

## Before Starting the Exhibit 1 Continuum of Care (CoC) Application

The CoC Consolidated Application has been divided into two sections and each of these two sections REQUIRE SUBMISSION in e-snaps in order for the CoC Consolidated Application to be considered complete:

- CoC Consolidated Application - CoC Project Listings

CoCs MUST ensure that both parts of this application are submitted by the submission due date to HUD as specified in the FY2012 CoC Program NOFA.

Please Note:

- Review the FY2012 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the information in e-snaps.
- As a reminder, CoCs were not able to import data from the previous year due to program changes under HEARTH. All parts of the application must be fully completed.

For Detailed Instructions click [here](#).

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

### Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at [www.hudhre.info](http://www.hudhre.info).

**CoC Name and Number (From CoC Registration): (dropdown values will be changed)** MI-519 - Holland/Ottawa County CoC

**Collaborative Applicant Name:** Community Action House

**CoC Designation:** CA

## 1B. Continuum of Care (CoC) Operations

### Instructions:

Collaborative Applicants will provide information about the existing operations of the CoC. The first few questions ask basic information about the structure and operations: name, meeting frequency, and if the meetings have an open invitation process for new members. If there is an open invitation process for new members, the Collaborative Application will need to clearly describe the process. Additionally, the CoC should include homeless or formerly homeless persons as part of the operations process. The Collaborative Applicant will indicate if the CoC structure includes homeless or formerly homeless members and if yes, what the connection is to the homeless community.

Next, indicate if the CoC provides written agendas of the CoC meetings, includes a centralized or coordinated assessment system in the jurisdiction, and if the CoC conducts monitoring of ESG recipients and subrecipients. If the CoC does not provide any of these, explain the plans of the CoC to begin implementation within the next year. For any of the written processes that are selected, specifically describe each of the processes within the CoC.

Finally, select the processes for which the CoC has written and approved documents: establishment and operations of the CoC, code of conduct for the board, written process for board selection that is approved by the CoC membership, and governance charters in place for both the HMIS lead agency as well as participating organizations, especially those organizations that receive HUD funding. For any documents chosen, the CoC must have both written and approved documents on file.

**Name of CoC Structure:** Ottawa Area Housing Coalition

**How often does the CoC conduct open meetings?** Quarterly

**Are the CoC meetings open to the public?** Yes

**Is there an open invitation process for new members?** Yes

**If 'Yes', what is the invitation process? (limit 750 characters)**

The public is always welcome to attend regular meetings of the CoC. Current CoC member agencies are encouraged to invite community stakeholders to attend CoC meetings. As per the by-laws members can (and are strongly encouraged) to recommend for membership any agencies, businesses and community advocates interested in housing issues.

**Are homeless or formerly homeless representatives members part of the CoC structure?** Yes

**If formerly homeless, what is the connection to the community?** Community Advocate

**Does the CoC provide**

CoC Checks	Response
Written agendas of meeting?	Yes
Centralized assessment?	Yes
ESG monitoring?	Yes

**If 'No' to any of the above what processes does the CoC plan to implement in the next year? (limit 1000 characters)**

**Based on the selection made above, specifically describe each of the processes chosen (limit 1000 characters)**

The CoC Coordinator, with input from the Co-Chairs of the Primary decision-making body, creates a written agenda for every quarterly CoC meeting and Executive Committee meeting. The agenda includes updates from the various committees, regional initiatives, and ten year plan goals and objectives.

The CoC utilizes a centralized assessment for a number of homeless programs available in Ottawa County but not all. The call center is equipped to refer callers to the appropriate provider. The CoC and the housing assessment and resource agency continue to explore with housing service providers the possibility of eligibility screening for more programs throughout the county.

The CoC Coordinator and a representative of the ESG Fiduciary agency monitor the ESG grantees. A self-assessment is forwarded to each grantee ahead of a monitoring visit and reviewed by the monitors. Ten-percent of individual client files are reviewed by the CoC coordinator.

**Does the CoC have the following written and approved documents:**

Type of Governance	Yes/No
CoC policies and procedures	Yes
Code of conduct for the Board	No
Written process for board selection	Yes
Governance charter among collaborative applicant, HMIS lead, and participating agencies.	Yes

## 1C. Continuum of Care (CoC) Committees

**Instructions:**

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

**Committees and Frequency:**

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Ottawa Area Housing Coalition	The Ottawa Area Housing Coalition (OAHC), the CoC for Ottawa County, is responsible for the implementation of the plan to end homelessness and facilitating planning of housing activities for Ottawa County. The OAHC is the key group involved in project selection and review.	quarterly (once each quarter)
10 Year Plan Steering Committee	This group provides direction to the CoC Coordinator in regards to the implementation of the 10 Year Plan to End Homelessness.	quarterly (once each quarter)
Homeless Youth Council	This committee is responsible for setting goals and objectives related to meeting the needs of homeless youth. Three subcommittees focus on resource coordination, data collection and housing.	Monthly or more
HMIS Agency Administrators	Each member of this group represents an agency in the HMIS implementation. They are responsible for keeping abreast of changes in the HMIS system, training users and reviewing homeless data.	quarterly (once each quarter)
Homelessness Awareness Committee	This committee is responsible for conducting the annual Point in Time Count including outreach, training and analysis. The committee explores ways to educate the community regarding the incidents and impact on homelessness. The committee organizes the Project Homeless Connect events.	Monthly or more

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

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

Click on the icon to enter information for the CoC Member Organizations.

Membership Type
Private Sector
Individual
Public Sector

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

**Instructions:**

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

**Public Sectors:** Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

**Private Sectors:** Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

**Individuals:** Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.

**Type of Membership:** Private Sector  
**Click Save after selection to view grids**

### Number of Private Sector Organizations Represented in Planning Process

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
<b>Total Number</b>	1	5	0	0	8	

### Number of Private Sector Organizations Serving Each Subpopulation

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
<b>Subpopulations</b>						
<b>Seriously mentally ill</b>	0	0	0	0	1	0
<b>Substance abuse</b>	0	0	0	0	0	0
<b>Veterans</b>	0	0	0	0	0	0
<b>HIV/AIDS</b>	0	0	0	0	0	0

Domestic violence	0	0	0	0	1	0
Children (under age 18)	0	0	0	0	3	0
Unaccompanied youth (ages 18 to 24)	0	0	0	0	3	0

**Number of Private Sector Organizations Participating in Each Role**

	Businesses	Faith-Based Organizations	Funder Advocacy Group	Hospitals/ Med Representatives	Non-Profit Organizations	Other
<b>Roles</b>						
Committee/Sub-committee/Work Group	1	5	0	0	8	0
Authoring agency for consolidated plan	0	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0	0	0	0
Attend Consolidated Plan focus groups/ public forums during past 12 months	0	5	0	0	3	0
Lead agency for 10-year plan	0	0	0	0	1	0
Attend 10-year planning meetings during past 12 months	0	3	0	0	3	0
Primary decision making group	0	3	0	0	4	0

**1D. Continuum of Care (CoC) Member Organizations Detail**

**Instructions:**

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

Public Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Private Sectors: Enter the number of organizations that are represented in the CoC’s planning process.

Enter the number of organizations that serve each of the subpopulations listed.

Enter the number of organizations that participate in each of the roles listed.

Individuals: Enter the number of individuals that are represented in the CoC’s planning process.

Enter the number of individuals that serve each of the subpopulations listed.

Enter the number of individuals who participate in each of the roles listed.



**Type of Membership:** Individual  
**Click Save after selection to view grids**

**Number of Individuals Represented in Planning Process**

	Homeless	Formerly Homeless	Other
<b>Total Number</b>	0	1	0

**Number of Individuals Serving Each Subpopulation**

	Homeless	Formerly Homeless	Other
<b>Subpopulations</b>			
Seriously mentally ill	0	0	0
Substance abuse	0	0	0
Veterans	0	0	0
HIV/AIDS	0	0	0
Domestic violence	0	0	0
Children (under age 18)	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0

**Number of Individuals Participating in Each Role**

	Homeless	Formerly Homeless	Other
<b>Roles</b>			
Committee/Sub-committee/Work Group	0	1	0
Authoring agency for consolidated plan	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0
Attend consolidated plan focus groups/ public forums during past 12 months	0	0	0
Lead agency for 10-year plan	0	0	0
Attend 10-year planning meetings during past 12 months	0	0	0
Primary decision making group	0	0	0

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

**Instructions:**

Enter the number of public organizations, private organizations, or individuals for each of the categories below. Each section below must have at least one field completed.

**Public Sectors:** Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.  
 Enter the number of organizations that participate in each of the roles listed.

**Private Sectors:** Enter the number of organizations that are represented in the CoC's planning process.

Enter the number of organizations that serve each of the subpopulations listed.  
 Enter the number of organizations that participate in each of the roles listed.

**Individuals:** Enter the number of individuals that are represented in the CoC's planning process.

Enter the number of individuals that serve each of the subpopulations listed.  
 Enter the number of individuals who participate in each of the roles listed.

**Type of Membership:** Public Sector  
**Click Save after selection to view grids**

### Number of Public Sector Organizations Represented in Planning Process

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
<b>Total Number</b>	0	4	1	0	0	1	

### Number of Public Sector Organizations Serving Each Subpopulation

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
<b>Subpopulations</b>							
<b>Seriously mentally ill</b>	0	1	0	0	0	0	0

Substance abuse	0	1	0	0	0	0	0
Veterans	0	0	1	0	0	1	0
HIV/AIDS	0	1	0	0	0	0	0
Domestic violence	0	0	0	0	0	0	0
Children (under age 18)	0	0	0	0	0	0	0
Unaccompanied youth (ages 18 to 24)	0	0	0	0	0	0	0

**Number of Public Sector Organizations Participating in Each Role**

	Law Enforcement/Corrections	Local Government Agencies	Local Workforce Investment Act Boards	Public Housing Agencies	School Systems/Universities	State Government Agencies	Other
<b>Roles</b>							
Committee/Sub-committee/Work Group	1	4	1	0	0	1	0
Authoring agency for consolidated plan	0	1	0	0	0	0	0
Attend consolidated plan planning meetings during past 12 months	0	0	0	0	0	0	0
Attend consolidated plan focus groups/public forums during past 12 months	0	0	0	0	0	0	0
Lead agency for 10-year plan	0	0	0	0	0	1	0
Attend 10-year planning meetings during past 12 months	0	0	0	0	0	1	0
Primary decision making group	0	1	1	0	0	1	0

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

### Instructions:

The CoC solicitation of project applications and the project application selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s). Where applicable, describe how the process works.

