1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): MI-508 - Lansing/East Lansing/Ingham County CoC

CoC Lead Organization Name: City of Lansing

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

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: Greater Lansing Homeless Resolution Network

Indicate the frequency of group meetings: Monthly or more

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

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 84%

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

Elected:	
Assigned:	
Volunteer:	X
Appointed:	
Other:	

Specify "other" process(es):

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

All member agencies minimally assign one representative to the GLHRN. Membership is achieved through the payment of annual dues, monthly attendance at the Network general meeting, and participation on one standing committee. This process was established with consideration to maintaining the least restrictive process for soliciting participation wtihout the logistical necessity of holding an election in each instance a representative slot becomes vacant.

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

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

Currently, the City of Lansing acts as Grantee, as the GLHRN is not a 501(c)(3). The GLHRN would be willing to take on additional leadership roles, but it is limited presently in its capacity to provide project oversight and additional administrative activities, as there is no established structure in place outside of the GLHRN Coordinator role.

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

Instructions:

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Executive Committee	Conducts strategic planning initiatives, establishes the amount for membership annual dues, provides oversight to Network Coordinator, and establishes agenda for Strategy and Funding Committee meetings	Monthly or more
Strategy and Funding Committee	Serves as the decision and policy-decision making branch of the CoC, whicn includes the review of agency performances, ranking of funded agencies and new applicants	Monthly or more
Membership Committee	Recruits new members, creates plans for recruitment, identifies gaps in current membership and opportunities for collaboration within the community	Monthly or more
Bylaws Committee	Provides administrative and organizational guidelines on the structure of the CoC and makes these recommendations to the Strategy and Funding Committee	Quarterly
Frontline Workers Committee	Representative voice for agency workers, case managers and front line staff of service providers, who are charged with coordinating services, identifying service gaps, and sharing resource information in an effort to improve efficiency and effectiveness in the delivery of services	Monthly or more

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

1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Michigan State Housing Development Authority	Public Sector	State g...	Lead agency for 10-year plan, Committee/Sub-committee/Wor...	NONE
Michigan Department of Human Services	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Michigan Department of Labor and Economic Growth	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	Youth, Veterans
Community Mental Health Authority	Public Sector	State g...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
City of East Lansing	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
City of Lansing	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Lansing Housing Commission	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Lansing School District	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	Youth
Michigan State University	Public Sector	School ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Ingham Intermediate School District	Public Sector	School ...	Attend Consolidated Plan focus groups/public forums durin...	Youth
Michigan Dept. of Corrections	Public Sector	Law enf...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Lansing Police Department	Public Sector	Law enf...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Capital Area Michigan Works!	Public Sector	Local w...	Attend Consolidated Plan planning meetings during past 12...	Youth, Veterans
Justice in Mental Health Organization	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Haven House	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE

Capital Area Community Services	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
National Council On Alcoholism	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Substance Abuse
American Red Cross	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Ending Violent Encounters, Inc.	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Domestic Vio...
Lansing Area AIDS Network	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	HIV/AIDS
Legal Services of South Central Michigan	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	NONE
Gateway Community Services	Private Sector	Non-pro...	Attend Consolidated Plan planning meetings during past 12...	Youth
Eaglevision Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
City Rescue Mission of Lansing	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Advent House Ministries	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Loaves and Fishes Ministries	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Salvation Army	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
St. Vincent Catholic Charities	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Volunteers of America	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Veterans
Greater Lansing Housing Coalition	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
St. Vincent DePaul Society of Lansing	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Open Door Ministries	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Carefree Medical Clinic	Private Sector	Hospita...	Committee/Sub-committee/Work Group	NONE
Judy Orta	Individual	Formerl...	Attend Consolidated Plan planning meetings during past 12...	NONE
Sharon Dade	Individual	Homeles...	Attend Consolidated Plan planning meetings during past 12...	NONE

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

Instructions:

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

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

Rating and Performance Assessment Measure(s): (select all that apply) g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s): (select all that apply) a. Unbiased Panel/Review Commitee, d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

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

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

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

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

Emergency Shelter: Yes

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

There was an increase of 8 family beds and a decrease of 7 individual beds resulting in a net increase of 1 bed. One program serving single males was reclassified as a TH provider moving 12 beds out of the ES category and into TH. There was a decrease of 3 family beds due to construction at one program, but there was an increase of voucher beds available in another program. A shelter for single males increased their capacity by rearranging and switching to bunk beds to use their space more efficiently.

