

## Before Starting the Special CoC Application

You must submit both of the following parts in order for us to consider your Special NOFO Consolidated Application complete:

1. the CoC Application, and
2. the CoC Priority Listing.

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

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

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

CoC Approval is Required before You Submit Your CoC's Special NOFO CoC Consolidated Application

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

Answering Multi-Part Narrative Questions

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

Attachments

Questions requiring attachments to receive points state, "You must upload the [Specific Attachment Name] attachment to the 4A. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

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

# 1A. Continuum of Care (CoC) Identification

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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**1A-1. CoC Name and Number:** MI-511 - Lenawee County CoC

**1A-2. Collaborative Applicant Name:** Lenawee Emergency and Affordable Housing Corporation

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Annoni

1A-5.	<b>New Projects</b>	
	Complete the chart below by indicating which funding opportunity(ies) your CoC applying for projects under. A CoC may apply for funding under both set asides; however, projects funded through the rural set aside may only be used in rural areas, as defined in the Special NOFO.	
1.	<b>Unsheltered Homelessness Set Aside</b>	No
2.	<b>Rural Homelessness Set Aside</b>	Yes

## 1B. Project Capacity, Review, and Ranking–Local Competition

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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<b>1B-1.</b>	<b>Web Posting of Your CoC Local Competition Deadline–Advance Public Notice. (All Applicants)</b>	
	Special NOFO Section VII.B.1.b.	
	You must upload the Local Competition Deadline attachment to the 4A. Attachments Screen.	
	Enter the date your CoC published the deadline for project application submission for your CoC's local competition.	06/23/2022

<b>1B-2.</b>	<b>Project Review and Ranking Process Your CoC Used in Its Local Competition. (All Applicants)</b>	
	Special NOFO Section VII.B.1.a.	
	You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.	
	Select yes or no in the chart below to indicate how your CoC ranked and selected new project applications during your CoC's local competition:	
	1. Established total points available for each project application type.	Yes
	2. At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
	3. At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes

<b>1B-3.</b>	<b>Projects Rejected/Reduced–Notification Outside of e-snaps. (All Applicants)</b>	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4A. Attachments Screen.	
	1. Did your CoC reject or reduce any project application(s)?	No
	2. Did your CoC inform the applicants why their projects were rejected or reduced?	Yes
	3. If you selected yes, for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	

1B-3a.	<b>Projects Accepted–Notification Outside of e-snaps. (All Applicants)</b>	
	Special NOFO Section VII.B.1.b.	
	You must upload the Notification of Projects Accepted attachment to the 4A. Attachments Screen.	
	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, list the latest date of any notification. For example, if you notified applicants on 6/26/22, 6/27/22, and 6/28/22, then you must enter 6/28/22.	10/18/2022
1B-4.	<b>Web Posting of the CoC-Approved Special NOFO CoC Consolidated Application. (All Applicants)</b>	
	Special NOFO Section VII.B.1.b.	
	You must upload the Web Posting–Special NOFO CoC Consolidated Application attachment to the 4A. Attachments Screen.	
	Enter the date your CoC posted its Special NOFO CoC Consolidated Application on the CoC’s website or affiliate’s website–which included: 1. the CoC Application, and 2. Priority Listings.	10/18/2022

## 2A. System Performance

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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<b>2A-1.</b>	<b>Reduction in the Number of First Time Homeless—Risk Factors.</b>	
	Special NOFO Section VII.B.2.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 2,500 characters)**

The prioritization of all clients will be based upon the Vulnerability Index Score as well as the Housing Assessment Score. The overall priority for Lenawee County includes the following:

1. Veterans
2. Chronically Homeless
3. Families/Youth
4. Singles

For Homeless Prevention projects clients will be prioritized based on their Housing Assessment score.

They will be ranked in order of priority from the highest score to the lowest score. Clients with the highest score are given priority first.

<b>2A-2.</b>	<b>Length of Time Homeless—Strategy to Reduce. (All Applicants)</b>	
	Special NOFO Section VII.B.2.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 2,500 characters)**

We have a strong goal to house people as quickly and safely as possible in sustainable housing. There is one local low barrier emergency shelter, Share the Warmth of Lenawee. This shelter has previously been run by volunteers. Previously, there were no expectations for people to get housing or time limits at the shelter. The shelter got a new Executive Director a year ago and received the ESP grant allowing the shelter to utilize staff. Staffing works with a housing first approach, and this has transitioned more people in our community to housing. The CoC is implementing a data sub-committee to analyze HMIS data for trends and other factors that create barriers too housing and lengthen stay times. As we expand HMIS users in our community, the HIMIS data will be able to give us more accurate Data. We do run reports to consider longer lengths of stay to understand and review barriers to move people into housing. Currently we offer a monthly landlord breakfast to discuss opportunities for tenants and landlords both. We also see the need to utilize social media and other resources to help recruit landlords in our community. We used ESG-CV landlord incentives to help create relationships and to quickly move people into housing. We also use various grants as well as fundraise to help fund rapid rehousing. The Emergency Shelter Executive Director is the lead that oversees the CoC's strategy to reduce the length of time individuals and families remain unhoused.

<b>2A-3.</b>	<b>Successful Permanent Housing Placement or Retention. (All Applicants)</b>	
	Special NOFO Section VII.B.2.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 2,500 characters)**

The CoC continues to research and implement ideas to decrease the time persons spend unhoused. We will be using more landlord outreach programs and work to build more relationships and identify new landlords in our community for more housing opportunities. We are also implementing a data sub-committee to more accurately review data that will help us identify barriers to rapid rehousing. The data sub-committee will utilize a multi-disciplinary team to evaluate and identify ways the CoC can make improvements to shortening the length people stay unhoused. Housing Help, the HARA and member of the CoC, have just taken over management of an Inn that the City of Adrian purchased to combat a recent housing crisis in which almost 200 people were displaced. We are utilizing this opportunity to create permanent supportive housing and transitional housing. This fulfills a need in our community, and this will give us the opportunity to meet the needs of those in our community that have the greatest needs. We also meet with local municipal government to discuss the need for more housing. We stay abreast of new housing opportunities and builds to immediately begin working with landlords for housing opportunities.

<b>2A-4.</b>	<b>Returns to Homelessness—CoC’s Strategy to Reduce Rate. (All Applicants)</b>	
	Special NOFO Section VII.B.2.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 2,500 characters)**

The CoC utilizes the Coordinated Entry System and HMIS to determine families and individuals that are returning to homelessness. We also utilize outreach to identify those that are not yet in HMIS or the Coordinated Entry System. With the implementation of a data sub-committee, we will be looking at reasons for recidivism and working to remove those barriers and incidents to stop the return to homelessness. The grant funding will help us implement a new field approach to helping those unhoused in crisis. We will work with an eye on harm reduction, wrap around resources, and rapid rehousing. Connecting people to outside supportive resources will help stabilize some of the recidivism. We use strong case management programming in which we follow through to help keep people housed in our community. We use HUD and Org code case management trainings and ideas to help transition persons into their housing, as well as maintain dialogue with the new tenant and landlord. This gives us the ability to help people recover security deposits when persons choose to move. It allows us to advocate for tenants when there is an interruption in the relationship with the tenant and landlord.

<b>2A-5.</b>	<b>Increasing Employment Cash Income—Strategy. (All Applicants)</b>	
	Special NOFO Section VII.B.2.f.	

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

**(limit 2,500 characters)**

The CoC understands that increasing income is important to the future sustainability of a person’s or family’s housing and to reduce recidivism. We use Michigan Works, a Coc member, as a partner to help us find employment and educational resources for individuals and families. The programming offered by them is instrumental in helping people increase education, employment, and income. We have also used creative processes to help find work that may not normally be feasible. The recent partnership between CoC members and Drive Staff Solutions allows us to provide transportation to those without their own vehicle or ability to get to work. Drive Staff Solutions has been invaluable for us to help people find employment and transportation. This program has expanded, and Drive Staff Solution is investigating housing opportunities as they recognize the positive reinforcement housing has on their workforce. It is an innovative program with great success. Michigan Works is the lead in overseeing employment initiative in our community.

2A-5a.	Increasing Non-employment Cash Income–Strategy. (All Applicants)	
	Special NOFO Section VII.B.2.f.	
	Describe in the field below:	
	1. the strategy your CoC has implemented to increase non-employment cash income;	
	2. your CoC’s strategy to increase access to non-employment cash sources; and	
	3. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.	

(limit 2,500 characters)

The CoC has multiple members and partners that work to increase non-employment cash. The Michigan Department of Health and Human Services partners with us to bring SOAR trained Community Health Workers into the field. Housing Help and Share the Warmth of Lenawee also have SOAR trained case managers. The CoC shares training opportunities and works to cross train other CoC members as well as the entire community. The above agencies are also MI Bridges Navigators and help to connect persons to food assistance programs, healthcare coverage, WIC, state-emergency relief, childcare, and cash assistance. The CoC encourages all members to become MI Bridges partners or refer persons that are navigators. MDHHS is the organization that oversees these programs for the CoC.



