

## 1A. Continuum of Care (CoC) Identification

**Instructions:**

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time.

**CoC Name and Number (From CoC Registration):** MI-501 - Detroit CoC

**CoC Lead Organization Name:** Homeless Action Network of Detroit

# 1B. Continuum of Care (CoC) Primary Decision-Making Group

**Instructions:**

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and providing final approval for the CoC application submission. This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

**Name of primary decision-making group:** Homeless Action Network of Detroit

**Indicate the frequency of group meetings:** Monthly or more

**Indicate the legal status of the group:** 501(c)(3)

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)** 55%

**\* Indicate the selection process of group members: (select all that apply)**

<b>Elected:</b>	<input checked="" type="checkbox"/>
<b>Assigned:</b>	<input type="checkbox"/>
<b>Volunteer:</b>	<input type="checkbox"/>
<b>Appointed:</b>	<input checked="" type="checkbox"/>
<b>Other:</b>	<input checked="" type="checkbox"/>

**Specify "other" process(es):**

Recruited by board members.

**Briefly describe the selection process including why this process was established and how it works.**

The HAND Board of Directors periodically receives and reviews resumes from individuals who have been identified by other board members, the general membership, or other stakeholders as candidates for membership on the board. After reviewing an individuals resume and interviewing him/her at a board meeting, the board votes on whether or not to extend to the candidate the offer of membership on the board. If offered a position, the candidate may then accept or decline the position. In addition to this election process, the City of Detroit appoints a representative to sit on the HAND Board of Directors.

**\* Indicate the selection process of group leaders:  
(select all that apply):**

<b>Elected:</b>	<input checked="" type="checkbox"/>
<b>Assigned:</b>	<input type="checkbox"/>
<b>Volunteer:</b>	<input type="checkbox"/>
<b>Appointed:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**Specify "other" process(es):**

**If HUD could provide administrative funds to the CoC, would the primary decision-making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.**

The Homeless Action Network of Detroit (HAND) serves as the lead agency for the Detroit CoC, and currently does carry out activities such as applying for HUD funding and providing project oversight and monitoring. With additional administrative funds from HUD, HAND would be able to strengthen its capacity and develop the infrastructure needed to increase project oversight and monitoring as well as serving as the grantee for HUD funding.

## 1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Executive Committee	Bi-monthly
Resource and Need...	Bi-monthly
Development Commi...	Bi-monthly
Project Review Co...	Quarterly
HMIS Reports Comm...	Monthly or more
Detroit Team to E...	Bi-monthly

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Executive Committee

**Indicate the frequency of group meetings:** Bi-monthly

**Describe the role of this group:**

Comprised of officers of the HAND board of directors, the Executive Committee acts on behalf of the board of directors and makes decisions that arise between meetings.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Resource and Needs Assessment Committee

**Indicate the frequency of group meetings:** Bi-monthly

**Describe the role of this group:**

This committee provides the community with homelessness information and is primarily responsible for assessing the need in the community by conducting the point-in-time counts.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

**Name of Committee/Sub-Committee/Work Group:** Development Committee

**Indicate the frequency of group meetings:** Bi-monthly

**Describe the role of this group:**

This committee is responsible for outreach, planning, coordinating, and implementing activities related to public relations, events, advocacy, and member services for the purpose of raising public awareness of the needs of the homeless and increase participation in the Continuum of Care.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

**Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.**

**Name of Committee/Sub-Committee/Work Group:** Project Review Committee

**Indicate the frequency of group meetings:** Quarterly

**Describe the role of this group:**

This committee reviews new and renewal project applications for state and federal homeless assistance funding and makes recommendations to the HAND Board of Directors. The committee provides project monitoring, evaluation, and assistance to member organizations in the application process.

## Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

**Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.**

**Name of Committee/Sub-Committee/Work Group:** HMIS Reports Committee

**Indicate the frequency of group meetings:** Monthly or more

**Describe the role of this group:**

This purpose of this committee is to determine what HMIS reports should be generated, what data should be included in each report, how often reports should be generated, who should receive the reports, and how they can be used to better improve services. In the coming year the work of this committee will be integrated into monthly HMIS agency administrator meetings, to help ensure more frequent and better use of the reports.

## **Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail**

**Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.**

**Name of Committee/Sub-Committee/Work Group:** Detroit Team to End Chronic Homelessness (DTECH)

**Indicate the frequency of group meetings:** Bi-monthly

**Describe the role of this group:**

This committee oversees the implementation of several tenant-based rental assistance projects funded by the Michigan State Housing Development Authority. This group is comprised of cross-sector representation that identifies and addresses barriers to housing the homeless.

## 1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Michigan State Housing Development Authority	Public Sector	Public ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Michigan Department of Community Health	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Michigan Prisoner ReEntry Initiative	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Detroit/Wayne County Community Mental Health Ag...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
City of Detroit Planning and Development Depart...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Detroit Department of Health and Wellness Promo...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Detroit Public Schools	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Youth
University of Detroit Mercy	Public Sector	School ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Detroit Police Department	Public Sector	Law enf...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Alternatives for Girls	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Ab...
Boulevard House of Hope	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Substance Ab...
Cass Community Social Services	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, P...	Seriously Me...
Catholic Social Services Wayne County	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Youth
Child Care Coordinating Council	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Youth
Coalition on Temporary Shelter	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Veterans, Do...
Community and Educational Services for Families...	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...



Detroit CoC			COC_REG_v10_000017	
Community Living Services	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Community Health Awareness Group	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	HIV/AIDS
Covenant House Michigan	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	Substance Ab...
Deeper Life Outreach Ministries	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Substance Ab...
Detroit Central City Community Mental Health	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Detroit East Community Mental Health	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Detroit Rescue Mission Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Substance Abuse
Development Centers, Inc.	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Donni's Door	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Domestic Vio...
Emmanuel House	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Substance Ab...
Family Care Network	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriously Me...
Glendale Williams	Individual	Homeles..	Committee/Sub-committee/Work Group	NONE
Robert Sherman	Individual	Homeles..	Committee/Sub-committee/Work Group	NONE
Freedom House	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Homeless Action Network of Detroit	Private Sector	Non-pro..	Lead agency for 10-year plan, Attend 10-year planning mee...	NONE
Health Emergency Lifeline Programs (HELP)	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	HIV/AIDS
HUGS in Detroit	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
JVS	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Life Gate Center	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, A...	NONE

Detroit CoC			COC_REG_v10_000017	
Lincoln Behavioral Health Services	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Legal Aid and Defenders Association	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Mariner's Inn	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Manor House	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Substance Ab...
Metro Emergency Services Door Step West	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Ab...
Matrix Human Services	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Substance Ab...
Joseph Walsh	Private Sector	Other	Committee/Sub-committee/Work Group, Primary Decision Maki...	NONE
Jeffrey Nutt	Private Sector	Other	Primary Decision Making Group	NONE
Michigan Veterans Foundation	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Veterans
Neighborhood Legal Services Michigan	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
Neighborhood Service Organization	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
New Center Community Mental Health	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
New Day Multipurpose Center	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
NOAH Project	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Substance Ab...
Effective Alternative Community Housing	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Substance Ab...
Operation Get Down	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
Perfecting Community Development Corporation	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Ab...
Positive Images	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Substance Ab...
Serenity Services	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Substance Ab...

