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-508 - Lansing, East Lansing/Ingham County CoC

1A-2. Collaborative Applicant Name: Child and Family Charities

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Child and Family Charities

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	0
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	0
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	0
6.	Disability Service Organization(s)	Yes	0
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	0
10.	Homeless or Formerly Homeless Person(s)	Yes	1
11.	Hospital(s)	Yes	0
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	1
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	3

17.	State Government Staff/Official(s)	Yes	1
18.	State or Local Elected Public Official(s)	No	
19.	Local Jail(s)	Yes	0
20.	Mental Health Service Organization(s)	Yes	0
21.	Mental Illness Advocate(s)	No	
22.	Organization(s) led by and serving people with disabilities	No	
23.	Other homeless subpopulation advocate(s)	Yes	0
24.	Other nonprofit homeless assistance provider(s)	Yes	1
25.	Other social service provider(s)	Yes	2
26.	Public Housing Agencies	Yes	1
27.	Recovery Housing or Sober Living Provider(s)	No	
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	0
30.	Street Outreach Team(s)	Yes	0
31.	Substance Abuse Advocate(s)	No	
32.	Substance Abuse Service Organization(s)	No	
33.	Universities	Yes	0
34.	Veteran Serving Organization(s)	Yes	0
35.	Agencies Serving Survivors of Human Trafficking	Yes	0
36.	Victim Service Provider(s)	Yes	0
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	0
43.	Youth Service Provider(s)	Yes	0
44.	Other Homeless Assistance Provider(s)	Yes	2
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	No	
	Other: (limit 50 characters)		
46.	Legal Services	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 Capital Region Housing Collaborative (CRHC), the CoC for Ingham County, invites new community members to join the CoC at any time of the year. Membership applications are easily accessible on the CoC's website offering 3 different ways to submit the membership packet. During multiple monthly network meetings which are open to the general public, attendees are encouraged to fill out and submit a membership application and join CoC committee work. No member application has ever been denied. To encourage broad recruitment and participation, the CoC voted to forgo membership dues for 2026 while reconsidering future dues tiers and benefits and ensuring dues do not prohibit the participation of any interested community member. Under the CRHC's new Governance Charter adopted in April of 2026, it was agreed that all new members can forgo membership dues during their initial year of membership. Membership tiers will continue to offer a non-voting, non-dues paying general membership option so participation in CoC work is not dictated by fiscal capacity of individuals or agencies.

Membership applications available on the CoC website include a description of the history and purpose of the CoC, general member expectations, the different membership tiers available (Non-voting, non-dues paying general membership, voting agency membership, and voting individual membership), annual dues amounts and uses, and descriptions of current committees. All members are encouraged to contribute to committee work.

The CoC has a dedicated Community Engagement and Membership Committee that reviews the CoC's Membership Packet annually and makes recommendations for updates. The membership committee identifies missing stakeholders and recruits community partners to fill gaps in knowledge, skills, and community connections that support a collaborative resolution to homelessness. The CoC's new Governance Charter identifies target stakeholders representing different sectors, organizations, and service providers to fill the 12 elected and 7 appointed CoC board seats. The CoC utilized the HUD CoC FY2026 NOFO to determine target stakeholders. Recruitment to fill gaps is occurring now with an election to occur in November 2026.

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 CRHC, supported by HUD TA, has restructured during the past few years, first redesigning our Coordinated Entry System and currently overhauling our Governance Charter and CoC Policy Manual. Both projects have included extensive and targeted solicitation of public observations and opinions, consumer experiences, and evaluation and feedback from CoC members and service providers. Feedback channels include community forums, surveys, structured group activities, focus groups, and data analysis in committees. Invitations to public feedback events are posted on the CoC website and circulated through CoC members' social media.

Additionally, the CRHC worked with the City of Lansing to facilitate a strategic planning initiative beginning with a study of homelessness that included intensive data analysis and several focus groups with service providers and consumers. Two follow up community forums were held to digest study findings and recommendation, prioritize strategies and establish targets to resolve homelessness. This initiative created new community workgroups that have since merged with existing CoC committees expanding community input.

The CRHC Board and Committee members represent a broad array of individuals and organizations whose voices guide system analysis and the coordination of data- and community-driven solutions. The CRHC board includes representatives of 3 elected officials from the City of Lansing, the City of East Lansing, and Ingham County, the City of Lansing's Economic Development and Planning Department, housing providers, supportive service providers, the local public housing authority, legal services, public health, public benefits, the County's McKinney-Vento Coordinator, the local community mental health authority, and a consumer. Committee members additionally include individuals and organizations who specialize in victim services, domestic violence, education, employment assistance, women's services, substance abuse and mental health services, public transportation, philanthropy, law enforcement, veterans affairs, youth and young adults, seniors/elderly, development, faith-based supports, families, persons with disabilities, health coverage and care, rental properties, AIDS, street outreach and encampments, donations and volunteer coordination.

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)

Notification of both ESG and CoC Funding Opportunities (NOFOs) are shared immediately with the CoC's electronic mailing list consisting of 340 individuals representing at least 38 different community agencies. The CoC's Finance Committee reviews the NOFO, creates a local competition announcement, a timeline for the local competition and an application and scoring rubric that reflect the CoC's and funding sources priorities. This application package is approved by the CoC's board of directors, sent out to the CoC membership via email and then posted on the CoC's website for easy access. The CoC offers an informational meeting open to the general public to learn more about the funding opportunity and the local application process.

The CoC accepts all applications turned in by deadline that meet eligibility requirements. Applications are sent to a scoring and ranking committee made up of community members without a conflict of interest to review and score using the scoring rubric. Scores and recommendations for funding are sent to the finance committee made up of CoC fiduciary agents and site monitors for CoC funded projects who verify eligibility and capacity to manage federal grants. The finance committee then submits the final recommendations for funding to the CoC board for approval. Any board members who represent agencies submitting applications recuse from voting due to conflict of interest.

In 2024, the CRHC submitted a CoC Collaborative Application with twelve project applications from five community agencies. 2024 project applications were all renewals with no additional applications for CoC or DV bonus funds. After CoC restructuring that included immense community engagement and a focus on new CoC member recruitment, 10 community agencies submitted 19 project applications, six of whom have not previously been awarded CoC program funding. In 2026 local proposal requests exceeded the CoC's ARD plus allowable CoC and DV bonus funds.

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)

The CRHC will wrap up its current strategic planning initiative by the end of 2026 releasing a new community and data-driven plan for the period 2027-2029. This strategic plan is based on a study in partnership with the City of Lansing, Public Policy Associates and CityWise, who specialize in research, development, policy, planning, and evaluation. Data from many sources with emphasis on the CoC's HMIS data along with anecdotal data from service providers and consumers identified community gaps and barriers to resolving homelessness. Target focus groups ensured feedback from all relevant populations including youth/young adults, unsheltered individuals, families, seniors/elderly, veterans, and survivors of abuse.

Seven workgroups were developed under this initiative to develop quantifiable performance measures to address the eight recommendations from the study. The plan includes measurable strategies to 1) Improve regional (tri-county- 2 CoCs and 1 LPB) collaboration, 2) Increase access to affordable and low-income housing units, 3) Strengthen housing solutions for persons experiencing prolonged homelessness, 4) Expand age-appropriate and specialized shelter options, 5) Strengthen and standardize housing case management, 6) Address upstream drivers of homelessness, 7) Improve cross-sector coordination and resource alignment, and 8) Build public awareness and advocacy capacity. Workgroups have now merged into existing CoC committees who are together completing new committee charters and annual work plans prioritizing performance targets for 2027.

One Example- The study recommended strengthening housing solutions for persons experiencing prolonged homelessness. The Street Outreach Committee is setting target goals for 2027 to 1) align funding resources (County, City, ESG, and CoC), 2) increase communication with law enforcement, park rangers, and public transportation to more quickly identify encampment activity, 3) improve cross-agency collaboration to reduce duplication of outreach locations and improve follow-up services in the field, and 4) increase the number of coordinated entry assessments completed in encampments to connect chronically homeless individuals to housing opportunities more quickly.

The CoC's Continuous Quality Improvement Committee helps committees track measurable progress using HMIS data analysis and specialized reporting. Committee Co-Chairs attend board meetings quarterly to report out progress on their workplan measures

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:

- 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

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?	73%

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)

Not Applicable. The Capital Region Housing Collaborative- Ingham County's CoC is not considered a rural CoC.

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 maintains a formal, collaborative operational alignment with Community Mental Health Authority-Clinton Eaton Ingham (CMHA-CEI) to ensure individuals and families experiencing homelessness gain rapid access to public mental health, addiction recovery, and primary healthcare navigation. CMHA-CEI specialists assist unhoused and housing-insecure participants with immediate enrollment in mainstream health benefits, securing long-term coverage for necessary clinical care. Upon assessment, individuals are connected to the appropriate level of care including brief and mild services, short-term support, long-term case management, high-intensity outreach and community-based services (assertive community treatment), integrated treatment and recovery services and crisis services (stabilization, detoxification, and short-term residential services).

CMHA-CEI's crisis center addresses both mental health and substance use crises and is located on the same campus as Child and Family Charities (the CoC's youth housing provider), DAP (the CoC's elderly housing provider), and service offices at EVE (the CoC's victim service provider). CMHA's crisis enter assesses for suicide risk determining if a 72-hour hold is necessary for ongoing evaluation. If longer-term care is necessitated through evaluation, CMHA coordinates care with residential programs addressing psychiatric stabilization and care.

Child and Family Charities operates a Wellness Clinic that provides therapeutic interventions for children, adolescents, young adults, adults, and families. Clinicians offer a variety of specializations, with advanced training in interpersonal violence, sexual assault, trauma/complex trauma, child welfare involvement (foster care/adoption), and co-occurring mental health and substance misuse issues. The clinic provides non-intensive outpatient mental health services both in-person and via telehealth. Services can include psychiatric medication management, as needed. EVE has an MOU with CFC to provide therapeutic services for survivors of domestic violence, sexual assault, stalking, and human trafficking. CFC's Wellness Clinic can assess for suicidal risk and provide safety planning, coordinating with law enforcement for wellness checks and CMHA's crisis center to assess for the need for involuntary services.

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 Ingham County Health Department produces and distributes a Resource Directory for individuals and families experiencing Substance Use Disorders. The most recent edition was updated in 2026. This Directory is used by the CoC's case managers and identifies resources for outpatient counseling and treatment, residential/inpatient treatment, medication assisted treatment, recovery housing, treatment navigation support, crisis hotlines, support groups, peer recovery coaches, and wellness services for people in recovery.

The CoC partners with the CMHA-CEI Recovery Outreach Team, who provide peer recovery coaches servicing the tri-county area (Clinton, Eaton, and Ingham Counties). Peer Recovery Coaches are individuals with personal experience in substance use disorder and recovery. The Recovery Outreach Team provides screening for needs, mentoring/advocating, providing hope and empowerment, connections to resources in the community, supportive transportation, supportive access to substance use and co-occurring services, connections to medication assisted treatment (MAT) and other strategies to reduce unhealthy and high-risk behaviors. Peer Recovery coaches can also be accessed through FAN (Face Addiction Now), the Ingham County Health Department, Lifeboat, and Wellness InX.

The Ingham County Health Department and Child and Family Charities, both active CoC members, offer recovery navigation services to provide warm hand-offs to service providers who provide the level and intensity of substance use services needed.

