

1A. Continuum of Care (CoC) Identification

Instructions:

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

CoC Name and Number (From CoC Registration): MI-516 - Norton Shores/Muskegon City & County CoC

CoC Lead Organization Name: Muskegon County Department of Employment and Training

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

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

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

Name of primary decision-making group: Muskegon County Homeless Continuum of Care Network

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 71%

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

Elected:	<input type="checkbox"/>
Assigned:	<input checked="" type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

Specify "other" process(es):

While leadership positions are elected through a thorough Review/Nomination Committee process, general membership is supported by a Memorandum of Understanding process and specific agencies assign staff to attend the meetings/committees.

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

The by-laws of the MCHCCN dictate the representation and selection process of the group members. The By-Laws were approved by the 43 member agencies that include representatives from government, non-profit, profit, participants in the homeless programs as well as the community at large.

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

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

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

Yes. The MCHCCN through its leadership could direct the lead agency in the role of grantee as well as in providing project oversight.

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

Instructions:

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Executive Committee	Provide direction in between meetings and on an emergency basis	Quarterly
Steering Committee	Decision making committee	Bi-monthly
Strategy and Planning	Sets vision and mission for the CoC and monitors progress of grantees as well as the entitlement communities, Ten Year Plan to End Homelessness activities	Bi-monthly
Review Committee	Reviews activities of grantees, makes recommendations for funding	Quarterly
Data Committee	Reviews data, sets priorities for HMIS administrating agency, reviews outcomes	Monthly or more

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

Outreach Committee(monthly)establishes outreach strategies/sponsors projects(Project Homeless Connect).Community Case Mgt.Committee(monthly)coordinating efforts for mainstream resources;manage Crisis Situations through Group Wise interventions. Nominating/Review Committee meets at least annually but as needed to fill vacancies on committees and recommend members to the MCHCCN and review competitive grant processes. Permanent Housing Committee(monthly)to address homeownership issues, sponsors the Fair Housing annual event, assists in neighborhood redevelopment.Discharge Committee(quarterly)to ensure continued dialogue with the jails, prisons, hospitals, nursing homes, mental health facilities and the Department of Human Services.

1D. Continuum of Care (CoC) Member Organizations

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

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Department of Human Services	Public Sector	State g...	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, Domes..
Michigan Department of Corrections (MPRI)	Public Sector	State g...	Primary Decision Making Group, Attend 10-year planning me...	Veteran s, Su...
Michigan State Housing Development Authority	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	Veteran s, Su...
City of Muskegon	Public Sector	Local g...	Primary Decision Making Group, Attend 10-year planning me...	Youth, Veteran s
City of Muskegon Heights	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Veteran s
City of Norton Shores	Public Sector	Local g...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Youth, Veteran s
Community Mental Health Services of Muskegon Co...	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	Seriousl y Me...
Muskegon County Public Health Department	Public Sector	Local g...	Committee/Sub-committee/Work Group	Veteran s, HI...
Muskegon Heights Housing Commission	Public Sector	Publi c ...	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, Domes..
Muskegon Housing Commission	Public Sector	Publi c ...	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Muskegon Intermediate School District	Public Sector	Sch ool ...	Primary Decision Making Group, Attend Consolidated Plan p...	Youth
Family Resource Centers (at all school districts)	Public Sector	Othe r	Attend Consolidated Plan planning meetings during past 12...	Youth, Domes..
Muskegon County Sheriff's Department	Public Sector	Law enf...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domesti c Vio...
Muskegon County Community Corrections	Public Sector	Law enf...	Primary Decision Making Group, Committee/Sub-committee/Wo...	Domesti c Vio...
Michigan Works	Public Sector	Local w...	Primary Decision Making Group, Attend 10-year planning me...	Veteran s, Do...