## 2B. Coordination and Engagement–Inclusive Structure and Participation

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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2B-1.	<b>Inclusive Structure and Participation–Participation in Coordinated Entry. (All Applicants)</b>	
	Special NOFO Sections VII.B.3.a.(1)	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
	1. select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or	
	2. select Nonexistent if the organization does not exist in your CoC’s geographic area:	

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

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

By selecting "other" you must identify what "other" is.

2B-2.	Open Invitation for New Members. (All Applicants)	
	Special NOFO Section VII.B.3.a.(2), V.B.3.g.	

	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, other People of Color, persons with disabilities).

(limit 2,500 characters)

The CoC membership is open year-round for any interested individual or agency that wishes to commit to our goal for the prevention and end of homelessness. The CoC utilizes social media, 211, and monthly newsletters to share information about the CoC and promote membership to interested parties. Meetings are shared on member websites and social media to recruit people to attend and participate. People with lived experience are encouraged to attend. The CoC is reaching out to those with lived experience to be the voice that steers the work of the membership. We encourage and support a group with lived experience. The CoC is currently participating in the C4 Innovations to advance the education and our priorities around diversity, equities, and inclusion. This is an 18 months program and is currently in progress. This program is giving us tools that we can use ongoing in our CoC to continue expanding education and awareness.

2B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness. (All Applicants)	
	Special NOFO Section VII.B.3.a.(3)	

Describe in the field below how your CoC:

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

**(limit 2,500 characters)**

The Lenawee CoC is a multifaceted and multi-disciplinary team of individuals agencies that come together to prevent and end homelessness. We use the HUD toolkit to evaluate our CoC and consider the needs that we have and the lack of membership in those areas. CoC members seek to recruit underrepresented agencies and information. Members use sub-committees to evaluate and discuss ideas. Ideas are brought to the executive committee to discuss and take to the membership as a whole. There is fluid informational exchange and is sent to all. If an idea will take a great deal of work and time, a subcommittee will be created to research and create solutions. The CoC is a part of the Collective Impact Group with members assigned to exchange information an bring information back to the CoC

2B-4.	Public Notification for Proposals from Organizations Not Previously Funded. (All Applicants)	
	Special NOFO Section VII.B.3.a.(4)	

Describe in the field below how your CoC notified the public:

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

**(limit 2,500 characters)**

The CoC notified membership through email and the public through a 211 blast. The competition was also posted on social media and member websites. The CoC also notifies the Collective Impact Group to solicit ideas from outside organizations and potential collaborations from those that have not received funding in the past. The posting shares the details of the notification. Details and timelines are posted with the notification. Letters of intent, with a project outline and budget, are sent to the CoC chair and or Secretary. The executive board uses the ranking tool to decide projects that will be of the greatest benefit in fulfilling the goals of the CoC. The projects are brought to the whole membership for a vote on what projects we will prioritize. All our materials are available in electronic form. Materials will be adjusted for any special needs or accommodations that can be made to promote inclusive participation.

## 2C. Coordination / Engagement—with Federal, State, Local, Private, and Other Organizations

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

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2C-1.	Coordination with Federal, State, Local, Private, and Other Organizations. (All Applicants)	
	Special NOFO Section VII.B.3.b.	
	In the chart below:	
	1. select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
	2. select Nonexistent if the organization does not exist within your CoC’s geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	No
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Nonexistent
12.	Organizations led by and serving LGBTQ+ persons	Nonexistent
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

2C-2.	CoC Consultation with ESG Program Recipients. (All Applicants)	
	Special NOFO Section VII.B.3.b.	

Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG 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 to address homelessness within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,500 characters)

2C-2

Due to the small size of our CoC there is not many ESG recipients. The executive committee comes together to discuss opportunities to continue progressive use of ESG funds. With the introduction of the ESG-CV funding, the executive committee worked to decide how we could best use the funds in our community and where they should go. The CoC prioritized the Covid response to assure Covid-19 prevention, and the health and safety of congregate shelters in our community as well as a focus on rapid rehousing.

The HARA completes quarterly evaluations of the ESG recipients and subrecipients. CAPER reports are done and in the past have been evaluated within the HARA. As the CoC has implemented a Data Sub-committee, there will be stronger evaluation by a multi-disciplinary team to provide strategies of success and need to the entire CoC. Our local HMIS lead provides PIT and HIC data to the local community by sharing it through local media outlets, social media, and the HARA website. It is also shared with the HMIS Michigan Coalition Against Homelessness. They are the state agency that administers HMIS and provides data to the MSHDA Consolidated Plan.

2C-3.	Discharge Planning Coordination. (All Applicants)	
	Special NOFO Section VII.B.3.c.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.		
1.	Foster Care	Yes
2.	Health Care	Yes
3.	Mental Health Care	Yes
4.	Correctional Facilities	Yes

2C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts. (All Applicants)	
	Special NOFO Section VII.B.3.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:	
1. Youth Education Provider	Yes
2. State Education Agency (SEA)	Yes
3. Local Education Agency (LEA)	Yes
4. School Districts	Yes

2C-4a.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, School Districts–Formal Partnerships. (All Applicants)
	Special NOFO Section VII.B.3.d.

Describe in the field below:	
1.	how your CoC collaborates with the entities checked in Question 2C-4; and
2.	the formal partnerships your CoC has with the entities checked in Question 2C-4.

**(limit 2,500 characters)**

The CoC members include youth providers through McKinney-Vento funds, school districts, and other youth providers. There are partnerships with the lead for Homeless Education and with Lenawee Emergency and Affordable Housing Corporation (LEAHC) as the Coordinated Entry Coordinator and Housing Assessment Resource Agency to work together to ensure that homeless youth and their families are connected to resources as soon as possible. All youth providers/service agencies are also part of the Homeless Youth CoC subcommittee and reports monthly to the CoC.

2C-4b.	CoC Collaboration Related to Children and Youth–Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services. (All Applicants)
	Special NOFO Section VII.B.3.d.

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services
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**(limit 2,500 characters)**

While the CoC does not have a formal policy written, through agreements with youth providers and the local homeless education it is understood and expected that each homeless household is informed of all services and benefits they could be eligible for and they are connected with the appropriate service provider to access these services. LEAHC as the CEC helps each homeless household access services they may be eligible for such as education services by assisting households with connecting with these service providers.

2C-5.	Mainstream Resources–CoC Training of Project Staff. (All Applicants)
	Special NOFO Section VII.B.3.e.

Indicate in the chart below whether your CoC trains project staff annually on the following mainstream resources available for program participants within your CoC's geographic area:

	Mainstream Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI-Supplemental Security Income	Yes
3.	TANF-Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other	No

2C-5a.	Mainstream Resources-CoC Collaboration with Project Staff Regarding Healthcare Organizations. (All Applicants)	
	Special NOFO Section VII.B.3.e.	

Describe in the field below how your CoC:

1.	systemically provides 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.	works with project staff to collaborate with healthcare organizations to assist program participants with enrolling in health insurance;
3.	provides assistance to project staff with the effective use of Medicaid and other benefits; and
4.	works with projects to promote SOAR certification of program staff.

(limit 2,500 characters)

The CoC promotes and shares a strong collaboration with mainstream resources available to persons in CoC programming. The CoC shares information at our monthly meeting, through sub-committees working in the community, on social media, and on membership websites. Our CoC secretary consistently shares information with the membership through email and newsletters. The CoC works to bring healthcare representatives to the membership of the CoC. The CoC has a subcommittee that reviews data and works to assure that all persons unhoused receive care and have avenues to find care. CoC members from the healthcare community sign MOUs of commitment to the goals and mission of the CoC. As persons enter the coordinated entry process they are accessed and introduced to mainstream resources. The CoC has many MI Bridges and SOAR partners to maintain persons connection to mainstream resources offered by MDHHS. MDHHS provides training for staff to stay up to date on MI Bridges and SOAR opportunities and changes.



### 3A. New Projects With Rehabilitation/New Construction Costs

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3A-1.	Rehabilitation/New Construction Costs–New Projects. (Rural Set Aside Only).	
	Special NOFO Section VII.A.	
	If the answer to the question below is yes, you must upload the CoC Letter Supporting Capital Costs attachment to the 4A. Attachments Screen.	
	Is your CoC requesting funding for any new project(s) under the Rural Set Aside for housing rehabilitation or new construction costs?	No

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

The CoC Special NOFO page provides HUD-approved resources to assist you in completing the Special NOFO CoC Application, including:

- Special Notice of Funding Opportunity to Address Unsheltered and Rural Homelessness
- 24 CFR part 578
- Special NOFO CoC Application Navigational Guide
- Section 3 Resources
- Frequently Asked Questions

3B-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
	Special NOFO Section VII.C.	