Detroit CoC			COC_REG_v10_000017	
Simon House	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Substance Abuse
Shelters of Love	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, A...	Seriously Me...
Southwest Counseling Solutions	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Southwest Housing Solutions	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
St. Ignatius Nonprofit Housing Corporation	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
The Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group, Attend 10-year planni...	Seriously Me...
Traveler's Aid Society of Metropolitan Detroit	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
United Community Housing Coalition	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Substance Abuse
United Way 211 On-the-Go	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months	Veterans, Do...
Hope Baptist Center	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Goodwill Industries of Greater Detroit	Private Sector	Non-pro..	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Detroit Department of Health and Wellness Promo...	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, P...	Substance Abuse
Detroit City Council	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Detroit Housing Commission	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Corporation for Supportive Housing	Private Sector	Funder...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
The McGregor Fund	Private Sector	Funder...	Committee/Sub-committee/Work Group	NONE
Community Management Associates	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Sylvester Hyman Associates	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Advantage Health Centers/Health Care for the Ho...	Private Sector	Hospita..	Attend 10-year planning meetings during past 12 months	NONE
VA Medical Center	Private Sector	Hospita..	Committee/Sub-committee/Work Group	Veterans



## 1E. Continuum of Care (CoC) Project Review and Selection Process

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

**Open Solicitation Methods:  
(select all that apply)** b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

**Rating and Performance Assessment Measure(s):  
(select all that apply)** a. CoC Rating & Review Committee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, i. Evaluate Project Readiness, j. Assess Spending (fast or slow), l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, r. Review HMIS participation status

**Voting/Decision Method(s):  
(select all that apply)** a. Unbiased Panel/Review Committee, e. Consensus (general agreement), f. Voting Members Abstain if Conflict of Interest

## 1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

**Emergency Shelter:** Yes

**Briefly describe the reasons for the change:**

The 2008 Housing Inventory Chart is reporting fewer year-round shelter beds and fewer over-flow/voucher beds in comparison to the 2007 Housing Inventory Chart. This decrease is not due to shelters in community closing. Instead, it is explained by the following:

It was discovered that several programs listed on the 2007 Housing Inventory Chart as Emergency Shelters did not meet HUDs definition of emergency shelter, and therefore they were removed. It should be noted that these organizations and the services they provide are still available to serve people in our community, some of whom may be homeless.

There were a few emergency shelters providers that were included for the first time in the 2008 HIC.

One 20-bed program was inadvertently listed on the 2007 HIC twice; this program was correctly listed only once in the 2008 HIC.

One of the rotating shelters in our community which we recorded as providing 135 overflow beds in 2007 was not in operation in 2008 and therefore not included.

Our Continuum has a large walk-in center, which provides respite from the elements for many homeless people who may otherwise not seek shelter. In 2008 we improved our method for gathering data from this shelter for the number of people they served on the night of the PIT. In 2007 we over-reported on this shelter in the overflow beds category.

**Safe Haven Bed:** Yes

**Briefly describe the reasons for the change:**

Beginning in 2008, the Detroit CoC is now classifying its Cass Community Social Services Safe Haven program under the Safe Haven portion of the Housing Inventory Chart. In 2007, this program and the 21 beds associated with it had been categorized as Transitional Housing.

**Transitional Housing:** Yes

**Briefly describe the reasons for the change:**

The 2008 Housing Inventory Chart reflects an increase of approximately 130 more year-round beds of transitional housing. As with the emergency shelter chart, there were some fluctuations in the TH bed inventory due to the following:

Programs that had been reported in 2007 were realized to not meet HUDs definition of transitional housing and therefore are not counted on the 2008 chart. These programs still remain available to the community and continue to serve people in need, some of whom may be homeless.

A 20-bed Transitional Housing program reported in 2007 experienced a fire and is not yet operational again. These beds, therefore, are not reported in 2008.

A few new Transitional Housing programs are reported on the 2008 chart.

The most significant change between the 2007 and the 2008 Housing Inventory Charts is the re-categorization of the Continuums Tenant-Based Rental Assistance (TBRA) programs. In 2007 these beds were categorized at Permanent Supportive Housing. Upon consultation and further clarification, however, it was realized these beds would more accurately be categorized as Transitional Housing.

**Permanent Housing: Yes****Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:**

The 2008 Housing Inventory Chart reflects an increase of approximately 36 more year-round beds of permanent supportive housing, and approximately 80 fewer beds of housing for the chronically homeless. The reasons for this fluctuation in the inventory include:

Programs that had been reported in 2007 were realized to not meet HUDs definition of permanent supportive housing and therefore are not counted on the 2008 chart. These programs still remain available to the community and continue to serve people in need, some of whom may be homeless.

The most significant reason for the change in numbers, particularly the decrease in the number of beds for the chronically homeless, was that our Continuum mistakenly categorized several Tenant-Based Rental Assistance (TBRA) programs one of which was for the chronically homeless as Permanent Supportive Housing. Upon further consultation and clarification, it was realized that these beds are more accurately categorized as Transitional Housing, and have thus been categorized as so in the 2008 Housing Inventory Chart.

**CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: No**

# 1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	MI501 2008 HIC	10/06/2008



## Attachment Details

**Document Description:** MI501 2008 HIC

# 1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

## Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.**

**Indicate the date on which the housing inventory count was completed:** 01/31/2008  
(mm/dd/yyyy)

**Indicate the type of data or methods used to complete the housing inventory count:** HMIS plus housing inventory survey  
(select all that apply)

**Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart:** Instructions, Updated prior housing inventory information, Follow-up, Confirmation, HMIS  
(select all that apply)

**Must specify other:**

**Indicate the type of data or method(s) used to determine unmet need:** HUD unmet need formula  
(select all that apply)

**Specify "other" data types:**

**If more than one method was selected, describe how these methods were used.**

## 2A. Homeless Management Information System (HMIS) Implementation

**Intructions:**

For additional instructions, refer to the detailed instructions available on the left menu bar.

**CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.**

**Select the HMIS implementation type:** Statewide

**Select the CoC(s) covered by the HMIS:  
(select all that apply)** MI-500 - Michigan Balance of State CoC, MI-501 - Detroit CoC, MI-502 - Dearborn/Dearborn Heights/Westland/Wayne County CoC, MI-503 - St. Clair Shores/Warren/Macomb County CoC, MI-504 - Pontiac/Royal Oak/Oakland County CoC, MI-505 - Flint/Genesee County CoC, MI-506 - Grand Rapids/Wyoming/Kent County CoC, MI-507 - Portage/Kalamazoo City & County CoC, MI-508 - Lansing/East Lansing/Ingham County CoC, MI-509 - Ann Arbor/Washtenaw County CoC, MI-511 - Lenawee County CoC, MI-512 - Grand Traverse, Antrim, Leelanau Counties CoC, MI-513 - Marquette, Alger Counties CoC, MI-514 - Battle Creek/Calhoun County CoC, MI-515 - Monroe City & County CoC, MI-516 - Norton Shores/Muskegon City & County CoC, MI-517 - Jackson City & County CoC, MI-518 - Livingston County CoC, MI-519 - Holland/Ottawa County CoC, MI-521 - Cass County CoC, MI-522 - Alpena, Iosco, Presque Isle/NE Michigan CoC, MI-523 - Eaton County CoC

**Does the CoC Lead Organization have a written agreement with HMIS Lead Organization?** No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

**Is the HMIS Lead Organization the same as CoC Lead Organization?** Yes

**Has the CoC selected an HMIS software product?** Yes

**If "No" select reason:**

**If "Yes" list the name of the product:** ServicePoint

**What is the name of the HMIS software company?** Bowman Systems

**Does the CoC plan to change HMIS software within the next 18 months?** No

**Is this an actual or anticipated HMIS data entry start date?** Actual Data Entry Start Date

**Indicate the date on which HMIS data entry started (or will start):** 09/01/2004  
(format mm/dd/yyyy)

**Indicate the challenges and barriers impacting the HMIS implementation:** No or low participation by non-HUD funded providers, Poor data quality  
(select all the apply):

**If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:**

**Briefly describe the CoC's plans to overcome challenges and barriers:**

**LOW PARTICIPATION**

A number of agencies not receiving HUD funding have been trained on HMIS. However, these agencies may take a considerable amount of time before beginning to enter data or decide to not enter data at all, even after coaching and emphasizing the benefits of using HMIS. In the coming year, HAND is planning to meet with funders that support non-HUD agencies, encouraging them to require the agencies they fund to use HMIS.

An HMIS Progress Card has been created for all agencies, which will help motivate non-funded agencies to enter all of their client data.

