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-500 - Michigan Balance of State CoC

1A-2. Collaborative Applicant Name: Michigan State Housing Development Authority

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Michigan State Housing Development Authority

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	2
10.	Homeless or Formerly Homeless Person(s)	Yes	3
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)	Yes	0
14.	Law Enforcement	Yes	0
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	No	
16.	Local Government Staff/Official(s)	Yes	1

17.	State Government Staff/Official(s)	Yes	2
18.	State or Local Elected Public Official(s)	Yes	1
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	No	
22.	Organization(s) led by and serving people with disabilities	No	
23.	Other homeless subpopulation advocate(s)	Yes	
24.	Other nonprofit homeless assistance provider(s)	Yes	6
25.	Other social service provider(s)	Yes	2
26.	Public Housing Agencies	Yes	2
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	
30.	Street Outreach Team(s)	Yes	
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	
33.	Universities	Yes	
34.	Veteran Serving Organization(s)	Yes	1
35.	Agencies Serving Survivors of Human Trafficking	Yes	
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	
38.	Other Victim Service Organization(s)	Yes	
39.	State Domestic Violence Coalition	Yes	
40.	State Sexual Assault Coalition	Yes	
41.	Youth Advocate(s)	Yes	
42.	Youth Homeless Organization(s)	Yes	
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	2
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	1
	Other: (limit 50 characters)		
46.	Local Philanthropic Organizations	Yes	2
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)

Membership to the CoC remains open year-round. All interested persons are welcome and encouraged to join the CoC meetings and participate in discussions. Membership forms are available on the website along with contact emails for prospective members to learn more before joining. The Steering Committee evaluates the current membership annually and proposes areas in which more targeted outreach is needed. Anyone joining meetings is able to fully participate in the discussion, whether they are formal members or not. The links to join the CoCs meetings (all are held online) are available on the CoC's website calendar that is available to the general public. Because the Michigan Balance of State Continuum of Care is geographically large, 66 counties, there are smaller meetings held called Local Planning Bodies (LPB). These LPBs are also open to anyone who wants to join them and actively recruit in their local communities. The LPB meeting agendas include reports on the CoC meetings and committees and how LPB meeting attendees can join if they are interested.

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 MI Balance of State CoC (MIBOSCOC) has an open structure that invites all interested parties to join conversations and share thoughts and experiences at a variety of tables. All meetings and their Zoom links are posted on the CoC's website calendar for anyone interested to join. Because the CoC is 66 counties, there are 20 local planning bodies (LPB) that meet to have discussions of local experiences, these groups also have open membership where anyone can attend. All groups operate via consensus, so there is no hurdle of being a formal member that might impede a person's ability to be heard. LPBs are given guidance and assistance regarding who to recruit to join their meetings and how to inform other social service organizations about the work. The agendas for these LPB meetings includes reports on the programs operating and the work being done to improve. MIBOSCOC holds a monthly Performance and Outcomes Committee that reviews the system performance measures of the CoC as well as these performance measures for individual HUD funded projects. This committee is also open to any person that wishes to join, and the Zoom link is available on the CoC's website. Conversation in these meetings frequently focuses on areas of performance that need improvement and suggestions from other meeting attendees on how this may be accomplished.

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

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

(limit 2,500 characters)

The MI Balance of State CoC (MIBOSCOC) notified the public that the local competition was open and taking project applications in a newsletter that is sent to more than 300 people, posted on the CoC website and discussed in an open and recorded CoC Meeting. The directions for applying state who is eligible to apply, which is not limited any further than required by HUD. CoC Staff hosted informational meetings for anyone interested in applying for new or bonus funding that covered how to access the materials and submit them successfully. It is recorded and posted to the website as well. The directions and meeting are clear that new applicants to HUD funding are able to apply. CoC staff held office hours during the competition to answer process questions from applicants. A timeline is posted with all application materials, along with links to HUD e-snaps guides. The local application was submitted in an online format that allowed for only one link needed for any project type. CoC Staff verified recieving the completed application and required attachments via email. Along with the application, the scorecard by which each application will be scored is posted publicly. All applicants have the ability to score their own applications to reasonably predict how their application will do. In order to be submitted to HUD for funding, applications must be submitted, pass HUD thresholds, and apply only for the project types allowed by HUD. Before the applications are even released, the CoC collaboratively determines the funding priorities for the application process. This informs prospective applicants of which new projects the CoC is most interested in funding before they begin the process. This year, the CoC determined that the priorities for funding would align closely with the NOFO released by HUD and encouraged new applications for transitional housing and supportive services only projects. This priority was communicated in writing and in webinars to all applicants.

This year the CoC did receive applications from organizations that have not previously received CoC Program funding. This is not new for MIBOSCOC. Because the CoC covers a large, rural area, CoC staff are always seeking to build capacity in new partners. These ongoing outreach efforts have also led to organizations that are new to HUD funding applying for the CoC Builds competition, gaining funding through the FY23 Supplemental NOFO, and through round 7 Youth Homelessness Demonstration Project.

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)

Michigan Balance of State CoC (MIBOSCOC) plans for reducing homelessness are to make homelessness rare, brief, and non-recrurring across the 66 counties it covers.
1) MIBOSCOC identifies the gaps in available services by regularly reviewing reports of housing outcomes for households. These reports depict how households move through the homeless services system and identify areas where households may be "stuck". If a particular area shows that people are entering shelter and not moving out to housing, staff can dig deeper into the barriers and identify if the need in the community is solved by training, bringing in additional resources, or finding new partnerships. This is learned both through data analysis and conversations with local providers.
2) MIBOSCOC has a prioritization list with key subpopulations identified: youth, families, chronically homeless, Veterans, and people fleeing abuse. By adding priority to these groups and through regular, local By Name List (BNL) management, the CoC is able to track progress for each population. In fact, after an increase in funding for Veterans and youth, the CoC has seen fewer Veterans and youth awaiting housing assistance as the CoC has the resources to better meet the need for these populations.
3) The CoC uses the monthly Performace and Outcomes meeting to review performance measures at a CoC and individual project level. Each agency is required to prepare and review a quarterly performance measure scorecard for their projects and these are discussed as a group in the meetings. CoC Staff also review the data and provide suggested areas of focus for improvement for each project, even those performing at high levels.
4) MIBOSCOC reviews progress quarterly, therefore most timelines adhere to a similar schedule in order to provide new data for the next quarterly review.
5) The CoC works closely with State agencies to identify funding for needs that Federal homeless funding are unable to fill. For example, the state housing authority has provided funding to diversion programming to enable the CoC to prevent households from entering homelessness when possible. Additionally, the State health agency provides data on Medicaid utilization to identify those with medical vulnerabilities. These special activities have been helpful to develop strategies for populations with specific needs outside the typical Federal funding priorities.
CoC staff enact the plans set and monitored by CoC Governance.

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

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- Frequently Asked Questions

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

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)

MI Balance of State CoC (MIBOSCOC) covers 66 rural counties across Michigan. Homeless service providers have developed close relationships with mental health and substance use disorder (SUD) treatment providers serving their geographic areas. If a client completes an intake or at any other point during services, discloses the need for treatment, the provider will contact those local service providers to find the appropriate services. There is a Michigan service to help connect people to open detox beds in the state when they are needed, and help with the travel needed to access that service. Outpatient recovery services are typically available closer to the participant's home. Across the CoC there are over 250 recovery beds providing supportive sober housing options. These are available to people who have completed a shorter term detox program in a medical setting. In the CoC's largest and most populated area, a Street Medicine team was developed to reach unsheltered people to make direct connections to the local SUD treatment provider. This same community and several others across the CoC have partnered with Community Health Workers (CHWs) through the Health Departments to ensure service coordination and outreach. Additional SUD supports are available through partnerships with the Community Mental Health (CMH) agencies. Many HUD CoC Program funded services providers hold written partnership agreements with their local CMH to provide mental health and SUD services to those enrolled in housing projects.

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 MI Balance of State CoC (MIBOSCOC) covers 66 rural counties across Michigan. To better facilitate locally responsive services, there are 20 smaller local planning bodies (LPB) of the CoC. The resources available vary across the LPBs but the CoC strives to maximize the partnerships and resources available to each LPB, and connect people in need in areas with fewer resources to the resources available in other areas as much as possible. The CoC has worked to strengthen access to mental health (MH) and substance use disorder (SUD) services through intentional development in areas with more services with the goal of using these models as a template for building in under-resourced areas. In all LPBs the Community Mental Health (CMH) provider is a central partner, if not the lead agency. There are close ties and most often, Memorandiums of Understanding (MOUs) coordinating care between the CMH and the CoC funded projects. The CMHs provide services ranging from outpatient to inpatient, psychosocial interventions, suicide prevention, recovery supports, and medication management. Some CMHs also hold Projects for Assistance in Transition from Homelessness (PATH) funding through the federal Substance Abuse and Mental Health Service Administration (SAMHSA) enabling them to provide critical street outreach to unsheltered persons and homeless prevention services for people with mental health issues. Outside of the CMHs, many local Health Departments have Community Health Workers (CHW) that help the CoC ensure people experiencing homelessness are connected to medical care and enrolled in Medicaid.

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 MI Balance of State CoC (MIBOSCOC) covers 66 rural counties across Michigan. To better facilitate locally responsive services, there are 20 smaller local planning bodies (LPB) of the CoC.The CoC has worked to strengthen access to mental health (MH) and substance use disorder (SUD) services through LPB partnerships with local Community Mental Health (CMH) providers. The CMHs have peer support and recovery specialist programming that is available to referrals from the CoC. Connection to community supports is a critical requirement for any CoC Program funded project to ensure that after project exit, the household is still receiving those community supports that assist their ability to maintain stable housing.

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)

The MI Balance of State CoC (MIBOSCOC) covers 66 rural counties across Michigan. To better facilitate locally responsive services, there are 20 smaller local planning bodies (LPB) of the CoC. The resources available vary across the LPBs but the CoC strives to maximize the partnerships and resources available to each LPB, and connect people in need in areas with fewer resources to the resources available in other areas as much as possible. The CoC has worked to strengthen access to mental health (MH) and substance use disorder (SUD) services through intentional development in areas with more services with the goal of using these models as a template for building in under-resourced areas. In all LPBs the Community Mental Health (CMH) provider is a central partner, if not the lead agency. There are close ties and most often, Memorandiums of Understanding (MOUs) coordinating care between the CMH and the CoC funded projects. The CMH agencies provide services that include Assertive Community Treatment (ACT), behavior management, community living supports, mental health therapy, pyschiatric medication services, peer support specialists, and crisis services. Some CMHs also hold Projects for Assistance in Transition from Homelessness (PATH) funding through the federal Substance Abuse and Mental Health Service Administration (SAMHSA) enabling them to provide critical street outreach to unsheltered persons and homeless prevention services for people with mental health issues.

When an individual or family reach out to access homeless service from the CoC, an assessment is conducted at intake to identify if a member of the household may need services to assist with serious mental illness (SMI) issues and make the appropriate connection to the CMH for services. This might be done in an office visit, over a phone call, or in the community via street outreach. When appropriate, a warm referral will be made, where the CoC intake worker will directly connect and introduce the CMH representative to the participant.

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)

Have Mercy (HM) serves as a shelter and SUD Recovery program provider in the CoC. HM works closely with Drug Court and Mental Health Court for Montcalm and Ionia Counties, is a state registered setting for Intensive Outpatient Treatment (IOP), and works with APS and CMH to petition clients if they need inpatient civil commitment.
Another CoC provider of CoC Program services serves on the Tuscola County Mental Health and Substance Use Court.

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)

Have Mercy currently provides transitional housing for up to 14 men while working with them to rebuild their lives. This includes the provision of supportive housing and case management while they work to obtain vital documents, employment, transportation and eventually permanent housing. They work closely with the courts and parole and probation officers to uphold each individual’s court requirements while maintaining a safe environment for clients in recovery to learn the necessary life skills to establish their independence upon completion of the program.

Another example from the Michigan Balance of State CoC is from the "Thumb area" of Michigan, the Tuscola County Mental Health and Substance Use Court. The director of services for the agency providing nearly all homeless services in Tuscola County, Human Development Commission (HDC), participates as the liaison from the agency representing housing and victim services. There is a cohort of individuals who have committed serious crimes that would otherwise put them in jail. This court uses an alternative approach to incarceration by focusing on the long-term recovery of persons with a serious/persistent mental health condition/developmental disability, and a co-occurring SUD. It spans 18-24 months with regular drug testing, sometimes rehab, mental health/SUD counseling, and other sanctions as determined by the judge. Graduating from the program can lead to reduced charges, case dismissals, and reduced/avoided jail sentences. Potential participants are evaluated by a multi-disciplinary team (including HDC), using a scoring system in their determinations. They meet bi-weekly first as a multidisciplinary team to go over cases. The team includes HDC, the Judge, mental health provider, Veteran Affairs social worker, drug testing representative, prosecutor, Michigan Department of Corrections (MDOC) agent, probation, and court case worker. Through HDC's involvement, they can provide prescreening for homelessness issues. Many folks participating in the program experience housing instability. The HDC representative listens for opportunities to connect them with housing resources and provide one-on-one housing counseling based on their individual needs. There have been times where participants find themselves in domestic violence relationships and HDC helps them access emergency shelter/accompanying resources.

