1A. Continuum of Care (CoC) Identification

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

1A-1. CoC Name and Number: MI-507 - Portage, Kalamazoo City & County CoC

1A-2. Collaborative Applicant Name: United Way of the Battle Creek and Kalamazoo Region

1A-3. CoC Designation: CA

1A-4. HMIS Lead: United Way of the Battle Creek Kalamazoo Region
1B. Coordination and Engagement–Inclusive Structure and Participation

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

1B-1. Inclusive Structure and Participation–Participation in Coordinated Entry.

NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.

In the chart below for the period from May 1, 2020 to April 30, 2021:

1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2. select Nonexistent if the organization does not exist in your CoC’s geographic area:

<table>
<thead>
<tr>
<th>Organization/Person</th>
<th>Participated in CoC Meetings</th>
<th>Voted, Including Electing of CoC Board Members</th>
<th>Participated in CoC’s Coordinated Entry System</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Affordable Housing Developer(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Agencies serving survivors of human trafficking</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3. CDBG/HOME/ESG Entitlement Jurisdiction</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>4. CoC-Funded Victim Service Providers</td>
<td>Nonexistent</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>5. CoC-Funded Youth Homeless Organizations</td>
<td>Nonexistent</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>6. Disability Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. Disability Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>8. Domestic Violence Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>9. EMS/Crisis Response Team(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>10. Homeless or Formerly Homeless Persons</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>11. Hospital(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>12. Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>13. Law Enforcement</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>14. Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>15. LGBT Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>16. Local Government Staff/Officials</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>17. Local Jail(s)</td>
<td>No</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>18. Mental Health Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>19. Mental Illness Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>20. Non-CoC Funded Youth Homeless Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>21. Non-CoC-Funded Victim Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>22. Organizations led by and serving Black, Brown, Indigenous and other People of Color</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>23. Organizations led by and serving LGBT persons</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>24. Organizations led by and serving people with disabilities</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>25. Other homeless subpopulation advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>26. Public Housing Authorities</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>27. School Administrators/Homeless Liaisons</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>28. Street Outreach Team(s)</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>29. Substance Abuse Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>30. Substance Abuse Service Organizations</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>31. Youth Advocates</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>32. Youth Service Providers</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>33. Workforce Development</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>34. County Health and Community Services</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

1B-2. Open Invitation for New Members.

NOFO Section VII.B.1.a.(2)

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. The CoC conducts an annual meeting corresponding with annual membership recruitment effort to invite participation. Invitation is sent via email and announced at CoC, local, and ad-hoc meetings, and Facebook page. CoC members and staff can invite new individuals, organizations, or agencies at any time who want to work towards preventing and ending homelessness in our county.
2. Membership information can be emailed upon request of individual and/or organization or through targeted outreach by CoC staff. During 2020 and 2021 meetings were held via Zoom or in accessible locations for those with disabilities.
3. The CoC has a dedicated board seat for a representative with lived experience. Board seats are filled through an open application and election process. The CoC board incorporates additional feedback from persons with lived experience through surveys regarding strategies and planning.
4. The CoC has designated seats on the board for organizations in the community who specifically serve persons who identify as BIPOC, LGBTQ, and persons with disabilities to further advance equity and planning to increase
engagement. The CoC board has four at large seats which are voted on by CoC members and community members.

<table>
<thead>
<tr>
<th>NOFO Section VII.B.1.a.(3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe in the field below how your CoC:</td>
</tr>
<tr>
<td>1. solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;</td>
</tr>
<tr>
<td>2. communicated information during public meetings or other forums your CoC uses to solicit public information; and</td>
</tr>
<tr>
<td>3. took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.</td>
</tr>
</tbody>
</table>

(limit 2,000 characters)

1. Engagement from a broad range of stakeholders is used to help achieve the goal of making homelessness rare and brief. Membership recruitment efforts to invite participation in the CoC include invitations announced at CoC, local, and ad-hoc meetings, and Facebook page. The CoC’s Systems of Care group is open to Coordinated Entry staff, Shelter Providers, CoC members, local government, advocates, and other stakeholders who wish to engage in CoC activities. CoC staff is available communication via email, phone, during and after committee meetings, and 1 on 1 meetings to foster relationship, mediate differences and increase engagement between partners and people experiencing homelessness.

2. CoC staff maintain a Facebook page and website, and email updates on MSHDA, HUD, and other meetings. A 2020 Annual Report was widely disseminated which shared HMIS data highlighting racial disparities, funding sources and decisions, key accomplishments, and future priorities. CoC staff also participate in many other public forums focused on garnering public feedback and discussing housing issues and policies such as Housing Matters Forums, Public Housing Commission Meetings, City Commission Meetings, County Land Bank Meetings, and Government Town Halls.

3. The CoC utilized feedback garnered from public meetings and forums to inform CoC policies and strategies and in the development of a three-year (2022-25) CoC strategic plan. In 2020-21 information and community data gathered related to COVID-19 especially informed the CoC’s activities. An example is the creation and facilitation of an ad hoc committee of day and overnight shelter providers to support modification of operations to ensure safety. Using information gathered from public forums held by the County health department, the CoC convened this group weekly responding to the needs and high risks of people experiencing homelessness. This strengthened collaboration and increased access to PPE and other emergency resources.

<table>
<thead>
<tr>
<th>NOFO Section VII.B.1.a.(4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe in the field below how your CoC notified the public:</td>
</tr>
</tbody>
</table>
1. Engagement from a broad range of stakeholders is used to help achieve the goal of making homelessness rare and brief. Membership recruitment efforts to invite participation in the CoC include invitations announced at CoC, local, and ad-hoc meetings, and Facebook page. The CoC’s Systems of Care group is open to Coordinated Entry staff, Shelter Providers, CoC members, local government, advocates, and other stakeholders who wish to engage in CoC activities. CoC staff is available communication via email, phone, during and after committee meetings, and 1 on 1 meetings to foster relationship, mediate differences and increase engagement between partners and people experiencing homelessness.

2. CoC staff maintain a Facebook page and website, and email updates on MSHDA, HUD, and other meetings. A 2020 Annual Report was widely disseminated which shared HMIS data highlighting racial disparities, funding sources and decisions, key accomplishments, and future priorities. CoC staff also participate in many other public forums focused on garnering public feedback and discussing housing issues and policies such as Housing Matters Forums, Public Housing Commission Meetings, City Commission Meetings, County Land Bank Meetings, and Government Town Halls.

3. The CoC utilized feedback garnered from public meetings and forums to inform CoC policies and strategies and in the development of a three-year (2022-25) CoC strategic plan. In 2020-21 information and community data gathered related to COVID-19 especially informed the CoC’s activities. An example is the creation and facilitation of an ad hoc committee of day and overnight shelter providers to support modification of operations to ensure safety. Using information gathered from public forums held by the County health department, the CoC convened this group weekly responding to the needs and high risks of people experiencing homelessness. This strengthened collaboration and increased access to PPE and other emergency resources.
1C. Coordination and Engagement—Coordination with Federal, State, Local, Private, and Other Organiza

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

1C-1. Coordination with Federal, State, Local, Private, and Other Organizations.

NOFO Section VII.B.1.b.

In the chart below:

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

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

Other:(limit 50 characters)
1C-2. CoC Consultation with ESG Program Recipients.

