Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2026 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2026 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It
- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2026 CoC Program Competition on behalf of your CoC.
- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

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

1A-2. Collaborative Applicant Name: Greater Flint Health Coalition

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Greater Flint Health Coalition

1B. Coordination and Engagement–Accountable Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

1B-1.	Accountable Structure and Participation.	

	In the chart below for the period from June 1, 2025 to May 31, 2026:
1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	1
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	2
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	2
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	1
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	0
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	0
9.	Faith-based Organzation(s)	Yes	2
10.	Homeless or Formerly Homeless Person(s)	Yes	2
11.	Hospital(s)	Yes	2
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	2
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No	
14.	Law Enforcement	Yes	0
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	0
16.	Local Government Staff/Official(s)	Yes	2

17.	State Government Staff/Official(s)	Yes	0
18.	State or Local Elected Public Official(s)	No	
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	5
21.	Mental Illness Advocate(s)	No	
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	0
24.	Other nonprofit homeless assistance provider(s)	Yes	8
25.	Other social service provider(s)	Yes	10
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	0
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	0
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	0
38.	Other Victim Service Organization(s)	Yes	0
39.	State Domestic Violence Coalition	No	
40.	State Sexual Assault Coalition	No	
41.	Youth Advocate(s)	Yes	0
42.	Youth Homeless Organization(s)	Yes	2
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	3
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	0
	Other: (limit 50 characters)		
46.	Local Land Bank (Genesee County)	Yes	1
47.			

1B-2.	Open Invitation for New Members.	

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The Flint & Genesee County CoC continuously invites new members through a variety of methods:
1. The CoC developed an invitation flyer, Help End Homelessness, that describes the importance and purpose of the CoC and explains how to join it. The flyer is regularly posted on the CoC's Facebook page and pinned to the top of it. The Facebook page has increased 461% in followers (743), 761% in engagement, and garnered nearly 140,000 views in the last year. The flyer also contains a specific call for persons with lived experience of homelessness to engage with the CoC, and is also shared via email and in print.
2. An invitation to join the CoC is contained on the home page of its website with a prominent "JOIN NOW" button and an explanation of what the CoC does. The website had over 12,000 visitors last year.
3. The CoC conducts a monthly General Membership meeting that is open to the public with the meeting calendar posted on its website. During those meetings, it discusses recruiting efforts and encourages members to recruit (including of those with lived experience of homelessness).
4. The Collaborative Applicant, Greater Flint Health Coalition, conducts presentations in the community to educate community members about the CoC and invite community members to join it (e.g., during the McKinney-Vento School Liaisons meeting at Genesee Intermediate School District and the Rotary Club of Flushing, Michigan).
5. The CoC boasts a wide, diverse membership of community agencies in different sectors, thus providing members with many opportunites to invite others to join the CoC.
6. When homelessness intersects with other community members and organizations, the CoC meets with them to resolve issues and encourages them to join the CoC (e.g., recent meetings with area law enforcement agencies and the the Genesee County Metropolitan Transportation Authority).

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

The Flint & Genesee County CoC solicits and considers opinions of its general performance, strategies, and priority setting through intenstive community conversations with follow-up data collection. For example, this year it held two community strategizing sessions in conjunction with the FY2026 CoC Program Competition NOFO process, the purpose of which was to solicit and consider community opinions on not just 2026 but also service gaps and priorities for the CoC's future. The sessions were led by an independent facilitator, who explained the CoC funding structure and presented program information, performance data and financial data to participants. She then guided them through a discussion of their ideas and three main topics emerged: the creation of a One-Stop Service Center; increased partnerships, including new entities and faith-based organizations to engage; and areas for improvement, such as increased access to behavorial health services.

After the first session, the entire CoC (over 150 members) were sent a Community Input Survey to collect their thoughts on homelessness strategies and resources in Flint and Genesee County. Sixteen people completed the survey from a variety of community sectors (e.g., faith-based organizations, services providers, and those with lived experience) and, beyond NOFO-specific ideas, highlighted capacity building, inclusion, service integration/partnerships, transparency, leveraging resources, and strategic planning as CoC priorities.

The second strategizing session provided a gaps analysis to the community participants and sought their input on many issues, including how to best fill gaps in homelessness services and alternate sources of funding. Twenty-two people from eighteen community organizations attended the second session, including personnel from substance use and mental health providers.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	

Describe your CoC's transparent process to accept and consider proposals from organizations that have not previously received CoC Program funding including faith-based organizations.

(limit 2,500 characters)

The Flint & Genesee County CoC developed an application with which to solicit and consider new project applications. It posted the following information publicly on its website: the project application, application requirements, timeline of important deadlines, and the score cards to be used for new and renewal projects. This information was also sent via email to all members of the CoC and notice of the posting of the FY26 CoC Program Competition NOFO was posted on the CoC's Facebook page.

The CoC's Collaborative Applicant, Greater Flint Health Coalition, also conducted an open Office Hour to answer technical questions related to the NOFO and provided information on how to request technical assistance from HUD and submit applications. The Office Hour was public and included on the public calendar on the CoC's website. Collaborative applicant staff were also available via telephone and the CoC's email address to address additional technical questions.

Additionally, the CoC Governance Council revised and approved the CoC's Ranking and Review Policy, which was posted publicly on the CoC website, prior to the deliberations of its Rank & Review Team. This provided updated guidance on new requirements set forth in the FY26 NOFO.

The CoC received six proposals from five organizations that have not previously received CoC funding in Genesee County, two of which are faith-based. It also received a proposal from a current CoC funding recipient that developed a new partnership with an organization that had not received CoC funding previously. This partnership evolved from 1) the CoC's polling of potential CoC applicants on their willingness to partner with other agencies on a CoC funding project, and 2) the provision of the list of willing collaborative partners to the potential CoC applicants.

1B-5	Plan for Comprehensive Strategies for Reducing Homelessness.

Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

This year, the Flint & Genesee County CoC held two community strategizing sessions in conjunction with the FY2026 CoC Program Competition NOFO process, but they also addressed service gaps. The sessions were led by an independent facilitator, who explained the CoC funding structure and presented program information, performance data, and financial data to participants. She guided them through a discussion and several system gaps were identified that revolved around the theme of disconnected, insufficient services (to meet the number of those seeking them) that needed an increased focus on behavioral health and other supports.

The strategizing session participants also developed a strategy to address the needs of all relevant subpopulations: the creation of a One-Stop Service Center with on-site services such as substance use, mental health, and employment services. (Note that the former One-Stop Service Center closed when the organization operating it resigned from its position as Housing Assessment & Resource Agency or HARA, though it did not provide the level of services proposed by the new Center project.) The current HARA, Genesee Community Health Center, committed to being the lead agency responsible for the creation and operation of the One-Stop Service Center. It submitted a Supportive Services Only project application under this NOFO for the creation of the Center and also receives Emergency Solutions Grant funding through the City of Flint, Genesee County, and the State of Michigan that can also fund proposed project.

Performance measures for the One-Stop project include the length of time individuals and families experience homelessness, number of successful placements into permanent housing opportunities, and program participant returns to homelessness. The timeline for the project is as follows:

Phase 1: Partnership Development (Months 1-3 from CoC award) - execute Memoranda of Understandings with key service providers; submit HUD ESG and other local grant applications with confirmed local match commitments; Create marketing plan; Create task force with community partners to discuss priorities and processes for warm-handoffs.
Phase 2: Full Operations and Continuous Improvement (Months 4 Forward) - Implement HMIS data collection and quarterly community impact reporting; Open to service Genesee County residents; Measure and report outcomes at monthly CoC meetings; Continue to seek additional funding sources for sustainability.

1B-5a	Confirmation of Plan Coverage.

Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.	
1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes

4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

1C-1.	**Treatment and Recovery Services—On-site Substance Use Treatment Availability.**	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	71%

If you are a rural CoC, describe what substance use treatment is available in your CoC and how people you serve access those services.

(limit 2,500 characters)

N/A

1C-1a. Treatment and Recovery Services—Outpatient Treatment for Mental Health and Substance Use Disorders.

Describe how your CoC partners with, or has projects that provide, outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care, psychosocial interventions, medication management, suicide prevention, and recovery supports.

(limit 2,500 characters)

The CoC partners and has projects that provide outpatient treatment for mental health and substance use disorders with a range of appropriate levels of care. Local organizations that provide these services are active members of the CoC and include: Genesee Health System (local Community Mental Health Provider), New Path's Inc., Genesee Community Health Center, Flint Odyssey House, and Hamilton Community Health Network. In addition to being actively engaged with the CoC, many mental health and substance use providers have established partnership agreements in place with PSH/TH/RRH providers for onsite services or referral support.

Genesee Health System, our local community mental health provider, has the widest range of services available to residents and is the typical entry point for services. Service providers can connect with GHS at anytime to support residents in acquring mental health or substance use treatment support. GHS has been Genesee County's public service provider for individuals with serious mental illness, developmental and intellectual disabilities, and substance use disorders. Anyone in need of mental health or substance use disorders can be connected to GHS for immediate services. Additional providers include New Paths Inc., who provides comprehensive substance use disorder treatment for drug and alcohol disorders. Offering multiple levels of rehabilitation, NPI provides an effective level of treatment programming to meet specific clinical needs. Hamilton Community Health Network, a local federally qualified health center, provides access to mental health treatment for mild to moderate behavior health conditions as well as substance use treatment programs.

1C-1b. Treatment and Recovery Services—Peer Support and Recovery Navigation.

Describe how your CoC partners with, or has projects that provide access to, peer recovery specialists or other forms of peer support and recovery navigation.

(limit 2,500 characters)

The CoC partners with various agencies to ensure individuals have access to peer recovery specialists for peer support and recovery. The primary agency in Genesee County that provides Peer Recovery support is New Paths, Inc. Most PSH/TH/RRH programs either provide onsite recovery support via New Paths or create a warm hand-off to ensure enrollment into services. As part of New Path's services, they have created a 24/7 warm line and text line in which clients can get support. Within an hour, a Peer Recovery Coach is deployed to connect with the client and help to coordinate care with the patient's medical and behavioral health team to discuss the patient's decision to accept or refuse services and identify next steps for the patient's care plan.

1C-1c. Treatment and Recovery Services—Connecting Individuals Experiencing Serious Mental Illness with the Services Necessary to Promote Stability.

Describe how your CoC identifies individuals experiencing Serious Mental Illness and connects them with the services necessary to promote stability, such as Assertive Community Treatment teams and other models that combine intensive care coordination and assertive outreach with comprehensive treatment.

(limit 2,500 characters)

For those individuals suspected of experiencing a serious mental illness, CoC providers and partners connect individuals to Genesee Health System, our local community mental health provider, to ensure proper support and assessment. Upon a formal assessment, mental and behavioral professionals identity the best course of treatment for the individual. Assertive Community Treatment is available through GHS, and ACT services use a multidisciplinary team approach and provide acute, active, and ongoing community-based treatment, assertive outreach, rehabilitation, and support. Crisis intervention, case management, community-based rehabilitation services, therapy, and help with housing, basic needs, and activities of daily living (ADL) are also provided. These services allow for adults with serious mental illness to live independently. GHS provides other critical adult services such as the adult medication clinic, which provides a combination of services including medication administration, medication review and evaluation, AIMS testing, psychiatric evaluation, and health screens. Medication Clinic services are provided by psychiatrists and registered nurses. The majority of individuals utilizing the Medication Clinic are also receiving services in other mental health, developmental disability, or substance use programs, either internally or from the network provider panel or other community resources. Evidence-based programs include Illness Management and Recovery (IMR), an evidence-based therapy program that helps people learn to manage their mental illness, and Trauma Recovery and Empowerment Model (TREM), an evidence-based treatment designed for women who have experienced trauma.

1C-1d. Treatment and Recovery Services—Coordination with Providers in Connection with Drug or Other Specialty Courts.

Identify at least one partnership the CoC has with a provider or entity providing services in connection with Drug Courts and other specialty courts serving individuals with mental and substance use disorders, Assisted Outpatient Treatment (AOT) programs, and inpatient civil commitment.

(limit 500 characters)

The Genesee County CoC partners with New Paths, Inc., a behavioral health and substance use disorder treatment and recovery organization that also participates as a CoC member. New Paths works with individuals involved in specialty courts and other justice-system settings through a range of treatment, recovery, peer support, outreach, and reentry services. Court-involved individuals may be connected to New Paths through multiple programs depending on their needs.

Describe how your CoC coordinates with the provider or entity identified above to support housing stability and movement towards independence, including by leveraging court orders.

(limit 2,500 characters)

The CoC's partnership with New Paths helps connect individuals involved in specialty courts and other behavioral health or justice-system settings with the broader housing and homelessness response system. Because New Paths works with participants through multiple treatment, recovery, peer support, outreach, and reentry programs, staff are able to identify housing instability and other barriers at different points in an individual's involvement with the system.

When housing needs are identified, New Paths can coordinate with CoC partners and other community resources, including CHAP, to connect individuals with housing navigation, benefits, transportation, healthcare, and other supports that can contribute to greater stability and independence. Peer recovery coaches can also help individuals navigate these systems from a lived-experience perspective and remain engaged with both recovery and supportive services.

For individuals participating in specialty courts or other court-supervised programs, court-ordered treatment and service requirements can provide additional structure and continuity of engagement. New Paths can work within that structure to help participants follow through with treatment and recovery expectations while also addressing practical barriers, such as unstable housing or lack of transportation, that may interfere with successful participation. This coordination allows court involvement to serve as one point of connection to a broader network of voluntary, person-centered housing and community supports.

Through this partnership, individuals can be engaged across multiple settings, including courts, treatment programs, hospitals, jail reentry, post-overdose outreach, and community-based services. These coordinated pathways help reduce repeated cycling through homelessness, emergency departments, law enforcement, and incarceration while supporting recovery, housing stability, and movement toward greater independence.

1C-1e. Treatment and Recovery Services—Partnership with Local Crisis System of Care.

Identify at least one partnership the CoC has with the local crisis system of care including 988 and crisis contact centers, mobile crisis and outreach services, and crisis stabilization services.

(limit 500 characters)

The CoC partnership with Genesee Health System provides access to local crisis systems of care. This includes a 24/7, 365 days a year behavioral health urgent care. This facility includes mobile crisis services, walk-in care, crisis stabilization, and crisis residential units. 988 is also available and actively promoted in our community.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.

You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	30

1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	

Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

Identify at least one formal partnership the CoC has with a Certified Community Behavioral Health Clinic (CCBHC), Community Mental Health Center (CMHC), SAMHSA Projects for Assistance in Transition from Homelessness (PATH) provider, Grants for the Benefit of Homeless Individuals (GBHI) provider, or a similar facility if none of the above are located in the geographic area.

(limit 500 characters)

The CoC partnership with Genesee Health System is our local Certified Community Behavioral Health Clinic (CCBHC) and Path provider. It operates as one of Michigan's certified clinics, offering comprehensive behavioral health care—including mental health support, substance use disorder services, and 24/7 crisis response—regardless of a person's ability to pay or insurance status. From a PATH perspective, it provides outreach, housing connections, case management, and benefits enrollment.

1C-1i. Treatment and Recovery Services—Sober Housing Availability.

Identify at least one new or existing CoC Program-funded project that operates sober housing in accordance with 24 CFR 578.93(b)(5).

(limit 500 characters)

While there are no CoC-funded projects operating sober housing, the CoC partners with organizations that operate sober housing in Genesee County: New Paths, Inc. and Great Lakes Recovery Mission. The CEO of New Paths, Inc. is a CoC Governance Council and Executive Committee member.

1C-1j. Treatment and Recovery Services—Warm Hand-Offs to Stable Housing Providers.

Describe how your CoC coordinates with the programs named in questions 1C-1a through 1C-1i to facilitate warm hand-offs to stable housing providers and prevent entry into homelessness.

(limit 2,500 characters)

To facilitate warm hand-offs to stable housing providers and prevent entry into homelessness, programs listed throughout the applications have established processes and agreements in place. Referral agreements provide a framework for how the warm handoff will occur and detail any expectations in terms of follow up timelines, communications, etc. For any new projects, agreements will be developed to ensure consistency across all programs. Named programs also regularly participate in CoC meetings to support quality improvement initiatives and prevent entry into homelessness.

The CoC's Coordinated Approach System Policies & Procedures specifically require "warm transfers" (page 14): "If a person in need contacts an existing provider, the provider is responsible for acting as the navigator for that person to get the appropriate assistance. Those seeking services should not simply be referred to the HARA, causing the person(s) to make several calls to connect with the right provider. This constitutes the process of a “warm transfer.” (See appendix for a definition of warm transfer.) When uncertainty exists on the best course of action, the agency representative may call HARA for assistance on what steps to take for the person(s) seeking services."

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$2,572,664
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	$1,845,129
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	72%
4. Enter the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services for the projects included in your CoC's FY 2026 ARD.	$154,752
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	78%

1C-3.	Participation Requirements for Supportive Services.
	You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

What percent of your housing projects (TH, PH-PSH, PH-RRH, and Joint projects) require program participants to take part in supportive services (e.g. case management, employment training, substance use disorder treatment) in line with 24 CFR 578.75(h)?	86.00%

1C-4. Consulting with ESG Recipients.

Describe how your CoC has and will continue to consult with ESG recipients in the planning and allocation of ESG funds.

(limit 2,500 characters)

The CoC consults with its two local ESG recipients, the City of Flint and Genesee County, Michigan (through the Genesee County Metropolitan Planning Commission), on a regular basis. Both entities hold designated seats on the CoC's Governance Council per the CoC's Governance Charter. The Michigan State Housing Development Authority (MSHDA), which manages ESG funds for the State of Michigan, is a general member of the CoC. The local ESG recipients regularly attend CoC General Membership, Governance Council and Committee meetings at which they discuss CoC priorities with, explain ESG programming to, and provide performance and financial reports to the CoC. In turn, the CoC shares its performance and financial reports with both the City of Flint and Genesee County, including its PIT Count, HIC, LSA, and System Performance Measures data. The CoC and the local ESG recipients are required to collaborate on homelessness services as set forth in the joint Standard Operating Procedures.

1C-4a. Coordination with Emergency Shelter Providers.

Describe how your CoC coordinates with shelter providers to connect individuals and families with CoC assistance.