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

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

(limit 500 characters)

The MI Balance of State CoC (MIBOSCOC) covers 66 rural counties of Michigan. The CoC partners with the Community Mental Health (CMH) agency that serves counties across the CoC. Each CMH offers 24/7 mental health crisis services. These services include immediate crisis intervention, intensive crisis stabilization, mental health screening and assessment, referral and linkage to ongoing care, crisis therapy, risk assessment and safety planning, crisis residential services, and inpatient services.

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.	22

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)

Allegan County Community Mental Health, dba OnPoint, is a Certified Community Behavioral Health Clinic (CCBHC) on top of the status as a CMHC, has held a Grants for the Benefit of Homeless Individuals (GHBI) award in the past, and they currently hold four CoC Program grants as well as being the Coordinated Entry hub for Allegan County and administering Emergency Solutions Grant funding. This arrangement is formalized through grant agreements that are contingent upon CoC coordination.

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 MI Balance of State CoC (MIBOSCOC) has selected a project submitted by Have Mercy to provide sober housing in a recovery oriented transitional housing project with 22 beds.

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)

When an individual or family reach out to access homeless service from the CoC, an assessment is conducted at intake to identify if a member of the household may need services to assist with mental health or substance use disorder issues and make the appropriate connection to the Community Mental Health (CMH) or other provider for services. This might be done in an office visit, over a phone call, or in the community via street outreach. Whenever possible, a warm referral will be made, where the CoC intake worker will directly connect and introduce the CMH representative or other service provider to the participant. Conversely, the CMHs and other recovery and treatment providers are able to reach out to the Coordinated Entry access points of the CoC to provide a warm hand-off to the CoC as well. In some cases, the CMH, recovery or treatment provider may also be an access point to homeless services, enabling them to complete the intake and add the household to the Coordinated Entry page in HMIS which populates the By Name List.

This process is established within the Local Planning Bodies (LPBs) of the CoC that provide the local coordination of services within the CoC's 66 counties. LPBs hold monthly Access Committees to develop and maintain processes for people to access housing and supportive services. Theses committees developed the local contact processes for warm hand-offs, evaluate how the partnership has been working, and make adjustments whenever necessary. A primary goal is to eliminate barriers and prevent lost contacts with people seeking assistance. Additionally, regular By Name List (BNL) meetings provide a forum for providers to review who is waiting for housing assistance in the community and ensure that an outreach and navigation person is assigned and continuing to facilitate connections to service providers.

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$15,028,629
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.	$5,256,766
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	35%
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.	$3,598,497
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).	59%

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)?	75.00%

1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

The MI Balance of State CoC (MIBOSCOC) Collaborative Applicant is the statewide housing authority and Emergency Solutions Grant recipient, MI State Housing Development Authority (MSHDA). There are no other Emergency Solutions Grant direct recipients within the CoC's geographic area. The CoC staff works closely with the MSHDA Homeless Services Manager in charge of the ESG Program funds for the state. The MIBOSCOC Director has participated in the updates to statewide ESG policy and has direct access to discuss questions or concerns with the program. The CoC has been updating its structure and through this process, been in close consultation with MSHDA to ensure both entities are aligned in their goals and strategies. The changes proposed would alter MSHDA's allocation of the funding to their subrecipients in the CoC, therefore careful joint planning is prioritized. Additionally, in the past year, the CoC has begun working even more closely with the MSHDA Homeless Services team in grant management and service delivery.

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)

Across the CoC's 66 counties, shelter providers are an important part of the service continuum. Shelters providers are CoC members and often the first point of contact for people seeking assistance. The CoC works with shelter providers to coordinate services from referral, to intake, to exit with other partners in the system. The lead Coordinated Entry providers, of which there are 20 across the CoC, work closely with shelters to provide referrals to available beds, and in some cases the CE provider is also the shelter provider for the community. The established process is that the shelter provider will conduct an HMIS intake with the household upon entry to the shelter. In some communities the shelter provider will also add the household to the Coordinated Entry page in HMIS which is used to populate the By Name List for housing project referrals. In others the shelter will make a referral to the CE provider to complete the CE page entry. In these arrangements, the CE provider may have set days they visit the shelter to ensure access for all shelter participants. However, if the shelter is a domestic violence shelter, the provider does not enter information into HMIS. In these instances, each participant is given information about the CE process and a referral if they wish to access it. If so, the CE provider and shelter provider have developed processes to ease the burden on the participant.
All shelter providers, including domestic violence shelter providers, are part of the local By Name List meetings to ensure that their participants are included and that relevant updates and contact information is relayed.

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)

MIBOSCOC is part of a statewide HMIS implementation. The Michigan State Housing Development Authority (MSHDA) , the collaborative applicant and state public housing authority, also serves as the HMIS Lead for the MIBOSCOC and therefore has direct access to the CoC's System Performance, PIT and HIC numbers. The reports are also available online for use by any local governments or other entities that may need the information. Reports are shared regularly in meetings and are made available to anyone who requests them, including state and local government.
As part of the statewide system, the statewide HMIS Administrator, Michigan Coalition Against Homelessness (MCAH) has all permissions and access to the MIBOSCOC data. They use this access to create reports regarding homelessness for the state as a whole. MSHDA and MCAH also pull MIBOSCOC data directly from HMIS to score Emergency Solutions Grant subrecipients on their performance to determine performance bonuses each year.

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 CoC utilizes data from other sources than HMIS in the following ways:
Medicaid: The Department of Health and Human Services shares reports based on usage data to identify people as medically vulnerable for appropriate and expedited housing referrals. This is a newer effort, slowly being rolled out across the CoC. In one community where it has begun, 96 clients were assigned a Medical Vulnerability Score which was used for prioritization on the By Name List (BNL). This took into account electronic health care record data, health care & Medicaid utilization including admissions & discharge data. Of those 96 clients in a 12-month period 43 received referrals through the BNL process so far.
Veteran Affairs/HOMES: The CoC meets regularly with the Department of Veteran's Affairs Healthcare for Homeless Veterans to ensure information relevant to homeless status and disposition is available.
School Data: Especially for determining the need for youth focused services, the CoC uses data collected by McKinney Vento liaisons to ensure appropriate services are available.
Corrections System: The Offender Success (OFS) system works across the CoC's geography. In one area the OS has partnered with the Coordinated Entry Process for prison reentry clients where OFS case managers can enter clients into HMIS and refer them directly to Street Outreach, Shelter Diversion and the By-Name List. OFS Case Managers enter client demographics, Case Notes, Current Location, Justice VI-SPDATS, and VOH into Client Files. In the last 12 months there were 38 OFS referrals directly from the OFS Case Managers to Street Outreach, Shelter Diversion, and the community's By-Name List.

1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

The CoC covers 66 rural counties across Michigan and utilitzes 20 local planning bodies to ensure services are locally available. All LPBs develop workforce partnerships. A specific example serves the youth-focused projects. The LPB there has an MOU with the local chapter of Michigan Works, the state's workforce development agency. These same projects are served by Michigan Rehabilitation Services, which provides 1 on 1 job training and assistance throughout a person's employmen

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 CoC's street outreach formal training processes make it clear that coordination and relationship building with law enforcement, first responders, and Department of Natural Resources (DNR) rangers are critical to a successful outreach project. As a rural CoC covering 66 counties, including the sparsely populated mountains of the Upper Peninsula, outreach staff need to work with others to effectively locate and reach people who are unsheltered across the CoC. In some areas, this may mean coordinating visits to where an unsheltered person may be staying for safety purposes, in others it may be accompanying law enforcement as they deliver messages about needing to vacated an area. One example of a model the CoC uses across its counties is the work done to end the use of a public space in Traverse City as an encampment. The CoC worked closely with the police department, city government and others to create a "Quick Response Team" (QRT) to respond and rapidly connect people to housing or diversion resources. Additionally, the community effort supported a seasonal shelter to remain in operation year round. Prior to the official camp closure approximately 26 people were housed or sheltered through coordinated outreach efforts. the day of the official closure, 14 people remained and the QRT helped find solutions for each of them.

This partnership was important to demonstrate to the community that shared effort and combined resources can resolve the issue of unsheltered homelessness. It is important that law enforcement see homeless service providers as partners who agree that people should not be sleeping outside and can be relied upon to help find positive solutions to end a person's homelessness. The street outreach teams are the first and most frequent point of contact for law enforcement and first responders, and as such work hard to develop positive relationships.

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)

Family and support network reunification typically occurs through two separate service efforts within the CoC. The CoC uses Diversion efforts across all entry points to first try to resolve a person or family's request for shelter through other solutions. These efforts are supported by the Michigan State Housing Development Authority (MSHDA) program Steps 2 Stability (S2S). This program has funding with fewer restrictions that CoC service providers can access to pay for different types of solutions. This can, and frequently does involve assisting the household with travel to family or other supports. Diversion happens both when shelter is first sought and again after a household is in shelter. Case management can help identify other supports or options that were not apparent during the initial crisis point. This may also include providing mediation to resolve issues with familiy members to enable a return to the home.
The second setting for this approach is through youth service providers. Youth providers have done mediation and family reunification since their creation to help keep young people in their homes until they can move out when they have secured the resources to do so safely. What general homeless service providers call Diversion owes much to this work by youth services and their creative problem solving techniques.
Diversion efforts as a whole have reduced households entering the system in the past year by approximately 37% and are a critical part of services. The CoC invested in two large diversion trainings by a national expert last year to build the skill sets in providers across the CoC's 66 counties.

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 a rural CoC covering 66 counties, including the sparsely populated mountains of the Upper Peninsula, CoC project staff, especially street outreach staff, need to work with others to effectively locate and reach people who are unsheltered across the CoC. In some areas, this may mean coordinating visits to where an unsheltered person may be staying for safety purposes, in others it may be accompanying law enforcement as they deliver messages about needing to vacated an area. One example of a model the CoC uses across its counties is the work done to end the use of a public space in Traverse City as an encampment. The CoC worked closely with the police department, city government and others to create a "Quick Response Team" (QRT) to respond and rapidly connect people to housing or diversion resources. The team worked to develop shelter options for the people in the encampment and on the final day when law enforcement told people they could no longer stay in the area, CoC services were on hand to help people find alternatives to sleeping outside. It is important to CoC efforts that law enforcement see homeless service providers as partners who agree that people should not be sleeping outside and can be relied upon to help find positive solutions to end a person's homelessness. The street outreach teams are the first and most frequent point of contact for law enforcement and first responders, and as such work hard to develop positive relationships.CoC staff do not interfere or impeded first responders as they carry out their responsibilities.
CoC Street Outreach workers must also be concious of their safety when entering a situation. Outreach workers are encouraged to go out with another person, and not to go to or stay if a place may be dangerous, such as open drug use or visible weapons. CoC staff follow mandated reporting rules which require altering the appropriate authorities if someone is a credible threat to themselves or others. CoC staff are not trained, equipped, or expected to intervene in dangerous situations and are trained to rely on law enforcement in potentially unsafe situations. CoC staff follow all state and federal laws and funding specific regulations as applicable to the Sex Offender Registry and Notification Act (SORNA), and the state of Michigan has fully implemented SORNA across its systems for law enforcement.

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)

The Michigan Balance of State Continuum of Care (MI Balance of State CoC) covers 66 rural counties where large-scale encampments are rare. However, in Traverse City, the CoC's largest municipality, there existed one encampment for a long period of time, despite Ordinance 1064.05 (Prohibition of Camping on Public Property) existing in the local government codes. This local law dictates that "no person shall camp within any park," classifying violations as civil infractions.

To assist the City in enforcement of this law, leverage municipal resources, and ensure the best outcomes for all individuals in the encampment, the CoC created a collaborative model with the development of the Housing and Homelessness Task Force. This partnership brought together city officials, law enforcement, and local service providers to stretegically solve the situation. Throught the taskforce, the CoC leveraged local government backing to secure city and county funding, successfully transitioning a seasonal shelter into a year-round facility. This created immediate, legal, and stable indoor capacity.