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. Following the announcement of the NOFOs an local funding processes for ESG, ESG-CV1, and ESG-CV2 an applicant huddle was facilitated by the CoC staff. At these huddles applicants discussed their planned projects including budgets, populations served, and alignment with CoC goals. This discussion led to consensus on the overall prioritization of ESG eligible activities, which was reflected in each application.
2. Our CoC evaluates the performance of ESG Program recipients by conducting ongoing monitoring of Consolidated Annual Performance Reports (CAPERs). This occurs on a quarterly basis.
3. We provided PIT and HIC data directly to local jurisdictions to be incorporated into their Consolidated Plans. The Kalamazoo County System Administrator worked directly with staff and consultants hired by the City of Kalamazoo and the City of Portage to ensure the data from the Point-in-Time Count and Housing Inventory Count Reports were understood and that HMIS data was incorporated into Consolidated Plan updates.
4. The CoC provided our Annual Report and CoC (2022-23) Strategic Plan to inform both City of Kalamazoo and City of Portage Consolidated Plans. The City of Kalamazoo and City of Portage each have one representative who serves on the CoC’s Allocations and Accountability Team responsible for reviewing, ranking, allocating or reallocating projects across all CoC local, state, and federal funding processes. This ensures transparency and allows them to consider this information as they develop and implement their respective housing plans and funding processes.

1C-3. Ensuring Families are not Separated.

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

| 1. Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated. | No |
| 2. Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated. | No |
3. Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients. Yes

4. Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC’s geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance. No

5. Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers. No

6. Other. (limit 150 characters) 

1C-4. CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.

Describe in the field below:

1. how your CoC collaborates with youth education providers;
2. your CoC’s formal partnerships with youth education providers;
3. how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4. your CoC’s formal partnerships with SEAs and LEAs;
5. how your CoC collaborates with school districts; and
6. your CoC’s formal partnerships with school districts.

(limit 2,000 characters)

1. School liaisons are CoC members and participate in CoC planning and participate in committees. This includes participation our McKinney-Vento liaison serving on the CoC board. McKinney-Vento services are provided through Kalamazoo Public Schools to identify and refer homeless youth, provide funding for transportation, enroll homeless outh in school, provide tutoring. The CoC anticipates expanding the number of MOU's with early childhood and to more clearly outline the partner relationship and identify roles of each partner to understand the CoC and members.


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

(limit 2,000 characters)

Educational and service needs of minor children and their families will be completely assessed upon entry to CoC program. Age appropriate youth will be enrolled in school immediately, through collaboration with the McKinney-Vento Liaison at Kalamazoo Public Schools. With parental/guardian consent, students will attend their school origin which the student was last enrolled. Referrals made to appropriate agencies to address needs of children and families.

1C-4b. CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.
Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

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


NOFO Section VII.B.1.e.

Describe in the field below how your CoC coordinates to provide training for:

1. Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and

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

(limit 2,000 characters)

1. CoC staff provided training on trauma informed care and LGBTQ youth experiencing homelessness at the 8th Annual Systems of Care Conference. The training was attended by 24 local service provider agencies. CoC promoted training events in trauma informed care and human trafficking provided by the YWCA DV shelter via email and at our CoC board meetings and shelter group meetings.

2. Upon hire, all Coordinated Entry staff are trained in using a trauma-informed approach to conducting assessments to reduce the risk of re-traumatization.


NOFO Section VII.B.1.e.

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

(limit 2,000 characters)
Our CoC has a strong partnership with the YWCA Kalamazoo, which provides services to individuals experiencing domestic violence, dating violence, sexual assault, stalking, and human trafficking. Since 2015, the YWCA has used Apricot for Violence Survivors, which is an HMIS comparable database and meets VOCA, VAWA, FVPSA, and HUD requirements. The YWCA provides aggregate de-identified information from Apricot to the CoC. Additionally, the organization is an active partner in our annual Point-in-Time Count and Housing Inventory Count and provides de-identified information to inform these reports on a yearly basis. Our CoC also considers the needs of individuals within our homeless service system who have a prior history of surviving domestic violence and are being served by non-domestic violence providers; in 2020, of the 2,112 individuals who experienced literal homelessness throughout the year, 33.5% indicated they were a survivor of domestic violence, according to data from our Homeless Management Information System. Of these 682 individuals, nearly 30% indicated that their experience with domestic violence last occurred within the past three months. Adults in families were most likely to report experiences of domestic violence, followed by unaccompanied youth. Given these numbers, our CoC works to ensure that our homeless service providers are skilled in providing trauma-informed care and maintain a partnership with the YWCA of Kalamazoo so that individuals in the midst of a domestic violence crisis receive referrals to services appropriate to meet their specific needs.

1C-5b. **Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Coordinated Assessment—Safety, Planning, and Confidentiality Protocols.**

NOFO Section VII.B.1.e.

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1. prioritize safety;
2. use emergency transfer plan; and
3. ensure confidentiality.

(limit 2,000 characters)

1. Participant choice is at the center of any referral and housing placement made from the coordinated entry system. Following a no-wrong-door approach, our CoC uses three access point agencies that work in partnership to complete the coordinated entry (CE) process. These agencies, Catholic Charities Diocese of Kalamazoo, Housing Resource Incorporated, and Integrated Services of Kalamazoo, each serve unique populations, and all receive CoC or ESG funding for housing programs. Households may be served and assessed at any access point. All coordinated entry staff are training in using a trauma-informed approach to conducting assessments to reduce the risk of re-traumatization. When an individual is fleeing DV or a household is determined to be at imminent risk of harm presents at a non-domestic violence service agency during the CE process, the agency immediately connects the household to our local domestic violence agency, YWCA Kalamazoo, and ensures their immediate security needs are met. The YWCA then completes a safety plan and may also provide shelter or services.
1C-6. Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.

NOFO Section VII.B.1.f.

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?</td>
<td>No</td>
</tr>
<tr>
<td>2. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?</td>
<td>Yes</td>
</tr>
<tr>
<td>3. Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual’s Gender Identity (Gender Identity Final Rule)?</td>
<td>Yes</td>
</tr>
</tbody>
</table>


NOFO Section VII.B.1.g.

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

<table>
<thead>
<tr>
<th>Public Housing Agency Name</th>
<th>Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry</th>
<th>Does the PHA have a General or Limited Homeless Preference?</th>
<th>Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You must enter information for at least 1 row in question 1C-7.

1C-7a. Written Policies on Homeless Admission Preferences with PHAs.

NOFO Section VII.B.1.g.

Describe in the field below:

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. steps your CoC has taken, with the two largest PHAs within your CoC’s geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference–if your CoC only has one PHA within its geographic area, you may respond for the one; or</td>
<td>N/A</td>
</tr>
<tr>
<td>2. state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.</td>
<td></td>
</tr>
</tbody>
</table>

(limit 2,000 characters)

N/A

1C-7b. Moving On Strategy with Affordable Housing Providers.

Not Scored–For Information Only
Select yes or no in the chart below to indicate affordable housing providers in your CoC’s jurisdiction that your recipients use to move program participants to other subsidized housing:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Multifamily assisted housing owners</td>
<td>No</td>
</tr>
<tr>
<td>2. PHA</td>
<td>No</td>
</tr>
<tr>
<td>3. Low Income Tax Credit (LIHTC) developments</td>
<td>No</td>
</tr>
<tr>
<td>4. Local low-income housing programs</td>
<td>No</td>
</tr>
<tr>
<td>Other (limit 150 characters)</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
</tbody>
</table>

1C-7c. Including PHA-Funded Units in Your CoC’s Coordinated Entry System.