**DATA QUALITY**

Agency Administrators are encouraged to run several different data quality reports monthly and distribute them to the end users. HMIS staff has produced job aids and continue to provide coaching.

The ShelterPoint feature has been implemented at a few large shelters, which allows an end user to exit several clients from the system at the same time. This should alleviate some of the issues we have with agencies not exiting clients from the system.

Michigans Identity Theft Law prevents us from requiring a SSN as an identifier. While agencies are asked to enter the last four digits of the SSN in HMIS, the SSN data quality rates reflect our limitations with the use of the SSN.

We continue to focus on data quality with programs providing short term emergency services, in which it is difficult to get data on disability or destination due to the brief nature of the services provided.

## Attachment Details

### Document Description:

## 2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Organization.

**Organization Name** Homeless Action Network of Detroit  
**Street Address 1** P.O. Box 3238  
**Street Address 2**  
**City** Highland Park  
**State** Michigan  
**Zip Code** 48203  
**Format: xxxxx or xxxxx-xxxx**  
**Organization Type** Non-Profit  
**If "Other" please specify**

## 2C. Homeless Management Information System (HMIS) Contact Person

**Prefix:**

**First Name** Amanda

**Middle Name/Initial**

**Last Name** Sternberg

**Suffix**

**Telephone Number:** 313-963-6601  
**(Format: 123-456-7890)**

**Extension** 4115

**Fax Number:** 313-963-6851  
**(Format: 123-456-7890)**

**E-mail Address:** asternberg@swsol.org

**Confirm E-mail Address:** asternberg@swsol.org

## 2D. Homeless Management Information System (HMIS) Bed Coverage

### Instructions:

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

**For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.**

* Emergency Shelter (ES) Beds	76-85%
* Safe Haven (SH) Beds	86%+
* Transitional Housing (TH) Beds	65-75%
* Permanent Housing (PH) Beds	86%+

**How often does the CoC review or assess its HMIS bed coverage?** Annually

**If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:**



## 2E. Homeless Management Information System (HMIS) Data Quality

**Instructions:**

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	13%	5%
* Date of Birth	7%	0%
* Ethnicity	8%	0%
* Race	6%	0%
* Gender	5%	0%
* Veteran Status	12%	4%
* Disabling Condition	23%	5%
* Residence Prior to Program Entry	19%	6%
* Zip Code of Last Permanent Address	21%	9%
* Name	0%	0%

**Did the CoC or subset of the CoC participate in AHAR 3?** Yes

**Did the CoC or subset of the CoC participate in AHAR 4?** Yes

**How frequently does the CoC review the quality of client level data?** Quarterly

**How frequently does the CoC review the quality of program level data?** Quarterly

**Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.**

To assist the end users with data quality, a training class is provided on generating data quality reports from ServicePoints Advanced Reporting tool. We strongly recommend that agencies run the reports monthly and distribute them to the end users. These reports include: Clients with no Program Entry, Homeless Question Unanswered, Length of Stay for Unexited Clients, Missing Universal Data Elements by Entry/Exit Provider, Missing Universal Data Elements by Service Provider, and Clients without a Service Transaction. Reports can be generated at the project level, agency level or at the CoC level.

To provide ongoing support for end users, HMIS staff has produced job aids and continue to provide individual and group coaching sessions. We also provide a Help Desk which is available during working hours throughout the week.

This year, we are focusing more on updating a clients data when he or she leaves a program so that the agency can see a clients and programs outcomes.

To help agencies with program exits, the HMIS ShelterPoint feature is being implemented at some of the larger shelters. ShelterPoint was recently upgraded and now allows an end user to exit several clients from the system at the same time, helping to alleviate some of the issues experienced with agencies not exiting clients from the system. Also, ShelterPoint allows end users to record service for multiple clients at the same time.

Progress report and accompanying data reports are provided for each agency that measures progress in the following areas:

- Number of clients in ServicePoint as compared to the Housing Inventory Chart
- Percentage of Agency Administrator meetings attended
- Percentage of Clients with Program Entries
- Percentage of Clients with the Homeless Question Answered
- Percentage of Clients who have been exited who have a specific destination entered

Agencies can then review the data reports to correct any data quality issues.

**Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.**

1. A Participation Agreement that includes data quality requirements is signed by each agency.
2. All end users sign a Users Agreement that also specifies data quality standards.
3. All MSHDA ESG funded programs are required to submit accurate reports quarterly.
4. All HUD-funded programs are required to submit an APR from HMIS for their renewals.

Furthermore, all end users receive a manual that instructs them on how to enter and exit clients from their programs. ServicePoint includes a backdating feature which allows end users to enter a previous date if the client entered a program prior to the current date. Users are also asked to exit their clients on the dates that they leave. Agencies have access to a Length of Stay data quality report which shows a list of all current clients and how many days they have been in the program. End users look at this list to determine if they need to exit any additional clients from their programs. Also, intake dates are included on the HMIS client intake form and exit dates are included on the HMIS exit forms. The number of clients in the program as compared to the number of beds in the Housing Inventory Chart serves as one of our measure on the HMIS Agency Progress Report.

## 2F. Homeless Management Information System (HMIS) Data Usage

### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC uses each of the following items:

<b>Data integration/data warehousing to generate unduplicated counts:</b>	Quarterly
<b>Use of HMIS for point-in-time count of sheltered persons:</b>	Annually
<b>Use of HMIS for point-in-time count of unsheltered persons:</b>	Annually
<b>Use of HMIS for performance assessment:</b>	Annually
<b>Use of HMIS for program management:</b>	Monthly
<b>Integration of HMIS data with mainstream system:</b>	Annually

## 2G. Homeless Management Information System (HMIS) Data and Technical Standards

**Instructions:**

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:**

* Unique user name and password	<b>Annually</b>
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* Restrictions on access to HMIS via public forums	Annually
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Monthly

**How often does the CoC assess compliance with HMIS Data and Technical Standards?** Annually

**How often does the CoC aggregate data to a central location (HMIS database or analytical database)?** Monthly

**Does the CoC have an HMIS Policy and Procedures manual?** Yes

**If 'Yes' indicate date of last review or update by CoC:** 05/02/2008

**If 'No' indicate when development of manual will be completed:**

## 2H. Homeless Management Information System (HMIS) Training

### Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the frequency in which the CoC or HMIS Lead offers each of the following training activities:**

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Quarterly
Using HMIS data for assessing program performance	Semi-annually
Basic computer skills training	Never
HMIS software training	Monthly

## 2I. Continuum of Care (CoC) Point-in-Time Homeless Population

**Instructions:**

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency  
 Households with Dependent Children - Sheltered Transitional  
 Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency  
 Households without Dependent Children - Sheltered Transitional  
 Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the date of the last PIT count:** 01/25/2007

**For each homeless population category, the number of households must be less than or equal to the number of persons.**

		Households with Dependent Children				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
<b>Number of Households</b>		258	128	1,134	1,520	
<b>Number of Persons (adults and children)</b>		791	312	5,046	6,149	
		Households without Dependent Children				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
<b>Number of Households</b>		2,608	1,027	8,278	11,913	
<b>Number of Persons (adults and unaccompanied youth)</b>		2,608	1,027	8,278	11,913	
		All Households/ All Persons				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
<b>Total Households</b>		2,866	1,155	9,412	13,433	

Detroit CoC			COC_REG_v10_000017	
<b>Total Persons</b>	3,399	1,339	13,324	18,062



## 2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

### Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

**Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.**

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	261	1,242	1,503
* Severely Mentally Ill	512		512
* Chronic Substance Abuse	1,620		1,620
* Veterans	317		317
* Persons with HIV/AIDS	40		40
* Victims of Domestic Violence	180		180
* Unaccompanied Youth (under 18)	706		706

## 2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

### Instructions:

Separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Annually (every year); Biennially (every other year); Semi-annually (every six months)**

**How often will the CoC conduct a PIT count?** Biennially

**Enter the date in which the CoC plans to conduct its next annual point-in-time count:** 01/28/2009  
(mm/dd/yyyy)

**Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.**

**Emergency Shelter providers** 100%

**Transitional housing providers:** 100%

## 2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

**Instructions:**

**Survey Providers:**

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

**HMIS:**

The CoC used HMIS to complete the point-in-time sheltered count.

