not limited to the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Title II or III of the Americans with Disabilities Act, as applicable. For example, while it is acceptable to prioritize based on level of need for the type of assistance being offered, prioritizing based on specific disabilities would not be consistent with fair housing requirements or program regulations.

---

[1] For the State of Louisiana grant originally awarded pursuant to "Department of Housing and Urban Development—Permanent Supportive Housing" in chapter 6 of title III of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 122 Stat. 2351), projects located within the geographic area of a CoC that is not the CoC through which the State is awarded the grant may prioritize assistance within that geographic area instead of within the geographic area of the CoC through which the State is awarded the grant.

A. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Dedicated or Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. CoCs are strongly encouraged to revise their written standards to include an order of priority, determined by the CoC, for CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness that is based on the length of time in which an individual or family has resided in a place not meant for human habitation, a safe haven, or an emergency shelter and the severity of the individual's or family's service needs. Recipients of CoC Program-funded PSH that is dedicated or prioritized for persons experiencing chronic homelessness would be required to follow that order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

2. Where there are no chronically homeless individuals and families within the CoC's geographic area, CoCs and recipients of CoC Program-funded PSH are encouraged to follow the order of priority in Section III.B. of this Notice. For projects located in CoC's where a sub-CoC approach to housing and service delivery has been implemented, which may also be reflected in a sub-CoC coordinated entry process, need only to prioritize assistance within their specified sub-CoC area. [2]

3. Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section III.A.1. of this Notice to the extent in which persons with serious mental illness meet the criteria. In this example, if there were no persons with a serious mental illness that also met the criteria of chronically homeless within the CoC's geographic area, the recipient should follow the order of priority under Section III.B for persons with a serious mental illness.

4. Recipients must exercise due diligence when conducting outreach and assessment to ensure that chronically homeless individuals and families are prioritized for assistance based on their total length of time homeless and/or the severity of their needs. HUD recognizes that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients of CoC Program-funded PSH are not required to allow units to remain vacant indefinitely while waiting for an identified chronically homeless person to accept an offer of PSH. CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable. Therefore, a person experiencing chronic homelessness should not be forced to refuse an offer of PSH if they do not want to participate in the project's services, nor should a PSH

---

[2] For the State of Louisiana grant originally awarded pursuant to "Department of Housing and Urban Development—Permanent Supportive Housing" in chapter 6 of title III of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 122 Stat. 2351), projects located within the geographic area of a CoC that is not the CoC through which the State is awarded the grant may prioritize assistance within that geographic area instead of within the geographic area of the CoC through which the State is awarded the grant.

project have eligibility criteria or preconditions to entry that systematically exclude those with severe service needs. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these chronically homeless persons must continue to be prioritized for PSH until they are housed.

B. Prioritizing Chronically Homeless Persons in CoC Program-funded Permanent Supportive Housing Beds Not Dedicated or Not Prioritized for Occupancy by Persons Experiencing Chronic Homelessness

1. CoCs are strongly encouraged to revise their written standards to include the following order of priority for non-dedicated and non-prioritized PSH beds. If adopted into the CoCs written standards, recipients of CoC Program-funded PSH that is not dedicated or prioritized for the chronically homeless would be required to follow this order of priority when selecting participants for housing, in a manner consistent with their current grant agreement.

   (a) **First Priority–Homeless Individuals and Families with a Disability with Long Periods of Episodic Homelessness and Severe Service Needs**

   An individual or family that is eligible for CoC Program-funded PSH who has experienced fewer than four occasions where they have been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter but where the cumulative time homeless is at least 12 months **and** has been identified as having severe service needs.

   (b) **Second Priority–Homeless Individuals and Families with a Disability with Severe Service Needs.**

   An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been identified as having severe service needs. The length of time in which households have been homeless should also be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

   (c) **Third Priority—Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Haven, or Emergency Shelter Without Severe Service Needs.**

   An individual or family that is eligible for CoC Program-funded PSH who is residing in a place not meant for human habitation, a safe haven, or an emergency shelter where the individual or family has not been identified as having severe service needs. The length of time in which households have been homeless should be considered when prioritizing households that meet this order of priority, but there is not a minimum length of time required.