(limit 2,500 characters)

The CoC operates a coordinated entry system, referred to as the Coordinated Approach System, through which individuals and families are referred to shelter providers. All CoC- or ESG-funded shelter providers are required to participate in that system. The procedure for referrals to shelter providers is set forth in the Coordinated Approach System (CAS) Policies and Procedures (see, e.g., pages 25-26). The CoC also publicly distributes a flyer via print and digitial mediums that contains the CAS hotline number, the number for Street Outreach (which also may refer individuals and families to shelter providers), the shelter providers' contact numbers for direct contact (if necessary), and the Housing Assessment and Resource Center (HARA). The Coordinated Approach System (CAS) Policies and Procedures require that all service providers provide a "warm transfer" where they help clients who present for homelessness services to the appropriate provider, which includes shelter providers.

1C-5. Data Sharing to Inform the Homelessness Response System.

Describe how your CoC has or will share PIT, HIC, HMIS, and System Performance data with state and local government as permitted by law in order to inform the homelessness response system.

(limit 2,500 characters)

The CoC regularly shares PIT, HIC, HMIS, and System Performance data with its two local ESG recipients, the City of Flint and Genesee County, Michigan (through the Genesee County Metropolitan Planning Commission). Both entities hold designated seats on the CoC's Governance Council per the CoC's Governance Charter and thus receive regular data reports through presentations at CoC meetings and through hard copy and/or digital reports via emails. The reports are given and drafted by the CoC's HMIS Lead Agency and its HMIS Local Administrator. The State of Michigan's ESG recipient agency, the Michigan State Housing Development Authority (MSHDA), is also a member of the CoC and receives PIT, HIC, HMIS, and System Performance data via these methods. Michigan also has its own HMIS system, Michigan State HMIS (MSHMIS), which is administered by the Michigan Coalition Against Homelessness (MCAH). MCAH regularly compiles HMIS data and provides reports to the State of Michigan and the public.

1C-5a. Using Other Data Sources Alongside HMIS to Improve Care.

Describe how your CoC utilizes other data sources alongside HMIS to improve care (e.g., health care utilization and claims data, electronic health care record data; admission, discharge, and transfer data; and law enforcement and corrections system data).

(limit 2,500 characters)

CoC agencies like New Paths, Inc. and Odyssey House have strong partnerships within the Genesee County Jail, including the R.I.S.E. and IGNITE programs, probation, and treatment court providers. This allows individual needs to be identified and referrals and service connections to be established during incarceration so housing and other needs can be addressed upon release. Participants are tracked in Airtable, a cloud-based database and workflow management system that is easily updated to reflect their movement through the jail, participation in programming, and changes to court and release dates. Participant data is used to improve care for returning citizens who are or may become homeless.

1C-6. Employment and Workforce Development Partnership.

Identify at least one partnership the CoC has with employment and workforce development programs and organizations such as the Local Workforce Development Board, State Workforce Agency, American Job Center (also known as One-Stop Career Centers), registered apprenticeship program, community and technical college, union training program, adult education provider, or State Vocational Rehabilitation agency.

(limit 2,500 characters)

The CoC has partnerships in place with GST Michigan Works!, our regional employment and workforce development organization that helps job seekers find work and helps local businesses build strong teams. For job seekers, GST Michigan Works! provides career assistance, training & education, and unemployment support. For employers, recruitment and talent devleopment programs are available. GST Michigan Works! is an active participant in the CoC.

1C-7. Street Outreach–Cooperation with First Responders and Law Enforcement.

Describe in the field below how your CoC's street outreach projects (including co-response) cooperate with first responders and law enforcement to increase positive interactions in order to increase housing and service engagement and promote use of CoC services.

(limit 2,500 characters)

Reach Resource Services and the Shelter of Flint PATH program have a strong partnership that provides street outreach to persons experiencing homelessness and living with mental health disorders. Currently, all law enforcement agencies, health services (Hamilton Community Health Network), and mental health providers (GHS), offer services or make referrals as part of the overall community strategy to assist the homeless, all in partnership with the community Housing Assessment and Resource Agency (HARA). The staff of RRS have strong working relationships with the child welfare and juvenile justice systems and work with each young person to reengage them with their respective case managers if they are AWOL from one of those two systems.

1C-8. Family or Support Network Reunification.

Describe how your CoC, or your recipients, assist with family or support-network reunification efforts for individuals experiencing homelessness or living in CoC Program-funded housing (e.g., case management, travel costs, arrangement of assistance in another geographic area).

(limit 2,500 characters)

The CoC's Coordinated Approach System (CAS) Policies and Procedures and its Standard Operating Procedures (SOP) both contain provisions regarding homelessness prevention and diversion, and those provisions specficially require family and support-network reunification efforts (see, for example, CAS pages 24-25). Service providers must help connect indiviuals to immediate alternate housing arrangements and take into account the unique strengths of each individual or family while also making use of "mainstream" resources that can assist in stabilization of their housing situations.

1C-9	**Partnering with Public Housing Agencies—Agreement to Enable Transition to HUD Assisted Housing.**		
	Does your CoC have an agreement with at least one public housing agency to enable participants to transition from Transitional Housing, Rapid Re-Housing, and Permanent Supportive Housing to HUD assisted housing?	Yes	

1C-10. Protecting Public Safety—Cooperation with Law Enforcement.

You must upload the Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety attachment to the 4A. Attachments Screen.

Describe how your CoC cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals.

(limit 2,500 characters)

The CoC has a memorandums of understanding with the Office of the Genesee County Sheriff and the University of Michigan-Flint Department of Public Safety, which "formalizes the shared purpose that no one should sleep outside on the street or in dangerous encampments, and everyone should be able to enjoy public spaces safely." The purpose of these partnerships is to enhance coordinated responses to homelessness, support public safety, strengthen information-sharing, and jointly address complex cases involving individuals experiencing homelessness. This collaborations will be formally recognized as the Homeless and Public Safety Collaborative ("HPSC" or "Collaborative") and will develop joint protocols for encampment engagement, crisis response, and multi-system referrals.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Many Genesee County jurisdictions have ordinances that prohibit camping outside of designated areas and/or loitering: see, for example, Genesee County Park Rules (camping only in designated areas); Argentine Township, Ord. 35-E §16 (no loitering in public places); City of Burton Ord. §149.09 (no loitering or congregating in public parks); Clayton Township Ord. §132.02(B)(19) & (27) (no loitering on sidewalks, streets, etc. to hinder public passage); City of Clio Ord. §50.502(B)(17) (no loitering on sidewalks, streets, public buildings, etc. to hinder public passage); City of Davison Ord. §1062.07(c) (no camping in parks except in designated areas); Davison Township Ord. 65-D §17(A) (no loitering that disrupts vehicular or pedestrian traffic); City of Fenton Ord. §20-56 (no loitering that disrupts vehicular or pedestrian traffic); Fenton Township Ord. No. 623, §20 (no trespassing on any premises without authority or permission); City of Flint Ord. §31-55 (no loitering that disrupts vehicular or pedestrian traffic); Flint Township Ord. §10.2-22 and §10.2-13 (no camping or loitering in public parks); City of Flushing Ord. §97.62 (no camping in public parks); and Flushing Township Ord. §18-56l-J (no loitering that disrupts traffic, lawful business or property use).

The CoC and its Street Outreach teams partner with law enforcement agencies in Genesee County to connect individuals camping in public with appropriate services. It has a Memorandum of Understanding with the Office of the Genesee County Sheriff, for example. These partnerships plan to leverage beneficial policies while overcoming the harmful effects of restrictive ones by improving communication and joint problem-solving between the CoC, homeless service providers, and the Sheriff's Office; coordinating outreach and engagement efforts to better connect individuals experiencing homelessness with services; developing a structured case conferencing process for individuals with complex needs or high utilization of emergency and criminal justice systems; supporting safe, trauma-informed, and person-centered approaches to homelessness and public safety; ensuring participation by a wide range of providers (i.e., both CoC and non-CoC organizations) to support meetings, outreach, and case conferencing; and collecting and reporting outcomes to track effectiveness, including engagement, housing placement, and reductions in high-utilizer interactions with emergency or criminal justice systems.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC’s geographic area.

(limit 2,500 characters)

Street Outreach (PATH) is currently aware of three wooded areas where homeless people are camping in Genesee County. For outreach, those living in the areas are provided with connections to local shelters, treatment providers such as New Path's, Inc. (substance use) or Genesee Health System (mental health), the coordinated entry hotline, and if applicable, enrollment in Projects for Assistance in Transition from Homelessness (PATH) program. Street Outreach works with local law enforcement, including staff attendance at Crisis Intervention Team (CIT trainings), to help those in encampments to relocate rather than face arrest. Street Outreach also partners with Spartan Street Medicine to provide outreach, which involves 3rd and 4th year medical students along with a doctor twice a month. During those SSM events, Street Outreach provide outreach services as well as providing mobile medical assistance and referrals to local hospitals and clinics when needed. The CoC is also aware of one encampment that was removed in the City of Flint.

1C-10c. Protecting Public Safety—Plan to Decrease the Public Use of Illicit Drugs.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to decrease the public use of illicit drugs and quickly connect individuals who are using illicit drug in public with appropriate services and/or law enforcement and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

A key practice that Genesee County relies on to help decrease the public use of illicit drugs and quickly connect individuals to appropriate services is the deployment of the Quick Response Team. The Genesee County Quick Response Team (QRT) is a collaborative program connecting overdose survivors and individuals struggling with substance use to peer recovery coaches, harm reduction tools, and medical treatment. Law enforcement is a critical component of the success of this program. Many local police agencies have completed training to ensure they know how to connect illicit drug users to the appropriate treatment, either via the warm line or referral platform. This policy and program are very beneficial to individuals to treatment resources. The CoC actively promotes this practice with partners.

1C-10d. Protecting Public Safety—Current Status of Overdoses and Illicit Drug Use in Public Spaces.

Describe the current status of overdoses and illicit drug use in public spaces in the CoC’s geographic area.

(limit 2,500 characters)

Based on available data, Genesee County has a high rates of overdoses and drug use, with heat maps demonstrating where these overdoses are occurring. While there are are higher rates of drug use in our community, we also have a tremendous amount of resources available to support individuals in participating in harm reduction as well as entering substance use treatment.

1C-10e. Protecting Public Safety—Standards to Address Danger to Self or Others.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

Within Genesee County, there is an established Crisis Intervention Team (CIT). Administrated by Genesee Health System, the Crisis Intervention Team program is a community partnership of law enforcement, behavioral healthcare professionals, and individuals and family members impacted by mental illness, substance use disorder, or intellectual and developmental disabilities to improve community response to behavioral health crises. CIT is leveraged by supporting individuals who are a danger to themselves and ensuring they have access to appropriate treatment. This program helps to standardize support for homeless individuals that are in need of support.

1C-10f. Protecting Public Safety—Share Information in Accordance with SORNA.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA) and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The CoC has Memorandums of Understanding with both the Genesee County Office of the Sheriff and the University of Michigan-Flint Department of Public Safety. Those MOUs cover provision of data from the CoC’s Homeless Management Information System and tracking and reporting collaborative outcomes to the CoC Governance Council, Public Safety, and other jurisdictional stakeholders, as appropriate.

1C-11. Outreach Strategy.

Describe your CoC’s strategy to outreach to all individuals and families experiencing homelessness across your geographic area.

(limit 2,500 characters)

The CoC promotes its homelessness Crisis Line throughout Genesee County via word of mouth, announcements at public meetings, the CoC and service provider websites, and the CoC and service provider Facebook pages. It has developed and widely disseminated a "Homelessness Services Flowchart" that explains how to quickly engage with homeless services (including the Crisis Line) in an easy-to-understand manner and provides contact information of homelessness service providers (including emergency shelters for direct contact). These flyers are distributed via many means, including digitally (e.g., email and social media) and in print (e.g, at community resource events), and have already been provided to numerous organizations in Genesee County, including law enforcement, city and county government, hospitals and street-level Crisis Intervention Teams (CIT). The Crisis Line is the direct path into the CoC's coordinated entry system (deemed Coordinated Approach System or CAS).

Moreover, CoC Street Outreach teams are continuously in the community connecting with homeless individuals and families, as services are provided by Reach Resource Services (adults and youth) and Shelter of Flint PATH (serious mental illness). Reach Resource Services provides a homelessness and mainstream resources card to all homeless individuals and families it encounters and provides the cards to other organizations free of charge.

1C-12.	Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.	

Select 'Yes' or 'No' in the chart below to indicate whether your CoC or HUD-funded projects in the CoC have written agreements with the listed providers of educational supports and services for children ages 0-5:

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	No
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes
5.	Head Start	Yes
6.	Healthy Start	Yes
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth–Formal Partnerships with Schools and Youth Education Providers.	

Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

1.	McKinney-Vento Liaison(s) (including State Education Agency (SEA) or Local Education Agency (LEA))	Yes
2.	School District(s)	Yes
3.	General Education Development (GED) Program(s)	No
4.	Community College(s)	No
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	No

1C-12b.Collaboration Related to Children and Youth—Informing Individuals and Families who Become Homeless about Eligibility for Educational Services.

Describe your CoC's written policies and procedures to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,500 characters)

The CoC's Coordinated Approach System Policies & Procedures (pages 6-7) require programs assisting families with children or unaccompanied youth, in accordance with the McKinney-Vento Act (42 U.S.C. 11371), to take the educational needs of the children into account when placing families in housing and inform families with children and unaccompanied youth of their educational rights, including providing written materials, help with enrollment, and linkage to McKinney-Vento Liaisons as part of the intake procedures. The CAS Policies & Procedures mandate that the information is provided to families as part of the intake process. They also require programs to post a notice of student's rights at each program site that serves homeless children and families in appropriate languages.

Further, the programs must designate a staff person to serve as the educational liaison that will ensure that children are enrolled in school, connected to appropriate services in the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act, and the McKinney-Vento education services.

1C-12c. Collaboration Related to Children and Youth—Coordination with Foster Care or Child Welfare Services.

Describe how your CoC coordinates with foster care or child welfare services to assist youth transitioning from public systems of care.

(limit 2,500 characters)

The CoC has coordinated with foster care or child welfare services to assist youth transitioning from public systems of care by forming a partnership with the Michigan State Housing Development Authority (MSHDA) and the Michigan Department of Health and Human Services, Housing and Homelessness Division (MDHHS). Via a written agreement, they collaborate to provide Foster Youth to Independence (FYI) Housing Choice Vouchers (HCV) to former foster children under twenty-five years old for up to three years (with an extension to five total years). Reach Resource Services, a Genesee County provider of CoC-funded youth homelessness services, serves as the local FYI Liaison for the program while Genesee Community Health Center, the CoC's Housing Assessment and Resource Agency (HARA), is the entity through which most (if not all) referrals flow. The partners signed a Memorandum of Understanding and MDHHS provided specific referral procedures to follow (including transmission of personally identifiable information through encrypted emails).

1C-12d. Collaboration Related to Children and Youth—Coordination with Runaway and Homeless Youth (RHY)-funded Providers.

Describe how your CoC coordinates with RHY-funded providers including Street Outreach Programs, Basic Center Programs, Transitional Living Programs, and Maternity Group Homes where such providers exist.

(limit 2,500 characters)

Reach Resource Services is funded by the Runaway and Homeless Youth (RHY) program and operates Transitional Living and Street Outreach programs for youth. It is a member of the CoC, participates in the CoC's coordinated entry system, and follows the CoC's Standard Operating Procedures and Coordinated Approach System Policies and Procedures. Its CEO is the Chair of the CoC's Interagency Service Team/Continuous Quality Improvement Committee, the CoC body responsible for overseeing the coordinated entry system and the CAS Policies and Procedures, and elevating issues to the CoC Governance Council for consideration.

1C-13. Collaboration Related to Families with Children—TH or RRH Project Dedicated to Serving Families with Children.

Identify at least one Rapid Rehousing (RRH) or Transitional Housing (TH) project in the CoC that primarily or exclusively serves families with children experiencing homelessness in accordance with 24 CFR 578.93(b).

(limit 500 characters)

The YWCA of Greater Flint's TH Program primarily serves survivors of domestic and sexual violence who are experiencing homelessness or housing instability, including families with children. Program participants often are fleeing unsafe living situations and seek housing assistance to secure safety and stability for themselves and their children. The program provides 28 TH units combined with trauma-informed supportive services designed to address the unique needs of survivor households.

1C-13a. Collaboration Related to Families with Children—Supportive Services to Improve Income to Pay Rent.

Describe how the project(s) identified in 1C-13 provides supportive services focused on improving incomes to pay rent, such as workforce development, job training, or registered apprenticeship programs.

(limit 2,500 characters)

The YWCA of Greater Flint's TH Program primarily serves survivors of domestic and sexual violence who are experiencing homelessness or housing instability, including families with children. Program participants often are fleeing unsafe living situations and seek housing assistance to secure safety and stability for themselves and their children. The program provides 28 TH units combined with trauma-informed supportive services designed to address the unique needs of survivor households.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

The YWCA of Greater Flint leverages mainstream family service systems by connecting participants to public benefits and community resources that increase household stability and reduce financial barriers. Beginning in the SafeHouse emergency shelter and continuing throughout participation in Transitional Housing, staff assist survivors and their families in identifying and accessing benefits for which they may be eligible.

Depending on household circumstances, participants are connected to Temporary Assistance for Needy Families (TANF), SNAP, Medicaid, SSI, SSDI, and other public assistance programs. These resources help families meet basic needs, reduce household expenses, improve overall financial stability, and increase the likelihood of maintaining permanent housing.

The project also leverages funding and services available through the Michigan Department of Health and Human Services (MDHHS), healthcare systems, workforce development agencies, and local service providers. By coordinating HUD resources with mainstream public benefits and other community-based resources, the YWCA maximizes available support while avoiding duplication of services and ensuring participants receive comprehensive assistance tailored to their needs.

1C-13c. Collaboration Related to Families with Children—Combining Housing Assistance with Parental Support.

Describe how the project(s) identified in 1C-13 combines housing assistance with childcare, parenting support, pregnancy-related and child healthcare, and education.

