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. If the information on this screen is not correct, contact the e-snaps help desk.

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 are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- 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 (HAND)

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

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) 53%

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	X
Other:	X

Specify "other" process(es):

Recruited by board members.

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

HAND¿s by-laws stipulate the composition of the Board to allow for inclusive representation from key stakeholders within the community, including at a minimum individuals who are formerly homeless, a person designated by the Mayor of the City of Detroit, and executives from the private and public sector to be elected annually. The HAND Board of Directors has a Nominating Committee which recommends Board members for election. This committee reviews the nomination form, resume, conducts an interview and makes recommendations to the full Board of Directors whether or not to extend to the candidate the offer of membership on the Board. The Board of Directors then votes on this recommendation. Vacant Board seats may be filled by appointment.

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

If administrative funds were made available 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 a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

HAND serves as the lead agency for the Detroit CoC, and currently does carry out activities such as applying for HUD funding. HAND also provides ongoing project oversight and monitoring of project outcomes. HAND is currently engaged in a strategic planning process to set goals and objectives for increasing the organization¿s capacity, and to position itself to be a candidate to be the Unified Funding Agency in Detroit. This planning process will bring to light those areas of administrative and/or programmatic capacity which need to be strengthened, and the strategies HAND will use to strengthen them. With additional administrative funds from HUD, HAND is confident it would be able to carry out the duties of a Unified Funding Agency.

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

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Executive Committee	Comprised of officers of the HAND board of directors and committee chairs, the Executive Committee acts on behalf of the board of directors and makes decisions that arise between meetings.	Bi-monthly
Detroit Team to End Chronic Homelessness (DTECH)	Role of this committee is to increase supportive housing opportunities for homeless and chronic homeless organizations by sharing information, opportunities and best practices, monitoring and reporting on MSHDA and SOAR project and making policy recommendations. This group is comprised of cross-sector representation that identifies and addresses barriers to housing the homeless and improving access to mainstream resources.	Bi-monthly
Project Review Committee	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.	Bi-monthly
Membership Committee	The role of this committee is to provide member agencies with technical assistance and training, best practices, referrals and other tools to increase their effectiveness. This committee also provides planning for bi-monthly CoC meetings.	Monthly or more
Communications Committee	The role of this committee is to promote HAND as a resource, conduit and coalition for the effective engagement of public and political will to combat homelessness.	Bi-monthly

If any group meets less than quarterly, please explain (limit 750 characters):

1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Michigan State Housing Development Authority	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Michigan Department of Community Health	Public Sector	State g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Michigan Prisoner ReEntry Initiative	Public Sector	State g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Detroit/Wayne County Community Mental Health Ag...	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
City of Detroit Planning and Development Depart...	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Detroit Department of Health and Wellness Promo...	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Detroit Public Schools	Public Sector	School ...	Primary Decision Making Group, Attend 10-year planning me...	Youth
University of Detroit Mercy	Public Sector	School ...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Detroit Police Department	Public Sector	Law enf...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Alternatives for Girls	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Youth, Subst...
Cass Community Social Services	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Catholic Social Services Wayne County	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Youth
Coalition on Temporary Shelter	Private Sector	Non-pro...	Primary Decision Making Group, Attend Consolidated Plan p...	Veterans, Do...
Community and Educational Services for Families...	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Seriously Me...
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	Youth, Subst...
Deeper Life Outreach Ministries	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Youth, Subst...
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...	Primary Decision Making Group, Attend Consolidated Plan p...	Substance Abuse
Development Centers, Inc.	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Emmanuel House	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Veterans, Su...
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...	Primary Decision Making Group, Lead agency for 10-year pl...	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	Veterans, Se...
JVS	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
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	Veterans, Se...
Mariner's Inn	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Seriously Me...

Matrix Human Services	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Youth, Subst...
Joseph Walsh	Private Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Wo...	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...	Primary Decision Making Group, Attend 10-year planning me...	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...	Domestic Vio...
Effective Alternative Community Housing	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Veterans, Su...
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...	Primary Decision Making Group, Attend 10-year planning me...	Domestic Vio...
Positive Images	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Domestic Vio...
Serenity Services	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
Simon House	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Substance Ab...
Shelters of Love	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Southwest Counseling Solutions	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	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...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Traveler's Aid Society of Metropolitian 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	Domestic Vio...
United Way 211 On-the-Go	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months	Veterans, Do...
Detroit City Council	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Detroit Housing Commission	Public Sector	Public ...	Committee/Sub-committee/Work Group	NONE
Corporation for Supportive Housing	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months, C...	NONE
The McGregor Fund	Private Sector	Funder ...	Committee/Sub-committee/Work Group	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
Wayne County Department of Human Services	Public Sector	Local g...	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Veterans Administration	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months	Veterans
Wayne County Community Collaborative	Public Sector	Other	Attend 10-year planning meetings during past 12 months	NONE
Office of Senator Carl Levin	Public Sector	Other	Committee/Sub-committee/Work Group	NONE
U.S. Department of Housing and Urban Development	Public Sector	Other	Attend 10-year planning meetings during past 12 months	NONE
Abayomi CDC	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Youth
Accupuncture Treatment Concepts	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Seriously Me...
The Ark Association	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Seriously Me...