NOFO Section VII.B.1.g.

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

1C-7c.1. Method for Including PHA-Funded Units in Your CoC’s Coordinated Entry System.

NOFO Section VII.B.1.g.

If you selected yes in question 1C-7c., describe in the field below:

1. how your CoC includes the units in its Coordinated Entry process; and
2. whether your CoC’s practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

N/A

1C-7d. Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.

NOFO Section VII.B.1.g.

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

1C-7d.1. CoC and PHA Joint Application—Experience—Benefits.

NOFO Section VII.B.1.g.

If you selected yes to question 1C-7d, describe in the field below:

1. the type of joint project applied for;
2. whether the application was approved; and
3. how your CoC and families experiencing homelessness benefited from the coordination.

(limit 2,000 characters)

N/A
<table>
<thead>
<tr>
<th>1C-7e.</th>
<th>Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NOFO Section VII.B.1.g.</td>
</tr>
<tr>
<td></td>
<td><strong>Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1C-7e.1</th>
<th>Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Not Scored–For Information Only</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?</strong></td>
</tr>
</tbody>
</table>

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

| PHA | This list contains no items |
1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

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

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

<table>
<thead>
<tr>
<th>System</th>
<th>Coordination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Care</td>
<td>No</td>
</tr>
<tr>
<td>Health Care</td>
<td>No</td>
</tr>
<tr>
<td>Mental Health Care</td>
<td>Yes</td>
</tr>
<tr>
<td>Correctional Facilities</td>
<td>No</td>
</tr>
</tbody>
</table>

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

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

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

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

(Limit 2,000 characters)

The CoC is committed to embracing a Housing First approach. As part of every funding process we ask supplemental questions on Housing First approach and require applicants to provide detail on how they prioritize rapid placement and stabilization in permanent housing and do not require service participation or
preconditions of program participants. CoC staff, Allocations and Accountability Team, and CoC Board review and rank Housing first prioritization. As part of this 2021 CoC competition we increased the value of the Housing First ranking criteria from 10 points to 30 points.

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

<table>
<thead>
<tr>
<th>Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

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

Describe in the field below:

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

(limit 2,000 characters)

1. In January 2021, the CoC identified the need to increase coordination between outreach providers in response to growing populations of unsheltered individuals. The CoC formed a new Outreach Coordination Workgroup. This group (1) identified the areas across the county with groups of unsheltered persons; (2) Created a resource guide for outreach workers and provided access to CoC Mini Grants to help fund necessary supplies (5) maintains a By Name list to track unsheltered homeless individuals using a Care Coordination Model to create coordinated service plans for individuals on the list. This work was done in alignment with a group information sharing agreement, and all clients involved provided consent to share information between agencies via a release of information.
2. Street outreach covers the entire County of Kalamazoo, which is 100 percent of the CoC’s geographic area.
3. Members of the outreach team conduct outreach services on a daily basis and convene with other outreach providers on a weekly basis.
4. Utilizing feedback from continuum partnering organizations, direct service provides, and community advocates, the continuum of care structured its outreach group to engage with all individuals living in a place not meant for human habitation. Individuals identified are not required to participate in services to receive resources the organizations provide such as food, clothing, PPE, cell phones, and other necessities. An example of this was an Outreach event hosted by the CoC, A Day of Services, which was held in a centralized location across the street from the largest encampment in the CoC. Providers addressed the following domains: health, food, clothing, housing, and shelter.
1C-11. Criminalization of Homelessness.

NOFO Section VII.B.1.k.

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

- Engaged/educated local policymakers: Yes
- Engaged/educated law enforcement: Yes
- Engaged/educated local business leaders: Yes
- Implemented communitywide plans: Yes
- Other: (limit 500 characters) Engaged/educated media and the public: Yes

1C-12. Rapid Rehousing—RRH Beds as Reported in the Housing Inventory Count (HIC).

NOFO Section VII.B.1.l.

Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”

<table>
<thead>
<tr>
<th>Year</th>
<th>RRH Beds Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>2020</td>
<td>86</td>
</tr>
<tr>
<td>2021</td>
<td>43</td>
</tr>
</tbody>
</table>


NOFO Section VII.B.1.m.

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

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

1C-13a. Mainstream Benefits and Other Assistance—Information and Training.

NOFO Section VII.B.1.m

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

1. Systematically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC’s geographic area;
2. communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;

3. working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and

4. providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

1. Coordinated Entry utilizes assessments to identify and refer to conventional and community specific benefits people may be interested in or are in need of. Flyer on conventional and community benefits related to income for service providers to use and share with clients. CoC programs must utilize referrals and assist with enrollment for other services as needed.

2. CoC and providers emails sent to list serve with notice of increase in TANF, COVID resources, CERA program. Updates are also provided and shared at committee meetings.

3. Funded projects must assist with enrolling participants in health insurance or refer to one of our partner agencies who can assist with enrollment.

4. Department of Health and Human Services resources available for disabled households to reduce or prevent homelessness. Providers help people with disabilities find and keep housing through case management, referral, and stability services.

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

NOFO Section VII.B.1.n.

Describe in the field below how your CoC’s coordinated entry system:

1. covers 100 percent of your CoC’s geographic area;

2. reaches people who are least likely to apply for homeless assistance in the absence of special outreach;

3. prioritizes people most in need of assistance; and

4. ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

1. The Kalamazoo County CoC’s coordinated entry system (CES) uses three access point agencies that serve the entire county of Kalamazoo. This makes up 100 percent of the geographic area served by the CoC.

2. The CoC CES is inclusive of all persons experiencing homelessness or at imminent risk of homelessness. To ensure our CES reaches hard-to-reach populations, each access point conducts outreach to day and overnight shelters, outreach satellites, McKinney-Vento Homeless Liaison, and other providers. Our main street outreach provider acts as an access point agency and regularly deploys street outreach workers to engage those least likely to request assistance where they are located. There is also 24/7 access through Gryphon Place’s 2-1-1 Information and Referral Services.

3. Our CES Policies outline how we ensure those most in need are prioritized. The CoC utilizes pre-screening and assessment forms to gather needed information. The CES does not screen out or deny housing or services for clients based on any perceived barriers and utilizes a housing first model to quickly house clients without participation requirements. If the pre-screening form indicates the need for housing assistance, the VI-SPDAT, VI-F-SPDAT, TAY-VI-SPDAT are used to determine the vulnerability of the household and the acuity of the housing emergency. Prioritization is tailored to the project type to
ensure that people are matched with the optimal intervention. Clients are prioritized based on their VI-SPDAT score, length of time homeless, chronic homelessness, children or unaccompanied youth in the household, health/behavioral challenges, substance use, veteran status, and DV history.

4. To ensure timeliness, providers convene weekly meetings to discuss project availability and match any households who completed coordinated entry intake documents in the past week with the appropriate intervention type. By the end of each week, households are notified of the results of this matching process.


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

1C-15a. Racial Disparities Assessment Results.