Social Security Administration	Public Sector	Other	Primary Decision Making Group, Committee/Sub-committee/Work Group	Seriously Mentally Ill
American Red Cross	Private Sector	Non-profit	Primary Decision Making Group, Committee/Sub-committee/Work Group	Veterans, Domestic Violence
Disability Connections	Private Sector	Non-profit	Primary Decision Making Group, Attend Consolidated Plan process	Seriously Mentally Ill
Every Woman's Place/Webster House	Private Sector	Non-profit	Primary Decision Making Group, Attend Consolidated Plan process	Youth, Domestic Violence
Goodwill Industries, Inc.	Private Sector	Non-profit	Primary Decision Making Group, Attend Consolidated Plan process	Veterans, Seniors
Mission for Area People	Private Sector	Faith-based	Attend 10-year planning meetings during past 12 months, Community	Veterans, Domestic Violence
Muskegon Community Health Project	Private Sector	Hospital	Primary Decision Making Group, Attend 10-year planning meetings	Veterans, Homeless
Muskegon-Oceana CAAP	Private Sector	Non-profit	Primary Decision Making Group, Attend Consolidated Plan process	Youth, Domestic Violence
Neighborhood Investment Corporation	Private Sector	Non-profit	Primary Decision Making Group, Attend Consolidated Plan process	Youth, Veterans
Pioneer Resources, Inc.	Private Sector	Non-profit	Primary Decision Making Group, Attend 10-year planning meetings	Seriously Mentally Ill
Sacred Suds	Private Sector	Non-profit	Primary Decision Making Group, Attend Consolidated Plan process	Seriously Mentally Ill
Salvation Army	Private Sector	Faith-based	Primary Decision Making Group, Attend Consolidated Plan process	Veterans, Domestic Violence
Senior Resources	Private Sector	Non-profit	Primary Decision Making Group, Committee/Sub-committee/Work Group	Veterans
West Michigan Therapy	Private Sector	Non-profit	Primary Decision Making Group, Attend Consolidated Plan process	Seriously Mentally Ill
West Michigan Veteran's Center	Private Sector	Non-profit	Primary Decision Making Group, Committee/Sub-committee/Work Group	Veterans
community en-compass	Private Sector	Faith-based	Primary Decision Making Group, Attend Consolidated Plan process	Seriously Mentally Ill
Catholic Charities of West Michigan	Private Sector	Faith-based	Primary Decision Making Group, Attend 10-year planning meetings	Youth, Domestic Violence
Christ Temple Church	Private Sector	Faith-based	Attend 10-year planning meetings during past 12 months, Community	Seriously Mentally Ill
First Congregational Church	Private Sector	Faith-based	Committee/Sub-committee/Work Group, Attend 10-year planning meetings	Youth, Domestic Violence

Hope Lighthouse	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	Seriously Me...
Love, Inc.	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	Youth, Veterans
Muskegon County Cooperating Churches	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	Youth, Domes..
Rescue Mission	Private Sector	Faith-b...	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Community Foundation for Muskegon County	Private Sector	Funder...	Primary Decision Making Group, Attend 10-year planning me...	NONE
United Way of the Lakeshore	Private Sector	Funder...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Community Coordinating Council for Muskegon County	Private Sector	Funder...	Primary Decision Making Group, Lead agency for 10-year pl...	NONE
Howmet Corporation	Private Sector	Businesses	Committee/Sub-committee/Work Group, Attend 10-year planni...	NONE
Independent Bank	Private Sector	Businesses	Committee/Sub-committee/Work Group	NONE
Muskegon County Landlord's Association	Private Sector	Businesses	Primary Decision Making Group, Attend 10-year planning me...	NONE
Greenridge Realty	Private Sector	Businesses	Primary Decision Making Group, Attend 10-year planning me...	NONE
Hackley Community Care	Private Sector	Hospita..	Committee/Sub-committee/Work Group	Seriously Me...
Muskegon Family Care	Private Sector	Hospita..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Joe Galy	Individual	Homeles..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Veterans, Su...
Tamara Terlaan	Individual	Homeles..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Raycene Jones	Individual	Homeles..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Dennis Richeson	Individual	Homeles..	Primary Decision Making Group, Committee/Sub-committee/Wo...	Seriously Me...
Deborah Ballard	Individual	Homeles..	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...

