

Part I: CoC Organizational Structure

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

A: CoC Lead Organization Chart

CoC Lead Organization: Homeless Action Network of Detroit (HAND)		
CoC Contact Person: Candace Williams, HAND President		
Contact Person's Organization Name: The Salvation Army		
Street Address: 16130 Northland Drive		
City: Southfield	State: MI	Zip: 48075
Phone Number: (248) 443-5500 x244	Fax Number: (313) 443-5516	
Email Address: Candace_williams@usc.salvationarmy.org		

B: CoC Geography Chart

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

Geographic Area Name	6-digit Code

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

CoC Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		At Least Monthly	At Least Quarterly	At Least Biannually	Annually	
CoC Primary Decision-Making Group (list only one group)						
Name:	HAND Board of Directors	X				21
Role:	Provides oversight and guidance to the Continuum of Care, establishes priorities, and ensures achievement of the Continuum's goals.					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	Executive Committee		X			4
Role:	Comprised of officers of the HAND board of directors, the Executive Committee acts on behalf of the board of directors and makes decisions that arise between meetings.					
Name:	Housing Committee	X				20
Role:	This committee is responsible for increasing accessibility to affordable housing. Also includes developing a housing inventory and educating stakeholders on the importance of affordable housing.					
Name:	Detroit Team to End Chronic Homelessness (DTECH)	X				18
Role:	This committee oversees implementation of several tenant-based rental assistance projects funded by MSHDA. The group is comprised of a cross-sector representation that identifies and address barriers to housing the chronically homeless.					
Name:	Resource and Needs Assessment Committee		X			10
Role:	This committee provides the community with homelessness information and offers training in areas of identified need. The committee is also responsible for assessing the availability of current housing, services and gaps for homeless persons, including the PIT survey.					
Name:	Development Committee	X				15
Role:	This committee is responsible for outreach, planning, coordinating, and implementing activities related to public relations, events, advocacy, and member services for the purpose of raising public awareness of the needs of the homeless and increase participation in HAND.					
Name:	Project Review Committee		X			8
Role:	This committee manages the process of large funding awards, and makes funding recommendations to the HAND board. The committee provides project monitoring, evaluation, and assistance to member organizations in the application process.					
Name:	General Membership	X				130
Role:	This group shares information on homeless services, receives education and training, and generates ideas for addressing barriers to services. It is comprised of all HAND member agencies.					
Name:	HMIS Reports	X				12
Role:	The purpose of the HMIS Reports Committee is to determine what reports should be generated, what data should be included in each report, how often the reports should be generated, who should receive the reports and how the reports can be used to improve services to the homeless.					

D: CoC Planning Process Organizations Chart

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
Public Sector	State Government Agencies			
	Michigan State Housing Development Authority	Cities of Detroit, Hamtramck and Highland Park		
	Michigan Department of Community Health	Cities of Detroit, Hamtramck and Highland Park		
	Michigan Prisoner Re-Entry Initiative	Cities of Detroit, Hamtramck and Highland Park		
	Local Government Agencies			
	Detroit/Wayne County Community Mental Health Agency	Cities of Detroit, Hamtramck and Highland Park	SMI	SA
	Wayne County Department of Human Services	Cities of Detroit, Hamtramck and Highland Park		
	Veterans Administration	Cities of Detroit, Hamtramck and Highland Park	VETS	
	Detroit City Council	City of Detroit		
	Office of Detroit Mayor Kwame M. Kilpatrick	City of Detroit		
	City of Detroit Planning and Development Department	City of Detroit		
	City of Detroit Department of Human Services	City of Detroit		
	Detroit Department of Health and Wellness Promotion, Bureau of Substance Abuse Prevention, Treatment, and Recovery	City of Detroit	SA	SMI
	Detroit Department of Health and Wellness Promotion, HIV/AIDS Programs and HOPWA	City of Detroit	HIV	SA
	Wayne County Community Collaborative	Cities of Detroit, Hamtramck and Highland Park		
	Detroit Planning Commission	City of Detroit		
	Public Housing Agencies			
	Detroit Housing Commission	City of Detroit		
	Hamtramck Housing Commission	City of Hamtramck		
	Highland Park Housing Commission	City of Highland Park		
	School Systems / Universities			
	Detroit Public Schools	City of Detroit	Y	
	Wayne State University	Cities of Detroit, Hamtramck and Highland Park		

	University of Detroit Mercy	Cities of Detroit, Hamtramck and Highland Park		
	Law Enforcement / Corrections			
	Wayne County Sheriff	Cities of Detroit, Hamtramck and Highland Park		
	City of Detroit Police Department	City of Detroit		
	Local Workforce Investment Act (WIA) Boards			
	Jewish Vocational Services/Career Initiative Centers, through an MOU with Detroit Works	City Of Detroit		
	Detroit Workforce Development Department	City of Detroit		
	Detroit's Workplace	City of Detroit		
	Other			
	Office of Congressman John Conyers	Cities of Detroit, Highland Park and Hamtramck		
	Office of U.S. Senator Carl Levin	Cities of Detroit, Highland Park and Hamtramck		
	U.S. Department of Social Security Administration	Cities of Detroit, Hamtramck and Highland Park	SA	SMI
	U.S. Department of Housing and Urban Development	Cities of Detroit, Hamtramck and Highland Park		
Private Sector	Non-profit Organizations			
	Acupuncture Treatment Concepts	Cities of Detroit and Hamtramck	SA	HIV
	Alternatives for Girls	City of Detroit	Y	SA
	The Ark Association	City of Detroit		
	Boulevard House of Hope	City of Detroit	SA	VETS
	Career Initiative Center	City of Detroit	SA	SMI
	CareGivers	City of Detroit	SA	SMI
	Cass Community Social Services	Cities of Detroit, Highland Park and Hamtramck	SMI	SA
	Catholic Social Services of Wayne County	City of Detroit	Y	
	Center for Community Access	Cities of Detroit, Highland Park and Hamtramck		
	CHOICE	City of Detroit	SA	
	City Connect Detroit	City of Detroit		
	Coalition on Temporary Shelter	Cities of Detroit, Highland Park and Hamtramck	SA	SMI
	Community Health Awareness Group	City of Detroit	HIV	SA
	Covenant House of Michigan	City of Detroit	Y	

Crossroads of Michigan	Cities of Detroit, Highland Park and Hamtramck	SA	SMI
Detroit Central City Community Mental Health	City of Detroit	SMI	SA
Detroit East Community Mental Health	Cities of Detroit, Highland Park and Hamtramck	SMI	SA
Detroit Health Care for the Homeless	Cities of Detroit, Highland Park and Hamtramck		
Detroit Rescue Mission Ministries	Cities of Detroit, Highland Park and Hamtramck	SA	SMI
Development Centers, Inc.	City of Detroit	SMI	
Eastside Emergency Center	City of Detroit	SA	VETS
Effective Alternative Community Housing	City of Detroit	SA	DV
Emmanuel House	City of Detroit	SA	
Family Tree	City of Detroit	SA	HIV
Federation of Youth Services	City of Detroit	Y	
Friendship House	City of Hamtramck		
Freedom House	Cities of Detroit, Highland Park and Hamtramck		
HELP	Cities of Detroit, Highland Park and Hamtramck		
Health Services HSTA/CDRS	City of Detroit	SA	SMI
Helping Unite Mothers and Children	City of Detroit	SA	Y
House of Recovery	City of Detroit		
Howard House	City of Detroit		
Icon Human Services	City of Detroit		
Jayla's Community Outreach	City of Detroit		
Jewish Vocational Service	Cities of Detroit, Highland Park and Hamtramck	SA	
Kimberley's Helping Hands	City of Detroit		
Lakewood Manor	City of Detroit	SA	DV
Life Gate Center	City of Detroit		
L.I.F.T. Women Resources	City of Detroit	SA	DV
Legal Aid and Defenders Association	Cities of Detroit, Highland Park and Hamtramck	SA	SMI
Lula Belle Stewart Center	City of Detroit	Y	
Lutheran Child and Family Services	Cities of Detroit, Highland Park and Hamtramck		
Mariners Inn	Cities of Detroit, Highland Park and Hamtramck	SA	SMI
MECI	Cities of Detroit, Highland Park and Hamtramck		

