

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-510 - Saginaw City & County CoC

1A-2. Collaborative Applicant Name: United Way of Saginaw County

1A-3. CoC Designation: CA

1A-4. HMIS Lead: United Way of Saginaw County

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:

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- Frequently Asked Questions

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

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

1B-2.	Open Invitation for New Members.	
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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)

Our process consists of invitations to join through email, CoC website, and Collaborative Applicant website with a link to CoC services and the membership application. We extend information and invitations at community events that are attended by both CoC and non-CoC members. This is one of the most effective recruitment tools we have - it includes people who may not be on an email list to receive invitations and allows for conversations to occur. On our e-mail tagline, it reads: "Become a member of the Homeless Consortium Today. Check us out on our website at www.scchap.org. Help Prevent and End Homelessness". There is a "Come Join Us" box with link to CoC info, fillable application, and contact numbers. We engage new groups each year for our annual PIT count and encourage membership to continue helping us end homelessness. Inviting members to the CoC is something that is done continually through the year. In every email that the CoC Coordinator sends, the tagline is an invitation within itself. Community events are

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	
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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.
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(limit 2,500 characters)

The CoC has a diverse membership. Our Board consists of 16 individuals with 5 of the members being HUD grantees. Board member affiliations range from the City of Saginaw to the Saginaw County Community Action Council, to two individuals with lived experience of homelessness and directors from local runaway, homeless youth, emergency and DV shelters, public transportation, affordable housing, and social service agencies. Together, they bring a wide array of expertise on ending homelessness. These board members are also active in the community and will solicit opinions and invite individuals to our general membership meetings to share their knowledge and get them involved in our day-to-day work.

Members of the CoC sit on a variety of collaborative groups in the county and state. Through these venues, CoC members bring opinions, info gained and ideas relating to ending homelessness back to CoC meetings for further discussion.

Info gained through avenues listed above are used in a variety of ways. It is discussed at appropriate committee meetings and CoC meetings and can be helpful when CoC staff provides data to City and County governments. Info received and discussed can also be valuable when the CoC participates in the development of the City's consolidated plan, which includes a homeless action plan. Knowledge gained through the listening sessions is shared at CoC meetings so all can hear the feedback, make appropriate changes, and strengthen what is working well.

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

A public notice with an open invitation for anyone to submit projects for consideration was posted on the CoC's website (scchap.org) on June 12, 2026. E-mails referencing the website postings and ability to apply were sent to the full membership and collaborative body on June 12, 2026, and shared with individual networks, including Alignment Saginaw which has over 100 people in the network. All emails and postings were for both funded agencies and those that have not previously received CoC Program funding. Application, detailed submission instructions for new and renewal projects, timelines, scoring criteria and grantee requirements were included in the emails and posted on the website. The CoC Coordinator and HMIS System Administrator met with new applicants who submitted an Intent to Apply to discuss the process, HUD expectations/requirements (HMIS), give directions on how to set up an eSnaps account and answer any questions they may have.

This year we received 3 project applications from 2 agencies who have not previously received CoC program funding. One is a faith-based agency.

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

Quarterly HMIS SPM reviews identify increasing length of time homeless as the CoC's priority gap. From FY2025 Q4 to FY2026 Q3, the sheltered count declined from 1,339 to 1,219 (9 percent), and first-time homelessness declined from 885 to 773 (13 percent). However, average length of time homeless increased from 79 to 89 days, showing a need for faster placement.

The CoC's quarterly SPM review and accountability process produces results. After setting an income-growth goal in 2022, the CoC achieved improvements of 12 percentage points for leavers and 15 points for stayers over 18 months. In 2024, it prioritized recidivism and reduced 24-month returns from 31 percent in 2023 Q4 to 17 percent in 2024 Q3. In 2025, it targeted annual and first-time homeless counts, invested in Targeted Shelter Diversion, and achieved the reductions above.

The CoC will implement strategies in 42 U.S.C. 11386b(d): PSH for people experiencing chronic homelessness; rapid rehousing and flexible assistance for families; and income-focused services. Targeted Shelter Diversion will prevent shelter entry. New transitional housing and supportive services will address employment, behavioral-health, recovery, and housing-readiness needs. An agency is planning a tiny-home transitional housing community with city officials. Monthly By-Name List meetings include all CoC agencies, including DV, veteran, and youth-specific providers, and average more than 10 housing-intervention referrals monthly.

Within 30 days, the CoC will establish baseline referral acceptance, denial, placement, and referral-to-move-in time. Within 90 days, agencies will identify stalled referrals and standardize warm handoffs. Within six months, the CoC will evaluate utilization and adjust capacity. Within 12 months, it will seek to reduce average length of time homeless from 89 to 80 days or fewer; sustain at least 10 housing referrals monthly; reduce first-time homelessness another 10 percent; maintain PSH exits/retention at or above 98 percent; and keep returns below 20 percent. Results will be reviewed quarterly by the Board and CQI Committee and presented to the General Membership, including local government.

The CoC will braid HUD CoC Program, ESG, and MSHDA funding with Medicaid behavioral-health services, VA, youth and DV resources, TANF/child-welfare assistance, local government, CDBG/HOME, and philanthropy. Funding priorities and performance will be reviewed through the annual allocation process.

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?	100%

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)

NA

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)

Saginaw County Community Mental Health Authority (SCCMHA) is an amazing CoC partner. They are a CCBHC & CMHC. The Director of the Housing Resource Center, who manages the PSH project, is a member of the CoC board and active in PIT planning and the actual count. They participate in the By Name List monthly meeting. SCCMHA offers outpatient treatment for mental health and substance use disorders. They will go out into the field and provide outreach if reports are received of someone who is unsheltered. Their PSH program does have a requirement of mandatory support services for all participants. Family & individual counseling is offered along with jail diversion services. There are psychiatrists on staff to address medication management and evaluation issues.

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)

SCCMHA has peer support staff that work with all persons served to help with personal stories and resources to encourage recovery. In addition, there are Youth Peer Support Specialists who use their lived experience to support youth up to the age of 26. Peer Support services are open to all participants in the Project Dwelling Place Program along with those currently in shelter or experiencing any form of homelessness. Peer support specialists are hired throughout SCCMHA, and one resides in the Housing Resource Center for direct access to all those experiencing housing issues.

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 Housing Resource Center at SCCMHA works with the local ACT. ACT is a panel provider for case management services with SCCMHA. Clients can be referred to ACT through Central Access and Intake. The crisis intervention team at SCCMHA is also a partner with the CoC. Those experiencing Serious Mental Illness can access a variety of services through the crisis intervention team. If involuntary hospitalization is needed, the crisis center is the point of entry/point of contact.

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

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

(limit 500 characters)

The CoC has two members who are involved with special courts in Saginaw County. One works with the local legal system, and the other is from Saginaw Co. Community Mental Health, Jail Diversion Program. Special Courts in Saginaw include STAR Court (substance abuse), Mental Health Court, & Veterans Court. Through these partnerships, the CoC and Members have access and information that we otherwise may not.

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

(limit 2,500 characters)

The Jail Diversion Program, through Saginaw County Community Mental Health Authority (SCCMHA) is involved with the special courts. The Community Support Services Team of SCCMHA is the division that houses the jail diversion specialist that works with mental health court. The Specialist can help link people served to a variety of local resources that may include outpatient treatment, mental health support, food assistance and healthy coping skills, all of which reduce the behaviors that can often jeopardize housing. Through this Specialist there is also the opportunity to secure training for employment opportunities.

By addressing the issues that lead someone to incarceration the Specialist helps build connections to housing and programs that help people maintain/obtain stable housing and leads to long term success.

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

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

(limit 500 characters)

The CoC has a strong relationship with Saginaw County Community Mental Health Authority (SCCMHA). One service SCCMHA offers is a 24-hour Mobile Response & Stabilization Service (MRSS). This service is a valuable resource available to shelters, outreach teams, & nonprofit service agencies, in general. The MRSS team can provide onsite, rapid assessments and stabilization, as needed. Ongoing support can also be offered which can help reduce barriers and lead to stable housing.

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.	198
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1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
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1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

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

(limit 500 characters)

The CoC has a strong relationship with Saginaw County Community Mental Health (SCCMHA). They are both a CCBHC and a CMHC. The director of their Housing Resource Center is a CoC Board member and HUD grantee. She and her staff participate in PIT Count planning and count day. The CEO of SCCMHA is also supporter of the CoC and has offered a variety of resources to the CoC in the past for trainings, projects and general support.

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)

Many of the CoC funded programs are sober living programs. RCO and Rescue Ministries all require sobriety to maintain participation in the program. All programs provide recovery support services and City Rescue may even require random drug or alcohol testing.

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)

Both programs mentioned above will receive participant referrals through the Coordinated Entry System. The current case managers will meet with the new case manager along with the client to discuss the program and requirements to ensure it's a good fit. This also can help make sure that individuals and families do not end back up in an unsheltered position. Placing an individual in a program that isn't met for their current situation is a lose-lose for everyone.

1C-2.	Supportive Services Investment.	
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	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$2,469,490
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.	\$787,474
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	32%
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.	\$582,840
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).	55%

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)?
	88.00%

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)

In Saginaw County, ESG funds are received through the City of Saginaw and through the Michigan State Housing Development Authority (MSHDA). The CoC provides an allocation recommendation to MSHDA based on CoC ESG process which includes scorecards similar to what is used in the HUD competition. All MSHDA ESG recipients are active in the CoC. City ESG recipients of housing funds are also active in the CoC.