Instead of enacting sudden sweeps under Ordinance 1064.05, the CoC established a Quick Response Team (QRT)—a joint partnership of law enforcement, Street Outreach teams, and health departments. When enforcement deadlines arrived, CoC-funded outreach teams partnered with police to manage remaining individuals with dignity rather than criminalization, providing immediate access to shelter, mental health and addiction services. This protocol now serves as the CoC's template for any future encampments.

Qualitative Impact: The initiative maintained strong community support. It successfully balanced restoring city parks for general public use while treating unhoused residents with respect and dignity.
Quantitative Outcomes: The collaborative approach successfully engaged all approximately 40 individuals living in the park encampment:24 individuals received direct, coordinated care through the QRT, police, and health department collaboration.14 individuals successfully moved into permanent housing via family reunification or rental subsidy programs.26 individuals were sheltered and served through the newly expanded year-round facility. By embedding service providers directly into the law enforcement response, the CoC effectively mitigated the restrictive nature of the camping ban, creating a compassionate, metrics-driven path to housing.

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 MI Balance of State CoC covers 66 rural counties across Michigan, much of which are forested or farmed, with smaller cities and towns. Due to this setting, large scale encampments have been unusual to find in the CoC. The CoC uses 20 local planning bodies (LPBs) to monitor and address needs within the communities locally. These LPBs have regular By Name List meetings where anyone who is unsheltered would be discussed and the LPBs are also prompted to discuss if encampments have been identified at least quarterly. At this time there are only reports of individual camping, often on state or national forest land. In these areas, the CoC street outreach staff work closely with park rangers who enforce the 14-16 day limits for camping at any particular site. (Day limits vary between forests.) Maintaining close relationships with the rangers has proven beneficial to all parties involved. In each situation, CoC street outreach is working with the individual or family to connect them to shelter and/or housing resources, especially before the weather turns dangerously cold.

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)

Across the 66 counties of the MI Balance of State CoC (MIBOSCOC), navigating public illicit drug use involves balancing local municipal ordinances with state-level public health and legal frameworks. Local jurisdictions utilize ordinances governing public nuisance, vagrancy, and drug paraphernalia to maintain public order and manage community spaces. Simultaneously, state-level mechanisms are designed to facilitate treatment entry. The MIBOSCOC operates at the intersection of these measures, implementing strategies that align local enforcement priorities with available diversion options. No communities within the 66 counties have allowed any types of safe drug use areas or programs. Illegal drug use remains illegal in all settings across the CoC and is enforced by the authorities.

The CoC's approach leverages Statewide Statutory Deferrals (MCL 333.7411), a state law allowing first-time drug possession offenders to complete court-supervised probation and treatment. Successful completion results in dismissed charges, helping individuals avoid a public criminal record that could impact future housing stability. To coordinate effectively with local law enforcement, the CoC partners with sheriffs and police departments through frameworks like the Michigan State Police (MSP) Angel Program. This allows officers to exercise legal discretion by redirecting individuals from the justice system into structured treatment tracks when appropriate, addressing public drug use while managing local municipal resources.

The primary approaches the CoC uses to reduce illicit drug use are structured case management and evidence-based Motivational Interviewing (MI) techniques, which help individuals with substance use disorders (SUD) voluntarily engage in appropriate treatment options. Grounding these practices in rigorous evidence ensures high-quality interventions across our planning bodies. In national studies, MI was found to be effective for 75% of all participants, leading to sharp drops in substance consumption (Schwenker R, Dietrich CE, Hirpa S, Nothacker M, Smedslund G, Frese T, Unverzagt S. Motivational interviewing for substance use reduction. Cochrane Database of Systematic Reviews 2023, Issue 12).
The occurrence of chronic substance use disorder within the MIBOSCOC was 2.6%, 56 out of 2,080 persons in the FY26 Point in Time Count.

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)

The CoC does not currently have data on the status of overdoses and illict drug use in public spaces in the geographic area. The CoC covers 66 rural counties across Michigan and there is no unified reporting of these instances across the many law enforcement agencies covering these areas. It is rare that CoC project staff encounter these situations in the course of their service provision. Homeless service providers purposefully engage with people during times and places where the people would expect engagement and would therefore refrain from active use in front of the service provider. There are no reported incidents of CoC service providers in a situation managing a overdose or active drug use during service provision in at least the past two years.

Of the statewide data on opoid overdose deaths, through the University of Michigan, Michigan experienced a 41% decrease in opiod overdose deaths dropping from 2,287 down to 1,342, according to verified data from the University of Michigan's Poverty Solutions and the Overdose Prevention Engagement Network (OPEN). However, there is no public data accounting for how many of these may have happened in public spaces. However, broader state and national trends offer clear insights:

Residences are the Most Common Setting: Large-scale national epidemiological studies confirm that the vast majority of fatal drug overdoses occur in private residences or indoor homes, rather than public locations. This is largely because people are more likely to use drugs in isolation when indoors, making it harder for a bystander to intervene or administer Naloxone (Narcan).

Public Settings Overrepresented in Non-Fatal and EMS Tracking: While fatal events heavily concentrate indoors, non-fatal overdoses frequently spike in public spaces. In public areas like parks, transit hubs, or vehicle parking lots, the visual distress of an overdose is more easily noticed by passersby or business owners. As a result, Emergency Medical Services (EMS) are called faster, leading to a much higher rate of successful, non-fatal reversals compared to private homes where individuals are alone.

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)

Across the 66 counties of the Michigan Balance of State Continuum of Care (MIBOSCOC), managing crises where unhoused individuals pose a danger to themselves or others requires navigating the Michigan Mental Health Code (Act 258 of 1974). This state law dictates the criteria for involuntary psychiatric evaluation and civil commitment. Because the CoC is a housing entity and does not operate mental health treatment pathways or emergency responses, its role is shaped by the capacity of external local healthcare systems.

Practices that Hinder Coordination: A severe shortage of local psychiatric inpatient beds across rural counties acts as a major systemic barrier. When local emergency responders or Community Mental Health (CMH) clinicians encounter a person requiring a protective hold, the lack of open clinical beds often delays stabilizing care. This frequently defaults high-acuity individuals right back into public spaces and the homelessness cycle.

Practices that Help Coordination: Conversely, the state code's provision for Assisted Outpatient Treatment (AOT) serves as a vital structural mechanism. AOT allows probate courts to legally mandate community-based psychiatric care without requiring a scarce inpatient hospital bed, leveraging existing CMH case management networks to keep individuals connected to care.

The MIBOSCOC focuses on cross-system housing coordination. The CoC is standardizing communication lines between our localized planning bodies, regional probate courts, and CMH authorities.
Rather than creating treatment responses, the CoC prioritizes chronically homeless individuals and families, and 48.3 % of the qualifying disabilities are behavioral or mental health. The permanent supportive housing providers have MOUs with their local CMHs to ensure a high level of support is provided.

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)

Across the 66 counties comprising the MI Balance of State CoC (MIBOSCOC), the tracking of individuals subject to the federal Sex Offender Registry and Notification Act (SORNA) is strictly regulated by state enforcement. The primary statute governing these requirements is the Michigan Sex Offenders Registration Act (SORA, MCL 28.721 et seq.), which demands that individuals without a fixed address physically report to a local law enforcement agency, sheriff's office, or Michigan State Police post to declare their location. Under state supreme court precedent, homelessness does not exempt a registrant from these eporting mandates.

Because MIBOSCOC is not a criminal justice or registry tracking agency, its operations are shaped by the following landscape:

Concerns for Information Sharing: HMIS Privacy Standards explicitly prohibit the CoC from proactively sharing a participant's location or personally identifiable information (PII) with law enforcement without a judicial warrant or explicit client consent.

Practices that Help Information Sharing: Conversely, legislative updates under SORA allow unhoused registrants to designate the nearest public cross streets, parks, or a temporary shelter location as their official domicile. This flexibility enables participants to format their geographic coordinates properly before sharing that data with law enforcement.

To navigate this boundary without violating federal HMIS privacy rules, MIBOSCOC implements a Participant-Led SORNA Compliance Protocol. Rather than executing cross-agency data sharing, our housing navigators help to eliminate any barriers to the participant working on compliance.
Data highlights the pressing nature of this housing-to-registry intersection. Quantitatively, state court analyses published by the ACLU of Michigan reveal that 12% of registrants living in the community experience homelessness at some point during their registration period. Within the CoC's 66-county footprint, managing this high vulnerability is crucial, especially as a recent landmark Michigan Supreme Court ruling stripped over 20,000 retroactive entries from the registry, heavily shifting focus to current registrants.

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)

MI Balance of State CoC (MIBOSCOC) has worked to build and improve street outreach across the CoC's geographic area. MIBOSCOC covers 66 counties including the Upper Peninsula of Michigan, part of which is covered by mountains, and most of which contains dense forest. Additionally, these areas are sparsely populated resulting in lower funding amounts, despite the added time to travel to the people they serve. In light of this, MIBOSCOC sought out training on outreach from experienced rural providers and provided technical assistance to the more remote areas of the state to design their local coordinated entry processes to build outreach and navigation into their staffing. MIBOSCOC has worked to increase street outreach funding in this competition and the last, the CoC is reallocating to expand SSO:SO to continue funding this critical component.

Rural outreach providers have been trained in methods that engage others in the community to help identify anyone they encounter who might be unsheltered and notify the outreach providers as well as to build partnerships with law enforcement, first responders and park rangers. Other critical partners include: faith-based organizations; public library staff; sanitation/public works departments; public transit authorities; hospitals; health care workers; landlords; and Tribes or Tribally Designated Housing Entities. Where feasible, the CoC encourages the development of multidisciplinary outreach teams that include community health workers, case managers, hospital liaisons, social workers, and other relevant staff; and using warm hand-offs, or a gradual, comfortable transitions between the outreach phase and the housing or service engagement phase.

The outreach providers are trained in trauma-informed care, motivational interviewing, and other areas to improve their ability to speak knowledgeably about the available services. They are able to do all the data gathering and paper signing necessary to get people they encountered into the Coordinated Entry page, on the By Name List, and on the Housing Choice Voucher homeless preference list all in a visit, whenever the person is open to participate. Through work on the Youth Homelessness Demonstration Program (YHDP) the CoC increased street outreach and housing navigation services to work in partnership across youth providers, school partners, youth from the Youth Action Board and other people with lived experience, health centers, and child welfare.

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

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

		Written Agreement
1.	Child Care (including Child Care and Development Fund)	No
2.	Early Childhood Providers	Yes
3.	Early Head Start	Yes
4.	Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	Yes

5.	Head Start	Yes
6.	Healthy Start	No
7.	Public Pre-K	No
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

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

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

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

MI Balance of State CoC (MIBOSCOC)'s policy and procedures on informing households who become homeless is titled the "McKinney Vento Educational Rights Policy" and is posted on the CoC's website. The document describes the annual training requirements for homeless crisis response system staff on educational rights for children and youth experiencing homelessness, the information that should be conveyed to households about the rights, as well as how to engage with the local McKinney Vento Liaison(s) in the school district(s) the agency serves. The policy details all of the services and protections available to youth and can be used as a script for housing service providers.
The specific sections within the policy are as follows:
Planning: All Local Planning Bodies (LPBs) of the CoC should invite Local Educational Agencies (LEAs) to their meetings. LPBs and LEAs should share data to review gaps.
Services: How to refer and serve families with school aged children and unaccompanied homeless youth.
McKinney Vento Act Quick Reference Document: Covers requirements at the state agency level and local agency level, school stability, school enrollment and participation, preschool children, and credit accrual and college readiness.

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

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

(limit 2,500 characters)

The Michigan Department of Health & Human Services (MDHHS), the statewide foster care and child welfare agency, has been a long-time partner of the Michigan Balance of State COC (MIBOSCOC). Coordination and collaboration between MDHHS and MIBOSCOC to assist youth transitioning from public systems of care spans both the system and local levels.

MDHHS has a dedicated seat on the MIBOSCOC Governance Council and has been actively involved in the MIBOSCOC Youth Subcommittee since its inception. MDHHS supported the MIBOSCOC's application to the Round 7 Youth Homelessness Demonstration Program in 2023 and, once awarded, participated in the project's planning and implementation phases. Most recently, the MIBOSCOC partnered with MDHHS to secure and launch Foster Youth to Independence vouchers for MIBOSCOC communities, to help youth with foster care history to secure stable housing.

Due to the large geographic scope (66 counties), the MIBOSCOC is grouped into smaller regions called Local Planning Bodies (LPBs). Currently, there are 20 LPBs within the BOS. The MIBOSCOC provides consistent policies and guidance which are then implemented locally by each LPB. The recommended governance structure includes representation from the MDHHS. This practice ensures that the needs of youth transitioning from public systems of care are considered during planning and decision making and that trouble shooting for any gaps or barriers that could lead to homelessness can occur at the community level. The State of Michigan child welfare system also allows youth 18-21 to opt in for extended foster care through the Young Adult Voluntary Foster Care (YAVFC) program. If the youth are enrolled in an educational program or employed (unless unable due to a medical condition), they can receive continued care maintenance payments, healthcare coverage, and case management. This can give youth a more stable transition to adulthood as they begin their career path.