(limit 2,500 characters)

The YWCA of Greater Flint combines housing assistance with comprehensive supportive services designed to address the needs of both parents and children. Participants receive transitional housing, rental assistance, utility assistance, moving-cost assistance, housing stabilization services, and individualized case management while also being connected to services that support family well-being and long-term success.

Through individualized assessments and service planning, participants may receive assistance accessing childcare services, educational opportunities, parenting-related resources, transportation assistance, food assistance, and behavioral health services. The YWCA maintains formal partnerships with healthcare providers including Hurley Medical Center, McLaren Health Care, and Henry Ford Genesys Hospital, ensuring families have access to healthcare services, including pregnancy-related care, pediatric care, and other medical services as needed.

Families are also connected with community resources that support children's development and educational success, including child advocacy services through Voices for Children/Child Advocacy Center. The Housing Empowerment Coach coordinates referrals and ongoing support, helping families access childcare, healthcare, education, and other resources that remove barriers to housing stability and self-sufficiency. This integrated approach ensures that housing assistance is combined with the supportive services necessary for families to build healthy, stable futures.

1C-14. Collaboration with Veteran Serving Organizations—Partnership with the U.S. Department of Veterans Affairs or Veteran Serving Organization.

Identify at least one partnership the CoC has with the Department of Veterans Affairs or other Veteran Serving Organizations.

(limit 500 characters)

The CoC partners with the Department of Veterans Affairs (the Ann Arbor location is a CoC member), which recently met with CoC members to improve VASH voucher administration.

The CoC also partners with Catholic Charities of Shiawassee and Genesee Counties (a CoC member), which operates its Sacred Heart Veteran Village in the City of Flint. Veteran Village is a transitional housing project for homeless veterans. My Brother's Keeper is also a CoC member with a dedicated veteran case manager.

1C-14a	**Collaboration with Veteran Serving Organizations.**	
	Select 'Yes' or 'No' in the chart below to indicate whether the partnership(s) identified in 1C-14 does the following:	

1.	**Refers veterans identified by the CoC to VA or other Veteran Serving Organizations for assistance?**	Yes
2.	**Coordinates the provision of emergency shelter, supportive services, and housing for veterans?**	Yes
3.	**Ensures access to a full spectrum of employment and career pathway opportunities?**	Yes
4.	**Shares data with the Department of Veterans Affairs as appropriate?**	Yes
5.	**Identifies service gaps for veterans?**	Yes
6.	**Fills service gaps for veterans?**	Yes

1C-15. Collaboration with Organizations who Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.

Identify at least one partnership your CoC has with victim service providers, state domestic violence coalitions, state sexual assault coalitions, anti-trafficking service providers or other organizations who help provide shelter, housing, and services to individuals and families of persons experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking.

(limit 500 characters)

The YWCA of Greater Flint serves as Genesee County's comprehensive domestic and sexual violence service provider and is an active partner within the Continuum of Care (CoC). With more than four decades of experience serving survivors, including operation of the SafeHouse emergency shelter since 1979, the YWCA provides critical housing and supportive services for individuals and families fleeing domestic violence, sexual violence, stalking, and other forms of victimization.

1C-16. Collaboration with Justice System Re-entry Partners.

Identify at least one partnership your CoC has to prevent homelessness among people transitioning from prisons, jails, or court-ordered programs.

(limit 500 characters)

The CoC partners with the M.A.D.E. Institute, a CoC member, which operates 90-day transitional housing in eight different homes for returning citizens; of which, several homes are designated to serve families of individuals who came through its other programs and have been impacted by incarceration.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

The CoC partners with Hamilton Community Health Network, a CoC member and member of its Governance Council, which is also a Primary Care Medical Home and the largest FQHC in Genesee County with nine clinics. It has a network of over 40 providers specializing in primary care and family medicine, pediatrics, obstetrics/gynecology, optometry, oral health, podiatry, and behavioral health. Hamilton also provides comprehensive healthcare to anyone who is homeless or living in a shelter.

1C-18. Collaboration with Partners to Address the Needs of Aging and Elderly Individuals Experiencing Homelessness.

Identify at least one partnership or project your CoC has to serve aging and elderly individuals experiencing homelessness, such as with a provider of residential care, assisted living, or medical respite services.

(limit 500 characters)

Greater Flint Health Coalition, the CoC's Collaborative Applicant, has a Healthy Aging program that regularly works with senior centers, senior health care facilities, and other organizations that serve older adults. Thus, it is able to draw on numerous resources for older adults who are homeless. GFHC also facilitates Age-Friendly Wellness Councils that identify and address issues affecting older adults, with one recent issue being the increase in homeless for older adults in Genesee County.

1C-19. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Project that Prioritizes Individuals Experiencing Chronic Homelessness.

Identify at least one Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH) project that prioritizes individuals experiencing chronic homelessness.

(limit 500 characters)

Genesee Health System's Permanent Supportive Housing project prioritizes individuals experiencing chronic homelessness.

1C-19a. Permanent Supportive Housing for Chronically Homeless Individuals and Families—On-site Behavioral Healthcare.

Describe how the project(s) identified in 1C-19 provides on-site behavioral healthcare.

(limit 2,500 characters)

Genesee Health System is the community mental health service provider for the City of Flint/Genesee County. Although mental health services are not provided on-site, GHS clinical staff are credentialed and trained to assist clients who are identified as having concerns about receiving mental health treatment. Beginning with the program intake as described above, clinical staff work with the program participant to make sure they are getting the assistance they need. This includes following up with the participant's assigned case manager, referrals and advocacy for the participant to receive case management services if currently provided, and referrals to the Behavior Health Urgent Care Center (BHUCC). Participants who are identified during intake as having substance use or addictions are referred for out-patient treatment and possible short-term stays at an in-patient residential treatment facility. Under HUD rules for maintaining their stay in the program, participants are given up to 90-days to regain their sobriety and learn more effective coping skills. GHS is a critical link in making these move from initiation to positive outcome.

1C-19b. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Need for Higher Level of Care.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant need for higher level of care (i.e., assisted living, residential treatment).

(limit 2,500 characters)

Genesee Health System has policies and procedures in place to assist clinical staff and care managers with assessing the need for a higher level of care. (GHS 01-501-02, GHS 06-100-05, and 06-206-95) This assessment process starts with a referral from housing staff to the primary case manager and a case conference about the program participant and the problems they are having with maintaining their home and being able to live independently. Further development of a transfer to a specialized assisted living facility or extended care facility will involve the case manager, and if a higher-level care is determined, then a meeting of the GHS placement Committee. A higher level of care may also refer to the participant needing additional mental health services such as, Specialty Services, Assisted Outpatient Treatment, or Assertive Community Treatment. The Community Housing clinical staff can initiate and advocate for this change as well.

1C-19c. Permanent Supportive Housing for Chronically Homeless Individuals and Families—Assesses Readiness for Moving On.

Describe how the project(s) identified in 1C-19 has a policy for assessing program participant readiness for moving on to unsubsidized or other permanent housing.

(limit 2,500 characters)

The Written Plan of Service developed by GHS – Community Housing (10/24/2024) sets forth the following exit criteria:
1. Clients/enrollees will have attained the clinical goals they and their treatment team have set for their participation in Operation Lease Up.
2. The conditions causing admission to the program have been addressed and the individual no longer requires additional services, skill-enhancement, training, or peer assistance and would benefit from a less intense level of service.
3. Client has established a steady income to pay for their own permanent living arrangement and is ready to transition into a self-sustaining living arrangement.
4. Client/enrollee has submitted applications for all possible subsidized housing assistance. If approved, client/enrollee will be given support and assistance with transitioning to permanent subsidized housing under the Section 8 Housing Choice Voucher Program, Project-Based Housing Voucher, Flint Housing Commission, or any other Federal, State, or local housing assistance program.

1D. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

1D-1.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question along with the required attachment as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	

You must upload the Local Competition Scoring Tool attachment to the 4A. Attachments Screen.
Select 'Yes' or 'No' in the chart below to indicate how your CoC reviewed, rated, and ranked project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 50 percent of the total available points were based on objective criteria to review, rate, and rank project applications.	Yes
3.	At least 25 percent of the total available points were based on system performance measures to review, select and rate project applications.	Yes
4.	Considered returns to homelessness in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
5.	Considered employment income in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes
6.	Considered supportive service participation requirements in reviewing, rating, and ranking housing projects (TH, PH-PSH, PH-RRH).	Yes

1D-2.	New Proposals.	
	Does your CoC invite new proposals from entities that have not previously received funding, if such eligible entities exist?	Yes

1D-2a.	Web Posting of CoC-Approved Consolidated Application Before the CoC Program Competition Application Submission Deadline.	

	Enter the date your CoC posted all parts of the CoC-approved Consolidated Application on the CoC's website or partner's website–which included: 1. the CoC Application, and 2. Project Priority Listings.	09/28/2026

1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	09/28/2026

1D-2c.	Local Competition Selection Results for All Projects.	
	You must upload the Local Competition Selection Results attachment to the 4A. Attachments Screen.	

	Does your attachment include: 1. Project Names, 2. Project Scores, 3. Project Rank, 4. Project Status–Accepted, Rejected, Reduced Reallocated, Fully Reallocated, 5. Amount Requested from HUD, and 6. Reallocated Funds +/-.	Yes

1D-2d.	Projects Rejected/Reduced–Notification Outside of e-snaps.	

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/04/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted–Notification Outside of e-snaps.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/21/2026

1D-3.	Reallocation–Reviewing Performance of Existing Projects.	

	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

The CoC's Governance Charter (Section 3.1) tasks its Governance Council and Collaborative Applicant with measuring project performance. Those measurements are incorporated into the project application scoring process and inform the decision-making of the Rank and Review Team (created by Section 4.1) in deciding which projects to reallocate pursuant to Policy #401: Ranking and Review. The CoC's General membership is also involved in reallocation decisions at the final arbiter of funding priorites (Charter, Section 2.4).

The CoC released a Request for Proposals seeking interested Coordinated Entry lead agencies in 2025. Through that process, the renewal project agency decided not to respond to the RFP and the project being submitted by Genesee Community Health Center / Genesee Health System was selected as the new Coordinated Entry lead. In July 2025, it was determined that the FY26 applicant for SSO-CE dollars would be GCHC / GHS, thusly eliminating the renewal project.

The CoC held a community-wide strategizing session in June 2026 in an effort to collectively prepare for submission of the FY26 HUD CoC NOFO. The discussion centered around HUD's funding priorities and how the community should best position itself for funding while still serving clients in need. The YWCA determined that they would transition their Joint DV project to a TH project. They then submitted their TH application as part of the local competition. The determination to eliminate their project was made by the applicant.

Due to a shift in project applicants and the timing of submission of this application, GCYC (Reach Resource Services) will be submitting a New TH project that has an expanded focus and partnership. The funds for this eliminated project are being reallocated to that new project. This decision was made by the applicant organization.

The CoC released a Request for Proposals seeking interested HMIS lead agencies in 2025. Through that process, the renewal project agency decided not to respond to the RFP and the project being submitted by Greater Flint Health Coalition was selected as the new Coordinated Entry lead. In July 2025, it was determined that the FY26 applicant for HMIS dollars would be Greater Flint Health Coalition, thusly eliminating the renewal project.

1D-3a.	Reallocation Between FY 2021 and FY 2026.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes

2A. Homeless Management Information System (HMIS) and System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored–For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.(limit 75 characters)	Wellsky

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

2A-3.	PIT Count–Methodology Change.	

	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

For the 2026 unsheltered PIT count implementation, the CoC moved from a service-based count component to a sample-based count, using the guidance in How to Use Sampling within a CoC to Conduct an Unsheltered Point-in-Time (PIT) Count. This change in methodology allowed the CoC to better account for homeless residents living in rural areas of Genesee County and suburban areas not near the City of Flint.

2A-4. Reduce Encampments—Actions to Reduce Encampments.

Describe in the field below the actions your CoC took to reduce the number of encampments or the number of people residing in encampments during your evaluation period.

(limit 2,500 characters)

The CoC has signed MOUs with the Genesee County Office of the Sheriff and the University of Michigan-Flint Department of Public Safety that cover the joint development of protocols for encampment engagement, crisis response, and multi-system referrals that lead to shelter and housing. For outreach, those living in the areas are provided with connections to local shelters, treatment providers such as New Path's, Inc. (substance use) or Genesee Health System (mental health), the coordinated entry hotline, and if applicable, enrollment in Projects for Assistance in Transition from Homelessness (PATH) program. Street Outreach works with local law enforcement, including staff attendance at Crisis Intervention Team (CIT trainings), to help those in encampments to relocate rather than face arrest. Street Outreach also partners with Spartan Street Medicine to provide outreach, which involves 3rd and 4th year medical students along with a doctor twice a month. During those SSM events, Street Outreach provide outreach services as well as providing mobile medical assistance and referrals to local hospitals and clinics when needed.

2A-4a.	Reduce Encampments—Number of Encampments.	

1. Enter the estimated number of encampments in the beginning of your evaluation period.	4
2. Enter the reduction in the number of encampments during your evaluation period.	3

2A-4b.	Reduce Encampments—Number of People in Encampments.	

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	40
2. Enter the reduction in the number of people in encampments during your evaluation period.	30

2A-4c.	Reduce Encampments—Plans to Reduce Encampments.

If there has been no reduction in encampments or persons in encampments in your CoC, describe the plans your CoC has to participate in efforts to reduce these numbers.

(limit 2,500 characters)

Not applicable.

2A-5. Reducing the Number of First Time Homeless–CoC's Plan.

Describe your CoC's plan to decrease the number of individuals and families becoming homeless for the first time.

(limit 2,500 characters)

Both the CoC's Coordinated Approach System (CAS) Policies and Procedures and Standard Operating Procedures (SOP) require that service providers practice diversion and homelessness prevention (see, e.g., CAS pages 24-25) . Diversion helps individuals and families identify immediate alternate housing arrangements and if necessary, connects them with services and financial assistance to help them obtain and maintain permanent housing, while homeless prevention helps families with resources that stabilize their housing situation so they are no longer at risk of homelessness. The CoC plans to increase funding for diversion and homelessness prevention through other funding sources such as the Emergency Grants Solutions (ESG) program. It is also training CoC members in the effective use of diversion and homelessness prevention; in March 2026, it presented a CoC-wide training on diversion that was conducted by OrgCode.

2A-6. Reducing Length of Time Homeless–CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

Both the CoC's Coordinated Approach System (CAS) Policies and Procedures and Standard Operating Procedures (SOP) require that service providers practice diversion (see, e.g., CAS pages 24-25). Diversion helps individuals and families identify immediate alternate housing arrangements and if necessary, connects them with services and financial assistance to help them obtain and maintain permanent housing. The CoC plans to increase funding for diversion through other funding sources. It is also training CoC members in the effective use of diversion; in March 2026, it presented a CoC-wide training on diversion that was conducted by OrgCode.

2A-7.	Successful Permanent Housing Placement–Exits to Unsubsidized Housing.	

Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	45.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The CoC's HMIS Administrator ran a report in HMIS to count people exited from TH, RRH, and PSH only, which included exits to any of the following response options for HMIS Data Element 3.12 (Exit Destination): Staying or living with family, permanent tenure; Staying or living with friends, permanent tenure; Rental by client, no ongoing housing subsidy; and Owned by client, no ongoing housing subsidy. The reporting period was January 1, 2025 to December 31, 2025. The program participant counts for each option provided above (25, 10, 70, and 1 respectively) were summed (106) and divided by the total unique program participants included in the report (234). The result was 45% (rounded down).

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	

	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/28/2026

2A-8a.	HIC and PIT Count Data–HDX 2.0 Submission Date.	

	Did your CoC submit its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count data in HDX 2.0 by April 30, 2026, 8:00 p.m. EDT?	Yes

2A-8b.	Longitudinal System Analysis (LSA) Data–HDX 2.0 Submission Date.	
	You must upload your CoC's FY 2026 HDX Competition Report to the 4A. Attachments Screen.	

	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 16, 2026, 11:59 p.m. EST?	Yes

2A-8c.	System Performance Measures (SPM) Data–HDX 2.0 Submission Date.	

	Did your CoC submit its FY 2025 System Performance Measures data in HDX 2.0 by March 4, 2026, 8:00 p.m. EDT?	Yes

2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	

Using the FY 2026 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	476	0	441	92.70%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	31	0	13	41.90%
4. Rapid Re-Housing (RRH) beds	55	0	55	100.00%
5. Permanent Supportive Housing (PSH) beds	308	0	308	100.00%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

2A-9a.	Partial Credit for Bed Coverage Rates of 84.99 Percent or Lower for Any Project Type in Question 2A-9.	

	For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:
1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

The CoC's TH bed coverage rate is 41.9% because less than half of the Transitional Housing beds have active HMIS enrollments. To reach 85%, it will fix missing enrollments, incorrect project stays, wrong exit dates, and HMIS participation gaps, and revisit the bed unit inventory.

3A. Policy Initiatives

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- Frequently Asked Questions

3A-1.	**Supporting Activities within an Opportunity Zone.**	
	You must upload the HUD-2996 Certification for Opportunity Zone Preference Points attachment to the 4A. Attachments Screen.	