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

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

**Rating and Performance Assessment Measure(s) (select all that apply):** l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, r. Review HMIS participation status

### Describe how the CoC uses the processes selected above in rating and ranking project applications. (limit 750 characters)

The ratings and performance assessments are conducted during the application process. Each project applicant requesting CoC program funding submits a letter of intent to the CoC. The letter includes a description of the project, progress from the previous year, and amount requested. The letters also address the provider's capacity and experience. CoC member agencies and individuals review the request and make ranking recommendations based on those submissions. Eligibility requirements include involvement in the CoC and participation in the HMIS implementation.

**Did the CoC use the gaps/needs analysis to ensure that project applications meet the needs of the community?** Yes

**Has the CoC conducted a capacity review of each project applicant to determine its ability to properly and timely manage federal funds?** Yes

**Voting/Decision-Making Method(s)**  
**(select all that apply):** b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, d. One Vote per Organization, f. Voting Members Abstain if Conflict of Interest

**Is the CoC open to proposals from entities that have not previously received funds in the CoC process?** Yes

**If 'Yes', specifically describe the steps the CoC uses to work with homeless service providers that express an interest in applying for HUD funds, including the review process and providing feedback (limit 1000 characters)**

The CoC informs the housing service providers that funding is available through the Department of Housing and Urban Development via e-mail. Any and all agencies are encouraged to submit a letter of intent to apply for funds to the CoC Coordinator. The letters are distributed to CoC member agencies for review. CoC member agencies are encouraged to attend review meeting where questions are addressed and potential applicants can receive feedback. The Ottawa CoC is expecting that with the reallocation process more agencies will step forward with an interest in applying for HUD funds.

**Were there any written complaints received by the CoC regarding any matter in the last 12 months?** No

**If 'Yes', briefly describe complaint(s), how it was resolved, and the date(s) resolved (limit 1000 characters)**

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

### Instructions:

For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2012 Housing Inventory Count (HIC) as compared to the 2011 HIC. If there was a change, describe the reason(s) in the space provided for each housing type. If the housing type does not exist in the CoC, select "Not Applicable" and indicate that in the text box for that housing type.

Indicate if any of the transitional housing projects in the CoC utilized the transition in place method; i.e., if participants in transitional housing units remained in the unit when exiting the program to permanent housing. If the units were transitioned, indicate how many.

**Emergency Shelter:** No

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

**HPRP Beds:** Not Applicable

**Briefly describe the reason(s) for the change in HPRP beds or units, if applicable (limit 750 characters)**

**Safe Haven:** Not Applicable

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

**Transitional Housing:** Yes

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

The decrease can be attributed to the removal of non-HUD funded units from the transitional housing inventory. While the decrease is reflected in the most recent Housing Inventory Chart the beds have since been replaced in the local inventory.

**Did any projects within the CoC utilize transition in place; i.e., participants in transitional housing units transitioned in place to permanent housing?** Yes

**If yes, how many transitional housing units in the CoC are considered "transition in place":** 1

**Permanent Housing:** Yes

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

While there appears to be a net decrease of permanent housing beds, the Holland/Ottawa CoC added 4 new permanent beds for single women. The same number of units are available in the inventory but larger families were accommodated in the last year.

**CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding:** Yes

## **1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods**

**Instructions:**

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24 hour period during the last ten days of January 2012. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

**Did the CoC submit the HIC data in HDX by April 30, 2012?** Yes

**If 'No', briefly explain why the HIC data was not submitted by April 30, 2012 (limit 750 characters)**

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

**Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count (select all that apply):** Follow-up, Updated prior housing inventory information, Training, Instructions, HMIS, Confirmation

**Must specify other:**

**Indicate the type of data or method(s) used to determine unmet need (select all that apply):** Provider opinion through discussion or survey forms, Unsheltered count, Local studies or non-HMIS data sources, HMIS data, Housing inventory, HUD unmet need formula

**Specify "other" data types:**

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

The Ottawa CoC uses the HUD unmet need formula as the basis for calculating the unmet need. The other data sources are reviewed to determine the accuracy of the data elements.



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

**Intructions:**

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

**Select the HMIS implementation coverage area:** Statewide

**Select the CoC(s) covered by the HMIS (select all that apply):** MI-523 - Eaton County CoC, MI-503 - St. Clair Shores/Warren/Macomb County CoC, MI-504 - Pontiac/Royal Oak/Oakland County CoC, MI-505 - Flint/Genesee County CoC, MI-515 - Monroe City & County CoC, MI-516 - Norton Shores/Muskegon City & County CoC, MI-514 - Battle Creek/Calhoun County CoC, MI-517 - Jackson City & County CoC, MI-510 - Saginaw City & County CoC, MI-511 - Lenawee County CoC, MI-512 - Grand Traverse, Antrim, Leelanau Counties CoC, MI-501 - Detroit CoC, MI-502 - Dearborn/Dearborn Heights/Westland/Wayne County CoC, MI-513 - Marquette, Alger Counties CoC, MI-518 - Livingston County CoC, MI-507 - Portage/Kalamazoo City & County CoC, MI-509 - Ann Arbor/Washtenaw County CoC, MI-508 - Lansing/East Lansing/Ingham County CoC, MI-506 - Grand Rapids/Wyoming/Kent County CoC, MI-500 - Michigan Balance of State CoC, MI-519 - Holland/Ottawa County CoC

**Is there a governance agreement in place with the CoC?** Yes

**If yes, does the governance agreement include the most current HMIS requirements?** Yes

**If the CoC does not have a governance agreement with the HMIS Lead Agency, please explain why and what steps are being taken towards creating a written agreement (limit 1000 characters)**

**Does the HMIS Lead Agency have the following plans in place?** Data Quality Plan, Privacy Plan, Security Plan

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

**If 'No', select reason:**

**If 'Yes', list the name of the product:** ServicePoint

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

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

**Indicate the date on which HMIS data entry started (or will start):** 12/01/2004  
**(format mm/dd/yyyy)**

**Indicate the challenges and barriers impacting the HMIS implementation (select all the apply):** Other, Inadequate resources, Inadequate staffing

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

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

The Ottawa CoC currently has one half-time position dedicated to the HMIS implementation. With the increased reporting responsibilities and the ongoing system upgrades, the implementation will require more staff hours to be effective. Currently the Ottawa CoC is exploring the possibility of incorporating which would allow for increased fundraising. The primary decision-making body will also be assessing the time designated for HMIS administration to assure that key tasks are completed. The CoC faces some challenges when encouraging the sharing of data. Some agencies are not comfortable with sharing certain data elements, there are legal implications to others. The CoC believes that sharing data helps providers serve clients better. Conversations will continue with the implementation about sharing more data.

**Does the CoC lead agency coordinate with the HMIS lead agency to ensure that HUD data standards are captured?** Yes

## 2B. Homeless Management Information System (HMIS): Funding Sources

**In the chart below, enter the total budget for the CoC's HMIS project for the current operating year and identify the funding amount for each source:**

Operating Start Month/Year	July	2012
Operating End Month/Year	June	2013

### Funding Type: Federal - HUD

Funding Source	Funding Amount
SHP	\$85,795
ESG	
CDGB	
HOPWA	
HPRP	
<b>Federal - HUD - Total Amount</b>	<b>\$85,795</b>

### Funding Type: Other Federal

Funding Source	Funding Amount
Department of Education	
Department of Health and Human Services	
Department of Labor	
Department of Agriculture	
Department of Veterans Affairs	
Other Federal	
<b>Other Federal - Total Amount</b>	

### Funding Type: State and Local

Funding Source	Funding Amount
City	
County	
State	\$3,801
<b>State and Local - Total Amount</b>	<b>\$3,801</b>

**Funding Type: Private**

Funding Source	Funding Amount
Individual	
Organization	\$17,159
<b>Private - Total Amount</b>	<b>\$17,159</b>

**Funding Type: Other**

Funding Source	Funding Amount
Participation Fees	

<b>Total Budget for Operating Year</b>	<b>\$106,755</b>
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**Is the funding listed above adequate to fully fund HMIS?** No

**If 'No', what steps does the CoC Lead agency, working with the HMIS Lead agency, plan to take to increase the amount of funding for HMIS? (limit 750 characters)**

The Ottawa CoC currently has on half-time position dedicated to the HMIS project. With the increased level of reporting required and on-going system changes the project will require more dedicated hours. The CoC is considering incorporating which will allow for increased fundraising. The CoC is also creating a contribution formula based on agency size and amount of grant funding received.

**How was the HMIS Lead Agency selected by the CoC?** Agency Volunteered

**If Other, explain (limit 750 characters)**

## 2C. Homeless Management Information Systems (HMIS) Bed and Service Volume Coverage

**Instructions:**

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

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

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

* Emergency Shelter (ES) beds	86%+
* HPRP beds	Housing type does not exist in CoC
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	86%+
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Housing (PH) beds	86%+

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

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

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

**Instructions:**

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for HMIS to present accurate and consistent information on homelessness, it is critical that all HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoC's goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, the CoC will indicate participation in the Annual Homelessness Assessment Report (AHAR) and Homelessness Pulse project for 2011 and 2012 as well as whether or not they plan to contribute data in 2013.

**Does the CoC have a Data Quality Plan in place for HMIS?** Yes

**What is the HMIS service volume coverage rate for the CoC?**

Types of Services	Volume coverage percentage
Outreach	66%
Rapid Re-Housing	100%
Supportive Services	100%

**Indicate the length of stay homeless clients remain in the housing types in the grid below. If a housing type does not apply enter "0":**

Type of Housing	Average Length of Time in Housing (Months)
Emergency Shelter	1
Transitional Housing	6
Safe Haven	0

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2012 for each Universal Data Element below:**

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Name	0%	0%
Social security number	10%	11%
Date of birth	1%	1%
Ethnicity	1%	3%

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
Race	1%	4%
Gender	1%	0%
Veteran status	4%	0%
Disabling condition	2%	1%
Residence prior to program entry	3%	7%
Zip Code of last permanent address	4%	2%
Housing status	8%	1%
Destination	0%	0%
Head of household	0%	0%

**How frequently does the CoC review the quality of project level data, including ESG?** At least Quarterly

**Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters)**

The HMIS System Administrator attends a monthly meeting conducted by the HMIS Lead Agency. This meeting provides a forum for sharing new strategies and tools for optimizing the HMIS system. The Ottawa CoC conducts a quarterly meeting of agency administrators at which system issues are discussed and new information is shared. The agency administrators are expected to bring the new information to agency users. Tools currently in use to improve data quality include dashboard reports that offer real-time reporting of missing data and program managers have access to the Annual Homeless Assessment report where program level data quality can be monitored. The System Administrator is readily available to answer questions and troubleshoot.