Safe Haven: No

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

Transitional Housing: Yes

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

There was an increase of 28 individual beds and a decrease of 1 family bed. A program for single males was reclassified from an ES to a TH which resulted in 12 beds being shifted to TH from ES. An existing program was expanded to created 4 additional individual beds, but reduced the number of family beds by 1. TBRA voucher increases resulted in 13 additional individual beds. One program serving single males dropped 1 individual bed, but will be expanding next year.

Permanent Housing: Yes

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

There was an increase of 3 family beds and 37 individual beds. Two programs added more family beds to accommodate larger families. Another program serving singles previously only reported the number of beds that were HUD funded. They are now reporting their total number of beds available (+37).

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding:	Yes

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

Instructions:

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	2009 e-HIC Greate...	11/19/2009

Attachment Details

Document Description: 2009 e-HIC Greater Lansing

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

Instructions:

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

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy) 10/06/2009

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

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

Must specify other:

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

Specify "other" data types:

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

HMIS data is used to generate the one day census count for each provider that is captured on the housing inventory chart; HUD unmet need formula is used to compare the actual census count against the bed capacity identified in the housing inventory chart.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

Select the HMIS implementation type: Single CoC

Select the CoC(s) covered by the HMIS: (select all that apply) MI-508 - Lansing/East Lansing/Ingham County CoC

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? Yes

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

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

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

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

What is the name of the HMIS software company? Bowman Internet Services

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

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 05/01/2004

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

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): Other

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).

While the CoC has a high percentage of participation by non-mandated organizations, these providers periodically lag in the timely entry of client data. Also, non-mandated participating agencies struggle with the HUD definitions of homelessness and chronic homelessness in the face of their practical experience with homelessness (e.g., many families fit the defintion of chronicity in terms of the frequency and duration of homeless episodes). The HMIS lead organization has brought onboard several data entry support persons, who provide direct data entry support for agencies during period of high client use. One of these staff members is highly skilled in conducting data quality monitoring and provides support for correction of data entry errors and omissions based on data quality reports that are generated and distributed.

The CoC continues to see improvement in data quality and intends to continue this approach in the coming program year.

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

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

Organization Name	City of Lansing
Street Address 1	124 W. MIchigan Avenue
Street Address 2	4th Floor
City	Lansing
State	Michigan
Zip Code Format: xxxxx or xxxxx-xxxx	48933-1665
Organization Type	State or Local Government
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	No

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

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

Prefix:	Mrs.
First Name	Joan
Middle Name/Initial	T
Last Name	Jackson Johnson
Suffix	Ph.D.
Telephone Number: (Format: 123-456-7890)	517-483-4477
Extension	
Fax Number: (Format: 123-456-7890)	517-377-0078
E-mail Address:	jjjohnso@lansingmi.gov
Confirm E-mail Address:	jjjohnso@lansingmi.gov

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

Instructions:

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

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

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

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

*** Emergency Shelter (ES) Beds**	76-85%
*** Safe Haven (SH) Beds**	Housing type does not exist in CoC
*** Transitional Housing (TH) Beds**	86%+
*** Permanent Housing (PH) Beds**	51-64%

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

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

HMIS data entry responsibilities for a large PH program have shifted from one agency to another and there has been a gap in data entry during this transition. Once the organization now responsible for entering data resumes HMIS entry duties for the program the PH coverage rate will increase to a minimum of 74%.

