

Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections **REQUIRES SUBMISSION**:

- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1A-1 CoC Name and Number: MI-505 - Flint/Genesee County CoC

1A-2 Collaborative Applicant Name: Metro Community Development

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1B-1 How often does the CoC conduct meetings of the full CoC membership? Monthly

1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation? Monthly

1B-3 Does the CoC include membership of a homeless or formerly homeless person? Yes

1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Outreach, Advisor, Volunteer, Community Advocate
Select all that apply.

1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Interagency Service Team (IST)	This group serves as the committee who reviews difficult cases and helps service providers strategize on how to best help clients successfully complete the programs. The committee also reviews client appeals and assists individual service providers with determinations on how to proceed with appeals.	Monthly	Metro Comm. Dev. YWCA, Genesee Co. Youth Corp., My Brothers Keeper, Catholic Charities, 1 Stop Housing Resource Cntr, Dept. of Human Svcs., Michigan State Housing Development Authority, Shelter of Flint, Genesee Health Systems (Genesee County CMH)
1C-1.2	Point in Time Committee (formally called Genesee County Homeless Awareness Task Force)	This committee plans the annual point in time event and is focused on identifying homeless citizens in Genesee County	Bi-Monthly	Metro Comm. Dev., Shelter of Flint, Mission of Hope, Genesee Health Systems, Resource Genesee, Shelter of Flint, Hamilton Comm. Network, U.S. Dept. of Vet. Affairs
1C-1.3	Committee Concerned with Housing	This committee looks at housing from a full community spectrum. Not only is this committee focused on locating and securing rental properties from homeless citizens, but is also looks at housing stock, available housing programs, etc.	Quarterly	Metro Comm. Dev., Genesee Co. Youth Corp., Habitat for Humanity, Genesee County, City of Flint, Flint Housing Commission, Shelter of Flint, My Brothers Keeper
1C-1.4	Continuous Quality Improvement (CQI)	This committee looks at the quality of data input into HMIS and takes an in-depth look at how the data affects the community as a whole. This committee also provides technical assistance for agencies who are struggling with inputting quality HMIS data.	Monthly	Metro Comm. Dev., Genesee Health Systems, Shelter of Flint, 1 Stop Housing, Flint Odyssey House, Carriage Town Ministries, Catholic Charities, Genesee Co. Comm. Action Resource Dept., Hamilton Comm. Health, Resource Genesee, My Brothers Keeper
1C-1.5	HMIS Agency Administrator Committee	The focus of this committee is to ensure that HMIS Agency Administrators and End Users are properly trained and up to date with changes and trends in HMIS	Monthly	Metro Comm. Dev., Genesee Health Systems, Genesee Co. Youth Corp., 1 Stop Housing, Flint Odyssey House, Catholic Charities, Shelter of Flint, Hamilton Comm. Health Ctr., Resource Genesee, My Brothers Keeper, Genesee Co. Comm. Action Resource Dept.

1C-2 Describe how the CoC considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area when establishing the CoC-wide committees, subcommittees, and workgroups.

(limit 750 characters)

The Continuum of Care and Continuum of Care sub-committees are open groups. Current members of the group are encouraged to invite others in the community with knowledge of homelessness or an interest in preventing and ending homelessness in Genesee County to participate. As per COC by-laws, all decisions are made by a one vote per agency process so that larger entities with several COC participants, or agencies who operate multiple COC programs are not given an unfair advantage. Group members who are not affiliated with an organization are allowed one vote per person. Persons who are currently or formally homeless who wish to participate in the COC process, but have not met minimum member criteria, are allowed to vote on any COC issue with the same rights as members who have met minimum criteria.

1D. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)**

The COC members in good standing, along with others with COC voting privileges is invited to rank COC projects based on project statue, quality of project, capacity/experience of project sponsor, outcome measures/follow up services, client connection to mainstream resources, community need, leverage of resources, etc. On the day of prioritization, the COC sub-recipient agency is allowed time to present to the group and provide information regarding what the SHP funding supports (i.e.} support service staff, operations, client rents), number of clients the project serves, if the project met minimum outcomes as stated in the grant application, did the project serve the minimum number of clients that as stated in the grant application.

**1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)**

For project ranking the sub-recipient agencies are required to address the following;

- *Information regarding what he what the SHP funding supports (i.e.} support service staff, operations, client rents etc).
- *Number of clients that the program served during the most recent grant year
- *Information regarding if the project served the minimum amount of clients stated in the application from the most recent completed grant year
- *Outcome measures and follow up services
- *Linkage to Mainstream Resources
- *Analysis of community need for the program
- *Leverage of resources
- *If the projects is a rental/leasing assistance program

**1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)**

An agency with the capacity to facilitate the program based on past experience with similar programs and/or an acceptable written program proposal for how the program will be facilitated will be considered for SHP funding if the agency also meets the following criteria;

*The agency must be on HMIS or have the capacity to join HMIS prior to the the program start date.

* The agency must be a COC agency in good standing.

*The agency must have a willingness to facilitate the program

* In the event that there are more than one agency that meets the criteria for facilitating the program, an RFP will be distributed by the lead agency and a recommendation will be made by the Review Committee regarding which agency should receive the contract. In the event that there is no COC agency that meets criteria a non-COC agency may be considered.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.

02/03/2014

1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?

1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?