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

**If less than quarterly for program level data, client level data, or both, explain the reason(s) (limit 750 characters)**

**Does the HMIS have existing policies and procedures in place to ensure that valid program entry and exit dates are recorded in HMIS?** Yes

**Indicate which reports the CoC submitted usable data (Select all that apply):** 2012 AHAR Supplemental Report on Homeless Veterans, 2012 AHAR

**Indicate which reports the CoC plans to submit usable data (Select all that apply):** 2013 AHAR Supplemental Report on Homeless Veterans, 2013 AHAR



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

**Instructions:**

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

Additionally, CoCs will indicate if the HMIS is able to generate program level that is used to generate information for Annual Progress Reports for: HMIS, transitional housing, permanent housing, supportive services only, outreach, rapid re-housing, emergency shelters, and prevention.

**Indicate the frequency in which the CoC uses HMIS data for each of the following:**

- Integrating or warehousing data to generate unduplicated counts:** Never
- Point-in-time count of sheltered persons:** At least Annually
- Point-in-time count of unsheltered persons:** At least Annually
- Measuring the performance of participating housing and service providers:** At least Quarterly
- Using data for program management:** At least Quarterly
- Integration of HMIS data with data from mainstream resources:** Never

**Indicate if your HMIS software is able to generate program-level reporting:**

Program Type	Response
HMIS	Yes
Transitional Housing	Yes
Permanent Housing	Yes
Supportive Services only	Yes
Outreach	Yes
Rapid Re-Housing	Yes
Emergency Shelters	Yes
Prevention	Yes

## 2F. Homeless Management Information Systems (HMIS) Data, Technical, and Security Standards

**Instructions:**

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

**For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:**

* Unique user name and password	At least Annually
* Secure location for equipment	At least Annually
* Locking screen savers	At least Annually
* Virus protection with auto update	At least Annually
* Individual or network firewalls	At least Annually
* Restrictions on access to HMIS via public forums	Never
* Compliance with HMIS policy and procedures manual	At least Annually
* Validation of off-site storage of HMIS data	At least Monthly

**How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards and other HMIS Notices?** At least Annually

**How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)?** Never

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

**If 'Yes', does the HMIS Policy and Procedures manual include governance for:**

HMIS Lead Agency	<input checked="" type="checkbox"/>
Contributory HMIS Organizations (CHOs)	<input checked="" type="checkbox"/>

**If 'Yes', indicate date of last review  
or update by CoC:** 01/15/2013

**If 'Yes', does the manual include a glossary of  
terms?** Yes

**If 'No', indicate when development of manual  
will be completed (mm/dd/yyyy):**

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

**Instructions:**

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

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

* Privacy/Ethics training	At least Monthly
* Data security training	At least Quarterly
* Data quality training	At least Quarterly
* Using data locally	At least Quarterly
* Using HMIS data for assessing program performance	At least Quarterly
* Basic computer skills training	Never
* HMIS software training	At least Quarterly
* Policy and procedures	At least Annually
* Training	At least Annually
* HMIS data collection requirements	At least Quarterly

## 2H. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count

### Instructions:

The point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation, emergency shelters, and transitional housing. Beginning in 2012, CoCs are required to conduct a sheltered point-in-time count annually. The requirement for unsheltered point-in-time counts remains every two years; however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the sheltered point-in-time count and what percentage of the community's homeless services providers participated and whether there was an increase, decrease, or no change between the 2011 and 2012 sheltered counts.

CoCs will also need to indicate the percentage of homeless service providers supplying sheltered information and determining what gaps and needs were identified.

**How frequently does the CoC conduct the its sheltered point-in-time count:** annually (every year)

**Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy):** 01/25/2012

**If the CoC conducted the sheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2012?** Not Applicable

**Did the CoC submit the sheltered point-in-time count data in HDX by April 30, 2012?** Yes

**If 'No', briefly explain why the sheltered point-in-time data was not submitted by April 30, 2012 (limit 750 characters)**

**Indicate the percentage of homeless service providers supplying sheltered population and subpopulation data for the point-in-time count that was collected via survey, interview and HMIS:**

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	0%	33%	0%	67%
Transitional Housing	0%	33%	0%	67%
Safe Havens	0%	0%	0%	0%

**Comparing the 2011 and 2012 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)**

In 2011 the Ottawa CoC counted 343 homeless persons and in 2012 that number was 337. In 2012 there was a small decrease in the number of sheltered families with children as well as 20% increase of sheltered single individuals as compared to 2011. Resources focused on homelessness prevention and rapid re-housing programs have increased over the last twelve months.

**Based on the sheltered point-in-time information gathered, what gaps/needs were identified in the following:**

Need/Gap	Identified Need/Gap (limit 750 characters)
* Housing	Using the HUD unmet need formula the CoC determined that there is a shortage of permanent housing.
* Services	The CoC counted a larger number of unsheltered persons during the 2012 count. This emphasized the lack of outreach services dedicated to homeless adults available in the county.
* Mainstream Resources	The Ottawa CoC doesn't conduct a gaps/needs assessment for mainstream resources during the point in time count.

## 2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

### Instructions:

Accuracy of the data reported in the sheltered point-in-time count is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more method(s) to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) were used to conduct the sheltered point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

**Indicate the method(s) used to count sheltered homeless persons during the 2012 point-in-time count (Select all that apply):**

<b>Survey providers:</b>	<input checked="" type="checkbox"/>
<b>HMIS:</b>	<input checked="" type="checkbox"/>
<b>Extrapolation:</b>	<input type="checkbox"/>
<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

**Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless population during the 2012 point-in-time count. Response should indicate how the method(s) selected were used to produce accurate data (limit 1500 characters)**

HMIS data was used to complete the sheltered count. Housing providers are informed well in advance of the Point in Time count so close attention is paid to data quality and timely data entry. The housing providers complete an HMIS based Point in Time assessment for each resident in the housing programs, including children. The assessment includes all required data elements. A report that tracks missing data is generated by the System Administrator. If missing data is detected, the HMIS System Administrator can track where that client resided on the night of the count and can contact the agency to request a data quality check. The CoC reviews the data with the participating agencies to insure that accurate data is being reported. DV providers are asked to complete spreadsheets without client level identifying information. That information is joined with the HMIS generated data to provide an accurate reflection of the sheltered homeless.

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

### Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are: chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation data is required for sheltered homeless persons. Sheltered chronically homeless persons are those living in emergency shelters only.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may utilize more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) were used to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

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

	<b>HMIS</b>	<input checked="" type="checkbox"/>
	<b>HMIS plus extrapolation:</b>	<input type="checkbox"/>
<b>Sample of PIT interviews plus extrapolation:</b>		<input type="checkbox"/>
	<b>Sample strategy:</b>	<input type="checkbox"/>
	<b>Provider expertise:</b>	<input type="checkbox"/>
	<b>Interviews:</b>	<input type="checkbox"/>
	<b>Non-HMIS client level information:</b>	<input checked="" type="checkbox"/>
	<b>None:</b>	<input type="checkbox"/>
	<b>Other:</b>	<input type="checkbox"/>

**If Other, specify:**

**Describe the methods used by the CoC, based on the selection(s) above, to collect data on the sheltered homeless subpopulations during the 2012 point-in-time count. Response should indicate how the method(s) selected were used in order to produce accurate data on all of the sheltered subpopulations (limit 1500 characters)**



HMIS data was used to complete the sheltered count of sub-populations. Ongoing data quality checks help to produce accurate reports of sub-populations. Housing providers are informed well in advance of the Point in Time count so close attention is paid to data entry. Each provider completes an HMIS based assessment which includes all key point in time elements including sub-populations. The CoC also reviews the data with the participating agencies to insure that accurate data is being reported. Case files were used to identify sub-population characteristics for all of the DV programs.

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

### Instructions:

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported accurate and of high quality. CoCs may undertake once or more actions to improve the quality of the sheltered population data.

**Indicate the method(s) used to verify the data quality of sheltered homeless persons (select all that apply):**

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

**If Other, specify:**

**If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters)**

**Based on the selections above, describe the methods used by the CoC to verify the quality of data collected on the sheltered homeless population during the 2012 point-in-time count. The response must indicate how each method selected above was used in order to produce accurate data on all of the sheltered populations (limit 1500 characters)**

At the beginning of January each year, housing service providers are asked to "Save the Date" of the Point in Time. Instructions are given to agency administrators about the process by which data will be collected. Because most of the data on the sheltered population is collected through HMIS, each provider is asked to complete an HMIS based Point in Time assessment for each person housed on the night of the count. This assessment includes all the data required for the point in time count. Housing providers are reminded weekly until the count to complete the assessment. The System Administrator can run a report that identifies missing data elements at the client level so the agency can be contacted to make corrections.

## **2L. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time (PIT) Count**

**Instructions:**

The unsheltered point-in-time count assists communities and HUD towards understanding the characteristics and number of people sleeping on the streets, including places not meant for human habitation. CoCs are required to conduct an unsheltered point-in-time count every two years (biennially); however, CoCs are strongly encouraged to conduct the unsheltered point-in-time count annually. CoCs are to indicate the date of the last unsheltered point-in-time count and whether there was an increase, decrease, or no change between the last point-in-time count and the last official point-in-time count conducted in 2011.

**How frequently does the CoC conduct an unsheltered point-in-time count?**      annually (every year)

**Indicate the date of the most recent unsheltered point-in-time count (mm/dd/yyyy):**      01/25/2012

**If the CoC conducted the unsheltered point-in-time count outside the last 10 days in January, was a waiver from HUD obtained prior to January 19, 2011 or January 19, 2012?**      Not Applicable

**Did the CoC submit the unsheltered point-in-time count data in HDX by April 30, 2012?**      Yes

**If 'No', briefly explain why the unsheltered point-in-time data was not submitted by April 30, 2011 (limit 750 characters)**

**Comparing the 2011 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the reason(s) for the increase, decrease, or no change (limit 750 characters)**

There was a significant increase in the number of unsheltered persons counted in 2012 as compared to 2011. The number of persons living unsheltered on the night of the point in time count increased from 3 in 2011 to 18 in 2012. The CoC believes this was entirely due to the mild winter. On the night of the count the temperature was in the forties. The majority of the 18 people found unsheltered were living in an encampment in the woods. There was also increased participation of law enforcement in searching for unsheltered persons.

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

### Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on "guesstimates." CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts and whether there was an increase, decrease, or no change between 2011 and the last unsheltered point-in-time count.