City Connect Detroit	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months	NONE
Colin L. Powell, AMVETS Post 910	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Veterans
Community & Home Supports	Private Sector	Non-pro...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Detroit Area Agency on Aging	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Veterans, HI...
Disability Network	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Emmanuel House 1 & 2	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Helping Unite Mothers and Children (HUMAC)	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Youth, Subst...
HOB Consulting and Management	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
Looking for My Sister	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Domestic Vio...
Volunteers of America	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Veterans
YWCA	Private Sector	Non-pro...	Attend 10-year planning meetings during past 12 months	Youth
Capuchin Soup Kitchen	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Judah Transitional & Recovery Home	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
LightHouse Home Mission	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	Veterans, Su...
Aaron & Aaron LLC	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	Domestic Vio...
Write On! LLC	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months	NONE
St. John Community Health Center	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE

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

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods: (select all that apply)	e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership
Rating and Performance Assessment Measure(s): (select all that apply)	b. Review CoC Monitoring Findings, k. Assess Cost Effectiveness, c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience
Voting/Decision-Making Method(s): (select all that apply)	a. Unbiased Panel/Review Commitee, e. Consensus (general agreement), f. Voting Members Abstain if Conflict of Interest
Were there any written complaints received by the CoC regarding any matter in the last 12 months?	No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

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

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

The 2009 HIC is reporting fewer year-round beds for individuals and families than in the 2008 HIC.

A few shelters on the 2008 HIC were not reported in the 2009 HIC due to their PIT and Housing Inventory information not being able to be gathered on the night of the PIT.

A large family shelter reported in the 2008 HIC closed in Sept. 2008. A smaller family shelter opened late 2008 to help absorb this loss of beds, but there are fewer family beds due to the closing of this shelter.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

The 2009 HIC reflects an increase of TH beds for both individuals and families. Factors for this change include:

¿TBRA programs: On the 2008 HIC a TBRA program was not fully leased up, and had units ¿under development¿. In the 2009 HIC this program was completely leased up. Another TBRA program for individuals was able to expand the number of vouchers available.
¿There were two new TH programs reported on the 2009 HIC

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

The 2009 HIC shows an increase in PH beds for both individuals and families due to a full leasing up of the HARP program. HARP are Section 8 vouches that are targeted to people who are homeless.

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

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	MI-501 2009 HIC	11/20/2009

Attachment Details

Document Description: MI-501 2009 HIC

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

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy) 01/28/2009

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

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

Must specify other:

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

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type: Statewide

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

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)	09/01/2004
Is this an actual or anticipated HMIS data entry start date?	Actual Data Entry Start Date
Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):	No or low participation by non-HUD funded providers

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

During the past year, implemented HMIS has been implemented at three additional non-HUD funded agencies. However, although the data entry continues to improve among the HUD and Michigan State Housing Development Authority (MSHDA) funded agencies, the Detroit CoC is still challenged by implementing and sustaining HMIS usage by non-HUD or non-MSHDA funded agencies. After we train non-funded agencies, some of them take a considerable amount of time before they actually begin to enter client data. Some agencies decide to not enter data at all, even after several attempts to offer coaching and emphasizing the benefits of participating in the HMIS project. The CoC does require that any agencies that apply for MSHDA and/or HUD funding to have implemented HMIS at their agency.

We plan to continue to encourage HMIS participation at non-HUD or MSHDA funded agencies; we will continue to provide ServicePoint training to end users at these agencies as well as customized coaching sessions.

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

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	Homeless Action Network of Detroit
Street Address 1	1600 Porter
Street Address 2	
City	Detroit
State	Michigan
Zip Code **Format: xxxxx or xxxxx-xxxx**	48216
Organization Type	Non-Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	No

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

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	
First Name	Amanda
Middle Name/Initial	
Last Name	Sternberg
Suffix	
Telephone Number: (Format: 123-456-7890)	313-963-6601
Extension	4115
Fax Number: (Format: 123-456-7890)	313-963-6851
E-mail Address:	asternberg@swsol.org
Confirm E-mail Address:	asternberg@swsol.org

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

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

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.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

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

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

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 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	5%	3%
* Date of Birth	1%	0%
* Ethnicity	2%	0%
* Race	1%	0%
* Gender	1%	0%
* Veteran Status	4%	3%
* Disabling Condition	12%	5%
* Residence Prior to Program Entry	10%	3%
* Zip Code of Last Permanent Address	12%	9%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

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

Did the CoC or subset of CoC participate in AHAR 5? 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 agencies participating in the HMIS (limit 750 characters):

¿Training classes provided on generating data quality reports
¿Agencies are recommended to run data quality reports on a monthly basis. There are 7 different data quality reports the agencies can use.
¿Job aids, individual, and group coaching sessions are provided
¿Help Desk assistance is provided during normal business hours
¿An increased focus is given to updating client data when client leaves the program; assists agency with tracking client and program outcomes
¿ShelterPoint has been implemented at larger shelters, allowing an end user to exit multiple people from the system at once
¿There are 5 different data reports provided to agencies that measure progress and can be used to correct data quality issues

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

¿Agencies sign Participation Agreements that specify data quality requirements
¿End users sign a User¿s Agreement that specifies data quality standards and receive training on entering and exiting clients from programs
¿The CoC uses data quality to score and rank HUD-funded renewal projects
¿Intake/exits dates are included on the HMIS client intake/exit forms
¿A backdating feature allows end users to enter a previous date if the client entered a program prior to the current date
¿End users are encouraged to use the ¿Length of Stay¿ data quality report to determine if clients need to be exited
¿The number of clients in the program as compared to the number of beds in the HIC serves as a measure on the HMIS Agency Progress Report

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

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

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

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

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

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

*** Unique user name and password**	**Annually**
*** 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 (mm/dd/yyyy):

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency 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. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

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		
Number of Households	93	137	0	230
Number of Persons (adults and children)	307	418	0	725

Households without Dependent Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	1,751	956	262	2,969
Number of Persons (adults and unaccompanied youth)	1,751	956	262	2,969

All Households/ All Persons

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	1,844	1,093	262	3,199
Total Persons	2,058	1,374	262	3,694

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 statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. 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.