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

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

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

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

1. The CoC’s board and decisionmaking bodies are representative of the population served in the CoC.  Yes
2. The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.  Yes
3. The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.  Yes
4. The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups. Yes
5. The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness. Yes
6. The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector. No
7. The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness. Yes
8. The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity. Yes
9. The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness. No
10. The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system. Yes
11. The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness. Yes

Other: (limit 500 characters)

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

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment. (limit 2,000 characters)

In 2021, the CoC developed a (2022-24) strategic plan. The plan was created by the stakeholders within the continuum where racial equity has been identified as one of our priority areas and a shared definition was established. The CoC began reviewing policies and practices for its committees to reflect and implement these practices. Equity related supplemental questions have been added to ESG, ESG-CV1, ESG-CV2, and CoC Local Application processes. Updated CoC policies and procedures to incorporate racial equity. The Allocations and Accountability Team is launching the grassroots racial equity taskforce. The taskforce focus is to identify grassroots organizations that serve high volume BIPOC populations and BIPOC led that may otherwise not be including in funding opportunities. The taskforce seeks to help organizations identify and eradicate barriers to accessing CoC funds.

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

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

<table>
<thead>
<tr>
<th>Level of Active Participation</th>
<th>Number of People with Lived Experience Within the Last 7 Years or</th>
<th>Number of People with Lived Experience Coming from</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2021 CoC Application</td>
<td>Page 19</td>
<td>11/11/2021</td>
</tr>
</tbody>
</table>
### 1C-17. Promoting Volunteerism and Community Service.

NOFO Section VII.B.1.r.

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

<table>
<thead>
<tr>
<th>Step</th>
<th>Current Program Participant</th>
<th>Unsheltered Situations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3. The CoC works with organizations to create volunteer opportunities for program participants.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>5. Provider organizations within the CoC have incentives for employment and/or volunteerism.</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>6. Other: (limit 500 characters)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1D. Addressing COVID-19 in the CoC’s Geographic Area

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

1D-1. Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.

NOFO Section VII.B.1.q.

Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:

1. unsheltered situations;
2. congregate emergency shelters; and
3. transitional housing.

(limit 2,000 characters)

During March 2021, the CoC, collaborated in partnership with local providers, local and state government in COVID response planning. Weekly Zoom calls with shelter providers, City, and County government with Kalamazoo County Health and Human Services Department which supported local homeless programs with PPE, health/safety guidance, prevention support, testing, and ultimately vaccine clinics. CoC staff and member organizations identified scope of need, communication, and in coordination and distribution of supplies, testing, and vaccines clinics. This collaboration developed a COVID response plan which included temporary hoteling intervention, approving a temporary prioritization policy, establishing communication, and collecting COVID data in HMIS. The CoC facilitated discussions and supported applications for disaster relief resources.
1. Provide PPE, encourage use of reporting in HMIS, supported identifying needs and acquiring additional funding.
2. Facilitated weekly calls with shelter providers and public health department to plan for isolation/quarantine site, overflow shelter, staffing capacity, and supplies hygiene supplies, and safety. Coordinated onsite testing and vaccination clinics.
3. Provided PPE, encourage use of reporting in HMIS, supported identification of needs and acquiring additional funding.

1D-2. Improving Readiness for Future Public Health Emergencies.

NOFO Section VII.B.1.q.

Applicant: Portage/Kalamazoo City & County CoC
MI-507
Project: MI-507 CoC Registration FY 2021
COC_REG_2021_182138

FY2021 CoC Application Page 21 11/11/2021
Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

Partnership, added safety equipment, policy changes, and lessons learned are being applied to future public health emergency through disaster relief preparation meetings. Collaboration with hospital, city, and county health officials lead to increased understanding to the benefits of aligning healthcare and homeless services systems. Disparities for people experiencing homelessness especially for BIPOC are leading to broader systemic changes in health care and homeless services sector. The pandemic prompted new programs and practices that will help it address future public health emergencies.

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

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1. safety measures;
2. housing assistance;
3. eviction prevention;
4. healthcare supplies; and
5. sanitary supplies.

(limit 2,000 characters)

1. The CoC facilitated weekly Zoom meetings which include public health officials, shelter providers, and support services organizations. These meetings are instrumental in tracking outbreaks, testing, quarantine and isolation for people who test positive for COVID-19. The CoC coordinated with ESG-CV recipients to support hoteling services for emergency shelter funding. This was vital for allowing people experiencing homelessness safe space for social distancing to reduce the exposure and spread of COVID-19. On site case management, meals, and health services were provided daily. The CoC coordinated staff vaccinations for front line workers and mobile vaccination clinics for people experiencing homelessness.
2. Housing assistance was provided through Coordinated Entry service agencies and extending rapid rehousing assistance.
3. Connection to rental assistance through Eviction Diversion Group weekly meetings and the HARA.
4. PPE provided including masks, wipes, gloves, and thermometers used by staff.
5. Provided sanitary supplies such as bleach, disinfectant wipes, gloves, hand sanitizer.

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

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

(limit 2,000 characters)

CoC staff facilitated weekly meetings with the County Health and Human Services Department, shelter providers, city and county government. This provided support for emerging needs, local homeless service providers and shelter system with PPE, health and safety guidance, prevention support, testing, and vaccine clinics. Collaborated with Health and Human services on site testing and vaccination clinics where people experiencing homelessness gather and improved messaging to increase vaccine participation of people experiencing homelessness at mobile clinics.

1D-5. Communicating Information to Homeless Service Providers.

NOFO Section VII.B.1.q.

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

1. safety measures;
2. changing local restrictions; and
3. vaccine implementation.

(limit 2,000 characters)

1. CoC coordinated weekly with providers to identify emerging needs. CoC staff communicated information from statewide COVID meetings on resources, PPE, health and safety guidance, outbreak prevention and support, testing, and vaccines via email, on CoC Facebook page, and at all CoC committee meetings.
2. CoC staff attended statewide COVID meetings and communicated information on changing state restrictions via email, CoC Facebook page, and at all CoC committee meetings. Local guidelines were communicated and discussed at weekly shelter meetings with providers. This included how agencies modified due to restrictions that caused reduced capacity in shelters, closed offices, mask mandates, and modified services.
3. CoC promoted vaccines through communicating at all CoC meetings, Facebook page, and via email list. This included information on efficacy, vaccination rates, and benefits of vaccination. CoC staff coordinated front line staff to participate in phase 1a vaccination appointments with health and human services department.


NOFO Section VII.B.1.q.

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

(limit 2,000 characters)

All people experiencing homelessness including in motels, emergency shelter, DV shelter, and unsheltered people are vaccinated or eligible for vaccination.
Phase 1a included staff in COVID isolation sites, seniors, and medically vulnerable people in hotels, and unsheltered homeless. CoC coordinated with the local public health department to identify all homeless service providers to provide mobile clinics or transportation to mass vaccination site. Weekly information was shared on local vaccination rates.

1D-7. Addressing Possible Increases in Domestic Violence.

NOFO Section VII.B.1.e.

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

(limit 2,000 characters)

An overall increase in domestic violence cases were seen during COVID-19. The safety protocols which included stay at home order by the State of Michigan impacted the lives of victims of domestic violence who were required to remain in homes with their abusers. This created barriers for victims who were fleeing or attempted to flee and seek safety. Increased interagency collaboration for resources necessary for client safety. COVID-19 tests were available for shelter participants, PPE was provided, and social distancing standards were maintained. DV shelter and victim services remained available through the COVID-19 pandemic. This provider also ensured access to COVID testing and vaccination clinics.

