

Part I: CoC Organizational Structure

HUD-defined CoC Name:*	CoC Number*
Detroit Continuum of Care	MI 501
*HUD-defined CoC names and numbers are available at: www.hud.gov/offices/adm/grants/fundsavail.cfm . If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

A: CoC Lead Organization Chart

CoC Lead Organization: Homeless Action Network of Detroit (HAND)		
CoC Contact Person: Candace Williams, HAND Board President		
Contact Person's Organization Name: The Salvation Army		
Street Address: 16130 Northland Drive		
City: Southfield	State: MI	Zip: 48075
Phone Number: (248) 443-5500 x 244	Fax Number: (248) 443-5516	
Email Address: Candace_Williams@usc.salvationarmy.org		

CoC-A

B: CoC Geography Chart

Geographic Area Name	6-digit Code
Detroit, MI	261698
Highland Park, MI	261698
Hamtramck, MI	261698

Geographic Area Name	6-digit Code

CoC-B

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

CoC-Related Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		Monthly or More	Quarterly	Biannually	Annually	
CO C Primary Decision-Making Group						
Name	HAND Board of Directors	X				21
Role	Provides oversight and guidance to the Detroit Continuum of Care and assures achievement of the Continuum's goals.					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name	Executive Committee	X				5
Role	Comprised of HAND officers, the Executive Committee acts on behalf of the board of directors and makes decisions that arise between board meetings.					
Name	Events Committee	X				11
Role	Coordinates on-going annual programs and activities, including the annual Walk Against Homeless, various Homeless Awareness Week activities, the annual dinner and other events.					
Name	Housing Committee	X				9
Role	Responsible for increasing accessibility to affordable housing. Also includes developing a housing inventory and educating stakeholders on the importance of affordable housing.					
Name	Member Services Committee	X				6
Role	Responsible for strengthening HAND membership and the CoC. Includes offering technical assistance, education, information and increasing use of resources.					
Name	Needs Assessment Committee	X				10
Role	Responsible for assessing the availability of current housing, services and gaps for homeless persons, including the Point in Time survey.					
Name	Project Review and Support Committee	X				7
Role	Responsible for project monitoring, evaluation, assisting member agencies in applying for funding from HUD and other sources, and HMIS. Provides needed expertise on best practice.					
Name	Public Relations Committee	X				7
Role	Responsible for activities to increase involvement of corporations, businesses and the broader community in the work of HAND.					
Name	General Membership	X				125
Role	Shares information on homeless services, receives education and training, and generates ideas for addressing barriers to services. Comprised of all HAND member agencies.					
Name	Ten Year Planning Steering Committee	X				9
Role	Partnership between HAND, the City of Detroit and City Connect Detroit to finalize the CoC Ten Year Plan to End Chronic Homelessness.					
Name	Detroit Team to End Chronic Homelessness (D-TECH)	X				8
Role	Overseeing the implementation of two projects for the MSHDA Chronic Homeless Initiative: scattered site tenant based rental assistance and a permanent supportive housing project.					

D: CoC Planning Process Organizations Chart

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	Michigan State Housing Development Authority	State of Michigan	All	
	LOCAL GOVERNMENT AGENCIES			
	Detroit/Wayne County Community Mental Health	State of Michigan	SMI	SA
	Wayne County Department of Human Services (formerly Family Independence Agency – FIA)	State of Michigan	All	
	Veterans Administration	Federal Agency	VETS	
	Detroit City Council President Kenneth Cockrell	City of Detroit	All	
	Detroit City Council Member Joanne Watson	City of Detroit	All	
	City of Detroit Legal Department	City of Detroit	All	
	City of Hamtramck - Deputy Mayor	City of Hamtramck	All	
	City of Detroit Planning and Development Department	City of Detroit	All	
	City of Detroit Department of Human Services	City of Detroit	All	
	Detroit Department of Health and Wellness Promotion Bureau of Substance Abuse Services	City of Detroit	SA	SMI
	Detroit Department of Health and Wellness Promotion HIV/AIDS Programs and HOPWA	City of Detroit	HIV	SA
	Wayne County Community Collaborative	Wayne County	All	
	Ten Year Planning Collaborative	Cities of Detroit, Highland Park and Hamtramck	All	
	PUBLIC HOUSING AGENCIES			
	Detroit Housing Commission	City of Detroit	All	
	Hamtramck Housing Commission	City of Hamtramck	All	
	Highland Park Housing Commission	City of Highland Park	All	
	Inkster Housing Commission	City of Inkster	All	
	SCHOOL SYSTEMS / UNIVERSITIES			
	Detroit Public Schools	City of Detroit	Y	
	Wayne State University	Cities of Detroit, Hamtramck and Highland Park	All	
	University of Detroit Mercy	Cities of Detroit, Hamtramck and Highland Park	All	
	LAW ENFORCEMENT / CORRECTIONS			
	Wayne County Sheriff	Wayne County	SMI	SA
	City of Detroit Police Department	City of Detroit	All	

	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
	Jewish Vocational Services/Career Initiative Centers, through a MOU with Detroit Works	City Of Detroit	All	
	OTHER			
	U.S. Department of Social Security Administration	Federal Agency	SA	SMI
	U.S. Department of Housing and Urban Development	Federal Agency	All	
PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS			
	Acupuncture Treatment Concepts	Cities of Detroit and Hamtramck	SA	HIV
	AIDS Partnership Michigan	City of Detroit	HIV	
	Alternatives for Girls	City of Detroit	Y	SA
	Black Family Development, Inc.	City of Detroit	Y	SA
	Career Initiative Center	City of Detroit	SA	SMI
	CareGivers	City of Detroit	SA	SMI
	Cass Community Social Services	Cities of Detroit, Highland Park and Hamtramck	SMI	SA
	Catholic Social Services of Wayne County	City of Detroit	Y	
	Center for Community Access	Cities of Detroit, Highland Park and Hamtramck	All	
	Child Care Coordinating Council	City of Detroit	Y	
	Children's Aid Society	City of Detroit	All	
	CHOICE	City of Detroit	SA	
	Coalition on Temporary Shelter	Cities of Detroit, Highland Park and Hamtramck	SA	SMI
	Comayu Ministries	Cities of Detroit	SA	DV
	Community and Education	City of Detroit	SA	DV
	Community Health Awareness Group	City of Detroit	HIV	SA
	Continuance Independence Program	City of Detroit	SA	VETS
	Covenant House of Michigan	City of Detroit	Y	
	Crossroads of Michigan	Cities of Detroit, Highland Park and Hamtramck	SA	SMI
	Detroit Central City Community Mental Health	City of Detroit	SMI	SA
	Detroit East Community Mental Health	Cities of Detroit, Highland Park and Hamtramck	SMI	SA
	Detroit Health Care for the Homeless	Cities of Detroit, Highland Park and Hamtramck	All	
Detroit Rescue Mission Ministries	Cities of Detroit, Highland Park and Hamtramck	SA	SMI	
Development Centers, Inc.	City of Detroit	SMI		

Dorcas Transitional Housing	City of Detroit	SA	
Eastside Emergency Center	City of Detroit	SA	VETS
E & E Care Solutions	City of Detroit	SA	DV
Effective Alternative Community Housing	City of Detroit	SA	DV
Emmanuel House	City of Detroit	SA	DV
Family Resources Enhancement and Empowerment Program	City of Detroit	SA	
Family Tree	City of Detroit	SA	HIV
Federation of Youth Services	City of Detroit	Y	
Fortune Five	City of Detroit	SA	
Freedom House	Cities of Detroit, Highland Park and Hamtramck	All	
Go-Getters Program	City of Detroit	SMI	SA
Health Services HSTA/CDRS	City of Detroit	SA	SMI
Helping Unite Mothers and Children	City of Detroit	SA	Y
Jewish Vocational Service	Cities of Detroit, Highland Park and Hamtramck	SA	
Lakewood Manor	City of Detroit	SA	DV
L.I.F.T. Women Resources	City of Detroit	SA	DV
Legal Aid and Defenders Association	Cities of Detroit, Highland Park and Hamtramck	SA	SMI
Lula Belle Stewart Center	City of Detroit	Y	
Mariners Inn	Cities of Detroit, Highland Park and Hamtramck	SA	SMI
Manor International	City of Detroit	SA	
Metro Emergency Services Door Stop West	Cities of Detroit, Highland Park and Hamtramck	SA	SMI
Matrix Human Services	City of Detroit	SA	Y
Michigan Veterans Foundation	Cities of Detroit, Highland Park and Hamtramck	VETS	
Mocks Community Housing	City of Detroit	SA	
My Father's House	City of Detroit	SA	
My Sister's Place	City of Detroit	DV	
Neighborhood Legal Services Michigan	Cities of Detroit, Highland Park and Hamtramck	SA	SMI
Neighborhood Service Organization	Cities of Detroit, Highland Park and Hamtramck	SA	SMI
New Life Recovering Home for Women	City of Detroit	SA	DV
Northeast Guidance Center	City of Detroit	SMI	SA
Oasis Detroit	City of Highland Park	SA	SMI
Ohana Group	City of Detroit	SA	SV

Operation Get Down	Cities of Detroit, Highland Park and Hamtramck	SA	SMI
Perfecting Community Development Corporation	City of Detroit	SA	DV
Positive Images	City of Detroit	SA	DV
Queen Robinson	City of Detroit	SA	DV
Rogers Homes	City of Detroit	SA	
Ruth Ellis Center	City of Detroit	Y	SA
Second Chance 2000	City of Detroit	SA	
Simon House	City of Detroit	HIV	
Southwest Counseling and Development Services	City of Detroit	SMI	SA
Southwest Nonprofit Housing Corporation	City of Detroit	SMI	SA
The Salvation Army	Cities of Detroit, Highland Park and Hamtramck	SMI	SA
Teen Empowerment	City of Detroit	All	
Travelers Aid Society	City of Detroit	SA	SMI
United Community Housing Coalition	City of Detroit	SA	DV
Unity House	City of Detroit	SA	DV
FAITH-BASED ORGANIZATIONS			
ACTS 29 Fellowship	City of Detroit	SA	DV
After Christ	City of Detroit	SA	
Capuchin Soup Kitchen	City of Detroit	SMI	SA
Christian People Pulling Together	City of Detroit	SMI	SA
Faith Outreach Ministries	City of Detroit	SA	
Oasis/St. Aloysius	City of Detroit	SMI	DV
St. Leo Soup Kitchen	City of Detroit	All	
St. Peter and Paul Warming Center	City of Detroit	SMI	SA
Trumpeting High Praises	City of Detroit	All	
FUNDERS / ADVOCACY GROUPS			
Michigan Capital Fund	Cities of Detroit, Highland Park and Hamtramck	All	
McGregor Fund	Cities of Detroit, Highland Park and Hamtramck	All	
BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
Corporation for Supportive Housing	Cities of Detroit, Highland Park and Hamtramck	All	
LL Dien Consulting, Inc.	Cities of Detroit, Highland Park and Hamtramck	All	
WDRQ Radio Station	Cities of Detroit, Highland Park and Hamtramck	All	
HOSPITALS / MEDICAL REPRESENTATIVES			

	Detroit Medical Center	Cities of Detroit, Highland Park and Hamtramck	All	
	St. John Community Health Care Center	City of Detroit	SA	HIV
	VA Medical Center	City of Detroit	VETS	
	HOMELESS PERSONS			
	Anthony McDuffy, CCSS Path Program	SMI	SA	
	Michael Payton, CCSS PATH Program	SMI	SA	
	OTHER			
	n/a			

***Subpopulations Key:** Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), CoC-D HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

E: CoC Governing Process Chart

	Yes	No
1. Does the CoC have a separate planning and decision-making body/entity that is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests? If no, please explain.	X	<input type="checkbox"/>
2. Is the primary decision-making entity composed of at least 65 percent representation by the private sector (including consumer interests)? If no, please explain.	X	<input type="checkbox"/>
3. Is the primary decision-making entity membership selected in an open and democratic process by the CoC membership? If no, please explain.	X	<input type="checkbox"/>
4. Is there a Chair and Co-Chair representing both the private and public sector at the same time, with staggered 2-year terms and the Chair position rotating between the private and public sectors? If no, please explain. Per its by-laws, HAND has a board president and a vice president, both of which are elected for two-year terms. The by-laws do not specify state staggered terms nor representation from both the private and public section.	<input type="checkbox"/>	X
5. Has the CoC developed a Code of Conduct for the CoC decision-making entity and its Chair and Co-chair? If no, please explain.	X	<input type="checkbox"/>
6. The Chair and Co-Chair and all members of the CoC decision-making entity may not participate in decisions concerning awards of grants or provision of financial benefits to such member or the organization that such member represents. Have they recused themselves from considering projects in which they have an interest? If no, please explain.	X	<input type="checkbox"/>
7. Does the CoC have a fiscal agent designated to receive funds from HUD? HAND is a not-for-profit organization and the fiscal agent for MSHDA funds but not for HUD McKinney-Vento funds.	<input type="checkbox"/>	X
8. If your Continuum has not yet complied with <i>any</i> of the above broad standards for the CoC planning and decision-making process, please describe the extent to which your CoC will meet each guideline by the 2007 competition. <u>Question #4 - Chair and Co-Chair:</u> Within the next year, HAND will begin to implement staggered two-year terms and rotation of public and private sector Chair and Co-Chair. <u>Question #7 – Fiscal Agent:</u> HAND will begin the process of becoming the fiscal agent for HUD funds.		