Louis Churchwell	Individual	Homeles. ..	Primary Decision Making Group, Attend 10-year planning me...	Substance Abuse
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1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

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

Open Solicitation Methods: (select all that apply)

- f. Announcements at Other Meetings, a. Newspapers, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s): (select all that apply)

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

Voting/Decision-Making Method(s): (select all that apply)

- c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Committee, d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months?

No

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

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

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

Emergency Shelter: No

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

Safe Haven: No

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

N/A

Transitional Housing: Yes

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

The Transitional Housing beds have increased with Every Woman's Place Family and Youth TBRA (tenant based rental assistance) and West Michigan Therapy's CHI (chronic homeless initiative) program.

Permanent Housing: Yes

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

The Permanent Housing beds increased as Community Mental Health's HUDII program was filled and West Michigan Therapy's current HARP (Homeless Assistance Recovery Program) slots were also filled. Also, we received new reports from outreach efforts of existing PH beds not previously reported.

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

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

Instructions:

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	2009 Muskegon HIC	11/19/2009

Attachment Details

Document Description: 2009 Muskegon HIC

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

Instructions:

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

Indicate the date on which the housing inventory count was completed: 11/16/2009
(mm/dd/yyyy)

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

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

Must specify other:

NA

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

Specify "other" data types:

NA

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

Data was gathered using surveys and the HMIS system to retrieve an unduplicated count of sheltered/unsheltered individuals. This data was then analyzed using the HUD unmet need formula and compared to the current housing inventory to determine unmet needs for our continuum. Unmet need is also reported on a qualitative review through the Centralized Intake process.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

Select the HMIS implementation type: Statewide

Select the CoC(s) covered by the HMIS: MI-516 - Norton Shores/Muskegon City & County CoC
(select all that apply)

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

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

Is the HMIS Lead Organization the same as CoC Lead Organization? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: Service Point

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

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

Indicate the date on which HMIS data entry started (or will start): 02/01/2006
(format mm/dd/yyyy)

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

Indicate the challenges and barriers impacting the HMIS implementation: Inadequate staffing, Poor data quality, Inadequate resources
(select all the apply):

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

NA

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

Inadequate Staffing: As the system grows and demands for live data entry increases there is a need for data entry specialists and ability to analyze and report on data entered; Inadequate Resources: due to greater need for data entry both maintaining and enhancing the system greater resources are required; Poor Data Quality: While generally our data quality is very good we continue to monitor this area with due diligence to maintain this level and overcome a few key issues. Secondly, it is always challenging to assure completeness and quality of data from providers who provide brief or short term emergency services. Items like "disability" are often omitted because there is no time for confirmation. Additionally, substance abuse is evident in the housing arena as a barrier and disability to obtain and sustain housing and therefore inconsistencies arise in reporting.

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

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

Organization Name West Michigan Therapy

Street Address 1 130 E. Apple Ave

Street Address 2

City Muskegon

State Michigan

Zip Code 49442

Format: xxxxx or xxxxx-xxxx

Organization Type Non-Profit

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? No

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

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

Prefix: Ms.
First Name Stacey
Middle Name/Initial Lynn
Last Name Vandenberg
Suffix
Telephone Number: 231-343-2781
(Format: 123-456-7890)
Extension
Fax Number: 231-739-5940
(Format: 123-456-7890)
E-mail Address: slvwmt@aol.com
Confirm E-mail Address: slvwmt@aol.com

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

Instructions:

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

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

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

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

* Emergency Shelter (ES) Beds	65-75%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

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

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

NA

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

Instructions:

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

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

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

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

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	19%	0%
* Date of Birth	3%	0%
* Ethnicity	8%	0%
* Race	2%	0%
* Gender	3%	0%
* Veteran Status	5%	0%
* Disabling Condition	8%	0%
* Residence Prior to Program Entry	11%	0%
* Zip Code of Last Permanent Address	9%	0%
* Name	0%	0%

Instructions:

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

Did the CoC or subset of CoC participate in AHAR 4? No

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

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

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

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

Data quality reports are run monthly and submitted to agency administrators for corrections to be made. In addition, the HMIS Program Coordinator and Data Specialist provides extensive training and technical support to the agencies, including annual audit reviews.