Metro Emergency Services Door Stop West	Cities of Detroit, Highland Park and Hamtramck	SA	SMI
Metro Neighborhood Housing and Community Development	City of Detroit		
Matrix Human Services	City of Detroit	SA	Y
Michigan Veterans Foundation	Cities of Detroit, Highland Park and Hamtramck	VETS	
Neighborhood Legal Services Michigan	Cities of Detroit, Highland Park and Hamtramck	SA	SMI
Neighborhood Service Organization	Cities of Detroit, Highland Park and Hamtramck	SA	SMI
New Life Recovering Home for Women	City of Detroit	SA	DV
New Center Community Mental Health	City of Detroit	SMI	SA
New Day	City of Detroit		
New Life Home for Recovering Women	City of Detroit		
NOAH Project	City of Detroit		
Northeast Guidance Center	City of Detroit	SMI	SA
Oasis Detroit	City of Highland Park	SA	SMI
Operation Get Down	Cities of Detroit, Highland Park and Hamtramck	SA	SMI
Overcomers, Inc.	City of Detroit		
Perfecting Community Development Corporation	City of Detroit	SA	DV
Positive Images	City of Detroit	SA	DV
Ruth Ellis Center	City of Detroit	Y	SA
Second Chance Rescue Mission	City of Detroit		
Serenity Services	City of Detroit	DV	
Simon House	City of Detroit	HIV	
Southwest Counseling Solutions	City of Detroit	SMI	SA
Southwest Housing Solutions	City of Detroit	SMI	SA
Star of Hope	City of Detroit		
St. Ignatius Nonprofit Housing Corporation	City of Detroit		
Surrender House	City of Detroit		
THAW	Cities of Detroit, Highland Park and Hamtramck		
The Salvation Army	Cities of Detroit, Highland Park and Hamtramck	SMI	SA
Travelers Aid Society	City of Detroit	SA	SMI
United Community Housing Coalition	City of Detroit	SA	DV
Unity House	City of Detroit	SA	DV
Wayne Metro Community Action Agency	Cities of Detroit, Highland Park, and Hamtramck		
Women's Justice Center	City of Detroit	DV	
YWCA	City of Detroit	DV	

Faith-Based Organizations				
ACTS 29 Fellowship	City of Hamtramck	SA	DV	
Capuchin Soup Kitchen	City of Detroit	SMI	SA	
Cass Park Baptist Church	City of Detroit			
Hearts and Hands of God Ministries	City of Detroit			
Hope Baptist Center	City of Detroit			
St. Aloysius	City of Detroit	SMI	DV	
St. Leo Soup Kitchen	City of Detroit			
St. Peter and Paul Warming Center	City of Detroit	SMI	SA	
Southwest Detroit Vicariate Community Outreach	City of Detroit			
Funders / Advocacy Groups				
Corporation for Supportive Housing	Cities of Detroit, Highland Park, and Hamtramck			
Detroit Coalition Against Police Brutality	City of Detroit			
Detroit Neighborhood Family Initiative	City of Detroit			
Great Lakes Capital Fund	Cities of Detroit, Highland Park and Hamtramck			
The McGregor Fund	Cities of Detroit, Highland Park and Hamtramck			
United Way for Southeastern Michigan	Cities of Detroit, Highland Park, and Hamtramck			
Businesses (banks, developers, Business Associations, etc.)				
A-One Properties	City of Detroit			
Anointed Construction, LLC	City of Detroit			
Brewster Property Management	City of Detroit			
Community Management Associates	Cities of Detroit, Highland Park and Hamtramck			
LL Dien Consulting, Inc.	Cities of Detroit, Highland Park and Hamtramck			
Sylvester Hyman Associates	City of Detroit			
Hospitals / Medical Representatives				
Advantage Health Centers/Health Care for the Homeless	Cities of Detroit, Highland Park, and Hamtramck			
Detroit Medical Center	Cities of Detroit, Highland Park and Hamtramck			
Henry Ford Health System	Cities of Detroit, Highland Park, and Hamtramck			
St. John Community Health Care Center	City of Detroit	SA	HIV	
VA Medical Center	City of Detroit	VETS		
Homeless / Formerly Homeless Persons				
Elmer Kagler	City of Detroit			

In addition to the individual named above, approximately 30 homeless or formerly homeless individuals assisted the Detroit CoC with the 2007 PIT; several HAND board members are also formerly homeless. Out of consideration for these individuals’ privacy, they are not named in this public document.			
Other			
Radio One Detroit	Cities of Detroit, Highland Park and Hamtramck		
Channel 95.5	Cities of Detroit, Highland Park, and Hamtramck		

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

E: CoC Governing Structure Chart

<p>1. Is the CoC’s primary decision-making body a legally recognized organization (check one)?</p> <input checked="" type="checkbox"/> Yes, a 501(c)(3) <input type="checkbox"/> Yes, a 501(c)(4) <input type="checkbox"/> Yes, other – specify: _____ <input type="checkbox"/> No, not legally recognized	
<p>2. If your CoC were provided with additional administrative funds from HUD, would the primary decision-making body, or an agent designated by it (e.g. a city or non-profit organization), be able to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.</p> <p>The Homeless Action Network of Detroit (HAND) – the Detroit CoC – currently does carry out activities such as applying for HUD funding and providing project oversight and monitoring. With additional administrative funds from HUD, HAND would be able to strengthen its capacity and develop the infrastructure needed to in increase project oversight and monitoring as well as serving as the grantee for HUD funding.</p>	
<p>3. What percentage of the decision-making body membership represents the private sector, including non-profit providers, homeless or formerly homeless persons, advocates and consumer interests, etc.?</p>	<p><u>55</u>%</p>
<p>4a. Indicate how the members of the primary decision-making body are selected (check all that apply):</p> <input checked="" type="checkbox"/> Elected <input type="checkbox"/> Assigned/Volunteer <input checked="" type="checkbox"/> Appointed <input type="checkbox"/> Other – specify: recruitment by board members	

4b. Briefly explain the selection process. (For example, if 5 members are appointed and 6 are elected, explain why this process was established and describe how it works.)

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

5. Indicate how the **leaders** of the primary decision-making body are selected (check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Elected | <input type="checkbox"/> Assigned/Volunteer |
| <input type="checkbox"/> Appointed | <input type="checkbox"/> Other – specify: _____ |

F: CoC Project Review and Selection Chart

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

G: CoC Written Complaints Chart

Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, briefly describe the complaints and how they were resolved.	
<p>A resident staying at one of the shelters within the CoC contacted the CoC coordinator via letter and telephone call with a complaint about the services he was receiving at the shelter. He also contacted staff at the organization regarding his complaint. The CoC coordinator directed the resident to contact the organization's Recipients Rights officer directly if he felt his rights were being violated, or to contact the Vice President of Programs at the organization. The CoC coordinator also contacted the Vice President of Programs at the organization to bring the matter to his attention and to ensure appropriate follow-up would be done within the organization.</p> <p>The complaint was brought before HUD and was investigated. The organization received a letter from HUD dated April 25, 2007 stating that HUD had closed the complaint because the complainant has failed to cooperate with the investigation.</p>	

Part II: CoC Housing and Service Needs

H: CoC Services Inventory Chart

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

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

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

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

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

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

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

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

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name* <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input checked="" type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	O/V*
Current Inventory			Ind.	Fam.									
(Available for Occupancy on or before Jan. 31, 2006)													
Acupuncture Treatment	ATC Alger	D	0	0	261698	SMF		0	0	80	80	0	0
Alternatives for Girls	Alternatives for Girls	PA	8	6		M		2	6	8	14	0	0
Cass Community Soc Svcs	Rotating Shelter	PA	55	20		M		0	0	0	0	75	0
Cass Community Soc Svcs	Warming Center	PA	50	25		M		0	0	0	0	75	0
Compassionate Women	Compassionate Women	D	0	0		M		3	10	10	20	0	0
Community Educational Services	Warming Center	D	0	0		SM		0	0	0	0	63	0
COTS	Shelter	PA	103	37		M		12	37	103	140	0	0
Covenant House Michigan	Crisis Center	PA	45	0		YMF		0	0	45	45	0	0
Detroit Veterans Center	Shelter	D	0	0		SMF		0	0	20	20	0	0
Detroit Rescue Mission	DRM	PA	75	0		SM		0	0	75	75	0	0
Detroit Rescue Mission	Genesis House III	PA	20	25		M		10	25	20	45	0	0
Detroit Rescue Mission	Oasis	PA	45	0		SMF		0	0	45	45	0	0
EACH	EACH	N	0	0		SM		0	0	35	35	0	0
Family Tree	Family Tree	D	0	0		M		1	4	3	7	0	0
Freedom House	New American	PA	29	14		M		3	14	29	43	0	0
Icon Human Services	Shelter	N	0	0		SMF		0	0	56	56	0	0
Love Outreach	Love Outreach	N	0	0		SM		0	0	42	42	0	0
Lutheran Social Services	Heartline	D	0	0		SF		0	0	4	4	0	0

Mariner's Inn	Shelter	PA	10	0		SM		0	0	10	10	0	0
Matrix Human Services	Off The Streets Shelter	N	0	0		YMF		0	0	10	10	0	0
Michigan Vet Foundation	MI Vet Foundation	D	0	0		SMF	VET	0	0	20	20	0	0
Metro Emergency Services	Doorstep West	PA	100	220		M		105	220	100	320	0	0
Neighborhood Service Organization	24-Hour Walk-In Center	PA	400	0		SMF		0	0	400	400	0	400
New Day Multi-Purpose Center	New Day	N	0	0		SM		0	0	35	35	0	5
New Life Home for Recovering Women	New Life Home	PA	30	0		SF		0	0	30	30	0	0
One Night Initiative	Rotating Shelter	D	0	0		M		0	0	0	0	0	135
Open Door Rescue Mission	Open Door Rescue Mission	PA	34	0		SM		0	0	34	34	0	0
Operation Get Down	Wigle Warming Center	N	0	0		SMF		0	0	0	0	200	0
Operation Get Down	Shelter	PA	200	0		SMF		0	0	200	200	0	0
Simon House	Burgess	PA	10	6		M	HIV	2	6	10	16	0	0
St. John Community Center	St. John Community Center	PA	90	0		SM		0	0	90	90	0	0
T.C. Simmons Ministry	Homeless Shelter	D	0	0		FC		15	50	0	50	0	0
The Salvation Army	Kresge	N	0	0		M		0	0	0	0	0	72
The Salvation Army	Booth Shelter	PA	16	100		M		20	100	16	116	0	0
The Salvation Army	Sibley Men's Shelter	PA	116	0		SM		0	0	116	116	0	0
Women's Justice Center	My Sisters Place	DV	0	0		SF	DV	0	0	20	20	0	0
YWCA	Interim House	DV	0	0		FC	DV	22	67	0	67	0	0
SUBTOTALS:			1436	453		SUBTOTAL CURRENT INVENTORY:		195	539	1666	2205	413	612

