

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.

CoC Name and Number (From CoC Registration): MI-504 - Pontiac/Royal Oak/Oakland County CoC

CoC Lead Organization Name: Oakland County Taskforce On Homelessness & Affordable Housing

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

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and 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: Oakland County Taskforce on Homelessness & Affordable Housing

Indicate the frequency of group meetings: Quarterly

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) 65%

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

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

Specify "other" process(es):

Briefly describe the selection process including why this process was established and how it works.

This group was established in 1987 to assist the homeless in the area. It has since evolved to have a mission of ending homelessness and creating sustainable affordable housing. Membership is open to anyone in the community and has representation from government, non-profit, education, business, and private sector. All are welcome and many in the community assist in various programs and events offered. Voting rights, however, are given only to those who pay a nominal annual dues, participate in at least three activities, committees, or meetings, or have had this obligation waived by the executive committee (i.e.: homeless or formerly homeless or a non-profit with limited resources).

*** 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 HUD could provide administrative funds 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 the grantee, providing project oversight, and monitoring? Explain.

The primary decision making body (CoC) does not have currently have the capacity as it is not a legal entity and does not have paid staff or full-time volunteers. However, several member agencies do have such capacity and are willing to take on the responsibility should it be required and if administrative fees are available to hire additional staff. Discussions have been held between the executive committee and these organizations.

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

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Executive Committee	Monthly or more
Public Awareness/...	Monthly or more
Continuum of Care...	Quarterly
Emergency Shelter...	Quarterly
Community Interag...	Monthly or more
Homeless Assistan...	Monthly or more
HMIS/Data Collect...	Bi-monthly
Project Monitorin...	Quarterly
HMIS Agency Admin...	Monthly or more
Affordable Housin...	Monthly or more
Prevention Committee	Bi-monthly
Foreclosure Inter...	Monthly or more
Plan to End Homel...	Quarterly
Discharge Plannin...	Semi-annually
Human Services Co...	Monthly or more
Point-in-time Cen...	Monthly or more
Project Connect W...	Monthly or more
SOAR (Social Secu...	Monthly or more
Region 8 Committee	Bi-monthly

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Executive Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

This group meets to address issues, set agendas for full CoC meetings, provide leadership to sub committees, make needed decisions, oversee compliance with funding mandates, and plan activities. Reviews HMIS data and provides leadership to the HMIS/data collection committee. Provides statistical data and reports to elected officials.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Public Awareness/Advocacy Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Advance the awareness of homeless issues and the need for affordable housing in Oakland County through advocacy and systematic change. Advertise events and the need for volunteers, donations, etc for activities for to assist the homeless.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Continuum of Care Workgroup

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Coordinate required activities, plans, and prepares documents for submittal of the McKinney-Vento targeted homeless programs grant under the SuperNofa.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Emergency Shelter Workgroup

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Coordinates required activities and prepares documents for submittal of state ESG grant for CoC. Provides necessary technical assistance. Ensures proper follow-up and withdrawal of funds.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Community Interagency Service team

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

The CIST (Community Interagency Service Team) consists of various human service and community mental health agencies from the county that meet monthly to discuss services and resources. The team works to expedite services so that a homeless family or individual can get their needs met in a timely manner. Additionally, there is communication and collaboration with the Macomb County CIST to work towards streamlining the process of being enrolled in services when an individual transfers from one county to another.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homeless Assistance Recovery Program Workgroup

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Coordinate supportive services and match; collect documentation for MSHDA Housing Choice Vouchers for the homeless; attend statewide meetings; provide CoC updated reports; advocate for additional vouchers from local PHAs; advise member agencies when local PHA waiting lists are open.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HMIS/Data Collection Committee

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Collect and analyze data utilizing the HMIS system and other sources; prepare and publish reports. Provides data for participation in AHAR.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Project Monitoring Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Monitor projects recommended/receiving funding coordinated through the CoC. Provide technical assistance as warranted.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HMIS Agency Administration Workgroup

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Review, analyze, and discuss HMIS issues and data quality.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Affordable Housing Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Pursue opportunities for the development and preservation of safe, decent, and sustainable affordable housing that has positive impacts on the community. Advocate for affordable housing issues at the federal, state and local levels. Keep members informed of issues relating to affordable housing.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Prevention Committee

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

The Prevention Committee works to identify issues within the community in order to prevent homelessness. By dealing with individuals and families in crisis before actual homelessness, many situations can be averted. The Prevention Committee works closely with community mental health and human services agencies to identify proactive measures to prevent homelessness and to identify needed financial resources for assistance as applicable.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Foreclosure Intervention Workgroup

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Develop and implement strategies to decrease the number of foreclosures in the Oakland County area in order to prevent homelessness.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Plan to End Homelessness Committee

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Implement plan to end homelessness by 2015. Update the operation plan annually. Work with HMIS committee to measure performance. Work with other committees to insure the plan is on track.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Discharge Planning Workgroup