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)

CMHA-CEI provides access to Mental Health First Aid training, which is an 8-hour, evidence-based program teaching participants how to recognize and respond to signs of mental health and substance use challenges. Trainees learn a 5-step action plan (ALGEE: Assess, Listen, Give reassurance, Encourage professional help, Encourage self-help). This program is offered to all CRHC (CoC for Ingham County) case managers and community health workers. CoC program staff are then able to assess for health and well-being, including mental health and substance abuse, to determine the level of care needed to promote stability. Housing case managers determine if health concerns impede housing stabilization and connect individuals and families to services to address serious mental illness and substance use disorders.

Through Medicaid and state/county funding, Community Mental Health Authority-Clinton Eaton Ingham (CMHA-CEI) provides a comprehensive continuum of outpatient care to program participants, including psychiatric evaluations, medication management, Outpatient Substance Abuse Treatment, Peer Recovery Support Services, and Assertive Community Treatment (ACT) or intensive support through the Outreach Case Management team. CMHA-CEI's Housing Support Team maintains active, voting representation on the CoC Board and subcommittees, including the Coordinated Entry, Membership, and Quality Improvement Committees, ensuring behavioral health perspectives are integrated into system-level policies, prioritization tools, and resource allocation.

CoC Case Managers and Community Health Workers then continue to coordinate care between housing providers and mental health providers to provide ongoing assessment of need and adjust services accordingly, accessing more intensive services when mental health crises present.

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 Ingham County Health Department and the Community Mental Health Authority, both CRHC partners, work together to coordinate services with the local jail and recovery court providing on-site corrections mental health screenings, post-release planning and navigation, and oversight and support over court-ordered treatment requirements. CMHA petitions the court for mental health treatment on an order of non-compliance when the above interventions are unsuccessful.

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)

Ingham County offers alternatives to traditional prosecution through specialized treatment courts including Drug Court for drug offenders where court oversight includes treatment, probation, and community supports and Family Treatment Court for parents with substance use disorders at risk of child removal. ICHD holds a seat on Mental Health and Sobriety Specialty Court Teams. Both the Ingham County Health Department (ICHD) and the Community Mental Health Authority (CMHA), both strong partners in the CoC, co-locate staff on site at the local jail. ICHD makes referrals to connect people to specialty courts that address mental health, substance disorder, and co-occurring disorders. ICHD then offers navigation services through the court process. CMHA is contracted through the Michigan State Court to provide on-site Corrections Mental Health Screenings and provides behavioral and substance use treatment to those facing misdemeanor or felony criminal charges as a condition of probation. The ICHD sits on a weekly recovery court and helps to navigate people to resources. An SUD specialist connects people to medication assisted treatment while in jail and post-release. Recovery Support Specialists and Community Health Workers connect folks to treatment and release planning to improve social determinants of health, including housing stabilization, food, clothes, and healthcare. Certified Peer Recovery Coaches offer services for up to 12 months following release from custody.

CMHA provides oversight and support over court-ordered treatment requirements. If these interventions are unsuccessful, CMHA staff assist in filing a petition for mental health treatment or an order of non-compliance.

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)

CMHA-CEI operates a 24/7 Crisis Stabilization Center providing short-term emergency care and intensive crisis residential services, 911 Crisis Call Takers, as well as mobile crisis units (including 988/Crisis Services navigation) that deploy directly to shelters, unsheltered locations, and supportive housing settings to stabilize psychiatric or substance-related emergencies, preventing housing disruption and reducing unnecessary emergency room visits or law enforcement involvement.

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.	0

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 maintains a formal, collaborative partnership with CMHA-CEI—the region's Public Mental Health Authority—to streamline access to mental health and addiction recovery services. As a certified CCBHC, CMHA-CEI maintains co-located and dedicated outreach specialists who engage individuals in shelters, in unsheltered locations, and in supportive housing settings. Housing Services Mid-Michigan operates a tri-county SAMHSA PATH project and Child and Family Charities operates a GHBI program.

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)

The CRHC does not have dedicated CoC-Program funded sober housing. The CoC relies on community recovery housing partners for individuals needing accountability in housing. For individuals in CoC-funded TH, RRH, and PSH projects, recovery partners provide services. 8 out of 11 TH, RRH, and PSH projects under this application offer on-site substance use disorder services as an agency or in partnership with SUD experts.

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)

Relationships begin in the jail with the co-located staff from the local Community Mental Health Authority (CMHA) and the Ingham County Health Department. Relationship building improves honesty during assessments and improved connection to the right services at the right level of intensity. As staff across agencies share spaces in jails, drug courts, and CoC networks, including coordinated entry, agencies are able to develop strong post-release treatment plans through coordination of care and services. Peer Recovery Coaches and Community Health Workers work alongside CMHA's developing strong community connections making warm hand-offs possible.

CMHA-CEI's Housing Support Team (HST) has two staff trained to complete Coordinated Entry assessments, who actively participate in the weekly Case Consultation meetings and record all work within HMIS. The HST has additional staff dedicated to providing direct support services to individuals at all levels of housing care, street to institutionalization, including onsite supports at permanent supportive housing programs.

CMHA engages in bi-weekly case conferencing with the youth housing provider to develop client centered treatment plans and coordinate care across programs for increased accountability and follow-up. This is especially critical for youth moving from adolescent services to adults services, to ensure continuity of care.

CMHA is working on an MOU to more formally structure partnerships and emphasize warm-hand offs with all CoC-member agencies.

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$4,196,013
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.	$2,123,776
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	51%
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.	$1,310,416
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).	82%

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)?	

You must provide a response in question 1C-3.

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 CRHC receives ESG funding from the City of Lansing and the Michigan State Housing Development Authority (MSHDA). Two City of Lansing departments act as fiduciary agents on behalf of the CoC. The City of Lansing's Human Relations and Community Services Department oversees the ESG funds allocated through the City of Lansing. The City of Lansing Economic Development and Planning Department oversees the funds allocated to the CoC through MSHDA. Each spring, the CoC launches a local competition for ESG funds. Funds are restricted to street outreach, emergency shelter operations and essential services, homeless prevention services, short-term rapid rehousing and case management, and HMIS. Based on community needs combined with any funder restrictions, the CoC determines the percentage of funds to allocate to each project type.

The CoC announces its ESG local competition to its members through email blasts. The application package is posted to the CoC website for transparency and includes funding priorities, parameters, and eligibility criteria, an application, budget template, and scoring rubric, a grant timeline, and links to resources. Similar to how the CoC allocates HUD CoC funds, a ranking and scoring committee of non-applicants reviews and scores all applications submitted by deadline. The fiduciary agents review applications for organizational and fiscal capacity. Scores are compiled and sent to the Finance Committee for consideration. The Finance Committee considers how well the project matches CoC priority needs as identified in the City of Lansing's Consolidated Plan and recommends which agencies receive project funds. The CoC's board of directors exercises final approval through board vote. Agencies who submit applications for ESG funds as grantees, subgrantees, or partners recuse themselves from voting to avoid conflicts of interest. Both fiduciary agents of ESG funds participate in the CoC's Continuous Quality Improvement Committee to monitor ESG grant performance. Both fiduciary agents provide the CoC board with quarterly spending reports. Both fiduciary agents provide site monitoring of each grantee and provide the CoC board with any corrective actions needed for grantee compliance. This information drives future funding determinations.

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)

There are eight emergency shelters in Ingham County, all of which are CRHC members. 1) The Lansing City Rescue Mission is a faith-based emergency shelter with two locations, one for single men and women, and one for women and children. They are the largest emergency shelter with nearly 300 beds. 2) The Nest recently restructured to better meet shelter gaps for underserved groups. They now focus on veterans, single father households, families with teens, and persons with disabilities. 3&4) Haven House and Homeless Angels are small family shelters. 5) Loaves and Fishes Ministries provides emergency shelter to homeless men and women. 6) EVE is our local domestic violence shelter. 7) Child and Family Charities provides emergency shelter to minor-aged runaway and homeless youth. 8) The City of Lansing operates a seasonal warming center in partnership with CoC service providers. As the warming center reached capacity during last year's frigid temperatures, a local church worked with the CRHC to open a temporary warming center for families.

All emergency shelter providers are trained in the CoC's Coordinated Entry (CE) Process. Most emergency shelter case managers have been trained to conduct the CoC's CE Assessment and enter data into HMIS for placement on the CoC's CE by-names list. Emergency shelters who do not conduct their own CE Assessments work closely with the CoC's CE Agency, offering space at their shelter for the CE team to provide CE office hours. All emergency shelter providers attend weekly CE Case Conferencing meetings to match prioritized households pulled from the CE's by-names list to vacancies in CoC and other housing and voucher projects. Shelter Coordination committee meetings are held directly after the case conferencing meeting to share bed capacity, trends, challenges, and establish coordination of care and workflows between street outreach teams, emergency shelters and housing 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 CRHC uses a Qualified Service Organization Business Association Agreement, or QSOBAA, to identify how 16 CoC member agencies agree to share data across agencies in order to coordinate the delivery of services to clients. The CoC's sharing plan is outlined in project privacy and confidentiality policies, notices to clients, and releases of information so clients can make the best-informed decision about how their personal data is shared. Privacy can be adjusted in the HMIS system to meet the desires of the client.

The Coordinated Entry Policy Advisory Committee created an HMIS Release of Information and Sharing Plan specifically for coordinated entry assessment and case conferencing so agencies outside the QSOBAA are able to review by-names lists and share basic information about household eligibility to match households to housing and supportive service vacancies. The CoC's Street Outreach and Housing Case Management Standardization Committees are working on similar privacy agreements and releases of information (ROIs) to improve coordination of care across agencies.

The CRHC's HMIS Lead Agency compiles de-identified disaggregated data reports that remove personal identifiers to protect individual privacy while allowing CoC committees to break down data into specific subcategories to identify trends and disparities and measure achievement toward target outcomes. Reports include project-level data and community-wide data, comparing data sets across projects, quarters, and years for comparisons. The Continuous Quality Improvement Committee identifies upcoming data reporting deadlines for the CoC and creates a calendar for reviewing data sets that includes PIT, HIC, System Performance Measures, Street Outreach, Prevention, Shelter Diversion, Emergency Shelter, Transitional Housing, Rapid Rehousing, Permanent Supportive Housing, and Supportive Services Only projects. The CoC uses the data to create presentations and infographics for the CoC board, the community, and state and local advocacy with government agencies and philanthropic foundations to inform the homelessness response system.