New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.								
NONE												
SUBTOTALS:					SUBTOTAL NEW INVENTORY:		0	0	0	0	0	0
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date									
NONE												
SUBTOTAL INVENTORY UNDER DEVELOPMENT:					0	0	0	0	0	0	0	
Unmet Need					UNMET NEED TOTALS:		-17	163	-376	-213	0	0
Total Year-Round Beds—Individuals				Total Year-Round Beds—Families								
1. Total Year-Round Individual Emergency Shelter (ES) Beds:	1666	6. Total Year-Round Family Emergency Shelter (ES) Beds:		539								
2. Number of DV Year-Round Individual ES Beds:	20	7. Number of DV Year-Round Family ES Beds:		67								
3. Subtotal, non-DV Year-Round Individual ES Beds (Line 1 minus Line 2):	1646	8. Subtotal, non-DV Year-Round Family ES Beds (Line 6 minus Line 7):		472								
4. Total Year-Round Individual ES Beds in HMIS:	1436	9. Total Year-Round Family ES Beds in HMIS		453								
5. HMIS Coverage—Individual ES Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	87%	10. HMIS Coverage—Family ES Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):		96%								

*In the column labeled "O/V," enter the number of Overflow and Voucher Beds

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name* <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input checked="" type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv. Beds	
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.							
Alternatives for Girls	Alternatives for Girls*	PA	7	9	261698	M		3	9	7	16
Boulevard House of Hope	Continuous Independence Program	D	0	0		SM		0	0	20	20
Cass Community Soc Svcs	Mom's Place*	PA	0	18		FC		6	18	0	18
Cass Community Soc Svcs	Mom's Place II*	PA	24	0		SF		0	0	24	24
Cass Community Soc Svcs	Safe Haven*	PA	21	0		SM		0	0	21	21
Cass Community Soc Svcs	TH at Scott – Men*	PA	21	0		SM		0	0	21	21
CHOICE	CHOICE	PA	30	0		SM		0	0	30	30
COTS	West Grand Blvd*	PA	0	30		FC		7	30	0	30
COTS	Peggy's Place*	PA	8	45		M		15	45	8	53
COTS	Peterboro*	PA	57	0		SMF		0	0	57	57
COTS	Domestic Violence TSP*	DV	0	0		FC	DV	16	32	0	32
Covenant House Michigan	Rights of Passage*	PA	30	0		YMF		0	0	30	30
Detroit Rescue Mission	Genesis House I/Teen Moms*	PA	0	16		FC		8	16	0	16
Detroit Rescue Mission	Genesis House II*	PA	19	49		M		17	49	19	68
Detroit Rescue Mission	Oasis*	PA	82	0		SM		0	0	82	82
Detroit Rescue Mission	Samaritan Project*	PA	25	0		SMF		0	0	25	25

Detroit Rescue Mission	Veteran's Independence Project*	PA	25	0		SMF	VET	0	0	25	25
Detroit Rescue Mission	DRM*	PA	30	0		SM		0	0	30	30
Detroit Rescue Mission	Douglas Project*	PA	40	0		SM		0	0	40	40
EACH	EACH	N	0	0		SM		0	0	15	15
EECI Lakewood Manor	Transitional Housing	N	0	0		SMF		0	0	30	30
Emmanuel House	Emmanuel House	N	0	0		SM		0	0	42	42
Freedom House	Scattered Site Transitional Housing	PA	39	14		M		3	14	39	53
Icon Human Services	Turning Point	N	0	0		M		5	15	15	30
Helping Unite Mothers and Children	Helping Unite Mothers and Children	N	0	0		SMF		0	0	12	12
Lula Belle Stewart Center	MAI House 2*	PA	0	20		FC		16	20	0	20
Lutheran Social Services	Heartline	D	0	0		SF		0	0	34	34
Mariner's Inn	Transitional Housing*	PA	36	0		SM		0	0	36	36
Matrix Human Services	Transitional Housing	N	0	0		SF		0	0	12	12
MI Veterans Foundation	Detroit Veterans Center*	D	0	0		SMF	VET	0	0	104	104
New Life Home for Recovering Women	Transitions 1	PA	7	0		SF		0	0	7	7
New Life Home for Recovering Women	Transitions 2	PA	8	0		SF		0	0	8	8
Operation Get Down	Operation Get Down	PA	70	0		SM		0	0	70	70
People United As One	PUAO	D	0	0		SMF		0	0	20	20
Positive Images	Transitional Housing*	PA	8	48		M		24	48	8	56
Second Chance Rescue Mission	Transitional Housing	N	0	0		SMF		0	0	43	43
Traveler's Aid Society	SHOP I*	PA	35	0		SMF		0	0	35	35
Traveler's Aid Society	SHOP II*	PA	12	16		M		8	16	12	28
Unity House	Transitional Housing	D	0	0		SMF		0	0	46	46

SUBTOTALS:		634	265	SUBTOTAL CURRENT INVENTORY:	128	312	1,027	1,339	
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)		Ind.	Fam.						
NONE									
SUBTOTALS:				SUBTOTAL NEW INVENTORY:	0	0	0	0	
Inventory Under Development (Available for Occupancy after January 31, 2007)		Anticipated Occupancy Date							
NONE									
SUBTOTAL INVENTORY UNDER DEVELOPMENT:					0	0	0	0	
Unmet Need					UNMET NEED TOTALS:	114	546	777	1323
Total Year-Round Beds—Individuals				Total Year-Round Beds—Families					
1. Total Year-Round Individual Transitional Housing Beds:	1,027	6. Total Year-Round Family Transitional Housing Beds:					312		
2. Number of DV Year-Round Individual TH Beds:	0	7. Number of DV Year-Round Family TH Beds:					32		
3. Subtotal, non-DV Year-Round Individual TH Beds (Line 1 minus Line 2):	1,027	8. Subtotal, non-DV Year-Round Family TH Beds (Line 6 minus Line 7):					280		
4. Total Year-Round Individual TH Beds in HMIS:	634	9. Total Year-Round Family TH Beds in HMIS					265		
5. HMIS Coverage—Individual TH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):	62%	10. HMIS Coverage—Family TH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):					95%		
The Michigan Veterans Foundation also receives funding from the Veterans Administration, and must operate under the VA regulation that veteran names may not be transmitted electronically. Because of this restriction, data from Michigan Veterans Foundation is not entered into HMIS, which contributes to the lower percentage.									

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code ☒	Target Pop.		Year-Round			Total Year-Round Beds
						A	B	Fam. Units	Fam. Beds	Indiv./CH Beds	
Current Inventory			Ind.	Fam.							
(Available for Occupancy on or before January 31, 2006)											
Agape Refuge	Lazarus	N	0	0	261698			5	14	42/6	56
COTS	S+C State*	PA	31	123		M		35	123	31/10	154
COTS	Bursmeyer Manor*	PA	5	12		M		5	12	5/2	17
COTS	Omega*	PA	30	0		SMF		0	0	30/2	30
COTS	Peterboro Long-Term Housing	PA	23	0		SMF		0	0	23/8	23
Detroit Central City CMH	PSH*	PA	91	0		SMF		0	0	91/91	91
Detroit Central City CMH	Clinton House	D	0	0		SMF		0	0	22/22	22
Detroit Central City CMH	PSH – Peterboro MSHDA/FMR	D	0	0		SMF		0	0	58/58	58
Detroit East CMH	PSH*	PA	35	5		M		2	5	35/4	40
Detroit East CMH	S+C – County*	PA	19	22		M		19	22	19/5	41
Detroit East CMH	S+C – State*	PA	28	21		M		6	21	28/10	49
Development Centers	S+C – State*	PA	21	29		M		13	29	21/2	50
Detroit Rescue Mission	My Own Place*	PA	25	8		M		2	8	25/23	33
DRMM	Maranatha*	PA	76	0		SM		0	0	76/76	76
Mariner's Inn	Extended Residency*	PA	28	0		SM		0	0	28/0	28
New Beginnings	BETTIN	D	0	0		M		7	20	35/5	55
NSO	S+C – State*	PA	11	0		M		0	0	11/11	11
Operation Get Down	OGD	N	0	0		SM		0	0	46/30	46
Simon House	Hubbell Manor*	PA	2	18		M	HIV	9	18	2/0	20