Indicate the method(s) used to count unsheltered homeless persons during the 2011 or 2012 point-in-time count (select all that apply):

Public places count:	<input type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>
None:	<input type="checkbox"/>

If Other, specify:

Describe the methods used by the CoC based on the selections above to collect data on the unsheltered homeless populations and subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the unsheltered populations and subpopulations (limit 1500 characters)

The CoC enlists the assistance of various social service organizations and community volunteers to assist in identifying unsheltered homeless persons. Early in January agencies are asked to "Save the Date" of the point in time and are reminded weekly about the upcoming count. A one page spreadsheet is distributed throughout the county along with instructions on its completion. The spreadsheet includes all the required point in time data elements. Agency representatives are assigned a "buddy" from the planning committee in case there are questions or concerns on the day of the count. Planning committee members contact the agency representatives on the day before, the day of and the day after the count. On the day after the count agency representatives are encouraged to send the completed forms via e-mail fax or post to the HMIS system administrator. Each spreadsheet carries the name of agency personnel who completed the form and his/her contact information. In case of errors or missing data the system administrator can follow-up.

## **2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Level of Coverage**

**Instructions:**

CoCs may utilize several methods when counting unsheltered homeless persons. CoCs need to determine what area(s) they will go to in order to count this population. For example, CoCs may canvas an entire area or only those locations where homeless persons are known to sleep. CoCs are to indicate the level of coverage incorporated when conducting the unsheltered count.

**Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:** A Combination of Locations

**If Other, specify:**

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

**Instructions:**

The data collected during point-in-time counts is vital for CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level to plan services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country and to provide Congress and OMB with information regarding services provided, gaps in service, performance, and funding decisions. It is vital that the quality of data reported is accurate and of high quality. CoCs may undertake one or more actions to improve the quality of the sheltered population data.

All CoCs should engage in activities to reduce the occurrence of counting unsheltered persons more than once during the point-in-time count. The strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless persons that may or may not use shelters. CoCs are to describe de-duplication techniques used in the point-in-time count. CoCs are also asked to describe outreach efforts to identify and engage homeless individuals and families.

**Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count (select all that apply):**

Training:	X
HMIS:	
De-duplication techniques:	
"Blitz" count:	
Unique identifier:	X
Survey question:	
Enumerator observation:	
Other:	

**If Other, specify:**

**Describe the techniques, as selected above, used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters)**

The CoC uses a standardized form created by the HMIS lead agency. The form utilizes a unique identifier which allows the system administrator to de-duplicate persons counted by agencies and community volunteers. The form carries the name of the agency personnel completing the form. If there is any missing information or questions the system administrator can follow-up in a timely manner. The information gathered manually is compared to HMIS data entries to ensure that persons have not been counted more than once.



**Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters)**

The creation of a Housing Assessment and Resource Agency (HARA) was required in the 2009 and 2010 Michigan ESG NOFA. This Lead Agency serves as a single point of contact for homeless families seeking housing and services. This approach offers a readily identifiable community mechanism for client referrals and is working towards a more efficient, effective and user friendly service delivery system model. The Michigan State Housing Development Authority, as part of its commitment to Housing First strategies, gives priority to homeless persons and families when determining eligibility for Housing Choice Vouchers. The HARA is the lead agency for determining eligibility for Housing Choice Vouchers and thus is one of the first stops for homeless persons and families. Based on current data, 87% of the households served by the Ottawa CoC are connecting to the HARA. ESG dollars are targeted to support rapid re-housing and homelessness prevention strategies for homeless households with children. Project Homeless Connect is an opportunity for the CoC to identify households with children who were not housed or aware of resources. One Project Homeless Connect was conducted in 2011/2012. This summer event was particularly effective in reaching homeless households with children. While not all households were homeless, because they were able to become familiar with local services, heads of households will know the agencies from which to seek services.

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

While events like the Project Homeless Connect and occasional visits to the soup kitchen increase the visibility of the existing housing programs at certain times of the year they don't increase referrals on an ongoing basis. The Ottawa CoC completed the CoC check-up in early 2012 and there was agreement that Ottawa County lacks a comprehensive outreach strategy. Creating an inclusive outreach plan was added to the plan to end homelessness as a result of the CoC check-up. Next steps include engaging the community who regularly interact with unsheltered homeless persons like law enforcement, mobile food pantries and churches. An initial strategy will be to educate these community members about services available to people in housing crisis.

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

#### **Objective 1: Create new permanent housing beds for chronically homeless persons.**

**Instructions:**

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population.

CoCs will enter the number of permanent housing beds expected to be in place in 12 months, 5 years, and 10 years. These future estimates should be based on the definition of chronically homeless.

CoCs are to describe the short-term and long-term plans for creating new permanent housing beds for chronically homeless individuals and families who meet the definition of chronically homeless. CoCs will also indicate the current number of permanent housing beds designated for chronically homeless individuals and families. This number should match the number of beds reported in the FY2012 Housing Inventory Count (HIC) and entered into the Homeless Data Exchange (HDX).

**How many permanent housing beds are currently in place for chronically homeless persons?** 4

**In 12 months, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 6

**In 5 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 8

**In 10 years, how many permanent housing beds designated for chronically homeless persons are planned and will be available for occupancy?** 12

**Describe the CoC's short-term (12 month) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)**

The CoC is applying for funding through the permanent housing bonus for an additional two beds designated for chronically homeless persons.

**Describe the CoC's long-term (10 year) plan to create new permanent housing beds for persons who meet HUD's definition of chronically homeless (limit 1000 characters)**

The main permanent supportive housing provider and currently the only provider with beds dedicated to chronically homeless persons, Community Mental Health, will dedicate more of its existing beds to the chronically homeless. The largest shelter in the county has conducted a study of the chronically homeless who are not eligible for existing housing programs but who are unable to care for themselves. The study has revealed a need for more permanent housing beds and the shelter intends to create more beds by engaging the faith community. The plan is to recruit churches to donate homes and provide long term support for persons needing permanent supportive housing.

**Describe how the CoC, by increasing the number of permanent housing beds for chronically homeless, will obtain the national goal of ending chronic homelessness by the year 2015 (limit 1000 characters)**

Meeting the needs of this population long term will decrease the number of persons moving in and out of the emergency shelter system. Permanent housing will increase the likelihood of long term housing stability and decrease the use of other resources like health care. By encouraging housing programs to continue to have or to increase the flexibility to serve the chronically homeless more options will be available. Funding will be used more efficiently once those who use the most services are permanently housed.

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

**Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 80 percent or more.**

**Instructions:**

Increasing self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each CoC-funded permanent housing project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Performance Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded permanent housing projects for which an APR was required should indicate this by entering "0" in the numeric fields and note that this type of project does not exist in the CoC in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC-funded permanent housing projects (SHP-PH or S+C) to at least 80 percent.

**What is the current percentage of participants remaining in CoC-funded permanent housing projects for at least six months?** 100%

**In 12 months, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 95%

**In 5 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 95%

**In 10 years, what percentage of participants will have remained in CoC-funded permanent housing projects for at least six months?** 95%

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)**

The Ottawa CoC has maintained a rate well above the required 80% threshold for several years. Currently, case management is offered to those in permanent supportive housing and regular contact is maintained with all households. Because the CoC has adopted a Housing First philosophy that guides planning and programming, the CoC will endeavor to increase the number of households participating in the available case management services. The CoC has also strongly encouraged the use of the self-sufficiency matrix to promote goal setting and follow-up. Following the centralized intake model, the CoC has identified the Housing Assessment and Resource Agency as the main point of contact for individuals and families already in permanent housing. The CoC will review HMIS data to determine why households are exiting from permanent housing and addressing those needs through intensive case-management.

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants remaining in CoC-funded permanent housing projects for at least six months to 80 percent or higher (limit 1000 characters)**

The Ottawa CoC has maintained a rate well above the 80% threshold for several years. The CoC will continue to provide and offer case management services. The CoC will continue to seek long term funding for case management services. The CoC will continue to expand landlord outreach and coordination to increase communication between case managers, advocates and landlords. An annual review of those who leave permanent housing will be implemented.

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

**Objective 3: Increase the percentage of participants in CoC-funded transitional housing that move into permanent housing to 65 percent or more.**

**Instructions:**

The transitional housing objective is to help homeless individuals and families obtain permanent housing and self-sufficiency. Each transitional housing project is expected to report the percentage of participants moving to permanent housing on its Annual Performance Report (APR). CoCs then use this data from all of the CoC-funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

In this section, CoCs will indicate the current percentage of transitional housing project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC funded transitional housing projects for which an APR was required should enter "0" in the numeric fields below and note that this type of housing does not exist in the narratives. CoCs are then to describe short-term and long-term plans for increasing the percentage of participants who move from transitional housing projects into permanent housing to at least 65 percent or more.

**What is the current percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 81%

**In 12 months, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 82%

**In 5 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 82%

**In 10 years, what percentage of participants in CoC-funded transitional housing projects will have moved to permanent housing?** 82%

**Describe the CoCs short-term (12 month) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)**

The Ottawa County CoC has regularly met or exceeded the HUD benchmark for persons moving from TH to PH. In order to maintain HUD's threshold and because income is key to maintaining housing, the Ottawa CoC will increase referrals to employment services and regularly train case managers in the available resources for job searchers in the community. The CoC will also explore partnerships with local hospitals to expand the SOAR services in the county. Expanded use of the Self-Sufficiency Matrix will help identify barriers and encourage the establishment of goals and action plans. Regular analysis of HMIS outcome data will also help in improving overall performance.

**Describe the CoCs long-term (10 year) plan to increase the percentage of participants in CoC-funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters)**

Quality case management services are an important part of helping homeless households move to and maintain permanent housing. The CoC will seek to provide a variety of training opportunities for case managers. The Workforce Investment Act agency is an important partner in assisting in the search for permanent employment and the CoC will continue to strengthen the relationship between Michigan Works and housing service providers. The DV provider in Ottawa County will continue to offer vocational advocacy for program participants to assist in finding and maintaining employment.

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

#### Objective 4: Increase percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more.

##### Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants employed at exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Cash Income.

In this section, CoCs will indicate the current percentage of project participants that are employed at program exit, as reported on 4D, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants that are employed at program exit to 20 percent or more.

**What is the current percentage of participants in all CoC-funded projects that are employed at program exit?** 25%

**In 12 months, what percentage of participants in all CoC-funded projects will be employed at program exit?** 28%

**In 5 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** 32%

**In 10 years, what percentage of participants in all CoC-funded projects will be employed at program exit?** 34%

#### **Describe the CoCs short-term (12 month) plan to increase the percentage of participants in all CoC-funded projects that are employed at program exit to 20 percent or more (limit 1000 characters)**

The Ottawa CoC regularly exceeds the HUD threshold of 20% employment at program exit. The Ottawa CoC will increase referrals to employment services and regularly train case managers in the available resources for job searchers in the community. Housing Service Providers will be encouraged to utilize the CALL 211 information and referral service to find support groups and employment connections. The CoC will improve the linkage with Michigan Rehabilitation Services (MRS) by establishing better communication between case managers and MRS staff. The CoC will also utilize the HMIS to confirm that employment referrals are increased and that employment goals are set for unemployed households.