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)

The CRHC utilizes several data sources alongside HMIS to evaluate community need and strategize to fill service gaps and improve coordination of care. Sources include the following:
1.Lansing's Path Forward: Study on Homelessness in the City of Lansing in partnership with the CRHC. In addition to HMIS data, the study incorporated literature reviews, quantitative analysis of homeless and demographic data, surveys, focus groups, and roundtable discussions.
2.The CRHC's Coordinated Community Plan to Prevent and End Youth Homelessness which incorporated HMIS data alongside census data, McKinney-Vento data, the Michigan State Automated Child Welfare Information System, FAFSA data on unaccompanied homeless youth, and the National Youth in Transition Database.
3.Anecdotal data: Collected from community forums, intentional focus groups, consumer surveys, and committee discussions with service providers, anecdotal data includes personal stories of individual experiences navigating homelessness along with observations of frontline staff.
4.ALICE reports- United Way provides reports on Asset Limited, Income Constrained, Employed (ALICE) households. In Michigan 40% of households live below the ALICE threshold meaning they experience financial hardship and often cannot afford basic expenses (food, transportation, utilities, rent, medical care) which may result in homelessness without financial assistance and supportive services.
5.Healthy Capital Counties: A Community Health Needs Assessment which also incorporates data from the Capital Area Behavioral Risk Factor Survey. This report identifies Social Determinants of Health providing data on access to healthy foods, child health, healthcare access, housing, mental health, safety, social connection, and substance use.
6.The Michigan Profile for Healthy Youth Survey, an online student health survey for grades 7, 9, and 11 that measures health risk behaviors for substance use, violence, physical activity, nutrition, sexual behaviors, and emotional health.
7.Kids Count in Michigan data reports drill down to county level trends that identify the well-being of children along with policy recommendations that can improve the lives and outcomes for families.

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)

Capital Area Michigan Works (CAMW) is an American Job Center, one agency CRHC case managers partner with to support clients in achieving self-sufficiency goals. CAMW helps increase education and connect to job training and employment opportunities. In April 2026, CAMW presented to the CoC about work requirements for SNAP and Medicaid users. CAMW can help prevent benefit terminations while clients engage in CAMW services until the household increases income.

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)

The Lansing Police Department and the East Lansing Police Department serve the two most populated jurisdictions in the CRHC's geographic region. Both employ Police Social Workers who offer crisis intervention, needs assessment, and connection to wrap-around services to citizens experiencing homelessness who struggle with addiction, mental health concerns, and other challenges. Police Social Workers from both departments participate in the CRHC's weekly Street Outreach Coordination meeting where street outreach workers from 8 community agencies share outreach locations, experiences, and observations, coordinate follow-up services and problem-solve safety concerns for both unsheltered clients and street outreach workers

Chiefs from both departments have been open to ongoing problem-solving discussions with CRHC member agencies, connecting the homeless to services instead of ticketing or incarcerating them whenever appropriate, including providing safe transportation to warming centers and shelters when able. Law enforcement and first responders also respond to requests by street outreach teams for welfare checks when citizens pose a danger to self or others or are unable to care for their basic needs due to mental illness and refuse to access needed services.

Additionally, the Lansing Police Department utilizes a community policing approach where 3 officers are assigned to a specific district in the city. Geographic consistency strengthens relationships between police, residents, and local businesses, building trust for proactive engagement and effective problem-solving reducing crime and calls for service. CRHC's street outreach teams share information with the officers in order to identify locations where homeless are congregating so the street outreach teams can bring services to the field, and connect unsheltered people to shelter options, housing programs, and services to meet their basic needs, offering alternatives to sleeping in places not meant for human habitation.

The Michigan Department of Transportation and City park rangers send regular email updates to the CRHC's street outreach lead agency regarding encampment locations and plans for camp sweeps and clean-ups so street outreach teams can coordinate to connect with unsheltered folks and connect them to services, including coordinated entry assessments and placement on the CoC's by-names list for housing, prior to displacement dates.

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)

Families experiencing housing instability can find themselves needing to separate in order to access safe shelter options for all household members. Family shelters in the CRHC region are small and often at capacity with waiting lists. One shelter is limited to women with children. Fathers and sons over age 14 must separate from the family and stay alone in the men's shelter. Sometimes the family is doubled up in multiple households to keep everyone sheltered. Other times older adolescents end up in the CRHC's youth shelter as caregivers work to secure stable housing to reunify their family.

The CRHC incorporates shelter diversion practices into its full spectrum of services. Shelter diversion case managers screen households for family status and support networks. If the household has family or friends that are willing to provide temporary housing until the household gets on their feet, shelter diversion case managers support clients with the following:
1.Community Resource Connection: Case managers research agencies and services in the geographic location where the household is relocating, making referrals to set the household up for success and the quickest options to becoming self-sufficient.
2.Transportation/Travel Costs: Shelter diversion case managers provide transportation to extended family or friends' homes by providing gas cards, bus passes, bus tickets, or air fare to reunify households with their support network.
3.Short-term financial assistance: If doubling up with a household poses a financial burden, thus jeopardizing the housing stability of the host household, shelter diversion case managers are able to offer short-term financial assistance for groceries, household goods and cleaning products, utility bills, or rent assistance. Funds are paid directly to the vendor and are evaluated on a case-by-case basis monthly.

While shelter diversion is intended and works best prior to a household moving into shelter or CoC program-funded housing, any time a household already in shelter or a CoC housing program identifies a shelter diversion option for family or support network reunification, shelter diversion services can be utilized to safely exit households from costly shelter and housing programs to housing options that offer greater self-sufficiency. This includes using shelter diversion funds to support a household to move into their own housing by providing security deposits or short-term rapid rehousing assistance.

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)

As evidenced by the attached letter from the Lansing Police Department, CoC member agencies work collaboratively with local law enforcement, public transportation and park rangers to 1) address the needs of individuals and families residing in encampments, connecting unsheltered to supportive services and housing waiting lists including the CE by-names list to decrease the number of tents and encampments in public spaces, 2) connect unsheltered to treatment and recovery services to reduce the use of illicit drugs in public spaces, 3) assess unsheltered for dangers to self and others during street outreach and connect unsheltered to crisis services or other crisis response teams, including involuntary commitment, when needed, and 4) connect sex offenders to housing options that provide a stable address in order to increase compliance with SORNA.

The CRHC’s Street Outreach teams work alongside the Police Social Workers from Lansing Police Department and East Lansing Police Department to collectively
1)address homelessness, substance use, behavioral health concerns, and other barriers to stability through assessment and connection to community resources through warm hand-off referrals.
2)target encampment outreach and other community interventions. They help identify needs, address safety concerns such as unsafe conditions and discarded needles, and connect individuals to detoxification, treatment, recovery, housing, and supportive services.
3)provide a rapid response for post-overdose response care. This timely follow-up creates opportunities to connect individuals with treatment, recovery, and behavioral health services.
4)provide welfare checks during behavioral health crises, helping to identify appropriate services and facilitate further evaluation when needed.
5)Provide outreach in the jails and coordinate discharge planning

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)

In the City of Lansing, unsanctioned encampments without running water, sewer access, or sanitary facilities are prohibited as they violate city ordinances and state law. Unsanctioned encampments are considered a threat to public health, safety, and welfare, and the City holds legal authority to clear them and file lawsuits against property owners for allowing encampments to persist without compliance.

The challenge is there are more unsheltered people than available shelter beds or vacant, affordable, and accessible housing units that meet household needs. Existing shelters do not accommodate couples without children or all persons with medical conditions or disabilities that require a bottom bunk bed. Shelter space is also scarce for households with pets, single fathers with daughters, and single mothers with adolescent sons. CRHC member shelters work together to fill gaps where able. The City of Lansing's comprehensive homeless study identified a shortage of nearly 7,500 affordable housing units for extremely low-income households in Ingham County. As a partner in the CRHC, the City is open to exploring sanctioned encampments and safe parking lots where families can sleep in their vehicle if zoning, safety, and other supportive services can be secured. The City and County currently lack the resources needed to fully resolve homelessness. The City is in the process of creating a transitional housing project using housing pods and providing a shared kitchen and restrooms alongside supportive services to decrease the growing number of encampments by creating a transitional space to get off the street and build from a foundation of a fixed, safe, nighttime residence and access to basic needs.

CRHC street outreach team members participate in shelter coordination meetings to stay abreast of shelter capacity and eligibility to bring up-to-date shelter options to unsheltered households. Street outreach teams collaborate with law enforcement, public transportation, and park rangers to identify encampment locations and dispatch street outreach services to the encampment location to provide access to basic needs including alternatives to sleeping outdoors in public spaces before encampments are cleared. CRHC street outreach teams have requested law enforcement try to connect folks to housing and supportive services prior to ticketing or criminal charges, especially when shelters are at capacity and the issue is not having a legal space to exist.

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)

The CRHC recently created a cross-agency multi-disciplinary street outreach team to improve communication, collaboration, and coordination among street outreach providing agencies. This new approach makes it difficult to evaluate the change in status of tents and encampments over time, although the consensus among the team is that it is increasing. Although as encampments are swept and cleaned, it simply displaces the homeless from one geographic area to another, making encampment locations and number of folks living in them hard to count. The weather in Michigan changes the number of encampments over time, as well, with more folks willing to remain outside during warmer weather and choosing to utilize emergency shelters and warming centers during colder months.

While there are popular areas where encampments are known to pop up and even return to after being swept and cleaned up, camp sweeps push some folks further back into wooded areas farther away from services and access by the street outreach teams. Encampment residents are getting older in age, representing elderly experiencing homelessness for the first time after being priced out of the housing market due to fixed incomes and rising costs of rent, utilities, and home repairs among other basic needs. Some encampment folks are disabled, and lower bunk shelter beds are typically at capacity. Some couples do not want to separate, preferring to stay together rather than go to separate gender-specific shelters. Our shelter system only provides emergency shelter to families with children. Some folks choose to remain outdoors due to refusing to surrender pets who act as protection and emotional support and a member of their family.

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)

Illicit drug use in Ingham County is addressed through Michigan's Controlled Substances Act and related state laws. The City of Lansing, the largest and most populated jurisdiction in the CRHC geographic region, has ordinances where use, possession, or distribution of illegal drugs in public spaces are subject to fines and possible criminal charges depending on substance and circumstances.
City ordinances also prohibit persons from possessing or consuming alcoholic beverages in public streets, spaces, parks, alleys, sidewalks, or parking lots.

Ingham County offers alternatives to traditional prosecution through specialized treatment courts including Drug Court for drug offenders where court oversight includes treatment, probation, and community supports and Family Treatment Court for parents with substance use disorders at risk at risk of child removal.

CRHC Street Outreach teams provide education on laws and consequences around use of illicit drugs and alcohol, public education on the harmful effects of illicit drug use, and how to access treatment and recovery services and supports. If an individual identifies readiness for treatment, street outreach workers are able to provide case management and advocacy services to help individuals access the level of services required to address the individual's need (detox, inpatient treatment, outpatient treatment, support groups and other community supports). CRHC's cross-agency street outreach team is in the process of either recruiting existing peer recovery coaches to join the street outreach team or train current street team members as peer recovery coaches.

Staff from the Ingham County Health Department's (ICHD) Health Promotion and Prevention Program (HPP) sit on the weekly recovery court. Staff navigate people to ICHD related services and connect them to resources. HPP has 3 staff working in the jail: 1 SUD specialist that connects people to MAT services in the jail and post release, 1 Recovery Support specialist that connects people to treatment services, SDOH's, post release planning, and 1 Community Health Worker who works with women connecting them to resources related to Social Determinants of Health.

Additionally, ICHD has a post overdose response team that includes LPD, EMS, the sheriff's office, ELPD and MSU police department. The ICHD makes daily visits to the jail, connect people to treatment and MAT. ICHD has combined forces with CMH for post overdose response.

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)

According to the 2024 Ingham County Substance Use Surveillance Report, there were 404 drug-related emergency room visits and 78 drug related deaths, 48 of which were opioid related. While it is unclear from this data set how many of these individuals were unsheltered, the CRHC street outreach team has started discussions about involving the County's Medical Examiner in the monthly Street Outreach Standardization Committee to better understand the cross-section of homelessness and overdoses in our local community and inform policy, treatment, and coordination of care.