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

3B-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. (Rural Set Aside Only)	
	Special NOFO Section VII.C.	
	You must upload the Project List for Other Federal Statutes attachment to the 4A. Attachments Screen.	
	If you answered yes to question 3B-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 2,500 characters)

## 4A. Attachments Screen For All Application Questions

Please read the following guidance to help you successfully upload attachments and get maximum points:

- |  |    |   |
|--|----|---|
|  | 1. | You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.  |
|  | 2. | You must upload an attachment for each document listed where 'Required?' is 'Yes'   |
|  | 3. | We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images and reduces file size. Many systems allow you to create PDF files as a Print Option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube. |
|  | 4. | Attachments must match the questions they are associated with.  |
|  | 5. | Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.  |
|  | 6. | If you cannot read the attachment, it is likely we cannot read it either.<br>- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).<br>- We must be able to read everything you want us to consider in any attachment.                           |
|  | 7. | Open attachments once uploaded to ensure they are the correct attachment for the required Document Type.  |

Document Type	Required?	Document Description	Date Attached
1B-1. Local Competition Announcement	Yes	Local Competition...	10/18/2022
1B-2. Local Competition Scoring Tool	Yes	Local Scoring Tool	10/18/2022
1B-3. Notification of Projects Rejected-Reduced	Yes	No project Rejected	10/18/2022
1B-3a. Notification of Projects Accepted	Yes	Letter of accepta...	10/18/2022
1B-4. Special NOFO CoC Consolidated Application	Yes		
3A-1. CoC Letter Supporting Capital Costs	No		
3B-2. Project List for Other Federal Statutes	No		
P-1. Leveraging Housing Commitment	No	Leveraging Housin...	10/20/2022
P-1a. PHA Commitment	No		
P-3. Healthcare Leveraging Commitment	No	Healthcare Levera...	10/20/2022
P-9c. Lived Experience Support Letter	No	Lived Experience ...	10/20/2022
Plan. CoC Plan	Yes	Plan. CoC Plan	10/20/2022

## **Attachment Details**

**Document Description:** Local Competition announcement via email to full CoC

## **Attachment Details**

**Document Description:** Local Scoring Tool

## **Attachment Details**

**Document Description:** No project Rejected

## **Attachment Details**

**Document Description:** Letter of acceptance - CoC approval

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Leveraging Housing Commitment

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Healthcare Leveraging Commitment

## **Attachment Details**

**Document Description:** Lived Experience Support Letter

## Attachment Details

**Document Description:** Plan. CoC Plan

## Submission Summary

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

Page	Last Updated
1A. CoC Identification	10/18/2022
1B. Project Review, Ranking and Selection	10/18/2022
2A. System Performance	10/20/2022
2B. Coordination and Engagement	10/20/2022
2C. Coordination and Engagement–Con't.	10/20/2022
3A. New Projects With Rehab/New Construction	No Input Required
3B. Homelessness by Other Federal Statutes	10/20/2022
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required

**From:** [Kelly Castleberry](mailto:Kelly.Castleberry)  
**To:** [Claudia Annoni](mailto:Claudia.Annoni)  
**Subject:** Fwd: FW: HUD Announces \$322 Million Funding Opportunity to Address Unsheltered and Rural Homelessness  
**Date:** Tuesday, October 18, 2022 10:00:06 PM  
**Attachments:** [Outlook-4rqtacunh.png](#)

---

----- Forwarded message -----

**From:** **Madeline DeMarco** <[MDeMarco@lcmha.org](mailto:MDeMarco@lcmha.org)>

**Date:** Thu, Jun 23, 2022 at 9:37 AM

**Subject:** FW: HUD Announces \$322 Million Funding Opportunity to Address Unsheltered and Rural Homelessness

**To:** Mike Hendershot <[mhendershot@sharethewarmthoflenawee.org](mailto:mhendershot@sharethewarmthoflenawee.org)>, Edward Wollmann <[edwardwollmann@gmail.com](mailto:edwardwollmann@gmail.com)>, Ashley Beevers <[thecharities.ashley@tc3net.com](mailto:thecharities.ashley@tc3net.com)>, Laurie Newsome <[laurie.newsome@fccsoflenawee.org](mailto:laurie.newsome@fccsoflenawee.org)>, Shannon DeSloover <[sdesloover@h2lenawee.org](mailto:sdesloover@h2lenawee.org)>, Bishop, Nancy C. (DHHS) ([BishopN2@michigan.gov](mailto:BishopN2@michigan.gov)) <[BishopN2@michigan.gov](mailto:BishopN2@michigan.gov)>, Laura VanSickle <[sickletime@aol.com](mailto:sickletime@aol.com)>, Christal M. Albig ([calbig@goodwillsemi.org](mailto:calbig@goodwillsemi.org)) <[calbig@goodwillsemi.org](mailto:calbig@goodwillsemi.org)>, Kelly McNicol <[kelly.mcnicol@fccsoflenawee.org](mailto:kelly.mcnicol@fccsoflenawee.org)>, [patclem@lsscm.org](mailto:patclem@lsscm.org) <[patclem@lsscm.org](mailto:patclem@lsscm.org)>, Mike Smith <[msmith@unitedwaymlc.org](mailto:msmith@unitedwaymlc.org)>, Samantha Tubbs <[stubby@mwse.org](mailto:stubby@mwse.org)>, Karen Rawlings <[krawlings@lcmha.org](mailto:krawlings@lcmha.org)>, Ted Crockett <[tcrockett@caajlh.org](mailto:tcrockett@caajlh.org)>, Angela Pooley <[apooley@adrian.k12.mi.us](mailto:apooley@adrian.k12.mi.us)>, Tami Farnum <[tfarnum@caajlh.org](mailto:tfarnum@caajlh.org)>, Candy Aranda ([Candace.Aranda@usc.salvationarmy.org](mailto:Candace.Aranda@usc.salvationarmy.org)) <[Candace.Aranda@usc.salvationarmy.org](mailto:Candace.Aranda@usc.salvationarmy.org)>, Elizabeth Salerno <[esalerno@h2lenawee.org](mailto:esalerno@h2lenawee.org)>, Laura Schultz-Pipis <[lpipis@unitedwaymlc.org](mailto:lpipis@unitedwaymlc.org)>, Sande Ratliff <[sratliff@ttiinc.org](mailto:sratliff@ttiinc.org)>, Shaunta Patton <[spatton@ttiinc.org](mailto:spatton@ttiinc.org)>, Jill Hicks <[jill.hicks@fccsoflenawee.org](mailto:jill.hicks@fccsoflenawee.org)>, Clint Brugger <[cbrugger@caajlh.org](mailto:cbrugger@caajlh.org)>, Brian Elliot <[brian@disabilityconnect.org](mailto:brian@disabilityconnect.org)>, Angela Shepherd <[Angela.Shepherd@r2aaa.net](mailto:Angela.Shepherd@r2aaa.net)>, Judy Mort-Duncan <[judymort29@gmail.com](mailto:judymort29@gmail.com)>, Thomas, Janelle (DHHS-Contractor) <[ThomasJ43@michigan.gov](mailto:ThomasJ43@michigan.gov)>, Benjamin Moe <[benjamin.moe219@gmail.com](mailto:benjamin.moe219@gmail.com)>, Roseann Miller <[rosie\\_kay@yahoo.com](mailto:rosie_kay@yahoo.com)>, Caroline Wells <[wells.caroline61@gmail.com](mailto:wells.caroline61@gmail.com)>, Rebecca Selenko <[Rebecca.Selenko@lenawee.mi.us](mailto:Rebecca.Selenko@lenawee.mi.us)>, Tracy James <[tracy.james@r2aaa.net](mailto:tracy.james@r2aaa.net)>, Robyn Loveland <[rloveland@caajlh.org](mailto:rloveland@caajlh.org)>, Kathleen Hart <[khart@adrian.k12.mi.us](mailto:khart@adrian.k12.mi.us)>, Kaylee Williams <[kwilliams@adrian.k12.mi.us](mailto:kwilliams@adrian.k12.mi.us)>, Dannielys Torrez-Fernandez <[dtorrezfernandez@adrian.k12.mi.us](mailto:dtorrezfernandez@adrian.k12.mi.us)>, Madeline DeMarco <[MDeMarco@lcmha.org](mailto:MDeMarco@lcmha.org)>, Captain Jacob Tripp <[jacob.tripp@usc.salvationarmy.org](mailto:jacob.tripp@usc.salvationarmy.org)>, Diana Siscoe <[siscoe.diana@gmail.com](mailto:siscoe.diana@gmail.com)>, [BeagleN1@michigan.gov](mailto:BeagleN1@michigan.gov) <[BeagleN1@michigan.gov](mailto:BeagleN1@michigan.gov)>, Allison Green <[agreen@mihomeless.org](mailto:agreen@mihomeless.org)>, [debbie.gilliam@kmgprestige.com](mailto:debbie.gilliam@kmgprestige.com) <[debbie.gilliam@kmgprestige.com](mailto:debbie.gilliam@kmgprestige.com)>, [bphillips@lenaweeseniors.org](mailto:bphillips@lenaweeseniors.org) <[bphillips@lenaweeseniors.org](mailto:bphillips@lenaweeseniors.org)>, Kelly Castleberry <[kelly@stwlenawee.org](mailto:kelly@stwlenawee.org)>, Angie Sword Heath <[aheath@adrianmi.gov](mailto:aheath@adrianmi.gov)>, Collin Keehn ([ckeehn@unitedwaymlc.org](mailto:ckeehn@unitedwaymlc.org)) <[ckeehn@unitedwaymlc.org](mailto:ckeehn@unitedwaymlc.org)>, Cara Snyder ([carass2773@yahoo.com](mailto:carass2773@yahoo.com)) <[carass2773@yahoo.com](mailto:carass2773@yahoo.com)>, Joaquin Ramos ([joaquinramos23@gmail.com](mailto:joaquinramos23@gmail.com)) <[joaquinramos23@gmail.com](mailto:joaquinramos23@gmail.com)>, Prielipp, Alison <[aprielipp@caajlh.org](mailto:aprielipp@caajlh.org)>, Ciarra D <[CiarraD@dochas.org](mailto:CiarraD@dochas.org)>, Christy Brugger <[cbrugger@lcmha.org](mailto:cbrugger@lcmha.org)>, Jaelyn Bradley <[jbradley@lcmha.org](mailto:jbradley@lcmha.org)>, Kathryn Szewczuk <[KSzewczuk@lcmha.org](mailto:KSzewczuk@lcmha.org)>, Albig, Michael (WDA <[AlbigM@michigan.gov](mailto:AlbigM@michigan.gov)>, [annie.waltz@fccsoflenawee.org](mailto:annie.waltz@fccsoflenawee.org) <[annie.waltz@fccsoflenawee.org](mailto:annie.waltz@fccsoflenawee.org)>, Frampton, Ashley <[ashley.frampton@redcross.org](mailto:ashley.frampton@redcross.org)>, Amy Sweinhagen <[asweinhagen@caajlh.org](mailto:asweinhagen@caajlh.org)>, [atruman@mwse.org](mailto:atruman@mwse.org) <[atruman@mwse.org](mailto:atruman@mwse.org)>, Audricka Jacob <[Audricka.Jacob@lenawee.mi.us](mailto:Audricka.Jacob@lenawee.mi.us)>, Barb Salenbien <[barbsalenbien@comcast.net](mailto:barbsalenbien@comcast.net)>, Rill Riordon <[billrioiii@gmail.com](mailto:billrioiii@gmail.com)>,