CoC-E

F: CoC Project Review and Selection Chart

1. Open Solicitation			
a. Newspapers	<input type="checkbox"/>	e. Outreach to Faith-Based Groups	<input type="checkbox"/>
b. Letters to CoC Membership	<input type="checkbox"/>	f. Announcements at CoC Meetings	X
c. Responsive to Public Inquiries	X	g. Announcements at Other Meetings	X
d. Email CoC Membership/Listserv	X		
2. Objective Rating Measures and Performance Assessment			
a. CoC Rating & Review Committee Exists	X	j. Assess Spending (fast or slow)	X
b. Review CoC Monitoring Findings	X	k. Assess Cost Effectiveness	
c. Review HUD Monitoring Findings	X	l. Assess Provider Organization Experience	X
d. Review Independent Audit	X	m. Assess Provider Organization Capacity	X
e. Review HUD APR	X	n. Evaluate Project Presentation	X
f. Review Unexecuted Grants	X	o. Review CoC Membership Involvement	X
g. Site Visit(s)	X	p. Review Match	X
h. Survey Clients	<input type="checkbox"/>	q. Review Leveraging	X
i. Evaluate Project Readiness	X		
3. Voting/Decision System			
a. Unbiased Panel / Review Committee	X	e. All CoC Present Can Vote	<input type="checkbox"/>
b. Consumer Representative Has a Vote	<input type="checkbox"/>	f. Consensus	
c. CoC Membership Required to Vote	X	g. Abstain if conflict of interest	X
d. One Vote per Organization	<input type="checkbox"/>		

CoC-F

G: CoC Written Complaints Chart

Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?	<input type="checkbox"/> Yes X No
If Yes, briefly describe the complaints and how they were resolved.	

CoC-G

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Acupuncture Treatment Concepts												X						
ACTS 29 Fellowship									X	X								
AIDS Partnership Michigan									X					X				
Alcoholics Anonymous										X								
Alternatives for Girls		X		X		X			X	X		X			X		X	X
Angel Land Child Care																	X	
Arab American Council for Economic and Social Services (ACCESS)				X	X				X	X	X	X	X			X		
Archdiocese of Detroit					X													
Beulah Baptist Church						X				X								
Black Family Development, Inc.				X					X	X								
Cabrini Clinic												X	X					
Capucian Soup Kitchen						X				X								
Career Initiative Center									X	X	X	X		X	X	X		X
CareGivers		X		X					X	X	X					X	X	X
Cass Community Medical Clinic												X	X					
Cass Community Social Services (CCSS)									X	X		X	X	X	X			X
CCSS – ESG	X	X	X						X									
CCSS – PATH						X	X		X	X		X			X	X		X
CCSS – Ryan White Shelter						X	X					X	X					X
CCSS – Rotating Shelter						X	X		X	X		X	X	X	X			X
CCSS – Warming Center						X	X		X	X		X	X	X	X			X
CCSS – Safe Haven						X	X		X	X		X	X	X	X			X
CCSS – TH						X	X		X	X		X	X	X	X			X
CCSS – Mom’s Place						X	X		X	X		X	X	X	X	X	X	X
CCSS – Mom’s Place II						X	X		X	X		X	X	X	X			X
CCSS – Target Home						X	X		X	X		X	X	X	X			X

Provider Organizations	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation	
CCSS – Oasis						X	X		X	X			X	X	X	X			X
CCSS - HOPWA						X	X		X	X	X	X	X	X	X	X			X
Catholic Social Services of Wayne County			X	X					X	X		X							X
Center for Community Access									X	X									
CHASS Clinic													X						
Child Care Coordinating Council									X	X					X		X	X	
Children’s Aid Society										X							X	X	
Children’s Center												X							
Children’s Hospital of Michigan		X	X	X	X		X		X	X	X	X	X		X	X			X
CHOICE				X					X	X									
Clara Tyson Alternative Care Center												X			X	X			X
Coalition on Temporary Shelter (COTS)	X	X	X	X		X		X	X	X	X	X	X		X	X			X
COTS WGB Transitional Housing									X	X	X				X	X	X		
COTS Peggy’s Place Transitional Housing									X	X	X				X	X	X		
COTS SAFAH				X					X	X	X				X	X	X		
COTS Peterboro Transitional Housing									X	X	X				X	X			
COTS Omega		X							X	X	X	X			X	X	X		
COTS S+C		X							X	X	X	X			X	X	X		
Community Health and Social Services													X						
Community Health Awareness Group									X			X	X	X					X
Community Health Outreach Workers				X		X						X	X	X					
Consumer’s Energy			X																
Continuance Independence Program									X	X									
Covenant House of Michigan			X	X	X	X			X	X		X	X		X	X			X
Crossroads of Michigan		X	X	X		X	X			X		X			X	X			X
Dawn Farms											X								
Detroit Central City Community Mental Health		X	X	X		X	X		X	X	X	X		X	X	X			X

Provider Organizations	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Detroit Community Health Connection										X			X	X				
Detroit East Community Mental Health		X	X	X		X			X	X	X	X			X	X		X
Detroit Department of Health and Wellness Promotion											X	X	X	X	X	X	X	X
Detroit Health Care for the Homeless													X	X				
Detroit Housing Commission	X	X																
Detroit LIGHT House											X							
Detroit Medical Center											X		X	X				
Detroit Metropolitan Bar Association				X	X		X											
Detroit Police Department Domestic Violence Project								X				X						
Detroit Rescue Mission Ministries		X	X	X		X			X	X	X	X	X	X	X	X	X	X
Detroit Urban League															X			
Detroit Wayne County Center for Independent Living										X				X	X			
Detroit Wayne County Community Mental Health							X					X						
Detroit Water Board Department			X															
Development Centers, Inc.				X					X	X	X	X	X			X		X
Door Step									X	X								
Dorcas Transitional Housing									X	X								
DTE			X			X												
Eastside Emergency Center		X		X						X								
Effective Alternative Community Housing									X	X								
Effective Alternative Shelter										X								
Elmhurst Homes				X					X	X	X							
Emmanuel House									X	X								
Faith Outreach Ministries									X	X	X							X
Family Service, Inc.			X															

Provider Organizations	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Family Tree																		
Federation of Youth Services	X	X	X	X		X			X	X		X				X	X	X
First Presbyterian Church										X								
Fishermen for Jesus Christ						X				X								
Focus HOPE															X	X		
Fort Street Presbyterian Church									X	X			X			X		X
Fortune Five										X								
Freedom House					X				X	X								X
Freedom House Transitional Housing Program		X	X	X	X				X	X		X	X	X	X	X	X	X
Gateway Community Mental Health				X														
Genesis House									X	X	X							
Genesis II											X							
Goodwill Industries of Greater Detroit				X											X	X		
Go-Getters Program				X		X			X	X	X	X			X			X
Health Emergency Lifeline Program	X	X	X											X				
Health Services HSTA/CDRS											X							X
Helping Unite Mothers and Children										X		X				X		
Horizon Project of Children’s Hospital of MI												X	X	X	X	X		X
HSTA-ATS									X	X	X							X
Interim House (YWCA)				X					X	X								
Jewish Vocational Services				X		X			X	X	X	X	X	X	X	X		X
Joleka’s Kiddie Korner																	X	
Lakewood Manor									X	X								X
Latino Family Services				X					X	X			X	X				
L.I.F.T. Women Resources								X	X	X								
Legal Aid and Defenders Association				X	X													
Looking for My Sister				X		X						X			X			
Lula Belle Stewart Center		X							X	X		X					X	X

Provider Organizations	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Lutheran Social Services of Michigan				X	X						X	X	X		X	X		X
Manna Meals										X								
Marine Corps League				X	X													
Mariners Inn				X	X				X	X	X	X		X	X	X		X
Matrix Human Services															X	X		X
Mercy Education Project															X			
Metro Emergency Services – Door Step West				X					X	X								X
Metro Lift																		X
Michigan Department of Labor and Economic Growth																	X	
Michigan Rehabilitation Services															X	X		X
Michigan Veterans Foundation				X	X	X			X	X	X	X	X	X	X	X		X
Michigan Veterans Trust Fund	X	X	X															
Michigan Welfare Rights				X														
Michigan WORKS!																	X	
Mother Waddles Perpetual Mission																	X	X
Naomi’s Nest											X							
Narcotics Anonymous											X							
National Council on Alcoholism and Other Drugs				X					X		X							
National Institute of Technology															X			
Neighborhood Legal Services Michigan	X	X	X	X	X	X	X	X	X	X	X	X		X	X	X		X
Neighborhood Service Organization (NSO) 24-Hour Walk-In Center		X		X					X	X	X	X	X			X		X
New Center Community Mental Health				X					X	X	X	X						X
New Life Recovering Home for Women				X		X			X	X	X							X
Northeast Guidance Center				X					X	X	X	X			X			
Northwest Community Mental Health											X	X						

Provider Organizations	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
N.O.A.H. Project				X					X	X		X	X	X	X			X
NSO Addiction Treatment Services				X					X	X	X							
Oasis Detroit				X						X	X				X			
Oakwood Hospital											X		X					
Ohana Group									X	X								
Operation Get Down				X						X	X							
Partnership for a Drug Free Detroit				X							X							
Peacemakers						X				X								
Perfecting Community Development Corporation		X	X	X					X	X							X	X
Plymouth Housing Commission		X	X															
Positive Images									X	X								
Professional Outreach Counseling												X						
Pro Literacy											X	X			X			
Ruth Ellis Center						X	X		X	X								
Samaritan Community Center																	X	X
SBC Lifetime Program			X															
Second Chance 2000									X	X								
SER Metro										X					X	X		
SHAR (Self Help and Rehabilitation) House				X					X	X	X		X					
Simon House				X					X	X			X					X
Sobriety House											X							
Soul Harvest Ministries						X				X								
Southwest Counseling and Development Services		X	X	X		X			X	X	X	X			X	X		X
Southwest Nonprofit Housing Corporation		X	X	X					X	X					X			
Starfish									X	X		X						
St. Aloysius									X	X								
St. Dominic										X								

Provider Organizations	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
St. John Health System													X					
St. Leo Soup Kitchen										X								
St. Patrick Senior Center				X									X		X			X
St. Peter and Paul Warming Center						X			X									
St. Vincent DePaul		X		X	X								X			X	X	
The Salvation Army		X	X	X	X	X			X	X	X		X		X	X	X	X
Teen Empowerment				X					X	X								
The Heat and Warm (THAW) Fund			X															
The Lord’s House						X				X								
Transition of Prisoners (TOP)				X	X			X	X	X								
Travelers Aid Society		X		X		X		X	X	X					X	X		X
True Rock Baptist Church										X								
Trumpeting High Praises																		
United Community Housing Coalition	X	X	X	X	X		X		X									X
Unity House									X	X		X						X
University of Detroit Mercy (UDM)															X			
UDM School of Nursing													X					
UDM Law School					X													
UDM Leadership Development Institute			X															
University Mental Health Services												X						
U.S. Department of Veterans Affairs Homeless Veterans Program				X					X		X	X				X		
Veterans Administration (VA) Medical Center											X	X	X	X				
VA Health Care for Homeless Veterans						X			X									
Vietnam Veterans of America				X	X													
Voices of Detroit Initiative													X					
Wayne County Department of Human Services	X	X	X	X					X	X			X		X	X	X	X

Provider Organizations	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Wayne County Community College										X					X	X		
Wayne County Friend of the Court					X													
Wayne County Health Authority							X						X					
Wayne County Metro Community Action			X													X		X
Wayne County Neighborhood Legal Services				X	X													
Wayne County Soldiers and Sailors Relief	X	X	X															
Wayne State University English Language Institute															X			
Wayne State University Veterans Educational Opportunities										X					X			
Western Michigan University										X								
Women’s Justice Center (WJC)					X												X	
WJC My Sister’s Place		X		X	X				X	X		X					X	X
YWCA of Metropolitan Detroit				X	X					X		X			X	X	X	X
Young Detroit Builders									X	X		X			X	X		X
Youth Opportunity Movement										X								
36 th District Court								X										

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing. Note that the information in these charts should reflect a point-in-time count. For the Permanent Housing Inventory Chart, the beds listed under “new inventory” should indicate beds that became available for occupancy for the first time between February 1, 2005 and January 31, 2006. For complete instructions in filling out this section, see the Instructions section at the beginning of the application.