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)

Due to the large geographic scope (66 counties), the MI Balance of State CoC (MIBOSCOC) is grouped into smaller regions called Local Planning Bodies (LPBs). Currently, there are 20 LPBs within the MIBOSCOC. The MIBOSCOC provides consistent structure, policies and guidance which is then implemented locally by each LPB. The recommended governance structure includes seats for Runaway and Homeless Youth (RHY) funded providers. This model ensures that youth needs are identified and considered during planning and decision making and that RHY-funded providers are integrated into the community's coordinated entry process.

For the past several years, MIBOSCOC has maintained a standing committee, aptly called the Youth Subcommittee, which focuses on preventing and ending youth homelessness across the MIBOSCOC. The Subcommittee's scope includes monitoring youth need and service trends, identifying gaps and barriers in the homeless response system for youth, reviewing youth-specific data, raising awareness of external resources and services and developing referral pathways to youth-serving systems and providers. All RHY-funded programs in the MIBOSCOC are encouraged to attend the monthly Subcommittee meetings and have participated consistently. Currently, the co-chairs of the Subcommittee are a RHY-funded provider and a young adult with lived experience of homelessness.

Another ongoing committee of the MIBOSCOC is Performance and Outcomes. The Committee's charge includes monitoring system performance measures, evaluating outcomes and leading other Continuous Quality Improvement efforts. All providers within the MIBOSCOC, including RHY-funded providers, are represented on the Committee. Youth specific measures and data are presented and discussed quarterly. These conversations have led to changes in policy and/ or procedure at both the project and system levels.
Also, in January 2025, the state housing agency was awarded an allotment of Foster Youth to Independence Vouchers for the MIBOSCOC. RHY-funded providers are a key referral source and service partner for successful project implementation. As such, the MIBOSCOC has supported coordination with RHY-funded providers through outreach, partnership facilitation and trouble-shooting individual cases.

Finally, the MIBOSCOC offers training, technical assistance and other support to RHY-funded providers as requested/ identified. Support has been provided at both the project (individual) and systems (group)

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

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

(limit 500 characters)

The EightCap rapid rehousing project (MI0435L5F002309) was recently renamed to be titled "Family Stability" as it has primarily served families with children. In the FY23 grant year the project served only families with minor children.

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)

Within the Family Stability RRH project, EightCap staff work with families on their employment search and income growth in the following ways. 1) Partnerships with Michigan Works, the statewide workforce agency to provide all employment supports that the participants is eligible for and are available. 2) Transportation assistance to job search and training and employment. 3) Support in completing state benefit paperwork, including paperwork to access childcare subsidies.

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)

Within the Family Stability RRH project, EightCap leverages funding from several mainstream family service systems. EightCap administers Temporary Assistance for Needy Families (TANF) funds for the the Diaper Bank and families in the project work with their case manager to access this program and receive diaper supplies as needed. Additionally, the Michigan Department of Health and Human Services (MDHHS) has developed an online system for those in need to complete a centralized application for any benefits administered by MDHHS. This system is called MI Bridges. EightCap case managers are MI Bridges navigators, a roll that means they are trained in assisting people to navigate the application process. The EightCap MI Bridges navigators help families complete the application to obtain mainstream benefits such as Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), education, and childcare benefits. Eight Cap will also ensure families are enrolled in any medical care programs they may need such as Healthy Kids, the state's Medicaid program for children in low income families. EightCap can also connect families to the Home Visiting program to ensure the parents can receive any support and education that may benefit them.

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)

Within the Family Stability RRH project, EightCap works to provide parents with the resources they need to set their kids up for successful futures. The Michigan Department of Health and Human Services (MDHHS) has developed an online system for those in need to complete a centralized application for any benefits administered by MDHHS. This system is called MI Bridges. EightCap case managers are MI Bridges navigators, a roll that means they are trained in assisting people to navigate the application process. The EightCap MI Bridges navigators help families complete the application to obtain mainstream benefits such as Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), education, and childcare benefits. Eight Cap will also ensure families are enrolled in any medical care programs they may need such as Healthy Kids, the state's Medicaid program for children in low income families. EightCap can connect families to the Home Visiting program to ensure the parents can receive any support and education that may benefit them. EightCap works closely with Head Start to ensure children can begin their educational support early. Finally, EightCap supports the parents' growth through extension courses offered by Michigan State University on budgeting, home ownership, and taxes and will refer them to Michigan Re-Connect to help them re-enter college or begin attending for the first time.

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

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

(limit 500 characters)

The CoC holds a Veteran Subcommittee meeting every other month that is chaired by the Homeless Program Manager out of the Saginaw Veteran Affairs Healthcare System. This committee chairperson is a close partner in the work of the CoC to eliminate Veteran homelessness in rural Michigan. Each meeting, the committee reviews the data of Veterans housed and Veterans seeking services and ensures that VA targets of same day service can be met across the CoC system and coordination with VA resources.

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)

More than 20 victim service providers cover the area of the CoC and they are members of the CoC's DV Subcommittee, working to ensure this subpopulation receives high quality services from all housing providers. Additionally, the State of Michigan's Dept of Victim Services and the state domestic violence/sexual assault coalition participate in the committee. This committee created trainings on anti-trafficking, VAWA protections, and more for the CoC's training system for service providers.

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 Collaborative Applicant of the CoC, Michigan State Housing Development Authority, partnered with the MI Dept of Corrections, developed a program with housing choice vouchers to assist with re-entry for people exiting incarceration called Offender Success. In the Upper Peninsula of Michigan, the Offender Success project is operated through Great Lakes Recovery Center (GLRC). GLRC has been a strong member and partner in the CoC, participating in the local planning and Point in Time Counts.

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 MI Dept of Health and Human Services has partners, such as EightCap who operate two PSH projects within the CoC, to identify medically vulnerable individuals using Medicaid data. Agencies such as EightCap use intensive case management in these projects to ensure that the participants are connected to the level of medical support necessary. The specialized supportive services may include housing units that have an extra bedroom to accommodate medical equipment or a full time carer.

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 MI Balance of State CoC (MIBOSCOC) covers 66 rural counties across Michigan. To ensure service delivery meets the local needs, there are 20 Local Planning Bodies (LPBs) that operate the local services in their counties. Each of these LPBs has Area Agency on Aging (AAA) partner serving their area. The AAAs work to provide support services and connect people to the level of care they need. Most, including the Northwest Michigan AAA, provide respite services directly.

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 MI Balance of State CoC has 16 permanent supportive housing projects that prioritize chronically homeless individuals and famillies. All but one are scattered site, which is a model that is better suited to rural counties so that households can stay in smaller towns near their support networks. Woodmere Permanent Supportive Housing project operated by Northwest Michigan Supportive Housing is one example of the many.

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 Michigan Balance of State CoC (MIBOSCOC) covers 66 rural counties in Michigan. Not all areas of the CoC have access to permanent supportive housing as these projects have been difficult in the most rural and economically depressed areas of the state. When PSH does serve an area, it best meets the community needs by being scattered site. This is because a rural provider will often serve three or more counties with a project. Most of those counties will have limited, if any, public transportation. In the late 1990s to early 2000s the State of Michigan funded low income housing tax credit developments and pushed to include rural developments. To this day there are some rural LIHTC developments that struggle to fill their many units because the towns in which they are located are isolated, have no public transportation, few employment options, and not as much need for the housing type across the small population. Very few households eligible for the project chose to relocate there and leave their support networks (children's schools, churches, family, jobs). The CoC has learned from these earlier mistakes and focuses on scattered site models to enable participants to live in their communities when possible and for projects to have the flexibility to have services where the need is greatest.

To ensure that scattered site PSH still delivers high quality supportive services, case managers are readily available to participants if a need arises. Projects hold Memorandums of Understanding (MOUs) with the mental health and substance use disorder service providers to ensure that dedicated care is available to the project participants. Case managers work closely with participants to ensure they have the assistance required to maintain the care they need.

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)

The policy and processes that Northwest Michigan Supportive Housing (NMSH) uses across its projects allows of flexibility to meet the needs of participants as they develop. During regular case management visits, case managers will make note if the participant seems to be displaying any difficulty with activities of daily living (ADL), cognitive changes, mobility issues, or mental health concerns. In these cases the case manager will first discuss any observations or concerns with the participant and determine if further medical assessment of supports are necessary. For any of these concerns, a health care professional is the best to make any determinations that may impact the participants housing and safety.

If additional supports are necessary, NMSH will work with the participant to add the supports, begin with the least restrictive and working up until the appropriate level of supports is reached. In very rare circumstances, NMSH may need to petition the court for intervention in getting the participant higher levels of supports but this is only in extreme cases.

There is a lack of affordable and available assisted living and residential treatment in the rural areas in which the CoC serves, and this project, along with most others, have limited access to those types of housing services. In fact, it is not uncommon for assisted living facilities to close and reach out to the homeless system when the people they had enrolled cannot find alternative placements.

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)

In Michigan, the State Housing Authority, MSHDA, developed a "Moving Up" process over a decade ago. This original process still guides the CoC's evaluation processes today. Within projects, support staff work closely with households and when the participant has shown a level of stability over time, has been able to functionally complete things like annual benefits applications independently, and has been connected to, and maintains their income sources successfully, the support staff will begin the conversation with the participant about exiting the project either to an on-going subsidy if needed, or another option. Project support staff use person-centered approaches to engage in service delivery and meet with the participant in a trauma informed manner to minimize the amount of risk and fear of returning to homelessness after exiting the project. Staff work with the participant to develop processes and plans to ensure they are able to retain their housing without project support. This also includes identifying other community supports should they need help with recertifications or other benefit requirements.

This is the process outlined in the CoC's service standards and followed by all PSH providers, including Northwest Michigan Supportive Housing in their Woodmere PSH project.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	07/27/2026
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.	07/30/2026

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) The Reallocation Policy of the Michigan Balance of State Continuum of Care (MIBOSCOC) allows for both voluntary and involuntary reallocation of projects. Because the MIBOSCOC serves rural areas, if a provider is removed from funding, it may result in a loss of all services in a multi-county, remote area. Therefore, the policy begins with regular monitoring of performance and training and technical assistance to improve performance when possible. If performance is not improved within a defined time, the CoC staff will talk with the provider about a voluntary reallocation. Nearly all reallocation processes have been undertaken voluntarily within the MIBOSCOC. Through this competition process, projects were required to reallocate if they fell outside of the range HUD indicated would be funded as a renewal. Projects were made aware of this and began planning with their communities what new applications might best meet the needs in the community and fit the restrictions on new project types.
2) The CoC identified three projects that voluntarily reduced their grant amount because the annual increases were proving too large for the need they were experiencing in their communities.
3) The CoC reallocated many projects that have been performing to community standards but were unable to access renewal funding in the competition.
4) This is not applicable.

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.	Statewide

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)

No changes were made to the methodology.

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)

Michigan Balance of State Continuum of Care (MIBOSCOC) is a CoC coordinating efforts across 66 rural counties in Michigan. For the 2025 calendar year evaluation period, one encampment was identified, and it was one of long duration. It existed within a city park area of the CoC's largest city, Traverse City. The actions taken by the CoC to eliminate this encampment are as follows: 1) Establish a Housing and Homelessness Task Force with city government, law enforcement, public works, mental health and substance use disorder treatment providers, shelter providers, and housing providers;. 2) Secure resources to enable a seasonal shelter to begin operating year-round and developed additional day programs for hours the shelter would be closed; 3) Set a date for the encampment to be cleared; 4) Use integrated social service teams to provide outreach to the encampment to communicate the plan to clear the camp and help find housing and shelter solutions for those present; 5) Establishment of a Quick Response Team (QRT) to respond and assist law enforcement with housing, shelter, and diversion resources with the closure of the encampment and future maintenance of the area. At the start there were approximately 40 individuals at the camp. On the closure date that number was 14 individuals. After the closure date the site has remained clear. The QRT and integrated street outreach teams remain engaged to assist any individuals that may be found in other areas.

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

1. Enter the estimated number of encampments in the beginning of your evaluation period.	2
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.	45
2. Enter the reduction in the number of people in encampments during your evaluation period.	40

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

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

(limit 2,500 characters)

Not Applicable

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

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

(limit 2,500 characters)

FY2025 SPM Metric 5.2 identified 4,563 people entering ES, SH, TH, or PH without an enrollment in those project types during the prior 24 months, or 67.5 percent of 6,756 entrants. MIBOSCOC will use this baseline and seek at least a 20 percent reduction, to 3,650 or fewer people, by strengthening prevention and diversion across its 66 counties.