**Extrapolation:**

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:  
(Select all that apply):**

<b>Survey Providers:</b>	X
<b>HMIS:</b>	X
<b>Extrapolation:</b> (Extrapolation attachment is required)	
<b>Other:</b>	

**If Other, specify:**

**Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.**

ES and TH providers not entering data into HMIS on the night of the count (1/25/07) were surveyed on the number of clients in their programs. Providers that were entering data into HMIS were also surveyed; data from these surveys was compared to the data entered into HMIS. Any discrepancies between the survey and HMIS data were addressed.

The most recent point-in-time count took place on 1/25/07. The last count prior to that was on 1/25/05. From the Jan 2005 count there were a total of 4,311 sheltered homeless individuals and families. From the Jan 2007 count there were a total of 4,738 sheltered homeless individuals and families. One of the main factors influencing this slightly larger number is the improved use of HMIS between 2005 and 2007. The data from HMIS in 2007 was more complete and accurate than that used in 2005, thereby leading to a presumably more accurate count of the sheltered population.

## 2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

**Instructions:**

**HMIS:**

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

**HMIS plus extrapolation:**

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

**Sample of PIT interviews plus extrapolation:**

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

**Interviews:**

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

**Non-HMIS client level information:**

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

**Other:**

CoC used a combination of methods.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):**

<b>HMIS</b>	X
<b>HMIS plus extrapolation:</b>	
<b>Sample of PIT interviews plus extrapolation: (PIT attachment is required)</b>	
<b>Sample Strategy:</b>	
<b>Provider Expertise:</b>	X
<b>Non-HMIS client level information:</b>	
<b>None:</b>	
<b>Other:</b>	

**If Other, specify:**

**Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.**

The subpopulation percentage for the chronically homeless was calculated based upon the expertise of local emergency shelter providers. Additional subpopulation percentages were gathered through HMIS.

The most recent point-in-time count took place on January 25, 2007. The last count prior to that took place on January 25, 2005. The estimated number of sheltered chronically homeless individuals counted in 2005 was 669; in 2007, this number was estimated to be 261. As with the chronically homeless count, the other sheltered subpopulation categories (severely mentally ill, chronic substance abusers, veterans, people with HIV/AIDS, victims of domestic violence, and unaccompanied youth) were all higher in the 2005 count than the 2007 count.

The significant differences between the 2005 and 2007 sheltered subpopulation data revealed that our Continuum either overestimated the numbers reported in 2005, or did not have complete subpopulation data on HMIS, or a combination of both factors. Providers using HMIS relate that gathering the subpopulation information on a client does not always occur during an initial intake assessment with the individual. It is often only after working with a client for a period of time that it is realized either through the clients self-disclosure or a clinicians diagnosis that the person does fit into one of the subpopulation categories.

Since the 2007 count, our Continuums HMIS project has been making strides to improve the gathering of this subpopulation data in HMIS. Lessons learned from the 2005 and 2007 counts will be carried over into the next (2009) count to help ensure the most accurate reporting of the sheltered subpopulation data.

## 2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

**Instructions:**

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the steps used to ensure the data quality of the sheltered persons count:  
(select all that apply)**

<b>Instructions:</b>	<input checked="" type="checkbox"/>
<b>Training:</b>	<input checked="" type="checkbox"/>
<b>Remind/Follow-up</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input checked="" type="checkbox"/>
<b>Non-HMIS de-duplication techniques:</b>	<input type="checkbox"/>
<b>None:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

**Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):**

## 20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

**Instructions:**

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to count unsheltered homeless persons:  
(select all that apply)**

<b>Public places count:</b>	X
<b>Public places count with interviews:</b>	
<b>Service-based count:</b>	X
<b>HMIS:</b>	X
<b>Other:</b>	X

**If Other, specify:**

In addition to the identified methods, the Detroit CoC also relied upon the expertise of local providers and local academia in developing an accurate estimate of the total number of unsheltered homeless.

## 2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

### Instructions:

#### Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

#### Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

#### Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the level of coverage of the PIT count of unsheltered homeless people:** Complete Coverage and Known Locations

**If Other, specify:**



## 2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

**Instructions:**

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)**

<b>Training:</b>	X
<b>HMIS:</b>	X
<b>De-duplication techniques:</b>	
<b>Other:</b>	

**If Other, specify:**

**Describe the techniques used to reduce duplication.**

The teams of volunteer counters on the night of the PIT were given very clear, distinctly marked boundaries of the area in which they were to count. All volunteers were instructed to count only the individuals in their area, so that people would not be counted by two different teams. If a volunteer saw a homeless person outside of his/her area, and was not sure if that person would be counted by another team, the volunteer was able to count that person, and indicate on their tally sheet the persons location. If it was discovered another team had covered that same area, adjustments would be made to ensure the homeless person was only recorded once.

Shelters and transitional housing programs were all instructed to conduct their sheltered count after they closed their doors for the evening or after curfew. This would help ensure that all people who were going to be in the shelter or house for the night were already in, and would not likely be leaving for a different location.

**Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.**

The Detroit Continuum of Care will continue to apply and advocate for funding targeted to homeless families including applying for the Rapid Rehousing for Families Initiative offered this year by HUD. Our Continuum is also in discussion with the state housing development authority about the possibility of prioritizing any families who may receive short-term rental assistance through the Rapid Rehousing initiative for Section 8 vouchers targeted to the homeless. If this prioritization does occur, it will result in more families being able to receive short term and on-going rental subsidies.

The Continuum is also taking a closer look at the Supportive Services Only (SSO) projects that serve homeless families, and are exploring ways in which the dollars awarded to those projects may be better used to house more homeless families

**Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).**

The Detroit Continuum of Care has a number of service providers that provide outreach to individuals who generally avoid staying in shelters. Over the past two years, one program in particular has been successful in reaching individuals who routinely sleep on the street. This program is called Project Helping Hands, and is a partnership between the Detroit Department of Substance Abuse, Wayne County Community Mental Health Agency and a local service provider, Neighborhood Service Organization. Project Helping Hands employs outreach workers who go to locations throughout the city where individuals are known to be sleeping outside. Through ongoing engagement with these individuals, the workers are able to build the relationship and trust needed to convince the homeless to seek treatment and shelter. The outreach workers then work to get the individuals placed into shelter and off the streets.

The most recent point-in-time count took place on January 25, 2007. The last count prior to that took place on January 25, 2005. The estimated number of unsheltered population in 2005 was 10,516; in 2007, this number was estimated to be 13,324. This increase in the number of unsheltered homeless may not necessarily be due to an increase in homelessness overall. Instead, the 2007 street count, when compared to the 2005 street count, covered more parts of the city, employed more volunteers doing the count, and utilized improved methods of analysis to arrive at the final number of unsheltered homeless. Therefore, it is our Continuums understanding that this increased number may in fact be due to improved data gathering and analysis instead of due to a rise in homelessness in general.

This same logic applies to the difference in the number of unsheltered chronically homeless and families with children. In 2005 it was estimated there were approximately 669 unsheltered chronically homeless; in 2007 this number was estimated to be 1,242. In 2005 it was estimated there were approximately 1,093 unsheltered families with children; in 2007 this number was estimated to be 1,134.