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code ☒	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	Overflow & Voucher
Current Inventory			Ind.	Fam.									
Acupuncture TX	ATC Alger	P	0	0	261698	SMF		0	0	65	65	0	0
Alternatives for Girls	AFG	1	30	15		YF		5	15	30	45	0	0
Cass Community SS	Ryan White Shelter	2	3	0		M	HIV	1	3	5	8	0	0
Cass Community SS	Rotating Shelter	2	0	0		M		0	0	0	0	75	0
Cass Community SS	Warming Center	2	0	0		M		0	0	0	0	75	0
Compass. Women	Compass. Wom.	P	0	0		SF		3	10	10	20	0	0
Com. Ed. Services	Warming Center	P	0	0		SM		0	0	0	0	63	0
COTS	Shelter	1	70	210		M		70	210	70	280	0	0
Covenant House	Crisis Center	1	45	0		YMF		0	0	45	45	0	0
DRMM	DRM	1	75	0		SM		0	0	75	75	0	0
DRMM	Genesis House III	1	20	25		M		10	25	20	45	0	0
DRMM	Oasis	1	45	0		SM		0	0	45	45	0	0
EACH	EACH	P	0	0		SM		0	0	35	35	0	0
Family Tree	Family Tree	P	0	0		M		1	4	3	7	0	0
Freedom House	New American		6	8		M		2	8	6	14	0	0
Kresge	Kresge	P	0	0		SMF		0	0	0	0	0	15
Love Outreach	Love Outreach	P	0	0		SM		0	0	42	42	0	0
Lutheran SS	Heartland	P	0	0		SF		0	0	4	4	0	0
Mariners Inn	Shelter	1	10	0		SM		0	0	10	10	0	0

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	Overflow & Voucher
Current Inventory (continued)			Ind.	Fam.									
MI Vet Foundation	Detroit Vets Center	3	20	0		SMF	VET	0	0	20	20	0	0
Metro Em. Services	Doorstep West	1	100	220		FC		105	220	100	320	0	0
NSO	24 Hour Walk In	P	0	0		SMF		0	0	0	0	0	690
New Day MP Cntr.	New Day	1	35	0		SM		0	0	35	35	0	0
New Life Home	New Life	1	30	0		SF		0	0	30	30	0	0
Off the Streets	Off the Streets	1	10	0		SMF		0	0	10	10	0	0
Cnclwmn McPhail	One Night Initiative	P	0	0		M		0	0	0	0	0	135
Open Door RM	Open Door RM	1	34	0		SM		0	0	34	34	0	0
OGD	Warming Center	P	0	0		SMF		0	0	0	0	150	0
OGD	OGD	P	0	0		M		10	30	100	130	0	0
Simon House	Burgess	1	10	6		M	HIV	2	6	10	16	0	0
St. John C. Center	St John C. Center	1	90	0		SM		0	0	90	90	0	0
TC Simmons Min.	TC Simmons Min.	P	0	0		FC		16	50	0	50	0	0
TSA Booth	Shelter	1	16	100		M		20	100	16	116	0	0
TSA SPROAT	Shelter	3	116	0		SM		0	0	116	116	0	0
Wom. Justice Center	My Sisters Place	P*	0	0		SF	DV	0	0	20	20	0	0
YWCA	Interim House	P*	0	0		YMF	DV	22	67	0	67	0	0
SUBTOTALS:			765	584	SUBTOT. CURRENT INVENTORY:			267	748	1046	1794	363	840

*Domestic Violence Providers: Participation is contingent on clarification of implications of recent Violence Against Women's Act legislation.

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart															
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds			
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	Overflow & Voucher		
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.											
NONE															
SUBTOTALS:					SUBTOTAL NEW INVENTORY:		0	0	0	0	0	0	0		
Inventory Under Development		Anticipated Occupancy Date													
NONE															
SUBTOTAL INVENTORY UNDER DEVELOPMENT:							0	0	0	0	0	0	0		
Unmet Need							UNMET NEED TOTALS:			-94	-78	105	27	0	0
1. Total Year-Round Individual ES Beds:				1046	4. Total Year-Round Family Beds:				748						
2. Year-Round Individual ES Beds in HMIS:				765	5. Year-Round Family ES Beds in HMIS:				584						
3. HMIS Coverage Individual ES Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.				73%	6. HMIS Coverage Family ES Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.				78%						

CoC-I

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input checked="" type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Family Units	Family Beds	Individ. Beds	
Current Inventory			Ind.	Fam.							
Cass Community SS	Moms Place	5	0	18	261698	FC		6	18	0	18
Cass Community SS	Moms Place II	5	24	0		SF		0	0	24	24
Cass Community SS	Safe Haven	5	21	0		SM		0	0	21	21
Cass Community SS	TH @ Scott-Men	5	21	0		SM		0	0	21	21
CHOICE	Choice	3	30	0		SM		0	0	30	30
COTS	WGB	5	0	21		FC		7	21	0	21
COTS	Peggy's Place	5	8	45		M		15	45	8	53
COTS	Peterboro	5	57	0		SMF		0	0	57	57
Covenant House MI	Rights of Passage	5	30	0		YMF		0	0	30	30
Dorcas T. House	Dorcas T. House	P	0	0		SMF		0	0	4	4
Detroit Central Cities CMH	MI HAP	P	0	0		SMF		0	0	40	40
DRMM	Genesis House 1	5	0	16		FC		8	16	0	16
DRMM	Genesis House 2	5	32	30		M		17	30	32	62
DRMM	Oasis	5	82	0		SM		0	0	82	82
DRMM	Samaritan Project	5	25	0		M		0	0	25	25
DRMM	VIP	5	25	0		M	VET	0	0	25	25
DRMM	DRM	5	30	0		SM		0	0	30	30
DRMM	Douglas	5	40	0		SM		0	0	40	40
EACH	EACH	P	0	0		SMF		0	0	15	15
Emmanuel House	Emmanuel House	P	0	0		SMF		0	0	60	60

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Family Units	Family Beds	Individ. Beds	
Current Inventory (continued)			Ind.	Fam.							
Federation of Youth Svcs.	Teen Parent	5	0	25		YF		10	25	0	25
Freedom House	FH & Scattered St.	5	39	14		M		3	14	39	53
Heartline	Lutheran SS	P	0	0		SF		0	0	34	34
Helping Unite Mothers	Helping Unite M.	P	0	0		SMF		0	0	12	12
Lula Belle Stewart	MAI House 1	1	0	20		FC		10	20	0	20
Lula Belle Stewart	MAI House 2	5	0	32		FC		16	32	0	32
Mariners Inn	TH	5	36	0		SM		0	0	36	36
MI Vets Foundation	MI Vet Fdn.	7	104	0		SMF	VET	0	0	104	104
New Life Home for RW	Transitions 1	P	0	0		SF		0	0	7	7
New Life Home for RW	Transitions 2	P	0	0		SF		0	0	8	8
Off the Streets	Off the Street	P	0	0		SMF		0	0	8	8
OGD	OGD	P	0	0		SM		0	0	70	70
People United As One	PUAO	P	0	0		SMF		0	0	20	20
Positive Images	TH	5	8	48		M		24	48	8	56
Travelers Aid Society	Shop II	5	12	16		M		8	16	12	28
Travelers Aid Society	Shop I	5	35	0		SMF		0	0	35	35
Women's Justice Center	My Sisters Place	P*	0	0		FC	DV	20	60	0	60
SUBTOTALS:			659	285		SUBTOT. CURRENT INVENTORY:		144	345	937	1282

*Domestic Violence Providers: Participation is contingent on clarification of implications of recent Violence Against Women's Act legislation.

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individ. Beds	
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.							
NONE											
SUBTOTALS:					SUBTOTAL NEW INVENTORY:		0	0	0	0	
Inventory Under Development		Anticipated Occupancy Date									
NONE											
SUBTOTAL INVENTORY UNDER DEVELOPMENT:							0	0	0	0	
Unmet Need					UNMET NEED TOTALS:			88	479	678	1157
1. Total Year-Round Individual TH Beds:			937	4. Total Year-Round Family Beds:			345				
2. Year-Round Individual TH Beds in HMIS:			659	5. Year-Round Family TH Beds in HMIS:			285				
3. HMIS Coverage Individual TH Beds: Divide line 2 by line 1 and multiply by 100. Round to a whole number.			70%	6. HMIS Coverage Family TH Beds: Divide line 5 by line 4 and multiply by 100. Round to a whole number.			83%				

CoC-I

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code ☒	Target Population		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individual /CH Beds	
Current Inventory			Ind.	Fam.							
Agape Refuge	Lazarus	P	0	0	2616 98	M		5	14	42/6	56
COTS	S+C – State	5	31	98		M		35	98	31/10	129
COTS	Bursmeyer Manor	1	14	54		M		21	54	14/14	68
COTS	Omega	5	22	24		M		8	24	22/15	46
Detroit CC CMH	PSH	7	91	0		SMF		0	0	91/91	91
Detroit CC CMH	Clinton House –811	P	0	0		SMF		0	0	22/22	22
Detroit CC CMH	PSH – Peterboro MSHDA/FMR	P	0	0		SMF		0	0	70/58	70
Detroit East CMH	PSH	5	30	22		M		10	22	30/10	52
Detroit East CMH	S+C – County	5	19	22		M		9	22	19/3	41
Detroit East CMH	S+C – State	5	28	14		M		6	14	28/5	42
Development Centers	S+C – State	5	21	29		M		13	29	21/2	50
DRMM	My Own Place	5	6	10		M		2	10	6/6	16
Mariners Inn	Extended Res.	5	28	0		SM		0	0	28/0	28
New Beginnings	BETTIN	P	0	0		M		7	20	35/5	55
Operation Get Down	OGD	1	46	0		SM		0	0	46/30	46
Sequel Mental Health	Sequel Mental Health	P	0	0		SMF		0	0	18/4	18
Simon House	Hubbel Manor	5	2	18		M	HIV	9	18	2/0	20
SWCDS	S+C – State	7	38	56		M		21	56	38/13	94
SWNPHC/SWCDS	Wilshire Apts.	7	14	0		SMF		0	0	14/4	14
SWNPHC/SWCDS	SW Partners S+C	7	12	30		M		12	30	12/4	42