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

Instructions:

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

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

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

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	13%	11%
* Date of Birth	1%	0%
* Ethnicity	1%	0%
* Race	1%	0%
* Gender	1%	0%
* Veteran Status	1%	9%
* Disabling Condition	1%	4%
* Residence Prior to Program Entry	1%	10%
* Zip Code of Last Permanent Address	1%	19%
* Name	0%	0%

Instructions:

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

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

Did the CoC or subset of CoC participate in AHAR 5? Yes

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

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

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

Data quality reports are generated and distributed by the HMIS lead agency on a monthly basis. Weekly reports are run for the providers showing routine data entry errors. Data entry support persons working of the lead agency assists in the correction of data entry errors and omissions where participating agency support is needed. Data quality summary reports are reviewed by the CoC HMIS committee on a quarterly basis. Training classes are provided to correct work-flow and data entry errors, if they occur routinely across the implementation.

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

Program entry and exit work-flow standards, established by the Michigan statewide HMIS implementation, are adopted by the Lansing/Ingham County HMIS project. One of the data quality reports that is routinely generated reveals missing program entries/exists, and monitors the length of stay in the various housing and service program categories. Corrective action is taken when needed, as described above.

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

Instructions:

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

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

Data integration/data warehousing to generate unduplicated counts: Quarterly

Use of HMIS for point-in-time count of sheltered persons: Semi-annually

Use of HMIS for point-in-time count of unsheltered persons: Semi-annually

Use of HMIS for performance assessment: Quarterly

Use of HMIS for program management: Monthly

Integration of HMIS data with mainstream system: Annually

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

Instructions:

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

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

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

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

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

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

If 'Yes' indicate date of last review or update by CoC: 03/11/2008

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

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

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

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Quarterly
Using HMIS data for assessing program performance	Quarterly
Basic computer skills training	Semi-annually
HMIS software training	Monthly

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

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

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

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

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

Households with Dependent Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	33	28	0	61
Number of Persons (adults and children)	108	83	0	191

Households without Dependent Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	131	74	20	225
Number of Persons (adults and unaccompanied youth)	131	74	20	225

All Households/ All Persons

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	164	102	20	286
Total Persons	239	157	20	416

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

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	123	8	131
* Severely Mentally Ill	98		98
* Chronic Substance Abuse	137		137
* Veterans	71		71
* Persons with HIV/AIDS	2		2
* Victims of Domestic Violence	31		31
* Unaccompanied Youth (under 18)	1		1

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

Instructions:

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

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

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

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/28/2010

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers: 100%

Transitional housing providers: 100%

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

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
- Survey Providers¿Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS¿The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation¿The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	X

If Other, specify:

Survey/count of sheltered homeles persons in DV shelter and one other agency that does not participate in Lansing/Ingham County HMIS implementation.

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

A unique count of the sheltered population was conducted for the first time in 2007 via HMIS. The use of HMIS data resulted in a more accurate and complete count of sheltered homeless families and individuals. Additionally, the Lansing City Rescue Mission, an emergency shelter provider, that was not participating before this year has been added as an HMIS participant. The methods and increased participation has resulted in an increase in the number of sheltered persons counted from the previous Count in 2007 and 2008, respectively.

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

The Lansing City Rescue Mission, an emergency shelter provider, that was not participating before this year has been added as an HMIS participant. Additionally, HMIS staff reviewed quality of input for former hotel/overflow provider, American Red Cross, and they were able to input a more accurate depiction of services provided this past year. The methods and increased participation has resulted in an increase in the number of sheltered persons counted from the previous Count in 2007 and 2008, respectively.

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

Instructions:

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

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

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

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

If Other, specify:

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

A count of sheltered sub-populations was conducted using HMIS data. One non-participating provider (EVE, Inc DV shelter) completed survey forms and de-identified survey data were incorporated into the overall Point-In-Time Count for 2009.

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

The methods, as described above, resulted in an increase in the number of homeless persons documented in the previous count.