## Attachment Details

### Document Description:

## Attachment Details

### Document Description:

### 3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

# CoC 10-Year Plan, Objectives and Action Steps Detail

**Instructions:**

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Create new PH beds for chronically homeless persons

## Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Create 47 new S+C beds for the chronically homeless through the Samaritan Housing Initiative	Executive Director, Southwest Counseling Solutions
Action Step 2	Create 12 new S+C beds for the chronically homeless through the reallocation of SHP dollars	President and CEO, Neighborhood Service Organization
Action Step 3		

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	394
Numeric Achievement in 12 months	594
Numeric Achievement in 5 years	1,495
Numeric Achievement in 10 years	2,005

# CoC 10-Year Plan, Objectives and Action Steps Detail

**Instructions:**

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

## Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

### 2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Develop improved project evaluation criteria and standards	Coordinator, Homeless Action Network of Detroit
Action Step 2	Implement project evaluation standards	Coordinator, Homeless Action Network of Detroit
Action Step 3	Identify PH providers not meeting standards and provide technical assistance as needed	Coordinator, Homeless Action Network of Detroit

### Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	79
Numeric Achievement in 12 months	80
Numeric Achievement in 5 years	82
Numeric Achievement in 10 years	84

## CoC 10-Year Plan, Objectives and Action Steps Detail

### Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Increase percentage of homeless persons moving from TH to PH to at least 63.5%

**Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing**

**2008 Local Action Steps**

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Develop improved project evaluation criteria and standards	Coordinator, Homeless Action Network of Detroit
Action Step 2	Implement project evaluation standards	Coordinator, Homeless Action Network of Detroit
Action Step 3	Identify TH providers not meeting standards and provide technical assistance as needed	Coordinator, Homeless Action Network of Detroit

**Proposed Numeric Achievements**

	%/Beds/Households
Baseline (Current Level)	64
Numeric Achievement in 12 months	65
Numeric Achievement in 5 years	67
Numeric Achievement in 10 years	69

**CoC 10-Year Plan, Objectives and Action Steps Detail**

**Instructions:**

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Increase percentage of homeless persons employed at exit to at least 19%

**Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing**



**2008 Local Action Steps**

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Identify national best-practices on employment for people who are homeless	Coordinator, Homeless Action Network of Detroit
Action Step 2	Provide training and technical assistance to homeless service providers to maintain employment outcomes	Coordinator, Homeless Action Network of Detroit
Action Step 3		

**Proposed Numeric Achievements**

	%/Beds/Households
Baseline (Current Level)	22
Numeric Achievement in 12 months	23
Numeric Achievement in 5 years	25
Numeric Achievement in 10 years	27

**CoC 10-Year Plan, Objectives and Action Steps Detail**

**Instructions:**

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Select Objective:** Decrease the number of homeless households with children

**Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing**

**2008 Local Action Steps**

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
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<b>Action Step 1</b>	Provide housing for approximately 100 homeless families through the Rapid Re-housing for Families Initiative	Executive Director, Coalition on Temporary Shelter
<b>Action Step 2</b>	Identify ways in which current resources may be reallocated to better serve homeless families	Coordinator, Homeless Action Network of Detroit
<b>Action Step 3</b>		

### Proposed Numeric Achievements

	%/Beds/Households
<b>Baseline (Current Level)</b>	1,520
<b>Numeric Achievement in 12 months</b>	1,490
<b>Numeric Achievement in 5 years</b>	1,374
<b>Numeric Achievement in 10 years</b>	1,242

## 3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

### Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Foster Care Discharge Protocol:** Formal Protocol Implemented  
**Health Care Discharge Protocol:** Formal Protocol Implemented  
**Mental Health Discharge Protocol:** Formal Protocol Implemented  
**Corrections Discharge Protocol:** Formal Protocol Implemented

## **3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives**

**For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.**

### **Foster Care Discharge**

**For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.**

**Must attach protocol copy. Go to 3D.Discharge Planning Attachments page**

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, including discharge into HUD McKinney-Vento programs. 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 Discharge**

**For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.**

**Must attach protocol copy. Go to 3D.Discharge Planning Attachments page**

Discharge planning is done by the individual hospitals, and attached is a discharge policy from one of the largest hospitals in the Detroit community. This policy is included as an example of the type of policies used at hospitals in this community.

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 by the individual hospitals. The Michigan Primary Care Association (MPCA), however, works actively with Federally Qualified Health Centers (FQHCs) 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, FQHCs 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. The protocols and policies are designed to prevent discharge into homelessness or discharge to HUD McKinney-Vento programs.

### **Mental Health Discharge**

**For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.**

**Must attach protocol copy. Go to 3D.Discharge Planning Attachments page**

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 as well as food, clothing, physical health care, employment, education, legal services, and transportation is included in the list of needs that must be appropriately addressed as a function of mental health discharge planning. As such, formal systems policy, protocol, and historical practice all help to assure that persons exiting our public mental health system are not discharged into homelessness, including discharge to HUD McKinney-Vento programs.

### **Corrections Discharge**

**For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.**

**Must attach protocol copy. Go to 3D.Discharge Planning Attachments page**

Lack of appropriate housing is recognized by the Michigan Department of Corrections (MDOC) as a major barrier to the successful reentry of returning prisoners. As such, safe affordable housing is often one of the key elements identified for funding within the Departments 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.

Each communitys Comprehensive Plan includes an assessment of local housing issues and proposals for local solutions for housing assistance. Rent subsidy, move-in deposits and funding for limited-term transitional placements have been common elements funded in local plans. Parolees with substance abuse, mental and physical health disabilities or issues, and other hard-to-place returning prisoners are generally referred to appropriate transitional and treatment supports, and additional aid if needed, is provided through traditional housing services. During the 2008 fiscal year, MDOC is expected to allocate approximately \$2 million to the Prisoner Re-entry Program.

### 3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Foster Care Disch...	09/30/2008
Mental Health Discharge Protocol	No	Mental Health Dis...	09/30/2008
Corrections Discharge Protocol	No	Corrections Disch...	09/30/2008
Health Care Discharge Protocol	No	Hospital Discharge	10/02/2008

## Attachment Details

**Document Description:** Foster Care Discharge Protocol

**Please Note:** Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

## Attachment Details

**Document Description:** Mental Health Discharge Protocol

**Please Note:** Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

## Attachment Details

**Document Description:** Corrections Discharge Protocol

**Please Note:** Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

## Attachment Details

**Document Description:** Hospital Discharge

**Please Note:** Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.



### 3E. Continuum of Care (CoC) Coordination

**CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.**

**Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness?** Yes

**If yes, briefly list a few of the goals included in the Consolidated Plan:** expand the supply of affordable, safe, supportive housing  
strengthen and expand efforts to prevent homelessness  
increase awareness and utilization of mainstream services and community resources

**Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)?** No

**Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness?** Yes

**If yes, briefly list a few of the goals included in the 10-year plan(s):**

Goal 1: Provide safe, affordable, supportive, and long-term housing solutions for people who are homeless or at risk of becoming homeless.

Goal 1, Objective 3: Increase supply of access to permanent supportive housing and transitional housing for those who are chronically homeless or have other special needs

Goal 1, Objective 4: Increase supply of access to quality affordable housing targeted to families who are homeless or at-risk of becoming homeless.

### 3F. Hold Harmless Need (HHN) Reallocation

**Instructions:**

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

**Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)?** Yes

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

### 3G. Hold Harmless Need (HHN) Reallocation - Summary of Grant(s) Eliminated

Indicate whether or not any SHP grant(s) will be eliminated during the 2008 reallocation process. If no grants are being eliminated, enter "0" in all fields and select "PH" from component type drop-down menu. Click on the icon to enter the grant(s) that will be eliminated during the 2008 reallocation process.

Total Amount of Eliminated SHP Grants  
(available for funding new grants)

\$0

Expiring Grant Name	Expiring Grant Number	Component Type	Annual Renewal Amount
0	0	PH	\$0

## 3G. Hold Harmless Need (HHN) Reallocation - SHP Grant Eliminated Detail

**Instructions:**

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be eliminated and made available for new projects through elimination of expiring renewal grants. Refer to the NOFA for additional guidance on reallocating projects.