   (d) **Fourth Priority–Homeless Individuals and Families with a Disability Coming from Transitional Housing.**

An individual or family that is eligible for CoC Program-funded PSH who is currently residing in a transitional housing project, where prior to residing in the transitional housing had lived in a place not meant for human habitation, in an emergency shelter, or safe haven. This priority also includes individuals and families residing in transitional housing who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and prior to residing in that transitional housing project even if they did not live in a place not meant for human habitation, an emergency shelter, or a safe haven prior to entry in the transitional housing.

2. Recipients of CoC Program-funded PSH should follow the order of priority above, as adopted by the CoC, while also considering the goals and any identified target populations served by the project. For example, non-dedicated or non-prioritized CoC Program-funded PSH that is permitted to target youth experiencing homelessness should follow the order of priority under Section III.B.1. of this Notice, as adopted by the CoC, to the extent in which youth meet the stated criteria.

3. Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are prioritized for assistance based on their length of time homeless and the severity of their needs following the order of priority described in this Notice, and as adopted by the CoC. HUD recognizes that some persons–particularly those living on the streets or in places not meant for human habitation–might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant indefinitely while waiting for an identified eligible individual or family to accept an offer of PSH (see FAQ 1895). Recipients of CoC Program-funded PSH are encouraged to follow a Housing First approach to the maximum extent practicable. Street outreach providers should continue to make attempts to engage those persons that have been resistant to accepting an offer of PSH and where the CoC has adopted these orders of priority into their written standards, these individuals and families must continue to be prioritized until they are housed.

IV. Using Coordinated Entry and a Standardized Assessment Process to Determine Eligibility and Establish a Prioritized Waiting List

A. Coordinated Entry Requirement

Provisions at 24 CFR 578.7(a)(8) requires that each CoC, in consultation with recipients of Emergency Solutions Grants (ESG) program funds within the CoC's geographic area, establish and operate either a centralized or coordinated assessment system (referred to in this Notice as coordinated entry or coordinated entry process) that provides an initial, comprehensive assessment of the needs of individuals and families for housing and services. CoCs that adopt the order of priority in Section III of this Notice into the CoC's written standards are strongly encouraged to use a coordinated entry process to ensure that there is a single prioritized list for all CoC Program-funded PSH within the CoC. The Coordinated Entry Policy Brief, provides recommended criteria for a quality coordinated entry process and standardized assessment tool and process. Under no circumstances shall the order of priority be based upon diagnosis or disability type,

but instead on the length of time an individual or family has been experiencing homelessness and the severity of needs of an individual or family.

B. Written Standards for Creation of a Single Prioritized List for PSH

CoCs are also encouraged to include in their policies and procedures governing their coordinated entry system a requirement that all CoC Program-funded PSH accept referrals only through a single prioritized list that is created through the CoCs coordinated entry process, which should also be informed by the CoCs street outreach. Adopting this into the CoC's policies and procedures for coordinated entry would further ensure that CoC Program-funded PSH is being used most effectively, which is one of the goals in this Notice. The single prioritized list should be updated frequently to reflect the most up-to-date and real-time data as possible.

C. Standardized Assessment Tool Requirement

CoCs must utilize a standardized assessment tool, in accordance with 24 CFR 578.3, or process. The Coordinated Entry Policy Brief, provides recommended criteria for a quality coordinated entry process and standardized assessment tool.

D. Nondiscrimination Requirements

CoCs and recipients of CoC Program-funded PSH must continue to comply with the nondiscrimination provisions of Federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act, and Titles II or III of the Americans with Disabilities Act, as applicable. See 24 C.F.R. § 5.105(a).