Yes

**1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number.
(limit 1000 characters)**

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months? No

**1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.
(limit 750 characters)**

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

**1E-1 Did the CoC submit the 2013 HIC data in Yes
the HDX by April 30, 2013?**

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices. (limit 1000 characters)

Metro Community Development serves as the Lead Agency for the county wide implementation and provides direct administration to the participating agencies. The Genesee/Flint CoC reviews and approves the HMIS Policies and Procedures annually. MSHDA Project Compliance officer is a member of MHAAB and provides detailed material review of the HMIS through quarterly reports and CoC presentations. Metro Community Development staff conducts automated provider page and client record data quality and performance outcome reviews and hold monthly Agency Administrator and CQI Meetings. With the 2012 policy update we developed a Policy Compliance Template. On-site reviews using the Template have dramatically increased in 2012 and 2013. Coordination with the Statewide Implementation is done in monthly System Administrator Meetings. This larger group also reviews/adopts MSHMIS policies.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? If yes, a copy must be attached.

Yes

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan. (limit 1000 characters)

The Privacy, Security and Data Quality Plans are incorporated into the HMIS Policy and Procedures which are updated and approved annually. The 2013 Plan (1/15/2013) was updated on 1/7/2014 this year. Conformance to procedures is required as part of the new Joint Governance Agreement that was signed in 2013 by all participating CoC jurisdictions. Updated Policy and Procedures are reviewed in the January System Administrator Meeting (1/15/2014). Changes are recommended during this meeting and the final draft is then presented to the IJ CoC Committees for final approval (Preliminary Review BOS CoC 1/13/14 subject to final edits). This document provides the baseline for compliance and may be expanded at the local level per CoC recommendation. All training materials and products developed to support compliance by MSHMIS are available to all participating jurisdictions.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? ServicePoint® 5.8.11
Applicant will enter the HMIS software name (e.g., ABC Software).

2A-5 What is the name of the HMIS vendor? © 1999-2014 Bowman Systems L.L.C.
Applicant will enter the name of the vendor (e.g., ESG Systems).

2A-6 Does the CoC plan to change the HMIS software within the next 18 months? No

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

2B-1 Select the HMIS implementation coverage area: Single CoC

2B-2 Select the CoC(s) covered by the HMIS: MI-505 - Flint/Genesee County CoC
(select all that apply)

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$89,577
ESG	\$0
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$89,577

2B-3.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
Other Federal - Total Amount	\$0

2B-3.3 Funding Type: State and Local

Funding Source	Funding
City	\$18,000
County	\$0
State	\$1,300
State and Local - Total Amount	\$19,300

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$23,352
Private - Total Amount	\$23,352

2B-3.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-3.6 Total Budget for Operating Year	\$132,229
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2B-4 How was the HMIS Lead selected by the CoC? Agency was Appointed

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2C-1 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	65-75%
* Safe Haven (SH) beds	Housing type does not exist in CoC
* Transitional Housing (TH) beds	65-75%
* Rapid Re-Housing (RRH) beds	86%+
* Permanent Supportive Housing (PSH) beds	86%+

2C-2 How often does the CoC review or assess its HMIS bed coverage? Semi-Annually

**2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)**

**2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage.
(limit 750 characters)**

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	23
Transitional Housing	7
Safe Haven	0
Permanent Supportive Housing	27
Rapid Re-housing	45

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	2%
Date of birth	4%
Ethnicity	6%
Race	5%
Gender	4%
Veteran status	1%
Disabling condition	1%
Residence prior to program entry	1%
Zip Code of last permanent address	1%
Housing status	7%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

HMIS data is used to generate all of the HUD (APR, CAPER, HIC, PIT, AHAR, HPRP etc.) and HHS Reports (Path, HOPWA, and S+C). Additionally MSHMIS offers a wide variety of data quality and counting reports. The Michigan HMIS reports are also used to bill Michigan's Department of Human Services Emergency Shelter Funds (TANF and General Fund) as well as funding reports for Homeless and Runaway Youth grantees.

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Quarterly

**2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)**

MSHMIS supports data quality in multiple ways. 1-MSHMIS has published clear P&Ps and related audit tools. 2-We have negotiated Grant MOUs that require routine review and correction of data. 3-MSHMIS provides guidance on HUD Standards and Definitions. 4- MSHMIS has optimized workflows and encourages data sharing. 5-We provide podcasts, Desk Aids and other written system operation materials designed to streamline training. Users must pass certification quizzes. 6-There are a wide variety of data quality reports with a focus on un-exited clients, null values, provider page settings, fragmented family. These reports are used with individual agencies and in User Groups. 7- MSHMIS maintains Help Desk and 'at your fingertips' training through our remote training tool. 8-Providers cannot leave a page with null values without an alert. 9-User Groups and trainings are required and occur monthly. 10- Finally the data is used extensively to report on grant performance, for funding allocations, and community education. The numbers are taken seriously by leadership at all levels.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Monthly

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

* Measuring the performance of participating housing and service providers	Quarterly
* Using data for program management	Monthly
* Integration of HMIS data with data from mainstream resources	Annually
* Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)	Monthly

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

Pages 13 and 14 of the Policy and Procedures detail the Data Quality Plan including entry and exit requirements.