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

1. A Participation Agreement (MOU) that includes data quality requirements is signed by each agency.
2. Each user signs a Users Agreement that also specifies data quality standards.
3. All ESGs are contractually required to sign off on reports that show active and discharged clients.
4. MSHMIS maintains program Policies and Procedures that support all aspects of the operation including data quality.

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

Instructions:

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

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

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

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

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.

- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

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

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

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

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

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

If 'Yes' indicate date of last review or update by CoC: 05/21/2009

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

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

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

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

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

Instructions:

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

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

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

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

Households with	Dependent Children
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	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	15	5	59	79
Number of Persons (adults and children)	48	19	145	212

Households without	Dependent Children
--------------------	--------------------

	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	48	30	176	254
Number of Persons (adults and unaccompanied youth)	48	30	176	254

All Households/	All Persons
-----------------	-------------

	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	63	35	235	333
Total Persons	96	49	321	466

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

Instructions:

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

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	18	6	24
* Severely Mentally Ill	38	68	106
* Chronic Substance Abuse	40	32	72
* Veterans	2	10	12
* Persons with HIV/AIDS	0	0	0
* Victims of Domestic Violence	22	39	61
* Unaccompanied Youth (under 18)	3	0	3

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

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

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

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

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/25/2011

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

Emergency shelter providers: 100%

Transitional housing providers: 100%

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

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- Survey Providers; Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS; The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation; The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

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

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

If Other, specify:

NA

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

Each agency completed a point in time survey. Training was held for all surveyors so that they all asked the questions in the same fashion, therefore producing consistent answers. All data from the surveys was entered into HMIS. Strategies were implemented to insure that no duplication between the agencies occurred. Due to the addition of permanent supportive housing units in the continuum, we now show a decline in the numbers for our sheltered and unsheltered homeless count. We are now able to better utilize our emergency shelters as we transition homeless individuals and families into transitional housing then onto permanent supportive housing. It is this continuum of housing as well as our support service strategies for homeless individuals that has contributed to our decline in numbers.

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

Given general economic conditions that were apparent in 2009 including higher unemployment rates in Muskegon County as compared to 2007, several agencies that participated in 2007 did not participate in 2009; however, a higher number of homeless were counted.

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

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

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

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

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

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

If Other, specify:

NA

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

All data entered was a direct result from our 2009 PIT count.

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

In addition to general economic factors such as higher unemployment rates in Muskegon County that were present in 2009, several agencies that participated in the 2007 count did not have enough man power to participate in the 2009 count; however, the numbers collected still reported an increase.

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

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

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

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

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

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

If Other, specify:

NA

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

NA

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

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

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

For more information on any of these methods, see

¿A Guide to Counting Unsheltered Homeless People¿ at:

http://www.hudhre.info/documents/counting_unsheltered.pdf.

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

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews:	<input checked="" type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

NA

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

Instructions:

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

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

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

If Other, specify:

NA

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

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

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

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

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

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

If Other, specify:

NA

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

All Point In Time survey entries were entered into HMIS. On the survey each person was asked if they had taken the survey at any point during the past week at any other agency. For those that did not want to provide name and date of birth, special attention was given to ensure that a survey was not already collected on that person. In addition, HMIS provides unique identifiers to produce an un-duplicated count for all of those entered into the system.