	Sheltered	Unsheltered	Total
*** Chronically Homeless (Federal definition)**	369	77	446
*** Severely Mentally Ill**	418		418
*** Chronic Substance Abuse**	838		838
*** Veterans**	284		284
*** Persons with HIV/AIDS**	24		24
*** Victims of Domestic Violence**	228		228
*** Unaccompanied Youth (under 18)**	11		11

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

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will 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%.

How frequently does the CoC conduct a point-in-time count? Biennially

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/26/2011

Indicate the percentage of homeless service providers supplying population and subpopulation data that was 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:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- 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 emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

Emergency Shelter and Transitional Housing providers that were currently using HMIS as of the night of the count were required to record in HMIS the number of people in their program(s) on the night of the count. They were also to include the appropriate sub-population information.

Emergency Shelter and Transitional Housing providers not entering data into HMIS on the night of the count were surveyed on the number of clients in their programs and sub-population information for these clients. Follow-up phone calls and emails were completed as needed to both HMIS and non-HMIS using agencies to ensure the most accurate information possible was collected.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

The sheltered population data shows a decrease in the number of people in Emergency Shelter and Transitional Housing programs. This may be due to differences in the way in which the data is collected and analyzed in the HMIS and the HIC.

As the CoC completes the HIC, and the PIT information in the HIC, the CoC is being more restrictive on the types of programs ¿ particularly TH programs ¿ that are recorded in order to better align itself with HUD¿s instructions on this issue. Only those programs that are specifically targeted to the homeless are recorded in the HIC, and subsequently in the PIT. The CoC is still making improvement on this, and therefore it is likely that some of the TH programs that were reported in the PIT in 2007 were not reported in 2009 due to an understanding that they did not exclusively serve the homeless.

The CoC also made every attempt to collect PIT information from ES and TH providers that were not using HMIS. At times these providers were unresponsive to repeated attempts by the CoC to get PIT count information. Therefore, there were some providers from whom the CoC did not collect PIT information for 2009, although these providers may have given PIT information in 2007.

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

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

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

Method	Selected
HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

Emergency Shelter and Transitional Housing providers that were currently using HMIS as of the night of the count were required to record in HMIS the number of people in their program(s) on the night of the count. They were also to include the appropriate sub-population information.

Emergency Shelter and Transitional Housing providers not entering data into HMIS on the night of the count were surveyed on the number of clients in their programs and sub-population information for these clients. Follow-up phone calls and emails were completed as needed to both HMIS and non-HMIS using agencies to ensure the most accurate information possible was collected.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

Chronically Homeless: In 2009, the CoC is reporting an increase in the number of chronically homeless individuals in ES. This is most likely due to an improvement in ES providers data collection. The CoC is reporting a reduction in the number of unsheltered chronically homeless individuals. This is likely due to several factors. First, the unsheltered PIT numbers being reported are based on the actual numbers of people who reported being chronically homeless; no statistical analysis has been applied to this number. Therefore, it is significantly lower than the 2007 number which had been based on provider estimates. Secondly, the enumerators who worked on the night of the PIT were not able to get accurate information on chronicity from each person encountered.

Severely Mentally Ill, Veterans, HIV/AIDS, & D.V.: These categories all had fluctuations of less than 100 between 2007 & 2009 PIT numbers. This may be due to either more accurate HMIS data entry, over-estimations in 2007, or a combination of both factors.

Chronic Substance Abuse & Unaccompanied Youth: The significant decreases from 2007 may be due to difficulties in getting accurate HMIS data entry, over-estimations in 2007, or a combination of both factors.

Reporting accurate sub-population information is challenging when the numbers are examined on a PIT basis, as these characteristics often do not present themselves until after the client has been engaged in services for some length of time.

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

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:
- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

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

Instructions:	X
Training:	X
Remind/Follow-up	X
HMIS:	X
Non-HMIS de-duplication techniques:	
None:	
Other:	

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

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

Method	
Public places count:	
Public places count with interviews:	X
Service-based count:	X
HMIS:	X
Other:	

If Other, specify:

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

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.
¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.
¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Complete Coverage and Known Locations

If Other, specify:

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

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

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

Training:	X
HMIS:	X
De-duplication techniques:	
Other:	

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

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 person¿s 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.

When identifying information was collected through interviews for the unsheltered population (such as names or partial names) this information was entered into HMIS. A report was then generated from HMIS to identify those who may have been recorded twice during the street count. Adjustments were made to the unsheltered count as needed based on this report.

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 to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

Although the 2009 PIT numbers do not indicate there were unsheltered homeless families on the night of the count, the unfortunate reality is that there is a need for housing and supportive services for homeless families. The Detroit CoC is pursuing these resources through several means.

By early 2010, a new tenant-based rental assistance program for homeless families, and particularly families that have experienced domestic violence, will become available to the community. This program will provide temporary rental assistance to homeless families and work to get them connected to on-going, longer-term subsidies and supports.

The Detroit CoC is also submitting to HUD with this application a request for support of a new PSH project that will house both individuals and families. The change HUD has made in the Permanent Housing Bonus program is allowing the CoC to put greater attention on the needs of families.

Lastly, the Homeless Prevention and Rapid Rehousing (HPRP) program will provide needed housing assistance for many homeless families in Detroit.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

Within the Detroit CoC, there are a number of service providers providing outreach to individuals who generally avoid staying in shelters.

Over the past three 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.

