2017 Housing Inventory Chart Information

Background

The Detroit Continuum of Care (CoC) is required by HUD to conduct an inventory of emergency shelter, transitional housing, safe haven, rapid re-housing, and permanent supportive housing beds that were **available** for people who are homeless on the night of January 25, 2017.

This effort is led by the Homeless Action Network of Detroit (HAND). In conjunction with conducting this inventory, we are also required to conduct a count of the number of people who are occupying the available beds on the night of January 25, 2017 (aka the sheltered Point-In-Time Count). Separate instructions have been sent for completing the sheltered Point-In-Time Count via HMIS *OR*, for non-HMIS providers, via a separate spreadsheet.

Your participation in completing this housing inventory is crucial.
Please thoroughly review the instructions in this packet.

This packet gives instructions on how to complete the housing inventory chart (HIC) by answering specific questions in **SURVEY MONKEY** about your homeless bed programs, including number and type of beds, funding sources, etc.

Timeline and Due Dates

The information you will provide in the HIC should be as your program was operating on the night of January 25, 2017.

HAND is requiring that the updated Housing Inventory Chart be completed in SURVEY MONKEY by Friday, February 10th 2017.

NEW FOR 2017 HIC & PIT!!!!

Hand will be requiring participation in a **mandatory webinar** or a **in person meeting** after submitting your surveys.

Purpose: To review HIC with designated agency staff and provide clarification and/or guidance if needed. Agencies will be asked to sign off on the agreed upon inventory that will be submitted to HUD for 2017.

******You will be invited to the webinar or to sign up for the in person meeting by EMAIL**

If you have any questions after reviewing the **HIC** material in this packet, please contact Kiana Harrison at (313) 964-3666 x105 or kiana@handetroit.org .

If you have any questions after reviewing the **sheltered PIT** materials in this packet, please contact Alexis Alexander at (313) 964-3666x106 or alexis@handetroit.org .

NEW HIC INFORMATION FOR 2017

IMPORTANT CHANGES TO HIC AND PIT REQUIREMENTS BEGINNING IN 2017

HIC Changes

A. HUD removed the DEM project type, associated with projects funded under HUD's Rapid Rehousing Demonstration Program, because this designation is no longer necessary.
B. HUD has revised the data collection field for CoCs to indicate whether a project was funded through McKinney-Vento funding as well as other federal funding sources. The funding HIC/PIT Data Collection Notice Page 4 August 2015 source response options for each question now align with those associated with HMIS Project Descriptor Data Element 2.6, Federal Partner Funding Source.
C. The Department of Veterans Affairs (VA) designates a limited number of its Grant and Per Diem (GPD) projects as "Transition in Place" (TIP) projects. For 2017, the VA has clarified that CoCs should report the beds and units associated with the GPD TIP projects under the "Other Permanent Housing" (OPH) project type. Because the GPD TIP beds and units are reported under the OPH project type, persons in those beds and units will not be included in the CoC's sheltered PIT count.
D. HUD has clarified that when reporting beds dedicated for youth, CoCs should also include beds dedicated for members of a youth headed household (i.e., the children of parenting youth). This is similar to reporting dedicated beds for people who are chronically homeless and veterans, which should include beds dedicated for other members of a chronically homeless or veteran household.
E. HUD is renaming and expanding the scattered site field in the organization and project information section to require CoCs to indicate whether the project is: 1) Site-based – single site 2) Site-based – clustered / multiple sites 3) Tenant-based

   The new field name will be "Housing Type." CoCs are required to enter an address for all projects that are site-based. If a site-based project has multiple sites, the CoC should enter the address for the site where most beds and units are located. For tenant-based – scattered site projects, CoCs will be required to enter the zip code where most beds and units are located. HUD is removing the TH Unit Type question because it would be redundant with the information reported in the Housing Type field.