[bmccary@goodwillsemi.org](mailto:bmccary@goodwillsemi.org) <[bmccary@goodwillsemi.org](mailto:bmccary@goodwillsemi.org)>, Beth Mccullough <[bmccullough@adrian.k12.mi.us](mailto:bmccullough@adrian.k12.mi.us)>, [cheryl.holm@usda.gov](mailto:cheryl.holm@usda.gov) <[cheryl.holm@usda.gov](mailto:cheryl.holm@usda.gov)>, Chris Howard <[chris.howard@lisd.us](mailto:chris.howard@lisd.us)>, Craig, Kathy (DHHS <[CraigK@michigan.gov](mailto:CraigK@michigan.gov)>, Sue Lewis <[cssdir@tc3net.com](mailto:cssdir@tc3net.com)>, Dan Crist <[dan@lmosaic.org](mailto:dan@lmosaic.org)>, KZ Bolton <[drbkz@comcast.net](mailto:drbkz@comcast.net)>, Dawn Scott <[dscott@goodwillsemi.org](mailto:dscott@goodwillsemi.org)>, [esalazar@sharethewarmthoflenawee.org](mailto:esalazar@sharethewarmthoflenawee.org) <[esalazar@sharethewarmthoflenawee.org](mailto:esalazar@sharethewarmthoflenawee.org)>, Hanbury, Mark (DHHS-Contractor <[HanburyM@michigan.gov](mailto:HanburyM@michigan.gov)>, [kchapman@goodwillsemi.org](mailto:kchapman@goodwillsemi.org) <[kchapman@goodwillsemi.org](mailto:kchapman@goodwillsemi.org)>, Kevin Farris <[kevinfarris482@gmail.com](mailto:kevinfarris482@gmail.com)>, LCMission <[lcm@lcmmission.org](mailto:lcm@lcmmission.org)>, [lday@mihomeless.org](mailto:lday@mihomeless.org) <[lday@mihomeless.org](mailto:lday@mihomeless.org)>, [llove@adrianmi.gov](mailto:llove@adrianmi.gov) <[llove@adrianmi.gov](mailto:llove@adrianmi.gov)>, [lpunnett@h2lenawee.org](mailto:lpunnett@h2lenawee.org) <[lpunnett@h2lenawee.org](mailto:lpunnett@h2lenawee.org)>, Laura Reaume <[lreaume@caajlh.org](mailto:lreaume@caajlh.org)>, Shannon Lucas <[lucass@lsscm.org](mailto:lucass@lsscm.org)>, Paula Trentman <[paula@lenaweecf.com](mailto:paula@lenaweecf.com)>, Robin Aldrich <[raldrich@mwse.org](mailto:raldrich@mwse.org)>, [Sickletime@aol.com](mailto:Sickletime@aol.com) <[Sickletime@aol.com](mailto:Sickletime@aol.com)>, Sonja Redden <[Sonja@tranquilstudio.org](mailto:Sonja@tranquilstudio.org)>, Delight Creech <[thecharities@tc3net.com](mailto:thecharities@tc3net.com)>, [Timothy.Ruple@lenawee.mi.us](mailto:Timothy.Ruple@lenawee.mi.us) <[Timothy.Ruple@lenawee.mi.us](mailto:Timothy.Ruple@lenawee.mi.us)>, [vemrick@adrianmi.gov](mailto:vemrick@adrianmi.gov) <[vemrick@adrianmi.gov](mailto:vemrick@adrianmi.gov)>, VeronCia Daffin <[Veroncia.Daffin@usc.salvationarmy.org](mailto:Veroncia.Daffin@usc.salvationarmy.org)>, [Willis@stwlenawee.org](mailto:Willis@stwlenawee.org) <[Willis@stwlenawee.org](mailto:Willis@stwlenawee.org)>

Good morning, CoC!

Please see the forwarded email for important NOFO information. There webinars coming up next week to learn more about the opportunity.

Thank you!

**Madeline DeMarco**

Community Outreach & Prevention Coordinator

She/her/hers ([What's this?](#))

[Click to hear my name](#)

cid:image003.png@01D5D2CC.2412F080



P: (517) 264-0181 F: (517) 265-8237

*\* I am emailing at a time that works for me. Please read, act on, or respond at a time that works for you.*

---

**From:** Lynne Punnett [[LPunnett@h2lenawee.org](mailto:LPunnett@h2lenawee.org)]  
**Sent:** Wednesday, June 22, 2022 5:56 PM  
**To:** Madeline DeMarco  
**Cc:** Shannon DeSloover; Kelly Castleberry  
**Subject:** FW: HUD Announces \$322 Million Funding Opportunity to Address Unsheltered and Rural Homelessness

Madeline – This is an important NOFO for everyone to know about. Webinars are next week!

I will put it on the CoC FB page and blast it out via 2-1-1 as well. Please forward to all CoC members and emphasize the opportunity and webinars to learn more.

lp

Sent from [Mail](#) for Windows

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**From:** [SNAPS-PROGRAM-INFORMATION](#)  
**Sent:** Wednesday, June 22, 2022 3:00 PM  
**To:** [SNAPS-PROGRAM-INFORMATION-L@HUDLIST.HUD.GOV](mailto:SNAPS-PROGRAM-INFORMATION-L@HUDLIST.HUD.GOV)  
**Subject:** HUD Announces \$322 Million Funding Opportunity to Address Unsheltered and Rural Homelessness

On June 22, 2022, HUD announced it is making \$322 million in competitive funding available to communities to address unsheltered and rural homelessness through a Special CoC Program Notice of Funding Opportunity. To apply, CoCs will need to demonstrate a comprehensive community approach to reduce homelessness among people experiencing homelessness with severe service needs, especially those with histories of unsheltered homelessness. Funding is available for permanent housing, street outreach efforts and other supportive services, and HMIS. HUD will be hosting a webinar on June 28, 2022, to provide an overview of the NOFO and answer questions. Additionally, HUD will be hosting a webinar specifically targeted towards communities applying for the \$54.5 million set aside for rural communities on June 29, 2022.