In addition to Project Helping Hands, there are several other service providers in Detroit that have mobile teams conducting outreach to the homeless, including a number of PATH (Projects for Assistance in Transition from Homelessness) programs. The local United Way also has an innovative outreach program which makes direct contact with people on the streets and connects them with services.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

The last PIT conducted by the CoC was in Jan ¿07. When comparing the ¿07 unsheltered population to the 2009 unsheltered population, there is a decrease in the numbers being reported. This is due to several factors:

¿The unsheltered numbers reported from the ¿09 PIT are the raw, actual numbers of people counted. The reported ¿07 unsheltered numbers were based on a method of statistical extrapolation that the CoC was not able to replicate for ¿09. For ¿09, the CoC is simply reporting only the number of people actually counted and is not applying statistical analysis to the numbers. This method is in alignment HUD¿s published ¿A Guide for Counting Unsheltered Homeless People¿.

¿The CoC improved the training for enumerators. The enumerators were instructed to conduct interviews with as many unsheltered people as possible (making exceptions for people that were unapproachable). This improved training and increased attention to interviewing likely reduced the number of unsheltered people who were counted twice.

¿The differences in weather during the ¿07 and ¿09 PITs were also a factor impacting the enumerators¿ ability to find and count unsheltered homeless. The last week of Jan 09 was a long, prolonged, bitterly cold week. It is believed that by the night of the PIT, any people not in shelters had found ways to protect themselves from the cold, which may have included staying in abandoned buildings. Enumerators are not required to enter abandoned buildings for safety reasons.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

The Detroit CoC was awarded two new S+C projects for the chronically homeless in the 2008 CoC competition. These two new projects will result in close to sixty new beds of permanent supportive housing for the chronically homeless. It is expected that these projects will begin leasing up in early 2010. The CoC is also submitting a new project application under the Permanent Housing Bonus project in the 2009 CoC Homeless Assistance Grants competition. If funded, this project will result in new permanent supportive housing for people with disabilities, many of whom will be chronically homeless. Two new PSH projects are anticipated to being leasing up in the next 12 ¿ 18 months. It is anticipated that of the 305 total beds these two projects will provide, the majority of them will be occupied by the chronically homeless, even though only 77 of those beds are specifically targeted to that population. The CoC 10-Year Plan includes a goal to develop more PH for the chronically homeless.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

The Detroit Team to End Chronic Homelessness, a CoC committee, is composed of service providers, local and state govt and is responsible for providing oversight to funded programs that provide PSH for the CH. In the coming years, this committee will continue to identity ways to increase PH for the CH. The CoC is also a part of the cross-sector collaborative that focuses on increasing the supply of PH. In the coming years, the CoC will work with these stakeholders to move forward an agenda of developing PH, with some focus given to the needs of the CH population. This collaborative published a HUD-supported financial modeling report that gives detailed information on the amount and cost of PH needed in Detroit. The CoC is involved in planning at the State level, and works closely with the State Housing Development Authority. In the coming years, the CoC will continue to work at this level and advocate for additional funding for projects to provide PH for the chronically homeless.

How many permanent housing beds do you currently have in place for chronically homeless persons? 200

How many permanent housing beds do you plan to create in the next 12-months?	74
How many permanent housing beds do you plan to create in the next 5-years?	461
How many permanent housing beds do you plan to create in the next 10-years?	761

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

To address the CoC¿s slight shortcoming of HUD¿s expectations, the CoC will work to identify those PSH providers that are having difficulty keeping at least 77% of their clients housed for at least 6 months. When those providers are identified, technical assistance will be provided to assist the provider with improving its performance. The CoC will also continue to monitor the performance of PSH housing projects on a quarterly basis. The CoC is coordinating with stakeholders to accomplish this goal by examining PSH performance data for the first half of 2009 (January ¿ June). For this time period, program performance has already improved. This improved data gives the CoC a reasonable level of confidence that this performance factor will meet HUD¿s expectations in the future.The CoC will monitor program performance on at least a quarterly basis. In the event that performance begins to decline, the CoC will provide to the agency assistance as needed to help improve performance.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The Detroit CoC will continue to monitor the performance of PSH providers, and provide assistance to those that are falling below performance standards. If providers are not able improve program performance within a given timeframe, the CoC will consider re-allocating that program¿s funding to other programs that have proven to be successful in keeping people housed for at least six months. In the past year, the Detroit CoC, in partnership with the Corporation for Supportive Housing, has provided a training program for direct-line staff working in PSH programs. These trainings were to give staff the skills needed as they worked with their consumers to keep them housed. In addition to performance monitoring, the Detroit CoC will work to continue to provide this type of training to staff. The Detroit CoC will also advocate at the local and national levels for funding for mental health, substance abuse, and other services funding to support programs that help to keep people housed.

What percentage of homeless persons in permanent housing have remained for at least six months?	76
In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?	79
In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	90
In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	90

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The Detroit CoC is already exceeding the expected performance for people in transitional hosing moving to permanent housing. In order to maintain this performance level, the CoC will continue to monitor program performance and intervene with technical assistance to providers when needed. The CoC will also continue to pursue and advocate for resources that will assist in the development of more permanent and affordable housing so that people leaving transitional housing programs have available housing into which to move. As the CoC does on-going monitoring of these programs, any decline in program performance will be addressed by providing technical assistance to help the organization improve performance.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The Detroit CoC will continue to meet or exceed HUD¿s expectations on the percentage of people moving from transitional to permanent housing by providing on-going program monitoring and technical assistance. As the CoC identifies transitional housing programs that are consistently unable to move their consumers into permanent housing, the CoC will consider re-allocating that program¿s funding to other programs that have proven to be successful in either moving people from transitional to permanent housing or programs that have been proven to keep people in permanent housing. The CoC will also review best practices to identify models of transitional housing that have demonstrated success in moving people to permanent housing. A key factor the CoC examine is the identification of populations that seem to be the best served by transitional housing. Any lessons learned will be applied to the Detroit CoC as appropriate to help ensure continued high performance in this area.