SWCDS	S+C State*	PA	38	56		M		21	56	38/3	94
SWCDS	S+C County Matrix*	PA	5	0		SMF		0	0	5/3	5
SWNPHC/SWCDS	Wilshire Apartments SHP*	PA	14	0		SMF		0	0	14/1	14
Southwest Solutions	SW Partners*	PA	17	28		M		12	28	17/2	45
Southwest Solutions	Springwells*	PA	34	21		M		10	20	34/2	54
Cass Community Social Services	Oasis/Radmacher*	PA	15	0		SMF		0	0	15/15	15
Traveler's Aid Society	Infinity*	PA	0	136		FC		46	136	0/0	136
Traveler's Aid Society	BEIT*	PA	16	64		M		24	64	16/7	80
Traveler's Aid Society	S+C – State*	PA	10	61				20	61	10/3	71
SUBTOTALS:			574	603	SUBTOTAL CURRENT INVENTORY:			236	637	777/401	1414
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)			Ind.	Fam.							
Southwest Counseling Solutions	S+C*	PA	47	0		SMF		0	0	47/47	47
Southwest Counseling Solutions	Section 8 Homeless Assistance Recovery Program (HARP)	N	0	0		M		39	156	13/3	169
Southwest Counseling Solutions	TBRA	PA	92	0		SMF		0	0	92/92	92
SUBTOTALS:			139	0	SUBTOTAL NEW INVENTORY:			39	156	152/142	308
Inventory Under Development (Available for Occupancy after January 31, 2007)			Anticipated Occupancy Date								
Cass Community Social Services	HOPWA PSH		February 2007			SM	HIV	0	0	14/14	14
Southwest Counseling Solutions	S+C*		October 2007			SMF		0	0	7/7	7

SWCDS	Section 8 Homeless Assistance Recovery Program (HARP)		October 2007		M		71	284	24/0	308		
COTS	HomeGain TBRA		July 2007		FC		47	188	0/0	188		
Alternatives for Girls	SoleBase TBRA		September 2007		M		5	15	15/0	30		
Wayne County Department of Human Services	Foster Care Initiative TBRA		July 2007		SMF		0	0	35/0	35		
SUBTOTAL INVENTORY UNDER DEVELOPMENT:							123	487	95/21	582		
Unmet Need							UNMET NEED TOTALS:		977	4101	7221/1182	11322
Total Year-Round Beds—Individuals					Total Year-Round Beds—Families							
1. Total Year-Round Individual Permanent Housing Beds:		929			6. Total Year-Round Family Permanent Housing Beds:		793					
2. Number of DV Year-Round Individual PH Beds:		0			7. Number of DV Year-Round Family PH Beds:		0					
3. Subtotal, non-DV Year-Round Individual PH Beds (Line 1 minus Line 2):		929			8. Subtotal, non-DV Year-Round Family PH Beds (Line 6 minus Line 7):		793					
4. Total Year-Round Individual PH Beds in HMIS:		713			9. Total Year-Round Family PH Beds in HMIS		603					
5. HMIS Coverage—Individual PH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):		77%			10. HMIS Coverage—Family PH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):		76%					

J: CoC Housing Inventory Data Sources and Methods Chart

(1) Indicate date on which Housing Inventory count was completed: <u> 01/25/2007 </u>	
(2) Identify the method used to complete the Housing Inventory Chart (check one):	
<input type="checkbox"/>	Housing inventory survey – CoC conducted a housing inventory survey (via mail, fax, e-mail, web-based, phone or on-site) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
<input checked="" type="checkbox"/>	HMIS plus housing inventory – Used HMIS data supplemented by a survey of providers NOT participating in the HMIS
(3) Indicate the percentage of providers completing the housing inventory survey:	
<u> 100 </u> %	Emergency shelter providers
<u> 100 </u> %	Transitional housing providers
<u> 100 </u> %	Permanent supportive housing providers
(4) Indicate steps to ensure data accuracy for 2007 Housing Inventory Chart (check all that apply):	
<input type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input type="checkbox"/>	Training – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2006 housing inventory to reflect 2007 inventory.
<input checked="" type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2007 Housing Inventory Chart after it was completed.
<input checked="" type="checkbox"/>	HMIS – Compared HMIS and housing inventory survey data to check for consistency.
<input type="checkbox"/>	Other – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input type="checkbox"/>	Local studies or data sources – specify:
<input type="checkbox"/>	National studies or data sources – specify:
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms
<input type="checkbox"/>	Other – specify:
(6a) Indicate the method(s) used to calculate or determine unmet need (check all that apply):	
<input type="checkbox"/>	Stakeholder discussion – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input type="checkbox"/>	Locally-determined formula – Used locally-determined formula based on local point-in-time (PIT) count data and housing inventory to calculate unmet need
<input type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input checked="" type="checkbox"/>	HUD unmet need formula – Used HUD's unmet need formula*
<input type="checkbox"/>	Other – specify:
(6b) If more than one method was used in 6a, please describe how these methods were used.	

*The HUD Unmet Need Guide and Worksheet can be found by going to:
<http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

CoC Homeless Population and Subpopulations

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

Indicate date of last point-in-time count: (01/25/2007)				
Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Number of Households with Dependent Children:	258	128	1,134	1,520
1a. Total Number of Persons in these Households (adults and children)	791	312	5,046	6,149
2. Number of Households without Dependent Children**	2,608	1,027	8,278	11,913
2a. Total Number of Persons in these Households	2,608	1,027	8,278	11,913
Total Persons (Add Lines 1a and 2a):	3,399	1,339	13,324	18,062
Part 2: Homeless Subpopulations below)	Sheltered		Unsheltered	Total
a. Chronically Homeless	261		1,242	1,503
b. Severely Mentally Ill	512		*	512
c. Chronic Substance Abuse	1,620		*	1,620
d. Veterans	317		*	317
e. Persons with HIV/AIDS	40		*	40
f. Victims of Domestic Violence	180		*	180
g. Unaccompanied Youth (Under 18)	706		*	706

*Optional for unsheltered homeless subpopulations

** Includes single individuals, unaccompanied youth, and other adults (such as a married couple without children)

***For "sheltered" chronically homeless subpopulations, list persons in emergency shelter only.

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

L-1: Sheltered Homeless Population and Subpopulations

(1a) Check method(s) used to count sheltered homeless persons in the CoC (check all that apply):
<input checked="" type="checkbox"/> Survey – Providers count the total number of clients residing in their programs during the PIT count.
<input checked="" type="checkbox"/> HMIS – CoC used HMIS to complete the PIT sheltered count and subpopulation information.
<input type="checkbox"/> Other – specify:
(1b) If multiple methods are checked, briefly describe how data collected using the methods were combined to produce the count.
Emergency shelter and transitional housing providers that are not currently entering data into HMIS were surveyed on the night of the count of the number of clients in their programs. Providers that are entering data into HMIS were also surveyed; the data from these surveys was compared to the data entered into HMIS for that night. Any discrepancies found between the survey and HMIS were addressed and corrected.
(2a) Check the method(s) used to gather the subpopulation information on sheltered homeless persons reported in Part 2: Homeless Subpopulations (check all that apply):
<input type="checkbox"/> Point-in-time (PIT) interviews with each adult and unaccompanied youth – All sheltered adults and unaccompanied youth were interviewed to gather subpopulation information.
<input type="checkbox"/> Sample of PIT interviews plus extrapolation – A sample of sheltered adults and unaccompanied youth were interviewed to gather subpopulation information, and extrapolation techniques were applied to produce the total sheltered homeless population.
<input type="checkbox"/> Non-HMIS client-level information - Providers used individual client records (e.g., case management files) to provide subpopulation data for each adult and unaccompanied youth.
<input checked="" type="checkbox"/> Provider expertise – Providers estimated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole.
<input checked="" type="checkbox"/> HMIS – CoC used HMIS to gather subpopulation information on sheltered homeless persons.
<input type="checkbox"/> Other –specify:
(2b) If multiple methods are checked, briefly describe how the methods were combined to produce the subpopulation information.
The subpopulation percentage for the chronically homeless was calculated based upon the expertise of local emergency shelter providers. Additional subpopulation percentages were gathered through HMIS.
(3) Indicate CoC's steps to ensure data quality of the sheltered count (check all that apply):
<input checked="" type="checkbox"/> Instructions – Provided written instructions to providers for completing the sheltered PIT count.
<input checked="" type="checkbox"/> Training – Trained providers on completing the sheltered PIT count.
<input checked="" type="checkbox"/> Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy.
<input checked="" type="checkbox"/> HMIS – Used HMIS to verify data collected from providers for the sheltered PIT count.
<input type="checkbox"/> Other –specify:
(4) How often will sheltered counts of sheltered homeless people take place in the future?
<input checked="" type="checkbox"/> Biennial (every two years)
<input type="checkbox"/> Annual

<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Other – specify:
(5) Month and Year when next count of sheltered homeless persons will occur: <u>January 2009</u>
(6) Indicate the percentage of providers providing populations and subpopulations data collected via survey, interview and/or HMIS:
<u>100</u> % Emergency shelter providers
<u>100</u> % Transitional housing providers

*Please refer to 'A Guide to Counting Sheltered Homeless People' for more information on unsheltered enumeration techniques.