2F-2 Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)? Yes

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/23/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters	25%	25%	25%	25%
Transitional Housing	25%	25%	35%	15%
Safe Havens	0%	0%	0%	0%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

The 2013 Point In Time count saw a 3% decrease from the sheltered count in 2012. A reason that 2013 may have seen a decrease in the Point-In-Time is due to the introduction of ESG programs in the community.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

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

**2H-2 If other, provide a detailed description.
(limit 750 characters)**

**2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Survey Providers: 2013 Point in Time Count surveys were conducted at various locations who were not licensed to use the HMIS system. To ensure accuracy, every site was captained by an experienced professional who has worked in the point in time count previously. Individuals who were to conduct surveys were required to attend a scheduled training session with the local HMIS System Administrator.

HMIS: The HMIS system was implemented during the 2013 Point in Time Count at various agencies who were licensed to use the HMIS system. The licensed agencies recorded Point in Time Data into system in real time. Each individual doing data input was required to attend a scheduled training session with the local HMIS System Administrator.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	<input type="checkbox"/>
Interviews:	<input checked="" type="checkbox"/>
Non-HMIS client level information:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2I-2 If other, provide a detailed description.
(limit 750 characters)**

**2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

The HMIS system was used to calculate subpopulation data for sheltered homeless individuals and families entered into the ShelterPoint module. Interviews that were conducted at participating count sites not authorized to use the HMIS system sent all interviews to the local HMIS System Administrator for review.

2J. Continuum of Care (CoC) Sheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

Training:	<input checked="" type="checkbox"/>
Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication :	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2J-2 If other, provide a detailed description.
(limit 750 characters)**

**2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate.
(limit 750 characters)**

Training, HMIS and Follow-Up were the methods selected because each step builds off the other. Training was provided for the individuals who would directly speak with people who are considered to be homeless. That data was then sent back to be reviewed. A Follow-Up team of 10 who input the data then reviewed the data for accuracy. If any duplicated clients were discovered, they were noted as such and not included in the count.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2K-1 Indicate the date of the most recent unsheltered point-in-time count: 01/23/2013

2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD?

2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX: 04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change. (limit 750 characters)

In comparing the 2012 unsheltered Point-In-Time count to the the 2013 Point-In-Time count, there was an increase in unsheltered homeless individuals and families. The increase can be attributed to to absence of SHP programs such as HPRP, which were present for the previous year.

2L. Continuum of Care (CoC) Unsheltered Point-in-Time Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews on the night of the count:	<input checked="" type="checkbox"/>
Public places count with interviews at a later date:	<input checked="" type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2L-2 If other, provide a detailed description.
(limit 750 characters)**

**2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)**

All 2013 Point-In-Time count sites were manned by an experienced professional who had prior experience conducting interviews and surveys. Street outreach teams who went on the night of the count were led by an experienced professional and all interviews were submitted to the local HMIS system administrator for review. Counts that were taken on the 2 days following the day of the count were in regard to the persons living situation on the night of the actual count. These interviews were sent to the local HMIS system administrator for review.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

**2M-2 If other, provide a detailed description.
(limit 750 characters)**

2N. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

**2N-2 If other, provide a detailed description.
(limit 750 characters)**

**2N-3 For each method selected, including other, describe how the method was used to reduce the occurrence of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to receive credit for any selection, it must be described here.
(limit 750 characters)**

Attending a scheduled training session was required for anyone that would be conducting interviews. The training was led by the local HMIS system administrator. During the training, each survey question was evaluated and an open discussion took place to ensure understanding of the question and methods to use when asking them. A mock interview was conducted to familiarize surveyors with some possible adverse reactions or replies.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		653	658	673
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	19	24	29	34
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		629	634	639
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		97%	96%	95%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		0	5	10

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.

(limit 1000 characters)

The Flint/Genesee County Continuum of Care plans to increase the percentage of participants in a two year time span by ensuring that the programs that have participants who are transitioning to and remaining in permanent housing projects will receive wrap-around services, including, but not limited to case management support and direct client assistance that would better help them sustain their quality of living and become self-sufficient. In addition a specific focus will be made to engage developers to increase the number of project based voucher units for people who are chronically homeless. Funders will also be engaged to fund chronically homeless programs and the COC, will participate in strategic planning and determine what current support service only projects should be transitioned into PSH and/or Rapid Re-Housing programs so that this population can be further served.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.

(limit 1000 characters)

Metro Community Development, the COC lead agency in partnership with local developers, will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? No

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	736	773	810
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	849	892	935
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	95%	96%	97%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

The Flint/Genesee County Continuum of Care will strive to improve the housing stability of project participants in COC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all COC-funded permanent supportive housing projects by ensuring that all discharges and discharge destinations are recorded in HMIS. This allows the CQI committee to review and determine if the COC is meeting its positive destination goal. In addition, the clients of COC programs will work with service providers on housing plans immediately following program entry with positive discharges or remaining in the program being the option.