1.	**Will the proposed activities/projects occur within Opportunity Zone Census Tracts?**	Yes
2.	**Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?**	Yes

3A-2	**Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.**

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes? No

4A. Attachments Screen For All Application Questions

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants; and
- Frequently Asked Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3.	We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either.
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
	. We must be able to read everything you want us to consider in any attachment.
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes	NOFO Attachment 1...	09/25/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	FY26 NOFO Attachm...	09/25/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	FY26 NOFO Attachm...	09/28/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	FY26 NOFO Attachm...	09/25/2026
05. 1D-1. Local Competition Scoring Tool	Yes	MI-505 Scoring Pr...	09/25/2026

06. 1D-2c. Local Competition Selection Results	Yes	MI-505 Local Comp...	09/25/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	MI-505 FY26 HDX C...	09/25/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	MI-505 HUD-2996 O...	09/25/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	MI-505 Statement ...	09/25/2026
11. Other	No		

Attachment Details

Document Description: NOFO Attachment 1C-1: Onsite SUS List

Attachment Details

Document Description: FY26 NOFO Attachment 1C-1f: Require SAT

Attachment Details

Document Description: FY26 NOFO Attachment 1C-3

Attachment Details

Document Description: FY26 NOFO Attachment 1C-10

Attachment Details

Document Description: MI-505 Scoring Procedures: 1D-1

Attachment Details

Document Description: MI-505 Local Competition Selection Results

Attachment Details

Document Description: MI-505 FY26 HDX Competition Report

Attachment Details

Document Description: MI-505 HUD-2996 OZ Certification

Attachment Details

Document Description:

Attachment Details

Document Description: MI-505 Statement to Advance Recovery: 3A-DP

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/24/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/24/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	09/25/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/24/2026
4A. Attachments Screen	09/28/2026
Submission Summary	No Input Required

FY26 COC Program Competition NOFO Application
NOFO ATTACHMENT 1C-1

List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment

Applicant: MI-505/Flint & Genesee County CoC

Projects

1. Carriage Town Ministries – Transitional Housing Project
2. Genesee Health System (local Community Mental Health Provider) - Permanent Supportive Housing Project
3. Shelter of Flint – 3 Permanent Supportive Housing Projects (Combined, Manor and CoC)

Providers

1. New Paths, Inc.
2. Odyssey House
3. Genesee Health System

FY26 COC Program Competition NOFO Application
NOFO ATTACHMENT 1C-1f

List of CoC Program Projects and the Number of Units that Require Substance Abuse Treatment

Applicant: MI-505/Flint & Genesee County CoC

Projects

1. Carriage Town Ministries – Transitional Housing Project (30 units)

FY26 COC Program Competition NOFO Application
NOFO ATTACHMENT 1C-3
Language from Project Supportive Service Agreements

Applicant: MI-505/Flint & Genesee County CoC

1. Genesee Health System - Permanent Supportive Housing Program – Lease Up Individual Services Contract
2. Carriage Town Ministries - Transitional Housing Supportive Services Agreement Template
3. Reach Resource Services - Transitional Housing Resident Services Agreement
4. Shelter of Flint - Supportive Housing Program-Lease Up Individual Service Contract

GENESEE HEALTH SYSTEM
Permanent Supportive Housing Program – Lease Up
Individual Services Contract

Program Goal - To offer homeless individuals and families with disabilities the greatest opportunity for independence and self-sufficiency.

The purpose of the Permanent Supportive Housing Program (PSH) sponsored by Genesee Health System (GHS) and managed by GHS – Community Housing is to promote living in safe, affordable and sustainable housing.

- Once you are accepted into the program, you will have the opportunity to work on your own personal goals. You will be offered services, which can help build independence that can strengthen you and your family.
- Your GHS – Housing Assistance/Services Case Manager will encourage and support you in meeting your goals. Your case manager will help you identify available resources to use in this process.
- It is important for you to remember that you are directly responsible for your own progress. While you are living in an affordable, supportive environment, our goal is to help you become a more confident and active participant in your community.

Program Management

GHS – Community Housing programs strive to meet the needs of clients by working with landlords and other community resource and service providers. GHS – Community Housing staff and landlords have different responsibilities but work together to help you stabilize your housing.

Housing Assistance/Services Case Manager Role

The GHS – Housing Assistance/Services Case Manager is responsible for fostering independence in order to stabilize your immediate housing situation and address your long-term housing needs as a participant in the GHS - Lease Up Program. Their role is:

- Assist with eliminating barriers in order to find suitable, affordable, clean and safe housing;
- Conduct a minimum of quarterly visits to your home to monitor your progress and ensure safety, maintenance, cleanliness, and basic needs are being met;
- Provide support, encouragement and assistance to empower you in identifying and completing your goals;
- Provide resources and referrals for skill achievement, i.e. personal growth, employment, education, child and family growth, nutrition, home maintenance, and budgeting;
- Provide supportive listening and help individuals and their families identify and cope with problems and concerns and provide referrals as needed;

- Empower you to advocate for yourself and provide resident advocacy when needed.
- Conduct inspections on your house or apartment at any time as we reserve the right to do so.
- **GHS – Staff are mandated reporters for any issues regarding the potential abuse of children and adults.**

Property Management (Landlord)

The property manager (Landlord) is responsible for the physical and financial requirements of their property. Their role is to address the following:

- Fill vacancies, enforce the lease, maintain the property and the collect rent as agreed between the landlord and Genesee Health System;
- Has the right to make any changes in the terms of the lease after giving adequate notice following the provisions of the Michigan Tenant-Landlord Law;
- Notify the GHS – Community Housing of any lease violations (breaking the rules), late –payments, and other issues related to your housing;
- Maintain all landlord-owned equipment as stated in the written lease agreement between the tenant and the landlord;
- **For your Health and Safety, property management staff (Landlord) reserve the right to inspect your house or apartment at any time in accordance with the provisions established in Michigan Tenant-Landlord Law. Refer to your lease regarding other property management inspection requirements.**

GHS – Lease Up (PSH) Rules:

- **Rent Payment and Security Deposit –** GHS - Community Housing staff will be responsible for negotiating the amounts to be paid for the Security Deposit, First Month's Rent, Pro-rated Rent at the time of move in, and Monthly Rent pursuant to HUD guidelines.
- All Security Deposits paid by the GHS – Lease Up program will be returned to Genesee Health System. In the event there are damages to the unit when vacated, the landlord will submit a bill to be charged to the Security Deposit. Any remaining funds will be returned to Genesee Health System.
- **If you or any member of your household has income, you must report it to GHS – Community Housing at the time you sign this Individual Service Contract.**
- **If you report income for any household member, you will be responsible for paying 30% of the income directly to Genesee Health System – Some exclusions may apply based on a Rent Calculation Worksheet completed between you and GHS – Community Housing staff.**
- GHS will pay the total monthly rent to the landlord as agreed.
- **Failure to pay your share of the monthly rent may result in your being terminated from GHS – Lease Up.**

Lease Agreement and Move-in:

- GHS – Community Housing staff must complete a habitability inspection using the established MSHDA Housing Quality Standards. All failed items must be corrected and the unit passes the inspection.
- Residents must sign a lease with the property management/landlord and bring a copy of the signed lease to GHS – Community Housing. Community Housing staff may also be present during the lease signing.
- You will be given a key(s). These are your responsibility and are not to be given to friends or relatives.
- **<u>As the person signing the residential lease agreement, you are responsible for reading the individual terms of the agreement and following these terms throughout your stay in the housing unit.</u>**
- Should you need your locks changed, contact property manage/landlord. You are responsible for lock-change fees according to the terms of your lease agreement with the landlord.
- **No other individuals can be added to the lease, who are not in the program. Other persons living in the unit who are not on the lease agreement may result in a lease violation, possible termination of the lease agreement, and possible termination from GHS – Lease Up.**
- **If you are terminated from GHS – Lease Up or you choose to leave your housing without informing Community Housing staff, you will be responsible for the rent payment and any damages to the unit.**

<u>Home Maintenance</u>

Resident is Responsible for:

- Maintenance of their home. This means: Clean, Organized with no visual signs of trash;
- Entrances, exits, and sidewalks must be clean, swept, shoveled, and salted in accordance with your signed lease agreement with the landlord;
- **Reporting all maintenance issues in a timely manner to the property manager/landlord.**

<u>Bed Bugs</u>

- **Immediately report any sighting of bed bugs to your property manager.**
- **Failure to prepare for any possible infestation of bedbugs and for bedbug removal services can cause you to be evicted from your housing and discharged from the program.**
- **Genesee Health System (GHS) will not pay any bed bug extermination fees.**

<u>Personal Property</u>

- **Genesee Health System is not responsible for any personal property lost, stole, or damaged.**
- **You are responsible for property damaged that you or one of your guests causes.**

- **You are strongly encouraged to obtain renter's insurance as damage to your property is not covered by the property management/landlord/owner's insurance.**

Utility Maintenance - Being mindful of energy costs is the responsibility of the resident. If you are in an All-Bills-Paid unit, please be mindful of your utility use.

- **Timely utility payments are the responsibility of the tenant.**
- Your landlord has the right to not include utilities in the residential lease agreement and state the tenant is responsible for securing the utilities in their name.
- **If the utilities are in your name, you are responsible for bringing the monthly bill to GHS Community Housing for payment.**
- **Failure to turn in your monthly bill may` result in you being held responsible for paying the bill and for the consequences of non-payment;**
- **Non-Payment of utility and/or water bills can lead to eviction, which can lead to termination from the program.**
- **Utility Shut-offs and shut-off notices are to be reported immediately to GHS – Community Housing. Your case manager will assist you with possible community resources to assist you in your crisis.**

Home Visits

- Home visits will be completed at a minimum of every three months with a thorough walk-through of your home.
- Housing Quality Standard Inspections will be completed yearly.
- Your disability, rental history, utility maintenance, goal achievement and income status will be reviewed during these quarterly visits and at other times to determine your continued participation in the GHS – Lease Up Program.
- Failure to complete quarterly goals and working towards independent living could result in you being exited from the program.

Length of Stay

- **You may remain in the program for as long as there is a need related to your disability and your need for the services offered by the GHS – Community Housing and provided you are following the rules as stated in your individual service contract.**
- **Disability Verification -** An updated form can be requested at any time.
- When possible, a participant may transition into other permanent housing that is affordable, clean and safe. Participants are encourage to seek employment and apply for other sources of income, and other subsidized or affordable housing with assistance from GHS – Community Housing.
- **Absence from your housing:** In the event that a participant is absent from their housing for a period of 30 days or more, the resident **must** notify GHS – Community Housing supervisor and/or staff.

- **Participants are not allowed to be absent from their housing for more than 30-days without prior approval from GHS – Community Housing. Long-term absences will result in program termination.**
- **Exception: If a program participant requests to enter a residential Substance Abuse Treatment Program, it is their responsibility to inform GHS – Community Housing staff. The latter will continue to monitor the participants stay in treatment as per HUD Guidelines.**

Visitors - You are responsible for the conduct of your guests. Guests are expected to follow the rules of your lease agreement.

- **Only persons named in your lease are allowed to live in your home.**
- **If individuals are found to be living in your home without being added to the lease by the landlord, this may result in your being terminated from the program.**
- **No visitors during scheduled home visits and inspections.**
- Frequent guests are not allowed.
- **No one is allowed in your residence when you are not in your home.**
- You and your guests must abide by assigned parking rules as dictated in your lease agreement and/or local parking ordinance. If applicable, you must use your assigned parking space. Guests must use guest parking spaces only.

Chore Provider:

- If you have a chore provider, you must provide documentation from DHHS. Failure to provide documentation may lead to termination from the program.
- If you have a bedroom for a live-in chore provider, it needs to be occupied by that person. It cannot be used as a storage or as an extra guest room.

Illegal Activity: Any illegal activity by the participant or any guest could result in termination from the program and may lead to an eviction. Genesee Health System operates under a zero-tolerance policy and all illegal activity will be reported to the police. This includes but is not limited to:

- Illegal drug possession
- Property damage
- Physical assault
- Illegal possession of a weapon

Eviction Prevention: Beginning with you signing the lease and throughout your length of stay in the GHS – Lesased UJp Program, our goal is you help you maintain and sustain a safe, affordable living environment for you and your family. Prior to termination from the program for reasons other than for successfully completing the program, it is the policy of the Community Housing to actively engage with you and your family in the **Eviction Prevention Process** according to the following steps:

- **Step One**: Prior to sending official notification of program rule violations, Community Housing will make a concerted effort to engage the client for the purposes of resolving the issues or behaviors that resulted in complaints from the landlord, non-payment of rent, or problems following through with recommended treatment. If a case management program is involved, the primary case manager will be notified of Community Housing contacting the client, the outcome, and proposed changes and/or recommendations. Documentation of contact(s) will be entered into the client's clinical record.

- **Step Two**: For violation(s) of the provision constituting this signed Individual Services Contract signed by the client, a letter will be sent, signed by Community Housing staff informing the client of the violation and requesting a formal meeting with staff to discuss the issues and behaviors involved. Assigned primary case management staff will be asked to participate in this meeting. **Note: At any time during this process, the client may dispute the actions taken by Community Housing staff regarding their continued stay in the program. The client may go at any time to GHS - Customer Services and file a complaint or a grievance regarding any action taken.**

- **Step Three**: Depending on the issues involved and the severity and extent of non-compliance with the Individual Services Contract, Community Housing staff has the discretion to develop for the client a Written Eviction Prevention Plan. This plan will specify the steps and actions that must be taken by the client and will be taken by staff if the client fails to comply. The Eviction Prevention Plan will be signed by both the client and Community Housing staff. A signed copy of the plan will be placed in the client's clinical record along with a notation in the progress notes.

- **Step Four:** If the client successfully completes the steps outlined in the plan for them to stay in the program, they will return to Step One. Progress towards the completing the steps outlined in the plan will be documented in the client's electronic record.

- **Step Five – Discharge from Program**: If the client is unsuccessful with following the steps outlines in the Eviction Prevention Plan, the client will be informed and will receive written notice terminating them from the program. In turn, the landlord will be informed that as of the beginning of the next month after discharge no further payments of rent will be made on behalf of the client. The decision to discharge the client from program and the reasons given for the discharge will be documented in the clinical record.

- **Step Six – Discharge from Program for Cause:** In response to the serious nature of reasons for the landlord to request immediate termination of the lease or the serious nature of the behavior resulting in the arrest of the program participant and/or criminal charges being filed, the program participant may be discharged from the program immediately for cause. The landlord will be informed that as of the beginning of the next month after discharge no further payments of rent will be made on behalf

of the client. The decision to discharge the client from program and the reasons given for the discharge will be documented in the clinical record.

- **Step Seven:**

    - If the client disagrees with the decision terminating them from GHS Lease Up, the client may request an informal hearing through GHS - Customer Services. Discharge from the program will be placed on hold depending on the outcome of the informal hearing.

    - A formal complaint or grievance concerning the management and operation of GHS – Lease Up will be directed to the funding agency, the U.S. Department of Housing and Urban Development and its fiduciary, Metro Community Development. (See Attachment A.)

Non-Compliance: Failure to follow this service contact and lease agreement may lead to you being terminated from the program.

I agree to abide by all of the rules in this service contract as explained to me by the Housing Assistance/Support Services Case Manager.

Participant Name Printed | Participant Signature

Community Housing Staff | Date

Privacy and Confidentiality Statement

Confidentiality of Consumer Records: As the program sponsor for GHS – Lease Up it is the policy of GHS - Community Housing, program supervisor, and staff to follow the agency's policy and procedures on Privacy and Confidentiality, which is consistent with Michigan State Law and the Michigan Mental Health Code.

- It is standard operating procedure for Community Housing staff to obtain from consumers, their consent for the Release of Protected Health Information. Such releases allow program staff to discuss housing and living arrangements for individual consumers with prospective landlords, housing service providers, and other support service providers.

- In addition to recording information about the person's household and family status in the clinical record, this information is also recorded in the Michigan Homeless Management Information System. A signed Consent to Release Information allowing GHS – Community Housing to record such information in HMIS will be obtained at the client and family enters the program.

- Copies of the signed Releases of Information will be provided to the proposed new participant and will be contained in the client's Electronic Medical Record (CHIP) or manual records maintained by GHS - Community Housing.

- Consumer records will be kept confidential in compliance with Michigan State Law and the Michigan Mental Health Code. Records will be stored in locked file cabinets. The office where the files are located will also be locked during non-business hours.

- Consumer records will only be removed from the program site, when: a) It is necessary to conduct a case conference at another program site; b) legal matters require having the chart off-site; c) consumer is closed to the program; and d) for medical emergencies.

- Written requests for information on open cases are reviewed by the assigned Community Housing clinician and processed by the secretary provided that a current written release of information signed by the consumer is present in the case-file.

- Requests for information on cases closed to Community Housing are processed by the case manager and referred to the GHS - Health Information Division.

- Consistent with Michigan State Law and the Michigan Mental Health Code, consumer confidentiality is broken only under the following circumstances: a) the consumer signs a Release of Information, such that, information can be passed along for purposes of better continuity of care; b) It is necessary to violate confidentiality in order to report suspected child abuse or adult abuse and neglect; c) it is necessary to

violate confidentiality consistent with the "Duty to Warn" statute; and, d) when violating confidentiality is necessary because there is a "compelling need for disclosure based upon a substantial probability of harm to the recipient or other persons." (Michigan Mental Health Code 330.1748)

- It is the policy of Community Housing, program supervisor, and staff to consult with the GHS - Office of Recipient Rights and GHS – Corporate Compliance, whenever a violation of confidentiality is being considered or has occurred during program operations.

- **As required by GHS Policy and Procedure, potential violations of confidentiality will be reported immediately to GHS – Corporate Compliance and to the Office of Recipient Rights.**

- All approved visitors, auditors, program monitors designated by the funding source, or guest speakers will be asked to review the GHS Privacy and Confidentiality Policy and sign the form acknowledging they read such documents and are bound by the legal requirements therein.

Complaints and Grievances: It is the policy of Genesee Health System that consumers of community mental health services and other services sponsored by Genesee Health System have the right to file a complaint or pursue a grievance if they feel that services have been unfairly denied, reduced, and/or terminated at the time of program admission, during their length of stay, discharge or at any time they are receiving such services. Such requests will be referred to GHS - Customer Services at the time consumer wishes to file a formal complaint.

- **At the time the client is enrolled in GHS – Lease Up, they will receive a signed copy of this Individual Services Contract, copies of signed Consents to Release Information, and a copy of the attached Complaint and Grievance Procedure adopted by the City of Flint/Genesee County Continuum of Care.**

- At any time during the process of meeting with Community Housing staff, clients may wish to file a complaint or pursue a grievance if they feel they feel and/or think they are not receiving the services they are requesting.

- Decisions relating to the eligibility for services, denial, reduction or termination of services will be relayed immediately to the consumer as such a decision could involve the consumer and their ability to secure outside community resources.

- The client may at any time request a meeting with the Community Housing Supervisor to discuss their concerns about the services they are receiving. If a resolution of the complaint cannot be reached, the client will be referred to GHS - Customer Services to pursue a formal complaint.

- Community Housing staff and the Community Housing Supervisor will make themselves available to meet with GHS - Customer Services to resolve any complaints or concerns about the process or about staff conduct.