Indicate the frequency of group meetings: Semi-annually

Describe the role of this group:

Continue coordination, development, and implementation of effective discharge planning policies among publically administered institutions.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Human Services Coordinating Council Housing Workgroup

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Advocate for and provide information on homeless and other housing issues to the County Human Services Coordinating Council consisting of mainstream resource providers and governmental agencies.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Point-in-time Census Workgroup

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Plan and coordinate annual count of homeless both in shelter and on the streets in all 61 communities in Oakland County including mapping, donations, and volunteers.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Project Connect Workgroup

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Plan and coordinate semi-annual project connect events including fund raising, advertising, agency involvement, and volunteer recruitment.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: SOAR (Social Security Outreach and Access Recovery)

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Continue implementation and operation of Social Security Outreach and Access Recovery program for disabled individuals in Oakland County. Provide training and technical assistance to case managers.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Region 8 Committee

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

In an effort to maximize regional coordination, the Michigan State Housing Development Authority (MSHDA) has asked local Continuum of Cares to work together to support statewide homeless initiatives. Region 8 is comprised of representatives from Oakland, Macomb, Wayne and Monroe Counties and the City of Detroit proper CoCs. Each CoC sends two representatives to work with the MSHDA staff and the Corporation for Supportive Housing to discuss regional matters, evaluate homeless trends across the area and plan for activities that will support the plethora of agencies serving the homeless in our communities. In addition, MSHDA provides funding opportunities that are monitored and endorsed by the local CoCs but are passed through the Regional Councils for local utilization.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Oakland County Community & Home Improvement	Public Sector	Local g...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Community Homes	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Jeffrey Bryant	Individual	Homeles..	Attend 10-year planning meetings during past 12 months, C...	NONE
Word Foundation Agape House	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Michigan Department of Community Health	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Common Ground Sanctuary	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	Youth, Serio...
Legal Aid & Defender's Association	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
South Oakland Shelter	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Oakland Livingston Human Service Agency	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	HIV/AIDS
Oakland County Office of Substance Abuse	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Substance Abuse
Training & Treatment Innovations	Private Sector	Non-pro..	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Lighthouse of Oakland County	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Jamie Christofel	Individual	Homeles..	Attend 10-year planning meetings during past 12 months, C...	NONE
Community Housing Network	Private Sector	Non-pro..	Primary Decision Making Group, Attend 10-year planning me...	Seriously Me...
Michigan State Housing Development Authority	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	NONE
Love, INC	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE

Pontiac/Royal Oak/Oakland County CoC			COC_REG_v10_000214	
Oakland County Community Mental Health Authority	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Corporation for Supportive Housing	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Hope Hospitality & Warming Center	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Oakland County Veteran's Services	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	Veteran s
HAVEN	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Domesti c Vio...
City of Pontiac	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
United Way of Southeastern Michigan	Private Sector	Funder ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Oakland Schools Homeless Student Education Program	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, C...	Youth
New Passages	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Baldwin Center	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
Michigan Dept of Human Services	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Social Security Administration	Public Sector	Other	Attend 10-year planning meetings during past 12 months, C...	NONE
Oakland County Board of Commissioners	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Oakland County Health Department	Public Sector	Local g...	Committee/Sub-committee/Work Group	Substan ce Ab...
City of Royal Oak	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
City of Southfield	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
City of Farmington Hills	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Waterford Township	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Pontiac Housing Commission	Public Sector	Publi c ...	Attend 10-year planning meetings during past 12 months, C...	NONE
MSHDA Section 8 Voucher Program	Public Sector	State g...	Attend 10-year planning meetings during past 12 months	NONE
Oakland County Community College	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Oakland University	Public Sector	School ...	Committee/Sub-committee/Work Group	NONE
Oakland County Sherriff's Dept	Public Sector	Law enf...	Committee/Sub-committee/Work Group	NONE

Pontiac/Royal Oak/Oakland County CoC			COC_REG_v10_000214	
Oakland County Workforce Development	Public Sector	Local g...	Attend 10-year planning meetings during past 12 months, C...	NONE
Easter Seals	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Furniture Bank of Oakland County	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Springhill Housing Corp	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Venture, Inc.	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	NONE
Community Network Services	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Collaborative Solutions	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	Seriously Me...
The Disability Network of Oakland & Macomb County	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months, C...	Seriously Me...
Salvation Army	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	Substance Abuse
Grace Centers of Hope	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Domestic Vio...
New Bethel Outreach Ministry	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	NONE
South Oakland Warming Center	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Michigan Coalition Against Homelessness	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months, C...	NONE
St. Mary's Royal Oak	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Macomb County Homeless Coalition	Private Sector	Funder...	Attend 10-year planning meetings during past 12 months, C...	NONE
Oakland County Human Service Coordinating Council	Public Sector	Other	Attend 10-year planning meetings during past 12 months, C...	NONE
Beaumont Hospital	Private Sector	Hospital..	Attend 10-year planning meetings during past 12 months	NONE
North Oakland Hospital	Private Sector	Hospital..	Attend 10-year planning meetings during past 12 months	NONE
Pontiac Osteopathic Hospital	Private Sector	Hospital..	Attend 10-year planning meetings during past 12 months, C...	NONE
Oakland Primary Health Care	Private Sector	Hospital..	Committee/Sub-committee/Work Group	NONE