What percentage of homeless persons in transitional housing have moved to permanent housing?	78

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?	79
In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	90
In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	90

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The Detroit CoC is struggling to meet HUD¿s goal of 20% of people being employed at program exit, and is planning to make a very modest gain in this percentage over the next year. It is not anticipated that the CoC will meet HUD¿s goal of 20% employment within the next 12 months due to the current economic situation in MI, and Detroit particularly. As of August 2009, the unemployment rate in Detroit was nearly 30%, almost 3 times higher than the national average. While the Detroit CoC will continue to work with the service providers that provide training and support to help people overcome barriers to employment, substantial progress in this goal will largely depend upon overall improvement in Michigan and Detroit¿s economy. In the coming year, the Detroit CoC has established an employment subcommittee. This subcommittee will serve as the entity through which the CoC will take a more focused approach to increasing employment outcomes for people who are homeless.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The Detroit CoC has recently started to implement the HUD-supported Community Employment Pathways (CEP) initiative. The CoC, and the stakeholders involved, are working with the national technical assistance provider Advocates for Human Potential (AHP) to implement the strategies of CEP. This includes establishing or improving relationships with the local workforce development offices, organizations providing employment training, and state workforce development officials. The purpose of CEP is to improve employment outcomes for people who are homeless by improving collaboration between stakeholders and influence systems change. The work the Detroit CoC is doing with CEP aligns with the CoC¿s 10-Year Plan to End Homelessness and the State of Michigan¿s statewide Campaign to End Homelessness.

What percentage of persons are employed at program exit? 17

In 12-months, what percentage of persons will be employed at program exit?	18
In 5-years, what percentage of persons will be employed at program exit?	22
In 10-years, what percentage of persons will be employed at program exit?	27

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

Within the next year, a new TBRA program targeting homeless families will become available. This program will provide at least 25 units of housing for homeless families, with an estimated 100 people to be housed via these vouchers. TBRA provides up to 2 yrs of rental assistance; during that time, the providers implementing the program will assist the families in increasing their income to become self-sufficient, or identify long-term housing subsidies. The CoC is also submitting a new project application under the Permanent Housing Bonus project in the 2009 CoC Homeless Assistance Grants competition. If funded, this project will result in new PSH units, some of which will be targeted to families. Another provider in the CoC has a new PSH project for families that is expected to be completed within the next 12 months. This project will provide 6 units of PSH for families. HPRP will also provide housing for a number of homeless families in the coming year.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

The Detroit Team to End Chronic Homelessness (DTECH), a CoC committee, is composed of a variety of stakeholders and is responsible for providing oversight to funded programs that provide housing to the homeless. In the coming year, this committee will provide oversight for the above-mentioned TBRA program, and work to identify additional/ongoing housing supports for homeless families. The CoC will also take advantage of HUD¿s new allowance that Permanent Housing Bonus projects may serve homeless families. In the coming years, the CoC will work with stakeholders to identify and develop projects that target homeless families that may be submitted under the Permanent Housing Bonus project.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?	230
In 12-months, what will be the total number of homeless households with children?	219
In 5-years, what will be the total number of homeless households with children?	178

In 10-years, what will be the total number of homeless households with children?	138

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

¿ What? Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

What:
The Michigan Department of Human Services (DHS) 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.
Where:
Every effort is made to ensure that upon discharge from foster care, young people are leaving the programs and moving into stable and suitable housing. Case planning for transition begins with all youth in foster care several years prior to 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 discharge. Young people leaving foster care typically move on to independent living, returning home to a parent or other relative, remaining with a foster parent, or guardianship.
Who:
The stakeholders involved in these efforts include DHS, foster care providers, and organizations that provide housing assistance.

Health Care:

What:
There is no publicly funded statewide health care delivery system in Detroit. As such, discharge issues for persons leaving hospitals must be by the individual hospitals. The Federally Qualified Health Care Clinics (FQHCs) in Detroit work with consumers to ensure a smooth transition to the next necessary medical and/or supportive service in the community ¿ including housing when needed. FQHC¿s have adopted protocols that assure that housing placement and links to other resources necessary for the client to achieve successful re-entry are established prior to systems discharge. The protocols and policies are designed to prevent discharge into homelessness or discharge to HUD McKinney-Vento programs. As part of its strategic planning process and 10 Year Plan, the CoC will be convening a Discharge Planning Committee to address this issue more closely, as it is apparent there is a need in the community for more dialogue and formal policies that speak specifically to people not being addressed into homelessness.
Where:
Several mental health programs work directly with the hospitals to ensure that people leaving a health care institution are not discharged into homelessness.
Who:
Discharge Planning Committee to include key stakeholders within the CoC, executives representing health care institutions, FQHCs, and shelter providers. Additional stakeholders will be identified as the process moves forward.

Mental Health:

What:
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.
Where:
Mental health programs work directly with housing providers to ensure that people leaving a mental health care are not discharged into a homeless situation, but instead they are released to an appropriate living situation.
Who:
The stakeholders for this issue include Detroit/Wayne Community Mental Health Agency, community mental health providers, and other local service providers.