- Complaints relating to conduct of staff or program management will be relayed to GHS – Executive Management and to the Office of Recipients Rights for further review.

I acknowledge receiving a copy of the Complaints, Grievances and Appeals Process as explained to me by GHS – Community Housing.

Participant Name Printed | Participant Signature

Community Housing Staff | Date

City of Flint/Genesee County Continuum of Care

Appeals Process (Proposed 03/29/2023)

Appeals Process:

All CoC and ESG funded providers must provide a written copy of their program's rules and the termination process, and the right to appeal, before the participant begins to receive assistance. The initial appeal of any decision shall be made to the ESG or CoC funded provider pursuant to the process described below. Should the participant not be satisfied with the appeal decision, he/she has the right to appeal that decision to the CoC Board. The CoC Board shall follow the process for appeals specified below.

Reasons for Appeal:

- The decision whether to admit the participant into the program
- The determination of the household's income or the households calculated rent
- payment/occupancy charge
- Denial of a request to add a member to the assisted household
- Whether to terminate the participation of any participant

Minimum Appeal Requirements:

- Participants may request an appeal verbally or in writing.
- The provider will respond to the appeal request as soon as practicable but no later than one month following the request.
- As part of the appeal, the participant may present written or oral objections before a person other that the person (or a subordinate of that person) who made the decision that is subject to appeal.
- The participant may be represented in the appeal but neither the CoC, ESG recipient nor the provider is responsible for providing or funding someone to represent the participant.
- A written response must be promptly provided to the participant.

Appeals of Decisions to Terminate:

- These decisions must be made in compliance with 24 CFR 576.402 or 578.91.

Appeals of Decisions Other Than to Terminate the Participant from the Program:

- These appeals are initiated by the participant. The participant must notify the CoC or ESG funded provider that he/she wishes to appeal a decision or determination of the provider.

Appeals to the CoC Board:

If the participant is not satisfied with the response to his/her appeal from the CoC or ESG funded provider, the appeal may be made to the Board.

Minimum Requirements:

- The appeal may be in writing, orally or both.
- The participant may be represented but the CoC Board is not responsible for providing representation.
- The CoC Board may designate a subcommittee to hear appeals.
    - If the appeal has been designated to a subcommittee, the participant shall have the right to appeal to the CoC Board.
- Appeals shall be addressed within sixty (days) of receipt of the appeal by the Board.
- Participants will receive prompt written notification of the outcome

of the appeal. 5. Participant Termination:

Participants who are to be terminated must be provided written notice containing a clear statement of the reasons for termination.

Minimum Requirements:

- Participants may request an appeal verbally or in writing.
- The provider will respond to the appeal request as soon as possible but no later than one month following the request.
- As part of the appeal, the participant may present written or oral objections before a person other that the person (or a subordinate of that person) who made the decision that is subject to appeal.
- The participant may be represented in the appeal but neither the CoC, ESG recipient, nor the provider is responsible for providing or funding someone to represent the participant.
- A written response must be promptly provided to the participant.
- The appeal may be in writing, orally or both.
- The participant may be represented but the CoC Board is not responsible for providing representation.
- The CoC Board may designate a subcommittee to hear appeals.
    - If the appeal has been designated to a subcommittee, the participant shall have the right to appeal to the CoC Board.
- Appeals shall be addressed within sixty (days) of receipt of the appeal by the Board.
- Participants will receive prompt written notification of the outcome of the appeal.

Transitional Housing Supportive Services Agreement Template

HUD Continuum of Care transitional housing | Single men and single women | Participant copy

This agreement describes the supportive services CTM will offer and the activities the participant agrees to complete while receiving CoC transitional housing assistance. It is separate from the lease or occupancy agreement, program rules, fee policy, privacy notice, and required HUD notices.

Participant	**Program and dates**
Name: _____	Program: ☐ Men ☐ Women
CTM case manager: _____	Entry date: _____ Agreement date: _____

1 Purpose and service plan

CTM and the participant will work toward safe, stable permanent housing through an individualized housing stabilization plan. CTM will complete a needs assessment at intake, identify strengths and barriers, agree on practical steps and referrals, and review progress with the participant. Services and the meeting schedule will reflect the participant's needs, circumstances, and reasonable accommodations. A case manager will explain the assigned tier and document changes.

2 Required participant activities

As a condition of continued participation, the participant agrees to the following non-disability-related activities provided through this project, with reasonable accommodations when needed:

- Sobriety if a condition of entry and stay.
- Complete an initial assessment at intake and provide information needed to determine and document program eligibility and services accurately.
- Attend scheduled case management meetings at the assigned tier, communicate if unable to attend, and work with the case manager to reschedule.
- Develop, follow, and periodically update an individualized housing stabilization plan, including achievable steps toward permanent housing.
- Participate in housing search and housing application activities appropriate to the plan, with CTM assistance and attention to available housing.
- Discuss employment, benefits, education, or other income resources with the case manager and accept information or connections appropriate to personal goals and circumstances; employment itself is not guaranteed or required as a condition of housing.
- Participate in 20hrs of other specifically identified non-disability-related project activities consistent with 24 CFR 578.75(h).

The participant may raise barriers, request changes to the plan, and request a reasonable accommodation. CTM will assess those requests before treating missed activities as a program violation.

3 Tiered meetings and review

Tier	Case management schedule	Assignment and review
1 Intensive	Weekly	Higher current support needs; review at least monthly.
2 Active	Bi-weekly	Moderate support needs; review at least monthly.
3 Maintenance	Monthly	Progress toward the plan with fewer current contacts; review at least monthly.

Assigned tier: ☐ 1 ☐ 2 ☐ 3 Initial meeting schedule or accommodation: _____

CTM may increase or decrease contact frequency with the participant after a documented reassessment. Urgent needs may prompt additional contacts. A missed meeting will lead first to outreach and a chance to reschedule; any potential termination follows Section 7 and applicable law. The tier labels and schedules above are CTM program standards, not frequencies prescribed by HUD for transitional housing.

4 Services offered and participant choice

Subject to eligibility, availability, and individual need, CTM will offer case management, housing search and counseling, life skills and financial education, employment resource connections, assistance accessing benefits, and appropriate community referrals. CTM may connect participants to its Health Clinic, mental health partners, recovery resources, and other services. Outside providers control their own eligibility and appointments; CTM does not promise that a referral will result in enrollment or treatment.

Mental health services, disability-related outpatient health services, medication, and other disability-related services are voluntary and are not conditions of continued CoC program participation. CTM may enforce separate lawful rules prohibiting possession or use of alcohol or illicit drugs on its premises.

Chapel, prayer, Bible study, and other explicitly religious activities are voluntary. They are separate in time or location from federally supported services. Declining them will not affect housing or CoC services. CTM may share its mission and make voluntary spiritual support available without pressuring participation.

5 Information, privacy, and coordination

CTM will explain its Confidentiality and Privacy Policy for Programs and applicable HMIS notices. The participant agrees to provide truthful information reasonably needed for eligibility, case management, required reporting, and the housing plan, and to update material changes. CTM will limit access to authorized personnel and use information for lawful program purposes. A release to an outside provider will be specific and informed when required; the participant may revoke it as allowed by law. Sensitive health, substance use, HIV, and survivor information receives applicable additional protections. Signing this agreement is not a blanket release of information.

6 Housing agreement, fees, and duration

The separate lease, sublease, or occupancy agreement governs the right to occupy the unit, term, renewal, notice, and lawful charges. This services agreement creates no additional rent or occupancy charge. Any charge must be set out in the applicable housing and fee documents and calculated under the applicable CoC rules. Transitional housing is intended to support movement to permanent housing within 24 months; any longer stay is governed by 24 CFR 578.79 and the applicable housing agreement. CTM may offer eligible aftercare services after exit as resources and grant terms permit.

7 Concerns, accommodations, and termination protections

A participant may request a reasonable accommodation, raise a concern with the case manager or program leadership, or use CTM's resident grievance process without retaliation. CTM will supply the current grievance form and clear submission instructions. A grievance does not replace the separate review rights required if CTM proposes to terminate assistance.

Before assistance begins, CTM will provide written program rules and its termination process. If CTM proposes termination for a violation, it will provide written reasons; allow the participant to present written or oral objections to a reviewer who did not make or approve the decision and is not subordinate to that person; and promptly provide the final decision in writing. CTM will

consider extenuating circumstances and applicable disability, fair housing, and VAWA protections. Housing termination or eviction must also follow the housing agreement and applicable law. See 24 CFR 578.91.

A person experiencing domestic violence, dating violence, sexual assault, or stalking may have VAWA protections, including limits on denial or termination based on abuse, confidentiality, and a process to request an emergency transfer. CTM will provide the required HUD VAWA notices and forms separately.

8 Acknowledgment and signatures

By signing, the parties acknowledge that they reviewed this agreement, received a copy, and understand the listed responsibilities and choices. A signature does not waive rights under federal, state, or local law. The individual plan may be updated in writing without replacing this agreement; CTM will give the participant a copy of any material change to required activities.

Participant signature: _____ Date: _____

CTM representative and title: _____ Date: _____

Interpreter or accessible format provided, if applicable: _____

Reach Resource Services
YOU TALK, WE LISTEN
Serving Genesee, Lapeer, and Shiawassee County

Transitional Housing Resident Services Agreement

I,_____, have come voluntarily to Traverse Place Transitional Living Program (TP/TLP) for help in learning to live self-sufficiently.

Each resident's contract is slightly different, depending on their circumstances and the agreement made with their case manager based on their intake assessment paperwork.

As a resident of Traverse Place (TP) I agree to the following and any addendum based on my individual services plan:

1. **Participate in Case Management/Life Skills Training/Counseling**
   - Meet with the Traverse Place Case Manager at least once per week and more often as is designed within my treatment plan or upon request of the case manager or myself.
   - Attend weekly life skills group meetings and engage in daily life skills mentoring as provided by the staff to help me develop skills as designed in my treatment plan.
   - Attend any additional case management sessions, life skills training, and/or groups that are planned for by the staff or per my request.
   - Participate in individual counseling as required by staff and agreed upon in my treatment plan.
   - Sign any/all release of information (ROI), or consent forms necessary to exchange information from/with counseling entities or individual, educational institutions, or employment sources.

2. **Encourage a Drug-Free Residence**
   - Participate in any urine screening or other drug testing as requested by staff.
   - Participate in any substance abuse assessment, treatment, or therapy as requested by staff
   - Refrain from using, possessing, or concealing any drugs or alcohol. This includes participation with any other resident or other person both on and off Traverse Place property.
   - Not aid another resident in their use, possession, or concealment of drugs and alcohol while a resident in the program.

3. **Use Time at Traverse Place Constructively**
   - Complete household chores within a specified time and to an acceptable level.
   - Complete any additional chores or assignments as directed by staff.
   - Attend any recreational activities or community services projects as requested by staff.

- Participate with program staff to develop and implement an individualized treatment plant that will meet the goals set forth in that plan to enhance my ability to graduate from the program to stable and permanent housing.

4. **Treat Traverse Place Staff and Residents with Respect**
   - Follow staff directions.
   - Refrain from the use physical or verbal violence, name-calling, degrading/vulgar language, put-downs, racially charged language or verbal abuse of any kind toward residents, staff, visitors to the program and/or the public.
   - Follow all house/program rules found in the resident handbook that I have received.
   - Do not possess or use weapons of any kind to cause harm to another person or yourself.
   - Demonstrate courtesy and positive regard toward all residents and staff in speech, action, and attitude.

5. **Complete High School Education/GED**
   - Enroll in school in compliance with your treatment plan.
   - Attend school daily as required by the educational institution enrolled in and be on time.
   - Complete all homework assignments as required by the curriculum.
   - Attend tutoring sessions if needed or requested by staff.
   - Allow staff to maintain communication with the educational institution personnel to support you in reaching your educational goals.
   - In compliance with your treatment plan, explore post-secondary educational opportunities, certificate programs, and/or trade school- programs.

6. **Maintain Employment (Full or Part-time)**
   - Search for employment if not already employed at the time of entry in the program.
   - Report to work as assigned by the employer on the schedule days on time.
   - Preform job duties to the best of your ability. If additional training is required, ask for assistance from the employer or staff.
   - Submit signed weekly work schedule to the Traverse Place Case Manager.
   - Deposit a minimum of 60% of net income earned into the Traverse Place escrow account held in the resident's name.
   - Allow staff to maintain communication with your work supervisor to support you in reaching your employment goals.

7. **Respect Traverse Place Property**
   - Return all materials provided by Traverse Place to the conditions received.
   - Pay for any damage I cause.
   - Clean my room, daily.
   - Upon leaving the program, I will strip and remake my bed, clean my room, and remove all my belongings.

In return, Traverse Place agrees to:

- Provide a safe, legal place to stay.
- Provide case management, life skills training, and counseling to help me look at options and make choices, which will promote living self-sufficiently in a stable and permanent location of my choice.
- Provide an atmosphere of trust and mutual respect among people in the residence.
- Provide food and necessary supplies to create balanced meals.
- Provide education, employment, and life skill instructions to foster self-sufficiency and future personal growth.
- Medical care includes an initial physical and TB test, as well as ensuring residents receives a yearly physical if in shelter past one year.
- Provide financial support until such time that residents have other means to support themselves.

I realize that understanding and following this contract is very important. If this contract is broken, it may lead to consequences in compliance with the resident handbook up to possible program termination.

I will be asked to reaffirm my commitment to the program guidelines and this contract by signing this agreement quarterly upon completion of the updated treatment plan.

_____ _____

Resident Signature/ Date Staff Signature/ Date

Shelter of Flint
Supportive Housing Program-Lease Up
Individual Service Contract

The Program: To offer unhoused individuals/families with disabilities the greatest opportunity for independence and self-sufficiency.

Living in safe, affordable and sustainable housing is the goal of the Supportive Housing Program (SH). Once you are accepted into the program, you will be able to take part in services that will help you bring about positive, permanent change and build independence.

Blended Management

The SH Support Services Specialist (SSS) strives to support your housing goal by working with landlords. The SSS and the landlords have different responsibilities but work together to help stabilize your housing.

Client's Responsibility

- You will work together with your Support Services Specialist (SSS) to build your services goals.
- Work with your SSS to identify resources that will help you achieve your service plan goals such as employment, health or income benefits, education, and others.
- Participate in the recommended activities on your service plan or other specifically identified non-disability-related activities consistent with 24 CFR 578.75(h).
- Remain accessible to your SSS keeping your appointments and responding to messages and other correspondence.
- It is important for you to remember that you are directly responsible for your progress. While you are living in an affordable, supportive environment we will help you become more confident and self-sufficient.

_____ Client Initials

Support Services Specialist Responsibility

The Support Services Specialist is responsible for fostering your independence in the program to stabilize the immediate and long-term housing needs. Their role is to:

- Assist with eliminating barriers to find suitable, affordable, clean and safe housing.
- Conduct a minimum of quarterly visits to your home to monitor your progress, ensure safety, maintenance, cleanliness, and basic needs are being met. Visits to your home can take place at any time.
- Monitor your progress on the service plan and track services you are accessing.
- Provide support, encouragement and assistance to empower you in identifying and completing your goals.
- Provide resources and referrals for skill achievement; i.e. personal growth, employment, education, child and family growth, nutrition, home maintenance, and budgeting.

- Provide supportive listening and help individuals/families identify and cope with problems and concerns, and provide referrals as needed.
- Empower you to advocate for yourself and advocate for you when needed.
- As employees of a social service agency, all SSS's and Shelter of Flint staff are mandated reporters to Children's Protective Services.

_____ Client Initials

Property Management Role:

The Property Manager is responsible for the physical and financial requirements of their property. Their role is to:

- Fills vacancies, enforces the lease, maintains the property and collects the rent
- Is responsible for fixing repairs. Notify your SSS if repairs aren't completed in a timely manner.
- Has the right to make any changes to the lease.
- Notifying the SSS of any lease violations (breaking the rules) and other issues related to your housing.
- Maintain all landlord owned equipment.
- For your health and safety, property management staff reserve the right to inspect your house or apartment at any time. Refer to your lease regarding other property management inspection requirements.

_____ Client Initials

Supportive Housing Rules:

Rent Payment and Security Deposit:

The SH Program provides only **one** security deposit. All security deposits paid by the program will be returned to the program and not the client.

Shelter of Flint, Inc., will pay the total amount of your rent to the landlord **directly**.

If any member of your household has income, you may be responsible for paying a portion of your rent **payable to Shelter of Flint, Inc.** (some exclusions may apply).

If you are responsible for paying a portion of your rent, a separate agreement will be completed and written instructions explaining how to make this monthly payment will be provided to you by your SSS.

Income: All family members' income must be reported to your SSS within **5 days** of the change. Failure to report any income changes within this time frame may result in a violation and termination from the SH Program.

_____Client Initials

Lease Agreement and Move In

- An inspection must be completed and passed by the MSHDA HQS standards before you can move in.
- **Clients must sign their lease with a SSS present.**
- **No other individuals can be added to the lease who are not in the program.**
- **If you are terminated from the SH Program or choose to leave, SOF will no longer pay your rent, and you will be responsible for the remainder of the rent payments.**
- You will be given key(s). They are your responsibility and are not to be given to friends or relatives. Should you need your locks changed, contact Property Management. You are responsible for lock change fees according to the lease agreement.

_____ Client Initials

Home Maintenance

Client is responsible for:

- Maintenance of the home. **This means; clean, organized with no visual signs of trash.**
- Entrances, exits, and sidewalks must be kept clean, swept, shoveled and salted in accordance with your lease agreement.
- **Reporting in a timely manner to the property manager all maintenance issues.**

_____ Client Initials

Bed Bugs

- **Immediately report any sight of bed bugs to your property manager.**
- **Shelter of Flint will not pay any bed bug fees.**
- **Failure to prepare for bed bug removal services can cause you to be evicted from your property and exited from the program.**

_____ Client Initials

Personal Property

- Shelter of Flint Inc. is not responsible for personal property lost, stolen or damaged. You are **strongly encouraged** to obtain renter's insurance.
- **You are responsible for property damage that you or one of your guests causes.**

_____ Client Initials

Utility Maintenance

Being mindful of energy costs is your responsibility. If you are in an all bills paid unit, please be mindful of your utility use. If you are responsible for utilities, non-payment of utility and/or water bills can lead to eviction which can lead to termination from the program. Timely utility payments are your responsibility.