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

Instructions:

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

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

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

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

If Other, specify:

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

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

Instructions:

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

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

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

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

If Other, specify:

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

Instructions:

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

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

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

If Other, specify:

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

Instructions:

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

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

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

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

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

If Other, specify:

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

Unsheltered homeless person survey data were entered into HMIS; unique client ID and case record numbers are assigned by the HMIS software that allows for de-duplication.

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

Outreach includes the identification of unsheltered homeless households with dependent children, who are identified through supportive service provider referrals to our housing programs. Additionally, Volunteers of America, as a CoC member and an Emergency Shelter service provider, targets unsheltered households with dependent children for participation in the motel voucher program (over-flow beds).

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):

The CoC is working diligently with public safety agencies, libraries, churches, and common gathering sites through public forums and focus groups to increase the awareness of the nature and characteristics of the homeless population using HMIS data. Additionally, described above to assist outreach efforts and the referral of homeless persons to the service provider network.

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

The 2009 Point-In-Time (PIT) count in comparison to previous years' PITs indicated an increase in homeless for our area. Improved relationships with public safety agencies, the educational institutions and participating outreach activities previous to the PIT, such as Project Homeless Connect, has led to a more accurate depiction. Additionally, outreach activities as successful as the first-ever PHC in 2008 led to a greater interest in participating by this population in the PIT count as it was more appealing than in previous years.

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

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

Instructions:

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

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

It is the CoC's plan to do the following in an effort to create new permanent housing beds for the chronically homeless population:
(a) expand on existing permanent housing programming by designating more PSH beds for the Chronic Homeless population;
(b) build agency capacity to expand existing PSH programs.
(c) fostering relationships with existing faith-based programs that serve this particular sub-set of the homeless populations but lack coordination with existing CoC member services.
(d) Request from MSHDA an increase in the number of TBRA vouchers for the Chronic Homeless population.

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

The Continuum of Care (CoC) is implementing an aggressive stance through the CoC's public awareness committee and agencies serving this particular population to foster better working relationships with landlords and property owners in an effort to tear down pre-conceived notions and stereotypes associated with the Chronic Homeless population and alternatively build housing stock availability within the CoC area to service the population.

How many permanent housing beds do you currently have in place for chronically homeless persons? 53

How many permanent housing beds do you plan to create in the next 12-months? 36

How many permanent housing beds do you plan to create in the next 5-years? 30

How many permanent housing beds do you plan to create in the next 10-years? 30

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

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

Instructions:

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

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

With the increase in resources, through HPRP monies into the community, a larger population of homeless can be assisted into permanent housing. Additionally, the CoC is increasing data monitoring/oversight efforts in client case management follow-up to ensure the destination of clients exiting the program is known and accurately documented.

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

The CoC is increasing data monitoring/oversight efforts in client case management follow-up to ensure the destination of clients exiting the program is known and accurately documented. Additionally, the CoC is taking steps to expand the housing stock available for clients through building relationships with landlords/property owners and breaking down perception barriers that keep landlords from wanting to relax credit and criminal history issues that remain barriers to the client population securing and maintaining permanent housing.

What percentage of homeless persons in permanent housing have remained for at least six months?	74
In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months?	77
In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	85
In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?	95

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

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

Instructions:

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

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

The CoC is increasing data monitoring/oversight efforts in client case management follow-up to ensure the destination of clients exiting the program is known and accurately documented. Additionally, case providers are being increasingly measured on follow-up being provided to clients six months after

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

The CoC shall continue to increase data monitoring/oversight efforts in client case management follow-up to ensure the destination of clients exiting the program is known and accurately documented. Contracts with agencies have begun to include performance measures that assess follow-up provided to clients six months after leaving TH programming. The CoC continues to work with property owners/landlords, MSHDA and other community partners in identifying resources and programming that can be accessed by client as part of their exiting process while in TH programs.