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the CoC's method(s) used to count unsheltered homeless persons (check all that apply):
<input checked="" type="checkbox"/> Public places count – CoC conducted a point-in-time (PIT) count <u>without</u> client interviews.
<input type="checkbox"/> Public places count with interviews – CoC conducted a PIT count and interviewed unsheltered homeless persons encountered during the public places count: <input type="checkbox"/> ALL persons were interviewed OR <input type="checkbox"/> Sample of persons were interviewed
<input checked="" type="checkbox"/> Public places count using probability sampling – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to include in the point-in-time count and extrapolated results to estimate the entire homeless population.
<input checked="" type="checkbox"/> Service-based count – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons.
<input checked="" type="checkbox"/> HMIS – Used HMIS for the count of unsheltered homeless people or for subpopulation information.
<input checked="" type="checkbox"/> Other – specify: In addition to the identified methods, the Detroit CoC also relied upon the expertise of local providers and local academia in developing an accurate estimate of the total number of unsheltered homeless.
(2) Indicate the level of coverage of the PIT count of unsheltered homeless people:
<input type="checkbox"/> Complete coverage – The CoC counted every block of the jurisdiction.
<input type="checkbox"/> Known locations – The CoC counted in areas where unsheltered homeless people are known to congregate or live.
<input checked="" type="checkbox"/> Combination – CoC combined complete coverage with known locations by conducting counts for every block <u>in a portion of the jurisdiction</u> (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.
<input type="checkbox"/> Used service-based or probability sampling (coverage is not applicable)
<input type="checkbox"/> Other –specify:
(3) Indicate community partners involved in PIT unsheltered count (check all that apply):
<input checked="" type="checkbox"/> Outreach teams
<input checked="" type="checkbox"/> Law Enforcement
<input checked="" type="checkbox"/> Service Providers
<input checked="" type="checkbox"/> Community volunteers
<input checked="" type="checkbox"/> Homeless and/or formerly homeless persons
<input type="checkbox"/> Other – specify:
(4) Indicate CoC's steps to ensure data quality of the unsheltered count (check all that apply):
<input checked="" type="checkbox"/> Training – Conducted training(s) for PIT enumerators.
<input checked="" type="checkbox"/> HMIS – Used HMIS to check for duplicate information.
<input type="checkbox"/> Other – specify:
(5) How often will CoC conduct PIT counts of unsheltered homeless people in the future?

<input checked="" type="checkbox"/> Biennial (every two years)
<input type="checkbox"/> Annual
<input type="checkbox"/> Semi-annual
<input type="checkbox"/> Quarterly
<input type="checkbox"/> Other – specify:
(6) Month and Year when next PIT count of unsheltered homeless persons will occur: January 2009
<small>*Please refer to 'A Guide to Counting Unsheltered Homeless People' for more information on unsheltered enumeration techniques.</small>

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

M-1: HMIS Lead Organization Information

Organization Name: Southwest Counseling Solutions	Contact Person: Lenora Hardy-Foster, Vice President of Finance & Administration
Phone: (313) 841-8905 x1587	Email: lhfooster@swsol.org
Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider <input checked="" type="checkbox"/> Other <input type="checkbox"/>	

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

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

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

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC OR Anticipated Date Entry Start Date for your CoC (09/2004)	If no data entry date, indicate reason: <input type="checkbox"/> New CoC in 2007 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Initial implementation
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Briefly describe significant challenges/barriers the CoC has experienced in:

1. HMIS implementation:

Data Entry:

The Detroit CoC has seen a strong improvement in data entry over the past year. Challenges still exist, however, in capturing data in the HMIS from agencies and/or programs that are not funded by HUD or the Michigan State Housing Development Authority (MSHDA). For many agencies in the Detroit CoC, time and staff resources for HMIS data entry remains a barrier to entering data. To confront this barrier, HMIS staff continue to develop workflow strategies that help make data entry more efficient. An example of this is seen in a new data sharing project four of the largest shelters started this year. There are now several other agencies interested in sharing data. This strategy of sharing data will help to minimize the amount of data entry by the agencies, as staff will not have to re-enter data that is already in the system. An additional challenge to data entry has been the speed of the system. The Michigan Statewide project director has worked with the vendor, Bowman Systems to purchase more bandwidth to help reduce this challenge. Some agencies still struggle with system speed, but this is likely due to their individual internet connection.

Domestic Violence:

Due to regulations in "Violence Against Women Act of 2005," the Detroit CoC has temporarily suspended domestic violence provider participation on the HMIS. As a result, data from local domestic violence providers will not be collected, and our goal of bringing these providers onto HMIS has been challenged. The State of Michigan is pursuing alternatives for collecting data from these providers.

2. HMIS Data and Technical Standards Final Notice requirements:

Data Quality:

Data quality in the Detroit CoC HMIS has improved significantly over the past year, particularly for HUD and MSHDA funded programs. Assuring the completeness and quality of data collection from all consumers continues to be a challenge in environments that provide brief services or short term emergency services. In these settings, some items – like disability – are often omitted simply because there is no time to establish the relationship necessary to collect accurate data.

Recording program exits also remains a challenge for many of the shelters in the Detroit CoC. Many shelters do not always know when a client leaves, and therefore don't always exit their clients out of the system. When this happens, HMIS reports may show an over-utilization of beds. The Detroit CoC is developing a report that shows when the client last received services; this report will help agencies determine if they need to exit a client. HMIS staff continue to work with agencies to enter accurate and timely data.

To further assist our users in improving data quality, we have created several report queries along with the Statewide HMIS Systems Administrator that will identify potential errors with client data entered into ServicePoint. Agency Administrators are encouraged to run these reports monthly to detect any missing or conflicting data. These reports focus on missing client data, missing program entries and/or exits, number of clients entered into the program, etc. HMIS users are also encouraged to run the HMIS APR on a weekly basis to ensure that the data being entered into the system flows over to the report correctly. To provide ongoing support for users, HMIS staff have produced job aids and continue to provide onsite coaching.

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

PKI: The State of Michigan has experienced some challenges with developing realistic and affordable options for restricting access from public use using PKI or IP filtering. To address this requirement, Michigan moved its database hosting to a dedicated server which restricts access only to Michigan users. Bowman has developed a PKI option; however the technology must be downloaded on to local computers and removed when computers are changed and updated annually. This is especially difficult because our system is very large and the routine on-site support necessary to accomplish this is not available. The State of Michigan has exercised many security options locally which include training our users on privacy policies and procedures, teaching them how to use various security options and limiting their access based on a need to know. The State of Michigan looks forward to additional dialogue in the area including additional guidance from HUD in interpreting data standards.

M-4: CoC Client Records

Calendar Year	Number of Client Records Entered in HMIS / Analytical Database (Duplicated) for CoC	Number of Unduplicated Clients Entered in HMIS / Analytical Database for CoC
2004	2,919	2,870
2005	15,451	14,687
2006	15,968	15,248

Please provide a brief explanation of the reason(s) for any decreases in the number of records (duplicated or unduplicated) from year to year.

M-5: Data Collection/Completeness and Coverage

(a) Indicate the percentage of unduplicated client records with null or missing values on the date that the point-in-time count was conducted.

Universal Data Element	% Null/Missing Values	Universal Data Element	% Null/Missing Values
Name	0%	Gender	1%
Social Security Number	10%	Veteran Status	9%
Date of Birth	2%	Disabling Condition	17%
Ethnicity	8%	Residence Prior to Program Entry	23%
Race	1%	Zip Code of Last Permanent Address	28%

Briefly describe how the CoC ensures that valid program entry and exit dates are being recorded in the HMIS for persons served.

- HMIS staff monitor entries and exits by running HMIS reports and discussing findings with the HMIS agency administrators
- Data quality monitoring reports have been developed that identify unexited clients and clients without entries; these reports can be accessed by each agency
- The Detroit CoC requires that agencies applying for renewal funding submit an HMIS APR
- MSHDA has required ESG programs to sign off on a quarterly HMIS report

(b) Indicate current OR anticipated HMIS bed coverage of 75% for each housing type.

	75% bed coverage	Anticipate 75% bed coverage	Date anticipate achieving
Emergency Shelter	Y		
Transitional Housing	N	Y	9/1/07
Permanent Supportive Housing	Y		

(c) If CoC has not yet achieved or does not anticipate achieving 75% bed coverage for all beds (including DV beds), please explain why.

The Detroit CoC is not currently achieving 75% bed coverage in Transitional Housing programs due to the following factors:

- One of the TH providers serves survivors of domestic violence. Due to confidentiality regulations, information on domestic violence clients is not entered into HMIS.
- The Michigan Veterans Foundation operates a large (100 bed) TH program for veterans. They also receive funding from the Veterans Administration for this program and must operate under the VA regulation that veteran names may not be transmitted electronically. Because of this restriction, data from Michigan Veterans Foundation is not entered into HMIS, which contributes to the lower percentage.
- Two new TH providers were recently identified and included on the Housing Inventory Chart; these providers are not yet entering data into the HMIS, but HMIS staff will be working with them in the coming months to get them on the system.

- HMIS staff recently trained 3 new TH providers on the system; these providers should be entering data by September 2007.