3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects. (limit 1000 characters)

Metro Community Development, the lead agency of the COC will be responsible for increasing the rate of housing stability in COC funded projects.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 1593

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	3%	6%	9%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	25%	30%	35%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	88	5.52	%
Unemployment Insurance	17	1.07	%
SSI	126	7.91	%

SSDI	57	3.58	%
Veteran's disability	3	0.19	%
Private disability insurance	0		%
Worker's compensation	0		%
TANF or equivalent	50	3.14	%
General Assistance	44	2.76	%
Retirement (Social Security)	4	0.25	%
Veteran's pension	1	0.06	%
Pension from former job	4	0.25	%
Child support	18	1.13	%
Alimony (Spousal support)	0		%
Other Source	14	0.88	%
No sources	468	29.38	%

**3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.
(limit 1000 characters)**

The Flint/Genesee County COC's plan to prevent and end homelessness was aligned with Open Doors including specific objectives in increasing non-employment incomes for those unable to work. Statewide shared outcomes for major grant compliance were also aligned to focus on non-employment income sources of sufficient size to meet basic needs. Core to achieving this objective is accessing SSI for our disabled homeless that cannot work. Michigan has a statewide implementation of SOAR managed through the Department of Community Health with support from PRA. The SOAR project is fully integrated onto the HMIS and evaluated annually. The 2013 Evaluation revealed the highest success rate to date - 72% with an average of 96 days to decision for initial applications. Our two year strategy focuses on both improved linkage of CoC funded programs with each community's HARA (with extensive resource training) and improved linkage of SOAR to the HARAs. It is believed, by the COC that through better linkage to the coordinated assessment process we can improve outreach and identification of those that may qualify for SSI and other resources.

**3A-3.5 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)**

The Flint/Genesee County COC, along with most COC's in the state of Michigan has identified increasing employment as a critical goal in the Plan to End Homelessness. To support better problem solving across the state including BOS communities, the Michigan's ICH initiated an Employment work group composed of both homeless providers and Michigan Works leadership. The work group identified 3 communities with strong employment outcomes and worked with those communities to develop an Employment Best Practice Protocol that defines critical strategies for homeless and Michigan Work providers. The Protocol is accompanied with a CoC Self-Assessment Tool to help CoCs identify gaps and strengths in their existing processes. The Protocol is in final editing stages and our goal is both stabilize and optimize activities related to employment at the local level.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

Metro Community Development, as the lead agency of the COC in partnership with MHAAB and support from SOAR and the ICH Work Group and the SOAR Executive Committee will be responsible for increasing the rate of project participants in all COC-funded projects that increase income from entry date to program exit.

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013. 1593

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	54%	59%	64%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	552	34.65 %
MEDICAID health insurance	216	13.56 %
MEDICARE health insurance	24	1.51 %
State children's health insurance	0	%
WIC	33	2.07 %

VA medical services	12	0.75	%
TANF child care services	5	0.31	%
TANF transportation services	0		%
Other TANF-funded services	2	0.13	%
Temporary rental assistance	0		%
Section 8, public housing, rental assistance	0		%
Other Source	14	0.88	%
No sources	342	21.47	%

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The Flint/Genesee County Continuum of Care in partnership with MHAAB will continue to focus on improving training related to mainstream benefits at through the coordinated intake agencies (HARA's) located in communities across the county. 2014 will focus on insuring that homeless persons are supported in their applications to the newly launched Federal Health Exchange. Additionally, the Continuum of Care will continue to assist homeless clients in signing up for Housing Choice Vouchers (section 8 vouchers) as MSHDA has preferenced homeless persons for their Section 8 vouchers and to continue to streamline their application processes.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit. (limit 1000 characters)

Metro Community Development, in partnership with both DHS and MSHDA are strongly represented on MHAAB and we anticipate continued benefits with strong collaboration.

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	52	57	62
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	52	57	62
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	10	13	15

3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit 1000 characters)

The Flint/Genesee COC is planning to participate in a strategic planning process within the next 6 months. One of the goals of the strategic planning is to take a comprehensive look at the SSO projects and determine which projects should be discontinued and have their funding reallocated to Rapid Rehousing (RR) and PSH projects. We believe that by doing this we can increase the number of RR units and increase the number of families that we are able to assist. In addition, the COC is working closely with the City and County to bring more Rapid Re-housing programs to the community.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

Metro Community Development, as the lead agency of the Continuum of care, in partnership with the COC agencies, the City of Flint, the Genesee County Metropolitan Planning Commission and other community stakeholders.

3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable. (limit 1000 characters)

Families who are faced with homelessness are referred to the One Stop Housing Resource Center where they receive an intake for community services. Once the client completes intake they are referred to a specific program. Those clients who are referred for a Rapid Rehousing full assessment. All clients accepted into the Rapid Rehousing program must meet the criteria for (HUD defined) homelessness. Clients are also prioritized based on chronic homeless status, domestic violence survivor, disability status and household with children. Rapid Rehousing clients are not responsible for any portion of their rent at this time.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs? (limit 1000 characters)

Households receiving rapid rehousing assistance are provided case management services on a monthly basis.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends? (limit 1000 characters)

The Flint/Genesee Continuum of Care currently has Rapid Rehousing only through ESG funds. Currently there are no follow-up services that are done with Rapid Rehousing clients who have exited the program. This is an area that will be addressed as the COC increases capacity of Rapid Rehousing programs.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-1.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-1.1a If other, please explain.
(limit 750 characters)**

**3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

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 begins with all youth in foster care (ages 14-21) several years prior to their discharge, in accordance with CFF 722-6 (Independent Living Preparation). A treatment plan and services agreement (RFF67 and RFF69) including attention to locating suitable living arrangements and assistance in moving into housing (CFF 722-7) must be completed for each individual prior to systems discharge.