V. Recordkeeping Recommendations for CoCs that have Adopted the Orders of Priority in this Notice

24 CFR 578.103(a)(4) outlines documentation requirements for all recipients of dedicated and non-dedicated CoC Program-funded PSH associated with determining whether or not an individual or family is chronically homeless for the purposes of eligibility. In addition to those requirements, HUD expects that where CoCs have adopted the orders of priority in Section III. of this Notice into their written standards. The CoC, as well as recipients of CoC Program-funded PSH, will maintain evidence of implementing these priorities. Evidence of following these orders of priority may be demonstrated by:

A. **Evidence of Severe Service Needs.** Evidence of severe service needs is that by which the recipient is able to determine the severity of needs as defined in Section I.D.3. of this Notice using data-driven methods such as an administrative data match or through the use of a standardized assessment. The documentation should include any information pertinent to how the determination was made, such as notes associated with case-conferencing decisions.

B. **Evidence that the Recipient is Following the CoC's Written Standards for Prioritizing Assistance.** Recipients must follow the CoC's written standards for prioritizing assistance, as adopted by the CoC. In accordance with the CoC's adoption of

written standards for prioritizing assistance, recipients must in turn document that the CoC's revised written standards have been incorporated into the recipient's intake procedures and that the recipient is following its intake procedures when accepting new program participants into the project.

C. Evidence that there are no Households Meeting Higher Order of Priority within CoC's Geographic Area.

(a) When dedicated and prioritized PSH is used to serve non-chronically homeless households, the recipient of CoC Program-funded PSH should document how it was determined that there were no chronically homeless households identified for assistance within the CoC's geographic area – or for those CoCs that implement a sub-CoC [3]planning and housing and service delivery approach, the smaller defined geographic area within the CoC's geographic area – at the point in which a vacancy became available. This documentation should include evidence of the outreach efforts that had been undertaken to locate eligible chronically homeless households within the defined geographic area and, where chronically homeless households have been identified but have not yet accepted assistance, the documentation should specify the number of persons that are chronically homeless that meet this condition and the attempts that have been made to engage the individual or family. Where a CoC is using a single prioritized list, the recipient of PSH may refer to that list as evidence.

(b) When non-dedicated and non-prioritized PSH is used to serve an eligible individual or family that meets a lower order of priority, the recipient of CoC Program-funded PSH should document how the determination was made that there were no eligible individuals or families within the CoC's geographic area - or for those CoCs that implement a sub-CoC planning and housing and service delivery approach, the smaller defined geographic area within the CoC's geographic area - that met a higher priority. Where a CoC is using a single prioritized list, the recipient of PSH may refer to that list as evidence that there were no households identified within the CoC's geographic area that meet a higher order of priority.

VI. Questions Regarding this Notice

Questions regarding this notice should be submitted to HUD Exchange Ask A Question (AAQ) Portal at: https://www.hudexchange.info/get-assistance/my-question/.

---

[3] For the State of Louisiana grant originally awarded pursuant to "Department of Housing and Urban Development—Permanent Supportive Housing" in chapter 6 of title III of the Supplemental Appropriations Act, 2008 (Public Law 110–252; 122 Stat. 2351), projects located within the geographic area of a CoC that is not the CoC through which the State is awarded the grant may prioritize assistance within that geographic area instead of within the geographic area of the CoC through which the State is awarded the grant.

Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation

Housing First is a proven approach, applicable across all elements of systems for ending homelessness, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers. It is based on overwhelming evidence that people experiencing homelessness can achieve stability in permanent housing if provided with the appropriate level of services. Study after study has shown that Housing First yields higher housing retention rates, drives significant reductions in the use of costly crisis services and institutions, and helps people achieve better health and social outcomes.[i]

This checklist was designed to help you make a quick assessment of whether and to what degree housing programs — and entire systems — are employing a Housing First approach. Robust tools and instruments are available elsewhere to quantitatively measure program quality and fidelity to Housing First. This tool is not meant to take the place of those more rigorous assessments, but is intended to help Continuums of Care, individual housing and services providers, funders, and other stakeholders to communicate about, and quickly assess, alignment with key Housing First approaches.

Core Elements of Housing First at the Program/Project Level

For your homelessness service system to work the most efficiently and effectively, individual programs must embrace a Housing First approach. This portion of the checklist can help you assess the extent to which your local programs are implementing Housing First. You can use this tool for trainings or planning sessions, during a site visit or program audit, as a guide when reviewing funding applications, or for many other uses.

☐ Access to programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions.