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

	Y	N	P
1. Training Provided:			
Basic computer training	X		
HMIS software training	X		
Privacy / Ethics training	X		
Security Training	X		
System Administrator training	X		
2. CoC Process/Role:			
Is the CoC able to aggregate all data to a central location at least annually?	X		
Does the CoC monitor compliance with HMIS Data & Technical Standards Final Notice?	X		
3. Security—Participating agencies have:			
Unique username and password access?	X		
Secure location?	X		
Locking screen savers?	X		
Virus protection with auto update?	X		
Individual or network firewalls?	X		
Restrictions on access to HMIS via public forums (e.g. PKI digital certificates or IP filtering)?		X	
4. Security—Agency responsible for centralized HMIS data collection and storage has:			
Procedures for off-site storage of HMIS data?	X		
Disaster recovery plan that has been <u>tested</u> ?	X		
5. Privacy Requirements:			
If your state has additional confidentiality provisions, have they been implemented? <input type="checkbox"/> Check here if there are no additional state confidentiality provisions.	X		
Is there a "Purpose for data collection" sign at each intake desk for all participating agencies?	X		
Has each participating agency adopted a written privacy policy, including the uses and disclosures of client information?	X		
Does each participating agency have a privacy policy posted on its website (if applicable)?	X		
6. Data Quality—CoC has process to review and improve:			
Client level data quality (i.e. missing birth dates etc.)?	X		
Program level data quality (i.e. data not entered by agency in over 14 days)?	X		
CoC bed coverage (i.e. percent of beds)?	X		
7. Unduplication of Client Records—the CoC:			
Uses only HMIS data to generate unduplicated count?	X		
Uses data integration or data warehouse to generate unduplicated count?			X
8. OPTIONAL: Uses of HMIS Data—CoC uses HMIS data for:			
Point-in-Time Count	X		
Project/Program performance monitoring	X		
Program purposes (e.g. case management, bed management, program eligibility screening)	X		
Statewide data aggregation (e.g. data warehouse)			X

Part III: CoC Strategic Planning

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

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
1. Create new PH beds for chronically homeless persons.	1. Create 75 units of permanent supportive housing using a scattered-site approach for the chronically homeless	Joseph Tardella, Vice President Programs, Southwest Counseling Solutions; Chair, Detroit Team to End Chronic Homelessness	543 Beds	90 Beds	810 Beds	1,160 Beds
	2. Provide housing for 7 chronically homeless individuals through an expansion of Southwest Counseling Solutions’ S+C program	Joseph Tardella, Vice President Programs, Southwest Counseling Solutions; Chair, Detroit Team to End Chronic Homelessness				
	3. House 8 chronically homeless individuals with HIV/AIDS through Cass Community Social Services.	Rev. Faith Fowler, Executive Director Cass Community Social Services				

2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%.	1. Establish 75% as the standard for all PH providers.	Camille Price, Development Director, Mariner's Inn; Chair, Project Review Committee	74%	75%	76%	77%
	2. Educate HUD-funded PH providers about this standard and gather information about program successes and barriers.	Camille Price, Development Director, Mariner's Inn; Chair, Project Review Committee				
	3. Develop and implement technical assistance plans for PH providers who are not performing at the standard to help improve performance. Set a goal of 10% improvement over six months. Utilize HMIS to provide data for assessing performance.	Camille Price, Development Director, Mariner's Inn; Chair, Project Review Committee				
	4. Provide SOAR training to Detroit-area service providers to increase consumer access in income and improve retention in permanent housing.	Monica Bellamy, Michigan Department of Community Health				
3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%.	1. Establish 61.5% as the standard for all TH providers.	Camille Price, Development Director, Mariner's Inn; Chair, Project Review Committee	54%	61.5%	62%	62.5%
	2. Educate HUD-funded TH providers about this standard and gather information about program successes and barriers.	Camille Price, Development Director, Mariner's Inn; Chair, Project Review Committee				
	3. Develop and implement technical assistance plans for TH providers who are not performing at the standard to help improve performance. Set a goal of 10% improvement over six months. Utilize HMIS to provide data for assessing performance.	Camille Price, Development Director, Mariner's Inn; Chair, Project Review Committee				

	4. Provide SOAR training to Detroit-area service providers to increase consumer access in income and improve ability to transition from TH to PH.	Monica Bellamy, Michigan Department of Community Health				
4. Increase percentage of homeless persons employed at exit to at least 18%.	1. Establish 23% as the baseline standard for providers.	Diane Bonds, Program Manager, JVS Career Initiative Center	23%	24%	25%	26%
	2. Educate HAND general membership about successful approaches to reducing barriers to employment.	Diane Bonds, Program Manager, JVS Career Initiative Center				
	3. Expand JVS program to include an additional 5 employers	Diane Bonds, Program Manager, JVS Career Initiative Center				
	4. Link at least 850 residentially stable, employment-ready homeless individuals with employers using one-stop programs.	Diane Bonds, Program Manager, JVS Career Initiative Center				
5. Ensure that the CoC has a functional HMIS system.	1. Implement HMIS at an additional 8 agencies.	Andrea Kuhn, HMIS Coordinator	75% Bed Cover- age	77% Bed Cover- age	80% Bed Cover- age	85% Bed Cover- age
	2. Provide ongoing training and support to sustain current use of HMIS and to expand use of HMIS at new agencies.	Andrea Kuhn, HMIS Coordinator				
	3. Provide on-site coaching sessions to improve data quality and to ensure that all clients are being entered into HMIS.	Andrea Kuhn, HMIS Coordinator				

	4. Generate and distribute reports, such as: Annual Homeless Assessment Report (AHAR), CoC Annual Collaborative Report (which shows basic demographic data and progress towards CoC goals) and other reports as needed by the Continuum.	Andrea Kuhn, HMIS Coordinator				
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Barriers: If your CoC will not meet one or more of the above objectives, briefly describe why not (use less than two paragraphs).

Other CoC Objectives in 2007						
1.						
2.						

O: CoC Discharge Planning Policy Chart

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	None	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Formal Protocol Implemented
Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Foster Care:

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

Health Care:

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

Mental Health:

Section 330.1209b of the State Mental Health Code, effective March 28, 1996, requires that "the community mental health services program shall produce in writing a plan for community placement and aftercare services that is sufficient to meet the needs of the individual..." In addition R 330.7199 (h) of the Administrative Code says that the written plan must at a minimum identify "strategies for assuring that recipients have access to needed and available supports identified through a review of their needs." Housing – as well as food, clothing, physical health care, employment, education, legal services, and transportation – is included in the list of needs that must be appropriately addressed as a function of mental health discharge planning. As such, formal systems policy, protocol, and historical practice all help to assure that persons exiting our public mental health system are not discharged into homelessness, including discharge to HUD McKinney-Vento programs.

Corrections:*

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

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

Each community's Comprehensive Plan includes an assessment of local housing issues and proposals for local solutions to housing assistance. Rent subsidy, move-in deposits, and funding for limited-term transitional placements have been common elements funded in local plans. Parolees with substance abuse, mental and physical health disabilities or issues, and other hard-to-place returning prisoners are generally referred to appropriate transitional and treatment supports, and additional aid is, if needed, provided through traditional housing services. The initial 8 pilot sites implemented by MPRI has now grown to 15, and the level of funding allocated to meet the housing needs of returning prisoners has grown to more than \$1,640,000.

*Please note that "corrections" category refers to local jails and state or federal prisons.

P: CoC Coordination Chart

1. Consolidated Plan Coordination	YES	NO
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Jurisdictional 10-year Plan Coordination		
a. Is there one or more formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography that are separate from the CoC 10-year plan? (If No, you may skip to Question 3a.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).		
3. Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CoC 2007 Funding Priorities

Q: CoC Project Priorities Chart

HUD-defined CoC Name: Detroit CoC						CoC #: MI-501			
(1) SF-424 Applicant Name	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount	(6) Term	(7) Program and Component Type			
						SHP New	SHP Renewal	S+C New	SRO New
<input checked="" type="checkbox"/> ** Michigan Department of Community Health	Neighborhood Service Organization	Shelter Plus Care	1	\$1,949,220	5			SRA	
Southwest Housing Solutions	Southwest Housing Solutions	Wilshire Apartments	2	\$129,540	1		PH		
Traveler's Aid Society of Metropolitan Detroit	Traveler's Aid Society of Metropolitan Detroit	Infinity	3	\$918,428	1		PH		
Mariner's Inn	Mariner's Inn	Extended Residency Program	4	\$243,585	1		PH		
Traveler's Aid Society of Metropolitan Detroit	Traveler's Aid Society of Metropolitan Detroit	BEIT	5	\$854,082	1		PH		
Charter County of Wayne	Detroit East CMH	Detroit East Permanent Housing	6	\$393,073	1		PH		
Charter County of Wayne	Development Centers, Inc.	The Omega Project	7	\$443,940	1		PH		
Simon House	Simon House	Hubbell Manor	8	\$88,675	1		PH		
Coalition on Temporary Shelter	Coalition on Temporary Shelter	Wyoming Joy/ Bursmeyer Manor	9	\$135,339	1		PH		
Detroit Rescue Mission Ministries	Detroit Rescue Mission Ministries	My Own Place	10	\$220,333	1		PH		
Detroit Central City CMH	Detroit Central City CMH	Permanent Supportive Housing	11	\$990,567	1		PH		
Homeless Action Network of Detroit	Homeless Action Network of Detroit	Homeless Management Information System	12	\$205,521	1		HMIS		
Detroit Rescue Mission Ministries	Detroit Rescue Mission Ministries	Detroit Rescue Mission	13	\$426,160	1		TH		
Jewish Vocational Services	Jewish Vocational Services	Career Initiative Center	14	\$907,156	1		SSO		
Traveler's Aid Society of Metropolitan Detroit	Traveler's Aid Society of Metropolitan Detroit	SHOP I	15	\$218,768	1		TH		
Neighborhood Legal Services Michigan	Neighborhood Legal Services Michigan	Project Permanency One	16	\$853,435	1		SSO		
Michigan Department of Human Services	Alternatives for Girls	Project MOMMA	17	\$124,142	1		SSO		