What percentage of homeless persons in transitional housing have moved to permanent housing?	53
In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?	58
In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	64
In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?	70

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

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

Instructions:

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

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

The CoC is currently at 21% of persons who are employed at program exit. Given the relatively high rate of unemployment within the State of Michigan, we believe this reflects an exceptionally effective program design for our CoC. Agencies within our CoC, which are providing employment programs, are meeting to determine best practices that can be shared among all homeless service agencies to provide continuous quality improvement and sustain our level of performance. Our goal is to serve the maximum number of homeless individuals/families and have 30% or more persons employed at exit within 5 years.

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

As stated in response to the previous question, the CoC is currently at 21% of persons who are employed at program exit. Although in an extremely depressed State economy, we are presently exceeding the expected percentage. The agencies in our CoC, which are providing employment services, are working with other service providers to build expertise within our CoC relative to job development, placement, and follow-up support. Our goal is to ensure that we maximize the capability within our CoC to build and maintain job readiness and identify viable employment options for those presently homeless, as well as those moving beyond homelessness into long-term stability.

What percentage of persons are employed at program exit? 21

In 12-months, what percentage of persons will be employed at program exit? 21

In 5-years, what percentage of persons will be employed at program exit? 30

In 10-years, what percentage of persons will be employed at program exit? 30

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

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

Instructions:

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

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

The CoC anticipates the One Church One Family project to be available this year to serve this particular population with approximately 15 additional beds for women with children.

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

Stronger relationship with school districts will allow better identification of families in need and improved coordination of services to ensure a decrease in the number of homeless households with children. Additionally, improved access to available support resources can be communicated to families through partnerships with faith-based organizations, school districts and other community partners.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)? 65

In 12-months, what will be the total number of homeless households with children? 50

In 5-years, what will be the total number of homeless households with children? 40

In 10-years, what will be the total number of homeless households with children? 20

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

Foster Care:

Formal protocols have been implemented within our CoC. Partners include the Ingham County Department of Human Services, Community Mental Health, and St. Vincent Catholic Charities. The Michigan Department of Human Services has established and implemented formal protocols throughout its system (CFF 950) to help prevent youth ¿aging out¿ of foster care from being discharged into homelessness. The ¿Youth in Transition Program¿ prepares eligible foster-care teens for living independently by providing educational support, job training, independent living skills training, self-esteem counseling, and other supports to equip teens with educational, vocational, and psychological skills to function as independent self-sufficient adults. Case planning for transition actually begins with all youth in foster care (aged 14-21) several years prior to their discharge, in accord with CFF 722-6 (Independent Living Preparation). A treatment plan and services agreement (RFF67 and RFF 69) ¿ including attention to locating suitable living arrangements and assistance in moving in to housing (CFF 722-7) ¿ must be completed for each individual prior to systems discharge.

Health Care:

Formal protocols have been implemented within our CoC. There are two major hospital systems in our CoC area: Sparrow Health System and Ingham Regional Medical Center. Both systems are working with us and have confirmed their discharge policies, which are as follows: Prior to discharge, patients who are homeless are asked if they have a place to go and are given a list of shelters. Each patient is given a written discharge plan and assisted with transportation, as needed. The staff will call a shelter chosen by the patient and discuss that patient's medical needs at discharge, if requested by the patient. Since there is no publicly funded statewide health care delivery system in Michigan, discharge issues must be discussed with the hospitals in our area. Our CoC is actively working to educate, encourage and assist our local planning group in developing strategies and protocols confronting these concerns at the community level. The Ingham County Health Department, Federally Qualified Health clinics and Healthcare for the Homeless programs have adopted protocols that assure that links to resources required for the client to achieve successful re-entry, including housing, are established prior to discharge. Our CoC is working diligently with the two major hospitals in Lansing to develop discharge protocols focused on stable housing for those being discharged for emergency or inpatient medical situations. This protocol is already in place for inpatient psychiatric admissions.