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

Through the Michigan State Housing Development Authority, Muskegon has been blessed with over 180 HARP vouchers. Through this program we will be able to reduce the number of homeless households with dependent children. We are working to create a system where when homelessness is a result of life's unforeseen circumstances, we have a system in place to help stabilize housing therefore reducing the number of unsheltered homeless households throughout the continuum. Additionally, Muskegon County now has a centralized intake through the Housing Navigation Center with West Michigan Therapy, Inc., whose support services model is indicated on MSHDA website as best practice model. The CoC works with their Inter-agency service team on a macro level for policy change and the Community Case Management Committee for micro level needs including crisis intervention, outreach efforts and case collaboration. The Outreach Committee with the CoC works to support and host the annual Project Homeless Connect and ensure all member agencies our providing outreach efforts and increase no wrong door model efforts. The local TBRA, HARP, HPRP and NSP programs also make their efforts known through consistent reporting, local media, and street outreach efforts to target those in emergency shelter and on the streets. Finally, the CoC has submitted its first Benchmark report on its Ten Year Plan demonstrating many accomplishments and refinement of goals/objectives to match emerging trends.

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

Our CoC regularly sponsors Food Trucks through out the county to provide information and engage those on the streets or other places in addition to working with local media and Department of Natural Resources. We continue to expand our efforts to allow access for those on the streets that do not qualify for specialty programs and have implemented the Centralized Intake with the Housing Navigation Center (Housing Resource Model) for anyone that is experiencing a housing need which has seen more street homeless than traditional interventions. And our local CMHS is also engaged in Day Programs and Assertive Case Management efforts to engage those with Mental Health issues on the streets. We also work closely with Criminal Justice committees to coordinate efforts with street homeless are put into jail for a variety of reasons.

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

In addition to the general economic factors being of greater concern in 2009 including a much higher unemployment rate and reduced industry options in Michigan, several agencies that participated in the 2007 PIT did not have manpower to participate in 2009; however the overall count was greater than in 2007.

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

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

Instructions:

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

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

CMHS of Muskegon County is requesting funds through this round of SHP dollars to add permanent housing beds for the chronically homeless.

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

The Ten Year Plan to End Homelessness established an objective of creating new permanent housing beds for the chronically homeless every year through 2016. The CoC has been meet this goal for the last two years and funds are being requested for the third year to add new beds. It is anticipated that permanant housing beds for the chronically homeless will be requested from various funding agencies to fulfill the objectives of the Ten Year Plan through 2016.

How many permanent housing beds do you currently have in place for chronically homeless persons? 18

How many permanent housing beds do you plan to create in the next 12-months? 6

How many permanent housing beds do you plan to create in the next 5-years? 10

How many permanent housing beds do you plan to create in the next 10-years? 15

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

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

Instructions:

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

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

Our CoC's current percentage for this goal is 94.8%. We believe that this is achieved through best practice support services model that includes intake, and on-going action planning including in-home visits as needed. Innovative case manager to tenant ratios are also utilized to optimize services and maximize numbers served. In the next 12 months our COC will continue to implement the centralized intake process to increase access to housing, ensure proper placements of care and coordinate required and on-going care as needed to maintain housing.

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

Our CoC currently has a succes rate of 94.8% of those remaining in PH for greater than 7 months. Our CoC will work to maintain the resources we currently have despite budget cuts and increased need to continue to meet and exceed these standards by duplicating our efforts county wide and continuing further analysis of appropriate interventions for the sub-populations of homelessness. Our CoC has the strongest substance abuse presence in housing in the State and therefore is also a variable in our CoC's success.

What percentage of homeless persons in permanent housing have remained for at least six months? 95

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 95

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 95

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 95

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

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

Instructions:

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

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

Our current success rate for this category is 84.8%. This success rate is in part due to the intensive support services that are provided on an as needed basis combined with intake and on-going assessment of those in transitioning from TH to PH. Ensuring that those in TH are provided with comprehensive services and on-going action plans are provided is essential to ensuring that barriers to PH are overcome. The implementation of SOAR has also provided income for the CH when employment income is not an option. Those TH that do not provide coordinated support services do not meet the thresholds of 65%.

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

Our CoC's success rate in this category is 84.8%. Our CoC will continue to recognize the importance of a solid Rapid Re-Housing Model including centralized intake, no wrong door theory and a comprehensive support services model to meet the needs of those served. One agency in our CoC also implements a Tenant VOICE Committee to ensure that consistent feedback is provided by our tenants to enhance systems and overcome systemic barriers as needed. Our CoC is also working closely with State policy to ensure barriers to sustain housing are overcome as well.