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)

All of the emergency shelters in Saginaw County are active members of the CoC. They attend CoC meetings, participate in committees and help with the PIT count in a variety of ways. All shelter providers attend the monthly By Name List meeting which makes referrals for individuals and families to all CoC programs (TH, RRH, PSH and veteran specific services) based on a vulnerability score. Our Coordinated Entry process ensures that individuals and families are quickly connected with appropriate programming/emergency shelter. Emergency shelter staff works with the United Way of Saginaw County, the lead agency, to access services such as diversion, housing navigation and homeless prevention services.

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

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

(limit 2,500 characters)

The CoC reviewed its approved HMIS Privacy Notice and Security Plan to confirm the circumstances under which HMIS information may be disclosed. In accordance with these policies and applicable local, state, and federal requirements, the CoC shares only aggregate, de-identified data. It does not disclose personally identifiable information or protected client-level HMIS records.

The CoC shares Point-in-Time Count, Housing Inventory Count, aggregate HMIS, and System Performance Measure data with state and local government partners through reports, presentations, and public information. The HMIS System Administrator presents results at CoC General Membership meetings and local government meetings, including City Council meetings. Data are also provided to the Michigan State Housing Development Authority for inclusion in Michigan's annual State of Homelessness Report. Public reports and summaries are posted on the CoC's website and shared through countywide and local news media, making the same aggregate information available to government officials, service providers, funders, and community stakeholders. These data help state and local partners understand changes in sheltered and unsheltered homelessness, assess shelter and housing inventory, identify service and geographic gaps, evaluate system performance, and inform funding, policy, and program-planning decisions. The CoC will continue coordinating with government partners to provide timely aggregate analyses while reviewing all disclosures against its approved privacy and security requirements. No protected HMIS client-level data are included in public communications, presentations, or reports to outside entities.

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 uses information from health care, veteran, law-enforcement, corrections, and comparable-database partners alongside HMIS to identify people who may otherwise be missed, coordinate referrals, and improve continuity of care. Information is shared and used only as permitted by privacy requirements and data-sharing protocols.

The CoC's By-Name List is the primary forum for coordinating housing resources for people experiencing homelessness. By-Name List staff and U.S. Department of Veterans Affairs partners have confidentially cross-referenced information to identify every known veteran experiencing homelessness. This helps ensure that veterans identified through either system are connected to appropriate VA, Coordinated Entry, shelter, and housing resources and do not experience gaps in assistance.

The CoC works with the Saginaw County Health Department's Community Information Exchange Coordinator to maintain a referral pathway from health care providers to CoC resources. Information received through this process helps connect patients experiencing housing instability or homelessness with Coordinated Entry, shelter, housing, and supportive services. Providers use referral information alongside HMIS records to coordinate follow-up and reduce missed connections between health care and homeless services.

Law-enforcement partners coordinate with service providers when officers encounter people experiencing unsheltered homelessness. These referrals allow outreach and shelter staff to respond, assess needs, and connect individuals with shelter and housing. The CoC also works with corrections partners through Offender Success programs to connect people leaving correctional settings with shelter, housing, and supportive services, reducing gaps during reentry.

The CoC analyzes these referral pathways with aggregate HMIS trends and outcomes. The statewide HMIS Data Warehouse provides reports used to assess barriers and system performance. HMIS Agency Administrators and the Data Committee review performance quarterly, including permanent-housing outcomes. Project applicants submit their latest HMIS Annual Performance Report or comparable-database report. The Allocation and Accountability Committee uses these findings during the local CoC Program Competition to evaluate performance, identify service gaps, and inform program planning and funding decisions.

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)

MiWorks!, Michigan's statewide workforce development system, is a member of the CoC. MiWorks services are available to individuals and families in shelter, plus those who are unsheltered. Services include a variety of employment services, job training, resume building, job search and job/career fairs, to name just a few. MiWorks! refers their participants to CoC service agencies and accepts referrals as well.

Two emergency shelter providers coordinated a job fair with the local hospital system, which is the largest employer in the Saginaw Region, specifically for shelter participants to attend. Both job fairs were successful leading to secured employment opportunities for many.

PSH/RRH/TH had increased income from start to annual assessment, and 32% of Adult System Leavers in PSH/RRH/TH had increased income from start to Exit is the most recently completed Fiscal Year.

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)

Saginaw Community Mental Health operates the CoC's small street outreach (SO) project. Although the CoC has no large or persistent encampments and the last two PIT Counts each identified 17 people experiencing unsheltered homelessness, outreach staff maintain active relationships with the Saginaw Police Department, Saginaw County Sheriff's Office, first responders, shelters, behavioral health providers, and other CoC partners.

Coordination is informal and incident based. When officers encounter someone experiencing unsheltered homelessness, they refer the person to SO, Coordinated Entry, 211, shelter, or another appropriate access point. When a coordinated response is needed, law enforcement addresses immediate safety concerns while CMH outreach staff focus on engagement and service connection. Outreach staff provide transportation, shelter placement, behavioral health care, and ongoing case management. Shelter partners then assist with benefits, identification documents, housing navigation, and other needs that support movement toward permanent housing. This division of roles allows people to interact with trained service providers and receive follow-up instead of remaining disconnected after a law-enforcement contact.

During the past year, city police responded to two small encampments, each involving fewer than eight people, and to one person staying in an abandoned building. CoC agency staff connected with the individuals and helped them access local shelter. No encampments were identified during the 2026 PIT Count; the few people found sleeping under bridges or in vehicles were offered shelter referrals or transportation. City and county law-enforcement officers also assisted with PIT planning and the night-of count, improving the CoC's ability to locate and engage people living unsheltered.

FY2025 SPM 7a.1 demonstrates the effectiveness of this approach. Of 14 people who exited street outreach, 12 exited successfully: three to temporary or qualifying institutional destinations and nine to permanent housing. This resulted in an 85.71 percent successful-exit rate.

The CoC reviews SPM 7a.1 quarterly at CoC Board, General Membership, and Continuous Quality Improvement meetings. Partners use the results to identify engagement barriers, improve referral and follow-up practices, and strengthen coordination among outreach, law enforcement, shelters, and housing providers.

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)

There are many programs within our CoC that assist with family and support network reunification. Steps 2 Stability (S2S) through the United Way of Saginaw County is one. One component of S2S is shelter diversion. Many times, individuals will come in and meet with a case worker stating they have nowhere to go and have no friends or family willing to help. It has proven true in many instances that a call to the family member or friend is all that is needed. Having a case manager help talk through the call ahead of time, or even initiate the conversation, has been very successful. S2S also offers flexible financial assistance to help with transportation costs to get to the family members home or provide a grocery card to help the client be able to provide to the household. The S2S program has been very successful. The program has a 95% positive housing destination rate.

Saginaw County Youth Protection Council (SCYPC) is the local youth shelter, and family reunification is the goal of their emergency shelter program. At SCYPC, case managers assist the youth in meeting this goal by setting up weekly family sessions, group and individual counseling, and talking through issues with their clients. If family members are not local, and reunification is the goal, YPC will help reduce barriers to getting the client to the family by scheduling virtual family sessions. If YPC is unable to provide the needed assistance, they work with local agencies (including child protective services in some cases) to do so.

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?	No

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

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

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

(limit 2,500 characters)

The CoC cooperates with the Saginaw Police Department, Saginaw County Sheriff's Office, and first responders to protect public safety while connecting people experiencing homelessness with shelter, behavioral health care, and housing services. Coordination is informal and incident based. CoC providers respect the lawful responsibilities of first responders and do not obstruct or delay efforts to address unsafe locations, abandoned buildings, public hazards, criminal activity, or other safety concerns.

When officers identify a person experiencing unsheltered homelessness, they may refer the person to Saginaw Community Mental Health Street Outreach, Coordinated Entry, 211, a local shelter, or another access point. Outreach and shelter staff assist first responders by engaging the individual, assessing immediate needs, offering transportation and shelter placement, connecting the person with behavioral health care, and providing ongoing case management. Shelter partners also assist with benefits, identification documents, and housing navigation. Law enforcement remains responsible for site safety and enforcement decisions, while CoC agencies focus on voluntary service engagement and housing assistance.

We have had success in working with law enforcement and community mental health with having individuals who appear to be a danger to themselves or others being involuntarily placed in inpatient treatment. CMH works with a judge to get the petition based on our involvement.

No encampments were found during the 2026 PIT Count. The few individuals located under bridges or sleeping in vehicles were offered shelter referrals or transportation. City and county law-enforcement officers supported PIT preparation and night-of enumeration, helping the CoC locate people and offer assistance. The last two PIT Counts each identified 17 people experiencing unsheltered homelessness, and the CoC has no large or persistent encampments.

FY2025 SPM 7a.1 further demonstrates the effectiveness of this approach: 12 of 14 people leaving Street Outreach exited successfully, including nine who exited to permanent housing, for an 85.71 percent successful-exit rate. The CoC reviews this performance quarterly and uses the findings to improve coordination, referrals, and engagement while supporting local public-safety objectives.

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)

Saginaw does not rely on a single general encampment ban. Instead, state law and city ordinances address specific safety and property concerns. Michigan law, MCL 750.552, prohibits remaining on property after the owner or authorized agent directs a person to leave. City Code §130.19 prohibits obstructing public passages and permits reasonable orders to move when travel is impeded; §130.18 authorizes orders to move from a fire or other hazard; and §§130.25 and 130.29 address sleeping on property without permission and remaining after being directed to leave. Section 94.066 generally requires 10 days' notice before abandoned property is removed from public premises, but allows immediate removal during emergencies and removal of trash without notice.