**Describe the CoCs long-term (10 year) plan to increase the percentage of participants in all CoC-funded projects who are employed at program exit to 20 percent or more (limit 1000 characters)**

One of the goals added to the CoC's plan to end homelessness as a result of the CoC check-up was to encourage more community stakeholders to join the CoC. The intention of the CoC is to identify local businesses and employment groups to not only participate in the CoC's planning process but to join in outreach efforts like Project Homeless Connect. Increasing the visibility of employment services and connecting them with those in need of employment will help to increase the percentage of persons employed at program exit.

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

**Objective 5: Increase the percentage of participants in all CoC-funded projects that obtained mainstream benefits at program exit to 20% or more.**

**Instructions:**

Access to mainstream resources is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC-funded project (excluding HMIS dedicated only projects) is expected to report the percentage of participants who received mainstream resources by exit on its Annual Performance Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4E. Continuum of Care (CoC) Non-Cash Benefits.

In this section, CoCs will indicate the current percentage of project participants who received mainstream resources by program exit, as reported on 4E, as well as the expected percentage in 12 months, 5 years, and 10 years. CoCs that do not have any CoC-funded non-HMIS dedicated projects (permanent housing, transitional housing, or supportive services only) for which an APR was required should enter "0" in the numeric fields below and note in the narratives. CoCs are to then describe short-term and long-term plans for increasing the percentage of all CoC-funded program participants who received mainstream resources by program exit to 20 percent or more.

- What is the current percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit?** 75%
- in 12 months, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 75%
- in 5 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 75%
- in 10 years, what percentage of participants in all CoC-funded projects will have mainstream benefits at program exit?** 75%

**Describe the CoCs short-term (12 months) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)**

A majority of CoC member agencies offer assistance to program participants when completing applications for mainstream resources. Services include assessment, orientation to on-line tools and referrals. Many agencies also offer transportation or will coordinate transportation to and from appointments at, for example, the Department of Human Services and the Social Security Administration. The CoC will encourage a systematic process for following up with clients to ensure mainstream benefits are received.

**Describe the CoCs long-term (10-years month) plan to increase the percentage of participants in all CoC-funded projects that receive mainstream benefits at program exit to 20% or more (limit 1000 characters)**

While the CoC has a number of individuals trained in the SOAR process, it is the CoC's intention to increase the number of SOAR trained case managers. The CoC lacks an agency that will accept walk-in SOAR applicants - most agencies only serve their program participants - so the CoC is attempting to strategically identify agencies that will offer the service to the broader community. The CoC will seek to create partnerships with local hospitals to offer SOAR services. The CoC also recognizes the importance of addressing the barriers to receiving, maintaining and accessing all available long term benefits and will endeavor to identify those barriers and seek solutions.

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

**Objective 6: Decrease the number of homeless individuals and families:**

**Instructions:**

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

In this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children they expect to report on in the next 12 months, 5 years, and 10 years.

- What is the current total number of homeless households with children as reported on the most recent point-in-time count?** 59%
- In 12 months, what will be the total number of homeless households with children?** 55%
- In 5 years, what will be the total number of homeless households with children?** 50%
- In 10 years, what will be the total number of homeless households with children?** 45%

**Describe the CoCs short-term (12 month) plan to decrease the number of homeless households with children (limit 1000 characters)**

Because the Ottawa CoC has identified the lack of a comprehensive outreach strategy, the CoC will increase its outreach to the community. By increasing outreach the CoC will be able to better identify households at risk of homelessness and connect them to the appropriate resources. The CoC will maximize the use of prevention and rapid re-housing funds by using risk assessment matrices to identify those household most likely to need the assistance.

**Describe the CoCs long-term (10 year) plan to decrease the number of homeless households with children (limit 1000 characters)**

The CoC will apply for additional funds for homelessness prevention and rapid re-housing as available. The CoC would also like to increase the capacity for supportive services.

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

#### Objective 7: Intent of the CoC to reallocate Supportive Services Only (SSO) and Transitional Housing (TH) projects to create new Permanent Housing (PH) projects.

**Instructions:**

CoCs have the ability to reallocate poor performing supportive services only and transitional housing projects to create new permanent supportive housing, rapid re-housing, or HMIS projects during each competition. Reallocation of poor performing projects can be in part or whole as the CoC determines.

CoCs will indicate if they intend to reallocate projects during this year’s competition and if so, indicate the number of projects being reallocated (in part or whole) and if reallocation will be used as an option to create new permanent supportive housing, rapid re-housing, or HMIS projects in the next year, next two years, and next three years. If the CoC does not intend to reallocation it should enter ‘0’ in the first section.

If the CoC does intend to reallocate projects it should clearly and specifically describe how the participants in the reallocated projects (supportive services only and/or transitional housing) will continue to receive housing and services. If the CoC does not intend to reallocate or does not need to reallocate projects to create new permanent supportive housing, rapid re-housing, or HMIS projects it should indicate the each of the narrative sections.

**Indicate the current number of projects submitted on the current application for reallocation:** 0

**Indicate the number of projects the CoC intends to submit for reallocation on the next CoC Application (FY2013):** 0

**Indicate the number of projects the CoC intends to submit for reallocation in the next two years (FY2014 Competition):** 0

**Indicate the number of projects the CoC intends to submit for reallocation in the next three years (FY2015 Competition):** 0

**If the CoC is reallocating SSO projects, explain how the services provided by the reallocated SSO projects will be continued so that quality and quantity of supportive services remains in the Continuum (limit 750 characters)**

The CoC is willing to consider reallocating SSO project funding. However, the CoC currently receives only one small grant for a SSO program and this program provides vocational advocacy for DV survivors. The CoC sees this as an important project especially in light of HUD strategic planning priorities.

**If the CoC is reallocating TH projects, explain how the current participants will obtain permanent housing or efforts to move participants to another transitional housing project (limit 750 characters)**

The CoC is willing to consider reallocating TH project funding to permanent housing projects but has not had an opportunity to discuss this County-wide. The CoC will seek HUD guidance on the steps to make the reallocation possible.

## **3B. Continuum of Care (CoC) Discharge Planning: Foster Care**

**Instructions:**

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

**Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?** State Mandated Policy

If "Other," explain:

**Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)**

The Michigan Department of Human Services has established and implemented formal protocols throughout its system (CFF 950) to assure that youth aging out of foster care are not discharged into homelessness. The Youth in Transition Program prepares eligible teens in foster care for living independently by providing educational support, job training, independent living skills training, self-esteem counseling, and other supports to equip teens with skills to function as independent self-sufficient adults. Case planning for transition begins with all youth in foster care (ages 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.

**If the CoC does not have an implemented discharge plan for foster care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)**

NA

**Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)**

Department of Human Services manages the foster care system and contracts with local non-profits that are then directly responsible for the transition planning. Those agencies are Bethany Christian Services, Pathways, MI and Catholic Charities.

**Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)**

Many young people choose to return to their biological families upon aging out of foster care. Other locations include post-secondary education, living independently sometimes with assistance from the Department of Human Services, transitional housing or with friends. Michigan has recently created a voluntary foster care program called the Michigan Youth Opportunity Initiative. This program is designed for youth who are interested in some continued support. Youth choosing to participate in this program can receive supportive services and a stipend as they transition into independent living.



## **3B. Continuum of Care (CoC) Discharge Planning: Health Care**

**Instructions:**

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

**Is the discharge policy in place "State" Other  
mandated  
policy or "CoC" adopted policy?**

**If "Other," explain:**

The local health care facilities have developed agreed upon procedures requiring that all persons exiting health care facilities shall receive assistance in finding housing. A discharge planner is in place early in the patients stay in the health care facility in order to facilitate an easier transition back into the community. Potentially homeless individuals are assigned a social worker to help meet specific housing needs. The use of the centralized intake process is strongly encouraged.

**Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)**

A discharge planner is in place early in the patient's stay in the health care facility in order to facilitate an easier transition back into the community. Potentially homeless individuals are assigned a social worker to help meet specific housing needs.

**If the CoC does not have an implemented discharge plan for health care, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)**

NA

**Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)**

Health Care facilities

**Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)**

Persons exiting health care facilities are discharged to nursing homes for recovery, to the homes of family and friends or returned to their previous housing.

## **3B. Continuum of Care (CoC) Discharge Planning: Mental Health**

**Instructions:**

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

**Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?** State Mandated Policy

If "Other," explain:

**Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)**

Ottawa County follows the state mandated policy specified in Section 330.1209b of the State Mental Health Code, effective March 28, 1996, which 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 recipients have access to needed and available supports identified through a review of their needs. Housing, food, clothing, health care, employment, education, legal services, and transportation are included in the list of needs that must be appropriately addressed as a function of mental health discharge planning. Treatment teams assess the person's needs to determine what type of housing is most appropriate. The case manager works with the consumer to locate housing or to develop a plan to return to previous housing.

**If the CoC does not have an implemented discharge plan for mental health, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)**

NA

**Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)**

Discharge planning is coordinated by the mental health institutions such as Pine Rest, Holland Hospital, other area hospitals and/or Ottawa County Community Mental Health.

**Specifically indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)**

Upon discharge consumers may be returned to their previous housing or placed at the crisis home, in Adult Foster Care or independently in an apartment.

### **3B. Continuum of Care (CoC) Discharge Planning: Corrections**

**Instructions:**

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from publicly-funded institutions or systems of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly to the streets, emergency homeless shelters, or other McKinney-Vento homeless assistance programs.

**Is the discharge policy in place "State" mandated policy or "CoC" adopted policy?** State Mandated Policy

**If "Other," explain:**

**Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness (limit 1000 characters)**

The Michigan Department of Corrections 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. Ottawa County's Corrections Collaborative meets each month and is made up of agencies and stakeholders committed to assisting in the transition from prison. Parolees meet with the probation department twice a month. Agencies active in the collaborative focus on transitional employment, mentoring, employment retention, structured transitional housing and mainstream resources. Rent subsidy and move-in deposits are also available on a limited basis.

**If the CoC does not have an implemented discharge plan for corrections, specifically describe the gap(s) in completing a comprehensive discharge plan (limit 1000 characters)**

NA

**Specifically, identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness (limit 1000 characters)**

Michigan Department of Corrections and the Probation Department in particular.  
Department of Human Services  
MIWorks  
Kandu  
Lakeshore Tri-County Health Services  
Community Mental Health  
70x7 Life Recovery

**Specifically Indicate where persons routinely go upon discharge other than HUD McKinney-Vento funded programs (limit 1000 characters)**

Parolees with substance abuse issues and other hard-to-place returning prisoners are generally referred to appropriate transitional and treatment supports, and additional aid is provided through traditional housing services. Currently, the majority of the persons who participate in the Prisoner Re-entry program and relocate to Ottawa County are placed in privately owned homes. The homes are a result of a partnership with Building Men for Life, a program that serves returning prisoners.