Pontiac/Royal Oak/Oakland County CoC			COC_REG_v10_000214	
Gary Burnstein Medical Clinic	Private Sector	Non-pro..	Attend 10-year planning meetings during past 12 months	NONE
Future Homes	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Oakland Housing Inc.	Private Sector	Businesses	Attend 10-year planning meetings during past 12 months, C...	NONE
Berkley Frist United Methodist Church	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months, C...	Veterans, Se...
Catholic Social Services	Private Sector	Faith-b...	Attend 10-year planning meetings during past 12 months	NONE
Linda Louson	Individual	Homes..	Committee/Sub-committee/Work Group	NONE
Alvin Griffeth	Individual	Homes..	Committee/Sub-committee/Work Group	NONE
Peter Dirik	Individual	Homes..	Committee/Sub-committee/Work Group	NONE

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

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

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

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

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

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

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: No

Briefly describe the reasons for the change:

There have been several planning meetings regarding the need to increase our emergency shelter, especially for families. However, due to funding constraints, we have not been able to implement any new programs during the past year.

Safe Haven Bed: No

Briefly describe the reasons for the change:

n/a

Transitional Housing: No

Briefly describe the reasons for the change:

There have been several planning meetings regarding the need to increase our transitional housing, especially for men. However, due to funding constraints, we have not been able to implement any new programs.

Permanent Housing: Yes

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

Our CoC added 44 new permanent supportive housing beds, 32 of which were designated specifically for the chronically homeless.

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: No

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

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	Oakland County EH...	10/07/2008

Attachment Details

Document Description: Oakland County EHIC 2008

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

Instructions:

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

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: 01/27/2008
(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: Instructions, Training, Updated prior housing inventory information, Follow-up, Confirmation, HMIS
(select all that apply)

Must specify other:

n/a

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

Specify "other" data types:

n/a

If more than one method was selected, describe how these methods were used.

n/a

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

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

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type: Statewide

Select the CoC(s) covered by the HMIS: MI-500 - Michigan Balance of State CoC, MI-501 - Detroit CoC, MI-502 - Dearborn/Dearborn Heights/Westland/Wayne County CoC, MI-503 - St. Clair Shores/Warren/Macomb County CoC, MI-504 - Pontiac/Royal Oak/Oakland County CoC, MI-505 - Flint/Genesee County CoC, MI-506 - Grand Rapids/Wyoming/Kent County CoC, MI-507 - Portage/Kalamazoo City & County CoC, MI-508 - Lansing/East Lansing/Ingham County CoC, MI-509 - Ann Arbor/Washtenaw County CoC, MI-511 - Lenawee County CoC, MI-512 - Grand Traverse, Antrim, Leelanau Counties CoC, MI-513 - Marquette, Alger Counties CoC, MI-514 - Battle Creek/Calhoun County CoC, MI-515 - Monroe City & County CoC, MI-516 - Norton Shores/Muskegon City & County CoC, MI-517 - Jackson City & County CoC, MI-518 - Livingston County CoC, MI-519 - Holland/Ottawa County CoC, MI-521 - Cass County CoC, MI-522 - Alpena, Iosco, Presque Isle/NE Michigan CoC, MI-523 - Eaton County CoC

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

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

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

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

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

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

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

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

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 09/01/2004

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): Inadequate staffing, No or low participation by non-HUD funded providers, Poor data quality

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

n/a

Briefly describe the CoC's plans to overcome challenges and barriers:

Providers continue to struggle with staffing changes that result in data entry interruption. We have reviewed workflows with particular agencies and made changes to make data entry easier in these cases.

Continue to dialogue with non-HUD funded providers to encourage participation.

HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	HMIS Memorandum o...	09/22/2008

Attachment Details

Document Description: HMIS Memorandum of Understanding

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

Enter the name and contact information for the HMIS Lead Organization.

Organization Name Community Housing Network
Street Address 1 570 Kirts Blvd, Suite 231
Street Address 2
City Troy
State Michigan
Zip Code 48084
Format: xxxxx or xxxxx-xxxx
Organization Type Non-Profit
If "Other" please specify

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

Prefix: Ms

First Name Jill

Middle Name/Initial

Last Name Shoemaker

Suffix

Telephone Number: 248-928-0111
(Format: 123-456-7890)

Extension 214

Fax Number: 248-928-0122
(Format: 123-456-7890)

E-mail Address: jshoemaker@chninc.net

Confirm E-mail Address: jshoemaker@chninc.net

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

Instructions:

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.