**3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

The stakeholders and collaborating agencies for foster care discharge is DHS and the COC service provider agencies.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-2.1 Is the discharge policy in place Other mandated by the State, the CoC, or other?

3B-2.1a If other, please explain. (limit 750 characters)

There is no formal "universal" Discharge Planning Policy to address homelessness upon discharge by the local hospitals. Discussions between the Continuum of Care members and each of the three local hospitals, Hurley Medical Center, Genesys Regional Medical Center and McLaren-Flint Region have taken place to discuss individual discharge policies and necessary steps to implementing formalized protocol.

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

Hurley Medical Center, the local public hospital, does follow a protocol in case of discharges. Homeless patients are discharged based on their functionality, such as if the person is alert and oriented and don't have medical needs then they are referred to one of several partnering adult foster care or room and board or emergency shelters. If the homeless patient has substance abuse issues then they are referred to Transition Housing or another residential program. In cases where the homeless patient has severe medical needs the hospital does not discharge until the health situation is improved. Hurley Social Workers are well informed of what resources are available in the community, and each homeless patient is referred to those resources based on individual needs.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

Stakeholders in the Health Care discharge plan is the three area hospitals, Hurley Medical Center, Genesys Regional Medical Center, McLaren-Flint Region, the COC partner and local government.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-3.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-3.1a If other, please explain.
(limit 750 characters)**

N/A

**3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

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

**3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

Community stakeholders are Community Mental Health and other COC agencies, as well as the private business sector, local government entities and constituents.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3B-4.1 Is the discharge policy in place State Mandated Policy mandated by the State, the CoC, or other?

**3B-4.1a If other, please explain.
(limit 750 characters)**

N/A

**3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)**

Flint was one of the initial eight Michigan Prisoner Re-entry Initiative (MPRI) pilot sites, and received funding for housing and services for this population. Flint's Comprehensive Plan includes an assessment of local housing and proposals for local solutions for housing assistance. Parolees with substance abuse, mental and physical health disabilities or issues, and other hard-to-place returning prisoners are referred to appropriate transitional and treatment supports, and additional aid is provided through housing services.

**3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)**

The stakeholders for the discharge plan include, Michigan Prisoner Re-entry program, the COC service agencies, private business entities, and local government entities.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

Expand the supply of and ensure access to affordable and safe housing for homeless and/or at-risk individuals, families, children and youth.

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

Metro Community Development (MCD), the lead agency of for the COC is also the contract administrator for both the State and Local ESG programs. As such MCD provides reports to both city and state governmental entities regarding the services that are being provided to program participants. In addition, by administering/coordinating both the state and local programs the COC is better able to coordinate, streamline and evaluate the ESG program as a whole. All ESG programs are required to report into HMIS, which is used as a monitoring tool along with chart review, financial review, etc.

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

The state contract allocation to Flint/Genesee for ESG funds is for the amount of \$243,929.00 with \$67,134.00 being directly allocated for Prevention/Rapid Re-housing. The remainder of those funds are for housing and shelter case management, shelter operations and program administration. The local city ESG allocation is for the amount of \$241,539.00 with \$52,800 being directly allocated for Prevention and Rapid Re-housing. The remainder of those funds are allocated for housing and shelter case management, shelter operations, outreach, legal services and program administration.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

In addition to traditional programs such as PSH, Rapid Re-housing, Housing Choice Voucher and Tenant Based Rental Assistance programs. The COC works closely with local landlords and property owners to create relationships that will help persons stay in housing. Landlords are engaged and encouraged to communicate regularly with clients, case managers and other service providers. Landlords have an opportunity to learn about different programs and build relationships with service providers at various meetings such as COC, Community Collaborative and Committee Concerned with Housing meetings. Landlords are also engaged by being invited to Landlord Breakfast meetings sponsored by the COC.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

Metro Community Development (MCD) has a overall goal of "Partnering to Build Strong, Vibrant Communities". This goal is carried to our work as the lead agency of the Flint/Genesee County COC. The COC partners with Federal, State, Local and Private entities on the planning, operation and implementation of homeless programs in Genesee County. MCD also works to identify community gaps in homeless services and pursue funding along with partnerships to address those gaps.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

The COC and PHA have a close working relationship formalized by a MOU. The PHA and COC coordinates services to address the needs of housing and homeless services and to streamline service delivery so that clients may be rapidly re-housed in safe and affordable housing.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

The COC works closely with area landlords in an attempt to reduce housing barriers. As a result of relationship building, clients in COC funded projects have been able to gain housing in properties that were historically denied to them by landlords who place an emphasis on credit, unfavorable backgrounds, clean time, income etc. The COC has a continuous discussion within the partners and the community as a whole, regarding stable housing for difficult to house clients. In addition, the COC works closely with the Legal Services of Eastern Michigan and Center for Civil Justice(both COC partners) to help clients with services such as record expunge programs, credit repair, landlord tenant mediation and access to entitlement programs.

**3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach.
(limit 1000 characters)**

The Flint/Genesee County Continuum of Care has adopted the housing first concept. Each client that enters the service delivery system is evaluated for housing and matched to the best housing program. Clients who do enter into emergency shelter have an average stay time of 14 days. Clients begin to immediately work with their case managers, creating a housing plan so that they may be permanently housed in either PSH, HCV or non-program housing.