RAPID REHOUSING – SAME AS LAST YEAR

F. *HUD has clarified that CoCs will only report rapid re-housing (RRH) beds and units that are occupied by RRH participants on the night of the count (i.e., in their own permanent housing unit and actively enrolled in RRH on the night of the count), whether or not rental assistance was provided. HIC/PIT Data Collection Notice Page 4 October 2015*

Instructions for Completing the Housing Inventory Chart

Detailed Information for Completing the HIC Questionnaire

The information below identifies the data we are collecting in the HIC and special instructions for each column in the spreadsheet:

SURVEY QUESTIONS	Explanation / Directions
Organization Name/Program Name/Project Address	WILL NEED TO COMPLETE FROM EACH PROGRAM; WE WILL PROVIDE YOU LISTING FROM LAST YEAR THAT INCLUDES PROJECTS AND INVENTORY TYPE; IF YOU HAVE NEW BEDS AT AN EXISTING PROGRAM – PLEASE ENTER SEPARATE FROM YOUR CURRENT BEDS
Project Type	This column is already completed for all projects – includes Emergency Shelters (ES), Transitional Housing (TH), Rapid Re-Housing (RRH), Safe Haven (SH), and Permanent Housing (PSH, RRH, OPH)
Inventory Type	Current (C), New (N), Underdeveloped (U); inventory types listed as "N" or "U" in the 2016 HIC may need to be changed to "C" or "N", respectively, in the 2017 HIC. Note: Refer to the KEY below.
Target Population A	If applicable; a population is considered a "target population" if the program is designed to serve that population and at least 75% of the clients served by the program fit the target group descriptor. Note: Refer to the KEY below.
Target Population B	The subpopulation served by the project, if applicable. A single project is prohibited from having more than 1 Target Pop B. Note: Refer to the KEY below.
McKinney-Vento Funded	"Yes" if project receives McKinney-Vento funding via the CoC Program – see list below
Other Federal Funding – NEW	**SEE LIST BELOW -**
# Beds/Units (multiple columns in spreadsheet)	These columns ask for the: number of beds and (family) units for households with: • Singles only; • Family households (adults and children); and, • Households with only children • Total Beds
# Dedicated Youth Beds	The number of beds that are dedicated to house homeless youth. A dedicated bed is a bed that must be filled by a homeless youth unless there are no homeless youth located within the geographic area. CoCs will need to identify if the beds are dedicated to serve only children under 18; only persons 18 to 24; or persons up to 24.
# Dedicated Veterans Beds	The number of beds that are dedicated to house homeless veterans and their families. A dedicated bed is a bed that must be filled by homeless veterans and their families unless there are no homeless veterans and their families located within the geographic area.
# Dedicated Chronically Homeless (CH) Beds (PSH ONLY)	The number of PSH beds that are dedicated to house chronically homeless persons. A dedicated bed is a bed that must be filled by a

SURVEY QUESTIONS	Explanation / Directions
	chronically homeless participant unless there are no chronically homeless persons located within the geographic area.
# Year-Round Beds	Shelters Only
Bed Type, Seasonal & Overflow Beds (EMERGENCY SHELTERS ONLY)	Report the: • Bed type – facility-based, voucher (hotel/motel) or other; • # seasonal beds & start/end dates for seasonal beds (if applicable); and • # overflow beds & overflow beds reported in HMIS (if applicable)
Bed/Unit Type – TH only – NEW	To identify Single Site (congregate; project based) or Multiple Site (Scattered or clustered)
# Singles/# in Families/Total on night of Point-In-Time Count (January 27, 2016)	In these columns, enter the total number of *singles* and the total number of *people in families* who were in the program on the night of January 25, 2017. The information you enter into this column is used to calculate the program's Bed Utilization Rate, and should match the data in HMIS and what was reported for the sheltered point-in-time count; PSH and RRH bed programs will report this information for the first time on the HIC since they do not participate in the sheltered PIT Count. Note: Total # on night of PIT Count (Column Y) will automatically calculate in the Excel spreadsheet.
Utilization Rate	This shaded column automatically calculates the percentage of beds in the program occupied on the night of the count.
Contact Information – Name/ Email/ Phone Number	If necessary, update the name, phone number, and email address of the person responsible for completing the program's HIC. This contact information will only be used by HAND staff in case we have questions about the data.