**Complete the following information for each SHP grant being eliminated during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by the HUD to help complete the information. If no SHP grants are being eliminated, enter "0" in all fields and select "PH" from component type drop-down menu.**

**Expiring Grant Name:** 0

**Expiring Grant Number:** 0

**Component Type:** PH

**Annual Renewal Amount:** \$0

### 3H. Hold Harmless Need (HHN) Reallocation - Summary of SHP Grant(s) Reduced

Indicate whether or not any SHP grant(s) will be reduced during the 2008 reallocation process. If no grants are being reduced enter "0" in all fields. Click on the icon to enter the grant(s) that will be reduced during the 2008 reallocation process.

Amount Available for New Grant  
(from all listed grants)

\$479,827

Priority Number	Expiring Grant Name	Expiring Grant Number	Project Name	Annual Renewal Amount	Amount Remaining	Amount available for new grant
25	Alternatives for ...	MI 28B 7010 17	---	\$124142	\$111728	\$12414
43	Community Living ...	MI 28B 7010 18	---	\$756139	\$680525	\$75614
50	Catholic Social S...	MI 28B 7010 31	---	\$201575	\$181418	\$20157
20	COTS SAFAH	MI 28B 7010 21	---	\$75843	\$68259	\$7584
29	Southwest Housing...	MI 28B 7010 35	---	\$125183	\$112665	\$12518
38	Detroit East New ...	MI 28B 7010 24	---	\$142014	\$127813	\$14201
51	JVS Career Initia...	MI 28B 7010 14	---	\$907155	\$816440	\$90715
47	Mariner's Inn Res...	MI 28B 7010 29	---	\$146928	\$132235	\$14693
16	Neighborhood Lega...	MI 28B 701016	---	\$853435	\$768092	\$85343
42	The Salvation Arm...	MI 28B 7010 27	---	\$518125	\$466313	\$51812
21	Southwest Housing...	MI 28B 7010 33	---	\$225532	\$202979	\$22553
22	Traveler's Aid So...	MI 28B 7010 39	---	\$89617	\$80655	\$8962
19	United Community ...	MI 28B 7010 42	---	\$632613	\$569352	\$63261

## 3H. Hold Harmless Need (HHN) Reallocation - SHP Grants

### Reduced Detail

#### Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

**Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.**

**2008 Priority Number:** 25

**Expiring Grant Name:** Alternatives for Girls

**Expiring Grant Number:** MI 28B 7010 17

**Annual Renewal Amount:** \$124142

**Retained Amount for Expiring Grant:** \$111728

**Amount available for new grant:** \$12414  
(select "Save" to auto-calculate this total)

## 3H. Hold Harmless Need (HHN) Reallocation - SHP Grants

### Reduced Detail

#### Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

**Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.**

**2008 Priority Number:** 43

**Expiring Grant Name:** Community Living Services Homeless Assessment and Supportive Services

**Expiring Grant Number:** MI 28B 7010 18

**Annual Renewal Amount:** \$756139

**Retained Amount for Expiring Grant:** \$680525

**Amount available for new grant:** \$75614  
(select "Save" to auto-calculate this total)

### 3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

#### Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

**Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.**

**2008 Priority Number:** 50

**Expiring Grant Name:** Catholic Social Services Teen Empowerment Program

**Expiring Grant Number:** MI 28B 7010 31

**Annual Renewal Amount:** \$201575

**Retained Amount for Expiring Grant:** \$181418

**Amount available for new grant:** \$20157  
(select "Save" to auto-calculate this total)

### 3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

#### Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

**Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.**

**2008 Priority Number:** 20

**Expiring Grant Name:** COTS SAFAH

**Expiring Grant Number:** MI 28B 7010 21

**Annual Renewal Amount:** \$75843

**Retained Amount for Expiring Grant:** \$68259

**Amount available for new grant:** \$7584  
(select "Save" to auto-calculate this total)

### 3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

#### Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

**Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.**

**2008 Priority Number:** 29

**Expiring Grant Name:** Southwest Housing Partners

**Expiring Grant Number:** MI 28B 7010 35

**Annual Renewal Amount:** \$125183

**Retained Amount for Expiring Grant:** \$112665

**Amount available for new grant:** \$12518  
(select "Save" to auto-calculate this total)



## 3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

### Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

**Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.**

**2008 Priority Number:** 38

**Expiring Grant Name:** Detroit East New Beginnings

**Expiring Grant Number:** MI 28B 7010 24

**Annual Renewal Amount:** \$142014

**Retained Amount for Expiring Grant:** \$127813

**Amount available for new grant:** \$14201  
(select "Save" to auto-calculate this total)

## 3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

### Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

**Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.**

**2008 Priority Number:** 51**Expiring Grant Name:** JVS Career Initiative Center**Expiring Grant Number:** MI 28B 7010 14**Annual Renewal Amount:** \$907155**Retained Amount for Expiring Grant:** \$816440**Amount available for new grant:** \$90715  
(select "Save" to auto-calculate this total)

### 3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

**Instructions:**

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

**Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.**

**2008 Priority Number:** 47**Expiring Grant Name:** Mariner's Inn Residential Treatment Program**Expiring Grant Number:** MI 28B 7010 29**Annual Renewal Amount:** \$146928**Retained Amount for Expiring Grant:** \$132235**Amount available for new grant:** \$14693  
(select "Save" to auto-calculate this total)

### 3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

**Instructions:**

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

**Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.**

**2008 Priority Number:** 16

**Expiring Grant Name:** Neighborhood Legal Services Michigan Project Permanency One

**Expiring Grant Number:** MI 28B 701016

**Annual Renewal Amount:** \$853435

**Retained Amount for Expiring Grant:** \$768092

**Amount available for new grant:** \$85343  
(select "Save" to auto-calculate this total)

### 3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

#### Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

**Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.**

**2008 Priority Number:** 42

**Expiring Grant Name:** The Salvation Army Target Home

**Expiring Grant Number:** MI 28B 7010 27

**Annual Renewal Amount:** \$518125

**Retained Amount for Expiring Grant:** \$466313

**Amount available for new grant:** \$51812  
(select "Save" to auto-calculate this total)

## 3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

### Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

**Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.**

**2008 Priority Number:** 21

**Expiring Grant Name:** Southwest Housing Solutions Springwells Partners

**Expiring Grant Number:** MI 28B 7010 33

**Annual Renewal Amount:** \$225532

**Retained Amount for Expiring Grant:** \$202979

**Amount available for new grant:** \$22553  
(select "Save" to auto-calculate this total)

## 3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail

### Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

**Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.**

**2008 Priority Number:** 22

**Expiring Grant Name:** Traveler's Aid Society of Metropolitan Detroit  
SHOP III

**Expiring Grant Number:** MI 28B 7010 39

**Annual Renewal Amount:** \$89617

**Retained Amount for Expiring Grant:** \$80655

**Amount available for new grant:** \$8962  
(select "Save" to auto-calculate this total)

### **3H. Hold Harmless Need (HHN) Reallocation - SHP Grants Reduced Detail**

#### **Instructions:**

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be reduced and made available for new projects through reduction of expiring renewal grants.

To ensure that the CoC has completed this process correctly, the "amount available for new grant" will auto-calculate.

Refer to the NOFA for additional guidance on reallocating projects.

**Complete the following information for each grant being reduced during the 2008 reallocation process. CoCs are encouraged to use the SHP Grant Inventory worksheet approved by HUD to help complete the information. If no grants are being reduced enter "0" in all fields.**

**2008 Priority Number:** 19

**Expiring Grant Name:** United Community Housing Coalition Permanent  
Supportive Housing for the Homeless

**Expiring Grant Number:** MI 28B 7010 42

**Annual Renewal Amount:** \$632613

**Retained Amount for Expiring Grant:** \$569352

**Amount available for new grant:** \$63261  
(select "Save" to auto-calculate this total)

### 3I. Hold Harmless Need (HHN) Reallocation - Summary of Proposed New Project(s)

Click on the icon to enter the new grant(s) being created through the 2008 reallocation process.