**3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need.
(limit 1000 characters)**

Genesee County has a centralized assessment system through our One Stop Housing Resource Center. The One Stop is a single point of entry agency that provides an assesment, services and/or referral to anyone in Genesee County facing a housing issue. The One Stop has case managers onsite, as well as onsite representation from other agencies that provide onsite services. In addition, the One Stop is a member of the COC and partners with all COC agencies for client wrap around services. Currently, the One Stop utilizes the ESG assessment tool. However, in accordance with the Michigan State Housing Development Authority (MSHDA), all Genesee County COC agencies, including the One Stop will be moving to the Service Prioritization Decision Assessment Tool (SPDAT). According to the information provided by MSHDA, SPDAT will be able to assist any person conducting a housing assesment on which programs are the best match from which clients without a significant margin for error.

**3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach.
(limit 1000 characters)**

The COC employs an Outreach Specialist. The main function of the Outreach Specialist, is to go out into the community and engage persons who are not likely to request services. The Outreach Specialist takes leads from anyone in the community regarding where people in need of services may be living or visiting and follows up on all leads. In addition, the Outreach Specialist regularly visits soup kitchens, missions, community clothing closets and other places that may be frequented by persons who are homeless. In addition, the Outreach Specialist canvases the streets of Flint/Genesee County, focusing on areas where homeless people are likely, or known to congregate.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

The COC currently has policies in place that require all homeless shelters and/or programs providing services to families and/or youth require such clients to enroll all early education and/or school aged children be enrolled in the appropriate education programs. The participants of such programs are assisted with transportation, school attire and other educational necessities through the McKinney-Vento Liaison associated with the school system. In addition, clients are educated on McKinney-Vento and their rights under the act.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

The COC works very closely with the Genesee County Intermediate School District (GISD) and the Homeless Liaison employed by the GISD to ensure that all education agencies in the community have knowledge of and access to homeless service providers. The Homeless Liaison is an active participant in the COC and is updated regularly on COC programs that may assist homeless families that are being serviced in the schools and other education agencies. In addition the vast majority of COC funded programs have dedicated staff in place to ensure that families have access to education services. The programs that do not have a dedicated staff person for this function has a referral system with a program that does.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

The COC has coordinated with all local shelters in an effort that no family would be separated when seeking emergency shelter. The local "family" shelter has dedicated space for single men with children, as so they not be separated (by the father entering the local Men's only shelter). The local Women's and Family shelters accepts children accompanied by their parents up to age 18. If a parent enters shelter and wishes to have their adult child enter shelter, the child may do so, but under their own "case". All TH and PSH programs within the COC accept children up to age 18 who are accompanied by a parent or guardian. The COC currently has no written policies regarding the acceptance of children up to age 18 but each individual emergency shelter, Transitional Housing Program and Supportive Housing Program does. The COC plans to work with these programs to develop a COC wide uniform policy within the next 12 months.

**3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness.
(limit 1000 characters)**

The COC utilizes the HMIS system to monitor recidivism into homelessness. In addition, the COC relies on each individual program to monitor clients that have been discharged from programs. The COC lead agency includes follow up monitoring as in outcome in the local agency monitoring process. Each client that enters into services are strongly recommended to actively participate in case management and other support services. Clients are also referred to SOAR, DHS and other entitlement programs. Clients who have the ability to maintain employment are referred to the COC funded homeless job readiness or other employment programs.

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?

No

**3C-15.1 If yes, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.
(limit 1000 characters)**

N/A

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition? No

3C-16.1 If 'Yes', describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

N/A

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

**3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals.
(limit 1000 characters)**

A major goal in the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, is to end chronic homelessness in 5 years. The Flint/Genesee County Continuum of Care is also working towards this goal by working with local developers to create additional housing opportunities targeted towards chronic homeless families and individuals. The COC has a targeted estimated growth of a 25% in chronically homeless units in the next 12 months. HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness also focuses on ending family homelessness. The Flint/Genesee COC is also working towards this goal by working with local funders to increase the number of permanent and transitional housing beds. In addition, the COC will request funding from state and federal funders for this purpose.

**3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children.
(limit 750 characters)**

The COC, in line with the Opening Doors initiative, has a specified goal of ending family homelessness by 2018. As such the local COC is working closely with developers to increase the housing stock of safe and affordable housing that can be accessed by families. The COC is currently working with three new Project Based Voucher programs to ensure that these units are available to families and is in conversation with three additional developers regarding similar projects. The COC also has five permanent supportive housing programs that work with families.

3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population. (limit 1000 characters)

The YWCA of Greater Flint (YWCA), a COC (funded) partner agency houses the local "Safe House". It is at this location that survivors of domestic violence and sexual assault are able to seek refuge in a safe place. The YWCA employs therapists, child advocates and legal advocates and survivors are able to enter into Safehouse 24 hours a day 7 days a week. Survivors of Domestic Violence and Sexual Assault are preferenced in nearly every COC program in an effort to rapidly re-house them in safe locations.

3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24. (limit 1000 characters)

Currently the COC has a Tenant Based Rental Assistance (TBRA) program specifically for homeless youth. In this program, administered by the COC lead agency, the homeless youth are assisted with housing and supportive services including case management. TBRA is for youth ages 18-24. The COC also provides services to homeless youth the Traverse Place Transitional Housing for ages 17-20 and REACH Runaway Shelter ages 10-17. Both programs offer case management and counseling to program participants who are active in the program and their parents or guardians (when applicable). The programs also offer follow-up services. In addition, the REACH program offers family counseling designed to reunite families.