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

**Instructions:**

A CoC should regularly assess its local homeless assistance system and identify gaps and unmet needs. CoCs can improve their communities through long-term strategic planning. CoCs are encouraged to establish specific goals and implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

**Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?** Yes

**If 'Yes', list the goals in the CoC strategic plan that are included in the Consolidated Plan:**

1. City residents will have the ability to own and maintain ownership of a residence.
2. City residents will live in safe, decent housing.
3. City residents will have fair and equal access to housing.
4. City residents will have access to services and shelter when experiencing housing crisis.
5. Support programs that provide short-term financial assistance and long term housing counseling to prevent utility shut-off , eviction and foreclosure.

**Now that the Homeless Prevention and Rapid Re-housing Program (HPRP) program(s) in the CoC have ended, describe how the CoC is working with service providers to continue to address the population types served by the HPRP program(s) (limit 1000 characters)**

The goal of the CoC and the centralized intake agency, Good Samaritan Ministries, is improved communication, collaboration and coordination with local agencies and service providers. The centralized intake staff contacted local agencies to discuss procedures and how clients can contact and engage the centralized intake process. Informational sessions for agencies, landlords and clients have been created which cover the benefits offered by the centralized intake process. An agreement has been established with the shelter provider to have an automatic system strongly encouraging all homeless residents contact the centralized intake agency within a week of their arrival. This continues to be an ongoing area of improvement. A component of the HMIS system, Call Point allows for tracking phone calls and referring to other agencies in the HMIS implementation. A system for generating HMIS referrals is established and quality referrals for prevention funds have increased by 80%. The goal is to increase capability for HMIS referrals to more agencies and service providers.

**Describe how the CoC is participating in or coordinating with any of the following: HUD-VASH, HOPWA, Neighborhood Stabilization Programs, Community Development Block Grants, and ESG? (limit 2500 characters)**

The CoC is integrally involved in the management, administration and monitoring of the Emergency Solutions Grant projects. The CoC facilitates the prioritization and funding allocation processes. The CoC member agencies work together to determine eligibility criteria and to finalize a screening process. The CoC monitors the ESG projects along with the fiduciary to ensure that eligible participants are served. The HMIS administrators met to determine appropriate target percentages for a variety of outcomes including discharge to positive destination, discharge within 30 days, length of stay and employment at program exit to name a few. CoC member agencies also provides counseling services to NSP participants and recipients of CDBG funding.

**Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?** No

**If 'Yes', describe the established policies that are in currently in place:**

**Specifically describe the steps the CoC, working with homeless services providers, has taken to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services (limit 1500 characters)**



The CoC is actively participating in the Homeless Youth Council which includes as one of its members the McKinney Vento Grant Coordinator of Ottawa County. The grant coordinator regularly meets with the homeless liaisons to provide updates on current trends in youth homelessness and programs available in the county to assist in meeting the needs of this population. Organizations serving youth at risk make presentations to this group to inform them of the available resources and to ensure that the school districts are complying with McKinney Vento guidelines. The CoC has conducted trainings in anticipation of the point in time count. The homeless liaisons gather data for the PIT count and in doing so may identify otherwise unidentified homeless youth.

- The housing service providers consider the educational needs of children by:
1. Addressing parenting needs during regular meetings and making appropriate referrals to parenting classes,
  2. Offering education and counseling for both parents and children regarding the effects frequent moves have on children, the trauma and stigma of homelessness.
  3. Assisting in creating educational goals for children,
  4. Educating about the role of the homeless liaison and advocate with the school system as necessary,
  5. Providing back to school items through various community agencies and churches
  6. Offering after school tutoring

**Specifically describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing (limit 1500 characters)**

All shelters, transitional housing and permanent housing programs in Ottawa County provide housing to families with children under 18 and families are kept intact when possible. Shelter services in the county are available on a very limited basis to families with teenage male dependents, single men with dependent children and unmarried couples with children. The CoC realizes that a broader discussion is warranted to address these gaps in housing services and will be included in the 10 year plan update.

**Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future (limit 1500 characters)**

Ottawa County has allocated funding to address the needs of veterans by hiring two representatives for veterans services. In addition, the Workforce Investment Act Agency offers veterans a number of services related to employment and other issues. Veterans are helped on a one-on-one basis which focuses attention on the individual to better determine his/her unique needs. The Veterans Representative helps the veteran translate military experience into civilian terminology. Veterans are given preference for job training and qualified veterans are given hiring preference in companies that are listed as Federal Contractors. The Veterans Representative also acts as a resource for other veteran-related services such as housing and health care. The Veterans Representative is a knowledgeable resource and can point the veteran in the direction most appropriate. Veterans resources are highlighted at Continuum of Care quarterly meetings.

**Describe the CoC's current efforts to address the youth homeless population. Narrative should identify organizations that are currently serving this population, how this effort is consistent with the CoC strategic plan goals, and the plans to continue to address this issue in the future (limit 1500 characters)**

The CoC has as one of its subcommittees the Homeless Youth Council. The council includes representatives of youth serving agencies such as juvenile court, and the local human services coordinating council in the public sector and Arbor Circle, Webster House and Barnabas Ministries in the private non-profit sector. Arbor Circle and Webster House collaborate to educate the community about resources available to youth and each has an outreach component to their program that focuses on unique areas of the county. Arbor Circle and Webster House have short term housing programs which include respite, emergency shelter and transitional housing. There are a variety of drop-in centers in the county that serve at-risk youth. Cornerstone drop-in center gears its services towards the needs of homeless youth. These activities are consistent with the CoC's strategic plan goals to provide appropriate housing for homeless youth with a focus on family reunification whenever possible. Ottawa County is in the process of creating a Host Home program in order to meet the immediate needs of children facing homelessness. Families are currently being recruited, trained and certified to provide short term housing. A youth shelter is in the planning stages for completion in 12-18 months. This shelter will provide immediate housing as well as longer term transitional housing for older teens.

**Has the CoC established a centralized or coordinated assessment system? Yes**

**If 'Yes', describe based on ESG rule 576.400 (limit 1000 characters)**

The CoC was instrumental in facilitating the creation of a Housing Assessment and Resource Agency (HARA) at Good Samaritan Ministries in 2010. The goal was to create a centralized intake system making it easier for homeless and potentially homeless households to access the program. Written eligibility guidelines exist to assist in determining the kind and amount of assistance accessed. ESG eligible participants must apply for mainstream resources. HMIS data entry/data quality is required for all ESG grantees and is regularly monitored by the CoC. Victim services providers do not participate in the centralized intake process.

**Describe how the CoC consults with the ESG jurisdiction(s) to determine how ESG funds are allocated each program year (limit 1000 characters)**

The Ottawa CoC utilizes a three-step process for determining its funding plan. The system is publicized and open to to all CoC members. The NOFA is distributed widely to housing service providers in Ottawa County via e-mail along with a local funding application. Any agency is encouraged to submit a local application for funding consideration along with a narrative rationale for the request. The submitted local applications are forwarded electronically to all member agencies. The agencies are asked to review the applications with special focus on how they relate to the priorities and to the 10 Year Plan to End Homelessness. Members then, using a spreadsheet, submit their recommendations regarding the distribution of the dollars granted to the CoC. The average funding recommendations are forwarded to a previously designated member of the CoC not requesting funding for his/her review. Proposals, request amounts and priorities are openly discussed at a funding meeting where the distribution is determined by majority vote.

**Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach (limit 1000 characters)**

The Fair Housing Center of West Michigan is a member of the CoC and an elected member of the Primary Decision-group. The CoC works closely with the Fair Housing Center to ensure that housing providers are not discriminating against populations of persons often unfamiliar with available resources. The Fair Housing Center has provided trainings to individual agencies as well as to the CoC as a whole on how to be affirmatively proactive in serving persons in protected classes. The City of Holland, also a member of the CoC is required by law, as part of the Consolidated Plan, to complete an impediments to fair housing assessment.

### 3D. Continuum of Care (CoC) Strategic Planning Coordination

**Instructions:**

CoCs should be actively involved in creating strategic plans and collaborating within the jurisdiction towards ending homelessness. CoCs should clearly and specifically respond to the following questions as they apply to coordination and implantation within the CoC, planning, review, and updates to the local 10-Year plan that includes incorporating the Federal Strategic Plan, "Opening Doors," and coordination with Emergency Solutions Grants within the CoC jurisdiction.

**Has the CoC developed a strategic plan?** Yes

**Does the CoC coordinate the implementation of a housing and service system that meets the needs of homeless individuals and families? (limit 1000 characters)**

Yes. The CoC is responsible for assessing needs and implementing strategies to serve homeless households. Tools to reach these goals includes the annual Point in Time count and the 10 year Plan to End Homelessness. The CoC facilitates a prioritization process to determine where gaps exist and to encourage a coordinated response from housing service providers.

**Describe how the CoC provides information required to complete the Consolidated Plan(s) within the CoC's geographic area (limit 1000 characters)**

Consistency with the local Consolidated Plan is essential in garnering support from elected officials for needed housing services. Annually, housing service providers are invited to participate in focus groups sponsored by the authoring agency of the Consolidated Plan. Information is provided regarding needs and gaps.

**Describe how often the CoC and jurisdictional partner(s) review and update the CoC's 10-Year Plan (limit 1000 characters)**

In 2006, the CoC created the 10 Year Plan along with the rest of the State of Michigan. the local plan has been updated annually since. The plan is reviewed on a quarterly basis throughout the year by the 10 Year Plan Steering Committee. Progress on goals and objectives is noted. The update process includes reviewing progress notes, creating new goals and identifying action steps.

**Specifically describe how the CoC incorporates the Federal Strategic Plan, "Opening Doors" goals in the CoC's jurisdiction(s) (limit 1000 characters)**

The Ottawa CoC has already started this process by completing the CoC Check-up in early 2012. The check-up encouraged the CoC to create new goals to address gaps in services. New goals include increased collaboration with veteran services, engaging a variety of community stakeholders in the CoC planning process, educating the CoC about HEARTH act changes as well as the federal plan to end homelessness and creating a comprehensive outreach strategy. The check-up process also asked the CoC to state how the new goals align with the federal plan. The State of Michigan is embarking on a process to update the existing plans to align with "Opening Doors" in 2013. The Ottawa CoC will be taking its lead from that process to complete the update started by the CoC check-up.