For each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

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

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

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

n/a

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

Instructions:

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 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	15%	15%
* Date of Birth	9%	0%
* Ethnicity	11%	0%
* Race	10%	0%
* Gender	9%	0%
* Veteran Status	11%	2%
* Disabling Condition	22%	1%
* Residence Prior to Program Entry	10%	3%
* Zip Code of Last Permanent Address	12%	11%
* Name	0%	0%

Did the CoC or subset of the CoC participate in AHAR 3? Yes

Did the CoC or subset of the CoC participate in AHAR 4? 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 participating agencies.

We have meetings for all Agency Administrators where we discuss data quality issues, day to day data entry issues and potential new reports.

Reports are due to multiple funding sources quarterly. New workflows have been designed and implemented for easy data entry by providers. This ensures that providers are entering all the important data their agency needs.

Data quality reports are available on ServicePoint and ART.

Procedures and desk aids are available for all end users from MHSMIS and other participating jurisdictions.

Training is now being offered for small classes or in some cases individually. This way we can focus on specific data quality issues.

Technical support is available from the local System Administrator and the help desk at MSHMIS.

This year reports were published and data collected for the AHAR, Point in Time and local statistics.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

A Participation Agreement (MOU) that includes data quality requirements is signed by each agency.

Each user signs a Users Agreement that also specifies data quality standards.

All ESG's are contractually required to sign off on reports that show active and discharged clients.

MSHMIS and the Oakland County CoC maintains program Policies and Procedures that support all aspects of the operation including data quality.

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

Instructions:

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

Indicate the frequency in which the CoC uses each of the following items:

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

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following 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: 01/01/2008

If 'No' indicate when development of manual will be completed:

2H. Homeless Management Information System (HMIS) Training

Instructions:

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

Indicate the frequency in which the CoC or HMIS Lead 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	Quarterly
HMIS software training	Quarterly

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. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

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

Indicate the date of the last PIT count: 01/24/2007

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

		Households with Dependent Children			
		Sheltered	Unsheltered		Total
		Emergency	Transitional		
Number of Households	18	32	1	51	
Number of Persons (adults and children)	72	128	7	207	

		Households without Dependent Children			
		Sheltered	Unsheltered		Total
		Emergency	Transitional		
Number of Households	0	0	0	0	
Number of Persons (adults and unaccompanied youth)	152	50	602	804	

		All Households/ All Persons			
		Sheltered	Unsheltered		Total
		Emergency	Transitional		

Pontiac/Royal Oak/Oakland County CoC			COC_REG_v10_000214	
Total Households	18	32	1	51
Total Persons	224	178	609	1,011

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 data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. 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.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	167	23	190
* Severely Mentally Ill	28	31	59
* Chronic Substance Abuse	24	61	85
* Veterans	23	11	34
* Persons with HIV/AIDS	0	1	1
* Victims of Domestic Violence	31	14	45
* Unaccompanied Youth (under 18)	4	14	18

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

Instructions:

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%.

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

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Semi-annually

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/29/2009
(mm/dd/yyyy)

Indicate the percentage of providers supplying population and subpopulation data 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:

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 most emergency shelters and transitional housing programs.

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

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: (Extrapolation attachment is required)	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

n/a

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

HMIS data was used to complete the sheltered count from participating agencies. Non participating agencies completed surveys. HMIS data was combined with survey data to produce the final count. Strategies were implemented to insure that no duplication between the two sources occurred.

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

Instructions:

HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

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

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: (PIT attachment is required)	<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:

n/a

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

HMIS data was used to complete the sheltered count from participating agencies. Non participating agencies completed surveys. HMIS data was combined with survey data to produce the final count. Strategies were implemented to insure that no duplication between the two sources occurred.

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

Instructions:

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

**Indicate the steps used 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:

n/a

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

n/a

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

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

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

**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:

n/a

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

Instructions:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

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

Indicate the level of coverage of the PIT count of unsheltered homeless people: Complete Coverage and Known Locations

If Other, specify:

n/a

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

Instructions:

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

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

Training:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
De-duplication techniques:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

N/A

Describe the techniques used to reduce duplication.

Restricted sampling interval after 10:00 p.m. in our community so that people have settled for the night. Clear boundaries for surveyors to insure that two teams do not overlap. Use of brading coordinated with specific interview questions as to whether they have already spoken with someone.