What percentage of homeless persons in transitional housing have moved to permanent housing? 85

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 85

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 85

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 85

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

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

Instructions:

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

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

The unemployment rate in Muskegon County has been averaging 15.2% for the last 12 months with the unemployment rate exceeding 25% in the cities of Muskegon and Muskegon Heights. It is therefore, difficult for any individual to find employment whether they are homeless or not. The MCHCCN will work more closely with the Muskegon/Oceana Consortium of Michigan Works to ensure that homeless individuals who are eligible for training assistance receive it. Additionally we recommend that HUD also look at implementing a percentage for those gaining SSI benefits through SOAR for those that are homeless and unable to become employed due to disabilities.

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

The long-term plan to increase the percentage of persons employed is to partner with other community agencies in job fairs and other activities such as a poverty conference where mentors will be provided to those participating to assist them in seeking and participating in training and education so that as jobs become available, they will have skills that can be used by future employers.

What percentage of persons are employed at program exit? 23

In 12-months, what percentage of persons will be employed at program exit? 25

In 5-years, what percentage of persons will be employed at program exit? 25

In 10-years, what percentage of persons will be employed at program exit? 25

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

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

Instructions:

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

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

One of the members of the MCHCCN was awarded funds for several family housing tenant based assistance vouchers by MSHDA for use during this year. In addition, we will be using HPRP funds to house families and children. Also, other members of the MCHCCN was awarded NSP funds to rehabilitate homes that will be used by low to moderate income families. Our continuum has also implemented the Housing Navigation Center, centralized intake, to begin providing long term assistance to those families that are not eligible for other services as well as further enhance the no wrong door theory. We also work closely with DHS Family Resource Model in the community.

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

The long-term plan of the MCHCCN is to continue to seek funds for housing for families and to encourage the local community to support its efforts to decrease the number of homeless households with children.

- What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)?** 78
- In 12-months, what will be the total number of homeless households with children?** 68
- In 5-years, what will be the total number of homeless households with children?** 58
- In 10-years, what will be the total number of homeless households with children?** 48

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

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

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

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

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

Foster Care:

The Michigan Department of Human Services established and implemented formal protocols through its system (DF 950) to help prevent youth from being discharged into homelessness. The "Youth in Transition Program" prepares eligible foster-care teens for living independently by providing educational support, job training, independent living skills training, self-esteem counseling and other supports to equip teens with educational, vocational and psychological skills to function as independent self-sufficient adults. Case planning for transition actually begins with all youth in foster care (aged 14 -21) several years prior to their discharge, in accord with CFF 722-6 (Independent Living Preparation). A treatment plan and services agreement (RFF67 and RFF 69) - including attention to locating suitable living arrangements and assistance in moving into housing (CFFF 722-7) - must be completed for each individual prior to systems discharge.

Health Care:

The hospitals (2) and FQHCs (2) in Muskegon County began a formal merger process during the last fiscal year and efforts to consolidate physical plants, staff, policies and procedures are still in process despite union and other issues. A formal discharge protocol with the remaining health system that incorporates all hospitals, clinics, etc. into one entity has not been completed at the request of Trinity Health Systems as it wishes to have its merged system in place before a final protocol is finalized. Given that this will be the only health system in the community, the MCHCCN is working with them to complete the protocol by June 2010. Members of the work group include representatives from the FQHCs (there are two in Muskegon County), the Community Benefit staff of the Trinity Health System, the CoC Coordinator, and the co-chair of the Coc. Trinity Health Systems Community Benefit staff is active on the MCHCCN and sits as the co-chair of the Case Management Committee that developed a community referral process.

Disability Connections continues to provide placements for disabled individuals leaving nursing homes into community settings to prevent homelessness.

Mental Health:

Section 3330.1209b of the Michigan State Mental Health Code (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 Michigan Administrative Code states 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. Formal systems policy, protocol and historical practice all assist in assuring that persons exiting our public mental health system are not discharged into homelessness.