Corrections:

What:
Safe, affordable, and permanent housing is one of the goals of the Michigan Prisoner Reentry Initiative (MPRI). MPRI is the Michigan Department of Corrections (MDOC) system-wide initiative to re-engineer the policies and protocols by which offenders are prepared for and supported in the community following their release from prison. In the process of implementing MPRI, communities assess their local assets, barriers and gaps relative to issues facing returning prisoners and develop a Comprehensive Prisoner Reentry Plan. Each community¿s Comprehensive Plan includes an assessment of housing issues and proposals for solutions for housing assistance. Rent subsidy, move-in deposits and funding for limited-term transitional placements are 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 referred to appropriate supports, and additional aid if needed is provided through traditional housing services. The CoC is currently working to engage the Wayne County Jail system.
Where:
People exiting correctional facilities often return to living with friends/family in the community in which they lived prior to incarceration. For those individuals who are not able to return to their friends/family, every effort is made to ensure they are released to an appropriate living situation.
Who:
MDOC, MPRI, housing providers, and other community-based service providers.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?	Yes
If yes, list the goals in the CoC strategic plan that are 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

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

Under the HPRP initiative, Detroit received approximately $18 million- $15.2 million directly from HUD and an additional $3 million from the Michigan State Housing Development Authority (MSHDA). As the CoC in Detroit, HAND was responsible for identifying organizations that would serve as both lead agencies and fiduciaries for the MSHDA allocation of $3 million. Additionally, HAND worked with the identified lead agencies to shape the HPRP program including determining program eligibility, outlining processes/procedures, and establishing local evaluation and outcomes. HAND will continue to work closely with the state HPRP lead agencies through quarterly reviews and meetings (more if deemed necessary) to ensure the success of the HPRP initiative.

HAND is expected to play a major role in the required HMIS data collection and reporting for both HPRP allocations in Detroit. As the only HUD supported Homeless Management Information System (HMIS) in the city of Detroit, HAND will work with staff of state lead agencies and the City¿s subgrantees to ensure that all are in compliance with reporting requirements. HAND will provide ServicePoint (HMIS software) licenses; initial and on-going HMIS training, computer hardware (on a limited basis), and report generation services. The coordination of HMIS data collection and evaluation across both HPRP grants serves to not only meet HUD data requirements, but as a tool for evaluating the overall effectiveness of HPRP in Detroit.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

For the past year, the CoC has been working diligently to partner with the City of Detroit Planning & Development Department (PD&D) in planning for ARRA funded programs. The CoC has done so by attending community-wide planning meetings and numerous City of Detroit meetings discussing both NSP and HPRP. The NSP program is being held to very specific neighborhoods. The CoC was not solicited for additional input into the programming of these funds.

The CoC followed the development of the HPRP since early 2009, by attending HUD-sponsored workshops, participating in HPRP workshops and webinars sponsored by the Corporation for Supportive Housing (CSH) and National Alliance to End Homelessness, and by consulting with colleagues from other urban areas.

The CoC understood that HPRP represented an unprecedented opportunity to assist those who were homeless or at imminent risk of homelessness and that we were well positioned to assist the City in its efforts to distribute over $15 million in funding. The CoC also saw this as a opportunity to develop a viable, working relationship with the City, a relationship that although improving in recent years, has not reached the level we believe is necessary to establish a true partnership; a partnership in which the views of the CoC and its member organizations are recognized and appreciated.

The CoC, in partnership with CSH, made many attempts to partner with PD&D staff for the use of this funding by offering suggestions & recommendations on implementation for these funds. The CoC offered to assist in the development, roll out, implementation and monitoring of the plan and provided suggestions. The CoC was responsible for conducting a similar planning process for a State allocation of HPRP funds, and encouraged the City to develop a plan and process in which these two streams of funding would be coordinated. It was our experience that the PD&D staff did not take into consideration the CoCs recommendations. The CoC is open to working with HUD-appointed staff and consults currently working with City of Detroit staff on HPRP to identify ways to make HPRP as success in Detroit.

The VA is a partner with the CoC and there has been ongoing communication between CoC and VA staff about the roll out and eligibility for VASH vouchers. The current allocation of VASH vouchers is being administered through the MI State Housing and Development Authority, also a key partner of the CoC.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	594	**Beds**	200	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	80	**%**	76	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	65	**%**	78	**%**
Increase percentage of homeless persons employed at exit to at least 19%	23	**%**	17	**%**
Decrease the number of homeless households with children.	1,490	**Households**	230	**Households**

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

Objective #1: Due to a change in the way the CoC is counting beds for the CH, to better align with HUD¿s guidance on this issue, it appears the CoC lost beds for the CH. This change in method is explained below in 4B. 2008 projections for the development of new beds for the CH were based on assumptions of PH beds that were expected to be developed; these beds were not necessarily targeted to the CH. Most of these PH beds have been delayed due to funding challenges. The CoC developed 11 new beds for the CH over the past year by expanding a S+C project for the CH.
Objective #2: The 2008 proposed achievement was based that in 2008 the CoC¿s housing performance in this area was that 79% of people staying in PH for at least six months; the CoC made a goal to keep increasing this rate. As the housing performance percentage was calculated based on agency¿s APRs, the performance for this year was lower than expected. The CoC is in the process of determining why this is the case.
Objective #4: The dramatic downturn in Detroit¿s economy prevented the CoC from meeting this objective. See the response to 3A, Objective 4 for further explanation of the CoCs challenge in meeting this objective.
Objective #5: As is described elsewhere in sections 2L and 2Q, the CoC is reporting a significant change in the number of homeless people counted in the most recent PIT. The decrease in the number of homeless families is greatly due to the change in which the CoC is reporting its PIT data.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	1,338	425
2008	1,503	543
2009	446	200

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 11

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$0	$0	$0	$0
Operations	$97,720	$0	$0	$0	$0
Total	$97,720	$0	$0	$0	$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

Explanation for the change in the number of CH is given in 2M. The number of PH beds for the chronically homeless has decreased because the CoC is changing the way in which it counts PH beds for the chronically homeless. To better align with HUD¿s guidance on how CoCs should count these beds, the CoC is now only counting beds that are specifically set-aside for the chronically homeless. In the past, during the PIT and in the HIC, the CoC counted as CH beds those beds that were occupied by the CH on the PIT. This is how HUD used to instruct CoCs to count chronically homeless beds. Even though the number of CH beds seems to have decreased, the reality is that the majority of PH beds in the CoC are occupied by the chronically homeless.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	484
b. Number of participants who did not leave the project(s)	2139
c. Number of participants who exited after staying 6 months or longer	419
d. Number of participants who did not exit after staying 6 months or longer	1571
e. Number of participants who did not exit and were enrolled for less than 6 months	568
TOTAL PH (%)	76