MIBOSCOC implemented a coordinated diversion practice beginning at a household's first contact with shelter, Coordinated Entry, or other housing services. Staff use participant-centered problem solving and mediation to identify safe alternatives, including remaining in or returning to existing housing, living with family or friends, securing a lease, or relocating. Diversion is not a barrier to shelter. Households without a safe alternative retain access to the homelessness response system, and staff may resume diversion conversations after shelter entry when the immediate crisis has stabilized.

To establish consistent access across its large rural geography, MIBOSCOC conducted frontline diversion trainings in October 2025 and April 2026. Initial diversion conversations have prevented approximately 10 percent of households seeking assistance from entering the homeless system. Among households that entered shelter and were re-engaged, another 27 percent ended homelessness without a CoC housing intervention.

The CoC secured State of Michigan Steps 2 Stability funding for diversion and housing navigation. Financial assistance is used only when it directly creates a viable housing option and other resources are unavailable. Eligible assistance may address rent, utilities, transportation, automobile costs connected to housing or employment, and other documented barriers, subject to a $2,500 household cap. Year-to-date HMIS results show 614 households served. Of 452 households that exited, 225 had positive exits, a 49.8 percent positive-exit rate.

The CoC will use HMIS, Coordinated Entry, and SPM Metric 5.2 to monitor households served, diversion attempts, outcomes, shelter entries following diversion, and first-time homelessness. Community and CoC partners will use results to identify geographic gaps, reinforce training, improve referrals, and target flexible assistance. This approach will prevent avoidable shelter and housing-project entries while preserving immediate shelter access for households without safe alternatives.

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)

FY2025 SPM Metric 1.2 shows that 3,944 people served in ES, SH, and TH experienced an average of 67.5 homeless days and a median of 28 days. Using HMIS Data Element 3.917 and including time in PH before housing move-in, the average was 189.8 days and the median was 103 days. MIBOSCOC will address shelter stays and delays between housing referral, enrollment, and move-in.

The CoC conducts data-quality reviews of entry, exit, bed-night, homelessness-start, and move-in data. HMIS reports will identify projects and populations with extended stays. Local Planning Bodies and providers will review long-staying households through Coordinated Entry and By-Name List case conferencing, resolve documentation and eligibility barriers, return stalled referrals, and match households to appropriate housing resources.

Rapid rehousing projects do not impose predetermined assistance periods. Staff reassess income, rent burden, and housing stability and provide assistance for the period needed for a sustainable exit. Through YHDP, the CoC added joint TH-RRH projects and is strengthening staff support for that model. The CoC also revised its Housing Choice Voucher referral policy to create moving-on opportunities for PSH residents who no longer need intensive services, freeing PSH capacity for people with disabilities and longer homeless histories.

The CoC is increasing housing supply through CoC Builds applications, partnerships with rural developers, and Regional Housing Partnerships working toward statewide housing targets.

MIBOSCOC is also evaluating how shelter diversion changes the population that still enters shelter. In one community implementing diversion since October 2022, the annual unduplicated sheltered count fell 26 percent and first-time homelessness fell 44 percent, while average length of homelessness increased 86 percent. Before diversion, shelter clients were 30 percent low-, 50 percent medium-, and 20 percent high-acuity; low-acuity stays were often under 28 days, and the overall average was 91 days. After implementation, the mix shifted to 10 percent low-, 60 percent medium-, and 30 percent high-acuity. The CoC will assess length of time by acuity and household type, preserve diversion for households with safe alternatives, and target housing navigation, subsidies, and intensive services to higher-acuity households remaining in shelter.

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?	55.95%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The CoC used an HMIS exit report covering January 1 through December 31, 2025. The universe included all 122 HMIS-participating TH, RRH, and PSH projects in the Michigan Balance of State CoC that recorded an exit during the period: 15 transitional housing projects, 87 rapid rehousing projects, and 20 permanent supportive housing projects.

The report contained 2,705 exit records representing 2,624 unique people. Because HUD's guidance asks the CoC to count people who exited, the CoC deduplicated the report using Entry Exit Client ID. When a person had more than one TH, RRH, or PSH exit during the reporting period, the person's most recent exit and corresponding HMIS Data Element 3.12 Exit Destination were used. This resulted in a denominator of 2,624 unique leavers.

For the numerator, the CoC summed the four qualifying Exit Destination responses: 280 people staying or living with family with permanent tenure; 156 staying or living with friends with permanent tenure; 996 renting without an ongoing housing subsidy; and 36 owning without an ongoing housing subsidy. These categories totaled 1,468 people.

The CoC divided 1,468 qualifying unsubsidized permanent-housing exits by 2,624 unique leavers. The resulting rate was 55.95 percent, rounded to 55.9 percent. Subsidized rental or ownership destinations, temporary destinations, institutional destinations, homeless destinations, and unknown or uncollected destinations were excluded from the numerator but remained in the universe of people who exited.

Separately, FY2025 SPM Metric 7b.1 reported that 2,923 of 4,750 people exiting ES, SH, TH, and RRH exited to permanent housing, a successful-exit rate of 61.54 percent. The CoC therefore exceeded both HUD's 50 percent SPM benchmark and its 20 percent benchmark for exits from TH/RRH/PSH to unsubsidized housing.

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

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

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

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

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

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

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

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

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

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	1,497	81	913	57.86%
2. Safe Haven (SH) beds	15	0	15	100.00%
3. Transitional Housing (TH) beds	517	1	59	11.39%
4. Rapid Re-Housing (RRH) beds	1,020	0	1,020	100.00%
5. Permanent Supportive Housing (PSH) beds	440	0	234	53.18%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

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

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

(limit 2,500 characters)

The CoC found that 542 ES and 438 TH beds were misclassified on the HIC. Although correctly identified as DV-dedicated, they were not attributed to victim service providers using comparable databases. The CoC confirmed all affected projects. For the next HIC, staff will correct the provider/database designations and complete a pre-submission review with each VSP. These corrections would raise ES and TH coverage to 92.2% and 95.9%.

The 206 uncovered PSH beds are HUD-VASH beds recorded in VA HOMES rather than HMIS. Over the next 12 months, the Michigan Coalition Against Homelessness, the statewide HMIS lead, will meet with applicable VAMCs; and follow up VA HOMES regarding the limitation preventing geographically aligned CoC exports. Until resolved, the CoC will reconcile VASH inventories with VAMCs before the HIC, document barriers, and pursue every permissible method to include VASH beds and data accurately.

Because we utilize a statewide HMIS implementation we will continue to advocate for MCAH (the statewide HMIS Lead) to work with MSHDA (VASH Fiduciary) and the VA HOMES to find a solution for us to be able to enter these PSH VASH beds into HMIS in the future. For the ES and TH beds we have already corrected all of the HMIS Provider Pages to indicate VSP = Yes, Comparable Database = Yes, so that reporting error will be corrected on next year's HIC.

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?**	No
2.	**Do you expect to use at least 50% of the proposed activities/projects in Opportunity Zones Census Tracts?**	No

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	List of TH/RRH/PS...	09/28/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of Projects ...	09/28/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3. Language fr...	09/29/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10. Evidence o...	09/29/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/29/2026

06. 1D-2c. Local Competition Selection Results	Yes	1D-2c. Local Comp...	09/30/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/29/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No	3A-DP. Your CoC's...	09/29/2026
11. Other	No		

Attachment Details

Document Description: List of TH/RRH/PSH Projects with On-Site Substance Abuse Treatment

Attachment Details

Document Description: List of Projects and Number of Units Requiring Substance Abuse Treatment

Attachment Details

Document Description: 1C-3. Language from Project Supportive Service Agreements

Attachment Details

Document Description: 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety

Attachment Details

Document Description: Local Competition Scoring Tool

Attachment Details

Document Description: 1D-2c. Local Competition Selection Results

Attachment Details

Document Description: FY 2026 HDX Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 3A-DP. Your CoC's Policy or Statement to Advance Recovery

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/28/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/29/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	09/28/2026
2A. HMIS Implementation	09/28/2026
3A. Policy Initiatives	09/28/2026
4A. Attachments Screen	09/30/2026
Submission Summary	No Input Required

List of TH/RRH/PSH Projects with On-Site Substance Abuse Treatment - 1C-1

Rank	Applicant Name	Project Name	Component Type	Number of Units	Application Score	Project Status	Project Amount
44	Have Mercy	Step-Up Recovery - TH Project	TH	22	84.49%	CoC Reallocation	$144,418

List of CoC Program Projects and Number of Units that require Substance Abuse Treatment - 1C-1f

Rank	Applicant Name	Project Name	Component Type	Number of Units	Application Score	Project Status	Project Amount
44	Have Mercy	Step-Up Recovery - TH Project	TH	22	84.49%	CoC Reallocation	$144,418

1C-3 Language from Project Supportive Service Agreements

Agency	Project	Require Services
Community Action Agency	CAA TH-RRH YHDP project	Yes
Comprehensive Youth Services	Thumb Region Youth Partnership TH-RRH	Yes
Northeast Michigan Community Service Agency	Housing Pathways for Young Adults	Yes
Alger Marquette Community Action Board	UP Rural Youth TH/RRH	No
Alger Marquette Community Action Board	Orianna Ridge DedicatedPlus	No
Allegan County Community Mental Health Services	ACCMHS Chronic FY24 Renewal	Yes
Allegan County Community Mental Health Services	ACCMHS PSH D+ FY24 Renewal	Yes
Allegan County Community Mental Health Services	ACCMHS RRH FY24 Renewal	Yes
Blue Water Community Action	BWCA FY24 PSH	Yes
Community Action Agency	Hillsdale County Permanent Supportive Housing (PSH) Scattered Site	Yes
EightCAP, Inc.	Family Stability FY24	No
EightCAP, Inc.	Isabella/Gratiot PSH Dedicated + FY2024 (MI0668L5F002405)	No
EightCAP, Inc.	Ionia/Montcalm PSH Dedicated +	No
Emergency Shelter Services, Inc.	PSH DedicatedPLUS Renewal FY24	Yes
Housing Services Mid Michigan	Clinton PSH FY24	Yes

Human Development Commission	Homeless Re-Housing Program FY 2024	Yes
Human Development Commission	Serve Heal Empower Daring Survivors	Yes
Human Development Commission	PSH Dedicated Plus FY 2024	Yes
Lutheran Social Services of Wisconsin and Upper Michigan, In	Welcome Home	Yes
Michigan Department of Health and Human Services	MDHHS Rapid Re-Housing 2024	Yes - In Subrecipient Forms
Mid Michigan Community Action Agency, Inc	Mid Michigan Permanent Supportive Housing	Yes
Northeast Michigan Community Service Agency	NE MI Rural PSH	Yes
Northwest Michigan Community Action Agency, Inc.	NMCAA-ADULT RRH 2024	Yes
Northwest Michigan Community Action Agency, Inc.	PH-RRH YOUTH HOUSING-2024	Yes
Northwest Michigan Supportive Housing (formerly, the Foundation for Mental Health Grand Traverse-Leelanau)	GTA Leasing	Yes
Northwest Michigan Supportive Housing (formerly, the Foundation for Mental Health Grand Traverse-Leelanau)	Woodmere	Yes
Northwest Michigan Supportive Housing (formerly, the Foundation for Mental Health Grand Traverse-Leelanau)	WRC/NMSH	Yes
Southwest Michigan Community Action Agency	SMCAA PSH DP FY 24	Yes
Staircase Youth Services. Inc.	Rapid Rehousing for Youth	No

TrueNorth Community Services	TrueNorth PSH	No
Total 30 Projects	23 Include Language	75%

Language from Participant Service Agreements:

Allegan County CMH/OnPoint:

1. You will assist in writing your own case plan to determine your goals and work alongside your case manager to resolve your housing emergency. Including but not limited to performing housing searches on your own in addition to those with your case manager, maintaining contact with your case manager once per week, updating your case manager when your contact information changes and gathering all necessary documentation for your case manager.

Blue Water Community Action Agency

Our participant agreement contains the following clauses that pertain to this question:

1. You will actively participate in the development of an individualized housing and service plan.

2. Support services are voluntary. In the event that there is a concern brought to BWCA, a well check will be completed as soon as possible.