Additional Information that will help you complete the Housing Inventory Chart:

KEY: Inventory Type

[C] Current - Beds were available for occupancy on or before January 31, 2017
[N] New - Beds became available for occupancy between February 1, 2016 and January 31, 2017
[U] Under Development - Beds that were fully funded but not available for occupancy as of January 31, 2017. Inventory listed as [U] will also need to indicate whether or not the bed/unit inventory is expected to be available for occupancy by January 31, 2018.

KEY: Target Population A

SM - Single Males
SF - Single Females
SMF - Single Males & Females
CO - Couples Only, No Children
HC - Households with Children
SMHC - Single Males and Households with Children
SFHC - Single Females and Households with Children
SMF+HC - Single Males & Females plus Households with Children
YM - Unaccompanied Males under 18 years old
YF - Unaccompanied Females under 18 years old
YMF - Unaccompanied Males & Females under 18 years old

KEY: Target Population B

DV - Domestic Violence Victims
HIV - Persons with HIV/AIDS

Additional Guidance for Projects Serving Multiple Household Types

For projects that serve multiple household types (such as singles and families), but where a precise number of beds are not designated exclusively for a particular type of household, the total number of beds may be distributed among the household types served by the project using the following method:

- Divide the beds based on how the bed(s) were used on the night of the HIC. If the facility is not at full capacity on the night of the count, then extrapolate the distribution based on the pro-rated distribution of those who are served on the night of the count.

Additional Guidance for Rapid Re-Housing Projects, including SSVF:

For rapid re-housing provider projects (including SSVF), the number of beds and units should reflect the actual number of current project participants who are:

1. Actively enrolled in the project on the night of the inventory count;
2. No longer homeless and are in permanent housing on the night of the inventory count;
3. **Residential Move In Date (HMIS) can be used to identify these individuals**

HUD McKinney-Vento Funded

A. Emergency Solutions Grants Program (ESG) • HUD: ESG – Emergency Shelter • HUD: ESG – Rapid Re-Housing

B. Continuum of Care Program (CoC) • HUD: CoC – Safe Haven • HUD: CoC – Transitional Housing • HUD: CoC – Permanent Supportive Housing • HUD: CoC – Supportive Services Only • HUD: CoC – Rapid Re-Housing • HUD: CoC – Single Room Occupancy

C. Shelter Plus Care program (S+C) D. Section 8 Moderate Rehabilitation Single-Room Occupancy program (SRO), including grants formerly funded under McKinney-Vento but renewed under Section 8 E. Supportive Housing Program (SHP)

Note: CoCs should only select S+C, SRO, or SHP as the McKinney-Vento funding source if they still have funding and use requirements associated with that funding. Projects that were originally funded under those programs but are currently being renewed under the CoC Program should only identify CoC as the funding source.

Other Federal Funding Sources - NEW

A. HUD: HUD/VA Supportive Housing (HUD/VASH)
B. VA: Supportive Services for Veteran Families Program (SSVF)
C. VA: Grant and Per Diem Program (GPD)
D. VA: Grant and Per Diem Program Transition in Place (GPD TIP)
E. VA: Community Contract Emergency Housing (Health Care for Homeless Veterans (HCHV/EH))
F. VA: Community Contract Residential Treatment Program (HCHV/RT)
G. VA Community Contract Safe Haven Program (HCHV/SH)
H. VA: Compensated Work Therapy-Transitional Residence (CWT/TR)
I. HHS: RHY Basic Center Program (BCP)
J. HHS: RHY Transitional Living Program (TLP)
K. HHS: RHY Maternity Group Homes for Pregnant and Parenting Youth (MGH)
L. HUD: Housing Opportunities for Persons with AIDS (HOPWA) shelter and housing programs. This includes the following 2.6 response options: • HUD: HOPWA – Hotel/Motel Vouchers • HUD: HOPWA – Permanent Housing • HUD: HOPWA – Permanent Housing Placement (facility-based or TBRA) • HUD: HOPWA – Short-Term Rent, Mortgage, Utility Assistance • HUD: HOPWA – Short-Term Supportive Facility • HUD: HOPWA – Transitional Housing (facility-based or TBRA)
M. HUD Public and Indian Housing (PIH) programs (non-VASH), including public housing and housing choice voucher inventory that is dedicated to homeless persons
N. Other CoCs should identify each federal funding source that currently supports the project even if a source only partially funds the beds and units.