**Select the activities in which the CoC coordinates with the local Emergency Solutions Grant( ESG):**

Determines how to allocate ESG grant for eligible activities, Develop standards for evaluating the outcomes of activities assisted by ESG funds, Develop performance standards for activities assisted by ESG funds, Develop funding policies and procedures for the operation and administration of HMIS for ESG funded projects

**Based on the selections above, describe how the CoC coordinates with the local ESG funding (limit 1000 characters)**

The CoC facilitates the ESG funding allocation process as well as developing and monitoring standards for evaluating ESG projects. Project applicants are asked to submit a letter of intent which describes the project, annual progress and projected outcomes. Once approved by the CoC and funded, projects are required to complete standardized HMIS data entry so the the CoC can run accurate quarterly reports. The CoC has developed targets for a variety of goals.

**Does the CoC intend to use HUD funds to serve families with children and youth defined as homeless under other Federal statutes?**

No

**If 'Yes', has the CoC discussed this with the local HUD CPD field office and received approval?**

**If 'Yes', specifically describe how the funds will be used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)**

**If 'Yes', specifically describe how the funds will be used to assist families with children and youth achieve independent living (limit 1500 characters)**

### 3E. Reallocation

**Instructions:**

Reallocation is a process whereby a CoC may reallocate funds in whole or in part from renewal projects to create one or more new permanent housing, rapid re-housing, or dedicated HMIS projects. The Reallocation process allows CoCs to fund new permanent housing, rapid re-housing, or dedicated HMIS projects by transferring all or part of funds from existing grants that are eligible for renewal in FY2012 into a new project.

**Does the CoC plan to reallocate funds from one or more expiring grant(s) into one or more new permanent housing, rapid re-housing, or dedicated HMIS project(s) or one new SSO specifically designated for a centralized or coordinated assessment system?** No

## 4A. Continuum of Care (CoC) FY2011 Achievements

**Instructions:**

In the FY2011 CoC application, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving individuals and families to permanent housing and self-sufficiency through employment. CoCs will report on their actual accomplishments since FY2011 versus the proposed accomplishments.

In the column labeled FY2011 Proposed Numeric Achievement enter the number of beds, percentage, or number of households that were entered in the FY2011 application for the applicable objective. In the column labeled Actual Numeric Achievement enter the actual number of beds, percentage, or number of households that the CoC reached to date for each objective.

CoCs will also indicate if they submitted an Exhibit 1 (now called CoC Consolidated Application) in FY2011. If a CoC did not submit an Exhibit 1 in FY2011, enter "No" to the question. CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the narrative section.

Additionally, CoCs must indicate if there are any unexecuted grants. The CoC will also indicate how project performance is monitored, how projects are assisted to reach the HUD-established goals, and how poor performing projects are assisted to increase capacity that will result in the CoC reach and maintain HUD goals.

CoCs are to provide information regarding the efforts in the CoC to address average length of time persons remain homeless, the steps to track additional spells of homelessness and describe outreach procedures to engage homeless persons. CoCs will also provide specific steps that are being taken to prevent homelessness with its geography as outlined in the jurisdiction(s) plan.

Finally, if the CoC requested and was approved by HUD to serve persons under other Federal statutes, the CoC will need to describe how the funds were used to prevent homelessness and how the funds were used to assist families with children and youth achieve independent living.

Objective	FY2011 Proposed Numeric Achievement		FY2011 Actual Numeric Achievement	
Create new permanent housing beds for the chronically homeless	2	Beds	4	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%	93	%	100	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%	82	%	81	%
Increase the percentage of homeless persons employed at exit to at least 20%	33	%	56	%
Decrease the number of homeless households with children	62	Households	59	Households

**Did the CoC submit an Exhibit 1 application in FY2011?** Yes

**If the CoC was unable to reach its FY2011 proposed numeric achievement for any of the national objectives, provide a detailed explanation (limit 1500 characters)**

The CoC exceeded the HUD planning objective goals for four of five categories. The percentage of persons moving from TH to PH decreased by only 1% point. Housing providers are noting an increase in participants that exit programs with other types of income such as SSI, SSDI, or unemployment benefits. This may reflect a change in the demographics of persons seeking housing assistance. It appears employment opportunities are increasing in Ottawa County (the unemployment rate is lower than the national average) but people needing housing may be those who are unable to work and can't find affordable housing.

**How does the CoC monitor recipients' performance? (limit 750 characters)**

Each year the CoC funded projects submit a letter of intent to apply for CoC funding. The letter describes the project's annual progress and projected outcomes. The CoC and the fiduciary of the HMIS grant conduct site visits to assess compliance with HMIS requirements. The projects also complete a self-assessment related to HMIS compliance.

**How does the CoC assist project applicants to reach HUD-established performance goals? (limit 750 characters)**

HUD planning objectives are included in the CoC's plan to end homelessness.

**How does the CoC assist poor performers to increase capacity? (limit 750 characters)**

Each program funded by the CoC program is held accountable for their efficiency and effectiveness. During the funding process, agencies requesting funding are required to submit written proposals which highlight previous and anticipated outcomes. Those programs not operating as intended or with poor performance could potentially lose funding during the next funding cycle as determined by membership voting as described in Section Six of the by-laws. However, the intention of this process is to support member agencies in their efforts to meet identified needs; if a program is performing below anticipated outcomes, as a first step the CoC will take this opportunity to assist the agency in meeting their program goals. Agencies will be asked to present outcomes at quarterly meetings.

**Does the CoC have any unexecuted grants awarded prior to FY2011?** No

**If 'Yes', list the grants with awarded amount:**



Project Awarded	Competition Year the Grant was Awarded	Awarded Amount
NA	NA	\$0
NA	NA	\$0
NA	NA	\$0
NA	NA	\$0
NA	NA	\$0
	<b>Total</b>	<b>\$0</b>

**What steps has the CoC taken to track the length of time individuals and families remain homeless?  
(limit 1000 characters)**

The Ottawa CoC utilizes the HMIS data reports that tracks the length of stay for all users of shelter services. These reports identify hard to house individuals and families. An effort is made to refer those persons to the HARA for eligibility screening.

**What steps has the CoC taken to track the additional spells of homelessness of individuals and families in the CoC's geography?  
(limit 1000 characters)**

The Ottawa CoC utilizes the HMIS data reports that track frequent users of emergency shelter to identify hard to house individuals and families. An effort is made to refer those persons to the HARA for eligibility screening.

**What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?  
(limit 1500 characters)**

The goal of the CoC and the agency responsible for the centralized intake and assessment is improved communication, collaboration and coordination with local agencies and service providers. The intake contacted local agencies to discuss procedures and how clients can contact and engage the centralized intake process. Informational sessions for agencies, landlords and clients have been created which cover the benefits offered by the centralized intake process. An agreement has been established with the shelter provider to have an automatic system strongly encouraging all homeless residents contact the centralized intake agency within a week of their arrival. This continues to be an ongoing area of improvement. A component of the HMIS system, Call Point allows for tracking phone calls and referring to other agencies in the HMIS implementation. A system for generating HMIS referrals is established and quality referrals for Prevention Funds have increased by 80%. The goal is to increase capability for HMIS referrals to more agencies and service providers.

**What are the specific steps the CoC has incorporated to prevent homelessness within the CoC geography and how are these steps outlined in the jurisdiction(s) plans?  
(limit 1500 characters)**

The plan to end homelessness and the consolidated plan include goals and objectives designed to promote housing stability by closing the front door to homelessness. Various steps have been taken to educate the community about available programs for those at risk of homelessness. Educational initiatives include landlord forums, a tenant forum, Project Homeless Connect, Project Youth Connect and financial management classes. The CoC has also increased the funding available for those at imminent risk of losing housing due to rental arrearages and/or utility shut-offs. There are comprehensive foreclosure prevention services in the CoC. An eviction diversion project is underway with participation from the CoC, Department of Human Services, mediation services, court and legal aid services. A program was created to address the needs of these households facing eviction due to housing code violations. After receiving referrals from the city inspector, participating providers offer case management services.

**Did the CoC exercise its authority and receive approval from HUD to serve families with children and youth defined as homeless under other Federal statutes?** No

**If 'Yes', specifically describe how the funds were used to prevent homelessness among families with children and youth who are at the highest risk of becoming homeless (limit 1500 characters)**

**If 'Yes', specifically describe how the funds were used to assist families with children and youth achieve independent living (limit 1500 characters)**

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

**Instructions:**

HUD tracks each CoCs progress toward ending chronic homelessness.

CoCs are to track changes from one year to the next in the number of chronically homeless persons as well as the number of beds available for this population. CoCs will complete this section using data reported for the FY2010, FY2011, and FY2012 (if applicable) point-in-time counts as well as the data collected and reported on the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of chronically homeless as reported in that year. For FY2010 and FY2011, this number should match the number indicated on form 2J of the respective years Exhibit 1. For FY2012, this number should match the number entered on the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

Additionally, CoCs will specifically describe how chronic homeless eligible is determined within the CoC and how the data is collected.

**Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for FY2010, FY2011, and FY2012:**

Year	Number of CH Persons	Number of PH beds for the CH
2010	4	2
2011	5	4
2012	20	4

**What methods does the CoC used to determine chronic homeless eligibility and how is data collected for this population (limit 1000 characters)**

The CoC requires written documentation from shelter staff, family members and/or a health care professional to verify homelessness and disability. Written documentation is placed in a hard copy and verbal verification is tracked in case notes (and kept in a hard copy file). Once verified, the data is entered into the HMIS.

**Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2011 and January 31, 2012:**

0

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

The CoC has consistently improved its tracking through HMIS of chronically homeless individuals and families. A more accurate reflection of the number of chronically homeless persons in 2011 would be 23 as opposed to 5 which was entered into the 2011 Exhibit 1. The inclusion of families in the chronic homeless definition last year makes it difficult to compare one year to the next. Overall, however, the CoC believes the number of chronically homeless persons has remained steady for the last two years.

**Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2011 and January 31, 2012:**

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

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

**Instructions:**

HUD will assess CoC performance of participants remaining in permanent housing for 6 months or longer. To demonstrate performance, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all permanent housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded permanent housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded permanent housing projects currently operating within their CoC that should have submitted an APR.