Community Action Agency:

The Participant(s) agrees to:

1. Comply with the legal terms outlined in the lease agreement provided by the landlord. In situations where eviction occurs, continuation in the Permanent Supportive Housing Program will be decided on a case-to-case basis.
2. Follow through with the goals set with the Housing Advocate. If positive strides are not made to complete goals, the participant may be dismissed from the program.
3. Inform the Housing Advocate *immediately* of any changes in employment and household composition.
4. Be present for agreed upon scheduled home visits made with the Housing Advocate. In the event you are unable to attend a meeting, you must notify the Housing Advocate in advance. Failure to keep scheduled appointments could result in dismissal from the program.

The Housing Advocate agrees to:

1. Initiate home visits weekly for the first two months of the program. At that time, home visits will continue as needed, with a minimum of one home visit per month.

Emergency Shelter Services:

To be eligible and remain eligible for housing through the _____, I understand that I
must be in compliance with the following criteria and that failure to follow could result in loss of housing voucher.
_____ I understand that I must meet with my case manager on a regular basis and I will work with my case
manager to address established self-sufficiency barriers including, but not limited to drug use, financial literacy, etc.
I understand that if my environment is deemed unsafe for my case manager, the case manager will automatically
cease case management services.

Housing Services of Mid Michigan:

HSMM's Permanent Supportive Housing program funded by HUD requires that participants of PSH programs who do not meet the eligible exemption categories must actively participate in a Supportive Services plan for 20 hours a week, and participation must be documented and verified by PSH case managers. Supportive services include case management, employment training, mental health treatment and substance use disorder treat. Please read the following requirements and initial by each statement.

_____ I will meet with my PSH case manager a minimum of once a month to discuss goals, steps needed to accomplish set goals, and goal progression.

Human Development Commission

1. The participant will actively work on their ISP with support from their case manager, including meeting with their case manager at least once per month and make weekly contact.

Lutheran Social Services:

Should I agree to become a participant, I fully understand and agree that:

- this is an individualized program where the goal is housing self-sufficiency, which is best achieved with active involvement and specific actions on my part; and
- my case manager will work closely to assist me with achieving the goals I establish for myself/my family.

Should I be accepted for enrollment (please initial each after reading):

1. ____I understand that this program allows 60 days from today's date _____ to secure housing.
2. ____I understand and agree that to work towards full housing stability, a minimum of monthly case management participation is suggested. During the housing search process, more frequent case management is often beneficial.

Mid MI CAA:

1. You will meet with your Housing Specialist at least once a month to review and update your Housing Stability Plan. During each appointment, you will work together to set new tasks to meet your goals and to determine how much financial assistance is necessary to achieve housing stability.

Northeast MI Community Service Agency:

I understand that it is my responsibility as a participant in the program to:
Contact and meet with my Housing Resource Specialist monthly or as dictated by the program I participate in.

Northwest Michigan Community Action Agency

NMCAA Programs are 100% grant funded and have specific requirements Program Participants MUST follow.
I understand and agree to actively participate in the Program, including meeting with my assigned Housing-Based Case Manager/NMCAA Program staff (at least monthly), and that they must be present when I sign a lease/rental agreement, and once I am housed, to allow them into my home/rental unit, or wherever I am residing, and that not meeting, maintaining contact, or working collaboratively with Program staff will be considered a violation of this agreement.

Northwest Michigan Supportive Housing:

3. Tenant Responsibilities:
   - Use the house solely for ***residence*** and as the principal place of residence. I ***cannot*** assign the lease or transfer the unit. ***Only persons who are listed on the Lease Agreement can live in the unit.***
   - As a condition of program participation, residents agree to meet with their assigned Case Manager no less than once each month. Additional case management contacts may be required or recommended when necessary to address housing-related concerns, support service needs, crisis intervention, benefit access, or other factors that may impact housing stability and program success.

Southwest MI CAA:

Monthly Contact Requirements

SMCAA through the HSC will coordinate and/or provide supportive services as necessary to facilitate adequate provision of supportive services to the participants of the housing programs.

Michigan Dept of Health and Human Services:

This is a pass through to subrecipients. Subrecipient language can be found above in:

Allegan County CMH/OnPoint, Emergency Shelter Services, Housing Services of Mid Michigan, Mid MI CAA, Northeast MI Community Service Agency, Northwest Michigan Community Action Agency, Southwest MI CAA, and Human Development Commission

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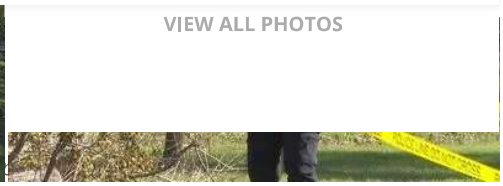
Traverse City clears homeless camp from park as police enforce no camping ordinance

by Alli Baxter
Wed, May 7, 2025 at 6:54 PM
Updated Thu, May 8, 2025 at 9:27 AM



the Pines and made contact with 14 individuals and provided them an opportunity to comply with our ordinances," said City Police Chief Matt Richmond. (WPBN)

57
Comment
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How many individuals left The Pines voluntarily? →

What assistance did Quick Response Team provide? →

Why is housing emphasized as a solution? →

DeeperDive | Ask UpNorthLive anything

TOPICS: TRAVERSE CITY HOMELESS CAMP NO CAMPING ORDINANCE ENFORCEMENT PINES LAW ENFORCE

TRAVERSE CITY, Mich., (WPBN/WGTU) -- The promised enforcement of a no camping ordinance in a Traverse City park began Wednesday.

The Pines, an area where those experiencing homelessness camped, is now cleared of people and campsites.

It happened one day after the deadline city officials set for people living in the Pines to leave.

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"They came in really early. They had the bright lights on me," said Peter Shomin, who used to live in the Pines. "They were saying, 'Open your tent door', which I do not live in a tent. It's a structure. My tent burnt down."

Shomin said he's been in and out of the Pines since he was 24. He's 61 now.

"I was trying to get my back pack, but they had that bright light on me. So what I was trying to find, I was confused. I don't know. It'll work out well. I got the great spirit on my side," said Shomin.

Multiple law enforcement agencies surrounded the Pines early Wednesday morning.

"At 7.10 a.m. officers from the Traverse City Police Department, Grand Traverse County Sheriff's Department and the Michigan State Police entered the Pines and made contact with 14 individuals and provided them an opportunity to comply with our ordinances," said City Police Chief Matt Richmond. "I can safely say that there were no citations or arrests made today as a result of this enforcement. All 14 individuals did leave the Pines on their own accord."

The city shut down 11th Street between Division Street and Elmwood Avenue. Chief Richmond said it was done for protection during enforcement and later clean-up of abandoned campsites by the city's Department of Public Works.

"Otherwise we're gonna have a lot more people in there," said Chief Richmond. "And we won't have the control that we need to determine that everybody is out of the Pines and accounted for and and safely moved."

The city's Quick Response Team (QRT) was there for the enforcement to help coordinate last minute plans for people.

could to make that transition as easy as we could," said Chief Richmond. "And that's just today, we've been doing a lot of outreach for the last year and a half or more."

Chief Richmond said officers will continue to keep an eye on the Pines so that individuals don't come back in.

"Then we're in the same situation we were before, so there will be a zero tolerance here in the the Pines," said Chief Richmond.

Community leaders described what happened Wednesday as a "pivot" to no longer have to focus solely on the Pines, but on the regional efforts to create more housing.

"But I'd like to temper that by saying it's not a cause for celebration," said City Manager Liz Vogel. "We cannot rest on our laurels. The Housing and Homelessness Task Force is just starting and housing solves homelessness. We cannot forget that that's why we're here."

Vogel emphasized the year-round emergency shelter in the city is just one piece of the puzzle that allowed the city to move forward with cleaning up what she said had become an unsafe and inhuman environment.

"They're people. They've always been people. We treated this with compassion," emphasized Vogel. "But, I also really want to thank those who understood the need for enforcement because we have to keep everybody in mind in this community."

"All the officers involved in this our number one goal was compliance," said Chief Richmond. "To be professional, respectful and compassionate when dealing with these individuals."

READ THE COMMENTS (57)

The area where the Pines was, is considered to be a city park with trails. Vogel said she's asked city parks staff how the space can be returned to a safe and welcoming public park for everyone.

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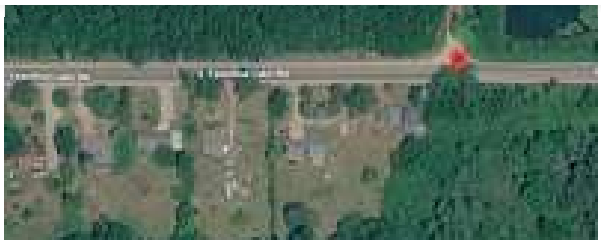

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FY 2026 Renewal Applications Scoring Rubric

	Available Points					Scoring Criteria Notes
	PSH	RRH	Joint TH/RRH	SSO	HMIS	
HUD Thresholds: Section 2						
6. Does the agency have an acceptable organizational audit/financial review? If not, explain. If yes, ensure it is attached in the application submission.	2	2	2	2	2	Include attachment for full points
7. Were draws of the funding completed at least quarterly in eLOCCS? If not, explain why and how this will be improved.	2	2	2	2	2	2 points = 4 draws throughout the grant year; 1 point = Irregular draw times, 3 draws; 0 points = Fewer than 3 draws
8. Calculate the utilization rate for the project's last completed grant year. List the total award, and the final total drawn from eLOCCS. Divide the total drawn by the total award, then multiply by 10 for the percent. This is the utilization rate.	3	3	3	3	2	3 points = 90% or more; 2 points = 80-90%; 1 point = 65-80%; 0 points = Less than 65%
9. If there were unspent funds noted in the calculation above, explain why the grant was not fully expended and plans to improve project utilization.	2	2	2	2	2	Ensure both parts are fully answered
10. HUD Monitoring Note the date of your last HUD monitoring, and describe any findings and resolutions of those findings. If you have not been monitored by HUD, reference your last monitoring by a State funder. Attach a copy of the referenced monitoring report in your application submission.	3	3	3	3	2	Ensure all parts are fully answered and attachment included for full points.
Section Total	12	12	12	12	10	
Project and Agency Overview: Section 3						
11. Provide a narrative description that covers the entire purpose, design, and scope of this project. Responses should detail the goals of the project, the target population for the project, how participants are served within the project, including connections to services outside the project, the ongoing community need for the project, and note any changes to the project from its last application.	5	5	5	5	5	Ensure all parts are fully answered
12. Does this project have any subrecipients? If so, please list subrecipients, geographic area of service, number of households to be served, and amount of funding allocated to the subrecipient. Attach additional forms as needed.	0	0	0	0	0	Not Scored
13. If the project has subrecipients, describe the processes by which the applicant will ensure quality of service provided by subrecipient(s) and monitor actions, results, and spending?	2	2	2	2	2	Ensure all parts are fully answered
14. Indicate the county or counties served by this project and the number of units planned per county.	2	2	2	2	2	Ensure all parts are fully answered
Section Total	9	9	9	9	9	
HUD Priorities: Section 4						
15. The project applicant will not operate drug injection sites or "safe consumption sites" in violation of 21 U.S.C. 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 U.S.C. 863.	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	1	If the application does not agree, it cannot continue
16. The project applicant will not engage in illegal racial discrimination.	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	1	If the application does not agree, it cannot continue
17. Does the project currently require supportive service participation as a condition of continued housing? Describe how you keep participants engaged in services.	3	3	3	3	1	Applicants should include information about the engagment techniques used that align with trauma informed care (such as motivational interviewing, person-centered planning).
Section Total	3	3	3	3	3	
HMIS Objective Criteria: Section 5						
19. Technical Experience	0	0	0	0	2	0-2 of 5 Checked = 0pts; 3 of 5 Checked = 1pt; 4 or More = 2pts
20. System Administration	0	0	0	0	2	0-6 of 12 Checked = 0pts; 6-11of 12 Checked = 1pt; 11 or More = 2pts
21. Technical Support	0	0	0	0	2	0-2 of 6 Checked = 0pts; 3-4 of 6 Checked = 1pt; 5 or More = 2pts
22. HMIS Security and Privacy	0	0	0	0	2	0-2 of 4 Checked = 0pts; 3 of 4 Checked = 1pt; 4 or More = 2pts
23. Training	0	0	0	0	2	0-5 of 10 Checked = 0pts; 5-7 of 10 Checked = 1pt; 8 or More = 2pts
24. Data Quality	0	0	0	0	2	0-3 of 6 Checked = 0pts; 4 of 6 Checked = 1pt; 5 or More = 2pts
25. Reporting	0	0	0	0	2	0-3 of 6 Checked = 0pts; 4-5 of 6 Checked = 1pt; 6 = 2pts
26. Data Quality and Analysis Function	0	0	0	0	2	0-2 of 5 Checked = 0pts; 3 of 5 Checked = 1pt; 4 or More = 2pts
27. HUD Requirements	0	0	0	0	2	0-2 of 3 Checked = 0pts; 3 of 3 checked = 2pts
Section Total	0	0	0	0	18	
System Performance Scorecard: Section 6						
28. Data Elements	5	5	5	5	0	