Mental Health:

Formal protocols have been implemented within the CoC partners: CMH, psychiatric hospitals, the Ingham Cnty Health Department, Primary Care Physicians, Justice in Mental Health Organization (JIMHO), landlords and foster care homes. CMH is responsible for the psychiatric admissions and discharges of persons with Medicaid or are uninsured. Section 330.1209b of the State Mental Health Code 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..." Formal systems policy, protocol and historical practice all help to assure that persons exiting our public mental health system are not discharged into homelessness. CMH contracts with psychiatric hospitals and each contract contains language related to discharge planning, stating ".All discharge planning will: begin immediately at admission; continue as part of the ongoing treatment planning..." Consumers are discharged to the most appropriate service for their psychiatric needs. The majority of consumers who are discharged from psychiatric institutions to their own homes receive outpatient mental health services from their primary care physicians. The remaining admissions are either open cases with CMH or are referred to CMH for aftercare. A small number of individuals are referred directly to foster care or nursing homes with a few being to CMH Crisis Residential or JIMHO transitional housing.

Corrections:

Formal protocols have been implemented within our CoC. The Michigan Dept. of Corrections (MDOC) recognizes that lack of appropriate housing upon discharge is a barrier. Safe affordable housing is one of the key elements identified for funding within the Department¿s system-wide Michigan Prisoner Reentry Initiative (MPRI) to re-engineer the policies and protocols by which offenders are prepared for and supported in community re-entry. Our CoC is working in cooperation with local representatives from the MDOC to implement MPRI by assessing our local assets, barriers and gaps relative to issues facing returning prisoners. We are developing a Comprehensive Prisoner Reentry Plan based on that assessment. We are using services provided through funded MPRI organizations to help bridge identified gaps and to achieve a seamless transition for former prisoners as they re-enter the community. A portion of these resources are allocated for housing. Our community¿s Comprehensive Plan includes an assessment of local housing issues and proposals for local solutions for housing assistance. Rent subsidy, move-in deposits and funding for limited-term transitional placements are common elements funded in our plan. Parolees with substance abuse, mental and physical health disabilities or issues, and other hard-to-place returning prisoners are generally referred to appropriate transitional and treatment supports, and additional aid is, if needed, provided through traditional housing services.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

1. Develop and implement the Community Housing Assistance Plan (CHAP)
2. Designate a CoC Agency as the CHAP Lead Agency for MSHDA HPRP assistance and arrange for funding to flow to this agency to conduct CHAP activities.
3. Determine procedures and criteria for referral to Lead Agency for HPRP assistance.
4. Determine relative weighing of homeless related risk factors and establish priorities for HPRP assistance.
5. Assess gaps in services necessary to help clients maintain housing and work collaboratively to fill them.
6. Evaluate the CHAP and make adjustments as needed to keep implementation on track.
7. Support and assist CHAP agency, as needed.

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

Mainstream resource collaboration occurs also through the CoC as the representative of the mainstream resources organizations attend the same CoC meetings every month to discuss ongoing issues, trends, challenges and improvements among the client population to be served under the HPRP.

Also, in terms of collaboration, the City of Lansing has developed a matrix of contacts that identify the various departments within Lansing auspices that are receiving ARRA of 2009 funding, a description of grant program, what federal agency is funding the grant, what populations are targeted for grant program services, and the contact person for the grant. Where appropriate, inter-departmental forums will be held to ensure that services among identical or similarly targeted populations are coordinated for respective program effectiveness.

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

The CoC is participating with the local NSP Initiative as well as the HUD ARRA programs. The City of Lansing formed a NSP Planning Subcommittee to oversee the development of the application. The subcommittee included stakeholders, including the CoC, members of the public and advisors to review the requirements of the NSP application and provide consultation during the preparation of the application. The purpose of the funding was to acquire and redevelop foreclosed properties or abandoned homes to rehabilitate, resell or redevelop. The subcommittee members were invited to represent community service organizations, neighborhood groups, non-profit housing corporations, Michigan State University, faith-based organization, homeless service providers, real estate brokers, Ingham County Land Bank, etc. Also, there was a comment period held for public input for the NSP Initiative. As a result, several activities were proposed..