Describe the CoCs efforts, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

The Oakland County agencies involved with the CoC have an aggressive outreach component for all housing programs that includes a special emphasis directed towards emergency shelters, places not meant for human habitation, or on the streets. For families with dependent children, it is especially important to reach families quickly as they have a variety of needs with, while working quickly to develop a relationship of trust. Coordination with human service agencies and schools is key to facilitate these meetings and reach potential clients. A focus is be placed on introducing concepts of treatment and housing services at a pace that engages, rather than frightens or alienates the family but is quick paced in order to identify housing as soon as possible. Once this positive relationship brings the family into the program, the family is more likely to stay engaged at some level throughout the entire process.

Written brochures and pamphlets are distributed at shelters, agencies, and other areas frequented by the homeless A written brochure has been developed to present program overviews and resources, including specific, easy to understand eligibility criteria and distributed to all potential referral sources within the county by phone, e-mail, post office mail and by one-on-one contact. Outreach is also conducted by the timely issuance of press releases, the internet and contained in newsletters distributed throughout the county.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

A Homeless Housing Resource Center was recently established to assist with specific outreach and attempted engagement of the homeless. The Homeless Housing Resource Center provides housing services to the community consistent with Community Housing Networks philosophy to promote inclusive communities. This program specifically focuses on working with the homeless, providing outreach services to the community. The Outreach Specialist and peer supports work as a team to canvas the community, at both shelters and drop in centers, as well as the streets, to engage homeless individuals to obtain services and entitlements. In order to engage reluctant individuals and families, the outreach team has outreach enticements at their disposal such as blankets, bottled water, granola bars, etc. to begin conversation and engagement. Staff are trained to understand that engagement takes time and that several meetings may need to take place before the individual or family is ready or willing to talk about their specific circumstances or issues. A rapport is built by scheduling the next face to face meeting at the time of the interaction in order to develop trust and a sense that staff are reliable and consistent. During these interactions, assessment of both short term and long term housing goals is established as well as evaluation of other supportive service needs. Homeless Outreach Specialists provide housing case management to these homeless individuals while accessing members of the Coordinated Interagency Service Team (CIST) for other needed services. The Homeless HRC, in conjunction with the CMH agency, collaborates to form a CIST to network with other human services agencies and community stakeholders to provide the necessary resources to each individual in order to insure their unique needs are met. Homeless HRC staff will be SOAR trained to insure access and correct processes to obtain benefits for those individuals that qualify, providing access to housing funds in a timely manner. The Homeless HRC will also assist individuals in obtaining birth certificates, social security cards and other important documents necessary for housing and supportive services. Homeless HRC participants will receive organizational binders to store their important documents along with 24 hours emergency and crisis resources to have all their information in one secure location.

We counted approximately 13 percent less unsheltered homeless from 2006 to 2007, however we improved our methodology for counting the homeless per HUD strategies.

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Apply for Samaritan Bonus in 2008 for 10 new units of permanent supportive housing for the chronically homeless.	Chronically Homeless Housing Navigator, Community Housing Network
Action Step 2	Implement 2007 samaritan housing grant for 10 units of permanent supportive housing for the chronically homeless	Executive Director, Lighthouse Emergency Services
Action Step 3	Street Outreach to the chronically homeless using the new homeless resource center funded through a federal mental health block grant	Housing Resource Center Manager, Community Housing Network

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	69
Numeric Achievement in 12 months	79
Numeric Achievement in 5 years	90
Numeric Achievement in 10 years	115

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Continue monitoring of projects to insure compliance and level of achievement in line with APR. Offer technical assistance and tools needed to grantees	HMIS coordinator, Community Housing Network
Action Step 2	Continue implementation of SOAR in all projects	S + C Coordinator, Michigan Dept of Community Health
Action Step 3	Track and identify reasons for early withdrawal; make recommendations of PSH providers	Residential Director, Common Ground

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	90
Numeric Achievement in 12 months	90
Numeric Achievement in 5 years	93
Numeric Achievement in 10 years	95

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Continue to advocate for increased homeless voucher set asides from the State and Local PHAs	Homeless Services, Caseworker, Oakland Livingston Human Service Agency
Action Step 2	Advocate for homeless set asides in the Qualified Allocation Plan for the local low-income housing tax credit program	Executive Director, Oakland Livingston Human Service Agency
Action Step 3	Continue to work with the Human Service Coordinating Council and Project Connect to link all participants with employment and other mainstream resources	President, Community Housing Network

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	65
Numeric Achievement in 12 months	67
Numeric Achievement in 5 years	72
Numeric Achievement in 10 years	79

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Link workforce development and Michigan Works! to all homeless service providers	Employment Resource Coordinator, Goodwill Industries
Action Step 2	Coordinate with Michigan Rehabilitation Services to assist with employment opportunities for persons with disabilities	Ticket to Work Coordinator, United Cerebral Palsy Association of Metro Detroit
Action Step 3	To coordinate services for homeless individuals exiting the prison system with vocational training and transition planning through Economic and Workforce Development at the local college system (OCC)	MPRI Coordinator, Jewish Vocational Services