Community Mental Health Services of Muskegon County has a formal policy approved on October 24, 2008 that extends beyond the person centered planning requirements of the Michigan Mental Health Code to prevent homelessness which was attached to the 2008 CoC plan. This policy further instructs staff to ensure that individuals are not discharged into homelessness.

Corrections:

Lack of appropriate housing was recognized by the Michigan Department of Corrections (MDOC) as a major barrier to successful re-entry of returning prisoners. MDOC asked Muskegon County to assess local assets, barriers and gaps relative to issues facing returning prisoners. A Muskegon County Comprehensive Prisoner Re-Entry Plan was developed based on that assessment. Supplemental funding based on the assessment was directed to several areas including housing. Limited funds for housing provide case management in-reach to the prison to determine the housing needs of individuals leaving the prison. There are 20 shallow subsidies for rental assistance but this does not meet all of the financial needs of the returning offenders.

On October 1, 2008, a screening and assessment center began providing referrals to individuals exiting the Muskegon County jail to housing, employment, substance abuse and mental health treatment and other services. The HMIS system is tracking the referrals and outcomes of such referrals. Based on information from the HMIS system one year later, October 1, 2009, the majority of individuals that were referred and received housing have not returned to jail.

3C. Continuum of Care (CoC) Coordination

Instructions:

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

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

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

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

1. Improve and expand the existing stock of affordable housing to low-income homeowners over the next five years.
2. Improve the quality of the existing supply of rental housing - enforcement of housing codes.
3. Coordinate City services and benefits in a child welfare collaboration.
4. Building strong, cohesive neighborhoods by linking individuals, organizations and institutions within each neighborhood to identify, coordinate and prioritize commong goals.
5. Increase employment opportunities in neighborhoods.
6. Increase the number of houses that have had lead removed.
7. Facilitate by all means necessary to reverse the trends of concentration and saturation of poverty iwthin any one neighborhood or geographic location.

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

The CoC selected the lead agency for the local HPRP initiative. The HPRP initiative was a part of the Ten Year Plan to End Homelessness that the CoC developed as well as part of the Consolidated 2008 Plans for the entitlement communities. The CoC Coordinator and CoC Co-Chair authored the application and designed the HPRP program in conjunction with the MCHCCN Strategy and Planning as well as Review Committees.

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

The CoC Coordinator authored two of the NSP grants. And the CoC Co-Chair authored another NSP grant. Both NSP grants were reviewed and supported by the Permanent Housing Committee and the NSP efforts are part of the Ten Year Plan to End Homelessness. Members of the MCHCCN are also partners in the NSP applications and have actively involved other MCHCCN partners in the process. Finally, the MCHCCN assisted the applicants in obtaining support from the neighborhood associations and members of the communities for the various NSP projects.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

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

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.		Beds		B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	72	%	95	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	64	%	84	%
Increase percentage of homeless persons employed at exit to at least 19%	19	%	23	%
Decrease the number of homeless households with children.	87	Households	78	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

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

All goals in the Exhibit 1 application in 2008 were met with the exception of the creation of new permanent housing beds. HUD approved the permanent housing beds for CMHS of Muskegon County but the grant was not executed in 2008 given the delay in the HUD funding process. Another CoC member agency also has (4) units for CH under construction that are to be completed in 2010.

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

Instructions:

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

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

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

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

Year	Number of CH Persons	Number of PH beds for the CH
2007	42	20
2008	24	50
2009	24	18

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

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

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$15,228	\$0	\$0	\$0	\$0
Total	\$15,228	\$0	\$0	\$0	\$0

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

In 2008 our CoC was awarded HARP vouchers of which Chronic Homeless persons were eligible for some of those vouchers. Therefore, of the HARP vouchers that were awarded to a CH individual, we counted those as PH beds for CH. Through technical assistance we have learned that this is not the proper count as only beds specifically designated to CH can be counted, and therefore we adjusted our numbers which resulted in a decrease of PH beds specifically designated to CH.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