- Your landlord has the right to not include utilities and make the tenant responsible for paying anytime during the lease.
- **Utility shut off and shutoff notices are to be reported to your SSS immediately.** Your SSS will assist you with possible community resources to assist you in your crisis.

_____ Client Initials

Home Visits

- **Home visits will be every three months with a thorough walkthrough of your home.**
- Your disability, rental history, utility maintenance, goal achievement, and income will be reviewed during quarterly home visits to determine continued participation in the SH program.
- Failing to complete quarterly goals and working towards independent living can cause you to be exited from the program.

_____ Client Initials

Length of Stay in the SH Program

- **You may remain in the SH program for as long as there is a need due to your disability and following the rules of the program contract.**
- **Disability Verification: An updated form can be requested at any time.**
- Absence and/or abandonment of your housing: If you are absent or abandon your housing for a period of 30 days or more, you must notify SH staff immediately. You are not allowed to be absent from your housing for longer than 30 days without prior approval from the SSS. Long term absence will result in program termination.

_____ Client Initials

Visitors

You are responsible for the conduct of your guests. Guests are expected to follow the rules of the client's lease agreement.

- **Only people named in your lease are allowed to live in your home.**
- **If individuals are found to be living in your home without being added the proper way, could cause you to be exited from the program.**
- **No visitors during scheduled home visits and inspections.**

- **Frequent guests are not allowed.** Overnight guests, no more than 14 days per calendar year.
- **No one is allowed in your residence when you are not in your home.**
- You and your guests must abide by assigned parking rules as dictated by your lease agreement and/or local ordinance. If applicable, you must use your assigned parking space. Guests must use guest parking spaces only.

_____ Client Initials

Chore Provider

- If you have a chore provider, you must provide documentation from DHHS.
- If you have a bedroom for a live-in chore provider, it needs to be occupied by that person. It cannot be used as a storage room or as an extra guest room.

_____ Client Initials

Conduct: Any Conduct which is threatening in any manner, disorderly, lewd, or indecent, which breaches the peace, causes physical harm to other tenants and or guests, or interferes with the performance of the Landlord, or your SSS duties are **prohibited.**

_____**Client Initials**

Illegal Activity

Any illegal activity, by you or any guest, will result in termination from the program, and may lead to an eviction. The Shelter of Flint operates under a zero-tolerance policy, and all illegal activity will be reported to the police. This includes, but is not limited to:

- Illegal drug possession
- Property damage
- Physical assault
- Illegal possession of a weapon

_____ Client Initials

Non-Compliance

Failure to follow this program contract and your lease can cause you to be exited from the program.

_____ Client Initials

Client Appeal Process:

An appeal can be made if you disagree with a decision. You will be given the opportunity to present your concerns and request that the decision be reconsidered. It is important that you understand and follow the hearing guidelines listed below.

- You must put your letter of appeal in writing within 48 hours (2 business days) of receiving an exit letter from the program (SSS can assist with this process).
- A meeting will be arranged by the SSS and Support Services Manager (SSM) to take place within five (5) business days of receiving your request.
- A decision, based on the information and viewpoints presented, will be made by the SSM. You will be informed of this decision within two business days of the meeting by phone and a follow-up letter within 3-5 days.

Grievance Procedure:

You are entitled to grieve the decision that is made by Shelter of Flint with the Continuum of Care (COC) Infrastructure Agency, Greater Flint Health Coalition. A staff member at Shelter of Flint will guide you through this process, or you may go to their website at geneseehousing.org and scroll to the "file a grievance" button, to complete the form. You may also call them at: 810-232-2228.

I agree to abide by all the rules in this document as explained by my Supportive Services Specialist.

_____ _____

Client Name Printed Client Signature

_____ _____

Supports Service Specialist Date

Confidentiality Statement:

In the Supportive Housing Program, there are many other agencies and organizations that will participate in the case planning for a client. Privacy and confidentiality are major concerns for all.

Shelter of Flint, Inc. adheres to strict policies of confidentiality; the Client's right to privacy is always of first concern. This is not only a professional standard but is also a legal mandate that is to be considered in any situation where the client's personal information will be shared.

Each time Clients are being discussed, both with other SOF staff and approved outside agencies staff, the following rules will be adhered to:

All conversations will be conducted in a professional manner.
When appropriate the client will be present.

In certain special circumstances information may need to be shared without prior permission of the client. The conditions under which this may be made include:

If the tenant poses a specific threat to another, Shelter of Flint, Inc. has a “duty to warn” in this circumstance.

If Shelter of Flint, Inc. has knowledge or suspicion of child abuse or neglect, staff is under obligation to make the appropriate officials aware of the situation.

If a medical emergency arises, SOF staff can share information directly related to the situation.

Client files are not available to the property management due to the confidential materials that may be contained in them.

Tenants may request or agree to the sharing of pertinent information as required by law, funding procedures and good ethical procedures, however support services staff will not release any information with either property management staff or other outside agencies or service providers without prior written permission of the client, except as detailed above.

FY26 COC Program Competition NOFO Application
NOFO ATTACHMENT 1C-10
Evidence of Coordination and Non-Interference with Local Efforts to Advance Protecting Public Safety

Applicant: MI-505/Flint & Genesee County CoC

1. Memorandum of Understanding – Office of the Genesee County Sheriff
2. Memorandum of Understanding – University of Michigan-Flint Department of Public Safety

Memorandum of Understanding

Between
MI-505: FLINT & GENESEE COUNTY CONTINUUM OF CARE
and
OFFICE OF THE GENESEE COUNTY SHERIFF

I. Background

The Memorandum of Understanding (MOU) establishes a collaborative partnership between the MI-505: Flint & Genesee County Continuum of Care ("the CoC") and the Office of the Genesee County Sheriff ("Sheriff's Office"). This MOU formalizes the shared purpose that no one should sleep outside on the street or in dangerous encampments, and everyone should be able to enjoy public spaces safely. The purpose of this partnership is to enhance coordinated responses to homelessness, support public safety, strengthen information-sharing, and jointly address complex cases involving individuals experiencing homelessness. This collaboration will be formally recognized as the **Homeless and Public Safety Collaborative ("HPSC" or "Collaborative").**

II. Goals

The parties commit to systems coordination and ongoing collaboration between law enforcement, first responders, and local service providers. The goal is to minimize trauma associated with living on the streets or in encampments, address barriers to obtaining and maintaining housing, empower self- determination, and advance public safety for the entire community impacted by homelessness.

Specifically, the goals of the HPSC are to:

- Improve communication and joint problem-solving between the CoC, homeless service providers, and the Sheriff's Office.
- Coordinate outreach and engagement efforts to better connect individuals experiencing homelessness with services.
- Develop a structured case conferencing process for individuals with complex needs or high utilization of emergency, criminal justice, or crisis systems.
- Support safe, trauma-informed, and person-centered approaches to homelessness and public safety.
- Ensure participation from a wide range of providers—including both CoC and non-CoC member organizations—to support meetings, outreach, and case conferencing.
- Collect and report outcomes to track effectiveness, including engagement, housing placement, and reductions in high-utilizer interactions with emergency or criminal justice systems.

III. Roles and Responsibilities

The Flint & Genesee County Continuum of Care serves as the local project lead for the

collaborative. The CoC understands and agrees to:

- Convene and facilitate regular HPSC planning and case conferencing meetings, including agendas and facilitation.
- Include a diverse group of providers in collaborative meetings, drawing from CoC and non-CoC member organizations.
- Identify and coordinate homeless outreach teams to connect individuals to housing, treatment, and supportive services.
- Provide training and resource information on homelessness, trauma-informed approaches, and coordinated entry.
- Oversee the data management of HPSC participants and provide data, as appropriate, from the CoC's Homeless Management Information System (HMIS).
- Track and report collaborative outcomes to the CoC Governance Council, Sheriff's Office, and other jurisdictional stakeholders, as appropriate.
- Serve as the fiscal agent for partnership funding.

The Office of the Genesee County Sheriff serves as a public safety lead for the collaborative. The Sheriff's Office understands and agrees to:

- Participate in HPSC meetings and joint planning, providing non-confidential information about public safety and individual case needs.
- Refer individuals experiencing homelessness to appropriate CoC access points, outreach teams, or emergency service providers.
- Support coordinated outreach when safety concerns, public welfare, or repeated system interactions arise.
- Engage in trauma-informed policing practices.
- Assist in developing joint protocols for encampment engagement, crisis response, and multi-system referrals.

IV. GENERAL TERMS

Terms. This MOU shall become effective upon the signature of all parties and shall continue through the life of the Collaborative. This MOU may be terminated in accordance with the below section.

All parties acknowledge and agree that this MOU is a document of intended goodwill and represents a non-legally binding agreement between the parties. As a result, the obligations outlined for each party are not legally enforceable if not performed.

Termination. Any party may terminate this MOU without cause by giving all parties ninety (90) days prior written notice. Any party wishing to terminate this Agreement for cause must provide written intent to terminate notice to the other party. The notice will provide thirty (30) days for the receiving party to respond to said notice to all parties with an acceptable plan to cure cause of termination.

Confidentiality. All parties understand that by virtue of entering into this Agreement all individuals' nonpublic personal information shall be kept confidential to the extent permitted by law. No party shall directly or indirectly disclose, divulge, reveal, report or transfer such

information unless authorized, permitted or required by applicable federal, Michigan state and/or local laws. Furthermore, parties will refrain from exchanging personal identifying information beyond that which is reasonably necessary.

Modification. In the event that a modification to this MOU becomes necessary, that modification must be approved by all parties to the original MOU in writing and signed by all parties.

Signed:

Claudnyse ~~Holloman~~, Chair
Flint & Genesee County Continuum of Care

9.23.26
Date

Office of the Genesee County Sheriff

9.23.26
Date

Memorandum of Understanding

Between
MI-505: FLINT & GENESEE COUNTY CONTINUUM OF CARE
and
UNIVERSITY OF MICHIGAN-FLINT
DEPARTMENT OF PUBLIC SAFETY

I. Background

The Memorandum of Understanding (MOU) establishes a collaborative partnership between the MI-505: Flint & Genesee County Continuum of Care ("the CoC") and the University of Michigan-Flint Department of Public Safety ("Public Safety"). This MOU formalizes the shared purpose that no one should sleep outside on the street or in dangerous encampments, and everyone should be able to enjoy public spaces safely. The purpose of this partnership is to enhance coordinated responses to homelessness, support public safety, strengthen information-sharing, and jointly address complex cases involving individuals experiencing homelessness. This collaboration will be formally recognized as the **Homeless and Public Safety Collaborative ("HPSC" or "Collaborative").**

II. Goals

The parties commit to systems coordination and ongoing collaboration between law enforcement, first responders, and local service providers. The goal is to minimize trauma associated with living on the streets or in encampments, address barriers to obtaining and maintaining housing, empower self- determination, and advance public safety for the entire community impacted by homelessness.

Specifically, the goals of the HPSC are to:

- Improve communication and joint problem-solving between the CoC, homeless service providers, and Public Safety.
- Coordinate outreach and engagement efforts to better connect individuals experiencing homelessness with services.
- Develop a structured case conferencing process for individuals with complex needs or high utilization of emergency, criminal justice, or crisis systems.
- Support safe, trauma-informed, and person-centered approaches to homelessness and public safety.
- Ensure participation from a wide range of providers—including both CoC and non-CoC member organizations—to support meetings, outreach, and case conferencing.
- Collect and report outcomes to track effectiveness, including engagement, housing placement, and reductions in high-utilizer interactions with emergency or criminal justice systems.

III. Roles and Responsibilities

The Flint & Genesee County Continuum of Care serves as the local project lead for the collaborative. The CoC understands and agrees to:

- Convene and facilitate regular HPSC planning and case conferencing meetings, including agendas and facilitation.
- Include a diverse group of providers in collaborative meetings, drawing from CoC and non-CoC member organizations.
- Identify and coordinate homeless outreach teams to connect individuals to housing, treatment, and supportive services.
- Provide training and resource information on homelessness, trauma-informed approaches, and coordinated entry.
- Oversee the data management of HPSC participants and provide data, as appropriate, from the CoC's Homeless Management Information System (HMIS).
- Track and report collaborative outcomes to the CoC Governance Council, Public Safety, and other jurisdictional stakeholders, as appropriate.
- Serve as the fiscal agent for partnership funding.

The University of Michigan-Flint Department of Public Safety serves as a public safety lead for the collaborative. Public Safety understands and agrees to:

- Participate in HPSC meetings and joint planning, providing non-confidential information about public safety and individual case needs.
- Refer individuals experiencing homelessness to appropriate CoC access points, outreach teams, or emergency service providers.
- Support coordinated outreach when safety concerns, public welfare, or repeated system interactions arise.
- Engage in trauma-informed policing practices and work to reduce or avert criminal citations.
- Assist in developing joint protocols for encampment engagement, crisis response, and multi-system referrals.

IV. GENERAL TERMS

Terms. This MOU shall become effective upon the signature of all parties and shall continue through the life of the Collaborative. This MOU may be terminated in accordance with the below section.

All parties acknowledge and agree that this MOU is a document of intended goodwill and represents a non-legally binding agreement between the parties. As a result, the obligations outlined for each party are not legally enforceable if not performed.

Termination. Any party may terminate this MOU without cause by giving all parties ninety (90) days prior written notice. Any party wishing to terminate this Agreement for cause must provide written intent to terminate notice to the other party. The notice will provide thirty (30) days for the receiving party to respond to said notice to all parties with an acceptable plan to cure cause of termination.

Confidentiality. All parties understand that by virtue of entering into this Agreement all individuals' nonpublic personal information shall be kept confidential to the extent permitted by law. No party shall directly or indirectly disclose, divulge, reveal, report or transfer such information unless authorized, permitted or required by applicable federal, Michigan state and/or local laws. Furthermore, parties will refrain from exchanging personal identifying information beyond that which is reasonably necessary.

Modification. In the event that a modification to this MOU becomes necessary, that modification must be approved by all parties to the original MOU in writing and signed by all parties.

Signed:



Claudnyse Holloman, Chair — Date
Flint & Genesee County Continuum of Care

The University of Michigan-Flint Department of Public Safety — Date

Flint/Genesee County CONTINUUM OF CARE
With the Greater Flint Health Coalition as Infrastructure Organization & Collaborative Applicant

Renewal Projects **Review Guide for Rating and Ranking Committee members**

Note: it is expected that more time will be needed to complete the review of the New Project applications (see 'New Projects' packet).

Enclosed in this packet you will find the following materials:

- Transitional Housing (TH) Project Applications and Scorecard– one project application
  - List projects here with page #
- Permanent Supportive Housing (PSH) Project Applications and Scorecard – five project applications
  - List projects here with page #
- Joint Transitional Housing & Permanent Housing-Rapid Rehousing (TH/PH-RRH) and Scorecard – two project applications
  - List project here with page #

For review only – does not have rating tool:

- Supportive Service Only (SSO) – two project applications
  - List project here with page #
- Homeless Management Information System (HMIS) – one project application
  - List project here with page #

Before the in-person meeting on Thursday, July 23, 2026, from 9 a.m.-1 p.m. at the Greater Flint Health Coalition

- Review all renewal projects, paying special attention to the requirements and metrics provided on the rating tool.

During the in-person meeting on Thursday, July 23, 2026, from 9 a.m.-1 p.m. at the Greater Flint Health Coalition

- Organizations seeking renewal projects will do a short presentation at the meeting and will allow time for questions to be asked by *Prioritization and Funding* meeting participants.
- Renewal project scores will be presented at the meeting.
- Renewal projects will be ranked, and final recommendations will be made.

Flint/Genesee County CONTINUUM OF CARE
With the Greater Flint Health Coalition as Infrastructure Organization & Collaborative Applicant

New Projects **Review Guide for Rating and Ranking Committee members**

Enclosed in this packet you will find the following materials:

- Transitional Housing (TH) Project Applications and Scorecard – one project application
  - List projects here with page #
- Supportive Services Only (SSO) Project Applications and Scorecard – five project applications
  - List projects here with page #

For review only – does not have rating tool:

- Supportive Service Only-Coordinated Entry (SSO-CE) – one project applications
  - List projects here with page #
- Homeless Management Information System (HMIS) – one project application
  - List projects here with page #

Before the in-person meeting on Thursday, July 23, 2026, from 9 a.m.-1 p.m. at the Greater Flint Health Coalition

- Review all New Project applications.
- Using the New Project Scorecard, score each new project application. One scoring tool document should be completed for EACH new project application.
- New Project application score sheets will be collected at the beginning of the in-person meeting.
-

During the in-person meeting on Thursday, July 23, 2026, from 9 a.m.-1 p.m. at the Greater Flint Health Coalition

- Organizations seeking new projects will do a short presentation at the meeting and will allow time for questions to be asked by *Prioritization and Funding* meeting participants.
- New project scores will be presented at the meeting.
- New projects will be ranked, and final recommendations will be made.