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	30
Numeric Achievement in 12 months	31
Numeric Achievement in 5 years	35
Numeric Achievement in 10 years	40

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

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

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

Pontiac/Royal Oak/Oakland County CoC		COC_REG_v10_000214
		Lead Person
Action Step 1	Apply for and implement 2008 Rapid Re-Housing Demonstration Program	Housing Resource Manager, Community Housing Network
Action Step 2	Actively promote awareness of Homeless Student Education Program to non Continuum of Care service providers	Coordinator, Oakland Intermediate School District
Action Step 3	Advocate for increased funding for the Michigan Housing Trust fund to increase the supply of sustainable, affordable housing	Executive Director, Lighthouse Community Development

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	186
Numeric Achievement in 12 months	176
Numeric Achievement in 5 years	136
Numeric Achievement in 10 years	86

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

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

Foster Care Discharge Protocol: Formal Protocol Implemented

Health Care Discharge Protocol: System of Care does not exist

Mental Health Discharge Protocol: Formal Protocol Implemented

Corrections Discharge Protocol: Formal Protocol Implemented

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

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

Health Care Discharge

For System of Care does not exist in CoC, explain:

There is not a publicly funded health care delivery system in Oakland County that institutionalizes individuals. As such, discharge issues for persons leaving primary health care facilities in Oakland County must be addressed through coordination with private hospital social work departments. These hospitals have actively participated in our Discharge Coordination Policy planning group. Oakland County has one Federally Qualified Health Center (FQHC), a walk-in clinic, and one faith-based, part-time, walk-in health care clinic specifically for the homeless. These providers work to assure that housing issues are addressed and referrals are made to ensure a smooth transition to the next necessary medical and/or supportive service in the community including housing when needed. FQHCs, as part of the Michigan Primary Care Association, have adopted protocols that assure that housing placement and links to other resources necessary for the client to achieve successful re-entry are established prior to systems discharge when applicable.

Mental Health Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Section 330.1209b of the State Mental Health Code, effective March 28, 1996, requires that "the community mental health services program shall produce in writing a plan for community placement and aftercare services that is sufficient to meet the needs of the individual..." In addition R 330.7199 (h) of the Administrative Code says that the written plan must at a minimum identify strategies for assuring that recipients have access to needed and available supports identified through a review of their needs. Housing, food, clothing, physical health care, employment, education, legal services, and transportation are all included in the list of needs that must be appropriately addressed as a function of mental health discharge planning.

The Oakland County Community Mental Health Authority (OCCMHA) has adopted a comprehensive discharge planning policy (transition planning protocol) with an emphasis on meeting housing needs. The OCCMHA is an active member of the CoC body and partners with many of our permanent supportive housing providers.

Corrections Discharge

For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Lack of housing is recognized by the Michigan Department of Corrections (MDOC) to be a major barrier to the successful reentry of returning prisoners. As such, safe affordable housing is one of the key elements identified within Departments system-wide initiative to re-engineer the protocols by which offenders are prepared for community re-entry. MDOC asks communities to assess their local assets, barriers and gaps relative to issues facing returning prisoners and then develop a Comprehensive Prisoner Reentry Plan based on that assessment. Funding through MPRI is allocated to help bridge identified gaps and to achieve a seamless transition for former prisoners as they re-enter the community. Each communitys Comprehensive Plan includes an assessment of local housing issues and proposals for local solutions. Rent subsidy, move-in deposits and funding for limited-term transitional placements have been common elements funded in local plans. Parolees with substance abuse issues and other hard-to-place returning prisoners are generally referred to appropriate transitional and treatment supports, and additional aid is, if needed, provided through traditional housing services.

The Oakland County jail has instituted a prisoner re-entry program in 2006. They have procedures in place for discharge planning as well as a successful jail diversion program for non-violent offenders. Oakland County is home to several half-way houses for those with substance abuse issues.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	Foster Care Disch...	09/22/2008
Mental Health Discharge Protocol	No	Mental Health Car...	09/22/2008
Corrections Discharge Protocol	No	Corrections Disch...	09/22/2008
Health Care Discharge Protocol	No	--	No Attachment

Attachment Details

Document Description: Foster Care Discharge Policy

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Mental Health Care Discharge Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: Corrections Discharge policy

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description:

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated Plan:

1. Create and adopt a ten-year plan to end chronic homelessness in Oakland County.
2. Create an additional 41 units of permanent supportive housing over 5 years,
3. Expand HMIS to faith-based organizations and non-federally funded organizations
4. Increase awareness of homeless issues throughout the county.