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

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

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

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	38
b. Number of participants who did not leave the project(s)	213
c. Number of participants who exited after staying 6 months or longer	13
d. Number of participants who did not exit after staying 6 months or longer	200
e. Number of participants who did not exit and were enrolled for less than 6 months	0
TOTAL PH (%)	85

Instructions:

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

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

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	99
b. Number of participants who moved to PH	84
TOTAL TH (%)	85

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

Instructions:

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

Total Number of Exiting Adults: 87

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	8	9	%
SSDI	2	2	%
Social Security	0	0	%
General Public Assistance	2	2	%
TANF	2	2	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	12	14	%
Unemployment Benefits	0	0	%
Veterans Health Care	0	0	%
Medicaid	0	0	%
Food Stamps	15	17	%
Other (Please specify below)	10	11	%
state disability			
No Financial Resources	54	62	%

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

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

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

Instructions:

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

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

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

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

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

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

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

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

This review has occurred on an annual basis. The APR data was reviewed by the Strategy and Planning Committee on a quarterly basis beginning on January 1, 2009 to be consistent with the quarterly ESG reports. The Review Committee reviewed both the APR and ESG data on an annual basis

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

If "Yes", indicate all meeting dates in the past 12 months.

The Strategy and Planning Committee meets routinely every other month on the 2nd Thursday at 9:30 am. The dates of the meetings were: August 14, 2008, October 9, 2008, December 11, 2007, February 12, 2009, April 9, 2009, June 11, 2009, August 13, 2009, October 8, 2009.

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

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

If yes, identify these staff members Provider Staff

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

If "Yes", specify the frequency of the training. Bi-monthly

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

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

NA

Has the CoC participated in SOAR training? Yes

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

CMHS of Muskegon County is the lead agency for the SOAR training. SOAR training was offered on February 27 -28, 2008 and September 11-12, 2008. Both WMT and CMHS provided the SOAR Trainers for the Region. WMT's Regional Trainer submitted the first successful application in the State.

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	90%
Case managers provide such assistance as part of the program requirements for a variety of agencies. In addition, the Muskegon Community Health Project enrolls individuals that are not actively engaged in existing programs in entitlement programs. Finally, entitlement specialists are located at all of the Family Resource Centers (located in each school district) as well as at the hospitals, federally qualified health centers, CMHS of Muskegon County and the nursing homes. Finally, the parole agents are required to provide entitlement assistance for those in the MPRI program.	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	80%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	50%
Food stamps, Medicaid, TANF, Veterans, PATH	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	80%
4a. Describe the follow-up process:	
The case managers follow up to ensure that benefits are received because they individuals and families cannot operate without them and we believe that such follow-up will prevent homelessness. This is done by on-site visits of the case managers.	

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

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

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

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

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

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

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

Part A - Page 2

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

Part A - Page 3

<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	<p>Yes</p>
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	<p>Yes</p>
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	<p>No</p>
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	<p>Yes</p>
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	<p>No</p>
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	<p>No</p>
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	<p>No</p>

Continuum of Care (CoC) Project Listing

Instructions:

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

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

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Transitiona l Livi...	2009-11-23 12:27:...	1 Year	West Michigan The...	234,168	Renewal Project	SHP	TH	F
Communit y Resourc...	2009-11-22 20:44:...	1 Year	West Michigan The...	13,333	Renewal Project	SHP	SSO	F
Supportive Housin...	2009-10-29 19:02:...	1 Year	CMHS of Muskegon ...	16,598	Renewal Project	SHP	PH	F
Supportive Housing I	2009-10-29 18:56:...	1 Year	CMHS of Muskegon ...	102,888	Renewal Project	SHP	PH	F
HMIS	2009-11-22 20:47:...	1 Year	West Michigan The...	62,000	Renewal Project	SHP	HMIS	F
Supportive Housin...	2009-11-23 07:40:...	2 Years	CMHS of Muskegon ...	42,336	New Project	SHP	PH	P1

Budget Summary

FPRN	\$428,987
Permanent Housing Bonus	\$42,336
SPC Renewal	\$0
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certifications of...	11/22/2009

Attachment Details

Document Description: Certifications of Consistency and list