These provisions help officials address blocked rights-of-way, hazardous sites, trespass, abandoned buildings, and accumulated property. The notice period can provide time for outreach before clearance. However, enforcement can hinder the homelessness response when people are displaced before outreach locates them, essential belongings are lost, or citations and repeated moves disrupt engagement. The CoC cannot control lawful enforcement or guarantee immediate housing, but it can mitigate these effects.

The CoC will leverage cooperation among Saginaw Police, the Saginaw County Sheriff's Dept, Saginaw Community Mental Health Street Outreach, Coordinated Entry, 211, and shelters. When feasible and consistent with immediate safety needs, the CoC will request that law enforcement notify outreach before clearing an occupied site. Outreach will attempt repeated engagement, assess shelter and behavioral-health needs, offer transportation, connect people to shelter and Coordinated Entry, and provide ongoing case management. Shelter partners will assist with identification, benefits, and housing navigation.

The CoC will encourage clear notice of removal dates and information about retaining or recovering essential belongings when applicable. When emergencies require immediate action, outreach will respond as conditions allow and maintain follow-up through the By-Name List. The CoC will review responses with public-safety and service partners, track referrals and outcomes consistent with privacy requirements, and address gaps in shelter access or follow-up. This plan supports prompt resolution of safety hazards while reducing service disruption and prioritizing voluntary connections to shelter and 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)

There are currently no known active encampments or concentrations of tents within the CoC's geographic area. During the past year, Saginaw City Police cleared two small encampments, each involving fewer than eight people, and responded to one individual staying in an abandoned building. In each instance, CoC service providers connected with the individuals and assisted them with accessing local shelter and other available services.

No encampments were identified during the 2026 Point-in-Time Count. Outreach teams identified only a small number of individuals sleeping under bridges or in vehicles in parking lots. Each person was offered a referral or transportation to shelter.

City and county law-enforcement officers assisted with both preparation for and implementation of the PIT Count. Their knowledge of locations where unsheltered individuals may stay helped outreach teams locate people, assess their immediate needs, and offer shelter and services. The CoC will continue coordinating with law enforcement, Saginaw Community Mental Health Street Outreach, Coordinated Entry, 211, and local shelters to monitor potential encampment activity, respond promptly, and connect individuals with appropriate shelter, behavioral-health, and housing resources.

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)

Michigan law prohibits unauthorized possession and use of controlled substances under MCL 333.7403 and 333.7404, allowing law enforcement to address illicit drug use in public. These statutes provide limited protection from prosecution for possession or use of a personal-use amount when someone seeks medical assistance for an overdose. MCL 691.1503 protects good-faith administration of an opioid antagonist from civil liability. Saginaw Police policy equips uniformed officers with nasal naloxone for overdose response.

Saginaw County uses public-health practices that facilitate engagement. The County Health Department reports that ordinances were changed to allow syringe exchange without penalties for carrying drug paraphernalia. Its Room 202 program provides sterile supplies, naloxone, fentanyl test strips, wound care, recovery coaches, and referrals for treatment, medical care, housing, and food. Saginaw County Recovery Court and the STAR Treatment Court offer eligible justice-involved individuals treatment-focused alternatives.

These policies support overdose response and pathways to treatment. However, fear of arrest, citations, confiscation, or stigma can cause people to avoid outreach, leave before services arrive, or decline emergency assistance. Overdose protections are limited and do not prevent enforcement of other offenses. The CoC cannot direct law-enforcement decisions or guarantee immediate treatment placement, but it can reduce these barriers.

The CoC will coordinate Saginaw Community Mental Health Street Outreach, law enforcement, EMS, 211, Coordinated Entry, shelters, the Health Department, and treatment providers. When there is no immediate threat, partners will prioritize outreach-led engagement and voluntary referral while law enforcement addresses safety concerns. During an overdose or behavioral-health crisis, responders will call EMS, administer naloxone when indicated, and connect the person to SCCMHA crisis services and substance-use treatment. Outreach will provide transportation, shelter placement, and follow-up case management; shelter partners will assist with identification, benefits, and housing navigation. The CoC will promote Room 202 and overdose protection information, use warm handoffs, and review incidents/outcomes to identify gaps. When conduct presents immediate danger or other criminal activity, the CoC will not impede enforcement but will request service engagement and follow-up as soon as conditions permit.

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

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

(limit 2,500 characters)

Based on reports from CoC providers, Street Outreach, shelters, and public-safety partners, there are no known active encampments or public locations with recurring illicit drug use or overdoses in the Saginaw CoC's geographic area. During the past year, partners reported no known overdose deaths in public spaces involving people experiencing homelessness. Available public-health data do not classify overdose deaths by housing status or public versus private location, so the CoC cannot independently confirm this through published data.

Street Outreach and emergency shelters coordinate with law enforcement to engage people found unsheltered and offer transportation and prompt access to shelter, behavioral-health services, and other resources. Saginaw's unsheltered population remains relatively small: each of the two most recent PIT Counts identified 17 unsheltered people, many of whom were staying in vehicles rather than established encampments.

The most recent finalized Saginaw County data provide broader context but fall outside the current one-year reporting period. The county recorded 49 overdose deaths in 2024, down from 67 in 2023—a 27 percent reduction. These data do not indicate how many deaths, if any, occurred in public spaces or involved people experiencing homelessness.

Saginaw County continues to invest in treatment and recovery capacity. In December 2025, the County approved a contractual agreement authorizing up to \$500,000 in opioid-settlement funding for Saginaw Gateway to Recovery, demonstrating continued investment in local treatment and recovery capacity. Gateway provides 24-hour crisis intervention and support, including medication-assisted treatment, counseling, and recovery coaching. These services, together with coordination among Street Outreach, shelters, law enforcement, and behavioral-health providers, give the CoC established resources for responding when public drug use or an overdose is identified.

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)

Michigan's Mental Health Code governs responses when a person, including someone experiencing homelessness, presents a danger to self or others. Under MCL 330.1401, a "person requiring treatment" includes an individual whose mental illness creates a reasonable expectation of serious physical injury to self or others in the near future, prevents the person from meeting basic physical needs necessary to avoid serious harm, or substantially impairs judgment and creates a significant risk of harm because necessary treatment is refused. Michigan law permits hospitalization, combined hospitalization and outpatient treatment, or assisted outpatient treatment alone. Officers may take an individual into protective custody for evaluation when the standard is met.

These provisions establish a lawful pathway to assessment and treatment while protecting due-process rights. Saginaw County Community Mental Health Authority (SCCMHA) supports implementation through 24-hour Mobile Response and Stabilization Services, available to any county resident, including people not already receiving SCCMHA services. Mobile teams assess safety, respond in the community, & de-escalate crises. SCCMHA also operates a 24-hour crisis hotline and coordinates with first responders.

The standards may hinder early intervention when concerning behavior does not meet the legal threshold, a person declines voluntary care, or responders lack evidence of recent acts, threats, or inability to meet basic needs. Homelessness, unusual behavior, substance use, or lack of shelter alone does not justify involuntary treatment. Involuntary intervention may also damage trust without appropriate assessment and follow-up.

The CoC will train Street Outreach, shelter, Coordinated Entry, and law-enforcement partners to recognize and document statutory indicators; contact SCCMHA's mobile crisis team or 988 for assessment and de-escalation; and use emergency services or the petition process when the standard is met. When involuntary treatment is not justified, outreach will continue voluntary engagement, safety planning, transportation, shelter placement, and connections to behavioral-health and substance-use treatment. Following hospitalization or crisis intervention, the CoC will coordinate warm handoffs to shelter, housing navigation, benefits, and ongoing case management, consistent with privacy requirements. This approach preserves due process while reducing gaps between all parties.

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)

Michigan's Sex Offenders Registration Act (SORA), MCL 28.721 et seq., governs registration and location information. Registrants must report changes in residence or domicile and temporary lodging at another location for more than 7 consecutive days. When a registrant lacks a fixed residence, the registration identifies the city, village, or township where the person spends most of their time. The Michigan State Police Public Sex Offender Registry provides information by name & geographic area, while law enforcement has access to nonpublic information.

These requirements establish a consistent process for keeping law enforcement informed and provide an authoritative source for placement planning and public safety. Saginaw providers can direct participants to local law enforcement or Michigan State Police for registration, verification, and location updates.

Information sharing is limited by HMIS privacy requirements and provider confidentiality obligations. Providers cannot use HMIS as a substitute for the registry or broadly disclose a participant's shelter, outreach, or housing location. Homelessness and frequent movement can make reporting difficult, while registry requirements or provider eligibility rules may reduce shelter and housing options. Poor coordination could expose a participant to noncompliance or interrupt engagement.

The CoC will train Coordinated Entry, Street Outreach, shelter, and housing staff on registration obligations and referrals. Staff will use the official registry for public information and refer questions or discrepancies to the registering authority rather than make legal determinations. With informed consent, providers will help participants contact law enforcement, arrange transportation, document referrals, & identify placements consistent with applicable requirements. HMIS information will be disclosed only when permitted by the HMIS Privacy Notice, participant consent, court order, or other law, and only the minimum necessary information will be shared.

When housing instability complicates compliance, case managers will maintain contact, remind participants of deadlines, help report changes in location or temporary lodging, and coordinate with law enforcement, corrections, shelter, and housing partners. The CoC will help identify lawful alternatives when a program cannot accept a registrant. This approach supports accurate SORNA information while protecting confidential data and maintaining access to services

1C-11. Outreach Strategy.

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

(limit 2,500 characters)

The CoC uses a countywide strategy to identify and engage individuals and families experiencing homelessness, including people not connected to shelter or services. Saginaw Community Mental Health Street Outreach, emergency shelters, and United Way, as the Coordinated Entry lead, coordinate with law enforcement, 211, churches, libraries, meal programs, health providers, public transportation, and organizations that regularly encounter people experiencing homelessness.