The GLHRN, the CoC for Ingham County was very instrumental in the development of the NSP application and provided substantial input in assuring that the needs of the homeless population were included in the discussion. Specifically $1.5 million in NSP funds will be used to acquire and rehabilitate foreclosed housing for use as permanent supportive housing for homeless families or persons with special needs. NSP funds will be provided in the form of 0% interest non-amortizing loans with escrow for taxes and insurance. Properties placed in service as supportive housing rental units will remain affordable for a period of 20 years, with possible extensions to a total of 35 years. Affordability will be secured by deed restriction and mortgage.

The Ingham County Land Bank is acquiring the foreclosed homes in the community and OCOF (One Child One Family) Non -Profit Housing Corporation will rehabilitate those homes. OCOF plans to rehabilitate 15 units of housing with NSP funds and another 8 units funded by Michigan State Housing Development Authority for households with income at 50 % for area median income and below. Occupancy is targeted to households who are homeless or who have special needs.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

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

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	60	**Beds**	53	**Beds**
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	83	**%**	74	**%**
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	55	**%**	53	**%**
Increase percentage of homeless persons employed at exit to at least 19%	35	**%**	21	**%**
Decrease the number of homeless households with children.	33	**Households**	65	**Households**

Did CoC submit an Exhibit 1 application in 2008? Yes

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

The CoC did not meet the following 12-month proposed achievements:
(a) Create new permanent housing beds for the chronically homeless. It is difficult to find permanent housing for this population given a lack of good credit history, rental history, and steady income that landlords seek in a tenant.
(b) Increase the percentage of homeless persons staying in permanent housing over six months at least. Barriers include proposed 2008 achievement is too high given the drastic economic situation that Michigan is experiencing with State budgetary shortfalls, reduced programming and less supportive services available on a timely basis to client population.
(c) Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%. Barriers include a shortage of quality housing stock for the homeless population. Landlords/property owners disinclined to service clients, given the characteristically bad credit and previous criminal histories that plague many in this population.
(d) Increase the percentage of homeless persons exmployed at exit to at least 19%. Barriers include the present economic situation of the State of Michigan. Unemployment rate is highest on record for the State, and it is one of the highest in the Nation.

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

Instructions:

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

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2007	122	90
2008	122	53
2009	131	89

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 0

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

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

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

Since the previous point in time count our HMIS implementation has been working to improve the quality and completeness of the data recorded in ServicePoint. The increase in chronically homeless individuals may be attributed to case manager¿s improved understanding of HUD¿s definition of a chronically homeless individual and more complete data entry. The poor job market and other economic factors have led to an increase in the newly homeless population. This has created more competition for the limited assistance resources. These factors along with cuts in mental health services and no increases in funding for PSH programs are having an impact on successfully maintaining housing placements.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	34
b. Number of participants who did not leave the project(s)	86
c. Number of participants who exited after staying 6 months or longer	22
d. Number of participants who did not exit after staying 6 months or longer	63
e. Number of participants who did not exit and were enrolled for less than 6 months	23
TOTAL PH (%)	71

Instructions:

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

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	17
b. Number of participants who moved to PH	9
TOTAL TH (%)	53

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

Instructions:

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

Total Number of Exiting Adults: 559

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	65	12	**%**
SSDI	33	6	**%**
Social Security	0	0	**%**
General Public Assistance	11	2	**%**
TANF	56	10	**%**
SCHIP	0	0	**%**
Veterans Benefits	8	1	**%**
Employment Income	147	26	**%**
Unemployment Benefits	9	2	**%**
Veterans Health Care	2	0	**%**
Medicaid	141	25	**%**
Food Stamps	361	65	**%**
Other (Please specify below)	69	12	**%**
State SSDI/SSI, WIC			
No Financial Resources	98	18	**%**

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

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

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

Instructions:

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

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

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

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

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

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

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

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

APRs are completed and submitted to the CoC lead agency on a quarterly basis and reviewed by the CoC lead agency based on contractual stipulations. Additionally, the CoC reviews as a Continuum quarterly APRs to ensure the Continuum is on target with Continuum goals and objectives.