1D-8. Adjusting Centralized or Coordinated Entry System.

NOFO Section VII.B.1.n.

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

(limit 2,000 characters)

Our CoC adjusted our coordinated entry system quickly in response to the onset of the COVID-19 pandemic. First, we shifted all Coordinated Entry meetings online to ensure safety. This also increased regular participation among coordinated entry staff. We also conducted virtual trainings for new staff. In the spring of 2020, we revised our screening policies and associated forms to include information on whether the household’s housing crisis was caused by COVID-19, and to gather additional information about the specific impact of COVID-19. As new short-term sheltering interventions were launched in response to the need for additional shelter capacity during the pandemic, we deployed staff from Housing Resources Incorporated, our coordinated entry lead organization, to help ensure all residents of these short-term shelters were connected to our coordinated entry system. Finally, we ensured that all clients accessing coordinated entry due to an imminent risk of losing housing were connected to any new funding resource available to help keep the household in their home, including increased funding for eviction diversion and Coronavirus...
Emergency Rental Assistance (CERA) funding.
1E. Project Capacity, Review, and Ranking–Local Competition

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


NOFO Section VII.B.2.a. and 2.g.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Enter the date your CoC published the 30-day submission deadline for project applications for your CoC’s local competition.</td>
<td>09/15/2021</td>
</tr>
<tr>
<td>2.</td>
<td>Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.</td>
<td>09/15/2021</td>
</tr>
</tbody>
</table>

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

NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.

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

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


FY2021 CoC Application
NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

1. the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2. considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

(limit 2,000 characters)

1. The only projects eligible for renewal in our CoC were permanent supportive housing projects serving Dedicated Plus populations. Our CoC recognized the immense importance of these projects within our community, particularly given the current shortage of affordable housing our community is experiencing. In order to ensure these projects reduced barriers and provided services to the hardest to serve populations, we prioritized projects that fully utilize a housing first approach and have a strong track record of drawing new participants from our coordinated entry system. We ranked PSH renewal projects above any other project type submitted as new projects.

2. We also made adjustments in performance metrics for projects serving individuals fleeing from domestic violence. Adjustments were made to the performance rating criteria for project serving individuals fleeing Domestic Violence. In particular we reduced the requirement related to minimum percent of clients who remain in or move to permanent housing from 90% to 80% and we increased the requirements related to maximum percent of participants who return to homelessness from 10% to 20%.


NOFO Section VII.B.2.e.

Describe in the field below how your CoC:

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

(limit 2,000 characters)

1. The Allocations and Accountability Team (AAT) determines the rating factors used to review CoC project applications and completes the rating and ranking process, which is then approved by the CoC Advisory Board. The AAT is tasked with establishing open, fair, and impartial processes for the solicitation of projects and project selection for funding in our continuum’s ESG and CoC funding processes, as well as additional federal, state, and local grant opportunities that flow through the CoC. The AAT is made up of diverse members, including those who have previously experienced homelessness. Of the five individuals currently serving on this committee, three identify as BIPOC, mirroring the overall homelessness demographics in our county.

2. In addition to determining the rating factors, the AAT completed the review, selection, and ranking process for the CoC competition, which was then approved by our CoC Advisory Board. Like the AAT, this Board is made up of...
racially and ethnically diverse members including those who have experienced homelessness. 
3. While the ranking process for the 2021 CoC competition did not explicitly evaluate projects based on the degree to which the program participants mirror the overall demographics of our homeless population, we did heavily focus on equity to ensure that projects were rated on the degree to which they evaluate and promote racial equity within their organization and the specific project for which they are seeking funding. This year, our CoC adapted the CoC Program Rating and Ranking Tool released by HUD. We included the following equity-focused rating factors, which in total make up over 50% of new project rating scores and nearly 40% of renewal project rating scores.

1E-4. Reallocation—Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criterion below.

NOFO Section VII.B.2.f.

Describe in the field below:

1. your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2. whether your CoC identified any projects through this process during your local competition this year;
3. whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5. how your CoC communicated the reallocation process to project applicants.

(limit 2,000 characters)

The CoC’s Allocations and Accountability Team reallocation review and guidance in determining if CoC should reallocate funds.

1. Underperforming, underutilized, underspent, or financially mismanaged projects may be considered for reallocation at any time and may be identified following an annual performance review or completed during the CoC competition process. The CoC is dedicated to addressing deficits prior to a recommendation for reallocation. Performance indicators include; utilization rate, data quality, APR performance, returns to homelessness, and coordinated entry participation.
2. None identified.
3. None reallocated.
4. N/A
5. Reallocation possibility communicated to applicants at the start of the completion with application packet.

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

NOFO Section VII.B.2.f.

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021? No
<table>
<thead>
<tr>
<th>1E-5.</th>
<th>Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.</th>
<th>NOFO Section VII.B.2.g.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Did your CoC reject or reduce any project application(s)?</td>
<td><strong>No</strong></td>
<td></td>
</tr>
<tr>
<td><strong>2.</strong> If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1E-5a.</th>
<th>Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.</th>
<th>NOFO Section VII.B.2.g.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.</td>
<td><strong>11/01/2021</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1E-6.</th>
<th>Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.</th>
<th>NOFO Section VII.B.2.g.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the date your CoC’s Consolidated Application was posted on the CoC’s website or affiliate’s website--which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.</td>
<td><strong>11/12/2021</strong></td>
<td></td>
</tr>
</tbody>
</table>
2A. Homeless Management Information System (HMIS) Implementation

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

<table>
<thead>
<tr>
<th>2A-1. HMIS Vendor.</th>
<th>Not Scored—For Information Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the name of the HMIS Vendor your CoC is currently using.</td>
<td>Wellsky-ServicePoint</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2A-2. HMIS Implementation Coverage Area.</th>
<th>Not Scored—For Information Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select from dropdown menu your CoC’s HMIS coverage area.</td>
<td>Statewide</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2A-3. HIC Data Submission in HDX.</th>
<th>NOFO Section VII.B.3.a.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enter the date your CoC submitted its 2021 HIC data into HDX.</td>
<td>05/14/2021</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2A-4. HMIS Implementation—Comparable Database for DV.</th>
<th>NOFO Section VII.B.3.b.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:</td>
<td></td>
</tr>
</tbody>
</table>

1. have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and

2. submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.

(limit 2,000 characters)
Since 2015, our DV service provider, YWCA Kalamazoo, has used Apricot for Violence Survivors. This HMIS comparable database and meets VOCA, VAWA, FVPSA, and HUD requirements. The YWCA provides aggregate de-identified information from Apricot to the CoC. Additionally, the organization is an active partner in our annual Point-in-Time Count and Housing Inventory Count and provides de-identified information to inform these reports on a yearly basis. A representative from the YWCA attends monthly CoC Data Team meetings to ensure that information about HMIS Data Standards and reporting is shared between the HMIS lead, HMIS user organizations, and the YWCA. In 2020, the CoC obtained a full-time HMIS Systems Administrator who will begin working more closely with the YWCA to ensure that project-specific de-identified aggregated data is shared with the CoC and provide additional support in both reporting and Data Standard compliance.