Scorecard 1. Permanent Supportive Housing (renewal)

Project type: Permanent Supportive Housing **Population:** All except DV-only

Agency name: _____ **Project name:** _____

Scored item	Scoring criteria	Score	Max	Data reference
A. Population served (10 points)				
Priority population: percent chronically homeless and children served	Over 80% = 10; 70 to 79% = 7; 60 to 69% = 5; 50 to 59% = 3; under 49% = 0		**10**	APR Q5a11 (chronic) + Q5a3 (children) / Q5a1 (total served)
B. Performance measures (40 points)				
Placement and retention in permanent housing	90%+ = 22; 85 to 89% = 18; 80 to 84% = 13; 75 to 79% = 9; 70 to 74% = 4; under 70% = 0		**22**	System Performance Measure 7 (SPM 7b.2)
Returns to homelessness (6 to 24 months)	Under 10% = 8; 11 to 13% = 6; 14 to 16% = 4; 17 to 19% = 2; over 20% = 0		**8**	System Performance Measure 2 (SPM 2a/2b)
Length of time from project start to housing move-in	Under 60 days = 10; 61 to 75 = 8; 76 to 90 = 5; 91 to 104 = 2; over 105 = 0		**10**	APR Q22c (average)
C. Employment and income growth (10 points)				
Increased earned income at annual assessment (stayers)	Over 8% = 2.5; 5 to 7% = 1.5; under 5% = 0		**2.5**	APR Q19a1 Row 1, Col 9 (reported under SPM 4)
Increased earned income (leavers)	Over 10% = 2.5; 7 to 9% = 1.5; under 8% = 0		**2.5**	APR Q19a2 Row 1, Col 9 (reported under SPM 4)
Increased non-employment income, e.g. SSI/SSDI (stayers)	Over 15% = 2.5; 12 to 14% = 1.5; under 13% = 0		**2.5**	APR Q19a1 Row 3, Col 9 (reported under SPM 4)
Increased non-employment income (leavers)	Over 20% = 2.5; 17 to 19% = 1.5; under 18% = 0		**2.5**	APR Q19a2 Row 3, Col 9 (reported under SPM 4)
D. Supportive services (20 points)				
Service richness, on-site delivery, and low-barrier access	Excellent (services on-site or directly arranged, substance use treatment access named, clear barrier removal) = 10; Good (general, referral-based or thin treatment access) = 6; Poor (little detail) = 2		**10**	Program application
Assertive monthly engagement	Project offers or attempts an in-home contact with every participant at least monthly, documents the offer whether or not it is accepted, and re-engages creatively when declined. Excellent (clear practice, offers and attempts documented, sample notes confirm) = 10; Good (described, documentation thin) = 6; Poor (no clear practice or documentation) = 2		**10**	Program application plus sample case notes (spot check)
E. Data quality (20 points)				
HMIS data quality: percent of fields completed without errors	95%+ = 20; 90 to 94% = 15; 85 to 89% = 10; 80 to 84% = 5; 79% or below = 0		**20**	HMIS report

Scored item	Scoring criteria	Score	Max	Data reference
F. Cost effectiveness (5 points)				
Unspent funds from most recent completed grant term	0 to 5% = 5; 5 to 10% = 3; 11 to 15% = 1; over 16% = 0		**5**	Sage APR and BLI report
G. Community practice (20 points)				
Coordinated Entry participation	Yes = 10; No = 0		**10**	HMIS report
Includes persons with lived experience	Yes = 10; No = 0		**10**	Program application
Participation in PIT count	Tracked, no points awarded		**0**	Annual PIT report

Raw total: 125 points **Weighted total:** 100 points

Applicant raw total: points **Applicant weighted total:** points

Scorecard 2. Rapid Rehousing (renewal)

Project type: Rapid Rehousing **Population:** All except DV-only

Agency name: _____ **Project name:** _____

Scored item	Scoring criteria	Score	Max	Data reference
A. Population served (10 points)				
Priority population: percent chronically homeless and children served	Over 50% = 10; 40 to 49% = 7; 30 to 39% = 5; 20 to 29% = 3; under 19% = 0		**10**	APR Q5a11 (chronic) + Q5a3 (children) / Q5a1 (total served)
B. Performance measures (40 points)				
Placement and exits to permanent housing destinations	90%+ = 22; 85 to 89% = 18; 80 to 84% = 13; 75 to 79% = 9; 70 to 74% = 4; under 70% = 0		**22**	System Performance Measure 7 (re-anchored from APR Q23c)
Returns to homelessness (6 to 24 months)	Under 10% = 8; 11 to 13% = 6; 14 to 16% = 4; 17 to 19% = 2; over 20% = 0		**8**	System Performance Measure 2 (SPM 2a/2b)
Length of time from project start to housing move-in	Under 30 days = 10; 31 to 45 = 8; 46 to 60 = 5; 61 to 74 = 2; over 75 = 0		**10**	APR Q22c (average)
C. Employment and income growth (10 points)				
Increased earned income at annual assessment (stayers)	Over 8% = 2.5; 5 to 7% = 1.5; under 5% = 0		**2.5**	APR Q19a1 Row 1, Col 9 (reported under SPM 4)
Increased earned income (leavers)	Over 10% = 2.5; 7 to 9% = 1.5; under 8% = 0		**2.5**	APR Q19a2 Row 1, Col 9 (reported under SPM 4)
Increased non-employment income, e.g. SSI/SSDI (stayers)	Over 15% = 2.5; 12 to 14% = 1.5; under 13% = 0		**2.5**	APR Q19a1 Row 3, Col 9 (reported under SPM 4)
Increased non-employment income (leavers)	Over 20% = 2.5; 17 to 19% = 1.5; under 18% = 0		**2.5**	APR Q19a2 Row 3, Col 9 (reported under SPM 4)
D. Supportive services (20 points)				
Service richness, on-site delivery, and low-barrier access	Excellent (services on-site or directly arranged, substance use treatment access named, clear barrier removal) = 10; Good (general, referral-based or thin treatment access) = 6; Poor (little detail) = 2		**10**	Program application
Assertive monthly engagement	Project offers or attempts an in-home contact with every participant at least monthly, documents the offer whether or not it is accepted, and re-engages creatively when declined. Excellent = 10; Good = 6; Poor = 2		**10**	Program application plus sample case notes (spot check)
E. Data quality (20 points)				
HMIS data quality: percent of fields completed without errors	95%+ = 20; 90 to 94% = 15; 85 to 89% = 10; 80 to 84% = 5; 79% or below = 0		**20**	HMIS report

Scored item	Scoring criteria	Score	Max	Data reference
F. Cost effectiveness (5 points)				
Unspent funds from most recent completed grant term	0 to 5% = 5; 5 to 10% = 3; 11 to 15% = 1; over 16% = 0		**5**	Sage APR and BLI report
G. Community practice (20 points)				
Coordinated Entry participation	Yes = 10; No = 0		**10**	HMIS report
Includes persons with lived experience	Yes = 10; No = 0		**10**	Program application
Participation in PIT count	Tracked, no points awarded		**0**	Annual PIT report

Raw total: 125 points **Weighted total:** 100 points

Applicant raw total: points **Applicant weighted total:** points

Scorecard 4. Supportive Services Only (new project) - Minimal HUD-Compliant Revision

Project type: Supportive Services Only **Scoring basis:** Capacity and proposed design; no prior-project performance history required

Agency name: _____	**Project name:** _____
Objective criteria: 65 of 125 points = 52%	**System-performance-related:** 35 of 125 points = 28%

Scored item	Scoring criteria	Max	Data reference	Score
A. Agency experience and project description (25 points)				
Capacity to manage federal funds	Award 2 points for each documented element: prior federal funding; active SAM/UEI and grant systems; written financial controls; fiscal oversight/audit capacity; and grant reporting/compliance experience. Maximum = 10.	10	Funding experience; federal capacity response; audit	
Relevant experience, staffing, and training	5 = Strong directly relevant SSO/homeless-services experience with qualified staff, supervision, and training; 3 = generally relevant experience with some gaps; 1 = limited experience or readiness.	5	Organizational experience; staff training; subrecipient roles	
Project timeline	5 = First participant can be enrolled within 3 months and the application provides a credible start-up plan; 3 = generally feasible but incomplete; 1 = unclear or delayed.	5	Project timeline	
Target population and intended outcomes	Award 1 point for each documented element: eligible population; household types; households to be served; priority populations; and intended outcomes. Maximum = 5.	5	Target population and intended outcomes; project description	
B. System performance alignment (35 points)				
Movement into housing / access to permanent housing (SPM 7)	15 = Specific, credible housing pathway with assessment, navigation, documentation, landlord or provider coordination, referral follow-up, and clear housing outcomes; 10 = strong with some gaps; 5 = general; 0 = not addressed.	15	Moving people into housing and toward stability; target outcomes	
Housing stability and reducing returns to homelessness (SPM 2)	10 = Clear stabilization, retention, follow-up, and re-engagement strategy; 6 = general approach; 2 = minimal; 0 = not addressed.	10	Moving people into housing and toward stability; supportive-services description	
Income and self-sufficiency outcomes (SPM 4)	10 = Specific approach to earned income, non-employment income/benefits, education, employment, or volunteer pathways; 6 = general approach; 2 = minimal; 0 = not addressed.	10	Target outcomes; services offered and how participants take part	
C. Community partnerships and coordination (10 points)				
Partnerships and coordination	10 = Specific named partners with clear roles in connecting participants to housing, services, treatment/recovery, employment, and diversion from unnecessary justice-system involvement; 6 = general partnerships; 2 = little detail.	10	Coordination with other agencies; project description	
D. Supportive services (10 points)				
Service design and engagement approach	10 = Detailed, participant-centered service model with active engagement, warm handoffs, barrier reduction, and access to treatment/recovery supports; 6 = generally adequate; 2 = limited.	10	Services offered and how participants take part; supportive-services description	
E. Data quality (20 objective points)				
HMIS experience and data-quality plan	Award 5 points for each documented element: HMIS/comparable-database participation; timely entry standards or assigned responsibility; routine quality review; and performance monitoring/correction. Maximum = 20.	20	Database participation; HMIS plan; organizational experience	
F. Cost, budget, and match (15 objective points)				
Budget completeness, eligibility, and alignment	Award 1 point for each documented element: completed budget; total request matches narrative; eligible SSO costs; households served identified; and costs align with staffing/service design. Maximum = 5.	5	Budget narrative and completed budget template	

Match: meets HUD's 25% requirement	Documented eligible match = 10; match source identified but commitment not documented = 7; no adequate match source = 0.	10	Match sources and supporting documentation	
G. Community practice (10 objective points)				
Coordinated Entry participation	5 = Clearly documented commitment to Coordinated Entry referrals, prioritization, documentation, and coordination; 0 = not documented.	5	Project description; coordination with other agencies	
Includes persons with lived experience	5 = Application documents participation through governance, design, service delivery, evaluation, paid/peer roles, or an established feedback process; 0 = not documented.	5	Engagement with people with lived expertise	
Participation in PIT count	Tracked, no points awarded.	0	PIT participation response	
H. Deductions				
Outstanding or unresolved audit or monitoring findings	Minus 2 points per verified finding, up to a maximum deduction of 8 points.	-8 max	Agency audit / HUD monitoring report	

Raw total:	125 points	**Weighted total:**	100 points
Objective criteria:	65 / 125 = 52%	**System performance:**	35 / 125 = 28%
Applicant raw total:	_____ points	**Applicant weighted total:**	_____ points

Compliance calculation: Objective points = federal capacity 10 + timeline 5 + target/outcome checklist 5 + HMIS plan 20 + budget checklist 5 + match 10 + CE 5 + lived expertise 5 = 65. System-performance-related points = the 35-point block tied to SPM 7, SPM 2, and SPM 4.

Scorecard 3. Transitional Housing (new project) - Minimal HUD-Compliant Revision

Project type: Transitional Housing **Scoring basis:** Proposed project design and capacity; no prior-project performance history required

Agency name:	_____	**Project name:**	_____
Objective criteria: 60 of 110 points = 54.5%		**System-performance-related:** 30 of 110 points = 27.3%	

Scored item	Scoring criteria	Max	Data reference	Score
A. Population served (10 objective points)				
Target population, eligibility, and community need	Award 2 points for each documented element: (1) HUD-eligible population; (2) household type(s); (3) priority population(s); (4) planned households/units served; and (5) intended outcomes and the local gap addressed. Maximum = 10.	10	Target population and intended outcomes; proposed project description; meeting a community need	
B. System performance alignment (30 points)				
Pathway to permanent housing and successful exits (SPM 7)	20 = Excellent: specific and credible pathway to permanent housing, including housing planning, document readiness, housing search/landlord engagement, barrier resolution, income or benefits, transition timing, and clear expected exits; 15 = strong with minor gaps; 10 = adequate/general; 5 = limited; 0 = not addressed.	20	Moving people into housing and toward stability; intended outcomes	
Housing retention and reducing returns to homelessness (SPM 2)	5 = Clear follow-up/aftercare and retention strategy with identified supports; 3 = general follow-up approach; 0 = not addressed.	5	Moving people into housing and toward stability; supportive-services description	
Income and self-sufficiency outcomes (SPM 4)	5 = Specific approach to increasing earned income, non-employment income/benefits, education, or employment; 3 = general approach; 0 = not addressed.	5	Intended outcomes; services offered and how participants take part	
C. Supportive services (20 points)				
Detailed description of supportive services, including accessible delivery and treatment/recovery supports	Excellent (detailed, thorough, and clear about how participants access services directly or through partners) = 15; Good (general but adequate) = 10; Limited = 5; Not addressed = 0.	15	Supportive-services description; services offered and how participants take part	
Service capacity: at least 20 hours of supportive-service opportunities available weekly	5 = Application clearly confirms availability and provides staffing/schedule detail; 2 = availability is asserted but not substantiated; 0 = not addressed.	5	Hours of supportive services; staffing and service schedule	
D. Data quality (20 objective points)				
HMIS participation, data quality, and performance management plan	Award 5 points for each documented element: (1) HMIS/comparable-database participation; (2) timely entry standards or assigned staff responsibility; (3) routine data-quality review; and (4) performance monitoring with correction or continuous-improvement steps. Maximum = 20.	20	Database participation; project description; organizational experience	

Scored item	Scoring criteria	Max	Data reference	Score
E. Cost effectiveness (10 points)				
Budget completeness, eligibility, and internal consistency	Award 1 point for each documented element: (1) completed budget template; (2) total request matches the narrative; (3) costs are tied to eligible TH activities; (4) households/units served are identified; and (5) cost-per-household calculation can be verified. Maximum = 5.	5	Budget narrative and completed budget template	
Average cost per household served is reasonable	5 = Reasonable in comparison with the proposed service intensity, household needs, and other TH applications; 0 = not reasonable or not supported.	5	Total request; households served; cost-reasonableness response	
F. Community practice (20 objective points)				
Coordinated Entry participation	10 = Clearly documented commitment to Coordinated Entry referrals, prioritization, and required coordination; 0 = not documented.	10	Project description; coordination with other agencies	
Includes persons with lived experience	10 = Application documents participation through governance, design, service delivery, evaluation, paid/peer roles, or an established feedback process; 0 = not documented.	10	Engagement with people with lived expertise	
Participation in PIT count	Tracked, no points awarded.	0	PIT participation response	

Raw total:	110 points	**Weighted total:**	100 points
Objective criteria:	60 / 110 = 54.5%	**System performance:**	30 / 110 = 27.3%
Applicant raw total:	_____ points	**Applicant weighted total:**	_____ points

Objective-point calculation: Population checklist 10 + service-capacity verification 5 + HMIS/data-plan checklist 20 + budget-completeness checklist 5 + Coordinated Entry 10 + lived expertise 10 = 60 objective points. System-performance points are the 30-point block tied to SPM 7, SPM 2, and SPM 4.

Scorecard 4. Supportive Services Only (new project) - Minimal HUD-Compliant Revision

Nyla

Project type: Supportive Services Only **Scoring basis:** Capacity and proposed design; no prior-project performance history required

Agency name: Genesee Community Health **Project name:** [illegible] SOS

Objective criteria: 65 of 125 points = 52%	**System-performance-related:** 35 of 125 points = 28%

Scored item	Scoring criteria	Max	Data reference	Score
A. Agency experience and project description (25 points)				
Capacity to manage federal funds	Award 2 points for each documented element: prior federal funding; active SAM/UEI and grant systems; written financial controls; fiscal oversight/audit capacity; and grant reporting/compliance experience. Maximum = 10.	10	Funding experience; federal capacity response; audit	10
Relevant experience, staffing, and training	5 = Strong directly relevant SSO/homeless-services experience with qualified staff, supervision, and training; 3 = generally relevant experience with some gaps; 1 = limited experience or readiness.	5	Organizational experience; staff training; subrecipient roles	5
Project timeline	5 = First participant can be enrolled within 3 months and the application provides a credible start-up plan; 3 = generally feasible but incomplete; 1 = unclear or delayed.	5	Project timeline	5
Target population and intended outcomes	Award 1 point for each documented element: eligible population; household types; households to be served; priority populations; and intended outcomes. Maximum = 5.	5	Target population and intended outcomes; project description	5
B. System performance alignment (35 points)				
Movement into housing / access to permanent housing (SPM 7)	15 = Specific, credible housing pathway with assessment, navigation, documentation, landlord or provider coordination, referral follow-up, and clear housing outcomes; 10 = strong with some gaps; 5 = general; 0 = not addressed.	15	Moving people into housing and toward stability; target outcomes	15
Housing stability and reducing returns to homelessness (SPM 2)	10 = Clear stabilization, retention, follow-up, and re-engagement strategy; 6 = general approach; 2 = minimal; 0 = not addressed.	10	Moving people into housing and toward stability; supportive-services description	~~5~~ 10
Income and self-sufficiency outcomes (SPM 4)	10 = Specific approach to earned income, non-employment income/benefits, education, employment, or volunteer pathways; 6 = general approach; 2 = minimal; 0 = not addressed.	10	Target outcomes; services offered and how participants take part	10
C. Community partnerships and coordination (10 points)				
Partnerships and coordination	10 = Specific named partners with clear roles in connecting participants to housing, services, treatment/recovery, employment, and diversion from unnecessary justice-system involvement; 6 = general partnerships; 2 = little detail.	10	Coordination with other agencies; project description	10
D. Supportive services (10 points)				
Service design and engagement approach	10 = Detailed, participant-centered service model with active engagement, warm handoffs, barrier reduction, and access to treatment/recovery supports; 6 = generally adequate; 2 = limited.	10	Services offered and how participants take part; supportive-services description	10
E. Data quality (20 objective points)				
HMIS experience and data-quality plan	Award 5 points for each documented element: HMIS/comparable-database participation; timely entry standards or assigned responsibility; routine quality review; and performance monitoring/correction. Maximum = 20.	20	Database participation; HMIS plan; organizational experience	20
F. Cost, budget, and match (15 objective points)				
Budget completeness, eligibility, and alignment	Award 1 point for each documented element: completed budget; total request matches narrative; eligible SSO costs; households served identified; and costs align with staffing/service design. Maximum = 5.	5	Budget narrative and completed budget template	5

Match: meets HUD's 25% requirement	Documented eligible match = 10; match source identified but commitment not documented = 7; no adequate match source = 0.	10	Match sources and supporting documentation	10
G. Community practice (10 objective points)				
Coordinated Entry participation	5 = Clearly documented commitment to Coordinated Entry referrals, prioritization, documentation, and coordination; 0 = not documented.	5	Project description; coordination with other agencies	5
Includes persons with lived experience	5 = Application documents participation through governance, design, service delivery, evaluation, paid/peer roles, or an established feedback process; 0 = not documented.	5	Engagement with people with lived expertise	5
Participation in PIT count	Tracked, no points awarded.	0	PIT participation response	0
H. Deductions				
Outstanding or unresolved audit or monitoring findings	Minus 2 points per verified finding, up to a maximum deduction of 8 points.	-8 max	Agency audit / HUD monitoring report	—

Raw total:	125 points	**Weighted total:**	100 points
Objective criteria:	65 / 125 = 52%	**System performance:**	35 / 125 = 28%
Applicant raw total:	125 points	**Applicant weighted total:**	100 points

Compliance calculation: Objective points = federal capacity 10 + timeline 5 + target/outcome checklist 5 + HMIS plan 20 + budget checklist 5 + match 10 + CE 5 + lived expertise 5 = 65. System-performance-related points = the 35-point block tied to SPM 7, SPM 2, and SPM 4.