Instructions:

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	1135
b. Number of participants who moved to PH	881
TOTAL TH (%)	78

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

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 4,280

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	509	12	**%**
SSDI	129	3	**%**
Social Security	14	0	**%**
General Public Assistance	174	4	**%**
TANF	556	13	**%**
SCHIP	4	0	**%**
Veterans Benefits	88	2	**%**
Employment Income	722	17	**%**
Unemployment Benefits	53	1	**%**
Veterans Health Care	204	5	**%**
Medicaid	371	9	**%**
Food Stamps	1,718	40	**%**
Other (Please specify below)	367	9	**%**
includes DHS assistance, State disability assistance, FIP, and child support			
No Financial Resources	1,233	29	**%**

The percentage values will be calculated by the system when you click the "save" button.

Does CoC have projects for which an APR should have been submitted? Yes

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

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to 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 project¿s performance in improving client access to mainstream resources. This performance is one criteria taken into considering during the Continuum¿s 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.

November 19, 2008
January 21, 2009
March 18, 2009
May 20, 2009
June 24, 2009
August 19, 2009
October 28, 2009

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. Quarterly

Does the CoC use HMIS as a way to screen for mainstream 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
April 22-23, 2008
May 7-8, 2008
June 4-5, 2008
June 18-19, 2008
July 22-23 2008
August 5-6, 2008
December 3-4 2008
January 2009
April 29, 2009
July 21-22, 2009

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
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	95%
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 client's 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.	

2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%

3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	23%
Several providers assist clients with completing an application for assistance from the Michigan Department of Human Services. This application is for assistance with food stamps, cash assistance, Medicaid, and TANF.	

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
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 client 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.	

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]

Question	Answer
***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"?** **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.**	Yes
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?	No
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? **(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.**	Yes
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?	Yes
***5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?** **If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.**	No
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?	

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?**	Yes
***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?** **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 (http://www.huduser.org/publications/destech/smartcodes.html.)**	Yes
***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.** **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?**	Yes
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.	
***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?**	Yes
***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?**	Yes
***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.)**	No
***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?**	No

Part A - Page 3

***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?** **(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.)**	No
***15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?** **Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	No
***16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?**	No
***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?**	Yes
***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?**	No
***19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?**	No
***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?**	No

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
Extended Residenc...	2009-11-03 15:36:...	1 Year	Mariners Inn	243,585	Renewal Project	SHP	PH	F
SUPPORTIVE HOUSIN...	2009-10-15 10:29:...	1 Year	CHARTER COUNTY OF...	112,665	Renewal Project	SHP	SSO	F
Springwells Partners	2009-10-16 10:38:...	1 Year	Southwest Housing...	202,978	Renewal Project	SHP	SSO	F
CCSS Safe Haven f...	2009-11-09 15:14:...	1 Year	Cass Community So...	420,000	Renewal Project	SHP	SH	F
Supportive Housin...	2009-11-12 16:49:...	3 Years	Neighborhood Serv...	964,719	New Project	SHP	PH	P1
Detroit Rescue Mi...	2009-11-09 13:37:...	1 Year	Detroit Rescue Mi...	426,160	Renewal Project	SHP	TH	F
West Grand Boulev...	2009-11-06 10:23:...	1 Year	Coalition On Temp...	105,546	Renewal Project	SHP	TH	F
Mom's Place and M...	2009-11-09 15:19:...	1 Year	Cass Community So...	257,272	Renewal Project	SHP	TH	F
SHELTER PLUS CARE...	2009-10-15 10:14:...	1 Year	CHARTER COUNTY OF...	40,560	Renewal Project	S+C	PRA	U
Supportive Housin...	2009-11-05 10:34:...	1 Year	Detroit Central C...	1,009,997	Renewal Project	SHP	PH	F
Cass Apartments P...	2009-11-16 15:58:...	3 Years	Cass Community So...	933,448	New Project	SHP	PH	P2
Veterans Independ...	2009-11-09 14:07:...	1 Year	Detroit Rescue Mi...	448,436	Renewal Project	SHP	TH	F
Genesis House I /...	2009-11-09 13:44:...	1 Year	Detroit Rescue Mi...	406,740	Renewal Project	SHP	TH	F

SHOP II	2009-11-16 11:20:...	1 Year	Travelers Aid Soc...	213,300	Renewal Project	SHP	TH	F
Shelter Plus Care...	2009-11-06 13:00:...	1 Year	Michigan Departme...	636,876	Renewal Project	S+C	SRA	U
Teen Empowerment ...	2009-11-03 13:40:...	1 Year	Catholic Social S...	181,417	Renewal Project	SHP	SSO	F
Detroit Veterans ...	2009-10-30 19:50:...	1 Year	Michigan Veterans...	709,836	Renewal Project	SHP	TH	F
Permanent Support...	2009-11-05 16:36:...	1 Year	United Community ...	569,351	Renewal Project	SHP	SSO	F
SHELTER PLUS CARE...	2009-10-15 10:11:...	1 Year	CHARTER COUNTY OF...	214,404	Renewal Project	S+C	PRA	U
SAFAH	2009-11-06 10:19:...	1 Year	Coalition On Temp...	68,259	Renewal Project	SHP	SSO	F
Shelter Plus Care...	2009-11-05 13:47:...	1 Year	Michigan Departme...	535,716	Renewal Project	S+C	SRA	U
Residential Progr...	2009-11-03 15:39:...	1 Year	Mariners Inn	132,235	Renewal Project	SHP	SSO	F
Peggy's Place	2009-11-06 10:12:...	1 Year	Coalition On Temp...	660,686	Renewal Project	SHP	TH	F
Samaritan Center	2009-11-09 13:55:...	1 Year	Detroit Rescue Mi...	622,667	Renewal Project	SHP	TH	F
New American Home...	2009-11-15 00:14:...	1 Year	Freedom House	383,543	Renewal Project	SHP	TH	F
Homeless Manageme...	2009-11-16 09:04:...	1 Year	Homeless Action N...	190,273	Renewal Project	SHP	HMIS	F
My Own Place	2009-11-09 13:53:...	1 Year	Detroit Rescue Mi...	220,333	Renewal Project	SHP	PH	F
Hubbell Manor	2009-11-04 10:52:...	1 Year	Simon House	88,674	Renewal Project	SHP	PH	F
BEIT	2009-11-16 12:48:...	1 Year	Travelers Aid Soc...	867,982	Renewal Project	SHP	PH	F
Project Permanenc...	2009-10-28 13:00:...	1 Year	Neighborhood Lega...	768,090	Renewal Project	SHP	SSO	F