The CoC does not rely only on people requesting assistance. Outreach staff visit libraries and public locations weekly, engage people at daily meal programs and the East Side Soup Kitchen, attend programs serving people with housing instability, accept walk-ins and appointments at nonprofit locations, and respond to referrals from police, 211, shelters, hospitals, partners, and the public. Coordination with Saginaw Transit Authority Regional Services helps connect people across the service area with outreach, shelter, and Coordinated Entry. Partners communicate emerging locations and needs consistent with privacy requirements so outreach can respond where people are staying.

Trauma-informed staff meet people in trusted locations and use repeated, relationship-based engagement when individuals initially decline help or have had negative experiences with service systems. They assess immediate needs, offer transportation & shelter placement, connect people with Coordinated Entry & health services, & provide ongoing case management. Shelter and Coordinated Entry staff assist with identification, benefits, housing navigation, and housing referrals. Multiple access points and continued follow-up mean a person is not required to seek help through a single agency.

Protocols address the needs of people who do not speak English and people who are Deaf or hard of hearing, blind, or visually impaired. Third-party audio interpretation and reasonable communication accommodations are available.

With required consent, people identified through outreach and referrals are connected to the By-Name List and coordinated services. Outreach, shelter, and Coordinated Entry partners follow up until the person is connected to available shelter, housing, health care, or other requested services. Through community partnerships, mobile engagement, accessible communication, and persistent follow-up, the CoC seeks to reach people throughout Saginaw County, especially those least likely to seek help on their own

1C-12.	Collaboration Related to Children and Youth–Written Agreements with Early Childhood Services Providers.	
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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)	No
5.	Head Start	Yes
6.	Healthy Start	No
7.	Public Pre-K	Yes
8.	Tribal Home Visiting Program	No
	Other (limit 150 characters)	
9.		

1C-12a.	Collaboration Related to Children and Youth—Formal Partnerships with Schools and Youth Education Providers.	
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Select 'Yes' or 'No' in the chart below to indicate the youth education providers your CoC has a formal partnership with:

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

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

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

(limit 2,500 characters)

Our CoC collaborates with youth and education providers through linkages with the Saginaw County Youth Protection Council (SCYPC), the youth serving entity in our CoC. The SCYPC CEO is a member of the CoC board, sits on the Grants Committee and the staff is active in the PIT Count. The SCYPC and other CoC shelter programs serving families with children also engage with the Saginaw Intermediate School District for McKinney Vento Homeless Education Coordinator (MVEC) services for school district accommodations and through their quarterly meetings. The SCYPC CEO attends the MVEC meetings. The CoC collaborates with school districts through the CoC shelter programs that serve youth (SCYPC) and families with children (Rescue Ministries of Mid-Michigan, Underground Railroad and the Mustard Seed). The local school districts refer homeless families and unaccompanied youth to the CoC shelter programs. The school districts are very accommodating when working with homeless youth and shelter staff. For in-person learning shelter staff make arrangements with the school districts for transportation, lunch, books, homework and other educational services that are needed to ensure that children's education is not disrupted by homelessness. School district personnel and shelter staff work closely together to ensure the children and youth succeed in school. Shelters post notice about the rights of parents and children to access McKinney-Vento services and the contact information for the local and state McKinney-Vento Coordinators are listed on the posting. The local McKinney-Vento staff visit the shelters in our area regularly. They are also member of our CoC. The above demonstrates that policies and procedures have been adopted to inform individuals and families who become homeless of their eligibility for educational services.

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

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

(limit 2,500 characters)

Saginaw County Youth Protection Council (SCYPC) Basic Center Program (BCP) (12-17) emergency shelter program does not house youth with active CPS cases or who are in foster care. They must be discharged from both prior to being eligible to receive housing services.

In the SCYPC Transitional Living Program (17-21), many of the youth are former foster care youth and come to the program after being discharged from that system because they still need stable housing, case management, and life skills training in order to be self-sufficient. SCYPC is able to access a variety of resource both in house and out, that help prepare these youth to access stable housing.

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)

SCYPC Rhy funded services including BCP, TLP, and street outreach with the local CoC to provide a coordinated continuum of services for youth experiencing or at risk of homelessness.

YPC's street outreach program serves as the entry point into the local homelessness response system by engaging youth in places where they are located and building relationships that support connection to services. Outreach staff assess their immediate needs, provide basic necessities and safety planning, and connect youth who have short-term crisis to the BCP emergency shelter while those who require longer-term housing stabilization and support can be assessed for TLP or PSH services.

Through its BCP, YPC provides crisis intervention for eligible youth ages 12-17. Youth are referred through our CoC and other partnerships and assessed for safety, housing needs, family circumstances, and other barriers to identify next steps. When reunification with family is safe and appropriate, YPC works with the youth and family to support that outcome.

Through its TLP program, SCYPC provides longer-term housing and supportive services designed to help youth develop the skills and stability necessary for successful transition to independent living. Referred through our CoC, TLP participants (ages 17-21) receive individualized case management and assistance addressing education, employment, life skills, behavioral health, transportation, and permanent housing goals. YPC coordinates with the CoC and other community partners to help youth access resources that extend beyond the scope of our programming.

Coordination with the CoC helps SCYPC connect youth to the broader community's housing and supportive-service network and avoid duplication of services. YPC works with partners to facilitate referrals, coordinates services, identify available housing resources, and address barriers that may prevent youth from achieving stable housing. This coordinated approach allows youth to move between outreach, emergency shelter, transitional housing, and other community resources based on their changing needs.

SCYPC also uses information gathered through this coordinated service delivery and collaboration with partners to identify unmet needs and service gaps. Through ongoing coordination with the CoC, YPC contributes to a community-wide response that prioritizes safety, housing stability, education, employment, family connections, and successful transitions to adulthood.

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)

St. Rita's TLP at Teen Parent Services (a subset of Youth Protection Council) is a Transitional Housing Program that serves homeless pregnant and parenting teens and their children. It exclusively serves parents who are ages 17-21 years of age. This is a 10-bed facility and offers comprehensive parenting and early childhood services, as well as extensive case management.

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

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

(limit 2,500 characters)

The project identified in 1C-13 is staffed 24 hours a day, 365 days a year and provides individualized services designed to increase participants earned income and ability to pay rent. 100% of participants are required to be employed, actively attending school or a training program, or participating in job training, job search, workforce-development, or life-skills activities.

Staff connect participants with job training, employment opportunities, job coaching, workforce-development programs, education, and transportation to school. These services help participants obtain employment, improve job skills, complete educational goals, and increase their long-term earning potential. On-site budgeting and life-skills training helps participants manage income, establish spending priorities, prepare for rental expenses, and develop the skills needed to maintain housing.

The project also provides parenting education, information about children's developmental milestones, connections to health care, and assistance with food, diapers, and personal-care items. These supports reduce household expenses and address barriers that can interfere with employment, education, or job training. Staff coordinate services around each family's needs so parents can continue working toward income and housing goals while caring for their children.

After participants exit, the project provides 90 days of follow-up services to support continued employment or education, reinforce budgeting and life skills, connect families with additional resources, and address emerging barriers before they result in housing instability. Together, these services help participants increase income, reduce essential expenses, and strengthen their ability to obtain and sustain rental housing.

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)

All participants in the St. Rita's program are connected to mainstream benefits and community resources. The case managers in this program assist with making the connection or /and providing direction. Participants are connected with SNAP, WIC, TANF, childcare assistance, pre and post-natal care, infant maternal health program, education and employment opportunities plus much more. This program provides intensive case management and works closely with community agencies to help with needs the individuals may have. The end goal is always safe, affordable housing with the ability to maintain the housing long term. Once a participant leaves the program, follow up services are available for 90 days.

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)

St. Rita's is a transitional housing program. Along with housing, all participants are involved in intensive case management. Part of the case management is a goal planning. Client define their goals, but case managers also assist with accessing healthcare, education and job training. Referrals are made to community programs that provide parenting support and pregnancy information. St. Ritas also brings in community programs to provide the training to the participants right in the home. Counseling services are available as are sessions such as art therapy. Depending on the session, children are welcome, and if not appropriate, childcare is arranged by the program. Participants in this program learn skills that will help them maintain a home, once permanent housing is secured. During a listening session with past and current participants, it was said by many that the cooking classes that were provided were one of the favorite offerings.

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 has a strong partnership with the Aleda E. Lutz VA Medical Center that is located in Saginaw. Their Coordinated Entry Specialist from their Homeless Program is a member of the CoC Board of Directors. Mid-Michigan Community Action Agency (MMCAA) is another veteran serving organization that is involved in the CoC. They manage the Supportive Services for Veteran Families (SSVF) program.

Both orgs attend the CoC, By Name List meetings, CQI Committee & participate in the PIT Count.

 nbsp;

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)

Underground Railroad is the domestic violence shelter in Saginaw County. They are a member of the CoC board and participate in PIT Planning, the PIT count and most recently, a set of PR videos that were recorded by the CoC to be used for Homeless Awareness Month. They provide shelter, long term programs, for individuals and families fleeing or attempting to flee DV, human trafficking, dating violence, sexual assault, and stalking.

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

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

(limit 500 characters)

The CoC Coordinator attends the Region 5 Re-Entry Success Steering Team meetings on a regular basis. This provides the CoC with information and new programs happening with the Re-Entry program and also provides the Re-Entry program with information from the CoC.