CRHC's street outreach teams observe evidence of illicit drug use in encampments including discarded needles and other drug paraphernalia. Unsheltered individuals accessing warming centers have been witnessed to be intoxicated or under the influence of drugs requiring occasional law enforcement or first responder intervention. The Ingham County Health Department provides Naloxone training for street outreach teams to prepare teams to provide overdose response first aid in the event they encounter a person in active overdoes while conducting street outreach.

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)

Civil commitment is a formal legal process through which the Ingham County Probate Court can order an adult with a severe mental illness into inpatient hospitalization or supervised outpatient treatment against their will. Michigan law treats civil commitment as an emergency option of last resort. A court cannot order commitment unless the individual is legally proven to be a person requiring treatment and no less-restrictive alternative exists. To be legally committed in Michigan, a judge must find that the individual has a diagnosed mental illness and meets at least one of the following: 1) poses a danger to self whereby the person is reasonably expected to intentionally or unintentionally cause serious physical injury to themselves in the near future, 2) poses a danger to others, reasonably expected to cause serious physical injury to another person in the near future, 3) unable to attend to basic physical needs (such as food, clothing, or shelter) necessary to prevent serious harm, and no one else is available to provide that care, and 4) impaired judgement where the person does not understand their need for treatment, and their behavior poses a risk of significant physical injury to themselves or others.

The Capital Region Housing Collaborative- Ingham County's CoC- works closely with Police Social Workers and the Community Mental Health Authority's (CMHA) Mobile Crisis Unit when homeless individuals require further mental health assessment to determine the need for involuntary commitment. This usually occurs after shelter or housing case managers have assessed the situation, attempted to engage the individual in safety planning unsuccessfully, and the individual is refusing to access crisis services voluntarily as encouraged. Law enforcement with police social workers and/or trained mental health therapists from CMHA respond to determine if an emergency pre-commitment 72-hour evaluation hold should be initiated for emergency psychiatric care without a court order if reasonable suspicion of imminent danger to self or others exists. Crisis services then works with family, friends, or law enforcement to determines if a petition for mental health treatment should be filed with probate court. If a court order for involuntary treatment is made and the individual refuses to undergo psychiatric examination, law enforcement can take the person into protective custody and transport them to a local hospital or crisis screening site.

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)

According to MCL 28.725 (1) (a), individuals who are required to register under the SORNA act and are a resident of the State of Michigan, must report in person or in another manner approved by the local law enforcement office and notify the registering agency that has jurisdiction over their residence or domicile, no more than 3 days before they change or vacate their residence or domicile. The transient nature of people living in sheltered & unsheltered homelessness creates barriers for compliance with this statute, which can impede the registration process and create circumstances leading to people experiencing unsheltered homelessness entering back into the jail systems due to non-compliance.

In alignment with CRHC priorities for the Ingham County Area, focusing on connecting individuals and families to stable and sustainable housing is imperative to their prolonged health and wellbeing, self-sustainability, and economic prosperity. In tandem, identifying housing units that are provided to individuals who have criminal sexual charges or CSC in their background is an equally important priority of housing service providers and housing case management providers. Through the efforts of CRHC membership that specializes in housing case management, street outreach providers, and organizations that facilitate access to resources, services, and programs that strengthen long-term tenancy, individuals who must register under SORNA are able to access housing they can use to legally and continuously keep their address updated with local law enforcement and the registering authority. Through collaborative efforts made within the CRHC membership, member organizations can find stable housing for this subpopulation, while simultaneously keeping individuals in compliance with SORNA requirements.

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 CRHC conducts outreach to ensure all individuals and families and targeted subpopulations experiencing homelessness or housing instability across Ingham County can learn about available housing projects and accessing services.
1.Street outreach targets unsheltered homeless in encampments and other public spaces. CRHC members across 8 government and non-profit agencies coordinate outreach to reach those most vulnerable and unlikely to know about and connect with services.
2.Outreach teams network closely with local businesses, libraries, schools, local parks, and public transportation hubs to provide resources and service linkages to patrons experiencing homelessness. The Capital Area Transportation Authority and the Capital Area District Libraries and local schools provide private meeting rooms where outreach staff can conduct assessments including coordinated entry assessments, create service plans, and provide referrals for services.
3.Community events: CRHC staff and member agencies staff event tables throughout the year bringing outreach materials about agency services and community-wide resource guides. During these events CRHC staff distribute basic needs and print identification cards and verifications to help homeless households access services.
4.CRHC website: includes a list of community resources offered through the CoC and in the community to help individuals resolve their housing crisis. These include the Ingham County Housing Resource Guide, the CRHC's Housing Assessment and Resource Agency's hotline number and office hours, and 24-hour crisis hotlines for youth/young adults and survivors of domestic violence and sexual assault, contact information for area shelters and other supportive services needed by households experiencing homelessness.
5.CRHC Network meetings: Monthly meetings are open to the public including consumers of housing services and have 3 main agenda items: 1) A presentation by a government entity or community agency about issues relevant to housing service providers, 2) updates from community agencies on changes to programs or services, how to access services, or upcoming community events, and 3) time to network to explore collaboration opportunities. This outreach is targeted to improve the knowledge and skills of frontline staff to improve the outcomes of households exiting homeless services.
6.CRHC member agencies circulate CRHC events and member agency service updates through social media.

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)	Yes
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)	Yes
4.	Community College(s)	Yes
5.	Technical College(s)	No
6.	Other Post-Secondary Education Provider(s)	Yes

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 CRHC has a MOU with the McKinney-Vento Coordinator for Ingham County that states that the school district McKinney-Vento representatives will engage in CoC Needs Assessment and Planning processes, and assure timely and accurate reporting of students experiencing homelessness data. In addition, the school district agrees to provide all mandated and/or relevant services required of McKinney-Vento subgrantees. The CoC agrees to provide identified families experiencing homelessness access to homeless resources and coordinate care with the local schools district to ensure ease of enrollment of homeless students, access to educational services to support homeless students, and access to transportation to and from shelters, housing programs, doubled-up households and the appropriate school settings.

CRHC member agencies serving families and unaccompanied homeless youth and young adults have developed a long-standing 9-year working referral and response system including agreed upon referrals forms. This process compliments HUD housing objectives and family stabilization strategies and has become a key to effective intervention with families and other highly vulnerable populations seeking assistance through our Housing Assessment and Resource Agency/Coordinated Entry System.

The McKinney-Vento Coordinator for Ingham County retired in Summer 2026. Her replacement is learning quickly, meeting with CoC members to continue partnerships and streamline referrals and connection to services. She is looking for updated materials on eligibility for educational services to add to our housing and supportive services intake packets.

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)

Child and Family Charities (CFC) is the youth housing and homeless assistance provider in the CRHC. CFC is a private, non-profit multi-service agency that provides child welfare services including licensing and monitoring foster homes, placing and monitoring children in foster home settings, providing supervision for court-ordered supervised visitation, facilitating adoption services when family reunification is no longer possible, providing semi-supervised independent living programming for older females in foster care, and providing confidential intermediary searches to help adults who were adopted reconnect with their biological families.

CFC is a member of the Michigan Network for Youth and Families, a statewide network of runaway and homeless youth (RHY) providers and a recipient of Michigan DHHS funding for homeless youth. Michigan has a statewide process and referral form for MDHHS foster care workers to connect youth aging out of foster care without an identified safe and stable housing transition plan to runaway and homeless youth services. Referrals have a built-in outcome loop whereby RHY providers document attempts to connect with the youth and provide services along with the outcome of the referral (youth unable to be contacted, declined services, or scheduled an intake).

CFC is also the CRHC's runaway and homeless youth provider, making referrals and case conferencing for youth in foster care or former foster care recipients quick and easy. CFC can begin intake and assessment services with youth aging out of foster care up to 60-days prior to foster care discharge to establish a solid transition plan to prevent foster care youth from experiencing street homelessness prior to accessing shelter and supportive services. This includes conducting coordinated entry assessments for placement on the CoC's by-names list. CFC has an MOU with the Michigan DHHS (statewide Child Welfare Contractor and RHY Contractor), the Michigan State Housing Development Authority (statewide PHA), and the CRHC (Ingham County CoC) to access Foster Youth to Independence (FYI) vouchers for youth with a history of foster care involvement.

Foster youth are invited to participate in CFC's Youth Action Collective, a group of youth and young adults with lived experience of homelessness, who help identify community gaps and needs in youth housing and services, guide new program implementation, and evaluate existing housing projects.

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)

Child and Family Charities (CFC) is the CRHC's runaway and homeless youth-funded provider. CFC provides a full continuum of services and housing projects for youth and young adults ages 12 through 24 that includes Street Outreach including drop-in center services, shelter diversion, housing navigation, Basic Center Programming: prevention and emergency shelter, Transitional Living and Transitional Housing Programs (congregate, scattered site, and Maternity Group Home), rapid rehousing, permanent supportive housing, and aftercare case management. CFC conducts bi-weekly case conferencing including staff across all youth housing and supportive services projects.

CFC acts as a Coordinated Access Point in the CRHC's Coordinated Entry (CE) System. CFC's outreach and drop-in center staff are all trained to conduct Coordinated Entry Assessments and enter assessment data into HMIS for placement on the CoC's CE by-names list. The CRHC maintains a separate by-names list for youth. CFC submits housing or program vacancies to the CE Lead Agency weekly. CRHC members participate in weekly case conferencing meetings to match housing project vacancies (TH/TLP, RRH, PSH, and voucher programs) with eligible households prioritized on the CoC's by-names list. Warm hand-offs occur between the intake agency and the housing case manager for the matched housing project whereby intake workers introduce the youth to their housing case manager providing some background details so youth do not have to fully repeat their story, thus reducing the trauma associated with homelessness.

CFC coordinates services with several other CRHC member agencies to support youth in obtaining and sustaining permanent housing and increasing self-sufficiency. This includes member agencies who offer
1.basic needs support (food, clothing, household furniture and goods, bus passes and other transportation assistance, utility assistance), who provide health and mental health care services including substance abuse services to improve the well-being of households,
2.education and employment assistance that supports economic growth and financial stability,
consumer and spiritual support to build and expand social support networks that prevent and/or quickly mitigate future crises, and
3.skill-building workshops and activities that promote self-sufficiency.

As the CRHC Lead Agency and Collaborative Applicant, CFC is a strong collaborative partner in all CoC spaces.

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)

Advent House Ministries Fresh Start RRH project is primarily focused on stabilizing homeless families with children. This project is CoC-funded. Child and Family Charities Housing Young Families project exclusively serves pregnant and parenting young adults and their dependents. This project is funded by DHHS. In the Ingham County CoC, families have their own CE by-names list.

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 Fresh Start RRH is primarily focused on stabilizing homeless families with children. Upon program entry, family households are engaged with all other stabilizing resources. Employment/Increasing Income is prioritized in the Family Permanent Housing Plan. Recognition of common barriers, such as lack of childcare and transportation, is reflected in the plan with use of intervention resources from other stabilization programs that offer effective solutions through networking, planning, and commitment of sustainable resources (e.g. secure affordable childcare service and/or confirm viable/dependable transportation option. Staff evaluate health care needs for the family and secure health promotion and maintenance location/provider using established partnerships between housing support case management staff/client household and health care community and include this information in the Family Permanent Housing Plan.