☐ Programs or projects do everything possible not to reject an individual or family on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of "housing readiness."

☐ People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy, and building and apartment units

---

Quick Screen: Does Your Project Use Housing First Principles?

1) Are applicants allowed to enter the program without income?

2) Are applicants allowed to enter the program even if they aren't "clean and sober" or "treatment compliant"?

3) Are applicants allowed to enter the program even if they have criminal justice system involvement?

4) Are service and treatment plans voluntary, such that tenants cannot be evicted for not following through?

include special physical features that accommodate disabilities.

☐ Programs or projects that cannot serve someone work through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.

☐ Housing and service goals and plans are highly tenant-driven.

☐ Supportive services emphasize engagement and problem-solving over therapeutic goals.

☐ Participation in services or compliance with service plans are not conditions of tenancy, but are reviewed with tenants and regularly offered as a resource to tenants.

☐ Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants' lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.

☐ Substance use in and of itself, without other lease violations, is not considered a reason for eviction.

☐ Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.

☐ Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.

Core Elements of Housing First at the Community Level

Housing First should be adopted across your community's entire homelessness response system, including outreach and emergency shelter, short-term interventions like rapid re-housing, and longer-term interventions like supportive housing. You can use this part of the checklist to assess the extent to which your community has adopted a system-wide Housing First orientation, as well as guide further dialogue and progress.

☐ Your community has a coordinated system that offers a unified, streamlined, and user-friendly community-wide coordinated entry process to quickly assess and match people experiencing homelessness to the most appropriate housing and services, including rapid re-housing, supportive housing, and/or other housing interventions.

☐ Emergency shelter, street outreach, and other parts of your crisis response system implement and promote low barriers to entry or service and quickly identify people experiencing homelessness, provide access to safety, make service connections, and partner directly with housing providers to rapidly connect individuals and families to permanent housing.

☐ Outreach and other crisis response teams are coordinated, trained, and have the ability to engage and quickly connect people experiencing homelessness to the local coordinated entry process in order to apply for and obtain permanent housing.

☐ Your community has a data-driven approach to prioritizing housing assistance, whether through analysis of the shared community assessment and vulnerability indices, system performance measures from the Homeless Management Information System, data on utilization of crisis services, and/or data from other

systems that work with people experiencing homelessness or housing instability, such as hospitals and the criminal justice system.

☐ Housing providers and owners accept referrals directly from the coordinated entry processes and work to house people as quickly as possible, using standardized application and screening processes and removing restrictive criteria as much as possible.

☐ Policymakers, funders, and providers conduct joint planning to develop and align resources to increase the availability of affordable and supportive housing and to ensure that a range of options and mainstream services are available to maximize housing choice among people experiencing homelessness.

☐ Mainstream systems, including social, health, and behavioral health services, benefit and entitlement programs, and other essential services have policies in place that do not inhibit implementation of a Housing First approach. For instance, eligibility and screening policies for benefit and entitlement programs or housing do not require treatment completion or sobriety.

☐ Staff in positions across the entire housing and services system are trained in and actively employ evidence-based practices for client/tenant engagement, such as motivational interviewing, client-centered counseling, critical time interventions, and trauma-informed care.

Additional Resources

- Implementing Housing First in Supportive Housing (USICH, 2014) – discusses supportive housing and Housing First as tools for ending chronic homelessness and helping people with disabilities live independently in the community.

- Webinar: Core Principles of Housing First and Rapid Re-Housing (USICH, 2014) – describes the core components of the Housing First approach and the rapid re-housing model and how both work together to help end homelessness.

- Four Clarifications about Housing First (USICH, 2014) – clarifies some common misperceptions about Housing First.

- It's Time We Talked the Walk on Housing First (USICH, 2015) – advances our thinking on Housing First.

- Housing First in Permanent Supportive Housing (HUD, 2014) – provides an overview of the principles and core components of the Housing First model.

- Permanent Supportive Housing Evidence-Based Practices KIT (SAMHSA, 2010) – outlines the essential components of supportive housing, along with fidelity scales and scoresheets.