Total Amount of New Projects  
(total transferred to new projects)

\$479,640

Current Priority #	Project Name	Program Type	Component Type	Transferred Amount
2	N...	S+C	SRA	\$479,640

## 3I.Hold Harmless Need (HHN) Reallocation - Proposed New Project Detail

### Instructions:

The purpose of this chart is to assist CoCs eligible for Hold Harmless Reallocation to identify the funds that will be transferred from reduced and eliminated grants to new permanent housing projects through the reallocation process. The total amount requested for new projects can not exceed the amount being reduced or eliminated from expiring grants.

Refer to the NOFA for additional guidance on reallocating projects.

**Complete the following information for the each new project being proposed in the 2008 reallocation process. The total amount requested for new projects must not exceed the total amount reallocated from reduced and eliminated grants.**

**2008 Priority Number:** 2

**Project Name:** New NSO/COTS S+C funding

**Program Type:** S+C

**Component Type:**

**Request Transfer Amount:** \$479,640

## 3J. Hold Harmless Need (HHN) Reallocation - Reallocation Balance

**Instructions:**

To ensure that the CoC has completed this process correctly, the values contained in these fields are auto-calculated. A zero value in the "Remaining Reallocation Balance" indicates that all available funds have been used. If funds are remaining, excess can not be retained for future use.

Reallocated funds available for new project(s)	\$479,827
Amount requested for new project(s)	\$479,640
Remaining Reallocation Balance	\$187



## 4A. Continuum of Care (CoC) 2007 Achievements

### Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	90	Beds	49	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	75	%	79	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	62	%	64	%
Increase percentage of homeless persons employed at exit to at least 18%	23	%	22	%
Ensure that the CoC has a functional HMIS system	77	%	80	%

## 4B. Continuum of Care (CoC) Chronic Homeless Progress

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	1,338	425
2007	1,503	543
2008	1,503	394

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008 49

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$232,078	\$205,040	\$0	\$0	\$0
Total	\$232,078	\$205,040	\$0	\$0	\$0

## 4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	286
b. Number of participants who did not leave the project(s)	730
c. Number of participants who exited after staying 6 months or longer	207
d. Number of participants who did not exit after staying 6 months or longer	594
e. Number of participants who did not leave and were enrolled for 5 months or less	136
<b>TOTAL PH (%)</b>	<b>79</b>
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	1188
b. Number of participants who moved to PH	758
<b>TOTAL TH (%)</b>	<b>64</b>

## 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

**Total Number of Exiting Adults: 4,222**

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	505	12 %
SSDI	131	3 %
Social Security	43	1 %
General Public Assistance	188	4 %
TANF	518	12 %
SCHIP	6	0 %
Veterans Benefits	108	3 %
Employment Income	935	22 %
Unemployment Benefits	53	1 %
Veterans Health Care	207	5 %
Medicaid	387	9 %
Food Stamps	1,501	36 %
Other (Please specify below)	263	6 %
DHS assistance, State disability assistance, FIP, child support		
No Financial Resources	1,390	33 %

**The percentage values are automatically calculated by the system when you click the "save" button.**

## 4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

### Instructions:

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

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or 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; or 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. The "Section 3 clause" can be found at 24 CFR Part 135.

**Has the CoC notified its members of the Energy Star Initiative?** Yes

**Are any projects within the CoC requesting funds for housing rehabilitation or new construction?** No

## 4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

**Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs?** Yes

**If 'Yes', describe the process and the frequency that it occurs.**

Project APRs are reviewed on a yearly basis by the CoC to determine the projects performance in improving client access to mainstream resources. This performance is one criteria taken into considering during the Continuums project ranking process.

**Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?** Yes

**If "Yes", indicate all meeting dates in the past 12 months.**

October 1, 2007  
 October 31, 2007  
 January 15, 2008  
 March 18, 2008  
 June 19, 2008  
 September 25, 2008

**Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?** Yes

**Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?** Yes

**If yes, identify these staff members** Provider Staff

**Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.** Yes

**If "Yes", specify the frequency of the training.** Monthly or more

**Does the CoC uses HMIS to screen for benefit eligibility?** No

**If "Yes", indicate for which mainstream programs HMIS completes screening.**

**Has the CoC participated in SOAR training?** Yes

**If "Yes", indicate training date(s).**

September 20-21, 2007  
September 26-27, 2007  
November 1-2, 2007  
January 23-24, 2008  
February 6-7, 2008  
June 4-5, 2008  
May 7-8, 2008  
April 22-23, 2008

## 4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

**Indicate the percentage of homeless assistance providers that are implementing the following activities:**

Activity	Percentage
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	91%
<p>A significant number of programs that assist clients with applying for mainstream benefits have received SOAR training, and use the skills and strategies gained through that training process. In general, a clients need and eligibility for mainstream benefits is identified during the intake/ assessment process and incorporated into the individual plan of service. Case managers assist clients in obtaining the forms to fill out, completing and submitting the forms, and advocating with the benefit provider on behalf of the client as needed.</p>	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>	100%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	23%
<p>Several providers assist clients with completing an application for assistance from the Michigan Department of Human Service. This application is for assistance with food stamps, cash assistance, Medicaid, and TANF.</p>	
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>	100%
<b>4a. Describe the follow-up process:</b>	
<p>In general, case managers provide follow up through regular home/office visits with clients to ensure mainstream benefits are received. Case managers work with representatives from the mainstream benefit provider to advocate for the clients and to ensure the client is receiving all the benefits he/she is entitled to. When mainstream benefits are received, clients are generally asked to provide a copy of documentation of the benefit, which is included in the client file.</p>	



## Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

**Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).**

**Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.**

**Indicate the section applicable to the CoC Lead Agency: Part A**

# Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

## Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p><b>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</b></p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	Yes
<p><b>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</b></p>	No
<p><b>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</b></p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	Yes
<p><b>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</b></p>	No
<p><b>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</b></p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	No
<p><b>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</b></p>	

## Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (<a href="http://www.huduser.org/publications/destech/smartcodes.html">http://www.huduser.org/publications/destech/smartcodes.html</a>)</p>	Yes
<p>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	Yes
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	Yes
<p>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	No
<p>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</p>	No
<p>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	No

### Part A - Page 3

<p><b>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</b></p> <p><b>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</b></p>	<p>No</p>
<p><b>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</b></p> <p><b>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</b></p>	<p>No</p>
<p><b>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</b></p>	<p>No</p>
<p><b>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</b></p>	<p>No</p>
<p><b>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</b></p>	<p>No</p>
<p><b>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</b></p>	<p>No</p>
<p><b>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</b></p>	<p>No</p>

## Continuum of Care (CoC) Project Listing

### Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Homeless Managem e...	2008-10-01 09:27:...	1 Year	Homeless Action N...	190,273	Renewal Project	SHP	HMIS	F15
Genesis House II	2008-09-15 22:46:...	1 Year	Detroit Rescue Mi...	1,057,722	Renewal Project	SHP	TH	F44
Samaritan Center	2008-09-18 13:21:...	1 Year	Detroit Rescue Mi...	622,667	Renewal Project	SHP	TH	F27
Douglas Project	2008-09-15 22:29:...	1 Year	Detroit Rescue Mi...	543,533	Renewal Project	SHP	TH	F36
Genesis House I /...	2008-09-18 13:32:...	1 Year	Detroit Rescue Mi...	406,740	Renewal Project	SHP	TH	F39
My Own Place	2008-09-15 22:48:...	1 Year	Detroit Rescue Mi...	220,333	Renewal Project	SHP	PH	F8
Veterans Independ..	2008-09-18 13:16:...	1 Year	Detroit Rescue Mi...	447,580	Renewal Project	SHP	TH	F30
The Oasis	2008-09-18 13:20:...	1 Year	Detroit Rescue Mi...	759,593	Renewal Project	SHP	TH	F23
Maranatha	2008-09-18 13:23:...	1 Year	Detroit Rescue Mi...	493,646	Renewal Project	SHP	PH	F6
Detroit Rescue Mi...	2008-09-15 22:25:...	1 Year	Detroit Rescue Mi...	426,160	Renewal Project	SHP	TH	F37
Detroit Veterans ...	2008-09-30 14:13:...	1 Year	Michigan Veterans...	709,836	Renewal Project	SHP	TH	F17
SHOP II	2008-09-19 16:06:...	1 Year	Travelers Aid Soc...	209,811	Renewal Project	SHP	TH	F26
SHOP III	2008-09-19 16:05:...	1 Year	Travelers Aid Soc...	80,656	Renewal Project	SHP	SSO	F22