CFC's Housing Young Families Program provides employment assistance through case management services. Youth in the project are encouraged to participate in workforce development activities provided in CFC's Drop-In and Education Center for Youth. Services in the center include: youth-focused job fairs, vocational counseling, GED preparation and testing, group financial literacy and individualized financial planning to prepare and practice budgeting. The Youth Builder Program has office space in CFC's Non-profit HUB. This project teaches youth technical skills, entrepreneurial training, and provides career mentorship opportunities.

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)

Child and Family Charities' Family Growth & Resource Center leverages Temporary Assistance for Needy Families (TANF) funding through its partnership with EightCAP to provide eligible families with diapers, wipes, and other diapering-related supplies once per month. Families qualify for TANF-funded assistance if they are currently receiving, or have received within the past 12 months, qualifying benefits such as Food Stamps/SNAP, Family Independence Program/Cash Assistance, Community Services Block Grant assistance, Low Income Household Assistance Program, State Emergency Relief, Weatherization Assistance Program, Supplemental Security Income, or Women Infants & Children (WIC). In addition to this TANF-supported diapering assistance, our resource center provides families with food, clothing, hygiene products, cleaning supplies, and other basic needs items through separate agency and community resources. Our Family Growth & Resource Center also provides MI Bridges Navigation assistance, helping individuals and families apply for and access the following: Medicaid benefits, Food Assistance, Cash Assistance, WIC, Child Development and Care, and State Emergency Relief. Through these services and partnerships, our resource center addresses immediate basic needs while connecting families to public benefits and other resources that can support household stability.

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)

Child and Family Charities (CFC) combines housing assistance with parenting support, child development, health education, and connections to early childhood services. Through our Drop-In Center and housing programs, families can access these supports in a welcoming, low-barrier environment.

Child and Family Charities will offer Parent Cafés, Nurturing Fathers programming, and Stay & Play groups to strengthen parenting skills, build positive parent-child relationships, encourage peer connections, and support healthy social-emotional development. Our Child Development Specialist provides Ages & Stages Questionnaires (ASQ) developmental screenings, helps parents understand developmental milestones, and connects families to additional services when needed.
Through partnerships with Capital Area Community Services Head Start, Ingham ISD, Great Start Readiness Program and other community providers, families can be connected to prenatal education, Head Start and Early Head Start, early childhood education, developmental resources, and health-related supports.

Families will also receive simple, practical activities they can use at home to promote early learning, school readiness, social-emotional skills, and healthy development.

By bringing housing, parenting education, developmental screening, early childhood programming, basic needs, and community resources together, CFC supports the stability and well-being of the entire family.

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 Nest provides emergency shelter to veterans. The Lansing Housing Commission (PHA) collaborates with the VA to provide HUD-VASH housing choice vouchers and supportive services to eligible homeless veteran households. The Nest, Lansing Housing Commission, and Ingham County Veterans Affairs are all active CRHC members. The CRHC has a separate Coordinated Entry by-names list for veterans.

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)

EVE is the CRHC's largest victim service provider offering shelter, advocacy, case management and therapeutic services to survivors of domestic and sexual violence, stalking, and abuse later in life.

CFC has a small congregate transitional housing program for young female headed households fleeing domestic violence, sexual assault, and trafficking.

Both agencies participate in the CoC's Coordinated Entry System and other committee spaces and are strong collaborators in the CoC.

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 Ingham County Health Department and the Community Mental Health Authority work together providing staff on-site at the jail and in recovery court to engage in discharge planning, helping prisoners learn about and connect to services that address social determinants of health including housing, healthcare, and basic needs services.

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 CRHC's Shelter Plus Care (S+C) program combines housing with intensive support services for individuals experiencing chronic homelessness who have a high level of medical needs. Clients receive comprehensive case management, mental health services, medication management, transportation assistance, and connections to primary and specialty medical care. DAP's Senior Stability Program prioritizes homeless seniors with high medical acuity and is staffed by nurses and healthcare professionals.

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)

The CRHC's DAP Service and Resource Center’s Senior Stability Program includes Permanent Supportive Shared Housing for the Aged, agreements with licensed Adult Foster Care Facilities for higher need seniors, coordination with Adult Protective Services on high acuity referrals, and the ability to provide Crisis Home Help services for in-home crisis-level care. DAP is also a Tri County Office on Aging provider, to bridge services for clients pending waiver-service approval.

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)

The Lansing Housing Commission's PSH program prioritizes providing housing to individuals and families experiencing chronic homelessness. Referrals are coordinated through the CE System. Individuals who meet HUD's definition of chronic homelessness receive priority consideration for available PSH units. Participants receive intensive case management and supportive services designed to promote long-term housing stability, improve health outcomes, and increase self-sufficiency.

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)

The Shelter Plus Care program provides long-term housing and supportive services for individuals with disabilities who are experiencing homelessness through a long-standing partnership between the Lansing Housing Commission and the Community Mental Health Authority. CMHA-CEI offers comprehensive services based on an individual’s assessed medical need at their home, in their community, and through office-based programming.

Child and Family Charities (CFC) the CoC’s youth housing provider with several CoC-funded youth housing projects has an on-site Wellness Clinic offering therapeutic interventions for children (ages 8 and up), adolescents, young adults, adults, and families. Clinicians have advanced training in supporting individuals who have experienced interpersonal violence, sexual assault, trauma/complex trauma, child abuse and/or neglect, and co-occurring mental health and substance misuse issues. Services can be provided on-site at the CFC main campus, in the youth shelter, at the youth drop-in center or through telehealth services. All youth utilizing CFC’s housing projects are screened for mental health and substance use disorders and offered individual, family, or group counseling sessions through CFC’s Wellness Clinic or in coordination with community mental health providers.

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)

Case managers conduct frequent meetings with participants and maintain regular contact through home visits, office appointments, and other interactions. During these engagements, staff evaluate housing stability, self-sufficiency, cognitive functioning, behavioral health concerns, physical health needs, and the participant's overall ability to live independently. Observations, participant feedback, and information provided by service providers, family members, and healthcare professionals help inform these assessments when appropriate.

When a participant demonstrates a decline in functioning, increased medical or behavioral health needs, difficulty maintaining independent housing, or other indicators that a higher level of care may be necessary, case managers work collaboratively with the participant to explore appropriate service options. Referrals are made to community-based healthcare providers, behavioral health agencies, residential treatment programs, assisted living facilities, nursing care providers, and other specialized services based on the participant's needs.

CRHC’s youth provider holds a bi-weekly case conferencing meeting with the local community mental health authority to triage cases and coordinate needed assessments and services to determine eligibility to access more intensive services as needed. If residential or inpatient treatment is necessary, the housing project determines if the assigned bed or unit can be held until the client is released from care to avoid disruptions to stable housing on top of a medical or mental health crisis.

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)

CRHC's Permanent Supportive Housing (PSH) Program has established procedures for assessing participant readiness to transition to unsubsidized housing or other permanent housing opportunities. Through frequent case management meetings, staffing discussions, and referral reviews, case managers regularly evaluate each participant's progress toward self-sufficiency and long-term housing stability.

During these meetings, case managers review the participant's history, barriers that existed at program entry, and the progress made in overcoming those barriers. Staff assess factors such as income stability, employment or benefit retention, budgeting skills, ability to maintain housing, compliance with lease obligations, utilization of community resources, and overall capacity to live independently with reduced support. Case managers also evaluate whether participants have demonstrated the cognitive understanding, decision-making skills, and support systems necessary to sustain housing without intensive case management services.

When a participant is identified as a potential candidate for transition, case managers discuss the specific measures and resources that have been put in place to support long-term housing success. These may include ongoing healthcare connections, behavioral health services, community support networks, income sources, transportation resources, and other individualized supports designed to reduce the risk of housing instability after program exit.

The decision to move a participant to unsubsidized or other permanent housing is made collaboratively, with consideration given to the participant's goals, demonstrated stability, and ability to maintain housing independently. Following transition, case managers continue to conduct follow-up outreach for a minimum of six months to monitor housing stability, confirm that support systems remain in place, and assist with reconnecting participants to resources if new challenges arise. This process helps ensure that participants exiting the LHC PSH Program are prepared for long-term housing success and have the necessary supports to maintain permanent housing.

CRHC's Housing Case Management Standardization Committee is reviewing the Rutger's LASH or Life After Supportive Housing Readiness Self-Assessment tool for a consistent way to document readiness across supportive housing project within the CRHC.

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.	09/29/2026

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.	09/29/2026

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.	09/21/2026
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)

1-To determine reallocation, the CRHC engages two committees to evaluate existing projects for performance. The Continuous Quality Improvement Committee reviews utilization rates and outcome measures of CoC projects a minimum of twice annually. The Finance Committee and CoC board review the fiscal management (rates of spending) quarterly. During the HUD CoC Local Competition, trends identified by each committee are utilized to determine any projects that should be reallocated either fully or partially to free up funds to expand higher performing projects and/or create new projects in line with the CoC's annual community needs analysis.

2-Two PSH projects were identified as underutilized and underspent over a period of more than one year.

3-The CRHC made the decision to fully reallocate one PSH project and partially reallocate another.

4-In addition to reallocating underperforming projects to create new more needed projects, and in line with HUD's priority to rebalance CoC projects by including transitional housing and supportive services only projects in the continuum of care, the CRHC's youth provider consolidated two existing permanent housing projects (one PSH and one Joint TH/RRH) and reallocate these projects to one transitional housing project through a transition grant.

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)

1-Where prior years relied mostly on volunteers for PIT count, the 2026 PIT team included more paid staff who are trained and experienced in street outreach work and had been involved in prior PIT counts. The CRHC evaluated street outreach outcomes more closely in 2025 creating a goal to increase and improve street outreach through cross-agency communication, collaboration, and coordination. The CRHC created spaces where all street outreach teams could meet, train together, share barriers, challenges, and observations on the street. This improved trust and relationships across agencies and greater confidence in locating unsheltered and gathering data for the community count. The larger cross-agency PIT team agreed on a data collection tool and a workflow through discussion and consensus creating increased knowledge and buy-in of the process.

2-Cross-agency teams had different knowledge and experiences of encampment locations, especially those off-grid and had encampment work experience. This increased visits to encampment locations during PIT and likely improved the accuracy of unsheltered counts than in prior years.