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)

Through the United Way of Saginaw County, the CoC has an ongoing partnership with the Saginaw County Health Department and their Community Information Exchange. This allows medical providers to provide closed loop referrals directly to community agencies for needed services, including housing.

The CIE also incorporates our local hospital system so that ER visits and vulnerable clients are triaged through the collaborate and referred directly to UWSC, the lead agency for our community.

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 Saginaw County Commission on Aging and Region 7 Area Agency on Aging are both partners with a number of community agencies including homeless service providers. Through these agencies, older adults can connect to services to help remain independent and housed. Services include case management, transportation, and meal programs, to name a few.

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)

Saginaw Community Mental Health's "Project Dwelling Place" is a HUD funded PSH project that prioritizes individuals and families with a disability who are experiencing chronic homelessness. All of the Project Dwelling Place employees are trained mental health professionals or peer support specialists.

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)

Project Dwelling Place is a Saginaw County Community Mental Health Authority (SCCMHA) program. Staff of SCCMHA are trained professionals in the mental health, behavioral health and substance abuse fields. They have the ability to complete intakes, assessments, and psychiatric services including medication evaluation. They provide individual and group counseling for clients of all ages. They have crisis stabilization teams and substance use disorder treatment professionals all on site. They have peer support services to help people reach their recovery goals. The crisis team is able to recommend involuntary treatment if needed.

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)

All program participants enter Saginaw County Mental Community Health Authority (SCCMHA) through centralized intake. At this point, clients complete an intake and a standardized assessment with a trained professional. Many factors are used when determining if a person served can maintain independent living or needs a higher level of care. These factors include the ability to manage one's personal hygiene, risk of harm to self or others, ability to obtain and prepare food, availability of a support system and determining if symptoms of mental illness, developmental disabilities, and/or substance use disorder significantly impair daily functioning. There are many other factors considered in addition to what is listed.

The ultimate goal of SCCMHA is to help individuals and families remain in the least restrictive setting while living safely and being stable.

*****part of intake & assessment for treatment - place people in foster/assisted homes if they are not ready for independent living.

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)

Case managers are trained to recognize when one is ready to move into permanent housing. Case managers work with individuals and families in the program to work towards an end goal of permanent housing. As goals are met, progress is made, and the client is ready, the case managers can help with the transition.

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.	
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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.	
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	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.	09/26/2026
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1D-2b.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on the Website.	
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	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.	09/26/2026
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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
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1D-2d.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
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1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	No
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1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/22/2026
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1D-3.	Reallocation—Reviewing Performance of Existing Projects.	
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	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 CoC's Grant Reallocation Policy (505) is currently being reviewed by the Governance Committee along with all CoC policies/procedures. The policy was developed in a manner to ensure the CoC has the ability to make outcome-based, data driven decisions on its project stock as HUD priorities and community needs change over time. All renewal applications are evaluated for project specific outcomes and their contribution to the CoC's efforts to end homelessness: HMIS outcome data (housing performance, mainstream resource and employment obtainment/change, data quality/timeliness), financial performance (housing to service budget and recaptured dollars), and the population served.
2. It was determined that there were 3 projects that were less needed.
3. These 3 projects resulted in a reallocation of \$579, 533.00 into four new projects proposed by high performing agencies.
4. NA

1D-3a.	Reallocation Between FY 2021 and FY 2026.	
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	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	Yes
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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
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Statewide
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2A-3.	PIT Count—Methodology Change.	
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	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

1. No changes
2. NA

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

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

(limit 2,500 characters)

In April 2024 there was 1 known encampment of about 8 unsheltered clients experiencing homelessness in the CoC underneath the I-675 bridge near Clark & Eddie Street. Street Outreach workers from CMH and local Shelter staff would regularly visit these clients to help refer and move them into emergency shelters in the community. By March of 2025 City workers and Police removed the personal belongings and makeshift structures of the remaining unhoused individuals living beneath the overpass following short-notice eviction postings. The city stated that the cleanup was treated as standard site maintenance to address complaints regarding accumulated debris and illegal dumping. There are currently no known active encampments in Saginaw and the unsheltered PIT count data from the past few years supports this as just 17 unsheltered clients were found each of the last 2 years (a few individual clients sleeping under bridges, and a handful sleeping in separate vehicles in parking lots and rest areas within the CoC's jurisdiction).

In addition to the direct outreach taking place, United Way Saginaw County and other members of the CoC regular attend City Council meetings, engage with our local police and city officials to increase education and inform of the critical work the lead agency and the CoC members are doing; in an effort to reduce negative interactions and education on the alternative resources that are available to ensure shelter over encampment. We do this so that first responders & city officials are knowledgeable on services/supports that are available as they are often aware of where an encampment maybe be forming.

2A-4a.	Reduce Encampments—Number of Encampments.	
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1. Enter the estimated number of encampments in the beginning of your evaluation period.	1
2. Enter the reduction in the number of encampments during your evaluation period.	1

2A-4b.	Reduce Encampments—Number of People in Encampments.	
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1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	8
2. Enter the reduction in the number of people in encampments during your evaluation period.	8

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

NA

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 930 people experiencing homelessness for the first time, down from 1,010 in FY2024—an 80-person, 7.9% reduction. The quarterly measure declined further to 773. The CoC will target 744 or fewer people in the next annual measurement, at least 20% below FY2025.

The CoC will screen households contacting Coordinated Entry, shelters, outreach, and partners for diversion, homelessness prevention, and eviction-prevention assistance before shelter entry. Staff will determine whether households can safely remain in current housing, return to prior housing, or stay with family or friends while pursuing a permanent solution. Unsafe options will not be used. Domestic violence providers will support confidential safety planning, while veteran and youth providers connect eligible households to population-specific resources.

The primary expansion is MSHDA-funded Steps 2 Stability (S2S), combining Targeted Shelter Diversion, housing navigation, mediation, and flexible assistance for households at or below 30% AMI. Up to \$2,500 may address the barrier preventing diversion or housing stability, including rent or deposits, utilities, transportation or relocation, vehicle costs, identification, temporary stabilization, and household goods. Housing navigators help obtain documents, search for units, complete applications, engage landlords, and retain vouchers. The CoC will coordinate S2S with homelessness and eviction-prevention funds so S2S remains a resource of last resort.

Early performance demonstrates the strategy's potential. From October 1, 2025 through September 22, 2026, S2S served 180 people in 80 households. Among 133 leavers, 126, or 95 percent, exited to positive housing destinations. HMIS records services, assistance, destinations, shelter entry, housing move-in, and 30-, 60-, and 90-day follow-up.

Within 90 days, the CoC will standardize diversion screening and referrals and review households entering shelter after assistance. Monthly, it will track households served, assistance type and cost, positive exits, shelter entries after diversion, and cross-program referrals. Quarterly, the Board and CQI Committee will review Metric 5.2 and results by household type and subpopulation, present findings to the General Membership, and redirect resources when targets are missed. The annual goal is at least a 20% reduction in first-time homelessness while maintaining S2S positive exits at or above 90%.

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 identifies progress and a gap. Among 1,336 people served in ES, SH, and TH, average time homeless increased from 80 days in FY2024 to 84.5 days in FY2025, while the median remained 37 days. When time in PH before move-in is included, the average decreased from 139.1 to 126.5 days and the median from 53 to 45 days. The CoC will build on reduced move-in delays while targeting faster shelter and TH exits.

Monthly By-Name List meetings include all CoC agencies, including domestic violence, veteran, and youth providers, to case conference households, prioritize extended stays, resolve barriers, and coordinate housing referrals. The BNL averages more than 10 housing-intervention referrals monthly. The CoC will track referral, acceptance, denial or return, move-in, unresolved referrals, and time between steps. Stalled cases will be escalated for cross-agency problem solving.

Coordinated Entry, shelters, and outreach will use MSHDA-funded Steps 2 Stability (S2S) for Targeted Shelter Diversion and housing navigation, including for people already in shelter. S2S offers mediation and up to \$2,500 for deposits, rent, utilities, transportation, identification, relocation, and household goods. Housing navigators help obtain documents, complete applications, locate units, engage landlords, and retain vouchers. From October 1, 2025 through September 22, 2026, S2S served 180 people in 80 households; 126 of 133 leavers, or 95%, exited to positive housing destinations.

Project-level review identified two shelters with the longest stays. Both are privately funded through charitable donations. The larger shelter is working with city officials to develop a tiny-home TH community that will move its longest-staying residents into service-supported interim housing and create shelter capacity. The CoC is also expanding services addressing employment, behavioral health, recovery, income, and housing readiness.

Within 90 days, the CoC will establish referral-to-placement baselines and escalation procedures. Within six months, it will review project-level utilization and adjust capacity. Within 12 months, it will reduce average SPM 1.2 bed-night time to 80 days or fewer, reduce the median below 37 days, sustain at least 10 housing referrals monthly, & reduce referral-to-move-in time by 10%. The Board and CQI Committee will review results quarterly, present them to the General Membership, and require corrective action when targets are missed.

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?	44.40%

Describe how you calculated the data for this response.

(limit 2,500 characters)

The CoC used a CoC APR covering October 1, 2024 through September 30, 2025. The reporting group included all 12 HMIS-participating TH, RRH, and PSH projects operating in MI-510 during the period: Innerlink Runaway Services TLP Residential; Mustard Seed Plus PSH; Mid-Michigan CAA SSVF RRH; Restoration Community Outreach ESG-City RRH, HUD RRH, Shelter Plus Care PSH, and HUD TH; SCCMHA Project Dwelling Place Consolidated PSH; Teen Parent Services HUD RRH and St. Rita's TLP TH; and United Way of Saginaw County City ESG RRH and MSHDA ESG (HARA) RRH. The two United Way projects were confirmed from the APR project-identification screen because their names were displayed on the second page of the online results.