CareGivers	CareGivers	Homeless Assessment and Supportive Services	18	\$756,140	1	SSO		
Coalition on Temporary Shelter	Coalition on Temporary Shelter	West Grand Blvd	19	\$105,546	1	TH		
Detroit Rescue Mission Ministries	Detroit Rescue Mission Ministries	Douglas Project	20	\$543,534	1	TH		
Coalition on Temporary Shelter	Coalition on Temporary Shelter	SAFAH Family Stabilization Program	21	\$75,844	1	SSO		
Detroit Rescue Mission Ministries	Detroit Rescue Mission Ministries	Veterans Independence Project	22	\$447,580	1	TH		
Positive Images	Positive Images	Positive Images Supportive Housing Program	23	\$700,010	1	TH		
Charter County of Wayne	Detroit East CMH	New Beginnings	24	\$142,014	1	SSO		
Mariner's Inn	Mariner's Inn	Transitional Housing Program	25	\$289,004	1	TH		
Detroit Rescue Mission Ministries	Detroit Rescue Mission Ministries	The Oasis	26	\$759,593	1	TH		
The Salvation Army – Eastern Michigan Division	The Salvation Army	Target Home	27	\$518,125	1	SSO		
Traveler's Aid Society of Metropolitan Detroit	Traveler's Aid Society of Metropolitan Detroit	SHOP II	28	\$209,811	1	TH		
Mariner's Inn	Mariner's Inn	Residential Substance Abuse Treatment Program	29	\$146,928	1	SSO		
Detroit Rescue Mission Ministries	Detroit Rescue Mission Ministries	Genesis House II	30	\$1,057,722	1	TH		
Michigan Department of Human Services	Catholic Social Services Wayne County	Teen Empowerment Program	31	\$201,576	1	SSO		
Michigan Veterans Foundation	Michigan Veterans Foundation	Detroit Veterans Center	32	\$709,837	1	TH		
Southwest Housing Solutions	Southwest Housing Solutions	Springwells	33	\$225,532	1	SSO		
Coalition on Temporary Shelter	Coalition on Temporary Shelter	Peterboro Transitional Services Program	34	\$84,980	1	TH		
Charter County of Wayne	Southwest Counseling Solutions	Southwest Housing Partners	35	\$125,183	1	SSO		
Detroit Rescue Mission Ministries	Detroit Rescue Mission Ministries	Samaritan Center	36	\$622,667	1	TH		
Michigan Department of Human Services	Detroit Rescue Mission Ministries	Genesis House I/Teen Moms	37	\$406,741	1	TH		
Covenant House Michigan	Covenant House Michigan	Rights of Passage	38	\$400,233	1	TH		
Traveler's Aid Society of Metropolitan Detroit	Traveler's Aid Society of Metropolitan Detroit	SHOP III	39	\$89,617	1	SSO		

Cass Community Social Services	Cass Community Social Services	TH for Men at Scott	40	\$188,725	1		TH		
Cass Community Social Services	Cass Community Social Services	Safe Haven for Men @ Scott	41	\$420,000	1		SH-TH		
United Community Housing Coalition	United Community Housing Coalition	Permanent Supportive Housing	42	\$632,613	1		SSO		
Coalition on Temporary Shelter	Coalition on Temporary Shelter	Peggy's Place	43	\$660,686	1		TH		
Cass Community Social Services	Cass Community Social Services	Mom's Place	44	\$148,529	1		TH		
Michigan Department of Human Services	Lula Belle Stewart Center	Mother and Infant House (MAI) II	45	\$217,208	1		TH		
Cass Community Social Services	Cass Community Social Services	Mom's Place II	46	\$108,743	1		TH		
Freedom House	Freedom House	New American Homeless Network	47	\$379,819	1		TH		
Michigan Department of Human Services	Lula Belle Stewart Center for Federation of Youth Services	Mother and Infant House (MAI) II	48	\$138,410	1		TH		
Coalition on Temporary Shelter	Coalition on Temporary Shelter	Domestic Violence Transitional Services Program	49	\$353,364	1		TH		
(8) Subtotal: Requested Amount for CoC Competitive Projects:				\$ 20,968,278					
(9) Shelter Plus Care Renewals:						S+C Component Type			
Michigan Department Community Health	Development Centers, Inc.	Shelter Plus Care	50	\$296,364	1		SRA		
Michigan Department Community Health	Southwest Solutions	Shelter Plus Care	51	\$525,204	1		SRA		
Michigan Department Community Health	Traveler's Aid Society of Metropolitan Detroit	Shelter Plus Care	52	\$288,480	1		SRA		
Michigan Department Community Health	Detroit East CMH, Inc.	Shelter Plus Care	53	\$278,724	1		SRA		
Michigan Department Community Health	Neighborhood Service Organization, Inc.	Shelter Plus Care	54	\$87,516	1		SRA		
Michigan Department Community Health	Coalition on Temporary Shelter	Shelter Plus Care	55	\$624,276	1		SRA		
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$ 2,100,564					
(11) Total CoC Requested Amount (line 8 + line 10):				\$ 23,068,842					

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

**Check this box if this is a #1 priority Samaritan bonus project.

CoC-Q

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

1a. Will your CoC be using the PRN reallocation process? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
1b. If Yes, explain the open decision making process the CoC used to reduce and/or eliminate projects (use no more than one-half page).					
2. Enter the total 1-year amount of <i>all</i> SHP projects that are eligible for renewal in 2007, which amount you have verified with your field office:				<i>Example:</i> \$530,000	\$
3. Starting with the total entered above for question 2, subtract the amount your CoC proposes to use for new permanent housing project, and enter the remaining amount: <i>(In this example, the amount proposed for new PH project is \$140,000)</i>				<i>Example:</i> \$390,000	\$
4. Enter the Reduced or Eliminated Grant(s) in the 2007 Competition					
(1) Expiring Grants	(2) Program Code	(3) Component	(4) Annual Renewal Amount	(5) Reduced Amount	(6) Retained Amount from Existing Grant
(7) TOTAL:					
5. Newly Proposed Permanent Housing Projects in the 2007 Competition*					
(8) 2007 Project Priority Number		(9) Program Code	(10) Component	(11) Transferred Amounts	
(12) TOTAL:					

*No project listed here can be a #1 priority Samaritan Bonus project

S: CoC Project Leveraging Summary Chart

Name of Continuum	Total Value of Written Commitment
Detroit CoC	\$22,975,666

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:													
Type of Housing		All SHP Funds Requested (Current Year)		Renewal Projections									
		2007		2008		2009		2010		2011		2012	
Transitional Housing (TH)		9,177,670		9,177,670		9,177,670		9,177,670		9,177,670		9,177,670	
Safe Havens-TH		420,000		420,000		420,000		420,000		420,000		420,000	
Permanent Housing (PH)		4,417,562		4,930,807		4,930,807		4,930,807		4,930,807		4,930,807	
Safe Havens-PH		0		0		0		0		0		0	
SSO		4,798,305		4,798,305		4,798,305		4,798,305		4,798,305		4,798,305	
HMIS		205,521		205,521		205,521		205,521		205,521		205,521	
Totals		19,019,058		19,532,303		19,532,303		19,532,303		19,532,303		19,532,303	
Shelter Plus Care (S+C) Projects:													
Number of S+C Bedrooms		All S+C Funds Requested (Current Year)		Renewal Projections									
		2007		2008		2009		2010		2011		2012	
		Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
SRO		0	0	0	0	0	0	0	0	0	0	0	
0		5	34,920	13	90,792	13	90,792	13	90,792	13	90,792	13	90,792
1		190	3,071,016	180	1,432,080	227	1,806,012	227	1,806,012	227	1,806,012	276	2,195,856
2		45	428,220	67	637,572	67	637,572	67	637,572	67	637,572	67	637,572
3		43	489,168	51	580,176	51	580,176	51	580,176	51	580,176	51	580,176
4		7	82,152	7	82,152	7	82,152	7	82,152	7	82,152	7	82,152
5		0	0	0	0	0	0	0	0	0	0	0	0
Totals		290	4,105,476	318	2,822,772	365	3,196,704	365	3,196,704	365	3,196,704	414	3,586,548

Part IV: CoC Performance

U: CoC Achievements Chart

2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	12-month Measurable Achievement Proposed in 2006 (from Chart N of your 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
1. Create new PH beds for chronically homeless persons.	Provide 146 beds for the chronically homeless through: <ol style="list-style-type: none"> 1. 40 Section 8 (Housing Choice Vouchers) 2. 45 Tenant-Based Rental Assistance Vouchers 3. 47 S+C beds through Southwest Solutions 4. 14 beds through Cass Community Social Services' HOPWA project 	Provided 146 of beds for the chronically homeless through: <ol style="list-style-type: none"> 1. 3 Section 8 (Housing Choice Vouchers) 2. 90 Tenant-Based Rental Assistance Vouchers 3. 47 S+C beds through Southwest Solutions 4. 6 beds through Cass Community Social Services' HOPWA project
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	<ol style="list-style-type: none"> 1. Establish 71% as the standard for PH providers. 2. Educate HUD-funded PH providers about this standard and gather information about program successes and barriers. 3. Develop and implement technical assistance plans for PH providers who are not performing to the standard to help improve performance. Set a goal of 10% improvement over six months. Utilize HMIS to provide data for assessing performance. 	Seventy-four percent (74%) of homeless persons staying in PH were there for over six months.
3. Increase percentage of homeless persons moving from TH to PH to 61.5%.	<ol style="list-style-type: none"> 1. Establish 61% as the standard for TH providers. 2. Educate HUD-funded TH providers about this standard and gather information about program successes and barriers. 3. Develop and implement technical 	Fifty-four (54%) of homeless persons in transitional housing moved to permanent housing.