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)

In the beginning of 2025, Ingham County had several outreach teams, some government funded (PATH, ESG, DHHS), but many faith-based and/or grass roots teams made up primarily of volunteers who weren't members of the CoC. With the rising number of people living unsheltered in the CRHC geographic region, the CoC did a deeper analysis of street outreach outcomes, staffing, and funding resources. Street outreach projects were found to be grossly understaffed and underfunded in comparison to the rising demand for services. While recruiting grass roots street outreach teams, the CoC identified barriers to membership and participation due to required membership dues that grass roots agencies simply could not justify in their small budgets. In response, the CRHC voted to forego membership dues for the first year of membership while re-evaluating the dues structure through a Governance Charter and Policy and Procedure review under a HUD TA project request. This Ad Hoc Committee is recommending an ongoing non-voting, non-dues paying membership option to ensure budgets don't prevent homeless advocates from engaging in CoC work. In fall 2025, to address the rising number of unsheltered, the CRHC established a goal to create a multi-disciplinary street outreach approach across agencies to combine resources, create a collaborative team outreach schedule with target locations, share locations of encampments, any safety-related concerns, and any follow-up care that needs to occur to help unsheltered access safe shelter/housing and basic needs resources. This approach reduces duplication of services and promotes broader geographic coverage maximizing the limited resources in the community while looking for alternative funding and resources to add to efforts. This multi-disciplinary team currently includes faith-based partners whose primary focus is distributing basic needs, public health staff addressing the intersection of homelessness and health, PATH-funded street outreach staff who address severe mental illness or co-occurring substance use disorders, youth outreach workers, and Coordinated Entry staff who provide homeless verifications and Coordinated Entry Assessments to get unsheltered on the housing prioritization by-names lists for quicker access to housing solutions with hopes of reducing encampments.

One large encampment received a lot of press in our CRHC region resulting in court involvement as it was on private property.

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

1. Enter the estimated number of encampments in the beginning of your evaluation period.	10
2. Enter the reduction in the number of encampments during your evaluation period.	1

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.	172
2. Enter the reduction in the number of people in encampments during your evaluation period.	18

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)

Changes to encampment numbers over time is unknown other than through anecdotal observations. The CRHC does not have a current data collection method to track persons living in encampments separate from other unsheltered individuals living in cars, sleeping solo on the street or in a park, staying intermittently in abandoned buildings between couch surfing, hiding in 24-hour businesses or outdoor restrooms/area). To do this properly, the CoC would need to define encampments (number of people, presence of structures/tents, other features) and create a mechanism and training plan across agencies/teams to record encampment data consistently and measure change over time. The CRHC is willing to do this, requesting further guidance on how to best capture this data using HMIS.

Under a new cross-agency multi-disciplinary team approach to outreach, the CRHC is just beginning to really identify all known encampment sites across the region. In coordination with public transportation, parks staff, and law enforcement, this CRHC street outreach team is notified of encampments identified for removal and clean-up. This collaborative approach allows outreach teams to get to those encampment sites and connect unsheltered to service options before they are displaced which makes street-based follow-up services challenging. Street outreach teams are identifying barriers to the unsheltered accessing existing shelters. These have included couples without children who do not want to separate, physical disabilities that require limited bottom bunks in single adult shelters, and persons with pets. This knowledge helps the CRHC set strategic goals to fill community gaps in services. Creating spaces for everyone will reduce encampments. Many persons living in encampments are employed, but do not make livable wages, cannot locate and secure accessible, available, and affordable housing units due to low housing stock for extremely low-income households, or locate landlords willing to work with households with recent evictions. The CRHC's new street outreach team is providing coordinated entry assessments at encampment sites to get these households prioritized on the housing by-names list for transitional, rapid-rehousing, or permanent housing vacancies.

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)

Prevention funding is extremely limited in the CRHC region. In the past year beginning October 1, 2026, two agencies including a youth/young adult provider collaborated on a pilot shelter diversion project that includes financial assistance that can be used to prevent homelessness as well as divert households from shelter who have options for doubling-up with other households temporarily. Financial assistance allows agencies to help households with rent and utility arrears along with landlord mediation services that can prevent an eviction from occurring. Prevention is a much more economical option than having a household losing everything and start over.

Most recently, the CRHC made the decision to divide the available prevention funding using City and State ESG allocations to 4 CRHC member agencies. One agency provides legal services to prevention eviction, three provide financial assistance and case management support for prevention and services. Each agency is committed to using the funds allocated to leverage additional prevention funds by describing impact on households benefiting from prevention programming and community.

Households who utilize prevention programming in the CRHC are encouraged to utilize Lansing's Financial Empowerment Center which offers free, one-on-one financial counseling to help residents mange money, reduce debt, and building savings in an effort to prevent future housing instability due to financial mismanagement. Underemployed households are referred to Michigan Works, our local American Job Center, to receive employment assistance, connect to job openings with local employers, and explore eligibility for job training programs and education scholarships.

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)

While the average length of time homeless increased by 6 nights, the median length of time homeless decreased by 8% or 4 nights. While the CRHC's new street outreach approach is increasing the number of coordinated entry assessments and placement on the coordinated entry by-names list, the rate of vacancies in housing projects and available housing preference vouchers is far less than the rate of households being added to the by-names list. The CRHC plans to address this by:
1.Reallocating projects with underutilized housing units to a new agency with a higher performance track record, to a new project type that is more in demand in the community, or to a targeted population that is being underserved, like families or seniors/elderly to better meet community demand.
2.Engage the CRHC's expanded street outreach team in weekly coordinated entry (CE) case conferencing meetings to identify households pulled from the CE by-names list that are flagged as inactive, meaning there has not been a service documented in HMIS in 90-days. Deploy the street outreach team to locate missing households and re-engage them in services if they are still facing homelessness.
3.Improve warm hand-offs from the agency who had initial contact with clients to the case manager associated with the housing vacancy to streamline services and prevent households from falling off.
4.Address barriers to housing move-ins (missing identification documents or required verifications, delays in unit inspections, outstanding utility bills requiring payoff and utility deposits to establish services at new unit) and create workplan strategies through the CRHC's Coordinated Entry Policy Advisory Committee and Housing Standardization Committee to reduce barriers and improve collaboration between service providers.

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?	32.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The universe used for the calculation was the same as universe used for calculating the HUD SPM Metric 7b.2. The time period measured was October 1, 2024 – September 30, 2025. A client-level detail report that included the following data elements: Personal id, Client id, Entry exit id, Provider Name, Provider project type, Entry date, Exit date, Entry exit destination, and housing move-in date was exported from HMIS. The data set was filtered to isolate people with an exit from a TH/RRH/PSH project type. The number of people exiting to unsubsidized destinations (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) was compared to the total number of people exited from a TH/RRH/PSH project during the measurement period.

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.	01/27/2026

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	614	57	671	100.00%
2. Safe Haven (SH) beds	22	0	22	100.00%
3. Transitional Housing (TH) beds	41	0	41	100.00%
4. Rapid Re-Housing (RRH) beds	115	1	116	100.00%
5. Permanent Supportive Housing (PSH) beds	396	0	232	58.59%
6. Other Permanent Housing (OPH) beds	76	0	66	86.84%

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)

1.For PSH bed coverage, the beds not included on HMIS are all HUD-VASH beds. We will explore the HOMES to HMIS translator tool with the HMIS statewide lead agency to assess its viability for use in Michigan. Past reviews of the tool showed it was not able to work in Michigan because of misalignments between VA catchment areas and CoC geography that would result in conflicts with importing the data into a state-wide HMIS implementation. If and when the tool is approved for use within the statewide implementation, the CoC will work with the local VAMC to develop a routine process for data sharing between HOMES and HMIS to incorporate HUD-VASH into the HMIS data set to bring the PSH bed coverage rate to 100%.

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	On Site SUD servi...	09/28/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	Number of Units R...	09/28/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes		
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Letter from LPD r...	09/28/2026
05. 1D-1. Local Competition Scoring Tool	Yes	CRHC HUD CoC Comp...	09/28/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/28/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	HDX Competition R...	09/28/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No	Cert re Opportuni...	09/28/2026
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No		
11. Other	No		

Attachment Details

Document Description: On Site SUD services within the CoC

Attachment Details

Document Description: Number of Units Requiring SUD Treatment

Attachment Details

Document Description:

Attachment Details

Document Description: Letter from LPD re Coordination for Public Safety

Attachment Details

Document Description: CRHC HUD CoC Competition Scorecard

Attachment Details

Document Description: Local Competition Selection Results

Attachment Details

Document Description: HDX Competition Report

Attachment Details

Document Description: Cert re Opportunity Zones

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

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

On-Site Substance Use Treatment

1C-1. List of TH/TH/RRH Projects and Treatment Providers with On-Site Substance Use Treatment

TH/RRH/PSH Project Name	On-Site SUD Services	Description of Treatment/Services Available
CFC's YHDP: PSH for Youth	X	CFC's Connect 4 Success Program provides youth with substance use disorders with specialized recovery-focused case management, vocational support, and individual and group counseling on-site on CFC's main campus under a SAMHSA GBHI grant.
LHC's Shelter Plus Care	X	The supportive services for this project are provided by the CoC's local mental health authority. Community Mental Health of Clinton, Eaton, and Ingham Counties offers services based on need. During initial and ongoing treatment planning, services and their location are defined and may include in-home services, or telehealth, as needed.
AHM's Hope Housing Expansion	X	AA and NA groups meet every morning on-site at Advent House Ministries
LHC's Permanent Supportive Housing 2	X	Advent House Ministries provides the supportive services for this project. All program participants struggling with substance use disorders are encouraged to engage in the AA and/or NA groups that meet every morning at Advent House Ministries.
CFC's YHDP Joint TH/RRH	X	CFC's Connect 4 Success Program provides youth with substance use disorders with specialized recovery-focused case management, vocational support, and individual and group counseling on-site on CFC's main campus under a SAMHSA GBHI grant.
CFC's Transitional Housing for Youth	X	CFC's Connect 4 Success Program provides youth with substance use disorders with specialized recovery-focused case management, vocational support, and individual and group counseling on-site on CFC's main campus under a SAMHSA GBHI grant.
AHM's Fresh Start Rapid Rehousing	X	AA and NA groups meet every morning on-site at Advent House Ministries
AHM's PSH for Families	X	AA and NA groups meet every morning on-site at Advent House Ministries
EVE's Transitional Housing Program		
DAP: Harbor House Transitional Housing		
NOVA Transitional Housing Program		

Units Requiring Substance Abuse Treatment

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

The CRHC's **2026 PIT** count counted **35 individuals** who identified a substance use disorder (SUD).

There are no TH, RRH, or PSH projects funded by CoC-programs that require substance abuse treatment planned under this NOFO. CFC has one small PSH project currently that is specific to young adults with substance use disorder, however, that project is being transitioned to a transitional housing project for youth without an SUD requirement. SUD services are provided as needed, based on initial and ongoing assessments.

While the CoC is not funding these units that require substance Abuse Treatment, these are community partners who provide recovery housing using other sources of funds. While not dedicated to serving homeless individuals with SUD, CoC partner agencies do connect individuals needing recovery housing to these valuable community partners and/or work together with these partners to coordinate services across agencies.

Organization	Number of Beds	Target Population
Second Chance Recovery	19	Men
Endeavor House & Angie's Place	16 11	Men Women
Pinnacle	26	Men
RISE Recovery Community	98	
Safe Harbor	10	Co-ed; Exiting treatment or experiencing homelessness
Total Recovery Beds requiring participation in substance abuse treatment in the CoC geographical region.	**174**	

LANSING POLICE DEPARTMENT
120 W. MICHIGAN AVENUE, LANSING MI 48933
517.483.4600 | lansingpolice.com

Police Social Worker Program

9/25/2026

To Whom It May Concern:

The LPD Social Work Program plays an important role in connecting law enforcement with community-based providers to address homelessness, substance use, behavioral health concerns, and other barriers to stability.

LPD social workers collaborate with homelessness, behavioral health, substance use treatment, and other community providers during targeted encampment outreach and other community interventions. They help identify needs, address safety concerns such as unsafe conditions and discarded needles, and connect individuals to detoxification, treatment, recovery, housing, and supportive services.