- [Register](#) for the June 28, 2022 Special NOFO Kick Off Webinar
- [Register](#) for the June 29, 2022 Special NOFO Rural Webinar
- [Read HUD's Notice of Funding Opportunity](#)
- [View HUD's press release](#)



#####

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[HUD COVID-19 Resources and Fact Sheets](#)

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--  
Kelly

## Lenawee County Continuum of Care HUD Project Ranking Tool

**Project Names:** Continuum of Care Supplemental to Address Unsheltered and Rural Homelessness

**Organizations:** LEAHC

**Project Types:** \_\_\_\_\_

<u>CoC Threshold Requirements</u>	Max Points for "Yes"	LEAHC
Coordinated Entry Participation	5	5
Housing First or Low Barrier Implementation	5	5
Project is financially feasible	5	5
Applicant is an active CoC participant	5	5
Data quality is at or above 90%	5	5
Acceptable organizational audit/review is available	5	5
Documented organization financial stability	5	5
DIVERSITY & EQUITY: Actively participating in CoC Racial Equity Pl	5	5
Board & Staff Represents the diverse, local population to be served (Ex. Gender, Race/Ethnicity, Lived Experience, etc.)	5	4

\*\*Must receive a score of 35 or higher to meet the CoC Threshold

**Total points:** 44 0

No projects were rejected – 2022

October 18, 2022

Claudia Annoni  
Executive Director  
Lenawee Emergency and Affordable Housing Corp  
(LEAHC dba Housing Help of Lenawee)  
307 E. Church St.  
Adrian, MI 49221



A Legacy of  
Compassion

Dear Claudia:

The Lenawee Continuum of Care (CoC) Executive Committee met and reviewed the Continuum of Care Supplemental to Address Unsheltered and Rural Homelessness proposal requests on Monday, October 17, 2022. Upon reviewing your request, the Executive Committee voted to support and recommend approval to the full CoC the following request and project submitted by LEAHC.

- Continuum of Care Supplemental to Address Unsheltered and Rural Homelessness

The above project was presented to the full CoC on Tuesday, October 18, 2022 and received final full approval.

Sincerely,

A handwritten signature in black ink, appearing to read "Madeline DeMarco".

Madeline DeMarco  
Community Outreach/Prevention Coordinator, Lenawee Community Mental Health Authority  
Secretary, Lenawee Continuum of Care



135 E. Maumee St. Adrian, Michigan 49221

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October 19, 2022

United States Department of  
Housing and Urban Development  
451 7th Street, S.W.  
Washington, DC 20410

RE: Unsheltered and Rural Project Grant

To Whom It May Concern:

The City of Adrian, like all of Lenawee County, is experiencing a severe shortage of attainable housing. The purpose of this letter is to describe some of the efforts in which the City is and has been engaging in order to help alleviate the crisis, and its commitment to continuing those efforts going forward.

The City understands that the affordability of housing is a function of its supply. Given that, it makes every effort to encourage and support new housing developments. It is currently partnering with developers to construct two new rental housing projects downtown, recently rezoned 22-acres of vacant land on the west side of the City for multiple-family housing (from an industrial designation), has provided for multiple-family housing as part of the redevelopment of the Adrian Mall property, and envisions allowing accessory dwelling units citywide under its newly adopted Comprehensive Plan.

The City's housing crisis was recently made direr by the structural failure and evacuation of Riverview Terrace, a 163-unit apartment property serving low-income senior and disabled persons. In response, the City acquired a local motel, the Adrian Inn, and turned it into a 70-room shelter/transitional housing facility, expressly for those former Riverview tenants that were now unhoused. We recently leased the Adrian Inn to Housing Help of Lenawee, to allow it to continue use that property in a similar manner going forward, even after the Riverview crisis resolves.

The City of Adrian strongly supports our Continuum of Care's application for Unsheltered and Rural Project Grant funds. Whether or not they are successful in their application, the City intends to continue to partner with them to identify and implement options for providing greater access to housing for all.

Sincerely,

CITY OF ADRIAN

A handwritten signature in blue ink, appearing to read 'Gregory M. Elliott', is written over the printed name.

Gregory M. Elliott  
City Administrator



To Whom It May Concern:

October 19,2022

My name is Eric Rice and I am the Owner of DRiVE Staffing Solutions. I spent the previous four years working as the Plant Manager for Martinrea in Manchester, MI. During the pandemic and thereafter, Martinrea's biggest challenge was the lack of labor. As a result, I formed my own company with the mission to provide our homeless community with opportunity through the foundation of employment.

In July, DRiVE formed an alliance with Martinrea, Kelly and her staff in Adrian at Share the Warmth. We have consistently maintained 15-25 guests employed.

A focus for DRiVE is to knock down the barriers that prevent members from entering employment. We provide our employees with the basic employment needs on day one. We eliminated the transportation barrier by providing rides to and from work.

Our next challenge is housing. We have employees now graduating from the shelter but there are limited options for housing. There needs to be a graduated housing solution that supports our team members during the transition from dependence to independence. Without low-income housing options, our employees will fail and have to restart the cycle.

As the employer, I have visibility of the employee's reliability and therefore when they exit the shelter we understand if the candidate will default on housing expenses. Furthermore, we can help our team members with finances through budgeting and payroll deduction. This allows us to control the discretionary funds available during the early phases of re-entry.

DRiVE will be looking to acquire housing options in Adrian to help support our employees through their transition to success. And looks forward to continuing the relationship with Kelly and her team.

Thank you,

Eric Rice





October 18, 2022

ProMedica Charles and Virginia Hickman Hospital  
5640 North Adrian Highway  
Adrian, MI 49221

Re: Lenawee Crisis Response Team, HUD sheltered and unsheltered rural NOFO

On behalf of ProMedica Charles and Virginia Hickman Hospital, I appreciate the opportunity to provide a letter of support to Housing Help of Lenawee, Share the Warmth and Adrian Police Department through the Lenawee Continuum of Care toward their collaborative HUD grant application proposing the implementation a Crisis Peer Response Team in Lenawee County.

In September of 2020, ProMedica built a new hospital to provide state of the art care and treatment for residents of Lenawee County. Since the doors have opened, there has been an overwhelming need for outpatient behavioral health services and crisis supports that direct people to peer support and services empowering individuals to reach their highest potential for health.

Patients are frequently transported to the emergency department because there are no other services available. The hospital often identifies that the root issue of the patient's needs pertains more to homelessness, food insecurity or other Social Determinants of Health rather than a true medical emergency. The hospital offers resources like food at discharge and transportation at discharge but lacks a community resource that can provide individuals with shelter and necessary wrap around supports addressing substance use and behavioral health.

The allocation of this funding to support the implement a Crisis Response Team will also support the community in having access to care from an infrastructure equipped to address their behavioral health, substance use and housing stability needs.

Sincerely,

Dr. Julie K. Yaroch, D.O.  
President

ProMedica Charles and Virginia Hickman Hospital

**CHARLES AND VIRGINIA HICKMAN HOSPITAL**



October 19, 2022

Ms. Kelly Castleberry

Executive Director

Share the Warmth of Lenawee

427 W. Maumee Street

Adrian, Michigan 49221

Dear Ms. Castleberry:

On behalf of Share the Warmth, I am providing this letter of support for Share the Warmth's grant request for funding to establish a crisis response team for Lenawee County. Crisis response teams like the one being proposed have had significant and positive impacts in communities around Michigan and the country in reducing legal consequences for those who struggle with behavioral health and other social determinates of health.

One of Family Medical Center of Michigan's primary goals is to reduce the frequency of unnecessary emergency department use by patients. The crisis response team being proposed by Share the Warmth, in partnership with the Adrian Police Department, will have a synergistic impact on overall population health in our community by connecting people with services and resources to address the underlying causes of legal and emergency interactions.

Please support Share the Warmth by approving funding for their proposed Crisis Peer Response Team.

Thank you,

A handwritten signature in blue ink, appearing to read "Ed Larkins", is written over the "Thank you," text.

Ed Larkins

CEO

Family Medical Center of Michigan

To whom it may concern,

I am writing in support of Housing Help of Lenawee and The Lenawee Crisis Intervention Team. The A3 Resident Coalition is a group of people representing the underserved in our community. As a coalition, many of our members have been previously homeless and work with the Lenawee County Continuum of Care as the voice of those with lived experience. We contributed information and thoughts to the team as they developed a plan for the Lenawee Crisis Intervention Team and are excited to support this program.

Lenawee County struggles to cover all the mental health care needs of its citizens. Our homeless population has grown, and more encampments have developed. Often local law enforcement is called for crisis intervention for behavioral health needs for those in our community suffering with dire need. Unfortunately, this can lead to the possible arrest, incarceration, ER visits, and other costly and harmful deterrents.

Housing Help and local law enforcement have come together to establish Crisis intervention Peer Specialists to help provide prosocial diversion. They have created space to work with an individual in crisis, shelter them, connect them to mainstream resources, and hopefully change lives. This also builds positive relationships with local law enforcement and provides an avenue for street outreach allowing resources to meet the people where they are at and begin providing much needed services.

We are happy to support this much needed project and look forward to the outcomes we will see. As staunch advocates of housing and the voice of those with lived experience, we hope you will fund this project to create a better community for the people of Lenawee County.



Joaquin Ramos  
Board Chair  
A3 Resident Coalition

## The Lenawee County Crisis Intervention Team

The Lenawee County Continuum of Care is a multi-disciplinary team dedicated to the prevention and eradication of Homelessness. The HUD Rural Unsheltered NOFO gives Lenawee County a unique opportunity to help the most vulnerable of our sheltered, and unsheltered, unhoused living in our community. Through the coordination of Crisis Intervention Peer Supports, intensive case management, and a dynamic outreach program, we believe these funds will allow us to decriminalize vulnerable unhoused in Lenawee, as well find permanent, stable housing.