2026 New and Renewal Project Ranking - HUD CoC Local Competition

As adopted by the Rank and Review Committee. Renewals at FY2026 GIW amounts. Cumulative (non-DV) excludes the YWCA DV project, which draws on DV-restricted funds no other project can use.

Rank	Score	Project	Organization	Type	Requested	Awarded	Cumulative (non-DV)	Status	FY2026 Start Date
1	n/a	GFHC HMIS	Greater Flint Health Coalition	HMIS New	$89,531	$89,531	$89,531	Tier 1	10/1/2027
2	80	SF Combined PSH Renewal	Shelter of Flint	PSH Renewal	$588,229	$588,229	$677,760	Tier 1	4/1/2027
3	71.2	SF Manor PSH Renewal	Shelter of Flint	PSH Renewal	$82,787	$82,787	$760,547	Tier 1	7/1/2027
4	70.4	SF CoC PSH Renewal	Shelter of Flint	PSH Renewal	$353,859	$353,859	$1,114,406	Tier 1	4/1/2027
5	94.4	GHS PSH Renewal	Genesee Health System	PSH Renewal	$468,764	$468,764	$1,583,170	STRADDLES T1/T2	8/1/2027
6	n/a	GCHC Coordinated Entry SSO	Genesee Community Health Center	SSO New	$125,000	**$98,000**	$1,681,170	Tier 2 - reduced to $98K	TBD
7	85.9	GCHC One-Stop Housing SSO	Genesee Community Health Center	SSO New	$818,380	**$618,380**	$2,299,550	Tier 2 - reduced $200K	TBD
8	64	YWCA TH for Survivors	YWCA of Greater Flint	TH New-Transition	$897,782	$897,782	(DV, excluded)	DV - funded separately	4/1/2027
9	39	MBK Standalone SSO	My Brother's Keeper of Genesee Coun	SSO New	$250,000	$250,000	$3,447,332	Tier 2 - funded	TBD
10	81.8	Carriage Town Ministries TH	Carriage Town Ministries	TH New	$833,628	**$633,628**	$4,080,960	Tier 2 - reduced $200K	TBD
11	88.2	Traverse Place Youth TH	Reach Resource Services	TH New	$391,186	**$212,179**	$4,293,139	Tier 2 - reduced to fit	4/1/2027
12	74.9	Samaritas Supportive Services	Samaritas	SSO New	$264,312	**$0**	$4,293,139	Not funded	N/A
13	58.9	MADE Transitional Housing	The MADE Institute	TH New	$206,250	**$0**	$4,293,139	Not funded	N/A
		Totals			**$5,369,708**	**$4,293,139**		All ranked projects	

Funding check			
Total awarded to non-DV projects	$4,293,139		Everything except YWCA
Funding available to non-DV projects	$3,395,357		ARD after DV set-aside ($2,297,122) + CoC Bonus ($1,098,235)
Remaining / (over) available	**-$897,782**		Fully allocated to the funding line
YWCA (DV) awarded	$897,782		From DV-restricted ARD ($275,542) + DV Bonus ($622,240)
Total awarded, all projects	$4,293,139		Including YWCA
Total published ceiling	$5,135,213		ARD + CoC Bonus + DV Bonus. Awards are under this, but sources are not interchangeable.
DV Bonus available for other new projects	**$842,074**		DV Bonus is $1,464,314; YWCA uses $622,240. The rest can ONLY fund a DV-dedicated project.
Rank 5 (GHS PSH) inside Tier 1	$429,192		91.6% of its $468,764 award falls under the Tier 1 ceiling
Rank 5 (GHS PSH) in Tier 2	**$39,572**		The straddle: 8.4% of the award sits above the ceiling. This amount is fixed regardless of which project is ranked fifth, because ranks 1-5 always total $1,583,170.

Non-DV awards total exactly $3,395,357, the full amount available. Traverse Place was reduced to $212,179 to fit. YWCA is funded separately from DV-restricted ARD ($275,542) and DV Bonus ($622,240). $842,074 of DV Bonus is left unused because no second DV project exists to draw it.

2026 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into the HDX for your use as part of the 2026 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may differ depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, https://www.hudexchange.info/program-support/my-question/ and choose "HDX" as the topic.

2025 HDX Competition Report

2026 Competition Report - Summary

MI-505 - Flint/Genesee County CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX
2025 LSA	Yes	Government FY 2025 (10/1/24 - 9/30/25).	November 2025 to January 2026
2025 SPM	Yes	Government FY 2025 (10/1/24 - 9/30/25).**	February 2026 to March 2026
2026 HIC	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026
2026 PIT	Yes	Government FY 2026. Exact HIC and PIT dates vary by CoC. For most CoCs, it was within the last 10 days of January, 2026.	March 2026 to April 2026

1) FY = Fiscal Year
2) *This considers all extensions where they were provided.
3) **"Met Deadline" in this context refers to FY25 SPM submissions. Resubmissions from FY24 (10/1/2023 - 9/30/2024) were also accepted during the data collection period, but the previous year's submission is voluntary.

2025 HDX Competition Report

2026 Competition Report - LSA Summary & Usability Status

MI-505 - Flint/Genesee County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

LSA Usability Status 2025

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC*	PSH CO
Fully Usable	☑	☑	☑	☑	☑	☑	☑	N/A	☑
Partially Usable								N/A	
Not Usable								N/A	

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children

*Usability was not determined for PSH-AC due to built-in conflicts between HOMES and HMIS. As

2025 HDX Competition Report

2026 Competition Report - SPM Data

MI-505 - Flint/Genesee County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client's entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	981	123.7	64.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	1,017	126.6	67.0

2026 Competition Report - SPM Data

MI-505 - Flint/Genesee County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

b. This measure is based on data element 3.917

This measure includes data from each client's Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client's entry date, effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to "housing move in")	1,051	661.8	287.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to "housing move in")	1,082	648.8	277.0

2026 Competition Report - SPM Data

MI-505 - Flint/Genesee County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
Metric	**Count**	**Count**	**% of Returns**	**Count**	**% of Returns**	**Count**	**% of Returns**	**Count**	**% of Returns**
Exit was from SO	21	2	9.5%	1	4.8%	1	4.8%	4	19.1%
Exit was from ES	175	26	14.9%	6	3.4%	2	1.1%	34	19.4%
Exit was from TH	41	6	14.6%	2	4.9%	2	4.9%	10	24.4%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	112	2	1.8%	0	0.0%	3	2.7%	5	4.5%
TOTAL Returns to Homelessness	349	36	10.3%	9	2.6%	8	2.3%	53	15.2%

2026 Competition Report - SPM Data

MI-505 - Flint/Genesee County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	1,025
Emergency Shelter Total	988
Safe Haven Total	0
Transitional Housing Total	41

2026 Competition Report - SPM Data

MI-505 - Flint/Genesee County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	156
Number of adults with increased earned income	14
Percentage of adults who increased earned income	9.0%

2026 Competition Report - SPM Data

MI-505 - Flint/Genesee County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	156
Number of adults with increased non-employment cash income	34
Percentage of adults who increased non-employment cash income	21.8%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	156
Number of adults with increased total income	45
Percentage of adults who increased total income	28.9%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	52
Number of adults who exited with increased earned income	12
Percentage of adults who increased earned income	23.1%

2026 Competition Report - SPM Data

MI-505 - Flint/Genesee County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	52
Number of adults who exited with increased non-employment cash income	8
Percentage of adults who increased non-employment cash income	15.4%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	52
Number of adults who exited with increased total income	18
Percentage of adults who increased total income	34.6%

2026 Competition Report - SPM Data

MI-505 - Flint/Genesee County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	822
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	217
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	605

2026 Competition Report - SPM Data

MI-505 - Flint/Genesee County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	912
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	242
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	670

2026 Competition Report - SPM Data

MI-505 - Flint/Genesee County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	27
Of persons above, those who exited to temporary & some institutional destinations	6
Of the persons above, those who exited to permanent housing destinations	6
% Successful exits	44.4%

2026 Competition Report - SPM Data

MI-505 - Flint/Genesee County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	785
Of the persons above, those who exited to permanent housing destinations	234
% Successful exits	29.8%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	234
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	231
% Successful exits/retention	98.7%

2026 Competition Report - SPM Data

MI-505 - Flint/Genesee County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	989	41	308	156	42
Total Leavers (HMIS)	745	20	26	74	20
Destination of Don't Know, Refused, or Missing (HMIS)	76	3	2	0	8
Destination Error Rate (Calculated)	10.2%	15.0%	7.7%	0.0%	40.0%

2025 HDX Competition Report

2026 Competition Report - SPM Notes

MI-505 - Flint/Genesee County CoC

FY 2025 Reporting Year: 10/1/2024 - 9/30/2025

Notes For Each SPM Measure

Measure	Notes
Measure 1	No notes.
Measure 2	No notes.
Measure 3	No notes.
Measure 4	No notes.
Measure 5	No notes.
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.
Measure 7	No notes.
Data Quality	No notes.

2025 HDX Competition Report

2026 Competition Report - HIC Summary

MI-505 - Flint/Genesee County CoC

For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV† Beds or Beds Affected by Natural Disaster*	Adjusted*** Total Year-Round, Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	476	441	476	0	476	92.6%
SH	0	0	0	0	0	NA
TH	31	13	31	0	31	41.9%
RRH	55	55	55	0	55	100.0%
PSH	308	308	308	0	308	100.0%
OPH	0	0	0	0	0	NA
Total	**870**	**817**	**870**	**0**	**870**	**93.9%**

2025 HDX Competition Report

2026 Competition Report

MI-505 - Flint/Genesee County

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV† Beds or Beds Affected by Natural Disaster**	Adjusted*** Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	476	0	0	0	0	NA
SH	0	0	0	0	0	NA
TH	31	0	0	0	0	NA
RRH	55	0	0	0	0	NA
PSH	308	0	0	0	0	NA
OPH	0	0	0	0	0	NA
Total	**870**	**0**	**0**	**0**	**0**	**NA**

2025 HDX Competition Report

2026 Competition Report

MI-505 - Flint/Genesee County

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	476	441	476	92.65%
SH	0	0	0	NA
TH	31	13	31	41.94%
RRH	55	55	55	100.00%
PSH	308	308	308	100.00%
OPH	0	0	0	NA
Total	**870**	**817**	**870**	**93.91%**

2026 Competition Report - HIC Summary

MI-505 - Flint/Genesee County CoC

For HIC conducted in January/February of 2026

1) † EHV = Emergency Housing Voucher
2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.
3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.
4) ***Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster
5) Data included in these tables reflect what was entered into HDX 2.0.
6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").
8) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2026 Competition Report - PIT Summary

MI-505 - Flint/Genesee County CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/28/2026	Not Applicable

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	327	492	393
Safe Haven Total	0	0	0
Transitional Housing Total	71	41	58
Total Sheltered Count	398	533	451
Total Unsheltered Count	25	43	36
Total Sheltered and Unsheltered Count*	423	576	487

1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included in federal reports if the PIT count type was sheltered only.
2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Total Sheltered Count	77	41	73
Total Unsheltered Count	8	0	3
Total	85	41	76

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

OMB Number: 2501-0044
Expiration Date: 02/28/2027

Type or clearly print the following information.
***Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(1)(iii)).*

Applicant Organization: Greater Flint Health Coalition

Assistance Listing number and Federal Program name to which the Applicant is applying:
Include the funding opportunity number and name exactly as it appears in the applicable funding opportunity announcement (example: 14.896, Family Self-Sufficiency Program).

14.267, FY 2026 Continuum of Care Competition and Youth Homelessness Demonstration Program Grants NOFO

Opportunity Zone Census Tract(s), which the proposed activities/projects will benefit:
Include below the full 11-digit census tract number (example: 06067001101). Designated Opportunity Zone Census Tracts can be found at: https://opportunityzones.hud.gov/resources. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

26049000300; 26049000500; 26049001500; 26049001600; 26049001700; 26049002200; 26049002800; 26049003700; 26049010501; 26049010502; 26049010912; 26049011210; 26049011212; 26049011508; 26049012202; 26049013600

The application meets which of the following criteria (please select one):

- ☐ The proposed activities/projects will occur solely within the Opportunity Zone Census Tract(s) listed above.
- ☒ The proposed activities/projects will occur within the Opportunity Zone Census Tract(s) listed above and other communities.
- ☐ The proposed activities/projects will occur outside Opportunity Zone Census Tracts, but substantial and direct benefits will accrue within the Opportunity Zone Census Tracts listed above.

Note: Projects which substantially and directly benefit Opportunity Zone Census Tracts, but which do not consist of activities delivered within Opportunity Zone Census Tracts may be considered for competitive preference. If applicable, the respective Federal Agency will clearly define "substantially and directly" in the relevant funding announcement.

Estimated Funding Allocations

Estimate a percentage of the total dollar amount of awarded federal funding that would result in a direct benefit within the Opportunity Zone Census Tracts listed above:

- ☐ 76% - 100%
- ☒ 51% - 75%
- ☐ 26% - 50%
- ☐ 11% - 25%
- ☐ 1% - 10%

Provide a narrative explaining and/or reference the section in the application that explains how the project will support public and private investment in urban and economically distressed areas, specifically qualified Opportunity Zones (300-word limit):

Example: "The Main Street project described in this application will stimulate economic opportunity and mobility, encourage entrepreneurship, expand quality educational opportunities, and promote workforce development for those families residing within the XYZ Opportunity Zone."

The projects included in the MI-505 Flint & Genesee County CoC's Consolidated Application (submitted by its Collaborative Applicant, Greater Flint Health Coalition) will provide services to quickly rehouse homeless individuals and families, persons experiencing trauma or a lack of safety related to, or fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking, and homeless youth while minimizing the trauma and dislocation caused by homelessness. These services will occur, in part, in the Opportunity Zones referenced on page 1.

Check the following boxes that accurately reflect the nature or purpose of the proposed project:

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- ☒ Community Capacity Building
- ☐ Economic Development
- ☐ Education
- ☐ Healthy Food Access
- ☐ Health
- ☒ Housing
- ☐ Human Services and Family Support
- ☐ Community Infrastructure
- ☐ Public Safety
- ☐ Workforce Development
- ☐ Low Income Housing Tax Credit (LIHTC) or other rent restricted housing
- ☐ Market rate housing
- ☐ Industrial development
- ☐ Commercial or retail development
- ☐ Other business development
- ☐ "Above ground" infrastructure – streets, sidewalks, lighting
- ☐ "Below ground" infrastructure – water, sewer, gas, electric
- ☐ Schools or other educational facilities
- ☐ Hospitals or other health care facilities

Certification of Authorized Representative for the Applicant:

**Under penalty of perjury, I certify on behalf of the Applicant that

(1) all information provided on this form is true, complete, and accurate, and

(2) the Applicant will notify the Agency immediately upon learning of any change in the information provided on this form, and

(3) I am authorized to speak for the Applicant regarding all information provided on this form.

Prefix: Mr. First Name: Xavier Middle Name:

Last Name: Endress Suffix:

Title: Chief Operating Officer

Organization: Greater Flint Health Coalition

Signature:

Date: 9/24/2026

GENESEE COUNTY POLICY FOR ADVANCING RECOVERY FROM SUBSTANCE USE DISORDER

A Community Framework for Health, Housing, Purpose, and Community
Proposed Policy Framework
Genesee County, Michigan

I. PURPOSE

The purpose of the Genesee County Policy for Advancing Recovery from Substance Use Disorder is to establish a coordinated, community-wide framework for helping individuals and families affected by substance use disorder (SUD) achieve health, stability, recovery, and meaningful participation in the community.

This policy recognizes that recovery from substance use disorder extends beyond the delivery of clinical treatment. Recovery is strengthened when individuals have access to healthcare, effective treatment, stable housing, employment and education, transportation, meaningful relationships, peer support, and opportunities to participate fully in community life.

The policy is intended to complement and reinforce the missions and existing work of:

- healthcare providers;
- behavioral-health, including substance use disorder providers;
- housing organizations;
- public health agencies;
- EMS and emergency services;
- courts and justice-system partners;
- workforce and educational organizations; and
- people with lived and living experience of substance use disorder and recovery.

The policy establishes a shared framework rather than creating a new agency or duplicating existing programs.

II. COMMUNITY RECOVERY VISION

Genesee County strives to be a community where every person affected by substance use disorder has a meaningful opportunity to achieve health, stable housing, purpose, recovery, and connection to community.

In this vision:

People are not defined by their substance use disorder.
Treatment is accessible when it is needed.
Recovery has multiple pathways.
Housing is treated as a foundation for stability.
Employment and purpose are recognized as supports for recovery.
Systems work together instead of requiring individuals to navigate disconnected programs.
People with lived experience help design the systems intended to serve them.
Recovery is viewed as possible, worthwhile, and achievable.

III. POLICY FOUNDATION

This policy is built around five interconnected principles:

1. HEALTH
2. HOME
3. PURPOSE
4. COMMUNITY
5. COORDINATION

IV. The Genesee County Recovery Continuum

COMMUNITY → CRISIS → ENGAGEMENT → TREATMENT → STABILITY → RECOVERY → PURPOSE → COMMUNITY