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Population		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individual /CH Beds	
Current Inventory (continued)			Ind.	Fam.							
SWNPHC/SWCDS	Springwells	5	24	20		M		10	20	24/7	44
SWNPHC/CCSS	Oasis/Radmacher	1	15	0		SMF		0	0	15/12	15
Travelers Aid Soc.	Infinity	5	0	120		FC		50	120	0/0	120
Travelers Aid Soc.	BEIT	5	25	60		M		25	60	25/0	85
Traveler Aid Soc	S+C State	7	10	50		M		20	50	10/8	60
NSO	S+C State	5	11	0		M		0	0	11/11	11
SUBTOTALS:			487	627	SUBTOT. CURRENT INVENTORY:			298	661	674/340	1335
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.							
COTS	Heritage Park	P	0	0		FC		17	51	0	51
COTS	West Village	P	0	0		FC		18	72	0	72
DRMM	Maranatha	5	76	0		SM		0	0	76/76	76
DRMM	My Own Place	5	8	0		M		0	0	8/6	8
SWCDS	S+C – County	5	5	0		SMF		0	0	5/3	5
SUBTOTALS:			89	0	SUBTOTAL NEW INVENTORY:			35	123	89/85	212

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart												
Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS	Geo Code <input type="checkbox"/>	Target Population		Year-Round			Total Year-Round Beds		
					A	B	Family Units	Family Beds	Individual /CH Beds			
Inventory Under Development		Anticipated Occupancy Date										
Cass Community SS	HOPWA PSH		6/2006		SM	HIV	0	0	14/14	14		
SWCDS	S+C		7/2006		SMF		0	0	47/47	47		
SWCDS	Section 8		1/2007		SMF		0	0	40/40	40		
SWCDS	TBRA		50% by 1/2007 and 50% by 1/2007		SMF		0	0	90/90	90		
SUBTOTAL INVENTORY UNDER DEVELOPMENT:							0	0	191/191	191		
Unmet Need							UNMET NEED TOTALS:		1060	4413	5883/1065	10296
1. Total Year-Round Individual PH Beds:			763	4. Total Year-Round Family Beds:						784		
2. Year-Round Individual PH Beds in HMIS:			576	5. Year-Round Family PH Beds in HMIS:						627		
3. HMIS Coverage Individual PH Beds: (Divide line 2 by line 1 and multiply by 100. Round to a whole number.)			75%	6. HMIS Coverage Family PH Beds: (Divide line 5 by line 4 and multiply by 100. Round to a whole number.)						80%		

*Permanent Supportive Housing is: S+C, Section 8 SRO and SHP-Permanent Housing component. It also includes any permanent housing projects, such as public housing units, that have been dedicated exclusively to serving homeless persons.

J: CoC Housing Inventory Data Sources and Methods Chart

(1) Indicate date on which Housing Inventory count was completed: <u>January 24, 2006</u>	
(2) Identify the <i>primary</i> method used to complete the Housing Inventory Chart (check one):	
<input checked="" type="checkbox"/>	Housing inventory survey to providers – CoC distributed a housing inventory survey (via mail, fax, or e-mail) to homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	On-site or telephone housing inventory survey – CoC conducted a housing inventory survey (via phone or in-person) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
(3) Indicate the percentage of providers completing the housing inventory survey:	
100%	Emergency shelter providers
100%	Transitional housing providers
100%	Permanent Supportive Housing providers
(4) Indicate steps to ensure data accuracy for 2006 Housing Inventory Chart (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input type="checkbox"/>	Training – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2005 housing inventory to reflect 2006 inventory.
<input checked="" type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2006 Housing Inventory Chart after it was completed.
<input checked="" type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for Housing Inventory Chart.
<input type="checkbox"/>	Other – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input checked="" type="checkbox"/>	Local studies or data sources: <u>Data from Paul Toro, Ph.D. on research on 5,852 homeless individuals in six Detroit sectors in 2002</u>
<input checked="" type="checkbox"/>	National studies or data sources: <u>Information from the National Alliance to End Homelessness and research by Dennis Culhane, Ph.D.</u>
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
(6) Indicate the <i>primary</i> method used to calculate or determine unmet need (check one):	
<input type="checkbox"/>	Stakeholder Discussion – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input type="checkbox"/>	Calculation – Used local point-in-time (PIT) count data and housing inv. to calculate unmet need
<input type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input checked="" type="checkbox"/>	HUD unmet need formula – Used HUD's unmet need formula*
<input type="checkbox"/>	Other – specify:
(7) If your CoC made adjustments to calculated unmet need, please explain how and why.	
N/A	

*For further instructions, see Questions and Answers Supplement on the CoC portion of <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC Homeless Population and Subpopulations

K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Indicate date of last point-in-time count: January 25, 2005

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households):	253	119	1,093	1,465
1. Number of Persons in Families with Children:	734	307	4,865	5,906
2. Number of Single Individuals and Persons in Households without Children:	2,342	928	5,651	8,921
(Add Lines Numbered 1 & 2) Total Persons:	3,076	1,235	10,516	14,827
Part 2: Homeless Subpopulations				
	Sheltered		Unsheltered	Total
a. Chronically Homeless (For sheltered, list persons in emergency shelter <i>only</i>)	669		669	1,338
b. Severely Mentally Ill	1,795		* 4,100	5,895
c. Chronic Substance Abuse	2,541		* 5,925	8,466
d. Veterans	1,106		* 2,490	3,596
e. Persons with HIV/AIDS	918		* 2,114	3,032
f. Victims of Domestic Violence	1,664		* 4,356	6,020
g. Unaccompanied Youth (Under 18)	1,040		* 2,625	3,665

If applicable, complete the following section to the extent that the information is available. Be sure to indicate the source of the information by checking the appropriate box:

Data Source: Point-in-time count **OR** Estimate

Part 3: Hurricane Katrina Evacuees	Sheltered	Unsheltered	Total
Total number of Katrina evacuees	n/a	n/a	n/a
Of this total, enter the number of evacuees homeless prior to Katrina			

*Optional for Unsheltered

CoC-K

L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

Complete the following charts based on the most recent point-in-time count conducted.

L-1: Sheltered Homeless Population and Subpopulations

(1) Check the <u>primary</u> method used to enumerate sheltered homeless persons in the CoC (check one):	
<input type="checkbox"/>	Point-in-Time (PIT) <u>no interview</u> – Providers did not interview sheltered clients during the point-in-time count
<input type="checkbox"/>	PIT <u>with interviews</u> – Providers interviewed each sheltered individual or household during the point-in-time count
<input type="checkbox"/>	PIT <u>plus sample of interviews</u> – Providers conducted a point-in-time count and interviewed a random sample of sheltered persons or households (for example, every 5th or 10th person)
<input type="checkbox"/>	PIT <u>plus extrapolation</u> – Information gathered from a sample of interviews with sheltered persons or households is extrapolated to the total sheltered population
<input type="checkbox"/>	Administrative Data – Providers used administrative data (case files, staff expertise) to complete client population and subpopulation data for sheltered homeless persons
<input type="checkbox"/>	HMIS – CoC used HMIS to complete the point-in-time sheltered count and subpopulation information
<input checked="" type="checkbox"/>	Other: We used combination of three methods: Point-in-Time count by providers, administrative data on subpopulations, and local research on subpopulations, particularly by Paul Toro, Ph.D.
(2) Indicate steps taken to ensure data quality of the sheltered homeless enumeration (check all that apply):	
<input checked="" type="checkbox"/>	Instructions – Provided written instructions to providers for completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	Training – Trained providers on completing the sheltered point-in-time count
<input checked="" type="checkbox"/>	Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy
<input checked="" type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for the sheltered point-in-time count
<input type="checkbox"/>	Other – please specify:
(3) How often will sheltered counts of sheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input checked="" type="checkbox"/>	Other: We will do sheltered counts at least biennially; more often based on need
(4) Month and Year when next count of sheltered homeless persons will occur: <u>January 2007</u>	
(5) Indicate the percentage of providers completing the populations and subpopulations survey:	
100%	Emergency shelter providers
100%	Transitional housing providers
n/a	Permanent Supportive Housing providers

CoC-L-1

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the primary method used to enumerate unsheltered homeless persons in the CoC:	
<input type="checkbox"/>	Public places count – CoC conducted a point-in-time count <u>without</u> client interviews
<input type="checkbox"/>	Public places count with interviews – CoC conducted a point-in-time count and interviewed every unsheltered homeless person encountered during the public places count
<input type="checkbox"/>	Sample of interviews – CoC conducted a point-in-time count and interviewed a random sample of unsheltered persons
<input type="checkbox"/>	Extrapolation – CoC conducted a point-in-time count and the information gathered from a sample of interviews was extrapolated to total population of unsheltered homeless people counted
<input type="checkbox"/>	Public places count using probability sampling – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to enumerate on the night of the count and extrapolated results to estimate the entire homeless population.
<input type="checkbox"/>	Service-based count – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons
<input type="checkbox"/>	HMIS – Used HMIS to complete the enumeration of unsheltered homeless people
X	Other: We conducted a Point-in-Time count at non-shelter service sites, parks and places where homeless are known to gather such as abandoned buildings and under via ducts. At some non-shelter service sites where we could not do a complete count, we utilized provider estimates. We also conducted interviews with unsheltered persons.
(2) Indicate the level of coverage of the point-in-time count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction
<input type="checkbox"/>	Known locations – The CoC counted areas where unsheltered homeless people are known to congregate or live
X	Combination – CoC counted central areas using complete coverage and also visited known locations
<input type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
(3) Indicate community partners involved in point-in-time unsheltered count (check all apply):	
X	Outreach teams
X	Law Enforcement
X	Service Providers
X	Community volunteers
<input type="checkbox"/>	Other – please specify:
(4) Indicate steps taken to ensure the data quality of the unsheltered homeless count:	
X	Training – Conducted a training for point-in-time enumerators
X	HMIS – Used HMIS to check for duplicate information
<input type="checkbox"/>	Other – specify:
(5) How often will counts of unsheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
X	Other: We will do unsheltered counts at least biennially; more often based on need
(6) Month and Year when next count of unsheltered homeless persons will occur: <u>January 2007</u>	

*Please refer to 'A Guide to Counting Unsheltered Homeless People' for more information on unsheltered enumeration techniques. CoC-L-2

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

M-1: HMIS Lead Organization Information

Organization Name: Southwest Counseling and Development Solutions		Contact Person: Lenora Hardy-Foster, Vice President of Finance and Administration	
Phone: 313.841.8905 x 1587		Email: lhfooster@swsol.org	
Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider <input checked="" type="checkbox"/> Other <input type="checkbox"/>			

CoC-M-1

M-2: HUD-defined CoC Name(s) and Number(s) for every CoC in HMIS Implementation

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
Detroit Continuum of Care	MI 501		

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC	or	Anticipated Data Entry Start Date for your CoC	If no current or anticipated data entry date, indicate reason:
09/2004			<input type="checkbox"/> New CoC in 2006 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Still in initial implementation process

CoC-M-3

M-4: Client Records**

Calendar Year	Total Client Records Entered in HMIS / Analytical Database (Duplicated)	Total Unduplicated Client Records Entered in HMIS / Analytical Database
2004	3,544	3,471
2005	15,466	14,703

CoC-M-4

M-5: HMIS Participation**

a) HMIS participation by program type and funding source (please review instructions)			
Program Type	Total number of agencies	Number of agencies participating in HMIS receiving HUD McKinney-Vento funds	Number of agencies participating in HMIS <u>not</u> receiving HUD McKinney-Vento funds
Street Outreach	11	10	1
Emergency Shelter	14	0	14
Transitional Housing	14	11	3
Permanent Supportive Housing	7	5	2
TOTALS:	46*	26*	20*
* Many of our agencies operate more than one type of program, eg. an emergency shelter and street outreach plus a transitional housing program, so these totals may appear inflated.			
b) Definition of bed coverage in HMIS			
Program Type	Date achieved or anticipate achieving 75% bed coverage		
Emergency Shelter (all beds)	March 2006		
Transitional Housing (all beds)	July 2005		
Permanent Supportive Housing (McKinney-Vento funded beds only)	July 2005		

Challenges and Barriers: Briefly describe any significant challenges/barriers the CoC has experienced:

1. HMIS implementation

Data Entry: Time and resources for HMIS data entry remains a challenge, particularly for large emergency shelters and walk-in centers. Several shelters that serve large numbers of clients have minimal staff members to do data entry. One shelter used college student volunteers to do data entry this past year. This strategy will continue to be explored within the CoC. In addition, we have formed a work group focused on HMIS data entry at large providers through which we plan to develop strategies to use the HMIS more effectively in these types of settings. Many users find it difficult to navigate through the HMIS web-based application system. One possible solution is to enhance the system to include additional system controls to minimize data entry errors. To this end, we have provided suggestions for enhancements to the company who authors the software.