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.

The Human Services Committee of the 10-Year Plan meets monthly. A standing agenda item is how to improve increased access for clients to mainstream programs, particularly the application process to apply for SSI/SSDI, and the timely receipt of SER denial notices from the Department of Human Services.

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

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

If yes, identify these staff members Provider Staff

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

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

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? No

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

Has the CoC participated in SOAR training? Yes

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

CoC membership participated in an October 27-28th SOAR training, with a follow up training on November 12, 2008.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	100%
During intake, case managers gather information about client needs, sources of income, health/mental health/substance abuse issues, housing history, etc. This information is entered into HMIS and documented in the case file. Based on the information provided, case managers make referrals to appropriate mainstream resources, including assisting clients with job search through MI Works! and other programs appropriate to the client. Once clients receive the services, case manager documents the services received in the case file (e.g., copy of paycheck stub, copy of benefits notice)	

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

3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	100%
DHS-1171 form that applies for Food Assistance, FIP, Medicaid and Child Care	

4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
Routine follow-up with mainstream resource agencies is a daily and integral part of case management for service providers within the CoC. Most clients use agency for receipt of mail and to keep appointments. With a release of information from clients, determination of benefits/mainstream resources is known by service provider, and they will, in instances of DHS benefits, act as representative. In the case of SSI/SSDI denial of benefits, referral to an attorney for representation is made on behalf of the client.	

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

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

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

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

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

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

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

Part A - Page 2

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

Part A - Page 3

***14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?** **(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)**	
***15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?** **Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	
***16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?**	
***17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?**	
***18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?**	
***19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?**	
***20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?**	

Continuum of Care (CoC) Project Listing

Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
SUCCESS FUL HOUSIN...	2009-11-11 17:47:...	1 Year	HAVEN HOUSE	46,158	Renewal Project	SHP	PH	F
Supportive Servic...	2009-11-09 12:34:...	1 Year	Particular Counci...	62,842	Renewal Project	SHP	SSO	F
Good Work! Employ...	2009-11-11 12:01:...	1 Year	Advent House Mini...	172,900	Renewal Project	SHP	SSO	F
HMIS 1	2009-11-18 15:03:...	1 Year	City of Lansing	39,334	Renewal Project	SHP	HMIS	F
Crossroad s	2009-11-05 13:50:...	1 Year	gateway community ...	62,842	Renewal Project	SHP	SSO	F
Sober Center TH P...	2009-11-04 15:14:...	1 Year	National Council ...	149,999	Renewal Project	SHP	TH	F
HMIS 2	2009-11-18 15:14:...	1 Year	City of Lansing	24,000	Renewal Project	SHP	HMIS	F
Lansing Housing C...	2009-10-21 09:21:...	1 Year	Lansing Housing C...	261,792	Renewal Project	S+C	TRA	U
Permanent Support...	2009-11-09 08:32:...	1 Year	St. Vincent Catho...	257,199	Renewal Project	SHP	PH	F
CACS-Expanded Hom...	2009-11-10 14:37:...	1 Year	Capital Area Comm...	285,394	Renewal Project	SHP	SSO	F
Permanent Support...	2009-11-09 08:26:...	1 Year	St. Vincent Catho...	328,234	Renewal Project	SHP	PH	F
Walnut Apartment s...	2009-11-05 09:30:...	1 Year	Greater Lansing H...	97,081	Renewal Project	SHP	PH	F
CACS-Housing Plac...	2009-11-10 14:34:...	1 Year	Capital Area Comm...	100,432	Renewal Project	SHP	SSO	F

Budget Summary

FPRN	$1,626,415
Permanent Housing Bonus	$0
SPC Renewal	$261,792
Rejected	$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	HUD-2991 Form and...	10/21/2009

Attachment Details

Document Description: HUD-2991 Form and List of Associated Projects