Additional Guidance for VASH Vouchers

CoCs must count the total number of VASH vouchers available for use on the night of the HIC and PIT count, regardless of whether the voucher is presently being used.

Instructions for Completing the Point-in-Time Data Collection Form for Non-HMIS Service Providers

Agencies which have projects that do not enter data into the Homeless Management Information System (HMIS) must complete the attached form titled "**2017 Data Collection Form for non-HMIS Providers"** for each of its program(s) listed on the Housing Inventory Chart.

This form needs to be completed for all clients that were served on the night of January 25, 2017 at your emergency shelter (ES) and transitional housing (TH) program(s). These forms can be filled out electronically and sent back through email (alexis@handetroit.org) or by hand and faxed back to (313) 221-8383. See the detailed instructions listed below. DV programs should see the special instructions listed at the end of the document.

Detailed Instructions

- Complete a separate form for each emergency shelter or transitional housing program that your agency has listed on the HIC.
- Make additional copies of the form if needed for one program.
- Indicate at the top of the page whether the project is an ES or TH project and the name of your agency AND project in the "Non-HMIS Provider Name" section.
- Review the detailed directions to complete the data collection form, which are listed within the spreadsheet.

Special Instructions for DV Programs

DV programs complete PIT Count data collection forms for the persons residing in their shelter or transitional housing program on the PIT Count day (January 25, 2017). Personal identifying information (i.e., name, initials, and full DOB) should not be included on the data collection forms.

The suggested naming protocol for recording data on the data sheets should be Anonymous 1, Anonymous 2, Anonymous 3 for client names. To link children properly to Anonymous clients, use a naming protocol of Anonymous 1 Child 1, Anonymous 1 Child 2, etc, where the first name is the same as their parent's naming mask and the last name is the child number in the households, so households are properly identified. For their clients, DV facilities should place the age of the client or the age range code of the client. **The DV agency will forward their data to Alexis Alexander (alexis@handetroit.org), except the DV client data shall all be entered in the HMIS as "Anonymous" records .**

Michigan
Point-In-Time Homeless Count 2016 Data Collection Form
Date Completed:
_____
Page ____ of _____

Form Used for (non-HMIS) ES ☐
Form Used for (non-HMIS) TH ☐
Non-HMIS Provider Name:
_____

Form Used for Multiple Individuals ☐
Form Used for One Household ☐
If Used for One Household, HH Type:
Adult(s) & Child(ren) ☐
Children Only ☐
Household w/o Child(ren) ☐

Use one line for each *Homeless* individual (see homeless definition on the back of this form). Include only the household members whom are physically present.

Last Name	First Name	Location	Gender	Age								Race	Ethnicity		Household Info			Current Homeless Episode		Homeless episodes in past 3 years		Total Months Homeless in Past 3 Years	Long-term Disability?		Sub-populations: Grayed = Disability						
See Instruction Sheet for Anonymous# Naming Convention		Record 'shelter' for each person documented.	(select 1)	(select 1)								(enter 1)	(select 1)		(select 1)			(select 1)		(select 1)			(select 1)		(Select All That Apply)						
			See codes on Instruction Sheet for Gender options	0-5	6 to 11	12 to 17	18 to 23	24 to 44	45 to 54	55 to 64	65+	See codes on Instruction Sheet for Race options	Hisp.-Latino	Non Hisp.-Latino	Single	HoH	HH mem-ber	< 1yr	1 yr+	<4	4+	Enter two digit integer	yes	no	AA	SA	HIV	MI	VET Armed Forces	VET Active Duty NG or Reserves	DV

Homeless Definition to Determine Those Eligible for PIT Count:

Sheltered:
An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate **shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs** for low- income individuals).