**Does the CoC have any permanent housing projects for which an APR was required to be submitted?** Yes

<b>Participants in Permanent Housing (PH)</b>	
a. Number of participants who exited permanent housing project(s)	2
b. Number of participants who did not leave the project(s)	75
c. Number of participants who exited after staying 6 months or longer	2
d. Number of participants who did not exit after staying 6 months or longer	75
e. Number of participants who did not exit and were enrolled for less than 6 months	0
<b>TOTAL PH (%)</b>	<b>100</b>

**Instructions:**

HUD will assess CoC performance in moving participants from transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data on the most recent APRs submitted by all transitional housing projects within the CoC that should have submitted one. Once amounts have been entered click "Save" which will auto-calculate the percentage. CoCs that do not have CoC-funded transitional housing projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded transitional housing projects currently operating within their CoC that should have submitted an APR.

**Does the CoC have any transitional housing projects for which an APR was required to be submitted?** Yes

<b>Participants in Transitional Housing (TH)</b>	
<b>a. Number of participants who exited TH project(s), including unknown destination</b>	58
<b>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</b>	47
<b>TOTAL TH (%)</b>	81

## 4D. Continuum of Care (CoC) Cash Income Information

**Instructions:**

HUD will assess CoC performance in assisting program participants with accessing cash income sources. To demonstrate performance, CoCs must use data on all non-HMIS projects that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data as reported on the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of cash income. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

**Total Number of Exiting Adults: 27**

### Total Number of Exiting Adults

Cash Income Sources (Q25a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Earned income	15	56%
Unemployment insurance	0	0%
SSI	3	11%
SSDI	2	7%
Veteran's disability	0	0%
Private disability insurance	0	0%
Worker's compensation	0	0%
TANF or equivalent	1	4%
General assistance	1	4%
Retirement (Social Security)	0	0%
Veteran's pension	0	0%
Pension from former job	0	0%
Child support	4	15%
Alimony (Spousal support)	0	0%
Other source	0	0%
No sources (from Q25a2.)	0	0%

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

**Does the CoC have any non-HMIS projects for which an APR was required to be submitted?** No

## 4E. Continuum of Care (CoC) Non-Cash Benefits

### Instructions:

HUD will assess CoC performance in assisting program participants with accessing non-cash benefit sources to improve economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS that should have submitted an APR in e-snaps for the most recent operating year. Projects that did not submit an APR on time must also include the data in this calculation.

Complete the table below using cumulative data from the most recent submitted HUD APR in e-snaps for all non-HMIS projects within the CoC that should have submitted one. The CoC will first indicate the total number of exiting adults. Next, enter the total number of adults who exited CoC non-HMIS projects with each source of non-cash benefits. Once the total number of exiting adults has been entered, select "Save" and the percentages will auto-calculate. CoCs that do not have any non-HMIS projects for which an APR was required should select "No" to the question below. This only applies to CoCs that do not have any CoC-funded non-HMIS projects currently operating within the CoC that should have submitted an APR.

**Total Number of Exiting Adults: 27**

**Total Number of Exiting Adults:**

Non-Cash Benefit Sources (Q26a1.)	Number of Exiting Adults	Exit Percentage (Auto-Calculated)
Supplemental nutritional assistance program	15	56%
MEDICAID health insurance	12	44%
MEDICARE health insurance	0	0%
State children's health insurance	0	0%
WIC	0	0%
VA medical services	0	0%
TANF child care services	0	0%
TANF transportation services	0	0%
Other TANF-funded services	0	0%
Temporary rental assistance	0	0%
Section 8, public housing, rental assistance	0	0%
Other source	0	0%
No sources (from Q26a2.)	0	0%

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

**Does the CoC have any non-HMIS projects for which an APR was required to be submitted?** No



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

### Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on the Energy Star Initiative go to: [www.energystar.gov](http://www.energystar.gov) .

A "Section 3 business concern" is one in which: 51% or more of the owners are Section 3 residents of the area of services; or at least 30% of its permanent full-time employees are currently Section 3 residents of the area of services; or within three years of their date of hire with the business concern were Section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The Section 3 clause can be found at 24 CFR Part 135.

**Has the CoC notified its members of the Energy Star Initiative?** No

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

**If 'Yes' to above question, click save to provide activities**

**If yes, are the projects requesting \$200,000 or more?**

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

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

**Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?** No

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

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

**If 'Yes', indicate all meeting dates in the past 12 months:**

1/31/2012  
03/27/2012  
09/25/2012  
11/27/2012

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

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

**If 'Yes', identify these staff members:** Provider Staff

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

**If 'Yes', specify the frequency of the training:** annually (every year)

**Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?** Yes

**If 'Yes', indicate for which mainstream programs HMIS completes screening:**

The CoC screens for Emergency Solutions Grant homelessness prevention and rapid re-housing.

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

**If 'Yes', indicate training date(s):**

September 2009  
November 2009  
May 2009  
May 2011

## 4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

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

Activity	Percentage
<b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b> <b>1a. Describe how service is generally provided:</b>	80%
Case managers meet with clients one-on-one to assist in completing applications as well as compiling the required identity documents. Case managers also access online resources.	
<b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs:</b>	80%
<b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b> <b>3.a Indicate for which mainstream programs the form applies:</b>	5%
Food Assistance, Cash Assistance, Medicaid, State Emergency Relief, Child Care, Disability Benefits	
<b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received:</b>	80%
<b>4a. Describe the follow-up process:</b>	
Case managers obtain the required releases and follow-up with both the client and the mainstream benefit provider.	

## 4I. Unified Funding Agency

### Instructions

CoCs that were approved for UFA designation during the FY2011 CoC Registration process must complete all of the questions below in full.

**Is the collaborative applicant able to apply to HUD for funding for all of the projects within the geographic area and enter into a grant agreement with HUD for the entire geographic area?** No

**Is the collaborative applicant able to enter into legal binding agreements with subrecipients and receive and distribute funds to subrecipients for all projects with the geographic area?** No

**What experience does the CoC have with managing federal funding, excluding HMIS experience?  
(limit 1500 characters)**

**Indicate the financial management system that has been established by the UFA applicant to ensure grant funds are executed timely with subrecipients, spent appropriately, and draws are monitored. (limit 1500 characters)**

**Indicate the process for monitoring subrecipients to ensure compliance with HUD regulations and the NOFA. (limit 1500 characters)**

**What is the CoC's process for issuing concerns and/or findings to HUD-funded projects?  
(limit 1500 characters)**

**Specifically describe the process the CoC will use to obtain approval for any proposed grant agreement amendments prior to submitting the request for amendment to HUD.  
(limit 1500 characters)**

## Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	MI-519 Certificat...	01/10/2013
CoC-HMIS Governance Agreement	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		
Other	No		

## **Attachment Details**

**Document Description:** MI-519 Certificate of Consistency with Consolidated Plan

## **Attachment Details**

**Document Description:**

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**Document Description:**



## Submission Summary

Page	Last Updated
<b>1A. Identification</b>	No Input Required
<b>1B. CoC Operations</b>	01/15/2013
<b>1C. Committees</b>	01/15/2013
<b>1D. Member Organizations</b>	01/17/2013
<b>1E. Project Review and Selection</b>	01/15/2013
<b>1F. e-HIC Change in Beds</b>	01/03/2013
<b>1G. e-HIC Sources and Methods</b>	11/28/2012
<b>2A. HMIS Implementation</b>	01/17/2013
<b>2B. HMIS Funding Sources</b>	01/17/2013
<b>2C. HMIS Bed Coverage</b>	01/15/2013
<b>2D. HMIS Data Quality</b>	01/17/2013
<b>2E. HMIS Data Usage</b>	01/02/2013
<b>2F. HMIS Data and Technical Standards</b>	01/17/2013
<b>2G. HMIS Training</b>	01/15/2013
<b>2H. Sheltered PIT</b>	01/17/2013
<b>2I. Sheltered Data - Methods</b>	01/07/2013
<b>2J. Sheltered Data - Collections</b>	01/09/2013
<b>2K. Sheltered Data - Quality</b>	No Input Required
<b>2L. Unsheltered PIT</b>	01/17/2013
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<b>2N. Unsheltered Data - Coverage</b>	01/02/2013
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<b>Objective 1</b>	01/16/2013
<b>Objective 2</b>	01/17/2013
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<b>Objective 5</b>	01/17/2013
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<b>3B. Discharge Planning: Foster Care</b>	01/17/2013
<b>3B. CoC Discharge Planning: Health Care</b>	01/17/2013
<b>3B. CoC Discharge Planning: Mental Health</b>	01/17/2013
<b>3B. CoC Discharge Planning: Corrections</b>	01/16/2013
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<b>4B. Chronic Homeless Progress</b>	01/17/2013
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<b>4F. Section 3 Employment Policy Detail</b>	01/17/2013
<b>4G. CoC Enrollment and Participation in Mainstream Programs</b>	01/09/2013
<b>4H. Homeless Assistance Providers Enrollment and Participation in Mainstream Programs</b>	01/16/2013
<b>4I. Unified Funding Agency</b>	No Input Required
<b>Attachments</b>	01/10/2013
<b>Submission Summary</b>	No Input Required

# Certification of Consistency with the Consolidated Plan

U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: See attached list for all associated MI-519 projects

Project Name: See Attached List

Location of the Project: See Attached List

\_\_\_\_\_  
\_\_\_\_\_

Name of the Federal Program to which the applicant is applying: HUD Continuum of Care Homeless Program

Name of Certifying Jurisdiction: City of Holland

Certifying Official of the Jurisdiction Name: Kurt D. Dykstra

Title: Mayor

Signature: 

Date: 1-7-13

**MI-519 Continuum of Care  
Certification of Consistency with the Consolidated Plan  
Associated Applicant List**

1. Good Samaritan Ministries  
Community Housing Partnership – Scattered site transitional housing  
Homeless families and individuals  
Cities of Holland and Zeeland, Ottawa County
2. Center for Women in Transition  
Scattered site transitional housing  
Victims of domestic violence  
411 Butternut Drive, Holland, Ottawa County
3. Ottawa County Community Mental Health  
Permanent Housing Assistance for Homeless Persons with Disabilities  
Severely mentally ill  
12265 James St, Holland, Ottawa County
4. Ottawa County Community Mental Health  
Permanent Housing Assistance for Homeless Persons with Disabilities 3  
Severely Mentally Ill  
12265 James St., Holland, Ottawa County
5. Center for Women in Transition  
Employment assistance for the transitional housing program  
Victims of Domestic Violence  
411 Butternut, Holland, Ottawa County
6. Center for Women in Transition  
HMIS  
All homeless individuals and families in Ottawa County  
411 Butternut, Holland, Ottawa County
7. Ottawa County Community Mental Health  
Permanent Housing Assistance for Chronically Homeless Individuals  
Chronically Homeless  
12265 James St., Holland, Ottawa County
8. Ottawa County Community Mental Health  
Permanent Housing Assistance for Homeless Persons with Disabilities 5  
Severely Mentally Ill  
12265 James St., Holland, Ottawa County