Domestic Violence: With the recent passage of the federal "Violence Against Women Act of 2005," we have temporarily suspended Domestic Violence provider participation on HMIS within the Detroit CoC. The act requires the Secretary of HUD to instruct all victim services providers not to enter any personally identifying information into an HMIS. As a result, data from the two local domestic violence providers will not be collected, and our goal of bringing these providers onto HMIS has been challenged. The State of Michigan is pursuing alternatives for collecting data from these providers.

2. HMIS Data and Technical Standards Final Notice requirements

Data Quality: Although data quality has improved significantly over the past year, data quality issues still exist that need to be resolved. One of these issues relates to program exits: when end users fail to exit their clients, the reports may show an over-utilization of beds. Because of the extensiveness of the system, a substantial amount of coaching is required with end users on the different system modules after the end user training. However, because of the large number of end users in our continuum, it is difficult to provide the level of support and coaching needed to everyone. We continue to offer refresher training and any other support needed to help Agency Administrators and end users use the HMIS. We work with agencies to reinforce their processes and procedures for accurate data collection. We also provide monthly quality reports and job aids on how to correct the data. In addition, we provide monthly training sessions for new users or any users needing "refresher" training.

Social Security Number: Michigan has passed an identify theft law that significantly restricts the collection, storage and sharing of the full SSN in any database. We ask users to enter the last four digits of the social security number on the "shared" part of the system so that other agencies can determine if the client they are searching for is a "match" for their client.

PKI: The State of Michigan has experienced some roadblocks while attempting to restrict access from public use using PKI or IP filtering. As an alternative, we have exercised many security options locally which include training our users on privacy policies and procedures, teaching them how to use various security options and limiting their access based on a need to know. The Statewide HMIS project director is actively problem solving with a local Security IT firm to determine if other affordable technical resolutions might be available.

M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards

1. Training Provided (check all that apply)	YES	NO
Basic computer training – <u>Included in all systems training class based on participant needs</u>	X	<input type="checkbox"/>
HMIS software training	X	<input type="checkbox"/>
Privacy / Ethics training	X	<input type="checkbox"/>
Security Training	X	<input type="checkbox"/>
System Administrator training	X	<input type="checkbox"/>
2. CoC Process/Role		
Is there a plan for aggregating all data to a central location, at least annually?	X	<input type="checkbox"/>
Is there a plan to monitor compliance with HMIS Data & Technical Standards Final Notice?	X	<input type="checkbox"/>
3. Data Collection Entered into the HMIS		
Do all participating agencies submit universal data elements for all homeless persons served?	X	<input type="checkbox"/>
Do all agencies required to complete a HUD APR, except agencies meeting the definition of domestic violence provider, submit program level data elements to HMIS?	X	<input type="checkbox"/>
4. Security: Participating agencies have:		
Unique username and password access?	X	<input type="checkbox"/>
Secure location?	X	<input type="checkbox"/>
Locking screen savers?	X	<input type="checkbox"/>
Virus protection with auto update?	X	<input type="checkbox"/>
Individual or network firewalls?	X	<input type="checkbox"/>
Restricted access for HMIS accessed via public forums (e.g. PKI digital certificates or IP filtering)? <u>The State of Michigan has experienced some roadblocks while attempting to restrict access from public use using PKI or IP filtering. To address this, local security options have been exercised including training users on privacy policies/procedures, teaching use of security options and limiting access based on need to know. The Statewide HMIS project director is working with a local security IT firm to identify other affordable resolutions.</u>		X
5. Security: Agency responsible for centralized HMIS data collection and storage has:		
Procedures for off-site storage of HMIS data?	X	<input type="checkbox"/>
Disaster recovery plan that has been <u>tested</u> ?	X	<input type="checkbox"/>
6. Privacy Requirements		
Have additional State confidentiality provisions been implemented?	X	<input type="checkbox"/>
Is there a “Purpose for data collection” sign at each intake desk for all participating agencies?	X	<input type="checkbox"/>
Does each participating agency have a written privacy policy, including the uses and disclosures of information	X	<input type="checkbox"/>
Does each participating agency have a privacy policy posted on its website (if applicable)?	X	<input type="checkbox"/>
7. Data Quality: CoC has protocols for:		
Client level data quality (i.e. missing birth dates etc.)?	X	<input type="checkbox"/>
Program level data quality (i.e. data not entered by agency in over 14 days)?	X	<input type="checkbox"/>
Assessing CoC bed coverage (i.e. % of beds)?	X	<input type="checkbox"/>
8. Unduplication of Client Records: CoC process:		
Uses data in the HMIS exclusively to generate unduplicated count?	X	<input type="checkbox"/>
Uses data integration or data warehouse to generate unduplicated count? <u>By the end of 2006, MSHMIS will also be using a data integration model to create a complete statewide data set.</u>	X	<input type="checkbox"/>

Part III: CoC Strategic Planning

N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Objectives	Local Action Steps	Measurable Achievement in 12 Months	Measurable Achievement in 5 years	Measurable Achievement in 10 Years	Lead Person
<u>Objectives to End Chronic Homelessness</u>					
1. Create new PH beds for chronically homeless persons	<p>Utilize Michigan State Housing Development Authority (MSHDA) Section 8 Housing Choice Vouchers through Southwest Counseling and Development Services (SWCDS) to provide housing for 40 chronically homeless (CH) individuals</p> <p>Utilize MSHDA FY 2006 Tenant- Based Rental Assistance units through SWCDS to house 90 CH individuals</p> <p>House 47 CH individuals through SWCDS’s new HUD-funded <i>Shelter Plus Care for the Chronically Homeless</i> project</p> <p>House 14 CH individuals with HIV through Cass Community Social Services</p>	146 beds	610 beds	1,010 beds	Joseph Tardella through SWDCS as lead agency for D-TECH

Objectives	Local Action Steps	Measurable Achievement in 12 Months	Measurable Achievement in 5 years	Measurable Achievement in 10 Years	Lead Person
<p>2. Increase the percentage of homeless persons staying in PH over 6 months to 71%.</p>	<p>Establish 71% as the standard for all PH providers.</p> <p>Educate HUD-funded PH providers about this standard and gather information about program successes and barriers.</p> <p>Develop and implement technical assistance plans for PH providers who are not performing at the standard to help improve performance. Set a goal of 10% improvement over six months. Utilize HMIS to provide data for assessing performance.</p>	<p>71%</p>	<p>72%</p>	<p>73%</p>	<p>Joseph Tardella, Chair HAND Project Review and Support Committee</p>

Objectives	Local Action Steps	Measurable Achievement in 12 Months	Measurable Achievement in 5 years	Measurable Achievement in 10 Years	Lead Person
<p>3. Increase the percentage of homeless persons moving from TH to PH to 61%.</p>	<p>Establish 61% as the standard for all TH providers.</p> <p>Educate HUD-funded TH providers about this standard and gather information about program successes and barriers.</p> <p>Develop and implement technical assistance plans for TH providers who are not performing at the standard to help improve performance. Set a goal of 10% improvement over six months. Utilize HMIS to provide data for assessing performance.</p>	<p>61%</p>	<p>62%</p>	<p>63%</p>	<p>Joseph Tardella, Chair HAND Project Review and Support Committee</p>

Objectives	Local Action Steps	Measurable Achievement in 12 Months	Measurable Achievement in 5 years	Measurable Achievement in 10 Years	Lead Person
<p>4. Increase percentage of homeless persons becoming employed by 11%.</p>	<p>Educate HAND general membership about successful approaches to reducing barriers to employment.</p> <p>Expand JVS program to include an additional five employers</p> <p>Link at least 800 residentially stable, employment-ready homeless individuals with employers using one-stop programs.</p>	<p>11% more homeless individuals leave programs with employment income</p>	<p>12% more homeless individuals leave programs with employment income</p>	<p>13% more homeless individuals leave programs with employment income</p>	<p>Georgia McPhaul, Chair HAND Member Services Committee</p>

Objectives	Local Action Steps	Measurable Achievement in 12 Months	Measurable Achievement in 5 years	Measurable Achievement in 10 Years	Lead Person
<p>5. Ensure that the CoC has a functional HMIS system.</p>	<p><i>In order to improve data integrity:</i></p> <ul style="list-style-type: none"> - Provide monthly data quality reports to each provider and job aids on how to improve data integrity. - Provide quarterly on-site coaching sessions to providers to resolve data quality issues. - Conduct SWOT analysis with providers to determine issues affecting data quality. - Coordinate data quality efforts with providers’ quality assurance directors (where applicable) to strengthen data quality. - Provide customized training sessions on generating accurate APRs from the HMIS. 	<p>90% of HUD McKinney Vento-funded providers are entering 90% of universal and program-specific data elements for at least 75% of clients.</p> <p>90% of non-HUD McKinney Vento-funded providers currently entering HMIS data are entering 90% of universal data elements for at least 75% of clients.</p>	<p>100% of HUD McKinney Vento-funded providers are entering 90% of universal and program-specific data elements for at least 90% of clients.</p> <p>90% of non-HUD McKinney Vento-funded providers currently entering HMIS data are entering 90% of universal data elements for at least 90% of clients.</p>	<p>100% of HUD McKinney Vento-funded providers are entering 95% of universal and program-specific data elements for at least 95% of clients.</p> <p>90% of non-HUD McKinney Vento-funded providers currently entering HMIS data are entering 95% of universal data elements for at least 95% of clients.</p>	<p>Andrea Kuhn, HMIS Coordinator</p>

Objectives	Local Action Steps	Measurable Achievement in 12 Months	Measurable Achievement in 5 years	Measurable Achievement in 10 Years	Lead Person
5. (continued)	<p><i>In order to facilitate use of HMIS data:</i></p> <ul style="list-style-type: none"> - Work with Point-in-Time committee to provide HMIS support to the process where possible - Form a Detroit CoC reports committee to identify reporting needs and to develop a comprehensive reporting plan for reporting on how data can be used to support CoC goals. This will include developing common report queries for providers to meet individual agency reporting needs and training agencies on how to generate these reports. - Provide data for Annual Homeless Assessment Report. 	<p>Comprehensive plan for data use has been developed and shared with HAND board.</p> <p>Semi-annual aggregate reports are generated for HAND related to progress on HUD and other goals.</p> <p>Five common report queries were developed for use by agencies.</p>	<p>Quarterly aggregate reports are generated for HAND related to progress on HUD and other goals.</p> <p>80% of trained providers are generating data reports through HMIS to support their programs and performance.</p>	<p>Monthly aggregate reports are generated for HAND related to progress on HUD and other goals.</p> <p>90% of trained providers are generating data reports through HMIS to support their programs and performance.</p>	Andrea Kuhn, HMIS Coordinator

Objectives	Local Action Steps	Measurable Achievement in 12 Months	Measurable Achievement in 5 years	Measurable Achievement in 10 Years	Lead Person
5. (continued)	<p><i>In order to ensure sustainability and expansion of HMIS:</i></p> <ul style="list-style-type: none"> - Provide ongoing training and support to sustain current use of HMIS and to expand use of HMIS at new agencies. - Develop possible common HMIS strategies for similar types of providers (e.g transitional housing) 	<p>Five additional providers are implementing HMIS</p> <p>Strategies for improving HMIS data entry and efficiency with large shelters and outreach program have been developed and implemented.</p>	<p>All new HUD-funded providers are trained and are implementing HMIS.</p> <p>Strategies for improving HMIS data entry and efficiency with transitional housing, permanent supportive housing and supportive services programs have been developed and implemented.</p>	<p>All new HUD-funded providers are trained and are implementing HMIS.</p>	<p>Andrea Kuhn, HMIS Coordinator</p>
<u>Other Objectives for FY 2006</u>					
1. Increase housing through rental assistance supports	<p>Establish a Housing Resource Center (HRC) to centralize information and simplify access to rental assistance supports.</p> <p>Meet with local foundations and government agencies to explore funding for the HRC.</p>	<p>\$150,000 raised to establish a HRC</p>	<p>The HRC functions as the clearing house for all new homeless rental assistance supports</p>	<p>HRC will have assisted 1,000 homeless individuals and families in securing permanent housing</p>	<p>Joseph Tardella, Chair HAND Project Review and Support Committee</p>