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? No

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

1. Develop and implement a county-wide prevention plan.
2. To increase the affordable housing stock in Oakland County by developing a minimum of 30 units of affordable housing per year.
3. Increase the supply of permanent supportive housing set-aside for the chronically homeless by a minimum of 12 units per year.
4. The length of homelessness experience by families in Oakland County will be reduced through prompt, effective, and respectful response, delivered by a continuum of providers dictated by family need.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)? No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	67	Beds	69	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	85	%	90	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	63	%	65	%
Increase percentage of homeless persons employed at exit to at least 18%	25	%	30	%
Ensure that the CoC has a functional HMIS system	80	%	88	%

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

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in your CoC for each year

Year	Number of CH Persons	Number of PH beds for the CH
2006	137	23
2007	190	57
2008	190	69

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008 32

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$248,200	\$0	\$900,000	\$0	\$0
Operations	\$8,150	\$0	\$100,000	\$2,716	\$0
Total	\$256,350	\$0	\$1,000,000	\$2,716	\$0

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	36
b. Number of participants who did not leave the project(s)	320
c. Number of participants who exited after staying 6 months or longer	30
d. Number of participants who did not exit after staying 6 months or longer	292
e. Number of participants who did not leave and were enrolled for 5 months or less	22
TOTAL PH (%)	90

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	57
b. Number of participants who moved to PH	37
TOTAL TH (%)	65

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

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 93

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	13	14	%
SSDI	3	3	%
Social Security	1	1	%
General Public Assistance	16	17	%
TANF	5	5	%
SCHIP	0	0	%
Veterans Benefits	0	0	%
Employment Income	28	30	%
Unemployment Benefits	0	0	%
Veterans Health Care	0	0	%
Medicaid	24	26	%
Food Stamps	16	17	%
Other (Please specify below)	3	3	%
state medical			
No Financial Resources	16	17	%

The percentage values are automatically calculated by the system when you click the "save" button.

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

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

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

Require agencies to submit APRs and quarterly reports to the monitoring committee. Mainstream resources are discussed and information regarding access shared at interagency service team and HMIS agency administration meetings, as well as the Taskforce on Homelessness & Affordable Housing's quarterly general membership meetings.

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 Oakland County Human Service Coordinating Council consisting of high level administrators representing various mainstream resources meets the third Friday of every month except Dec(9/21/07, 10/19/07, 11/16/07, 1/18/08, 2/15/08/ 3/21/08, 4/18/08, 05/16/08, 06/20/08, 07/18/08, and 08/15/08). This information is brought to the general membership meetings and placed on the OCH list serve. In addition the Community Interagency Service Team Committee had taken a break for about one year, but has recently reconvened and have monthly meetings scheduled for the coming year beginning Oct 7, 2008.

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. Quarterly

Does the CoC uses HMIS to screen for benefit eligibility? No

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

n/a

Has the CoC participated in SOAR training? Yes**If "Yes", indicate training date(s).**

September 20-21, 2007	Behavioral Health Professions Inc.
September 24-25, 2007	Oakland County Community Mental Health Authority
September 26-27, 2007	Behavioral Health Professionals Inc.
October 29-30, 2007	Macomb Intermediate School District
November 1-2, 2007	Cadillac Place
2008	
January 23-24, 2008	Southwest Counseling Solutions
February 6-7, 2008	Wayne Metropolitan Community Action Agency
February 20-21, 2008	Monroe Intermediate School District
March 3-5	Oakland--MORC
April 9-10, 2008	Macomb Oakland Regional Council
April 22-23, 2008	Behavioral Health Professionals Inc.
May 7-8, 2008	The Guidance Center
June 4-5, 2008	Housing Resource Center SWS
June 18-19, 2008	Lighthouse of Oakland County
August 5-6, 2008	Lighthouse of Oakland County

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

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

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
<p>Case Managers work with client upon intake/assessment to determine level of current income and potential income. Consumers are then assisted with applying for eligible benefits such as social security disability and income, food stamps, and other services as indicated. Assistance may include procurement of necessary applications and forms, transportation to appointments with the entitlement resources, and hand on help with filling out paperwork or locating necessary documents. Each core provider agency in Oakland County has staff trained in a statewide initiative called SOAR that provides in depth training in the process and procedures related to applying for SSDI. This allows Case Managers to have training or consultation with a trained individual to fill out the application and supportive documentation to expedite the approval of entitlements in an effective manner.</p>	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
<p>Food Stamps, Mediciad, Medicare premiums, Child Care, TANF FIP, Disability Assistance, State Emergency Relief Program, Transportation Assistance</p>	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	65%
4a. Describe the follow-up process:	
<p>Case Managers work with the consumers to develop an individualized plan of service which serves as a document in the goal areas that need to be addressed for the individual. Follow up and monitoring are scheduled within the plan of service, specifying the intervals in which consumers and clinicians meet to evaluate level of achievement towards goals, with additional visits occurring if indicated. Staff work with the consumers to insure the application has been filled for benefits, and assist in following up on the status of the resources being approved. Additionally, staff that are involved in the SOAR process work with a liaison in the Social Security Administration Office and the application is hand held throughout the application process.</p>	