The last year has been nothing short of a whirlwind of change, shock, acceptance, and a refreshed drive to do better. We have had vast change in leadership positions, that caused us to take a deeper look at CoC operations. We began a journey in which a twelve-story apartment building was closed, and we needed to shelter almost 200 vulnerable adults. It is ongoing. We have realized that some of our work has not included a diverse, equitable, and inclusive view. We also learned the need for valuable input from those with lived expertise. With a larger, stronger membership, the commitment to make positive change, the advice from lived experience, utilizing a diverse, equitable, and inclusive lens, the Lenawee County CoC is, and will make vast change for those we serve.

According to our October 2022 CoC meeting, our HMIS data shares that there are 195 homeless living in Lenawee County. We can look to the US Census Bureau ACS 2015-2019 to break down the size, income, health, cost of living for some of our most vulnerable residents. Lenawee County is a 761 square mile county in South East Michigan. It is made up 749 square miles of land and 12 square miles of water. The total population is made up of 99, 423 people. The city of Adrian is the County Seat and the focus of much of our funding. It is 8.10 sq miles in size. Adrian is made up of 20,550 people and provides almost all the resources making up the social determinants of health.

We will focus on the City of Adrian to start our Crisis intervention team as it has the greatest need. Using the data we collect from Adrian, we will expand out into Lenawee County over the course of three years. Continuing the use of the US Census Bureau, we narrow our scope to East Adrian, where we see great disparity between the 10,662 people living there, compared to the rest of Lenawee County. East Adrian has a median household income of \$34,262 vs, \$57,314 which is the median income of Lenawee County. 3141 people or 30% of the households living on the East side of Adrian live below the poverty level vs 10, 523 or 11% living below the poverty level in all of Lenawee County. 26% of those living on the East side of Adrian live with food insecurity vs, that of 9% with food insecurities in the rest of Lenawee County.

Those from the East side of Adrian reporting to the US Census Bureau during 2015-2019 state that 10% or 1,028 people, live with a cognitive disability vs 6 % or 5,366 in the entirety of Lenawee County. 20.6% of the people on the East side of Adrian state they have poor mental health vs 16% in the entirety of Lenawee County. On the East side of Adrian 26.6% of people state they have fair to poor general health, while 19.4% of Lenawee County reports that they have fair to poor general health.

The US Census Bureau shares that 2 % of Lenawee County is Black, while 5% of the East side of Adrian is Black. Lenawee County is made up of 86% White, non-Hispanic people. The East side of Adrian is made up of 64% of White, non-Hispanic people. 28% of the East Side of Adrian is Hispanic or Latino. 36% of the East side of Adrian is a minority population vs 14% in the rest of Lenawee County.

If we look to the Census to understand housing in Lenawee County and East Adrian, we continue to see disparity. East Adrian has 4857 housing units. 4198 of those are occupied and 2216 of those are owner occupied. 1653 of those homes were built before 1939, and 941 were built before 1960, showing the structures on the East side are significantly aged. 237 of the occupied units are considered overcrowded. 156 of them do not have Kitchen facilities. 83 of them do not have complete plumbing. 655 homes are vacant. The median cost of rent on the East side of Adrian is \$814 while the median cost of rent in the entirety of Lenawee County is \$796.

One more disparity that deeply factors into the disparities throughout Lenawee County and East Adrian is transportation. As Lenawee County is a rural community and as we previously stated, much of its resources are in the City of Adrian, the lack of transportation creates great difficulty for our people both on the East side of Adrian and in Lenawee County. People living on the East side of Adrian spend 25.2% of their income on

transportation if that income is in the median range. If a resident of East Adrian has income below the poverty level they spend 54.7% of their income on transportation. Lenawee County median income residents pay 29.3% of their income in transportation. The County residents with income below the poverty level pay 66.8% of their income in transportation. When we combine the cost of housing and transportation, the East side of Adrian pays 78.5% of its income. Lenawee County, as a whole, pays 86.2% of its income on the combined cost of housing and transportation.

With these statistics in mind we will move into the problems and lessons learned over the last few years. As stated in our opening, we have had vast leadership changes in the last couple of years. Share the warmth of Lenawee, the County's only low-barrier homeless shelter, transitioned executive directors last year. The executive director of our local HARA transitioned to a new area, leaving an interim director in place while their board was searching for a dynamic new director. Over the Course of six months we continued to transition to new leadership as the new executive director recently completed her third month of work and completely took over from the interim executive director. In those ninety days we were struck with a housing crisis of almost 200 homeless, vulnerable adults, we completed the CoC Competition NOFO, and studied Diversity, Equity, Inclusion, while using input from those with lived experience.

It is a painful realization, but one that needs to be shared. Our Continuum of Care became complacent and relied on our local HARA staff to plan, and manage, all responsibilities required of the CoC membership. We could use Covid-19 as an excuse. There is some relevant blame to be had there with systems shut down, working from home, lack of interactions, and an overtaxed social services community. That will not help us moving forward. Sharing accountability, and responsibility, is what we need to prevent ongoing complacency.

In writing the 2023 CoC Competition grant we learned that we were not working as a dynamic, multi-disciplinary team of people, with a strong passion to prevent and end homelessness. We learned that we were doing just what needed to be done to accomplish requirements. Most members were unaware of the needed, multi-disciplinary expertise that could, and should, be shared to answer questions and create innovative projects for change. Through bold conversation, our CoC Executive team decided change was imperative.

Our executive committee united, and agreed to attend more executive meetings, rather than quarterly or meetings called out of necessity. Monthly evaluation of the whole is something that will build community, partnership, and stronger leadership of the whole membership body. We have planned a day long retreat to create new sub-committees pertaining to needs our community is facing. These sub-committees will help prepare projects that create positive change, communicate them to our community, as well as form the building blocks of needed projects in the future.

The entirety of the Continuum of Care recognized the need to fill in empty seats at our table. We saw the need for more lived expertise, more governmental entities, more community members at large, law enforcement partners, partners from the medical community, more landlord membership, more economic developers, and stronger partnerships with organizations representing under represented populations. We have been able to grow our membership throughout the summer. With the inclusion of one, then two members with lived expertise, the growth of those with lived expertise has blossomed to more and become instrumental in our work. Our lived experience members speak to a captivated membership of people and have revived the heartbeat of the Lenawee CoC.

The Lenawee Continuum of Care is participating in the CERT program currently offered by C-4 Innovations. We have a diverse team leading the education, and presentations to the full body of the CoC. Our team is made up of People of Color, Native Americans, people with lived expertise, people living and surviving with domestic violence and sexual assault trauma, and other concerned team members. Our Continuum of Care is using this educational experience to evaluate our CoC operations further, and then continually, to ensure diverse, equitable, and inclusive outcomes. We believe this program is not only currently building better operation but is a tool we can keep using as we move forward.

Recently, the City of Adrian and the County of Lenawee, began a journey through an unexpected housing crisis. A twelve-story building in the City of Adrian, housing almost 200 vulnerable adults, was condemned due to severe structural damage. The City and County enacted the Lenawee County Emergency Management Team to move all residents to safety. Miraculously we were able to find enough hotel rooms to house the residents for a few days. MSHDA helped supply finances to keep residents housed in hotels for about

a month as the City waited for engineering reports and contemplated how to help those citizens displaced. Living in a rural County, lacking affordable or attainable housing, caused much distress on the displaced residents and the City itself.

This crisis did not only disturb our Continuum of Care, but all the residents living in, and around Lenawee County. It has taken us three months, with multiple moves, to find sustainable shelter for all residents. Many members of the Continuum of Care worked tirelessly to brainstorm ideas and make plans to help the displaced residents. Housing Help of Lenawee was an integral part of the work, as all residents thrust into crisis need to be case managed and matched with previous and new supports. The effort has been immense man hours and spanned most of our summer. Due to this crisis, we requested an extension for this grant process. Many CoC agencies have given a great deal of time to this crisis and have struggled to maintain normal processes.

The City of Adrian is still waiting on answers from management to determine the future of the structure which includes 163 one bedroom, or studio, apartments. There is discussion on restructuring the building, but that will take many months. The goal is to restructure the building and open all of the units back up over the next year or two. The building owners are working with MSHDA for solutions.

The City of Adrian bought a local Inn that was for sale, to provide rooms at a low rate, as our local HARA case manages and works to move everyone displaced from Riverview Terrace to sustainable permanent housing. The City has worked tirelessly to clean and create an atmosphere of community to provide comfort to the residents. The City has also signed an agreement with Housing Help of Lenawee, our local HARA to manage the Inn. There is great potential to turn the building into Permanent Supportive Housing and, or Transitional Housing. The city supplied microwaves and refrigerators in all the rooms. The goal of Housing Help, the HARA, and community partners is to quickly implement community kitchens to provide space to cook healthy meals. There is a large community room in which there will be community activities and events.