FY 2026 Renewal Applications Scoring Rubric

	Available Points					Scoring Criteria Notes
	PSH	RRH	Joint TH/RRH	SSO	HMIS	
29. APR Timeliness	3	3	3	3	0	
30. Entry Timeliness	3	3	3	3	0	
31. Exit Timeliness	3	3	3	3	0	
32. Active ROI	3	3	3	3	0	
34. PSH Retention and Exits	8	0	0	0	0	
35. PSH Returns to Homelessness	6	0	0	0	0	
36. PSH Total Income Growth for Stayers	3	0	0	0	0	
37. PSH Total Income Growth for Leavers	3	0	0	0	0	
38. PSH Enrollment in Non-Cash Benefits	3	0	0	0	0	
39. PSH Supportive Service Participation	3	0	0	0	0	
40. PSH Annual Assessments	3	0	0	0	0	
41. PSH CE Participation	4	0	0	0	0	Points are taken directly from the Scorecard reviewed by Jayce. Take total scorecard points, divide by 2 and enter the answer here. YHDP Joint TH/RRH should use the final scorecard that averages both components.
42. RRH Retention and Exits	0	8	8	0	0	
43. RRH Returns to Homelessness	0	6	6	0	0	
44. RRH Total Income Growth for Stayers	0	3	3	0	0	
45. RRH Earned Income Growth for Leavers	0	3	3	0	0	
46. RRH Total Income Growth for Leavers	0	3	3	0	0	
47. RRH Earned income Growth for Leavers	0	3	3	0	0	
48. RRH Annual Assessments	0	3	3	0	0	
49. RRH CE Participation	0	4	4	0	0	
50. SSO Successful Permanent Housing Placements	0	0	0	15	0	
51. SSO Length of Participation	0	0	0	4	0	
52. SSO Inactive Records/Client Contact	0	0	0	4	0	
53. Client Engagement	0	0	0	4	0	
54. SSO Enrollment in Non-Cash Benefits	0	0	0	6	0	
Section Total	50	50	50	50	0	
System Performance: Section 7						
55. All but HMIS: Scorecards Completed	2	2	2	2	0	Responses will be verified by staff. 2 pts = all scorecards submitted on time; 1pt = 2 scorecards were late; 0 pts = 3 or more late or missing
56. CoC Committee Participation	2	2	2	2	2	Responses will be verified by staff. 2 pts = 75% attended; 1pt = 25-75% attended; 0 pts = less than 25% attended
57. Describe any strategies and/or efforts made during the last 12 months to improve program outcomes.	4	4	4	4	2	Full points will outline and define the issue, detail the strategies/efforts, explain the outcomes and future plan to address
59. DV Detail how the project ensures and increases the safety of project participants.	*1*	*1*	*1*	*1*	0	For DV dedicated projects only
60. DV Detail how the applicant uses a trauma-informed, survivor-centered approach in service delivery.	*1*	*1*	*1*	*1*	0	For DV dedicated projects only
61. Cost Effectiveness - Reasonable Costs Chart	2	2	2	2	3	2 pts = 7 checked; 1pt = 5-6 checked; 0 pts = 4 or less
63. Costs per Positive Exit	1	1	1	1	0	Complete the math as directed.
64. Disabilities at entry	1	1	1	1	0	1 point for 50% or more
65. Chronically homeless %	2	2	2	2	0	2 points = 80% or more; 1 point = 50-79%; 0 points = 49% or less

FY 2026 Renewal Applications Scoring Rubric

	Available Points					Scoring Criteria Notes
	PSH	RRH	Joint TH/RRH	SSO	HMIS	
66. Supplement project with other resources.	3	3	3	3	1	Full points for projects that can quantify supplementation by other resources and enumerate the sources.
67. Targeted Populations	1	1	1	1	0	Select all that apply
68. Public Complaints Process	2	2	2	2	1	Full points for addressing all parts of the question.
Extra DV Points	*2*	*2*	*2*	*2*	*0*	
Section Total	20	20	20	20	9	
Supportive Services: Section 8						
69. Supportive Services - Who Provides	2	2	2	2	0	Complete all items in the chart.
70. Supportive Services - How Often	2	2	2	2	0	Complete all items in the chart.
Section Total	4	4	4	4	0	
Budget: Section 10						
74. Attached budget and match	2	2	2	2	1	Include attachment and ensure it is complete for full points
Section Total	2	2	2	2	1	
	PSH	**RRH**	**Joint TH/RRH**	**SSO**	**HMIS**	
Total Points for Each Project Type	**100**	**100**	**100**	**100**	**50**	
Additional available Points for DV Projects	2	2	2	2	2	
Application Penalty Points Possible						
Application Submitted Late (Increase each day to 5 days)	-1 to -5	-1 to -5	-1 to -5	-1 to -5	-1 to -5	
Attachments Not Included	-3	-3	-3	-3	-3	
Missing or Incorrect Information	-2	-2	-2	-2	-2	

FY 2026 New Applications Scoring Rubric

	Available Points							Scoring Criteria Notes
	TH	SSO - CE	SSO - SO	SSO - Standalone	HMIS	RRH	PSH	
HUD Thresholds: Section 2								
1. - 24. All Thresholds must be met	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	
Section Final								
Applicant Information: Section 3								
25. Describe your organization's experience (and subrecipient(s) if applicable) in effectively utilizing federal funds and performing the activities proposed in the application.	8	8	8	8	8	8	8	
26. Describe your organization's experience (and subrecipient(s) if applicable) in leveraging Federal, State, local and private sector funds.	8	8	8	8	8	8	8	
27. Describe your organization's (and subrecipient(s) if applicable) financial management structure.	8	8	8	8	8	8	8	
28. Does this project have any subrecipients? If so, please list (1) name of each subrecipient, (2) amount of funding allocated to each subrecipient, and the (3) geographic service area of each subrecipient.	0	0	0	0	0	0	0	Not Scored
29. Describe the agency's process for addressing and resolving complaints from the public.	3	3	3	3	3	3	3	
Section Total	27	27	27	27	27	27	27	
New Transitional Housing Project Requirements: Section 4								
31.Detail how the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.) (2 points available)	2							
32. Explain how the applicant has prior experience operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months. (1 point available)	1							
33. Detail how the applicant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant. (1 point available)	1							
34. Explain how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. (1 point available)	1							
35. Will the project: 1) Assess needs, 2) Provide 20 hrs/week of services, 3) Create detailed service plans, 4) Set participant goals (2 points)	2							
36. Demonstrate that the average cost per household served for the project is reasonable (2 CFR 200.404). (1 point)	1							
Section Total	8							
Did the project score at least 6 points?	Pass/Fail							
New Supportive Services Only - Coordinated Entry Project Requirements: Section 5								
37. Explain how the Coordinated Entry system is easily available and reachable for all persons within the CoC's geographic area who are seeking homelessness assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area. (1 point available)		1						
38. Explain the strategy for advertising that is designed specifically to reach households experiencing homelessness with the highest needs. (1point available)		1						
39. Explain the standardized assessment process. (1 point available)		1						
40. Explain how the project will ensure program participants are directed to appropriate housing and services that fit their needs. (1point available)		1						
Section Total		4						
Did the project score at least 3 points?		Pass/Fail						
New Supportive Services Only - Street Outreach Project Requirements: Section 6								
41. Explain how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. (1 point available)			1					
42. Explain the proposed project's strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services. (2 points available)			2					
43. Demonstrate that the applicant has a history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals. (1 point available)			1					
44. Demonstrate that the applicant has experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at 24 CFR 578.53(e)(13) and has a plan for or has demonstrated effectiveness at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs. (1 point available)			1					
45. Demonstrate the average cost per household served for the project is reasonable in accordance with 2 CFR 200.404. (1 point available)			1					
Section Total			6					
Did the project score at least 5 points?			Pass/Fail					
New Supportive Services Only - Standalone Project Requirements: Section 7								
46. Explain how the Supportive Services project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e. g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency and the Recipient will conduct an annual assessment of the service needs of the program participants. (1 point available)				1				
47. Detail the proposed project's strategy for providing supportive services to eligible program participants including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services. (2 points available)				2				
48. Explain how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. (1 point available)				1				
49. Demonstrate the average cost per household served for the project is reasonable in accordance with 2 CFR 200.404. (1 point available)				1				
Section Total				5				
Did the project score at least 4 points?				Pass/Fail				
New HMIS Project Requirements: Section 8								
50. Explain how the HMIS funds will be expended in a way that furthers the CoC's HMIS implementation. (1 point)					1			

FY 2026 New Applications Scoring Rubric

	Available Points							Scoring Criteria Notes
	TH	SSO - CE	SSO - SO	SSO - Standalone	HMIS	RRH	PSH	
51. Explain how the HMIS collects all UDEs as set forth in the HMIS Data Standards. (1 point)					1			
52. Explain the ability of the HMIS to un-duplicate client records. (1 point)					1			
53. Describe how the HMIS produces all HUD-required reports and provides data as needed for HUD reporting (APR, quarterly reports, data for CAPER/ESG reporting) and other reports required by other federal partners. (1 point)					1			
Section Total					4			
Did the project score at least 3 points?					Pass/Fail			
New PH-RRH Project Requirements: Section 9								
54. Describe how the provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 24 months. (1 point)						1		
55. Describe how the type of supportive services and assistance that will be offered to program participants (e.g., case management, substance use treatment, mental health treatment, and employment assistance) will ensure that the participant is able to successfully obtain self-sufficiency and exit homelessness. (2 points)						2		
56. Describe how the applicant has previously operated or currently operates a homelessness project where, or has a plan in place to have, at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant, or has a plan in place to ensure this. (1 point)						1		
57. Demonstrate the average cost per household served for the project is reasonable. 2 CFR 200.404. (1 point)						1		
58. Explain how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. (1 point)						1		
Section Total						6		
Did the project score at least 4 points?						Pass/Fail		
New PH-PSH Project Requirements: Section 10								
59. Describe how the type of housing proposed, including the number and configuration of units, will fit the needs of the program participants. (1 point)							1	
60. Describe how the type of supportive services and assistance that will be offered to program participants will ensure that the participant is able to successfully obtain and retain permanent housing and in a manner that fits their needs (e.g. transportation, safety planning, enhanced case management). If the applicant is proposing to expand an existing PH project, it must demonstrate how they are expanding supportive services to program participants, including where appropriate, on-site supportive services. (1 point)							1	
61. Describe how the project will serve homeless individuals or families with a disability in accordance with 24 CFR 578.37(a)(1)(i). (1 point)							1	
62. Demonstrate that the average cost per household served for the project will be reasonable. 2 CFR 200.404. (1 point)							1	
63. Describe how the project will be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. (1 point)							1	
Section Total							5	
Did the project score at least 3 points?							Pass/Fail	
Project Description: Section 11								
64. Provide a description that addresses the entire scope of the project. Responses should detail the project type, goals of the project, the qualifications and number of staff required to carry out the project, and how households will be served within the project.	10	10	10	10	10	10	10	Ensure all parts are fully answered
65. List all counties this project will serve.	3	3	3	3	3	3	3	3 points if serving 5 counties or more; 2 points for 2-4 counties, 1 for one county
66. Dedicated to any below populations?	2	2	2	2	2	2	2	1 point if dedicated to any population, 2 points for families or elderly
67. Will use Coordinated Entry	3	3	3	3	3	3	3	3 points if plan is comprehensive
68. Supportive Services: Who will provide?	3	3	3	3	0	3	3	3 points if 8 or more are provided by the applicant, sub-recipient, or a partner agency; 2 pts if 5-7 are, 1pt if fewer than 4 are
69. Supportive Services: How often?	1	1	1	1	0	1	1	Ensure all parts are fully answered
70. How will this project connect participants to mental health and/or recovery treatment when needed? If this is a housing project include any treatment requirements or sober living affiliations.	6	6	6	6	0	6	6	Ensure all parts are fully answered
Section Total	28	28	28	28	18	28	28	
HUD Priorities: Section 12								
71. The project applicant will not operate drug injection sites or "safe consumption sites" in violation of 21 U.S.C. 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 U.S.C. 863.	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	If the application does not agree, it cannot continue
72. The project applicant will not engage in illegal racial discrimination.	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	If the application does not agree, it cannot continue
73. Will this project require supportive service participation as a condition of continued housing? (Non-housing projects enter N/A)	2	0	0	0	0	2	2	2 points for TH if answering "yes". Not part of the denominator for other projects
74. Will the project include: 1) Peer specialists, 2) coordination with special courts, 3) SUD treatment required	3	3	3	3	0	3	3	1 point for each box
75. Review the Goals and Objectives in III.B. of the FY2026 NOFO. Describe how your project will further at least two (2) of the following goals: 1. Improving Outcomes, 4. Prioritizing Treatment and Recovery as a Means to Self-Sufficiency, 5. Promoting Economic Self-Sufficiency, 6. Advancing Public Safety for All, 7. Minimizing Trauma for Vulnerable Populations.	10	12	12	12	10	10	10	SSO projects recieve a maximum 6pts for each goal addressed, proportional to the thoroughness of the response. Other project types have a maximum of 5pts for each goal.
Section Total	15	15	15	15	10	15	15	
Project Start-Up: Section 13								
76. Milestones timeline	6	6	6	6	6	6	6	Each item receives 2 pts for 30 days, 1 pt for 60 days
77. How will this project ensure it is fully expended within 12 months?	6	6	6	6	6	6	6	Ensure answer gives a feasible plan
78. Describe any strategies and/or efforts you will use to track and improve program outcomes. Discuss how your agency will use data to identify ways to improve services, program design, staff development, and/or outcomes shown through performance measures. Describe your past efforts to improve project outcomes on other projects/programs operated by the agency.	8	8	8	8	8	8	8	Ensure all parts are fully answered
79. Describe the onboarding and training process for new staff and any training requirements for existing staff. Include internal agency training, CoC training, best practices training, and any other requirements.	5	5	5	5	5	5	5	Ensure all parts are fully answered
80. Demostrate Cost Effectiveness	1	1	1	1	1	1	1	Ensure all parts are fully answered
Section Total	26	26	26	26	26	26	26	
Special Project Types: Section 14								