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>	No
<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>	Yes
<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>	Yes
<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>	Yes
<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>	Yes
<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>	No

Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graded 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>	No
<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>	Yes
<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>	No
<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>	Yes
<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>	No
<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>	No

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>	No
<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>	No
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	No
<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>	Yes
<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>	No
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	No
<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>	No

Continuum of Care (CoC) Project Listing

Instructions:

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

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

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
OLeasing Assistan...	2008-09-19 15:19:...	1 Year	Communit y Housing...	317,518	Renewal Project	SHP	PH	F5
OLeasing Assistan...	2008-09-19 15:58:...	1 Year	Communit y Housing...	309,966	Renewal Project	SHP	PH	F3
OLeasing Assistan...	2008-09-20 10:00:...	1 Year	Communit y Housing...	200,892	Renewal Project	SHP	PH	F10
OLeasing Assistan...	2008-09-20 10:18:...	1 Year	Communit y Housing...	163,660	Renewal Project	SHP	PH	F13
OChronica lly Home...	2008-09-20 10:26:...	1 Year	Communit y Housing...	120,437	Renewal Project	SHP	PH	F14
OHMIS Renewal	2008-09-30 09:22:...	1 Year	Communit y Housing...	58,180	Renewal Project	SHP	HMIS	F9
ORapid Rehousing	2008-09-22 13:13:...	3 Years	Communit y Housing...	644,871	New Project	SHP	TH	R21
OChronica lly Home...	2008-09-20 10:51:...	2 Years	Communit y Housing...	322,248	New Project	SHP	PH	S17
OLeasing Assistan...	2008-09-19 15:46:...	1 Year	Communit y Housing...	260,435	Renewal Project	SHP	PH	F2
OChronica lly Home...	2008-09-20 10:33:...	1 Year	Communit y Housing...	146,380	Renewal Project	SHP	PH	F12
Lighthouse PATH -...	2008-09-18 15:33:...	1 Year	Lighthouse of Oak...	171,518	Renewal Project	SHP	TH	F19
Lighthouse PATH -...	2008-10-08 11:35:...	1 Year	Lighthouse of Oak...	103,106	Renewal Project	SHP	TH	F22
Lighthouse PATH -...	2008-09-18 15:38:...	1 Year	Lighthouse of Oak...	202,445	Renewal Project	SHP	TH	F20
Lighthouse PATH -...	2008-09-12 13:16:...	1 Year	Lighthouse of Oak...	98,170	Renewal Project	SHP	TH	F7

Pontiac/Royal Oak/Oakland County CoC							COC_REG_v10_000214	
Housing Leasing A...	2008-10-08 10:42:...	1 Year	Training and Trea...	145,971	Renewal Project	SHP	PH	F11
Housing Leasing A...	2008-09-14 14:34:...	1 Year	Training and Trea...	111,850	Renewal Project	SHP	PH	F15
Housing Leasing A...	2008-09-14 14:33:...	1 Year	Training and Trea...	145,619	Renewal Project	SHP	PH	F23
Housing Leasing A...	2008-09-14 14:33:...	1 Year	Training and Trea...	105,185	Renewal Project	SHP	SH	F1
Holly Condo Project	2008-09-11 11:52:...	1 Year	Alternative Commu...	36,399	Renewal Project	SHP	SH	F28
Southfield Condo ...	2008-09-11 11:59:...	1 Year	Alternative Commu...	33,469	Renewal Project	SHP	SH	F27
Shelter Plus Care...	2008-09-25 11:41:...	1 Year	Michigan Departme..	315,900	Renewal Project	S+C	SRA	U8
Graduated Apartme...	2008-09-12 16:19:...	1 Year	Common Ground San...	81,332	Renewal Project	SHP	TH	F24
Word Foundatio n A...	2008-09-12 13:37:...	1 Year	Word Foundatio n A...	105,000	Renewal Project	SHP	TH	F26
Graduated Apartme...	2008-09-12 16:12:...	1 Year	Common Ground San...	83,164	Renewal Project	SHP	TH	F25
Shelter Plus Care...	2008-09-12 10:39:...	1 Year	Michigan Departme..	40,380	Renewal Project	S+C	SRA	U6
Shelter Plus Care...	2008-09-12 10:31:...	1 Year	Michigan Departme..	153,444	Renewal Project	S+C	SRA	U4
Shelter Plus Care...	2008-09-12 10:14:...	1 Year	Michigan Departme..	177,828	Renewal Project	S+C	SRA	U16
Leasing Assistanc..	2008-10-02 10:36:...	1 Year	Common Ground San...	129,069	Renewal Project	SHP	PH	F18

Budget Summary

FPRN	\$3,129,765
Rapid Re-Housing	\$644,871
Samaritan Housing	\$322,248
SPC Renewal	\$687,552
Rejected	\$0