Detroit CoC							COC_REG_v10_000017	
Infinity	2008-09-19 16:07:...	1 Year	Travelers Aid Soc...	918,428	Renewal Project	SHP	PH	F5
SHOP I	2008-09-19 16:06:...	1 Year	Travelers Aid Soc...	218,768	Renewal Project	SHP	TH	F45
BEIT	2008-09-19 16:08:...	1 Year	Travelers Aid Soc...	854,082	Renewal Project	SHP	PH	F10
Project Permanen c...	2008-09-12 12:01:...	1 Year	Neighborhood Lega...	768,091	Renewal Project	SHP	SSO	F16
Teen Infant and P...	2008-09-15 15:39:...	1 Year	Catholic Social S...	217,209	Renewal Project	SHP	TH	F24
Teen Infant and P...	2008-09-15 15:48:...	1 Year	Catholic Social S...	138,409	Renewal Project	SHP	TH	F35
SUPPORTIVE HOUSIN...	2008-09-15 15:25:...	1 Year	CHARTER COUNTY OF...	127,813	Renewal Project	SHP	SSO	F38
Rights of Passage...	2008-09-15 15:05:...	1 Year	Covenant House Mi...	400,233	Renewal Project	SHP	TH	F32
New Beginnings	2008-09-24 15:27:...	1 Year	Coalition On Temp...	301,208	Renewal Project	SHP	TH	F48
Buersmeyers Manor	2008-09-30 16:39:...	1 Year	Coalition On Temp...	135,339	Renewal Project	SHP	PH	F13
Project M.O.M.M. A.	2008-09-17 16:32:...	1 Year	Alternative s For ...	111,726	Renewal Project	SHP	SSO	F25
SHELTER PLUS CARE...	2008-09-15 15:22:...	1 Year	CHARTER COUNTY OF...	40,380	Renewal Project	S+C	PRA	U53
Shelter Plus Care...	2008-09-23 15:34:...	1 Year	Michigan Departme..	633,864	Renewal Project	S+C	SRA	U56
Target Home Program	2008-09-19 11:53:...	1 Year	The Salvation Arm...	466,313	Renewal Project	SHP	SSO	F42
Shelter Plus Care...	2008-09-15 16:34:...	1 Year	Michigan Departme..	533,220	Renewal Project	S+C	SRA	U52
Hubbell Manor	2008-09-11 15:01:...	1 Year	Simon House	88,674	Renewal Project	SHP	PH	F4
West Grand Boulevard	2008-09-30 17:01:...	1 Year	Coalition On Temp...	105,546	Renewal Project	SHP	TH	F40
New American Home...	2008-10-01 09:20:...	1 Year	Freedom House	379,819	Renewal Project	SHP	TH	F34

Detroit CoC							COC_REG_v10_000017		
Residential Progr...	2008-09-16 21:27:...	1 Year	Mariners Inn	132,235	Renewal Project	SHP	SSO	F47	
extended residenc...	2008-09-16 21:27:...	1 Year	Mariners Inn	243,585	Renewal Project	SHP	PH	F14	
Springwell s Partners	2008-09-15 16:00:...	1 Year	Southwest Housing...	202,978	Renewal Project	SHP	SSO	F21	
transitional housing	2008-09-15 11:54:...	1 Year	Mariners Inn	289,004	Renewal Project	SHP	TH	F49	
Mom's Place and M...	2008-09-14 17:06:...	1 Year	Cass Communit y So...	245,022	Renewal Project	SHP	TH	F41	
Peterboro Transit...	2008-09-30 16:43:...	1 Year	Coalition On Temp...	84,980	Renewal Project	SHP	TH	F18	
Peggy's Place	2008-09-30 16:58:...	1 Year	Coalition On Temp...	660,686	Renewal Project	SHP	TH	F46	
Supportive Housin...	2008-09-19 21:04:...	1 Year	Positive Images	700,009	Renewal Project	SHP	TH	F28	
SHELTER PLUS CARE...	2008-09-18 17:17:...	1 Year	CHARTER COUNTY OF...	286,512	Renewal Project	S+C	SRA	U59	
CCSS Safe Haven f...	2008-09-14 16:51:...	1 Year	Cass Communit y So...	420,000	Renewal Project	SHP	SH	F31	
SAFAH	2008-09-24 15:28:...	1 Year	Coalition On Temp...	68,259	Renewal Project	SHP	SSO	F20	
Career Initiative...	2008-09-18 12:24:...	1 Year	Jewish Vocational. ..	816,441	Renewal Project	SHP	SSO	F51	
Wilshire Apartment s	2008-09-15 16:08:...	1 Year	Southwest Housing...	129,539	Renewal Project	SHP	PH	F7	
SUPPORT IVE HOUSIN...	2008-09-15 15:25:...	1 Year	CHARTER COUNTY OF...	443,940	Renewal Project	SHP	PH	F12	
Permanent Support...	2008-09-15 12:58:...	1 Year	United Communit y ...	569,351	Renewal Project	SHP	SSO	F19	
Shelter Plus Care...	2008-09-25 11:58:...	1 Year	Michigan Departme.. .	300,864	Renewal Project	S+C	SRA	U58	
Transitiona l Hous...	2008-09-14 16:59:...	1 Year	Cass Communit y So...	188,725	Renewal Project	SHP	TH	F33	
New Shelter Plus ...	2008-10-06 11:37:...	5 Years	Michigan Departme.. .	1,897,860	New Project	S+C	SRA	S1	

Detroit CoC							COC_REG_v10_000017		
FAMILY RESPONSE: ...	2008-10-06 11:17:...	3 Years	Southwest Counsel...	1,983,708	New Project	SHP	TH	R3	
New NSO/COTS S+C...	2008-09-25 10:01:...	5 Years	Michigan Departme..	479,640	New Project	S+C	SRA	F2	
Homeless Assessme..	2008-09-15 11:13:...	1 Year	Communit y Living ...	680,525	Renewal Project	SHP	SSO	F43	
Shelter Plus Care...	2008-09-15 16:27:...	1 Year	Michigan Departme..	179,256	Renewal Project	S+C	SRA	U57	
Shelter Plus Care...	2008-09-24 11:29:...	1 Year	Michigan Departme..	282,960	Renewal Project	S+C	SRA	U60	
Shelter Plus Care...	2008-09-24 16:03:...	1 Year	Michigan Departme..	88,836	Renewal Project	S+C	SRA	U54	
Catholic Social S...	2008-09-15 15:30:...	1 Year	Catholic Social S...	181,418	Renewal Project	SHP	SSO	F50	
Supportive Housing	2008-09-19 11:59:...	1 Year	Detroit Central C...	990,566	Renewal Project	SHP	PH	F9	
SUPPORTIVE HOUSIN...	2008-09-15 15:26:...	1 Year	CHARTER COUNTY OF...	393,073	Renewal Project	SHP	PH	F11	
Shelter Plus Care...	2008-09-25 15:53:...	1 Year	Michigan Departme..	292,920	Renewal Project	S+C	SRA	U55	
SUPPORTIVE HOUSIN...	2008-09-15 15:27:...	1 Year	CHARTER COUNTY OF...	112,665	Renewal Project	SHP	SSO	F29	



## Budget Summary

<b>FPRN</b>	\$19,432,849
<b>Rapid Re-Housing</b>	\$1,983,708
<b>Samaritan Housing</b>	\$1,897,860
<b>SPC Renewal</b>	\$2,638,812
<b>Rejected</b>	\$0