FY 2026 New Applications Scoring Rubric

	Available Points							Scoring Criteria Notes
	TH	SSO - CE	SSO - SO	SSO - Standalone	HMIS	RRH	PSH	
81. Is this project proposing to replace a previous Youth Homelessness Demonstration Program (YHDP) project?	0	0	0	0	0	0	0	
82. Indicate any of the Special Activities (beginning on page 47 of the NOFO, YHDP Exceptions (beginning on page 50), Innovative Activities (page 51), or Match Exemptions (page 20) this project will request.	1	1	1	1	0	1	1	Ensure all parts are fully answered
83. Is this a project dedicated to survivors of domestic violence or other types of violence as outlined in paragraph 4 of the homeless definition?	0	0	0	0	0	0	0	
84. Detail how the project ensures and increases the safety of project participants.	2	2	2	2	0	2	2	Ensure answer gives a feasible plan
85. Detail how the applicant uses a trauma-informed, survivor-centered approach in service delivery.	2	2	2	2	0	2	2	Ensure answer gives a feasible plan
Section Total								
Budget: Section 15								
87. Has the applicant completed the budget and match attachment to send in before the application deadline? Reviewers will score based on the budget's reasonableness and alignment with eligible expenses for the project type.	4	4	4	4	4	4	4	Ensure the budget and match align with HUD requirements
Section Total	4	4	4	4	4	4	4	

	TH	SSO - CE	SSO - SO	SSO - Standalone	HMIS	RRH	PSH	
Total Points for Each Project Type	**100**	**100**	**100**	**100**	**85**	**100**	**100**	
Additional available Points for YHDP Projects	1	1	1	1	0	1	1	If the project is YHDP or DV, these points will be part of the denominator when calculating the project score as a percentage
Additional available Points for DV Projects	2	2	2	2	0	2	2	

Application Penalty Points Possible								
Application Submitted Late (Increase each day to 5 days)	-1 to -5	-1 to -5	-1 to -5	-1 to -5	-1 to -5	-1 to -5	-1 to -5	
Attachments Not Included	-3	-3	-3	-3	-3	-3	-3	
Missing or Incorrect Information	-2	-2	-2	-2	-2	-2	-2	

Local Competition Selection Results MI-500

Rank	Applicant Name	Project Name	Application Score	Project Status	Requested Funding Amount	Reallocated Funds
Tier 1						
1	Northwest Michigan Supportive Housing	Woodmere	95.60%	Accepted	$369,568	$ -
2	Northwest Michigan Supportive Housing	GTA Leasing	95.20%	Accepted	$193,528	$ -
3	Northeast Michigan Community Services Agency	NE MI Rural PSH	94.30%	Accepted, Rural SNOFO	$176,635	$ -
4	Mid Michigan Community Action Agency	Mid Michigan Permanent Supportive Housing	93.50%	Accepted	$189,940	$ -
5	OnPoint/Allegan County CMH	HUD Chronic	93.20%	Accepted	$39,103	$ -
6	Northwest Michigan Supportive Housing	WRC/NMSH	92.20%	Accepted	$176,474	$ -
7	OnPoint/Allegan County CMH	HUD PSH Dedicated +	89.60%	Accepted	$208,409	$ -
8	TrueNorth Community Services	HUD PSH Dedicated +	89.10%	Accepted	$146,300	$ (35,720)
9	EightCAP, Inc.	Isabella Gratiot PSH Dedicated Plus	88.90%	Accepted	$126,438	$ -
10	Human Development Commission	Permanent Supportive Housing - Dedicated Plus	87.80%	Accepted	$503,230	$ -
11	Emergency Shelter Services	PSH DedicatedPLUS	87.10%	Accepted	$398,127	$ (14,200)
12	EightCAP, Inc.	Ionia Montcalm PSH Dedicated Plus	85.00%	Accepted, Rural SNOFO	$158,370	$ -
13	Housing Services of Mid Michigan	Clinton PSH	84.70%	Accepted	$211,645	$ -
14	Blue Water Community Action	BWCA Supportive Housing	83.30%	Accepted	$404,533	$ -
15	Community Action Agency	Hillsdale PSH Scattered Site	78.90%	Accepted	$223,699	$ (13,334)
16	Alger Marquette Community Action Board	Orianna Ridge DedicatedPLUS	78.70%	Accepted	$58,865	$ -
17	Michigan Department of Health and Human Services	MDHHS Rapid Re-Housing 2026	73.00%	Accepted	$4,157,684	$ (363,256)
18	Southwest Michigan Community Action Agency	SMCAA PSH DP	72.40%	Accepted	$123,920	$ (20,092)
19	Michgan State Housing Development Authority	FY26 MIBOSCOC HMIS	89.80%	Accepted	$800,000	$ (340,313)
20	Michgan State Housing Development Authority	FY26 MIBOSCOC Coordinated Entry	84.10%	Accepted	$870,517	$ -
Tier 2						
21	Northwest Michigan Community Action Agency	NMCAA YHDP Transitional Housing Project - FY26	97.36%	YHDP Replacement, Accepted	$587,500	$578,500
22	Comprehensive Youth Services, Inc.	Thumb Region Youth Partnership- Transitional Housing	95.17%	YHDP Replacement, Accepted	$588,677	$588,677
23	Northwest Michigan Community Action Agency	NMCAA Transitional Housing Project - FY26	91.99%	Accepted	$242,250	$242,250
24	Northeast Michigan Community Services Agency	Housing Pathways for Young Adults	90.98%	YHDP Replacement, Accepted	$259,358	$259,358
25	Council on Domestic Violence and Sexual Assault	Shelterhouse Transitional Supportive Housing	88.69%	DV Bonus Reallocation	$336,119	$336,119
26	Alger Marquette Community Action Board	Rural Youth TH	85.90%	YHDP Replacement, Accepted	$488,471	$488,471

27	Community Action Agency	CAA YHDP TH Program	80.60%	YHDP Replacement, Accepted	$455,887	$455,887
28	OnPoint/Allegan County CMH	OnPoint Transitional Housing	69.61%	Accepted	$157,185	$157,185
29	Michigan 211	BOSCOC HARA After Hours Support	91.26%	Accepted	$359,307	$359,307
30	Michgan State Housing Development Authority	FY26 MIBOSCOC Youth Navigation	N/A (Renewal to New)	YHDP Replacement, Accepted	$409,333	$409,333
31	Goodwill of Northern Michigan	GGTA Street Outreach	81.27%	Accepted	$428,720	$428,720
32	Comprehensive Youth Services, Inc.	Thumb Region Youth Partnership- SSO- SO Part 1	91.19%	YHDP Replacement, Accepted	$55,566	$55,566
33	Comprehensive Youth Services, Inc.	Thumb Region Youth Partnership- SSO-SO Part 2	91.19%	Accepted	$368,780	$368,780
34	Northwest Michigan Community Action Agency	NMCAA MIBOSCOC SSO-CE Project - FY26	87.63%	Accepted, Rural SNOFO	$132,250	$132,250
35	Northwest Michigan Community Action Agency	NMCAA YHDP Youth SSO-CE Project -FY26	93.54%	YHDP Replacement, Accepted	$132,250	$132,250
36	Chippewa-Luce-Mackinac Community Action Human Resource Authority, Inc.	Eastern UP Coordinated Entry Navigation	92.23%	Accepted	$150,000	$150,000
37	Room at the Inn (RATI)	Marquette-Alger SSO-CE	89.16%	Accepted, Rural SNOFO	$131,725	$131,725
38	Staircase Youth Services	Bridge Forward: Supportive Services for Unhoused Youth	88.60%	Accepted	$40,000	$40,000
39	Lutheran Social Services of Wisconsin and Upper Michigan, Inc. (LSS)	Welcome Home SSO	83.01%	Accepted	$100,978	$100,978
40	Goodwill of Northern Michigan	GGTA Diversion	81.73%	Accepted	$118,800	$118,800
41	OnPoint/Allegan County CMH	Rural Integrated Access and CE for Allegan	78.57%	Accepted, Rural SNOFO	$137,511	$137,511
42	EightCap, Inc.	EightCap Ionia/Montcalm SSO	78.53%	Accepted	$174,078	$174,078
43	Emergency Shelter Services	ESS SSO-CE Program	75.24%	Accepted	$120,250	$120,250
44	Have Mercy	Step-Up Recovery - TH Project	84.49%	Accepted	$144,418	$144,418
45	Housing Services of Mid Michigan	Transitional Housing	79.41%	Accepted	$169,056	$169,056
46	Our Brother's Keeper	Empowerment Support Program	78.85%	Accepted	$69,521	$69,521
CoC Bonus						
46	Our Brother's Keeper	Empowerment Support Program	78.85%	Accepted	$39,401	$39,401
47	Have Mercy	Family Shelter Case Manager	82.85%	Accepted	$46,043	$46,043
48	Housing Services of Mid Michigan	Clinton Coordinated Homeless Program	87.70%	Accepted	$69,740	$69,740
Included - Not Part of Ranking						
	Michgan State Housing Development Authority	CoC Planning Grant	N/A	Accepted	$794,749	$0
Scored - Not Included in Project Priority Listing						
	Huron Housing Hope	Visser Village	55.40%	Rejected	$1,247,319	

MIBOSCOC Statement on Healthy Housing Environments

Michigan Balance of State Continuum of Care (MIBSOCOC) is committed to helping individuals and families resolve their homelessness and build supports and access the supports and resources needed to achieve and maintain housing stability.

MIBOSCOC has no requirement that program participants must be sober to receive assistance, participate in treatment in order to receive assistance, or be evicted or exited from assistance for a first-time violation of a drug-related program policy or lease requirement. Consumption of legal substances is not a concern of MIBOSCOC policy or CoC-funded housing projects.

This does not prohibit a project from having additional restrictions if the purpose of the project is to support sobriety, aid in recovery, or partner with the justice system. It also does not restrict participants from determining their own needs or plans related to consumption of substances for their own health and goals and support staff to assist in this process.

Disallowed Housing Activities

Housing projects are required to follow all applicable laws and regulations and cannot support rental payments for units in which illegal activity is known to be occurring. This includes that housing projects will not operate drug injection sites or "safe consumption sites"; knowingly distribute drug paraphernalia on or off property under their control; knowingly permit the use or distribution of illicit drugs on property under their control, or conduct, permit, encourage, or allow any of these activities under the pretext of "harm reduction."

If any CoC-funded project is found to be conducting any of the above activities, the MIBOSCOC will follow compliance processes to assist the provider in remedying the issue within a reasonable amount of time, relative to the issue. These processes may include remedies up to and including a loss of continued CoC Program funding.

Prevention Focus

Projects are encouraged to follow service standards and identified best practices such as Motivational Interviewing to assist participants in determining if substance use is having detrimental effects or preventing them from reaching identified goals. In these cases, support staff should facilitate access to recovery and treatment services.

All of the above guidance is intended to be aligned with 24 CFR 578 and all projects must retain compliance with the regulations listed therein.

Approved September 2026, Ashley Halladay-Schmandt, MIBOSCOC Executive Director