Objectives	Local Action Steps	Measurable Achievement in 12 Months	Measurable Achievement in 5 years	Measurable Achievement in 10 Years	Lead Person
2. Secure Housing Choice Vouchers for homeless	<p>Meet with the Detroit Housing Commission and MSHDA to encourage establishing a “homeless preference” waiting list for new Housing Choice vouchers</p> <p>Educate HAND general membership of the preference and its mechanisms</p>	Agreement obtained from local and state housing authorities on a “homeless preference” waiting list	Secure 200 homeless preference vouchers	Secure 400 homeless preference vouchers	Joseph Tardella, Chair HAND Project Review and Support Committee
3. Increase effectiveness of HAND in collaborative state, local and national planning in order to end homelessness	<p>Partner with City Connect Detroit to complete Detroit’s Ten-Year Plan to End Chronic Homelessness</p> <p>Partner with City Connect Detroit to establish linkages with local foundation and business communities</p>	<p>Ten Year Plan is completed</p> <p>Proposals will have been submitted to two foundations and three business entities to secure financial and other support to address homelessness</p>	Secure \$200,000 in private/foundation resources to end homeless	Secure \$500,000 in private/foundation resources to end homeless	Candace Williams, President HAND Board of Directors

CoC-N

O: CoC Discharge Planning Policy Chart

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized*	Formal Protocol Implemented*
Foster Care	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No
Health Care	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No
Mental Health	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No
Corrections	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No	X Yes <input type="checkbox"/> No

Foster Care:

The Michigan Department of Human Services has established and implemented formal protocols throughout its system (CFF 950) to assure that youth “aging out” of foster care are not discharged into homelessness. The “Youth in Transition Program” prepares eligible foster-care teens for living independently by providing educational support, job training, independent living skills training, self-esteem counseling, and other supports to equip teens with educational, vocational, and psychological skills to function as independent self-sufficient adults. Case planning for transition actually begins with all youth in foster care (14-21) several years prior to their discharge, in accord with CFF 722-6 (Independent Living Preparation). A treatment plan and services agreement (RFF67 and RFF 69) – including attention to locating suitable living arrangements and assistance in moving in to housing (CFF 722-7) – must be completed for each individual prior to systems discharge.

Health Care:

There is no publicly funded statewide health care delivery system. As such, discharge issues for persons leaving primary care in the Detroit CoC must be addressed on a community-by-community basis with public hospitals in those areas. One of the statewide CoC core members, the Michigan Primary Care Association (MPCA), however, works actively with Federally Qualified Health Centers (FQHC’s) and Health Care for the Homeless providers to assure that housing issues are addressed as a function of discharge in communities where those Centers and/or programs are located. This is critical in the Detroit CoC, as the four FQHCs (two of which are part of the Detroit Health Care for the Homeless project) are where the majority of the homeless receive health care. Detroit’s FQHCs work with consumers to ensure a smooth transition to the next necessary medical and/or supportive service in the community – including housing when needed. Exiting a client into homelessness is never considered appropriate. To the contrary, FQHC’s have adopted protocols that assure that housing placement and links to other resources necessary for the client to achieve successful re-entry are established prior to systems discharge.

Mental Health:

Section 330.1209b of the State Mental Health Code, effective March 28, 1996, requires that "the community mental health services program shall produce in writing a plan for community placement and aftercare services that is sufficient to meet the needs of the individual..." In addition R 330.7199 (h) of the Administrative Code says that the written plan must at a minimum identify "strategies for assuring that recipients have access to needed and available supports identified through a review of their needs." Housing, food, clothing, physical health care, employment, education, legal services, and transportation are all included in the list of needs that must be appropriately addressed as a function of mental health discharge planning.

Corrections:

Lack of appropriate housing is recognized by the Michigan Department of Corrections (MDOC) to be a major barrier to the successful reentry of returning prisoners. As such, safe affordable housing is one of the key elements identified for funding within Department's system-wide initiative to re-engineer the policies and protocols by which offenders are prepared for and supported in community re-entry – the Michigan Prisoner Reentry Initiative (MPRI).

In the process of implementing MPRI, MDOC asks communities to assess their local assets, barriers and gaps relative to issues facing returning prisoners and then develop a Comprehensive Prisoner Reentry Plan based on that assessment. Supplemental funding through MPRI is then allocated to help bridge identified gaps and to achieve a seamless transition for former prisoners as they re-enter the community. In most instances, these resources are at least partially allocated for housing solutions. Wayne County, which includes Detroit, applied for and received \$625,000 for their plan's implementation. Rent subsidy, move-in deposits and funding for limited-term transitional placements are included.

As part of the pre-release planning process for prisoners being released by way of parole, MDOC facility staff work with each prisoner to identify the various options which are available to the prisoner for home placement. This information is then forwarded to a parole agent who investigates and makes a determination. Prisoners are not released onto parole without an approved home placement. Parolees with substance abuse issues and other hard-to-place returning prisoners are referred to appropriate transitional and treatment supports, and additional aid is, if needed, provided through traditional housing services.

Even though MDOC has no further jurisdiction of prisoners released upon expiration of their maximum sentence, MDOC facility staff offer assistance to the prisoner to help secure housing.

CoC-O

P: CoC Coordination Chart

Consolidated Plan Coordination			YES	NO
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	X	<input type="checkbox"/>		
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	X	<input type="checkbox"/>		
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	X	<input type="checkbox"/>		
Jurisdictional 10-year Plan Coordination				
a. Are there separate formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography? (If No, you may skip to the next section of this chart.)				X
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?				<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?				<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input type="checkbox"/>	<input type="checkbox"/>		
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).				
Policy Academy* Coordination			YES	NO
a. Do CoC members participate in State Policy Academy meetings, focus groups, public forums, or listservs?	X	<input type="checkbox"/>		
b. Were CoC strategic plan goals adopted by the CoC as a result of communication/coordination with the State Policy Academy Team?	X	<input type="checkbox"/>		
c. Has the CoC or any of its projects received state funding as a result of its coordination with the State Policy Academy?	X	<input type="checkbox"/>		
Public Housing Agency Coordination				
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	X	<input type="checkbox"/>		
Coordination with State Education Agencies				
a. Did the CoC provide the state education agency with a list of emergency and transitional housing facilities located within the CoC boundaries that serve families with school-age children or school-age unaccompanied youth under the age of 18?	X	<input type="checkbox"/>		

*A State Policy Academy is a state-level process designed to help state and local policymakers improve access to mainstream services for people who are homeless. For more information about getting involved in a State Policy Academy, see <http://www.hrsa.gov/homeless>.

CoC 2006 Funding Priorities

Q: CoC Project Priorities Chart

For further instructions for filling out this section, see the Instructions section.

HUD-defined CoC Name: Detroit Continuum of Care						CoC #: MI 501			
(1) SF-424 Applicant Name	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount ***	(6) Term	(7) Program and Component Type**			
						SHP New	SHP Renewal	S+C New	SRO New
Michigan Department of Community Health	Neighborhood Services Organization	NSO Shelter + Care Program	1	\$1,893,360	5	S+C			
Detroit Wayne County Community Mental Health Agency	Detroit East	Detroit East Permanent Housing for People with Disabilities	2	\$393,073	1		PH		
Detroit Wayne County Community Mental Health Agency	Coalitions on Temporary Shelter & Development Center, Inc.	Omega Project	3	\$443,940	1		PH		
Southwest Non-Profit Housing Corporation	Southwest Non-Profit Housing Corporation	Wilshire Apts.	4	\$129,540	1		PH		
Traveler's Aid	Traveler's Aid	BEIT	5	\$854,082	1		PH		
Mariners Inn	Mariners Inn	Extended Residency	6	\$243,585	1		PH		
Traveler's Aid	Traveler's Aid	Project Infinity	7	\$918,428	1		PH		
Detroit Central Cities	Detroit Central Cities	DCC Permanent Housing Program	8	\$990,567	1		PH		
Simon House	Simon House	Permanent Housing	9	\$88,675	1		PH		
Detroit Rescue Mission Ministries	Detroit Rescue Mission Ministries	My Own Place	10	\$220,333	1		PH		
Detroit Wayne County Community Mental Health Agency	Southwest Counseling and Development Housing Partners	Southwest Housing Partners/Permanent Housing for People with Disabilities	11	\$125,183	1		SSO		
United Community Housing Coalition	United Community Housing Coalition	UCHC	12	\$632,613	1		SSO		
Cass Community Social Services	Cass Community Social Services	Mom's Place Too!	13	\$108,743	1		TH		
Cass Community Social Services	Cass Community Social Services	Mom's Place	14	\$148,530	1		TH		
Detroit Rescue Mission Ministries	Detroit Rescue Mission Ministries	Samaritan	15	\$622,668	1		TH		
JVS	JVS/Mariners Inn	Career Initiative Center	16	\$907,156	1		SSO		

Department of Human Services	Alternatives for Girls	Project Momma	17	\$124,142	1		SSO		
Caregivers	Caregivers	Caregivers Targeted Housing and Homeless Assistance	18	\$756,140	1		SSO		
Detroit Rescue Mission Ministries	Detroit Rescue Mission Ministries	Detroit Rescue Mission	19	\$426,160	1		TH		
Detroit Rescue Mission Ministries	Detroit Rescue Mission Ministries	Oasis	20	\$759,592	1		TH		
Coalition on Temporary Shelter	Coalition on Temporary Shelter	SAFAH	21	\$75,844	1		SSO		
Cass Community Social Services	Cass Community Social Services	Men at Scott	22	\$188,725	1		TH		
Mariners Inn	Mariners Inn	Mariners Inn Transitional Housing Program	23	\$289,004	1		TH		
Cass Community Social Services	Cass Community Social Services	Safe Haven	24	\$420,000	1		TH		
Coalition on Temporary Shelter	Coalition on Temporary Shelter	Boulevard	25	\$105,546	1		TH		
Homeless Action Network of Detroit	HAND	HMIS	26	\$190,273	1		N/A		
Neighborhood Legal Services	Neighborhood Legal Services	Project Permanency One	27	\$853,435	1		SSO		
Salvation Army	Salvation Army	Target Home	28	\$518,125	1		SSO		
Michigan Veterans Foundation, Inc.	Michigan Veterans Foundation, Inc.	Detroit Veterans Center	29	\$709,837	1		TH		
Department of Human Services	Detroit Rescue Mission Ministries	Teen Moms	30	\$406,740	1		TH		
Travelers Aid Society	Travelers Aid Society	Shop 3	31	\$89,617	1		SSO		
Detroit Rescue Mission Ministries	Detroit Rescue Mission Ministries	Veterans Independence	32	\$447,580	1		TH		
Travelers Aid Society	Travelers Aid Society	Shop 2	33	\$209,811	1		TH		
Department of Human Services	Lula Belle Stewart Center, Inc.	Mother and Infant Program II MAI HOUSE II	34	\$217,208	1		TH		
Freedom House	Freedom House	New American Homeless Network	35	\$379,819	1		TH		
Mariners Inn	Mariners Inn	Residential Substance Abuse Treatment Program	36	\$146,930	1		SSO		
Coalition On Temporary Shelter	Coalition On Temporary Shelter	COTS Peterboro	37	\$84,980	1		TH		
Detroit Rescue Mission Ministries	Detroit Rescue Mission Ministries	Douglas Project	38	\$543,535	1		TH		
Southwest Non-Profit Housing Corporation	Southwest Non-Profit Housing Corporation	Springwells	39	\$225,532	1		SSO		
Travelers Aid Society	Travelers Aid Society	Shop 1	40	\$218,768	1		TH		
Covenant House	Covenant House	Rights of Passage	41	\$400,233	1		TH		

Wayne County Community Mental Health	Detroit East	New Beginnings	42	\$142,014	1	SSO		
Detroit Rescue Mission Ministries	Detroit Rescue Mission Ministries	Genesis II	43	\$1,057,722	1	TH		
Department of Human Services	Catholic Social Services	Teen Empowerment	44	\$201,576	1	SSO		
Department of Human Services	Federation of Youth Services	Teen Parent	45	\$138,410	1	TH		
Coalition On Temporary Shelter	Coalition On Temporary Shelter	Peggy’s Place	46	\$660,686	1	TH		
Positive Images	Positive Images	Positive Images	47	\$700,010	1	TH		
(8) Subtotal: Requested Amount for CoC Competitive Projects:***				\$20,408,470				
(9) Shelter Plus Care Renewals:****						S+C Component Type**		
Michigan Department of Community Mental Health	Development Centers Inc.	Development Centers Inc.	48	\$287,844	1	SRA		
Michigan Department of Community Mental Health	Southwest Counseling and Development	Southwest Counseling and Development	49	\$510,120	1	SRA		
Michigan Department of Community Mental Health	Neighborhood Services Organization	Neighborhood Services Organization	50	\$85,008	1	SRA		
Michigan Department of Community Mental Health	Detroit East	Detroit East	51	\$270,708	1	SRA		
Michigan Department of Community Mental Health	COTS	COTS	52	\$606,324	1	SRA		
Michigan Department of Community Mental Health	Travelers Aid	Travelers Aid	53	\$280,200	1	SRA		
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$2,040,204				
(11) Total CoC Requested Amount:				\$22,448,674				

CoC-Q

*HUD-defined CoC names & numbers are available at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

**Place the component type (PH, TRA etc.) under the appropriate program for each project in column 7.

***The requested project amount **must not** exceed the amount entered in the project summary budget in Exhibit 2. If the project summary budget exceeds the amount shown on this priorities list, the **project budget will be reduced** to the amount shown on the CoC Project Priorities Chart.