The APR identified 151 unduplicated people who exited these projects during the reporting period. This total was used as the denominator. The CoC summed the following HMIS Data Element 3.12 Exit Destination responses for the numerator: 20 people staying or living with family, permanent tenure; 9 staying or living with friends, permanent tenure; 38 renting without an ongoing housing subsidy; and 0 owning without an ongoing housing subsidy. These categories totaled 67 people.

The calculation was 67 divided by 151, resulting in 44.37 percent, rounded to 44.4 percent, of TH/RRH/PSH leavers exiting to unsubsidized permanent housing. Six people had destinations excluded from the APR's separate positive-housing calculation; they remained in the full universe of 151 exits for this calculation. No subsidized rental destinations, PSH destinations, temporary destinations, institutional destinations, or other destinations were included in the numerator.

Separately, the FY2025 SPM Metric 7b.1 submitted in HDX reported 775 of 1,072 people, or 72.29 percent, exiting ES, SH, TH, and RRH to permanent housing. Thus, the CoC exceeded both the 50 percent successful permanent-housing-exit benchmark and the 20 percent unsubsidized-housing benchmark.

2A-8.	Housing Inventory Count (HIC) and Point-in-Time (PIT) Count Date.	
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	Enter the date your CoC conducted its 2026 Housing Inventory Count (HIC) and Point-in-Time (PIT) count.	01/22/2026
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2A-8a.	HIC and PIT Count Data—HDX 2.0 Submission Date.	
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	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
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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
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2A-8c.	System Performance Measures (SPM) Data—HDX 2.0 Submission Date.	
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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
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2A-9.	HMIS and Comparable Database Participation—Bed Coverage Rate.	
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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	255	23	278	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	19	80	99	100.00%
4. Rapid Re-Housing (RRH) beds	32	36	68	100.00%
5. Permanent Supportive Housing (PSH) beds	316	22	287	84.91%
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.	
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For each project type with a bed coverage rate that is 84.99 percent or lower in question 2A-9, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type, and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1. The 51 PSH beds not participating in HMIS are all VASH beds. Across Michigan's statewide implementation it has continued to have challenges with getting all of the VAMCs engaged within the coordinated entry and prioritization process in Michigan. Not all VASH vouchers allocated in the State of Michigan for homeless veterans are entered in HMIS. MCAH (Michigan Coalition Against Homelessness) has determined a process limitation that restricts the VA HOMES system from properly exporting geographically aligned datasets. The MCAH Team has met with the SNAPS office to inform them of the nature of the problem, and the SNAPS office is engaging the VA HOMES team about the possibility of integrating a future solution. We hope that a partnership between HUD and the VA will lead to critical changes in HOMES, facilitating accurate exports based on the CoC program model.

2. 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 VASH beds into HMIS in the future.

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.
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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	Projects with Sub...	09/23/2026
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes	List of programs ...	09/23/2026
03. 1C-3. Language from Project Supportive Service Agreements	Yes	Supportive Servic...	09/24/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	Evidence of Coord...	09/24/2026
05. 1D-1. Local Competition Scoring Tool	Yes	Local Competition...	09/24/2026

06. 1D-2c. Local Competition Selection Results	Yes	Local Competition...	09/25/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	FY 2026 HDX Compe...	09/24/2026
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		
11. Other	No		

Attachment Details

Document Description: Projects with Substance Use treatment on site

Attachment Details

Document Description: List of programs and units that require Sub Use Treatment

Attachment Details

Document Description: Supportive Service Agreement

Attachment Details

Document Description: 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: 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:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/24/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/24/2026
1C. Coordination and Engagement	09/25/2026
1D. Project Review/Ranking	09/26/2026
2A. HMIS Implementation	09/25/2026
3A. Policy Initiatives	09/24/2026
4A. Attachments Screen	09/25/2026
Submission Summary	No Input Required

MI-510
Saginaw CoC

1C-1

Treatment and Recovery Services – On Site Substance Use Treatment
Availability



1C -1

The following TH/RRH/PSH projects have substance use treatment onsite:

Saginaw County Community Mental Health/Project Dwelling Place

RCO/Chronic Homeless Assistance

Mustard Seed/Mustard Seed Plus

Youth Protection Council/Teen Parent Services Transitional Housing

Youth Protection Council/Rapid Rehousing for Homeless Youth

RCO/TH Program

RCO/H2H Homeless to Homeowner TH

Rescue Ministries/Rescue Mission TH

MI-510

Saginaw CoC

1C-f

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



1C -1f

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

Agency	Program	Units
Saginaw County Community Mental Health Authority	Project Dwelling Place	77
RCO	Chronic Homeless Assistance	20
Mustard Seed	Mustard Seed Plus	36
Youth Protection Council	Teen Parent Services	4
Youth Protection Council	Rapid Rehousing for Homeless Youth	15
RCO	TH Program	8
RCO	H2H TH Program	6
Rescue Ministries	TH Program	32

MI-510

Saginaw CoC

1C-3

Language from Project Supportive Service Agreements

(Enter Agency and Program Name Here)
Supportive Services Participant Agreement

Program Name: _____

This Participant Agreement lists the expectations, responsibilities, and service participation requirements for all individuals enrolled in the program listed above, funded through the U.S. Department of Housing and Urban Development (HUD) Continuum of Care (CoC) program.

Participant Name: _____

Unit Address: _____

Effective Date: _____

1. Purpose: The goal of this program is to support participants in achieving housing stability, self-sufficiency, and overall well-being through supportive services and case management. Participation in supportive services is a condition of program enrollment and continued housing assistance.

2. Required Service Participation: All participants agree to actively engage in supportive services as outlined below, committing to a minimum of _____ hours per week of employment and/or employment-related activities. Required services include:

- Employment or employment training unless waived by case manager due to participant's age (62 or older) or the presence of a physical or developmental disability that prevents employment (Waiver must attached to this agreement, if applicable)
- Vocational rehabilitation services, if applicable
- Life skills education (e.g., budgeting, household management, communication)
- Substance abuse treatment, if the participant actively uses substances
- Behavioral health or mental health services, as indicated by assessment
- Case management meetings as scheduled
- Other appropriate social services identified by program staff and the participant

Participants will work with their assigned case manager to develop and maintain an individualized service plan tailored to their goals and needs.

3. Rental Contribution: Participants agree to pay XX% of their adjusted gross income toward rent, utilities, and other housing costs as determined according to HUD regulations. Participants agree to submit income documentation as requested for rent calculation and recertification purposes.

4. Participant Responsibilities: Participants agree to:

- Notify their case manager within 10 days of any changes in:
 - Income or employment status
 - Household composition
 - Participation in supportive services
 - Physical or behavioral health needs
- Report any landlord/tenant issues, legal concerns, arrests, or incidents involving law enforcement promptly to their case manager.
- Maintain their housing unit in a safe, clean, and sanitary condition.
- Cooperate with property management and program staff to support a positive living environment.
- Participate in required meetings, training, and reviews related to their service plan and housing stability.
- Abide by program policies, lease terms, and applicable laws.

5. Confidentiality and Consent: All personal information collected by the program will be kept confidential and used solely for program administration and service delivery in accordance with HUD requirements, federal regulations (including HIPAA, when applicable), and agency policy.

6. Acknowledgment and Agreement: By signing below, the participant acknowledges that they have read, understand, and agree to comply with the terms of this Participant Agreement as a condition of participation in the program listed above. Failure to engage meaningfully in required services or to meet program expectations may result in a review of eligibility or termination of housing assistance, consistent with program policy and due process requirements.

Participant Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

MI-510
Saginaw CoC

1C-10

Evidence of Coordination and Non-Interference with Local Efforts to
Advance Public Safety

Policy / Procedure: Coordination & Non-Interference with Local Efforts to Advance Protecting Public Safety	
Procedure Number: 600	
Date Approved by SCCHAP: September 24, 2026	
Date of Last Review: September 24, 2026	

Purpose: The purpose of this policy is to describe the relationship between the Saginaw County Continuum of Care (SCCHAP) and Local Efforts to Advance Public Safety

Policy: SCCHAP recognizes that safe and stable communities are essential to preventing and ending homelessness. SCCHAP is committed to coordinating with local public safety agencies, including law enforcement, emergency medical services, behavioral health crisis response teams, emergency management personnel, and other public safety stakeholders to support community well-being and housing stability.

SCCHAP shall not interfere with, obstruct, or impede lawful public safety activities conducted by authorized agencies. Rather, SCCHAP will seek to collaborate with public safety partners to identify appropriate housing resources, supportive services, diversion opportunities, crisis response strategies, and other community-based interventions that promote both public safety and positive outcomes for individuals and families experiencing homelessness.

SCCHAP encourages communication and information sharing as permitted by applicable laws and regulations, and cross-system coordination to address community needs effectively. SCCHAP members are expected to work constructively with public safety partners while maintaining compliance with federal, state, and local requirements, including fair housing, civil rights, and homelessness assistance regulations. Through ongoing collaboration, SCCHAP will support efforts that improve community safety, reduce barriers to housing, and advance coordinated, person-centered responses to homelessness.