<table>
<thead>
<tr>
<th>Project Type</th>
<th>Total Beds 2021 HIC</th>
<th>Total Beds in HIC Dedicated for DV</th>
<th>Total Beds in HMIS</th>
<th>HMIS Bed Coverage Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Emergency Shelter (ES) beds</td>
<td>436</td>
<td>148</td>
<td>286</td>
<td>99.31%</td>
</tr>
<tr>
<td>2. Safe Haven (SH) beds</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100.00%</td>
</tr>
<tr>
<td>3. Transitional Housing (TH) beds</td>
<td>72</td>
<td>41</td>
<td>31</td>
<td>100.00%</td>
</tr>
<tr>
<td>4. Rapid Re-Housing (RRH) beds</td>
<td>43</td>
<td>0</td>
<td>43</td>
<td>100.00%</td>
</tr>
<tr>
<td>5. Permanent Supportive Housing</td>
<td>450</td>
<td>13</td>
<td>437</td>
<td>100.00%</td>
</tr>
<tr>
<td>6. Other Permanent Housing (OPH)</td>
<td>295</td>
<td>0</td>
<td>295</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

2A-5a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1. steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and

2. how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 characters)

N/A

2A-5b. Bed Coverage Rate in Comparable Databases.

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

FY2021 CoC Application Page 31 11/11/2021
2A-5b.1. Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.

NOFO Section VII.B.3.c.

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

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

(limit 2,000 characters)

N/A


NOFO Section VII.B.3.d.

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST? Yes
2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

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

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

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

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

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience? Yes
To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

2C. System Performance

2C-1. Reduction in the Number of First Time Homeless–Risk Factors.

NOFO Section VII.B.5.b.

Describe in the field below:

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

(limit 2,000 characters)

1. Input from providers, HMIS data, and surveys of people experiencing homelessness who entered shelter and received prevention assistance is key in determining risk factors for first time experiences of homelessness. Risk factor can be shown in variation of outcomes between people who participated in services and people who were unable to move into stable housing without participating in services.
2. Addressing risks requires assessment and identification of resources to address basic needs. Prioritization for emergency shelter, prevention services, and housing stabilization resources including housing vouchers providing referrals and identifying next steps. Follow up by staff to ensure connections to resources or stable housing is achieved.

2C-2. Length of Time Homeless–Strategy to Reduce.

NOFO Section VII.B.5.c.

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC’s strategy is to improve access to Coordinated Entry and support

applicant: Portage/Kalamazoo City & County CoC
Project: MI-507 CoC Registration FY 2021
services. Our goal is to reduce the average length of homelessness. Assess navigation of CoC system and identify gaps in linkage to supports that connect people with resources to address housing crisis. Follow up with people struggling with connection to housing and services through advocacy, housing search assistance, or mediation. The CoC is mitigating risk for people with barriers to housing through the RentAble Program. This programs helps qualify renters who need assistance overcoming poor credit, previous eviction, or criminal record.
2. Review and update housing assessment tools that assess length of time a person experiences homelessness. Reducing length of time homeless is a prioritization criteria for all housing programs.
3. Kalamazoo County Continuum of Care at the United Way of the Kalamazoo and Battle Creek Region, Systems of Care Committee.

2C-3. Exits to Permanent Housing Destinations/Retention of Permanent Housing.

NOFO Section VII.B.5.d.

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1. emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2. permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1. Coordinated Entry screening and assessments reviewed at our weekly CHaMPs meetings to identify and support entry to stable housing. Staff support those who need additional help navigating systems, completing documents, housing search and applications.
2. Provide tools, trainings, and webinars that include eviction diversion, trauma informed care, housing first principles, income and workforce development. Client choice housing assessments that consider clients desired type and location of housing.

2C-4. Returns to Homelessness–CoC’s Strategy to Reduce Rate.

NOFO Section VII.B.5.e.

Describe in the field below:

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

(limit 2,000 characters)

1. The CoC reviews HMIS Returns to Homelessness report annually and SPM returns quarterly. Satisfaction survey to garner feedback from people experiencing homelessness to ascertain what contributed and what would have prevented homelessness.
2. The CoC works to reduce returns to homelessness through stabilization strategies, training, and collaboration with service providers. Advocating for increased affordable housing stock and support services.
3. Kalamazoo County Continuum of Care at the United Way of the Kalamazoo and Battle Creek Region, Systems of Care Committee

<table>
<thead>
<tr>
<th>2C-5. Increasing Employment Cash Income-Strategy.</th>
<th>NOFO Section VII.B.5.f.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe in the field below:</td>
<td></td>
</tr>
<tr>
<td>1. your CoC’s strategy to increase employment income;</td>
<td></td>
</tr>
<tr>
<td>2. how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and</td>
<td></td>
</tr>
<tr>
<td>3. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase income from employment.</td>
<td></td>
</tr>
</tbody>
</table>

(limit 2,000 characters)

1. Strategy to increase housing stability education, materials and opportunities. The Systems of Care Committee works to fill gaps in services and increase stability in employment. Partnering with local workforce development agencies to develop and share available employment resources. The CoC shares training and job fair flyers from workforce development member agencies.
2. Work with Michigan Works to provide trainings and employment supports at program sites that serve people experiencing homelessness.
3. Kalamazoo County Continuum of Care at the United Way of the Kalamazoo and Battle Creek Region, Systems of Care Committee

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

(limit 2,000 characters)

N/A

<table>
<thead>
<tr>
<th>2C-5b. Increasing Non-employment Cash Income.</th>
<th>NOFO Section VII.B.5.f.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe in the field below:</td>
<td></td>
</tr>
<tr>
<td>1. your CoC’s strategy to increase non-employment cash income;</td>
<td></td>
</tr>
<tr>
<td>2. your CoC’s strategy to increase access to non-employment cash sources; and</td>
<td></td>
</tr>
<tr>
<td>3. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.</td>
<td></td>
</tr>
</tbody>
</table>

(limit 2,000 characters)

1. Increase housing stability education, materials and opportunities. The

FY2021 CoC Application Page 36 11/11/2021
Systems of Care Group assesses for utilization of income focused resources. 2. Training to educate and connect to income focused supports to increase income. 3. Kalamazoo County Continuum of Care at the United Way of the Kalamazoo and Battle Creek Region, Systems of Care Committee.
3A. Coordination with Housing and Healthcare Bonus Points

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


NOFO Section VII.B.6.a.

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


NOFO Section VII.B.6.a.

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Private organizations No</td>
</tr>
<tr>
<td>2.</td>
<td>State or local government No</td>
</tr>
<tr>
<td>3.</td>
<td>Public Housing Agencies, including use of a set aside or limited preference No</td>
</tr>
<tr>
<td>4.</td>
<td>Faith-based organizations No</td>
</tr>
<tr>
<td>5.</td>
<td>Federal programs other than the CoC or ESG Programs No</td>
</tr>
</tbody>
</table>


NOFO Section VII.B.6.b.

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness? No
**3A-2a. Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.**

NOFO Section VII.B.6.b.

1. Did your CoC obtain a formal written agreement that includes:
   (a) the project name;
   (b) value of the commitment; and
   (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?  
   No

2. Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?  
   No

---

**3A-3. Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.**

NOFO Sections VII.B.6.a. and VII.B.6.b.

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

<table>
<thead>
<tr>
<th>Project Name</th>
<th>Project Type</th>
<th>Rank Number</th>
<th>Leverage Type</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This list contains no items
3B. New Projects With Rehabilitation/New Construction Costs

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


NOFO Section VII.B.1.r.

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


NOFO Section VII.B.1.s.