The program also partners with community providers through a rapid response model following substance use overdoses. This timely follow-up creates opportunities to connect individuals with harm-reduction resources, treatment, recovery, and behavioral health services.

LPD Social Work further coordinates with community providers during welfare checks and behavioral health crises, helping identify appropriate services and facilitate further evaluation when needed.

Jail outreach and discharge coordination are also important components of the program. Because the LPD jail operates as a 72-hour detention center, timely coordination with community providers is critical. Social workers help connect individuals to housing, behavioral health, substance use treatment, transportation, and other services before or following release.

Through these partnerships, the LPD Social Work Program serves as a critical link between law enforcement and community providers. Grant funding would strengthen this collaborative model by increasing capacity for outreach, referrals, follow-up, and coordinated services for individuals who may otherwise struggle to access needed support.

Melissa Misner

Melissa Misner, LMSW-Clinical, CAADC
Police Social Worker Supervisor
Lansing Police Department – Community Services Unit
120 W. Michigan Ave. | Lansing, MI 48933
O: (517) 483-4471 | E: Melissa.Misner@lansingmi.gov

FY26 CoC PROJECT APPLICATION
REVIEWER INSTRUCTIONS

This workbook is designed to incorporate the ranking and scoring structures outlined in the Continuum of Care Competition and Youth Homeless Demonstration Program Grants FY26 NOFO.

CoC/Applicant Guide: FY26 CoC NOFO

Tab/Document	Description	Objective
Threshold Review	Application Pre-Screen	Review each application packet to enure all criteria is met prior to moving the applicant forward for scoring
PSH	New-Project Quality Review	Determine the applicant's project-type and use the corresponding tab to review criteria required to receive the minimum points required per project-type
TH		
SSO		
CE		
HMIS		
SO		
Application Score	Merit Review	Criteria and scoring guide to determine overall application score

FY26 CoC PROJECT THRESHOLD REVIEW

INSTRUCTIONS: Applicants must meet all threshold requirements before being scored.
If one or more requirements is not met, the applicant is not eligible for funding

Reviewer Name:
Project/Agency Name:
Project Type: **Minimum Criteria Met (Y/N):**

Criteria	Acceptable Evidence	Evidence Provided	Criteria Met (Y/N)
501(c)(3) status	Copy of the IRS-990		
Board Roster	Agency letter; org chart		
Registration in Systems of Award Management (SAMS)	Valid UEI in SAMs		
Compliance with Federal and State agencies	No oustanding or deliquence debt; not barred or suspended from doing business		
Compliance with fair housing and civil rights requirements	No unresolved findings		
Accounting and Financial Management capacity	Confirmation of 25% match requirement; audit findings/resolutions; reasonable costs		
Disclosure of violations of Federal Criminal law	Cerficiation statement regarding any violations involving fraud, bribery, or gratuity		
Use of HMIS or comparable database for DV	Commitment to HMIS policies and procedures; comparable database identified		
Timely APR submission	Timeliness attestation or quarterly funding draws		
Participation in Coordinated Entry	Commitment to CE policies and procedures or letter of confirmation from CRHC provider		
Support service requirement	Contract, occupancy agreement, or lease; excludes disability-related services		
Illegal Drug & Paraphernalia Prohibition	Project does not and will not operate illegal drug injection sites or safe consunsumption/distribution programs		
Discrimination Policy	Project does not subsidize or facilitate racial preferences or other forms of illegal discrimination.		

Transitional Housing: Threshold Review

New TH projects must receive at least 6 out of 8 points

Criteria	Scoring Guide	Possible Points	Score	Notes/reasoning for points awarded
Collaborative Support	Provides, or partners with organizations to provide eligible support services necessary to assist in obtaining and maintaining housing	2		
Experience	Demonstrate prior experience, or a plan to, assist(ing) homeless individuals or families exit homelessness within 24 months	1		
Outcomes	50% of participants exit to permanent housing within 24 months and exit with employment income	1		
Rescources	Project supplemented with mainstream resources (e.g., Medicare, Medicaid, SSI, or SNAP)	1		
Support Services	Project described assessment process and individualized services; plan includes: - engagement in at least 20+ hours of services, activities, or employment for participants under 62 years or who have physical disability/impairment or developmental disability - services to be provided, when & how often, & by whom - dates, goals, & interventions to improve health, wellness, housing stability, increased employment income to achived financial stability & self-sufficiency	2		
Cost-effective	Average cost per household is reasonable	1		
		TOTAL POINTS:	5	**Below Minimum**

Support Service Only Project: Threshold Review

New SSO projects must receive 4 out of 5 points

Criteria	Scoring Guide	Possible Points	Score	Notes/reasoning for points awarded
Support Services	Must be necessary to exit homelessness, address barriers & increase self-sufficiency; perform annual assessment of partcipant need	1		
Rescources	Project supplemented with mainstream resources (e.g., Medicare, Medicaid, SSI, or SNAP)	1		
Service Engagement	Strategy to engage those who do not traditionally engage with supportive services	2		
Cost-effective	Services are cost-effective	1		
		TOTAL POINTS:	4	**Meets Minimum**

Support Service Only Street Outreach: Threshold Review

New SO projects must receive 5 out of 6 points

Criteria	Scoring Guide	Possible Points	Score	Notes/reasoning for points awarded
Rescources	Project supplemented with mainstream resources (e.g., Medicare, Medicaid, SSI, or SNAP)	1		
Service Engagement	Strategy to engage those who do not traditionally engage with supportive services	2		
Legal Collaboration	History of, or plan to, partner with first responders and law enforcement; follows public camping & public drug use laws	1		
Effective Experience	Proven experience, or plan, demonstrates successful exit from unsheltered to sheltered	1		
Cost-effective	Services are cost-effective	1		
		TOTAL POINTS:	0	**Below Minimum**

Coordinated Entry Project: Threshold Review

New CE projects must receive 3 out of 4 points

Criteria	Scoring Guide	Possible Points	Score	Notes/reasoning for points awarded
Accessible	Easily available and reachable for all persons seeking assistance, including those with disabilities	1		
Advertising	Demonstrated strategy to reach household with the highest needs.	1		
Assessment	Use of standardized assessment process	1		
Referrals	Participants are directed to housing and services that fit their needs	1		
		TOTAL POINTS:	0	**Below Minimum**

Permanent Housing Project: Threshold Review

New PH projects must receive 3 out of 5 points

Criteria	Scoring Guide	Possible Points	Score	Notes/reasoning for points awarded
Project Type	Number and configuration of units fits needs of participants	1		
Support Services	The type of on-site supports offered ensure participants succesfully obtain and retain housing that fits their needs.	1		
Special Populations	The project will serve homeless individuals or families with a disability (i.e., 62+, DD, or physical) in accordance with 24 CFR 578.37(a)(1)(i).	1		
Rescources	Project supplemented with mainstream resources (e.g., Medicare, Medicaid, SSI, or SNAP)	1		
Cost-effective	Average cost per household is reasonable.	1		
		TOTAL POINTS:	0	**Below Minimum**

Rapid Rehousing Project: Threshold Review

New RRH projects must receive 4 out of 6 points

Criteria	Scoring Guide	Possible Points	Score	Notes/reasoning for points awarded
Self-sufficiency	Rental assistance will help achieve self-sufficiency within 24 months.	1		
Support Services	Services offered ensure participants obtain self-sufficiency & exit homelessness.	2		
Effective Experience	Demonstrate prior experience (HMIS data included), or plan to, exit(ing) 50+% of participants with employement income and permanent housing.	1		
Rescources	Project supplemented with mainstream resources (e.g., Medicare, Medicaid, SSI, or SNAP)	1		
Cost-effective	Average cost per household is reasonable.	1		
		TOTAL POINTS:	0	**Below Minimum**

HMIS Project: Threshold Review

New HMIS projects must receive 3 out of 4 points

Criteria	Scoring Guide	Possible Points	Score	Notes/reasoning for points awarded
Implementation	Describes plan to further HMIS implementation	1		
HMIS Standards	Collects all HMIS Universal Data Elements	1		
Uniquify	Ability of HMIS to un-duplicate client records	1		
Reporting	Production of required reports (e.g., APR, quarterly reports, CAPER/ESG, etc.) & other reports required by federal partners	1		
		TOTAL POINTS	0	**Below Minimum**

PROJECT-APPLICATION SCORE

INSTRUCTIONS: Enter raw scores (0–100) for each section in column C.
Weighted scores will calculate automatically. Applicant's total Score is at the bottom.

Application Section Criteria	Scoring Guide	Weight (%)	Score (0–100)	Weighted Score	Notes/reasoning for points awarded
Project Design & Alignment • Mission clearly addresses target population needs using data. • Aligns with CRHC priorities and HUD NOFO goals. • Incorporates input from persons with lived experience. • Uses evidence-based methods for assessment and assistance. • Includes a detailed implementation plan with timelines.	• 90–100: Fully meets all criteria with strong evidence and clarity. • 70–89: Meets most criteria; minor gaps in detail or evidence. • 50–69: Limited alignment or unclear implementation plan. • Below 50: Does not demonstrate alignment or lacks detail.	**30**		0	
Project Access & Equity • Robust support service paricipation. • Strategies to incorporate healthcare and addiction treatment. • Strategies to incorporate job training and employment pathways. • Exit process and criteria.	• 90–100: Comprehensive strategies and clear equity plan. • 70–89: Adequate strategies; minor gaps. • Below 70: Limited or unclear strategies.	**15**		0	
Financials & Cost Effectiveness • Budget aligns with Fair Market Rent or Rent Reasonableness. • Match and leverage plans provided (≥25% match). • Reasonable per-household cost. • Sustainability strategies outlined.	• 90–100: Detailed, realistic budget and sustainability plan. • 70–89: Budget reasonable but lacks detail in sustainability. • Below 70: Missing match/leverage or unrealistic costs.	**15**		0	
Performance Outcomes & Data Quality • Clear, measurable goals: referrals, enrollments, exits to housing • Data collection and HMIS compliance. • Strategies for improving participant outcomes. • Performance measures returns to homelessness, increase to employment income, and required support services	• 90–100: Comprehensive goals and strong data plan. • 70–89: Goals present but lack specificity or data strategy. • Below 70: Weak or missing performance measures.	**25**		0	
Organizational Capacity & Partnerships • Demonstrated experience with target population. • Adequate staffing and training. • History of managing federal funds. • Partnerships for safety, healthcare, and mainstream resources.	• 90–100: Strong capacity and partnerships with documented success. • 70–89: Adequate capacity; partnerships need strengthening. • Below 70: Limited experience or unclear partnerships.	**15**		0	
			TOTAL SCORE:	**0**	

Capital Region Housing Collaborative
MI-508: Lansing, East Lansing/Ingham County
Local Competition Selection Results