	<p>assistance plans for TH providers who are not performing to the standard to help improve performance. Set a goal of 10% improvement over six months. Utilize HMIS to provide data for assessing performance.</p>	
<p>4. Increase percentage of homeless persons becoming employed by 11%.</p>	<ol style="list-style-type: none"> 1. Educate HAND general membership about successful approaches to reducing barriers to employment. 2. Expand JVS program to include an additional five employers. 3. Link at least 800 residentially stable, employment-ready homeless individuals with employers using one-stop programs. 	<p>Twenty-three percent (23%) of homeless persons were employed.</p>
<p>5. Ensure that the CoC has a functional HMIS system.</p>	<ol style="list-style-type: none"> 1. 90% of HUD McKinney Vento-funded providers are entering 90% of universal and program-specific data elements for at least 75% of clients. 2. 90% of non-HUD McKinney Vento-funded providers currently entering HMIS data are entering 90% of universal data elements for at least 75% of clients. 3. Comprehensive plan for data use has been developed and shared with HAND board. 4. Semi-annual aggregate reports are generated for HAND related to progress on HUD and other goals. 	<ol style="list-style-type: none"> 1. Ninety percent (90%) of HUD McKinney-Vento agencies are entering 90% of universal data elements for at least 75% of clients. 2. Ninety-one percent (91%) of non-HUD McKinney Vento-funded programs are entering 90% of universal data elements for at least 75% of their clients. 3. The Detroit CoC HMIS Reports Committee was formed in Jan. 2007. The committee has developed and presented to the HAND board a reporting plan for HMIS data that lists the types and names of reports, how often they should be generated, and who should receive the reports. 4. HMIS Aggregate Reports have been distributed to the HAND board in July 2006, March 2007, and June 2007.

	<p>5. Five common report queries developed for use by agencies</p> <p>6. Five additional providers are implementing HMIS</p> <p>7. Strategies for improving HMIS data entry and efficiency with large shelters and outreach program have been developed and implemented.</p>	<p>These reports show: basic demographic information, length of stay in Permanent Supportive Housing programs, number of clients moving from Transitional Housing to Permanent Supportive Housing, and the destination for Transitional Housing clients.</p> <p>5. Several report queries regarding data quality were developed by the State system administrator. Detroit HMIS staff also created 9 queries that agencies can use to run reports.</p> <p>6. Five additional providers have been trained on HMIS and are in various stages of implementation.</p> <p>7. A data sharing pilot project has been started with four of the largest shelters, with the intent to minimize the amount of data entry required. Strategies in this pilot include distributing ID cards generated from the HMIS and the use of scanners to scan the ID cards to efficiently record services.</p>
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Briefly explain the reasons for not meeting one or more of your proposed measurable achievements.

Objective 3 (Establish 61% as the standard for TH providers):

Providers of transitional housing programs within the Detroit CoC continue to face barriers to successfully placing their consumers into permanent housing. The Detroit CoC continues to identify these barriers, including assessing the needs of the population being served in TH programs and determining if this population would be more successfully served in another type of program (ie, permanent housing).

OPTIONAL: If desired, you may use this space to describe your CoC's most significant accomplishments over the past 12 months.

In addition to the above achievements, the Homeless Action Network of Detroit (Detroit's CoC) has experienced several significant accomplishments over the past 12 months:

Ten-Year Plan to End Homelessness

In October 2006, the Homeless Action Network of Detroit (the Detroit CoC) completed "*Moving Forward Together: A 10-Year Plan to End Homelessness in Detroit, Hamtramck, and Highland Park, Michigan*". The completion of this plan was a community-driven effort, and brought together stakeholders from the public and private sectors. The Detroit CoC is proud to be a part of Michigan's state-wide campaign to end homelessness, and joins every other Continuum of Care in Michigan with a completed 10-Year Plan to End Homelessness.

City Connect Detroit Collaborative to Address Homelessness

The Homeless Action Network of Detroit is pleased to be a part of a cross-sector collaborative convened and facilitated by City Connect Detroit with a focus on developing permanent supportive housing for the homeless. This collaboration is bringing together the corporate, government, and nonprofit communities in a new way. With support provided by the McGregor Fund, this collaboration will build new partnerships between these three sectors and generate greater resources for the city of Detroit in its effort to end homelessness in the next 10 years.

Detroit Team to End Chronic Homelessness (DTECH)

One of the formal committees of HAND, DTECH's original purpose was to provide management and oversight to several funded programs providing permanent housing for the chronically homeless. In recent months, however, membership in this committee has expanded to include a diverse array of stakeholders within the Continuum, and is now looking ahead to what strategies need to be developed or implemented in order to end chronic homelessness in the Detroit CoC.

Increasing Capacity

Over the past year, the Detroit CoC was able to hire its first full-time coordinator. This increase in capacity has improved the Continuum's visibility in the community, improved the planning and coordination of HUD and MSHDA funding applications, and has strengthened the Continuum's overall operations.

V: CoC Chronic Homeless (CH) Progress Chart

The data in this chart should come from point-in-time counts also used for Chart K: Populations and Subpopulations Chart and Chart I: Housing Inventory Chart. For further instructions in filling out this chart, please see the Instructions section.

1. Enter the total number of chronically homeless persons in your CoC and the total number of permanent housing beds designated for the chronically homeless in your CoC for each year.					
Year	Number of CH Persons			Number of PH beds for the CH	
2005	1,338			278	
2006	1,338			425	
2007	1,503			543	
Briefly describe the reason(s) for any increases in the total number of chronically homeless persons between 2006 and 2007:					
<p>While it appears that there was an increase in the number of chronically homeless between the 2005 and the 2007 PIT, in actuality this increased number is most likely due to improved data collection and analyzing methods, and <i>not</i> due to an overall increase in the number of chronically homeless. It is highly probable that the 2005 PIT under-reported the number of chronically homeless, and that the 2007 number is in fact a more accurate reflection of the number of chronically homeless in the Detroit CoC.</p>					
2. Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2006 and January 31, 2007:					___142___
3. Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2006 and January 31, 2007.					
Cost Type	Public/Government				Private
	HUD McKinney-Vento	Other Federal	State	Local	
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$411,325	\$615,769	\$0	\$0	\$0
TOTAL	\$411,325	\$615,769	\$0	\$0	\$0

W: CoC Housing Performance Chart

1. Participants in Permanent Housing (PH)		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart using data based on the <u>most recently submitted</u> APR for Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited PH project(s)—APR Question 12(a)	198
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	572
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	139
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	431
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b., multiplied by 100 = e.)	74%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart using data based on the <u>most recently submitted</u> APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	1316
b.	Number of participants who moved to PH	705
c.	Percent of participants in TH projects who moved to PH (b. divided by a., multiplied by 100 = c.)	54%

X: Mainstream Programs and Employment Project Performance Chart

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart are included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	All renewal projects on the CoC Priorities Chart that are not exempted from reporting in the APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3÷Col 1 x 100)
4,434	a. SSI	587	13%
4,434	b. SSDI	140	3%
4,434	c. Social Security	59	1%
4,434	d. General Public Assistance	166	4%
4,434	e. TANF	613	14%
4,434	f. SCHIP	1	0%
4,434	g. Veterans Benefits	138	3%
4,434	h. Employment Income	1,010	23%
4,434	i. Unemployment Benefits	43	1%
4,434	j. Veterans Health Care	231	5%
4,434	k. Medicaid	401	9%
4,434	l. Food Stamps	1,348	30%
4,434	m. Other: Includes savings, Medicare, and pensions	210	5%
4,434	n. No Financial Resources	1,502	34%

Y: Enrollment and Participation in Mainstream Programs Chart

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

Z: Unexecuted Grants Awarded Prior to the 2006 CoC Competition Chart

Provide a list of <u>all</u> HUD McKinney-Vento Act awards made prior to the 2006 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).			
Project Number	Applicant Name	Project Name	Grant Amount
NONE			
		Total:	

AA: CoC Participation in Energy Star Chart

<p>HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. For information on the Energy Star initiative go to: http://www.energystar.gov.</p>
<p>Have you notified CoC members of the Energy Star initiative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: <u> 60 </u>%</p>

AB: Section 3 Employment Policy Chart

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