Over the next three years there is a community goal to transition the Inn to Permanent Stable Housing and Transitional Housing. We have a goal to create 30 PSH rooms, and 40 Transitional housing rooms. Housing Help, in partnership with the it has hired unhoused to live. In and manage the Inn reating employment and housing for persons already in need. It was with great thought, collaboration, and a supportive attitude that has brought community resources and government together to create the potential for more permanent supportive housing and more transitional housing. This has been an ongoing struggle in our community. The crisis that stemmed from the evacuation of the Riverview Terrace Apartments brought to light tremendous need in our community. It has also created the potential to supply it with the purchase of the Inn.

Lenawee County recently took back the landbank from a non-profit that was expected to find funding to remodel, redevelop, and create housing solutions. They have added an economic developer position into next years budget to partner with the CoC, the land bank, and other Federal, and State entities to create more housing solutions. There is a large emphasis on utilizing the land bank to create housing. There is also emphasis on economic development that will bring employment and mor4e housing.

Our local emergency shelter, Share the Warmth of Lenawee, partnered with a local factory to provide employment to the unhoused in our community. The out of the box creative thinking behind this venture also created a new business called Drive Staff Solutions. One of the Shelter guests was hired as a driver and drives all guests to and from work making sure transportation is not an issue. The partnership has fared so well, that Martin Rea has been looking at nearby land to invest in housing structures. They realize childcare, transportation, and housing are some of the greatest barriers to successful employees. It is in the early stages, but Martin Rea and Share the Warmth of Lenawee are actively working to not only provide employment, but housing as well.

The city of Adrian has an investment group that has received state funding to redevelop blighted property into apartment. The City of Adrian also received the Main Street USA Downtown Development grant. Housing is a priority for this 5 year program. The investment group redeveloping the downtown riverfront will bring significant housing in the form of 25 apartments over the next three years. These apartments will consist of 1,2 and 3 bedroom units. The city of Adrian has also created a blight remediation program. It is implementing a loan program to help low citizens fix their homes to maintain healthy structures.

Partnership is key to preventing and ending homelessness. Cross training gives us a platform to educate CoC membership to reach out to landlords and engage them at a different level. Education will help us leverage

more housing opportunities and more landlords to work with our Continuum of Care. We currently host a landlord breakfast. Over the next three years the CoC will begin advertising to and landlords over social media and other public avenues. We will also rely on case managers to begin building positive relations with our community landlords and to identify new landlords as properties become available. Case manager do keep accurate data in the for of a list with landlords and vacancies. Landlords in which we currently work will be asked to write references for the CoC and the work we do.

The Lenawee County Continuum of Care recognizes the last few years have created pitfalls in our services. We continue to learn, expand, and implement better policies and procedures for housing operations to prevent and end homelessness. Our learned lessons were strongly felt, and we swiftly engaged to create positive change. With this renewed spirit we plan to continue the work so needed in our community.

The NOFO called for the decriminalization of vulnerable populations with high need. We felt compelled to research and study further. Our local health system, Promedica, has been researching the social determinants of health in our community as it has been highlighted as one of the communities in which they serve with the most need of economic stability, education and access, quality health care, community resiliency, and housing. According to Promedica, Lenawee County is in the top ten of all the communities they serve, with the highest need of more positive social determinants of health.

Promedica is introducing implementing the Adrian Ebeid Neighborhood Promise to the East Side of Adrian. It will serve all of Lenawee County, however the geographical positioning is in the area with the greatest need. The programming will foster economic opportunity and improved health outcomes. One of the four areas of focus. Promedica is partnering with our local CoC to help create healthy neighborhoods. Promedica believes that your zip code can be one of the most defining factors of your well-being. Socioeconomic factors and physical environment make of 50% of one's health. In partnership with the Lenawee County CoC they will collaborate for improved and attainable housing, embrace neighborhood beautification, and align efforts with the City of Adrian's blight remediation program, offer workshops and programs cultivating housing stability. Furthermore, they will implement programming for training in trades, technical training, and certified nursing programs to educate, build the economy, and fill community positions that are underrepresented.

The Lenawee CoC recently partnered with Family Medical Center which is a one stop location for all of your medical needs. FMC provides routine healthcare, specialty services, dental care, and has a pharmacy on site. Many of the people we work with daily utilize Family Medical Center for mental health care, substance use supports, medical care, and their pharmacy. Partnering with them to divert people from unnecessary emergency room visits not only stops the overcrowding of the hospital ER, but creates a relationship of long term care. Persons the CoC serves can get all of their medical needs done there and feel supported and comfortable in that space. Family Medical Center also takes into consideration the dire circumstances of the people they serve. They are instrumental in referring people to us that are in need of shelter.

In speaking with local law enforcement, we hear their struggle to work without diversion services for those with substance use disorder, mental health crisis, unsheltered, and help for those without support persons or systems. Often people are taken by ambulance to the hospital emergency room, just to be returned to the street a few hours later as they do not meet the emergency guidelines or struggle to advocate for themselves. There is no mental health crisis team to respond to calls after the normal 9-5 workday. In calling the mental health crisis line, those working with unsheltered with severe mental health conditions are referred to 911. This results in the possible criminalization of vulnerable populations, potential jail, or unnecessary transportation to the hospital.

According to the BJS Mental Health Problems of Prison and Jail Inmates study done in 2006, 15.3% of inmates experienced homelessness in the year prior to incarceration. It also states that 15% of men and 31% of women in jails have a serious mental illness compared to 4% of those in the general public suffering from severe mental illness. The BJS Drug use, dependence and abuse among state prisoners and inmates done between 2007 and 2009 states that more than 58% of people in state prisons and 63% of people sentenced to jail met the criteria for substance abuse or dependence.

The National Association for the Dual Diagnosed shares that about one in three people with developmental disabilities will also have co-occurring mental health disabilities. It goes on to say that many co-

occurring disorders that may impact day-to-day life include major depression, schizophrenia, and bipolar disorder. The Bureau of Justice states that 2 in 10 prisoners and 3 in 10 jail inmates reported having a cognitive disability. The BJS says that people with intellectual and developmental disabilities are overrepresented as victims, defendants, and as incarcerated people. NPR states people with intellectual disabilities are seven times more likely to experience sexual assault than those without disabilities.

According to the National League of Cities, Mental Illness, Substance Use, and Homelessness Brief from July 2019, between the years of 2006 and 2013, emergency department visits increased over 50% for persons suffering mental illness, and emergency department visits for substance use increased to almost 40% more than previous years. The above brief states that in 2013 substance use costs \$340 billion in overall costs including health care, law enforcement, lost work, etc. Sadly, it also states that deaths related to substance use rose by more than 600% between the years of 1980 and 2014.

As we considering the above statements, we believe there to be serious barriers to the most vulnerable unhoused, both sheltered and unsheltered, in our community to get the help, care, and consideration they need to find sustainable housing. The interaction with law enforcement and emergency medical services creates criminal records, financial instability, undue strain on systems, and a lack of awareness to consider how we can divert persons to shelter, housing, and care. Those interactions create trauma, and or exacerbates trauma behaviors that already exist.

The Lenawee County Continuum of Care and Housing Help of Lenawee, in partnership with Adrian Police Department, the Adrian Fire Department, and Share the Warmth of Lenawee have developed a Community Intervention Program with the intent to address the above barriers. We are requesting three years of funding to implement two full time Crisis Intervention Specialist, a part time intensive case manager, expand our HMIS, and fully fund the potential capacity building dollars for training and cross training. This funding will create a Crisis response team, with extensive outreach, that diverts persons out of the justice system, out of emergency hospital care, and into a crisis center where they will be comforted, connected to resources, and sheltered.

Our Crisis Intervention Peer Supports (CIPS) will be certified as Peer Support Specialist as well as complete intense crisis intervention training base on the Crisis Intervention Model CIPS will play an essential role in responding to 911 calls for service to offer support, advocacy, and compassionate care to unsheltered, and sheltered, unhoused persons affected by mental and behavioral health, substance use, and intellectual disability. The calls in which CIPS will be able to advocate and divert will be non-life threatening and non-violent. Our peers will continue to follow through and offer a gentle hand off to case managers to further on going assistance that leads to sustainable housing as quickly and safely as possible.

Law Enforcement will connect with a Crisis Intervention Peer Supports for response to a call in which the peer can de-escalate, assist, provide peer support, advocate, find resources, and shelter persons in crisis as well as to others on scene. The CIPS should draw on applicable lived experience, learned skills, and a wide range of cultural competencies with diversity, equity, and inclusion at the forefront of their work. CIPS will need to be flexible, collaborative, and evidence driven. They should also be able to consistently consider the health and safety of all involved.

Law Enforcement together with our Crisis Intervention Peer Supports will conduct a biopsychosocial and lethality assessment. When safe to do so the Crisis Intervention Specialist will contact persons in crisis and rapidly establish a collaborative relationship. If possible CIPS will take person to Crisis center which is conducted using the Living Room Model. Either on scene, or preferably at the crisis center, the CIPS will identify any major problems including the cause of crisis. They will encourage and discuss feeling and emotions while sharing coping skills. As persons de-escalate the CIPS will begin to create an action plan in partnership with the person in crisis, including connecting them to resources, and finding shelter or housing. The CIPS will provide a warm handoff to a case manager that will continue ongoing supports resulting in safe and sustainable housing.