	Project Name	Score	Status	Rank	Requested Funding Amount	Reallocated Funds
CFC	CoC Planning		Accepted	Not Ranked	$209,801	
CFC	HMIS	97.03	Accepted	5	$147,867	$147,867
LHC	Shelter Plus Care	92.2	Accepted	2	$455,268	
LHC	Permanent Supportive Housing 2	93.15	Reduced, Reallocated	4	$750,000	($223,549)
AHM	Permanent Housing for Families	91.67	Accepted	10	$96,333	
LHC	Permanent Supportive Housing Bonus Program		Fully Reallocated	Not Ranked	$0	($246,711)
AHM	Hope Housing Expansion	93.3	Accepted	3	$338,857	
AHM	Fresh Start Rapid Rehousing	94.075	Accepted	9	$441,923	
CFC	Rapid Rehousing for Youth		Fully Reallocated	Not Ranked	$0	($220,154)
CFC	Transitions PSH for Youth		Fully Reallocated	Not Ranked	$0	($182,230)
AHM	Coordinated Entry	89.44	Accepted	6	$226,156	
CFC	YHDP: Housing and Systems Navigation for Y/YA	96.33	Accepted	11	$184,000	
CFC	YHDP: Permanent Supportive Housing for Young Adults	95.73	Accepted	1	$260,706	
CFC	YHDP: Joint TH/RRH for Young Adults	97.47	Accepted	7	$525,973	
CFC	Transitional Housing for Youth	98.25	Accepted	8	$402,384	$402,384
EVE	DV: Eve's Transitional Housing Program	92.07	Accepted	12	$515,021	
DAP	CORE Case Management SSO	96.28	Accepted	14	$195,604	$81,435
DAP	Harbor House Transitional Housing	94.13	Accepted	13	$285,111	$285,111
ICHD	Community Health Worker Supportive Services and Case Management	88.9	Accepted	15	$208,282	
EB	Case Management in Encampments	88.62	Accepted	16	$160,200	
DRRM	NOVA Transitional Housing Program	84.95	Accepted, Reduced	17	$146,751	
CoL	HMIS	80.91	Rejected	Not Ranked	$0	
ECAC	Homeless Prevention Fund	90.03	Rejected	Not Ranked	$0	
HH	HMIS		Fully Reallocated	Not Ranked	$0	($44,153)

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 pa
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", th
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", cl
select "Entire Workbook", press "OK", and click "Save". These instructions may differ depending on your version of Mi

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been a
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/progra
question/ and choose "HDX" as the topic.

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2025 HDX Competition Report

2026 Competition Report - Summary

MI-508 - Lansing, East Lansing/Ingham 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.

2026 Competition Report - LSA Summary & Usability Status

MI-508 - Lansing, East Lansing/Ingham 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

2026 Competition Report - SPM Data

MI-508 - Lansing, East Lansing/Ingham 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

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	2,283	97.9	47.0
1.2 Persons in ES-EE, ES-NbN, SH, and TI	2,358	100.7	50.0

2026 Competition Report - SPM Data

MI-508 - Lansing, East Lansing/Ingham 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.

	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")	2,464	373.6	153.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to "housing move in")	2,503	371.9	154.0

2026 Competition Report - SPM Data

MI-508 - Lansing, East Lansing/Ingham 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 Years 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	74	10	13.5%	3	4.1%	10	13.5%	23	31.1%
Exit was from ES	341	16	4.7%	9	2.6%	28	8.2%	53	15.5%
Exit was from TH	17	2	11.8%	2	11.8%	0	0.0%	4	23.5%
Exit was from SH	49	3	6.1%	7	14.3%	7	14.3%	17	34.7%
Exit was from PH	123	5	4.1%	3	2.4%	22	17.9%	30	24.4%
TOTAL Returns to Homelessness	604	36	6.0%	24	4.0%	67	11.1%	127	21.0%

2026 Competition Report - SPM Data

MI-508 - Lansing, East Lansing/Ingham 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	2,375
Emergency Shelter Total	2,238
Safe Haven Total	73
Transitional Housing Total	107

2026 Competition Report - SPM Data

MI-508 - Lansing, East Lansing/Ingham 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

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

Metric	Value
Universe: Number of adults (system stayers)	203
Number of adults with increased earned income	11
Percentage of adults who increased earned income	5.4%

2026 Competition Report - SPM Data

MI-508 - Lansing, East Lansing/Ingham County CoC

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

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 clien differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

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)	203
Number of adults with increased non-employment cash income	85
Percentage of adults who increased non-employment cash income	41.9%

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

Metric	Value
Universe: Number of adults (system stayers)	203
Number of adults with increased total income	95
Percentage of adults who increased total income	46.8%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	79
Number of adults who exited with increased earned income	9
Percentage of adults who increased earned income	11.4%

2026 Competition Report - SPM Data

MI-508 - Lansing, East Lansing/Ingham 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)	79
Number of adults who exited with increased non-employment cash income	9
Percentage of adults who increased non-employment cash income	11.4%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	79
Number of adults who exited with increased total income	18
Percentage of adults who increased total income	22.8%

2026 Competition Report - SPM Data

MI-508 - Lansing, East Lansing/Ingham County CoC

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

Measure 5: Number of Persons who Become Homeless 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.	2,177
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.	480
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)	1,697

2026 Competition Report - SPM Data

MI-508 - Lansing, East Lansing/Ingham 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.	2,316
Of persons above, count those who were in ES, SH, TH or PH projects in the prior 24 months. (i.e. Number of persons who returned to homelessness in the reporting year.)	537
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.)	1,779

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.

2026 Competition Report - SPM Data

MI-508 - Lansing, East Lansing/Ingham County CoC

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

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	532
Of persons above, those who exited to temporary & some institutional destinations	144
Of the persons above, those who exited to permanent housing destinations	120
% Successful exits	49.6%

2026 Competition Report - SPM Data

MI-508 - Lansing, East Lansing/Ingham 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	1,829
Of the persons above, those who exited to permanent housing destinations	445
% Successful exits	24.3%

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.

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

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing	
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	256
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	246
% Successful exits/retention	95.7%

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).

2026 Competition Report - SPM Data

MI-508 - Lansing, East Lansing/Ingham 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)	2,304	107	345	376	231
Total Leavers (HMIS)	1,803	53	39	176	172
Destination of Don't Know, Refused, or Missing (HMIS)	948	11	2	6	77
Destination Error Rate (Calculated)	52.6%	20.8%	5.1%	3.4%	44.8%

2026 Competition Report - SPM Notes

MI-508 - Lansing, East Lansing/Ingham County CoC

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

Notes For Each SPM Measure

Measure	Notes
Measure 1	The state of Michigan had to freeze pulls for homeless preference housing choice vouchers for the majority of 2024 that severely limited affordable housing options for households on fixed incomes. This contributed to longer shelter stays and less turn over in shelters. Unsheltered homelessness has been increasing, which is likely a factor for the LOT homeless in the "b" version of the measures being much longer than what is reflected by Entry/Exit dates. Additionally, the CoC uses a
Measure 2	The rate returns to homelessness from 13 to 24 months increased compared to last year. There was a large rescue mission shelter that re-joined the HMIS implementation in October 2024 that was not participating during the previous SPM period. In the 23-24 SPM data set, returns to the rescue mission shelters were not included, which could have resulted in an under-reported rate of returns to homeless. The inclusion of the rescue mission shelters may be contributing to the increase seen
Measure 3	There was a large rescue mission shelter that re-joined the HMIS implementation in October 2024 that was not participating during the previous SPM period. Additional, other shelters increased their capacity in the winter of 24/25 creating additional capacity in the CoC compared to the prior year. Additional TH capacity was also added though a YHDP grant for a Joint TH/RRH project targeted to youth that was not operating in the prior year.
Measure 4	Nearly half of the system leavers (39 of 79) were youth in youth-specific programming. They tended to have shorter stays, mostly involved in Transitional Housing as part of a TH/RRH joint project. They were more likely to maintain income than to increase it during their shorter program stays.
Measure 5	No notes.
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.
Measure 7	There was a large rescue mission shelter that re-joined the HMIS implementation in October 2024 that was not participating during the previous SPM period. Their inclusion this year increased the number of exits from shelter in measure 7b.1. However, the shelter rarely obtains exit information from their clients, leading to a higher rate of missing or unknown exit
Data Quality	A large rescue mission shelter rarely obtains exit information from their clients leading to a high error rate for emergency shelters.

2026 Competition Report - HIC Summary

MI-508 - Lansing, East Lansing/Ingham 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	671	614	614	0	614	100.0%
SH	22	22	22	0	22	100.0%
TH	41	41	41	0	41	100.0%
RRH	116	115	115	0	115	100.0%
PSH	396	232	396	0	396	58.6%
OPH	76	66	76	0	76	86.8%
Total	**1,322**	**1,090**	**1,264**	**0**	**1,264**	**86.2%**

2026 Competition Repor

MI-508 - Lansing, East Lansi

For HIC conducted in Januar

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	671	57	57	0	57	100.00%
SH	22	0	0	0	0	NA
TH	41	0	0	0	0	NA
RRH	116	1	1	0	1	100.00%
PSH	396	0	0	0	0	NA
OPH	76	0	0	0	0	NA
Total	**1,322**	**58**	**58**	**0**	**58**	**100.00%**

2026 Competition Repor

MI-508 - Lansing, East Lansi

For HIC conducted in Januar

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	671	671	671	100.00%
SH	22	22	22	100.00%
TH	41	41	41	100.00%
RRH	116	116	116	100.00%
PSH	396	232	396	58.59%
OPH	76	66	76	86.84%
Total	**1,322**	**1,148**	**1,322**	**86.84%**

2026 Competition Report - HIC Summary

MI-508 - Lansing, East Lansing/Ingham 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-508 - Lansing, East Lansing/Ingham County CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/27/2026	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	526	472	620
Safe Haven Total	20	14	20
Transitional Housing Total	12	17	35
Total Sheltered Count	558	503	675
Total Unsheltered Count	90	140	172
Total Sheltered and Unsheltered Count*	648	643	847

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	64	57	98
Total Unsheltered Count	31	47	56
Total	95	104	154

1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included

Docusign Envelope ID: 9E4CB693-ADCA-8407-8141-669679295759

Certification for Opportunity Zones Preference Points

U.S. Department of Housing and Urban Development

0MB 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: Child and Family Charities

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;//opp[illegible]ityzones.hud.gov/resou[illegible]. Select the "CDFI Fund Opportunity Zones Resources" link and then select the "List of designated Qualified Opportunity Zones."

26065003301 26065006600 26065006700 26065003602 26065003700 26065005100 26065005303

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.
- X 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%
- X 51% - 75%
- ☐ 26%-50%
- ☐ 11% -25%
- ☐ 1%-10%

Docusign Envelope ID: 9E4CB693-ADCA-8407-8141-669679295759

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 under this collaborative application promote a community-wide commitment to ending homelessness. Projects Support pubic and private investment in urban and economically distressed areas by:

1. Working with local developers to build new and renovate existing structure to provide safe, affordable, accessible housing for low-income households.
2. Locating unsheltered individuals and households on the street and in encampments within Opportunity Zones to connect them to shelter and supportive services, including workforce development opportunities and life skills supports that teach financial literacy while connecting them to community resources that promote housing sustainability.

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

- ☐ Access to Capital
- ☐ Asset Building
- ☐ Business Assistance
- XX Community Capacity Building
- ☐ Economic Development
- ☐ Education
- XX Healthy Food Access
- XX Health
- XX Housing
- XX Human Services and Family Support
- ☐ Community Infrastructure
- ☐ Public Safety
- XX 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 wlll 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.

Name/Title: Dr. Julie Thomasma, CEO **Organization**: Child and Family Charities

Signature: Julie Thomasma

Date:9/25/2026