****For the Shelter Plus Care Renewals priority number, please continue project numbering from the top portion of the chart – please **do not** restart S+C project priority numbering from 1.

R: CoC Pro Rata Need (PRN) Reallocation Chart
(Only for Eligible Hold Harmless CoCs)

CoCs that receive the 1-year Hold Harmless PRN amount may reduce or eliminate one or more of the SHP grants eligible for renewal in the 2006 CoC competition. CoCs may reallocate the funds made available through this process to create new permanent housing project(s). These new project(s) may be for SHP, S+C, and Section 8 SRO projects and their respective eligible activities.

Advisory Warning: According to the CoC competitive process, a CoC that scores below the initial funding line will not have the new projects on this chart funded. As such, the reallocated funds that had been used for renewals would no longer be available to the CoC.

1. Will your CoC be using the PRN reallocation process? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If Yes, explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page).					
2. Enter the total 1-year amount of <i>all</i> SHP projects that are eligible for renewal in 2006, which amount you have verified with your field office:				<i>Example:</i> \$530,000	\$
3. Starting with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing projects, and enter the remaining amount: <i>(In this example, the amount proposed for new PH projects is \$140,000)</i>				<i>Example:</i> \$390,000	\$
4. Enter the Reduced or Eliminated Grant(s) in the 2006 Competition					
(1) Expiring Grants	(2) Program Code	(3) Component	(4) Annual Renewal Amount	(5) Reduced Amount	(6) Retained Amount from Existing Grant
<i>Ex:</i> MA01B300002	SHP	TH	\$100,000	\$60,000	\$40,000
<i>Ex:</i> MA01B400003	SHP	SSO	\$80,000	\$80,000	\$0
(7) TOTAL:					
5. Newly Proposed Permanent Housing Projects in the 2006 Competition					
(8) 2006 Project Priority Number		(9) Program Code	(10) Component	(11) Transferred Amounts	
<i>Example:</i> #5		SHP	PH	\$90,000	
<i>Example:</i> #12		S+C	TRA	\$50,000	
(12) TOTAL:					

CoC-R

S: CoC Project Leveraging Summary Chart

HUD homeless program funding is limited and can provide only a portion of the resources needed to successfully address the needs of homeless families and individuals. HUD encourages applicants to use supplemental resources, including State and local appropriated funds, to address homeless needs.

Enter the name of your Continuum and list the total amount of leveraged resources available. To get this number, find the total at the bottom of the Project Leveraging Chart for all Exhibit 2 project applications, add up all of these the totals, and enter this single number in the chart below. Complete only one chart for the entire CoC (do *not* add any rows). Provide information *only* for contributions for which you have a *written commitment in hand at the time of application*.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Continuum	Total Value of Written Commitment
Detroit CoC	\$18,541,203

CoC-S

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:													
Type of Housing		All SHP Funds Requested (Current Year)		Renewal Projections									
		2006		2007		2008		2009		2010		2011	
Transitional Housing (TH)		8,824,307		8,824,307		9,125,515		9,125,515		9,125,515		9,125,515	
Safe Havens-TH		420,000		420,000		420,000		420,000		420,000		420,000	
Permanent Housing (PH)		4,282,223		4,424,223		4,937,468		4,937,468		4,937,468		4,937,468	
Safe Havens-PH		0		0		0		0		0		0	
SSO		4,798,307		4,798,307		4,798,307		4,798,307		4,798,307		4,798,307	
HMIS		190,273		190,273		190,273		190,273		190,273		190,273	
Totals		18,515,110		18,657,110		19,471,563		19,471,563		19,471,563		19,471,563	
Shelter Plus Care (S+C) Projects:													
Number of Bedrooms		All S+C Funds Requested (Current Year)		Renewal Projections									
		2006		2007		2008		2009		2010		2011	
		Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
0	5	33,900	5	33,900	14	94,920	14	94,920	14	94,920	14	94,920	
1	183	2,928,912	134	1,035,552	166	1,282,848	166	1,282,848	213	1,646,064	262	2,024,736	
2	45	415,800	45	415,800	57	526,680	57	526,680	57	526,680	57	526,680	
3	43	475,236	43	475,236	50	552,600	50	552,600	50	552,600	50	552,600	
4	7	79,716	7	79,716	7	79,716	7	79,716	7	79,716	7	79,716	
5	0	0	0	0	0	0	0	0	0	0	0	0	
Totals	283	3,933,564	234	2,040,204	294	2,536,764	294	2,536,764	341	2,899,980	390	3,278,652	

Part IV: CoC Performance

U: CoC Achievements Chart

Enter the goals and action steps that you that you listed on your 2005 CoC application and briefly describe measurable achievements in the past 12 months. The information provided in the first two columns should be the same as provided in the 2005 CoC application. Add rows as needed.

Goals	Action Steps	Measurable Achievements
Chronic Homelessness Goals		
<p>Goal CH-1: Increase permanent supportive housing by 126 beds, 30% of which are for the chronically homeless.</p>	<p><i>To assist and promote projects currently in development:</i> - Eliminate barriers to current project implementation by working with the local HUD office and the City of Detroit building and licensing departments.</p>	<p>A total of 212 new PSH beds became available for the Detroit CoC's homeless between 2/1/05 and 1/31/06. Of these, 89 (42%) were new PSH <i>individual</i> beds; the remaining 123 were for homeless <i>families</i>. Of the 89 new individual beds, 95% (85) are for the chronically homeless.</p> <p>To help identify and eliminate barriers for future projects, HAND conducted a series of interviews with the City of Detroit, developers, banks, MSHDA, the Michigan Department of Human Services, the Local Initiatives Support Corporation and local service and housing providers to further understand barriers to developing permanent housing for Detroit's chronically homeless.</p>

Goals	Action Steps	Measurable Achievements
<p>Goal CH-1 (continued)</p>	<p><i>To assist and promote new projects:</i></p> <ul style="list-style-type: none"> - Provide general and collaboration-specific technical assistance/education to housing and service providers, mainstream resources and other stakeholders on best- and emerging practices and cross-systems approaches. - Engage local public housing authorities and related public entities to advocate for housing set-asides for the chronically homeless (see Advisory Board - Other Homeless Goal #1) 	<p>See above. The interviews identified eight possible strategies to consider for increasing housing for the chronically homeless over the next ten years.</p> <p>This was achieved through the D-TECH project (see below). This project will provide 90 TBRA vouchers for Detroit’s chronically homeless over the next two years, plus 40 housing choice vouchers to the homeless including the chronically homeless.</p>
<p>Goal CH-1 (continued)</p>	<ul style="list-style-type: none"> - Conduct ongoing needs and inventory assessment. 	<p>An inventory has been started under the HAND Housing Committee and will continue under the Housing Resource Center.</p>
<p>Goal CH-1 (continued)</p>	<ul style="list-style-type: none"> - Educate developers about tax credits and other benefits of providing low income housing through individual and group meetings 	<p>The Detroit CoC, under its newly formed Detroit Team to End Chronic Homeless (D-TECH) was awarded \$3 million from MSHDA to implement two projects: a scattered site tenant based rental assistance project and a permanent supportive housing project. Under this, D-TECH will train property managers and service providers on the <i>Blended Management</i> model to build strong relationships with landlords and to expand the base of available landlords over time.</p>

Goals	Action Steps	Measurable Achievements
<p>Goal CH-1 (continued)</p>	<p>- Promote/recommend for funding programs that incorporate best/emerging practices and values of recovery/person centeredness into program design and which measure results.</p>	<p>The FY 2005 project recommended for and awarded new HUD funding was 47 units of <i>Shelter Plus Care for Detroit's Chronically Homeless</i>. This project is aligned with the HAND's overall strategy to address chronic homelessness, congruent with our goals and action steps for the next eighteen months and responds to a documented need within Detroit's homeless community. It incorporates evidence-based and promising practices including the implementation of an Assertive Community Treatment Team that includes a consumer representative, integrated treatment for the dually-diagnosed, implementation of the values of person centeredness and recovery through the process of person centered planning and consumer choice, and the utilization of a harm reduction, housing first model.</p>

Goals	Action Steps	Measurable Achievements
<p>Goal CH-2: Assure that 50% of chronic homeless persons served through outreach receive mainstream services</p>	<p><i>To eliminate barriers to clients receiving mainstream services:</i></p> <ul style="list-style-type: none"> - Expand scope of HAND Resource Committee to include increased training about and access to mainstream resources - Establish direct links with NSO Walk In Center by having quarterly meetings with Continuum outreach agencies - Participate in the Community Collaborative in order to strengthen relationships with mainstream providers; consider idea of single application form to simply and increase access to mainstream resources - Establish written Memorandums of Understanding with mainstream service providers to ensure access to mainstream services for chronically homeless persons. 	<p>Presentations were made at HAND monthly general membership meetings about access to mainstream resources.</p> <p>Presentations were made at HAND monthly general membership meetings about outreach and links to homeless providers.</p> <p>The HAND board president attends all Community Collaborative meetings. The idea of a single application has been considered. One strategy is that, presently, approximately 80% of emergency shelters use the HMIS intake form.</p> <p>As part of the D-TECH project, Memorandums of Understanding will be signed between service providers, property developers/managers and the D-TECH lead agency that identifies the scope of services to be provided, agencies who will provide these services and how barriers will be reduced/eliminated to assure access to resources for participants.</p>

Goals	Action Steps	Measurable Achievements
<p>Goal CH-2 (continued)</p>	<p><i>To track whether clients are receiving mainstream services:</i></p> <ul style="list-style-type: none"> - Develop a standardized referral form that agencies with outreach components can utilize in referring all their contacts. - Utilize HMIS to analyze data regarding access to mainstream services and provide ongoing reports to HAND board. Develop a technical assistance plan to address findings. 	<p>Under discussion. The current strategy is to utilize HMIS to track referrals rather than create a separate form.</p> <p>Training is underway with agencies regarding the use of HMIS to track mainstream resources. Discussions have been held with the HAND board re data quality and integrity.</p>