Our Crisis Intervention Peer Supports, in partnership with the members of the Lenawee County Continuum of Care will build a stronger outreach program to bring those unsheltered into shelter, and then help them find housing as quickly and as safely as possible. The Lenawee Outreach Program will use community members, medical care professionals, behavioral health professionals, housing case workers, volunteers with



lived experience, as well as law-enforcement officers. Goals of the program will be to establish safety and trust, build ongoing engagement, and connect persons to housing and services. Resource agencies involved with the CoC will keep data to share to help build on foundations of success, while shoring up any deficits. Key considerations and data collaborations will consider safety, levels of need, community trust and relationships, connections to housing, and connections to health resources.

Our Crisis Intervention Peers will build a strong outreach program by connecting with agencies that can and will provide supportive services in the field. TTI is a Continuum of Care member that represents the PATH grant and outreach in our area. They cover many Counties and need community support. To embolden our outreach, the CIPS will coordinate and organize dates and times with TTI. CIPS will also coordinate, and request all needed supplies for outreach events. Supplies should include basic medical supplies, hygiene products, warm weather bags, prepackaged food, some fresh fruit and vegetables, handouts for resources, and other identified needs.

Teams will go into identified encampments, and other known areas in which there may be unsheltered persons using a biopsychosocial lens to determine safety and needs of the unsheltered. Teams will utilize guidance from those with lived expertise to help connect with persons to build relationships and trust. Encampment residents will be allowed to decide if they would like to participate or not, or rely on a spokesperson to communicate for them. If persons are willing to communicate and agree, outreach persons will begin adding them to HMIS to create a working profile in which we can update notes as we work to bring them into shelter and on to stable housing. Supplies will be shared with persons in the encampments and other areas of outreach.

A multi-disciplinary team of people in the encampments will allow for persons to be connected to housing, mental health care, medical care, and other services as an overall coordinated response to bring the unsheltered into housing. Outreach teams will work considering harm reduction to meet the needs of those unsheltered prioritizing basic needs. All work will be person-centered, trauma-informed, low-barrier, and voluntary.

With the implementation of Crisis Intervention Peer Specialists and a part time intensive case manager, we will be able to expand our HMIS data. We will take iPads into the field to capture data in real time as we interact during police calls and as we conduct more effective outreach. This gives an opportunity to collect data for those unsheltered. This is something we have not been able to do in the past as outreach was not something Lenawee County could fund. It will also help us get more accurate demographics and data of the unhoused living in shelter and those unsheltered.

Recently, a more productive working relationship with Share the Warmth of Lenawee has helped us record more data as they received the Emergency Shelter Program Grant and implemented staffing for more successful operations. Our goal is to include more feeder systems in HMIS like, Associated Charities, The Daily Bread (a local soup kitchen and food pantry), and The Salvation Army, etc. We currently partner with the agencies within the CoC such as MDHHS, LCCMH, CAA, etc. We have a goal to incorporate more shared information and data to build stronger demographics. This will also add to our demographics and help refer and lead unsheltered to shelter.

Another key benefit to utilizing HMIS in the field is the ability to record our referrals to outside agencies. In the collaboration of a multidisciplinary team, referral data to check follow through is key to maintaining best practices. We can also record key identifications like social security cards, driver's license or state ID, and birth certificates. With the implementation of the HMIS ID we can also help those sheltered and unsheltered unhoused persons get their needed identifying documents for housing. As we utilize HMIS as a working profile, we will be able to share emergency contacts for the unhoused during police calls when needed.

The funding requested for HMIS will help us procure equipment, pay licensing fees, and maintain education for our HMIS and training for others using the system. This is instrumental in helping Lenawee County keep accurate data to prevent and end homelessness. As we continue to study diversity, equity, and inclusion, we will be able to share more accurate data from the field and not just those seeking shelter through a DEI lens. It will also allow us to share data at a multi-disciplinary table to compare our successes and failures.

With this new funding and the expansion of HMIS The Lenawee County Continuum of Care can strengthen its Coordinated Entry Program to better address the needs of vulnerable populations with extreme

needs. Having housing related supports going into the field allows us to connect people to resources and begin to rapidly rehouse as soon as there is a call, rather than after something has happened.

The last piece of funding requested is for Capacity Building. This is one of the most important aspects of this grant and has the potential to create serious positive change. Training and cross training have the potential to have the biggest impact on the success of our coordinated entry, our ability to use and communicate with feeder resources, and build a much larger community partnership. While it is so often overlooked, capacity building creates strong, effective, and efficient change. Combine that with persons that work in housing and our continuum of care and you will find a team changing lives.

Currently our coordinated entry includes care for those that come to our doorsteps, and referrals from outside resources. Cross training will allow us to expand education to agencies that encounter unsheltered and vulnerable people. Sharing HMIS with those agencies allows them to quickly connect the unsheltered, with housing resources, to rapidly rehouse them as quickly and safely as possible. With our Crisis Intervention Peer Supports in the field and our Outreach teams regularly in the field we will be able to reach more vulnerable and unhoused persons. The data collected will teach us out to be sure our coordinated entry is best serving those with the most need.

The Lenawee County Continuum of Care is proud to have partnered and planned ways to help the unhoused that are sheltered, and unsheltered, with the greatest needs find the care and resources they need to move them swiftly and safely into sustainable housing. Crisis Intervention Peer Supports will not only put housing staff in the field of outreach, but it will also help our law enforcement partners work more effectively and efficiently. It will decriminalize populations with great need and align persons with resources. High rates of emergency room visits and high costs of care burden both those we serve and those providing medical care. Working in the field allows us to help people find needed medical care with ongoing services.

This HUD NOFO, in and of itself, brought great insight and the ability to learn so much. Our research shows we work in an area with high levels of poverty and with people in great need of services. We have a strong team of diverse populations, ready to provide equitable and inclusive services to our community. We hope you will consider The Lenawee County Crisis Intervention team as one of the recipients of your rural unsheltered grantees. We know we can make the change you seek to see happen.



155 E. Maumee St., Adrian, MI 49221

Police Department

517.264.4808 Fax 517.264.1927

October 17, 2022

To Whom it May Concern,

Please accept this letter in support of the grant application for a Crisis Peer Response Team in Lenawee County. As the Chief of Police in the largest City in Lenawee County I can tell you the population in need of this service has grown as have our responses as an agency. We are interested in supporting a program with individual focus and long-term solutions.

The City of Adrian has experienced an increase in our homeless population over the last 3-5 years. Our officers used to be acquainted with the people living in 2 separate, unofficial, encampments. Currently we do not have a good count on our homeless population and the camps have splintered into many locations throughout the city. Many of the camps are centered around our park system and walking trail. Because many people use our parks the number of calls/complaints have gone up as a result of the growth and relocation. Citizens become frustrated and expect legal action to be taken.

Many of the homeless people we encounter are suffering from mental illness and/or substance abuse issues. Those are two key problems in which we struggle to help find a remedy. Officers have the ability to petition a person for mental services, however after a screening at the hospital they are often back out on the street. Those with addiction problems have to be willing to seek treatment through the Pathways program and many are not. Either of those options takes officer time that we do not have to spare when moving between emergency calls for service.

It is our hope that the addition of two Crisis Response Peers will help us address the issue of homelessness at the point of police contact, as well as at other points in the chain. Officers working in conjunction with Response Peers could come up with individual solutions that prevent future contacts. The individual could receive the help they need, when they need it.

If you have any questions regarding this letter please feel free to contact me directly.

Respectfully,

Vincent P. Emrick  
Chief of Police



# Adrian Fire Department

208 S Main St.  
Adrian, MI 49221  
517-264-4856  
Fax 264-2782

October 17, 2022

To whom it may concern,

I am writing this letter to express my support for the grant application for a Lenawee County Crisis Peer Response Team. The City of Adrian Fire Department provides EMS response to by far the largest population in the county. We respond daily to assist mental health patients and transport them to the hospital. Many times, we respond to assist the same patient multiple times a day as they are not in need of hospital services, but eventually that is our only option creating an overrun in our local ER.

Many times, this past winter we were forced to transport these patients whom often are homeless to our next closest hospital 45 minutes away as our local hospital was over capacity. This causes a burden for the hospital to try and find transportation for these patients back to Adrian after they are released which is not always possible. Some of them were just released from the hospital with no transportation back to Adrian, no food, and no shelter.

These individuals are being transported 45 minutes away many times for issues that could be mitigated by the Lenawee County Crisis Peer Response Team. I see this team to be a great benefit as they could help reduce the strain on our local ER and in turn keep our limited but vital EMS responders available to respond to other Fire and EMS emergencies.

I have heard of these type of response teams in the past and was intrigued by their success. As the Fire Chief and EMS Director for the City of Adrian, I wholeheartedly support this application and would also like to explore the possibility of a Community Paramedic program to assist the crisis response team in the future if it is funded. Other programs around the country, have integrated a Community Paramedic with these teams and have shown to assist with their success.

Thank you,

Aric Massingill  
Fire Chief  
City of Adrian Fire Department