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1. Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and

2. HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,000 characters)

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

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

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?

No

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

NOFO Section VII.C.

If you answered yes to question 3C-1, describe in the field below:

1. how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and

2. how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,000 characters)

N/A
4A. DV Bonus Application

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


NOFO Section II.B.11.e.

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

4A-1a. DV Bonus Project Types.

NOFO Section II.B.11.

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

<table>
<thead>
<tr>
<th>Project Type</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SSO Coordinated Entry</td>
<td>No</td>
</tr>
<tr>
<td>2. PH-RRH or Joint TH/RRH Component</td>
<td>Yes</td>
</tr>
</tbody>
</table>

You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.


NOFO Section II.B.11.

1. Enter the number of survivors that need housing or services: 1,281
2. Enter the number of survivors your CoC is currently serving: 309
3. Unmet Need: 972


NOFO Section II.B.11.

Describe in the field below:

FY2021 CoC Application  Page 42  11/11/2021
1. The total number of victims of domestic violence is taken from the Michigan Incident Crime Report for 2020. The number of clients that YWCA has served this year is pulled from our client database, Apricot for Violence Survivor.
3. YWCA Kalamazoo encounters several barriers to meeting the needs of all domestic violence survivors in Kalamazoo County. Barriers include lack of access to the YWCA, limited funding, and limited staffing. YWCA continues to address these barriers by promoting services to the community and seeking additional funding and resources to support staffing needs that in turn support clients.

<table>
<thead>
<tr>
<th>Applicant Name</th>
<th>YWCA</th>
</tr>
</thead>
</table>

**4A-4. New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.**

**NOFO Section II.B.11.**

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

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section II.B.11.</td>
</tr>
</tbody>
</table>

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

1. **Applicant Name**: YWCA
2. **Rate of Housing Placement of DV Survivors—Percentage**: 0.00%
3. **Rate of Housing Retention of DV Survivors—Percentage**: 71.00%

<table>
<thead>
<tr>
<th>4A-4a. Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section II.B.11.</td>
</tr>
</tbody>
</table>

Describe in the field below:

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

(limit 1,000 characters)

Numbers were calculated based on client data collected from surveys completed by clients in the Transitional Supportive Housing program. NOTE: YWCA does not currently track the placement of all survivors when they leave shelter. Shelter Exit Surveys and entrance into TSH and PSH offer a limited view of where this populations ends up post shelter. The Rapid Re-housing portion of this program will add a component to our database to intentionally track those participants’ placement in housing.

<table>
<thead>
<tr>
<th>4A-4b. Providing Housing to DV Survivor–Project Applicant Experience.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOFO Section II.B.11.</td>
</tr>
</tbody>
</table>

Describe in the field below how the project applicant:

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

(limit 2,000 characters)
1. YWCA Kalamazoo’s domestic violence shelter provides emergency crisis shelter for victims fleeing intimate partner violence and their dependent children. Clients utilizing shelter are assigned an advocate upon intake who supports them in meeting their individual goals, one of the most common being to find safe and affordable housing. Advocates provide referrals, assist in completing forms, and help to ensure clients are in a position to maintain housing. On average, clients stay in the domestic violence shelter for 25 days.

2. Advocates work with clients to create individualized goal plans, including their plan for housing. Advocates provide referrals and access to available programs that can assist clients with housing goals. This includes when applications are open for the TSH program, referrals and advocating with HRI, and utilizing other funding sources as available.

3. YWCA’s Victim Services program is comprehensive and able to meet a majority of survivors’ needs. Available services include individual and group support, therapy, advocacy, legal services, 24-hour crisis line, and emergency response. YWCA has created a comprehensive referral process to provide access to clients across programs - referral pathways both within the victim services department and with other YWCA programs have been built to best serve the needs of the client. If clients have a need beyond what YWCA can provide, a referral and advocacy to another organization that is able to meet that specific need.

4. YWCA currently operates a Transitional Supportive Housing model in which survivors and their dependent children can live for up to 24 months while working with their Mobile Housing Advocate to eliminate barriers to obtaining/maintaining permanent housing. From 2019 to 2021, 5 of 7 families or 71% moved into the housing of their choice that was sustainable based on their income to rent ratio and/or obtaining a housing voucher.

4A-4c. Ensuring DV Survivor Safety–Project Applicant Experience.

NOFO Section II.B.11.

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:

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

(limit 5,000 characters)

1. YWCA staff receive extensive training in working with survivors of gender-based violence, including safety planning. When developing a safety plan, categories such as staying safe at home, in the community, and at work are addressed and may include, but are certainly not limited to: having safety sticks for doors/windows, alarm systems, a cell phone they can call 911 from, having locks changed as needed, devising a code word or signal to use with children, family, friends or neighbors when police are needed, notification to their children’s schools regarding who has permission to pick them up, changing...
routes frequently, what to do if their abuser comes to their home, and keeping their personal protection order with them at all times if they have one. To ensure staff safety, advocates are issued an agency cell phone and are trained to share work calendars with supervisors and other advocates; calendars are to be kept up to date regarding appointments and should include the location of the meeting place so their whereabouts are always known. In addition, the staff is trained to never enter a unit unaccompanied if an assailant is suspected to be there, or if other suspicious activity has been reported. In order to keep both clients and staff safe, advocates are able to meet clients at any mutually beneficial location, this includes one of the YWCA buildings which are all monitored by video cameras and require fobs to access. Additionally, nearly all of our services can be provided remotely using text, phone or video options.

2. If a survivor chooses to meet at the agency, it is YWCA practice to provide a private, welcoming space in which to meet. In each location, designated office space has been designed with soft lighting, inclusive artwork, comfortable chairs and sound machines for an added layer of privacy.

3. YWCA works exclusively with survivors and does not interact with known assailants.

4. YWCA’s Transitional Supportive Housing program uses scattered-site units with addresses that are kept confidential. For the Rapid Rehousing component, survivors are empowered to choose the living location that works best for them. The Mobile Housing Advocate will keep updated listings of available safe and affordable housing options that will be presented to clients. The client will then work with their advocate to make sure that the option they select is the best fit and will meet their needs.

5. YWCA Kalamazoo operates two shelters, one of which is located within its main building. The entry of the building is staffed with a receptionist, Monday - Friday, 9 am - 5 pm, who is responsible for tracking all building entries and departures in addition to monitoring the parking lot and surrounding grounds via cameras. YWCA guests must sign in with the receptionist, indicating who they are meeting and a description of their car if applicable. After hours and on weekends, the shelter employs Residential Services Specialists who assist clients and, using the camera and intercom system, provides clients access to the building. Access to the second-floor shelter can only be obtained via staff key fobs or by shelter staff who remotely unlock doors for residents after confirming through camera and intercom who they are.

There are four stationary panic buttons located within the facility and one mobile panic button that can be used throughout the building. The YWCA’s on-site security system is armed by staff whenever the lobby is closed. Staff is required to arm the system upon every entry and departure from 6 pm to 6:30 am Monday - Friday and 24 hours on Saturdays, Sundays, and Holidays. YWCA has 15 cameras located throughout the building and grounds to assist the front desk and staff with monitoring the activities in the building and on the grounds. Surveillance video is retained in-house for seven days and can be recorded and saved as needed. All YWCA staff receive training in orientation about their responsibility to continuously monitor the facility and grounds and to immediately report any suspicious behavior.