3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation. (limit 750 characters)

The COC employs a full time Homeless Outreach Specialist who specializes in meeting people where they are, physically and otherwise. The Homeless Outreach Specialist canvasses the streets, zoning in those places that homeless people are known to congregate such as soup kitchens, hospitals, libraries, abandoned houses, tent cities and 24 hour establishments.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those who are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans. (limit 1000 characters)

The COC, through HUD SHP funding, funds a projects called Veterans' Lease Up program. This program provides housing vouchers and case management services to Homeless Veteran individuals and families. The COC is working closely with local foundations and community organizations to develop new programming for Veterans and is in the process of implementing a sub-committee of the COC that specially addresses Veterans' programs.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons?

No

3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families?

No

**3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)**

N/A

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified?

Not Applicable

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

The COC employs a full-time coordinator and a full-time HMIS System Administrator. These positions are responsible for conducting a field monitoring of each COC Sub-Recipient agency based on the HUD established performance goals. Each project is monitored a minimum of annually. Projects who are under performing or have capacity issues are monitored more frequently and referred to the CQI or Executive Committee for further TA, if appropriate.

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

The COC regularly discusses performance goals at monthly COC and other sub-committee meetings. The COC also offers regular trainings. In addition the COC meets with sub-recipient agencies outside of regularly scheduled meetings to address any questions that may be specific to that particular program.

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

COC sub-recipients that have found to be under-performing will receive additional technical assistance from the COC Coordinator and/or HMIS System Administrator to pinpoint the problems and identify solutions. In the event that the agency continues to under-perform the COC Coordinator may refer the agency to the Executive Committee and/or CQI Sub-Committee. Agencies who are under performing will receive increased monitoring visits. Under performing agencies are also required to submit a corrective plan of action to the COC Lead agency.

4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless? (limit 1000 characters)

The COC, in an effort to reduce the time that homeless individuals and families remain homeless has streamlined the intake system. All homeless persons, both homeless individuals and families are referred to the One Stop Housing Resource Center where they receive a centralized intake and can be referred to the appropriate type of housing. In cases all cases the clients are assisted with finding safe and affordable housing. In many cases this is accomplished by matching the client(s) with a program that is appropriate for them. In other cases the clients are connected with landlords/property managers who are able to meet their needs.

**4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)**

The COC offers comprehensive case management in an effort to reduce recidivism to homelessness. In addition the COC offers programs such as homeless job readiness to clients who are employable. In addition, the COC utilizes the SOAR program for people who may qualify for SSI and/or SSDI benefits. In 2013, the Flint/Genesee County COC was recognized by the State of Michigan for having the most approved SOAR cases in the state. The Flint/Genesee County also received the state's first ever Monica Bellamy award for its leadership in with the SOAR program. SOAR is an integral part of the services that are offered to homeless service clients. In addition the COC also assists clients with signing up for other mainstream benefits.

**4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)**

The COC utilizes the Homeless Outreach Specialist to locate those clients who would otherwise not enter into services. In addition the COC utilizes all partner agencies and the media to outreach about services and programs that are available in the community.

4B. Section 3 Employment Policy

Instructions

*** TBD ***

4B-1 Are any new proposed project applications requesting \$200,000 or more in funding? No

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at <https://www.onecpd.info/ask-a-question/>.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

* Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	15%
* Homeless assistance providers use a single application form for four or more mainstream programs.	20%
* Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	67%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 06/04/2013

**4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options.
(limit 1000 characters)**

The Flint/Genesee County Continuum of Care has partnered with Genesee Health Plan. Genesee Health Plan is a local insurance provider that has traditionally provided free health insurance to the very low income citizens in Genesee County. The Genesee Health Plan is offering incentives for current Genesee Health Plan clients to sign up for a ACA health plan through their office, this includes over 50% of COC clients. In addition, Community Health Navigators have been working with service providers by coming out to their locations and signing clients up for coverage.

**4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)**

COC program recipients are screened for mainstream services including those that offer support services. For instance, a person who enters COC services that has a mental disability is referred to Genesee Health System (formally called Genesee County Community Mental Health) so that they are able to access case management through that program. A person who enters services with a physical disability are referred to the Disability Network so that they are able to access case management through that program and so on. The COC relies heavily on case management from non-COC programs.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certificate fo Co...	01/31/2014
CoC Governance Agreement	No		
CoC-HMIS Governance Agreement	No		
CoC Rating and Review Document	No		
CoCs Process for Making Cuts	No		
FY2013 Chronic Homeless Project Prioritization List	No		
FY2013 HUD-approved Grant Inventory Worksheet	Yes	Final- HUD Approv...	01/31/2014
FY2013 Rank (from Project Listing)	No	Flint/Genesee Cou...	01/31/2014
Other	No	Website Information	01/31/2014
Other	No		
Other	No		
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No		

Attachment Details

Document Description: Certificate fo Consistency with Consolidated Plan

Attachment Details

Document Description:

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Attachment Details

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Attachment Details

Document Description:

Attachment Details

Document Description: Final- HUD Approved Grant Inventory Worksheet

Attachment Details

Document Description: Flint/Genesee County Priority Rankings

Attachment Details

Document Description: Website Information

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
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1C. Committees	01/29/2014
1D. Project Review	01/31/2014
1E. Housing Inventory	01/22/2014
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2D. HMIS Data Quality	01/28/2014
2E. HMIS Data Usage	01/22/2014
2F. HMIS Policies and Procedures	01/22/2014
2G. Sheltered PIT	01/31/2014
2H. Sheltered Data - Methods	01/22/2014
2I. Sheltered Data - Collection	01/22/2014
2J. Sheltered Data - Quality	01/22/2014
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2L. Unsheltered Data - Methods	01/22/2014
2M. Unsheltered Data - Coverage	01/22/2014
2N. Unsheltered Data - Quality	01/22/2014
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3B. CoC Discharge Planning: Foster Care	01/22/2014
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3B. CoC Discharge Planning: Corrections	01/22/2014
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4C. Resources	01/31/2014
Attachments	01/31/2014
Submission Summary	No Input Required

**Certification of Consistency
with the Consolidated Plan****U.S. Department of Housing
and Urban Development**

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

Applicant Name: Metro Community Development

Project Name: Flint/Genesee County Continuum of Care Supportive Housing Programs

Location of the Project: Flint, MI (see Attached)

Name of the Federal
Program to which the
applicant is applying: See Attached

Name of
Certifying Jurisdiction: Genesee County

Certifying Official
of the Jurisdiction
Name: Genesee County

Title: Chairperson- Genesee County Board of Commissioners

Signature: 

Date: 1-21-14

**Certification of Consistency
with the Consolidated Plan**U.S. Department of Housing
and Urban Development

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

Applicant Name: Metro Community DevelopmentProject Name: Flint/Genesee County Continuum of Care Supportive Housing ProgramsLocation of the Project: Flint, MI (see Attached)Name of the Federal
Program to which the
applicant is applying: See AttachedName of
Certifying Jurisdiction: City of FlintCertifying Official
of the Jurisdiction
Name: City of FlintTitle: Director- Department of Community and Economic DevelopmentSignature: Date: January 17, 2014

Agency	Program	Address
Genesee Health System	Lease Up	420 W. 5 th Ave. Flint, MI 48503
FNIPP/ SOF COC	Lease Up	902 E. 6 th St. Flint, MI 48503
Shelter of Flint	Lease Up	924 Cedar St. Flint, MI 48503
Shelter of Flint	Transitional Housing	924 Cedar St. Flint, MI 48503
Shelter of Flint	Rosewood Riverside	902 E. 6 th St. Flint, MI 48503
Shelter of Flint	Rosewood Manor	924 Cedar St. Flint, MI 48503
Catholic Charities	Transitional Boarding House	210 W. 7 th Ave. Flint, MI 48503
Catholic Charities	Homeless Case Management	901 Chippewa St. Flint, MI 48503
Catholic Charities	Homeless Substance Abuse	901 Chippewa St. Flint, MI 48503
Flint Odyssey House	Permanent Supportive Housing	529 Martin Luther King Ave Flint, MI 48503
YWCA	Child Advocacy Program	310 E. Third St. Flint, MI 48502
Homeless Management Information Systems		503 S. Saginaw St. Suite 804 Flint, MI 48502

Agency	Program	Address
GCCARD	Housing Specialist	601 N. Saginaw St. Flint, MI 48502
GCCARD	Helping Hands	601 N. Saginaw St. Flint, MI 48502
My Brother's Keeper	Homeless Job Readiness	101 N. Grand Traverse St. Flint, MI 48503
Resource Genesee	Homeless Outreach	601 N. Saginaw St. Flint, MI 48502
Genesee County Youth Corporation	Traverse Place	512 S. Grand Traverse St. Flint, MI 48502
Genesee Health System	Shelter plus Care	420 W. 5 th Ave. Flint, MI 48503
GCCARD	Shelter plus Care	601 N. Saginaw St. Flint, MI 48502
Metro Community Development	COC Planning	503 S. Saginaw St. Flint, MI 48503



Asset Building, Community Building, Coalition Building
Rank Prioritization List 2013 HUD Competition

1. PSH Rosewood Riverside
2. PSH Rosewood Manor
3. Genesee Health System Lease Up
4. Genesee Health System Shelter + Care
5. Shelter of Flint Lease UP
6. FNIPP/SOF Lease Up
7. PSH Flint Odyssey House
8. Genesee County Community Action Agency Shelter + Care
9. Homeless Management Information Systems
10. Continuum of Care Planning Grant
11. Genesee County Youth Corporation Traverse Place
12. Shelter of Flint Transitional Housing
13. My Brother's Keeper Homeless Job Readiness
14. Resource Genesee Homeless Outreach
15. YWCA Child Advocacy
16. Catholic Charities Transitional Boarding House
17. Genesee County Community Action Agency Helping Hands
18. Catholic Charities Homeless Case Management
19. Catholic Charities Homeless Substance Abuse
20. Genesee County Community Action Agency Housing Specialist





Asset Building, Community Building, Coalition Building

The Flint/Genesee County Application information can be found on the website for the lead agency- Metro Community Development.

The website address is as follows;
www.metro-community.org



"Working In Partnerships to Build Strong, Vibrant Communities"