---

[i] Lipton, F.R. et. al. (2000). "Tenure in supportive housing for homeless persons with severe mental illness," Psychiatric Services 51(4): 479-486. M. Larimer, D. Malone, M. Garner, et al. "Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems." *Journal of the American Medical Association*, April 1, 2009, pp. 1349-1357. Massachusetts Housing and Shelter Alliance. (2007). "Home and Healthy for Good: A Statewide Pilot Housing First Program." Boston.

Toni Young, LMSW, ACSW
Contract Manager 38
Human Relations and Community Services Department
124 W. Michigan Avenue, 4th Floor, City Hall
Lansing, MI 48933

February 14, 2019

Dear Ms. Young,

In response to your Site Monitoring and Shelter Inspections on May 3, 2018 and May 21, 2018, please accept the following CAP to address the highlighted concerns below:

Finding or Concern	Corrective Action Plan
Concern. Financial. Match documentation is not included with CoC monthly reports. The City of Lansing is requesting all match back-up documentation related to the CoC grant showing type and amount of match, and eligible cost category to which it applies.	Match back-up documentation is now submitted monthly with the CoC financial report since the beginning of the new CoC contract in September 2018.
Concern: Financial. Time studies are used to determine how many hours to charge to grants. The City of Lansing is requesting the most recent time studies for the positions funded by ESG and CoC grants.	Time studies are not used to determine how many hours to charge to grants. All staff members utilize T-Sheets where they cost allocate the time they dedicate to each program daily.
Concern: Program Administration. The ESG- funded Higher Ground Program staff is not documenting SNAP benefits and other referrals to mainstream resources in the case files or in HMIS.	It is important to note that all Higher Ground youth enter the program as unaccompanied minor youth. Therefore, they are not eligible to apply for SNAP and other mainstream benefits. Income and sources of income documented in the client case file and HMIS are based on the income of the youth as an unaccompanied minor. It does not include the income and sources of the parents. Referrals to other sources, such as school, employment

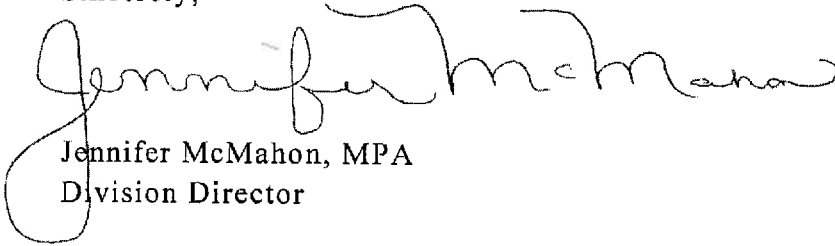|	
	assistance programs, mental health services, etc. are documented in case notes. A review training with the Higher Ground Case Manager with regards to entering referrals into HMIS should resolve this issue for non-SNAP and other MI Bridges mainstream resource referrals.
Finding. Program Administration. One Higher Ground case file did not contain documentation of homelessness. There was no self-certification noted.	Client case files will be triple monitored. The Intake Worker will sign as having completed the intake form. The Case Manager will review the form for completeness and accuracy and sign. The Clinical Supervisor will review the form for completeness and accuracy and sign. If the document is missing information, it will be returned to the intake worker to complete prior to signing. Additionally, the Data Specialist and the Division Director will conduct quarterly random case file reviews to check that this CAP is working.
Finding. Program Administration. Social Security numbers are not always recorded in HMIS for ESG-funded Higher Ground clients.	All Higher Ground clients are unaccompanied minor youth between the ages of 12 through 17. It is rare that youth this age know their social security numbers as this information is generally not requested or relevant until they start applying for employment or filling out college applications. Youth who enter this program are in crisis, usually running away from home or getting kicked out by parents/caregivers. They do not bring their social security cards or numbers with them. When their parents meet with staff, they also typically do not have this information on hand. Gateway staff will continue to attempt to gather social

	security numbers from parents in crisis stressing the importance of this to the parents for the purposes of creating a unique HMIS identification number.

Please let me know if you have any questions or concerns regarding this CAP or additional suggestions to resolve the findings and concerns. Working with unaccompanied minor youth is challenging.

Sincerely,

Jennifer McMahon, MPA
Division Director