MI-510

Saginaw CoC

1D-1

Local Competition Scoring Tool

**Permanent Supportive Housing (PSH)
Quarterly Performance Scorecard (Saginaw)**

AGENCY NAME:	Project Name
PROJECT NAME:	Agency
REPORTING PERIOD:	Reporting Dates

Scorecard Summary

Rating Category	Maximum Points	Project Score <i>(This section auto-populates as card is completed)</i>
1. HMIS Data Quality	34	0
2. Project Performance	66	0
Total Points	100	0

The purpose of these Scorecards is for SCCHAP CoC-funded projects monitor compliance and performance on a quarterly basis. Scores are generated from reports using ServicePoint, the local HMIS database. Data collected from reports is then entered into the Quarterly Performance Scorecard. Save this as a PDF to submit with your Scorecard. Agencies using a comparable database (e.g., Victim Service Providers) must provide the CoC HMIS Lead Agency documentation on how all data generated follows and matches the same reporting logic.

1. Overview of HMIS Data Quality Questions

► HMIS participation and data quality are priorities for both SCCHAP and the U.S. Department of Housing and Urban Development (HUD). Accurate, complete and timely data is crucial to determine whether projects are contributing to ending homelessness.

2: Overview of Project Performance Questions

- ▶ Achieving program outcomes is crucial to ensure programs are making an impact and ending homelessness for their program participants.
- ▶ Assessing and monitoring project outcomes is also necessary to understand a program's rate of success and their contribution to meeting performance goals at the CoC level.

3: Scorecard Comments

- ▶ Use this space after completing scorecard to write any comments on your score.

#	Overview	Where to find information?	PROJECT ANSWER	Scoring Mechanism	Maximum Possible Pts	PROJECT SCORE
1: HMIS Data Quality						
1.1	Data Completeness The CoC is monitored by HUD for HMIS data quality including completeness. What is the projects' percentage of completed values on all HUD required data elements for the last quarter?	ServicePoint > Reports > CoC APR , or CoC CAPER> Number of Project Start Records Boxes 6a, 6b, 6c Data Quality PII, UDE, IHDQ	13 out of 15	Number of Categories w/less than 5% Error Rate • 15 out of 15 → 10 pts • 13-14 out of 15 → 8 pts • 11-12 out of 15 → 6 pts	10	
1.2	Timely APR Submission Timely submission of APRs to HUD is important for the CoC as it impacts its CoC funding. <i>Did your project submit the last applicable APR within the required period, that is within 90 days of the end of your agency's operating year?</i>	To calculate, subtract the Submission Date minus the End of the Operating Year SCCHAP will verify submission date in Sage.		<i>Timely APR Submission</i> • APR submitted on time → 6 pts • APR not submitted on time → 0 pts	6	

1.3	Timeliness of Data Entry - Project Entry The CoC and CoC-funded projects are monitored by HUD for data quality including timeliness in HMIS. HMIS Policies and Procedures require data to be input within 3 days of interaction with a client. <i>What % of entries were created in 3 days or less during the reporting period?</i>	To calculate Rate of Timely Data Entry: 1. (# of Start Records in 6 days or less)/(Total # Start Records) To calculate 1: ServicePoint > Reports > CoC APR , or CoC CAPER> <u>6e Data Quality: Timeliness</u> > Number of Project Start Records	12.00%	<i>Rate of Timely Data Entry = Project Entries:</i> • 91% - 100% → 6 pts • 81% - 90% → 4 pts • 71% - 80% → 2 pts	6	
1.4	Timeliness of Data Entry - Project Exit The CoC and CoC-funded projects are monitored by HUD for data quality including timeliness in HMIS. HMIS Policies and Procedures require data to be input within 6 days of interaction with a client. <i>What % of exits were created in 6 days or less during the reporting period?</i>	To calculate Rate of Timely Data Entry: 1. (# of Exit Records in 6 days or less)/(Total # Exit Records) To calculate 1: ServicePoint > Reports > CoC APR , or CoC CAPER> <u>6e Data Quality: Timeliness</u> > Number of Project Exit Records	31.00%	Rate of Timely Data Entry - Project Exits: • 91% - 100% → 6 pts • 81% - 90% → 4 pts • 71% - 80% → 2 pts	6	

1.5	Data Quality: Active electronic Release of Information (eROI) Current eROI's consistently updated in our HMIS system are essential for data sharing, and reporting to function properly. All agencies, and HMIS staff have received training on how to complete, and upkeep ROI's in the HMIS system. It is required that all clients have a completed eROI prior to HMIS data entry. Because all Programs also take part in Coordinated Entry.	ServicePoint > ART > Public Folder > Data Quality> Incongruity and Audit > ROI Audit Report - Current Clients (EE) > Calculate the percent of current eROIs	100.00%	Percent of Active eROIs Completed in HMIS • 100% → 6 pts • 95%-99% → 4 pts • 90%-94% → 2 pts	6	
				Total HMIS Data Quality	34	0
2: Project Performance						
2.1	Retention and Successful Housing Placement from PSH Successful housing outcomes are one of the most important measures of program success. <i>What is the percentage of persons that that exited to a permanent housing destination?</i>	ServicePoint > Reports > CoC APR , or CoC CAPER> 23c> Percentage of Total Persons Exiting to Positive Housing Destinations, and Number of Stayers	94%	<i>Retention & Successful Housing Placement from PSH</i> • 91%-100 % → 14 pts • 81%-90 % → 12 pts • 71%-80 % → 10 pt	14	

2.2	Returns to Homelessness Reducing returns to homelessness is one of the most important measures of program success.. <i>What is the percentage of persons returning to homelessness from PSH Project?</i>	ServicePoint > Reports > CoC APR , or CoC CAPER> 23c> Percentage of Total Persons Exiting to Temporary Destinations	6%	<i>Returns to Homelessness</i> • 0%-9% → 14 pts • 10%-19% → 10 pts • 20%-29% → 6 pts	14	
2.3	Income Growth for Stayers Improving someone's access to financial resources is crucial to reducing the person's vulnerability to homelessness. HUD is encouraging CoCs to increase program participants' income through the NOFO and System Performance Measures. <i>What is the percentage of adults who increased total income (earned and non-employment) over the reporting period?</i>	ServicePoint > Reports > CoC APR > 19a1> Percentage of Total Adults who Gained or Increased Income from Start to Annual Assessment	69%	<i>Income Growth for Stayers</i> • 81-100 % → 8 pts • 61-80 % → 6 pts • 41-60 % → 4 pt • 21-40 % → 2 pt	8	

2.4	Income Growth for Leavers Improving someone's access to financial resources is crucial to reducing the person's vulnerability to homelessness. HUD is encouraging CoCs, through the NOFO and System Performance Measures, to increase program participants' income. <i>What is the percentage of adults who increased total income (earned and non-employment) over the quarter?</i>	ServicePoint > Reports > CoC APR > 19a2> Percentage of Total Adults who Gained or Increased Income from Start to Exit	47%	<i>Income Growth for Leavers</i> • 81-100 % → 8 pts • 61-80 % → 6 pts • 41-60 % → 4 pt • 21-40 % → 2 pt	8	
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2.5	Completed Annual Assessments HUD requires CoC-funded projects to complete Annual Assessments no more than 30 days before or after the anniversary of the client’s Project Start Date. <i>What percent of the Annual Assessments that were due during the reporting period were completed on time?</i>	ServicePoint > ART > Public Folder > Data Quality> Incongruity and Audit > Annual Review Audit Report v5-Calculate the percent of completed annual assessments	95%	<i>Percent of Annual Assessments Completed on Time</i> • 100% → 6 pts • 95%-99% → 4 pts • 85%-94% → 2 pts	6	
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2.6	Participation in Coordinated Entry HUD requires all funded programs participate in the local community's Coordinated Entry Process. It is the responsibility of each agency to ensure that all clients enrolled in their program have the appropriate Coordinated Entry Event and Assessments for their Project Type. For PSH Programs all new clients need to have a Referral to PSH Project Resource Opening correctly entered into HMIS.	Agency takes part in Coordinated Entry Project and fills all open program slots through interagency discussions around the By-Name List.		Percent of Clients who Received Referral through CE • Program fills all program slots using CE Process → 8 pts • Program does not fill all program slots using CE Process → 0 pts	8	
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2.7	Low-barrier admission policies Low barrier admission policies are important to prevent screening out people for assistance because of perceived barriers to housing or services. Housing First practices are a requirement of all HUD CoC-funding recipients. The four components are: Income: <i>Are participants screened out based on having too little or no income?</i> Substance Use : <i>Are participants screened out based on an active or history of substance use?</i> Criminal Record: <i>Are participants screened out based on having a criminal record - with exceptions for HUD-mandated restrictions?</i> Domestic Violence: <i>Are participants screened out based on history of domestic violence (e.g. lack of a protective order, period of separation from abuser, or law enforcement involvement)?</i>	Refer to your housing program eligibility criteria-policies and procedures & answer accordingly. Please attach a copy of the program policy to this scorecard, indicating page where criteria is outlined.		<i>Low-barrier admission policies</i> • Program does not screen out on any of the criteria → 8 pts • Program screens out on any combination of the criteria→ 0 pts	8	
				Total Project Performance	66	0

PROJECT RENEWAL AND PROJECT REALLOCATION SCORING - 2026

NOTE: Percentages for scoring will not be rounded

Total Score

0

PROJECT THRESHOLD FOR NEW AND REALLOCATED PROJECTS – AGENCY CAPACITY – NO POINTS	
1	0
2	0
3	0
4	0
5	0
6	0
7	0
8	0
9	0
10	0
11	0
12	0
13	0
14	0
15	0
16	0
17	0
18	0
19	0
20	0
21	0
22	0
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89	0
90	0
91	0
92	0
93	0
94	0
95	0
96	0
97	0
98	0
99	0
100	0