Project M.O.M.M.A.	2009-11-13 11:45:...	1 Year	Alternatives For ...	111,726	Renewal Project	SHP	SSO	F
Genesis House II	2009-11-09 13:47:...	1 Year	Detroit Rescue Mi...	1,057,721	Renewal Project	SHP	TH	F
New Beginnings	2009-11-06 10:09:...	1 Year	Coalition On Temp...	308,083	Renewal Project	SHP	TH	F
SHELTER PLUS CARE...	2009-10-15 10:07:...	1 Year	CHARTER COUNTY OF...	287,892	Renewal Project	S+C	SRA	U
Shelter Plus Care...	2009-11-06 14:17:...	1 Year	Michigan Departme...	294,360	Renewal Project	S+C	SRA	U
Shelter Plus Care...	2009-11-06 12:37:...	1 Year	Michigan Departme...	89,232	Renewal Project	S+C	SRA	U
Shelter Plus Care...	2009-11-06 12:29:...	1 Year	Michigan Departme...	302,280	Renewal Project	S+C	SRA	U
Career Initiative...	2009-10-30 16:26:...	1 Year	Jewish Vocational...	816,441	Renewal Project	SHP	SSO	F
Douglas Project	2009-11-09 13:41:...	1 Year	Detroit Rescue Mi...	543,532	Renewal Project	SHP	TH	F
Buersmeyers Manor	2009-11-06 10:06:...	1 Year	Coalition On Temp...	135,338	Renewal Project	SHP	PH	F
Peterboro Transit...	2009-11-06 10:16:...	1 Year	Coalition On Temp...	84,979	Renewal Project	SHP	TH	F
SHOP I	2009-11-16 11:12:...	1 Year	Travelers Aid Soc...	222,828	Renewal Project	SHP	TH	F
Target Home Program	2009-11-05 08:48:...	1 Year	The Salvation Arm...	466,464	Renewal Project	SHP	SSO	F
Homeless Assessme...	2009-11-04 13:46:...	1 Year	Community Living ...	680,524	Renewal Project	SHP	SSO	F
Positive Images II	2009-11-12 19:59:...	1 Year	Positive Images	700,009	Renewal Project	SHP	TH	F
Rights of Passage...	2009-10-21 16:01:...	1 Year	Covenant House Mi...	400,233	Renewal Project	SHP	TH	F
Teen Infant Paren...	2009-10-30 12:18:...	1 Year	Catholic Social S...	355,618	Renewal Project	SHP	TH	F

SUPPORTIVE HOUSIN...	2009-10-15 10:26:...	1 Year	CHARTER COUNTY OF...	401,246	Renewal Project	SHP	PH	F
Maranatha	2009-11-09 13:50:...	1 Year	Detroit Rescue Mi...	493,646	Renewal Project	SHP	PH	F
Infinity	2009-11-16 13:07:...	1 Year	Travelers Aid Soc...	938,985	Renewal Project	SHP	PH	F
The Oasis	2009-11-09 14:02:...	1 Year	Detroit Rescue Mi...	759,593	Renewal Project	SHP	TH	F
Shelter Plus Care...	2009-11-06 12:18:...	1 Year	Michigan Departme...	284,280	Renewal Project	S+C	SRA	U
Wilshire Apartments	2009-10-16 10:16:...	1 Year	Southwest Housing...	129,539	Renewal Project	SHP	PH	F
SUPPORTIVE HOUSIN...	2009-10-15 10:20:...	1 Year	CHARTER COUNTY OF...	453,143	Renewal Project	SHP	PH	F
Transitional Hous...	2009-11-09 15:17:...	1 Year	Cass Community So...	188,724	Renewal Project	SHP	TH	F
Shelter Plus Care...	2009-11-05 13:53:...	1 Year	Michigan Departme...	180,108	Renewal Project	S+C	SRA	U
SHOP III	2009-11-12 14:56:...	1 Year	Travelers Aid Soc...	80,655	Renewal Project	SHP	SSO	F
Transitional Housing	2009-11-03 15:40:...	1 Year	Mariners Inn	289,004	Renewal Project	SHP	TH	F
SUPPORTIVE HOUSIN...	2009-10-15 10:23:...	1 Year	CHARTER COUNTY OF...	127,813	Renewal Project	SHP	SSO	F

Budget Summary

FPRN	$19,055,869
Permanent Housing Bonus	$1,898,167
SPC Renewal	$2,865,708
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	MI-501 Certificat...	11/04/2009

Attachment Details

Document Description: MI-501 Certification of Consistency with Con Plan