Goals	Action Steps	Measurable Achievements
<p>Goal CH-3: 82% of chronically homeless individuals will remain in a permanent supported housing placement for at least six months</p>	<ul style="list-style-type: none"> - Establish 82% as the standard for all permanent supported housing providers. - Host meetings with all permanent supported housing providers to education them about this goal. - Collect baseline data from all PSH providers at 6-month intervals; analyze against standard. - Establish a performance improvement standard for projects failing to meet the 82% standard. A goal of 10% improvement over previous 6 months will be established. - Establish a technical assistance plan for all projects to assist with performance improvement. 	<p>HAND adopted a Project Monitoring Plan in March 2006 inclusive of both HUD and MSHDA requirements in order to determine whether projects up for renewal are performing satisfactorily and are effectively addressing the needs for which they were designed. The monitoring plan utilizes processes and procedures by which quantitative data is collected, analyzed and made available to HAND to assist the Continuum in decision making regarding technical assistance, coordination of care and new project/renewal project funding.</p> <p>The goal of 82% of individuals in permanent projects will maintain tenancy for a period of 6 months and that 40% of individuals in transitional housing will move into permanent housing was established in the 2005 HUD Exhibit 1. All providers were informed of this at the HAND general membership meeting. For FY 2006, agency outcomes were reviewed. To date, 78% of persons are remaining in permanent supported housing over six months, exceeding the HUD standard of 71%. Discussions are planned for an upcoming board meeting to review outcomes and discuss strategies for maintaining HAND's current 78% standard and/or exceeding it.</p>

Goals	Action Steps	Measurable Achievements
<p><u>Other Homeless Goals</u></p> <p>Goal OH-1: Build or rehab 100 units of affordable housing</p>	<p>Establish an advisory board (quarterly) comprised of housing developers, public financing entities and commercial lenders to work collaboratively with service providers in order to develop permanent supported housing for the homeless and eliminate barriers.</p>	<p>Three steps have been taken. First, an advisory board was created under the auspices of the D-TECH project which will oversee the development of a 150-unit apartment building for the homeless that is adjacent to a 50-bed domiciliary for homeless veterans being developed through the VA. Second, interviews conducted under Goal CH -1 identified approximately 20 individuals/agencies, including developers and public financing entities, to be included in future housing initiatives. Finally, a public financing entity is now a member of the HAND Housing Committee.</p>
<p>Goal OH-2: Prepare 50 homeless families for homeownership through lease-to-buy initiatives</p>	<p>Work with MSHDA and HUD to link residents of Detroit, Hamtramck and Highland Park with homebuyer programs, classes or trainings.</p> <p>Enroll at least 70 families in programs.</p> <p>Identify suitable housing for at least 50% of graduating families.</p>	<p>Over 15 lease-to-buy projects are currently underway in Detroit, with approximately 45-50 units in each project. A minimum of three projects were completed last year with approximately 150 houses; at least 50 were for the homeless.</p>

Goals	Action Steps	Measurable Achievements
<p>Goal OH-3: Establish a benchmark within the Continuum of Care that 40% of people exiting transitional housing will obtain permanent housing.</p>	<p>Establish 40% as the standard for all transitional housing providers.</p> <p>Meet with all transitional housing providers to educate them about this goal.</p> <p>Collect baseline data from all providers at six-month intervals and analyze against the 40% standard.</p> <p>Establish a performance improvement standard for projects failing to meet the 40% standard. A goal of 10% improvement over previous six months will be established.</p> <p>Establish a technical assistance plan for all projects to assist with performance improvement.</p>	<p>See Goal CH-3 above. To date, the Continuum is exceeding this goal, with a total of 56% of people exiting transitional housing and obtaining permanent housing. The objective for FY 2006 is to meet the HUD standard of 61%.</p>

Goals	Action Steps	Measurable Achievements
<p>Goal OH-4: Increase effectiveness of HAND in collaborative local, state and national planning in order to end homelessness</p>	<p><i>To ensure effective long-term planning within HAND:</i> - Engage in a strategic planning process resulting in a three-to-five year strategic plan that integrates national HUD goals and local plans to end chronic homelessness</p> <p><i>To ensure long-term planning to end chronic homelessness:</i> - Continue to actively participate in Detroit Ten Year Plan To End Homelessness.</p>	<p>Over the past year, important preliminary work was undertaken to be able to engage in a successful strategic planning process. This includes: 1) developing a strong relationship with the City of Detroit Ten Year Planning coordinator, who is now a HAND board member; 2) forming a partnership between HAND, City Connect Detroit (described below) and the City of Detroit to complete the Ten Year Plan; 3) engaging in a collaborative agreement with City Connect Detroit, a local non-profit dedicated to increasing access to federal and national funding resources and improving collaboration among members of the public and private sectors, to hire and support a full-time HAND Coordinator (effective June 1, 2006); 4) utilizing the resources of City Connect Detroit to generate financing to support the completion of the Ten Year Plan over the next year, including the interest of a local foundation as well as resources from the State; 5) developing a plan to monitor agencies in areas of capacity, finance, performance and HMIS; and 6) generating ideas from the information interviews (described in Goal CH-1) to help create a common understanding of issues, resources and possibilities. All of these have created groundwork for the beginnings of a successful strategic planning process.</p>

Goals	Action Steps	Measurable Achievements
<p>Goal OH-4 (continued)</p>	<p><i>To increase the effectiveness of HAND:</i> - Expand HAND membership to include: mainstream service entities; faith-based services; businesses that can provide employment for the homeless; bankers; other funders; Detroit, Highland Park and Hamtramck representatives; housing developers; health care providers; advocacy coalitions (New Detroit); corporations; research/evaluation institutions ie Wayne State University (Paul Toro, Ph.D.); and homeless persons.</p> <p><i>To link the Continuum of Care with existing planning agencies:</i> - Participate in all local and state level planning meetings sponsored by the Michigan State Housing Development Authority (MSHDA) Homeless Services Office, the state office of the Corporation for Supportive Housing and the Community Collaborative (local Human Service Coordinating Body)</p> <p><i>To ensure effective collaboration and communication with HUD:</i> - Meet quarterly with the local HUD office to insure effective communication and coordination.</p>	<p>HAND membership has been expanded to include these entities.</p> <p>The HAND board president attends these meetings.</p> <p>Quarterly meetings were not able to be established. However, the HAND board president talks with the local HUD office on an as-needed basis. As an example of collaboration, at the request of HUD, HAND and City Connect Detroit held a joint training on the HUD logic model in August 2005. Local HUD representatives attended.</p>

Goals	Action Steps	Measurable Achievements
<p>Goal OH-5: Strengthen capacity of HMIS to support accountability and service delivery and to ensure program compliance through increased data utilization, sustained participation of SHP providers and expansion of ESG providers.</p>	<p><i>To ensure comprehensive data for planning and evaluation purposes:</i></p> <ul style="list-style-type: none"> - Provide monthly training to SHP agency administrators and care workers in order to maintain 100% of SHP participation in HMIS data entry - Work with individual SHP providers to attain target goal of 90% of client data entered into HMIS within three months of training. <p><i>To effectively utilize HMIS in order to better understand the status of the Continuum of Care, identify successes and barriers:</i></p> <ul style="list-style-type: none"> - Establish goals and outcomes across the Continuum in areas of housing stability, increasing skills and income and self-determination. - Meet with providers to educate them about these goals - Measure all SHP-funded entries for compliance to goals. - Develop and implement a technical assistance plan for performance improvement. - Provide quarterly aggregate data reports to all Continuum member agencies to help build a common understanding of progress and barriers within the Continuum. The data is to assist in developing strategies to address needs and barriers to housing for the homeless. 	<p>Monthly end user trainings and agency administrator trainings were provided to all SHP agencies. Monthly agency administrator meetings were also held.</p> <p>97% of SHP programs are entering 90% or more of client data.</p> <p>The HAND Monitoring Plan, adopted in March 2006 (described earlier) sets performance standards as well as agency standards. All SHP projects have been informed of these standards and are now being monitored accordingly. Action plans will be established based on monitoring findings.</p> <p>Quarterly aggregate reports were provided to the HAND Project Review and Support committee, the HAND board and to the HAND general membership.</p>

Goals	Action Steps	Measurable Achievements
<p>Goal OH-5 (continued)</p>	<p><i>To expand the data sources within HMIS in order to build a more comprehensive understanding of homeless agencies and services.</i></p> <p>- Through outreach and training, bring into HMIS at least 50% of existing emergency shelter providers listed on the Housing Activity Chart that are not in HMIS as well as 60% of all street outreach programs.</p>	<p>53% of the emergency shelters and 100% of the outreach programs listed on the Housing Activity Charts that had not been trained in HMIS were trained. To date, 56% of the now-trained emergency shelters are entering data. Objectives are in place for FY 2006 to develop strategies to address data entry for outreach programs.</p>

CoC-U

V: CoC Chronic Homeless (CH) Progress Chart

This chart should be based on January 2006 point-in-time counts. For further instructions in filling out this chart, please see the Instructions section.

Year	(1) Number of CH Persons	(2) Number of PH beds for the CH	(3) New PH beds for the CH between Feb. 1, 2005 – Jan. 31, 2006	(4) Identify the cost of the <u>new</u> CH beds from each funding source			
				Public			Private
				Federal	State	Local	
2004	1,250	204					
2005	1,338	278					
2006	1,338	425	85	\$218,625	\$3,595	\$0	\$1,203,000
<p>(5) Briefly describe the reason(s) for any changes in the total number of the chronically homeless between 2005 and 2006 (use less than one-half page).</p> <p>The most recent point-in-time count was conducted in January 2005. The next count is scheduled for January 2007. As a result, no changes were made in the total number of chronically homeless persons between 2005 and 2006.</p> <p>An updated housing inventory (January 24, 2006) provided the most current count of beds and identified 425 beds for the chronically homeless. Of these, 85 (20%) were new.</p>							

CoC-V

W: CoC Housing Performance Chart

1. Participants in Permanent Housing		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	All PH renewal projects with APRs submitted are included in calculating the responses below	APR Data
a.	Number of participants who exited PH project(s)—APR Question 12(a)	163
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	457
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	127
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	355
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b. multiplied by 100 = e.)	78%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart utilizing data based on the <u>preceding operating year</u> from APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	All TH renewal projects with APRs submitted are included in calculating the responses below	APR Data
a.	Number of participants who exited TH project(s)—including unknown destination	1,135
b.	Number of participants who moved to PH	631
c.	Percent of participants in TH projects who moved to PH (b. divided by a. multiplied by 100 = c.)	56%

CoC-W

X: Mainstream Programs and Employment Project Performance Chart

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	<u>All</u> non-HMIS renewal projects on the CoC Priorities Chart that submitted an APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3÷Col 1 x 100)
3,626	a. SSI	370	10%
3,626	b. SSDI	162	4%
3,626	c. Social Security	77	2%
3,626	d. General Public Assistance	55	2%
3,626	e. TANF	430	12%
3,626	f. SCHIP	7	0%
3,626	g. Veterans Benefits	143	4%
3,626	h. Employment Income	817	23%
3,626	i. Unemployment Benefits	21	1%
3,626	j. Veterans Health Care	280	8%
3,626	k. Medicaid	421	12%
3,626	l. Food Stamps	717	20%
3,626	m. Other (please specify)	102	3%
3,626	n. No Financial Resources	1,246	34%

CoC-X

Y: Enrollment and Participation in Mainstream Programs Chart

Check those activities implemented by a majority of your CoC's homeless assistance providers (check all that apply):	
X	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
X	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
X	The CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
X	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
X	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
X	The CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
X	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
X	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
X	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

CoC-Y

Z: Unexecuted Grants Awarded Prior to the 2005 CoC Competition Chart

Provide a list of <u>all</u> HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).			
Project Number	Applicant Name	Project Name	Grant Amount
Example: MI23B901002	Michiana Homes, Inc.	TH for Homeless	\$514,000
NONE			
		Total:	

CoC-Z

AA: CoC Participation in Energy Star Chart

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. For information on the Energy Star initiative go to: <http://www.energystar.gov>.

Have you notified CoC members of the Energy Star initiative? Yes No

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: **55%**

CoC-AA

AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. If you answered yes to Question 1: Is the project requesting \$200,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. If you answered yes to Question 2: What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as "Section 3")?</p> <p>Check all that apply:</p> <p><input type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates.</p> <p><input type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc.</p> <p><input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities.</p> <p><input type="checkbox"/> If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for "Section 3 business concerns"* that provide economic opportunities and will include the "Section 3 clause"*** in all solicitations and contracts.</p>		
<p>*A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; <u>or</u> at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; <u>or</u> evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided.</p> <p>**The "Section 3 clause" can be found at 24 CFR Part 135.</p>		

CoC-AB