YWCA’s human trafficking shelter is situated in an undisclosed location in Kalamazoo. This home turned shelter has security cameras and safety devices in place for the protection of residents and is staffed 24-hours a day.

6. While YWCA’s main shelter is not a confidential address, security is of the utmost priority to ensure the safety of clients during their stay. As previously
referred, cameras and a fob system protects clients from any outside access. Koru House, the human trafficking shelter, is in an undisclosed location only known by certain staff and the clients staying there. YWCA TSH and PSH unit locations are kept confidential and are scattered throughout Kalamazoo County.

4A-4c.1. Evaluating Ability to Ensure DV Survivor Safety—Project Applicant Experience.

NOFO Section II.B.11.

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

(limit 2,000 characters)

As a domestic violence service provider, YWCA ensures that all programs and projects are survivor-centered and are conducted in the best interest of the survivor’s safety. While there is an added challenge to providing services to clients living scattered throughout the county, YWCA’s Mobile Housing Advocate stays in touch with clients on a regular basis to ensure that their needs are being met by the program. Client safety is regularly monitored and reviewed and additional safety options are provided when needed (stop sticks, 911 cell phones, etc.). Regular review of program policies and procedures are also done, including consideration of client feedback.

4A-4d. Trauma-Informed, Victim-Centered Approaches—Project Applicant Experience.

NOFO Section II.B.11.

Describe in the field below examples of the project applicant’s experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

1. prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;

2. establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;

3. providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;

4. emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;

5. centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;

6. providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and

7. offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1. YWCA currently has a Rapid Rehousing component for its human trafficking clients. YWCA received an Office of Victims of Crime Specialized Services for Victims of Human Trafficking grant to provide permanent housing assistance to survivors of human trafficking. This funding has been available since 2019 and has successfully completed its requirements thus far; after successfully
receiving a no-cost extension, this funding will continue to be available until September 30, 2022.

2. YWCA’s TSH program uses a separate Mobile Housing Advocate and property manager to help clients to feel more comfortable with the advocate and ensure that issues related to the property are not confused or misconstrued as punishment. The advocates work closely with the clients to build rapport and ensure that they are getting the most they can from the program. Advocates and the property manager are fully trained in working with survivors of domestic violence and its trauma.

3. All YWCA’s Victim Services department staff receive trauma-informed training specific to domestic violence, sexual assault and human trafficking, depending on their position. The program also employs trained and licensed therapists, who are available via referral to provide therapeutic services to any interested client. These referrals come from the advocates who support clients in creating goal plans, including what they need to heal from their trauma.

4. By using the Empowerment Model, YWCA places all of the responsibility and control in the hands of the survivor to direct their service needs. This model allows clients to take back the control that has been taken from them during their victimization. These needs are addressed and updated during scheduled appointments between clients and advocates.

5. All YWCA staff attend Racial Equity training during the orientation period of their employment. This training has been developed by the YWCA Racial Justice Collective to give staff the tools they need to create an equitable environment for each other, clients and community partners. Additional opportunities are made available to staff on a monthly basis.

6. YWCA offers several group support options - intimate partner violence, sexual assault, and bilingual - that are available for non-residential and residential clients. Those clients staying in the shelter attend weekly floor meetings which provide an opportunity for staff to provide information and for clients to discuss and share what they are experiencing.

7. YWCA’s Children’s Advocate provides support services to parents staying in the shelter. This gives parents additional assistance in making sure their children have access to resources needed for their own healing as secondary victims. The Children’s Advocate also hosts an 8-week parenting course on a regular rotation to assist parents looking for extra assistance or in need of support with CPS.

### 4A-4e. Meeting Service Needs of DV Survivors—Project Applicant Experience.

NOFO Section II.B.11.

**Describe in the field below:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and</td>
</tr>
<tr>
<td>2.</td>
<td>provide examples of how the project applicant provided the supportive services to domestic violence survivors.</td>
</tr>
</tbody>
</table>

**(limit 5,000 characters)**

1. YWCA Kalamazoo is the only provider of comprehensive services for victims/survivors of domestic violence, sexual assault and human trafficking (labor and sex) and their dependent children in Kalamazoo County. For nearly 50 years, YWCA has been a beacon in the community for vulnerable populations, especially women. These years of experience have helped to
shape YWCA’s Victim Services program to ensure that it is client-centered, trauma-informed and culturally sensitive. Victim Services staff are able to provide a breadth of services to meet both the immediate and longer term needs of its clients. 

Clients have access to:
• 24-hour crisis line
• Emergency Shelter
• Advocacy – housing, employment, health, etc.
• Individual and Group Support
• Therapeutic services provided by licensed therapists
• Legal Services – civil and criminal advocacy, PPOs, immigration assistance, and other services provided by fully trained staff and attorneys
• Referrals and connections to YWCA programs or other organizations and programs

2. Using the Empowerment Model, clients are provided the options available and are able to select what services they need in order to move forward and heal from their victimization. The separation between advocates and the Mobile Housing Advocate will allow clients to receive housing services simultaneous to other services and without interruption. Additionally, even once clients have exited from the Rapid Rehousing program, they are still able to access all the other services YWCA offers.


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

1. prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants’ preferences;

2. establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;

3. provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;

4. place emphasis on program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;

5. center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;

6. provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and

7. offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

1. YWCA currently has a Rapid Rehousing component for its human trafficking clients. YWCA received an Office of Victims of Crime Specialized Services for Victims of Human Trafficking grant to provide permanent housing assistance to survivors of human trafficking. This funding has been available since 2019 and has successfully completed its requirements thus far; after successfully receiving a no-cost extension, this funding will continue to be available until September 30, 2022.

2. YWCA’s TSH program uses a separate Mobile Housing Advocate and property manager to help clients to feel more comfortable with the advocate and ensure that issues related to the property are not confused or misconstrued as
punishment. The advocates work closely with the clients to build rapport and ensure that they are getting the most they can from the program. Advocates and the property manager are fully trained in working with survivors of domestic violence and its trauma.

3. All YWCA’s Victim Services department staff receive trauma-informed training specific to domestic violence, sexual assault and human trafficking, depending on their position. The program also employs trained and licensed therapists, who are available via referral to provide therapeutic services to any interested client. These referrals come from the advocates who support clients in creating goal plans, including what they need to heal from their trauma.

4. By using the Empowerment Model, YWCA places all of the responsibility and control in the hands of the survivor to direct their service needs. This model allows clients to take back the control that has been taken from them during their victimization. These needs are addressed and updated during scheduled appointments between clients and advocates.

5. All YWCA staff attend Racial Equity training during the orientation period of their employment. This training has been developed by the YWCA Racial Justice Collective to give staff the tools they need to create an equitable environment for each other, clients and community partners. Additional opportunities are made available to staff on a monthly basis.

6. YWCA offers several group support options - intimate partner violence, sexual assault, and bilingual - that are available for non-residential and residential clients. Those clients staying in the shelter attend weekly floor meetings which provide an opportunity for staff to provide information and for clients to discuss and share what they are experiencing.

7. YWCA’s Children’s Advocate provides support services to parents staying in the shelter. This gives parents additional assistance in making sure their children have access to resources needed for their own healing as secondary victims. The Children’s Advocate also hosts an 8-week parenting course on a regular rotation to assist parents looking for extra assistance or in need of support with CPS.