1. Explain how this project meets HUD criteria
 2. Give a brief background which demonstrates your capacity and experience in handling a project of this size
 3. Explain how the agency has a commitment to this project
 4. How quickly will you have your project up and running at full capacity
 5. List key staff responsible for implementing the project and their roles
 6. How many beds in your project are dedicated for the Chronically Homeless?
 7. How many beds in your project are available for Chronically Homeless through turnover?
- NOTE: Use the remainder of this sheet and only one (1) additional sheet to respond to these questions**

1. AGENCY TRACK RECORD - Applies to ALL PROJECTS – 5 Points	
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1. In the past three (3) years has your agency:
 - a. Had any independent financial audits reflecting significant deficiencies
 - b. Lost a homeless service contract due to performance
 - c. Had to return money spent to the funder

Scoring range and possible points

0
0
0

d. Received notification that your agency is not getting up and running within contract's normal homeless program parameters (slow starter criteria)		0
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2. FINANCIAL PERFORMANCE Value = 20 Points <i>Reporting period: Most recently completed project year</i>		
	Scoring range and possible points	
1. Project Spend Down at Grant Expiration		0
2. Housing Services (rent, utilities) to Service Details: Percentage of project budget for housing activities.		0

3. CoC PARTICIPATION Value = 6 Points <i>Reporting period: 7/1/2022 – 6/30/2023</i>		
	Scoring range and possible points	
1. Attended at least 75% of all full membership meetings based on previous calendar		0
3. Participated in the Point In Time Count Planning		0
4. Participated in the Point in Time Count Outreach		0

4. BONUS POINTS

Value = 10 Points		
	Scoring range and possible points	
1. Increased dedicated CH Beds		0
2. Increased the number of non-dedicated beds for use by persons experiencing chronic homelessness		0
3. Low Barrier Housing		0
4. Project Reallocation to PSH or RR or TH/RR		0
5. Population Served. The CoC acknowledges that agencies serve diverse populations and some outcomes are harder to achieve because of the severity of service needs for those populations. Bonus points are awarded for programs that cater to those hardest to serve with the highest risk factors (no income, substance use disorder, criminal record, DVV, LGBTQ, chronic health, behavioral or mental health challenges or functional impairments requiring significant support) .		
a. Chronically Homeless		0
b. Families w/Children		0
c. Youth		0
d. Domestic Violence Victims		0
e. Veterans		0

5. HMIS Project Scoring Value = 115 Points
--

	Scoring range and possible points	
1. HMIS Policies and Procedures in Place		0
2. HMIS Governance Charter in Place		0
3. HIC, PIT reports submitted on time to HUD		0
4. Bed Coverage meets HUD standards of 86% or higher for inclusion on the HIC		0
5. Data Quality meets HUD standards as evidenced by data inclusion in the AHAR		0
6. Required HMIS Reporting Done: APR, AHAR, System Measures, HIC, PIT		0

TIE BREAKERS		
First Tie Breaker - All Projects EXCEPT Supportive Service Only Grants		
1. Overall Average Occupancy – Project overall average occupancy will be used		
Second Tie Breaker – All Projects		
2. Exits to Permanent Housing		
Third Tie Breaker – All Projects		
3. Project Spend Down – Actual percent of spend down		

HMIS & Project Performance Scorecard		
1. Data Quality Max = 34		
2. Project Performance Max = 66		

Yes

No

MI-510

Saginaw CoC

1D-2c

Local Competition Selection Results

Saginaw COC MI-510
FY26 HUD

ARD: \$ 2,469,490.00
Tier 1: \$ 1,481,694.00
Tier 2: \$ 987,796.00

Rank	Agency	Project Name	Project Type	Request Amount	Status	Score	Reallocated funds	
1	United Way of Saginaw County	HMIS	HMIS	\$ 75,210.00	Accepted	226	Tier 1	
2	Saginaw County Community Mental Health Authority	Project Dwelling Place	PSH	\$ 678,011.00	Accepted	218		
3	Restoration Community Outreach	Chronic Homeless Assistance	PSH	\$ 216,783.00	Accepted	216		
4	Mustard Seed	Mustard Seed Plus (AB)	PSH	\$ 429,480.00	Accepted	209		
5	Saginaw County Youth Protection Council	Teen Parent Services Transitional Housing	TH	\$ 59,373.00	Accepted	198		
6	Saginaw County Youth Protection Council	Rapid Re-housing for Homeless Youth Expansion	PH/RRH	\$ 203,724.00	Accepted	180	Straddle Tier 1 \$22,837 Straddle Tier 2 \$180,887	
7								
8	RCO	H2H Street Outreach	SSO	\$ 100,000.00	Accepted	179		\$ 100,000.00
9	RCO	Transitional Housing	TH	\$ 75,000.00	Accepted	179	Tier 2	\$ 75,000.00
10	RCO	H2H Homeless to Homeowner TH	TH	\$ 95,000.00	Accepted	179		
11	Rescue Ministries	Rescue Ministires TH	TH	\$ 210,925.00	Accepted	178		\$ 159,992.00
12	Rescue Ministries	Rescue Ministires Drop In Center	SSO	\$ 244,541.00	Accepted	178		\$ 244,541.00
13	Families and Children Together	Community Based Support Services	SSO	\$ 100,000.00	Accepted	177		
not ranked	Underground Railroad Inc.	DVTSHCombo	TH	\$ (285,460.00)	Fully Reallocated	0		
not ranked	Underground Railroad Inc.	Shelter Plus Care of Victims of Domestic Violence	PSH	\$ (85,058.00)	Fully Reallocated	0		
not ranked	Underground Railroad Inc.	DV RRH	TH	\$ (133,251.00)	Fully Reallocated	0		
not ranked	Restoration Community Outreach	Transitional Housing	TH	\$ (58,129.00)	Fully Reallocated	0		
not ranked	Restoration Community Outreach	RCO Rapid Re-Housing	RRH	\$ (17,635.00)	Fully Reallocated	0		

Tier 1 Total	\$ 1,481,694.00
Tier 2 Total	\$ 1,006,353.00
Total	\$ 2,488,047.00
CoC	130,196.00

Unranked United Way of Saginaw County CoC Planning

MI-510
Saginaw CoC

2A-8b
FY 2026 HDX Competition Report

2026 HDX Competition Report

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

To Print this Workbook:

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

To Save This Workbook as a PDF:

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

On Accessibility, Navigability, and Printability:

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

For Questions:

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

2025 HDX Competition Report

2026 Competition Report - Summary

MI-510 - Saginaw City & County CoC

HDX Data Submission Participation Information

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

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

2025 HDX Competition Report

2026 Competition Report - LSA Summary & Usability Status

MI-510 - Saginaw City & County CoC

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

LSA Usability Status 2025

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

Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children
*Usability was not determined for PSH-AC due to built-in conflicts between HOMES and HMIS. As

2025 HDX Competition Report

2026 Competition Report - SPM Data

MI-510 - Saginaw City & County CoC

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

Measure 1: Length of Time Persons Remain Homeless

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

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

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

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

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	1,306	78.2	35.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	1,336	84.5	37.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

MI-510 - Saginaw City & County CoC

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

b. This measure is based on data element 3.917

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

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	1,337	118.2	43.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	1,363	126.5	45.0

2025 HDX Competition Report

2026 Competition Report - SPM Data

MI-510 - Saginaw City & County CoC

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

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

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

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)		Returns to Homelessness from 6 to 12 Months (181 - 365 days)		Returns to Homelessness from 13 to 24 Months (366 - 730 days)		Number of Returns in 2 Years	
Metric	Count	Count	% of Returns	Count	% of Returns	Count	% of Returns	Count	% of Returns
Exit was from SO	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from ES	848	89	10.5%	35	4.1%	35	4.1%	159	18.8%
Exit was from TH	23	2	8.7%	1	4.4%	2	8.7%	5	21.7%
Exit was from SH	8	4	50.0%	0	0.0%	1	12.5%	5	62.5%
Exit was from PH	67	4	6.0%	1	1.5%	1	1.5%	6	9.0%
TOTAL Returns to Homelessness	946	99	10.5%	37	3.9%	39	4.1%	175	18.5%

2025 HDX Competition Report

2026 Competition Report - SPM Data

MI-510 - Saginaw City & County CoC

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

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

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

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	1,339
Emergency Shelter Total	1,308
Safe Haven Total	2
Transitional Housing Total	57

2025 HDX Competition Report

2026 Competition Report - SPM Data

MI-510 - Saginaw City & County CoC

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

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

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

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

Metric	Value
Universe: Number of adults (system stayers)	152
Number of adults with increased earned income	16
Percentage of adults who increased earned income	10.5%

2025 HDX Competition Report

2026 Competition Report - SPM Data

MI-510 - Saginaw City & County CoC

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

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

Metric	Value
Universe: Number of adults (system stayers)	152
Number of adults with increased non-employment cash income	74
Percentage of adults who increased non-employment cash income	48.7%

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

Metric	Value
Universe: Number of adults (system stayers)	152
Number of adults with increased total income	86
Percentage of adults who increased total income	56.6%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	66
Number of adults who exited with increased earned income	5
Percentage of adults who increased earned income	7.6%

2025 HDX Competition Report

2026 Competition Report - SPM Data

MI-510 - Saginaw City & County CoC

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

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

Metric	Value
Universe: Number of adults who exited (system leavers)	66
Number of adults who exited with increased non-employment cash income	16
Percentage of adults who increased non-employment cash income	24.2%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	66
Number of adults who exited with increased total income	21
Percentage of adults who increased total income	31.8%

2025 HDX Competition Report

2026 Competition Report - SPM Data

MI-510 - Saginaw City & County CoC

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

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

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

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

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	1,172
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	285
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	887

2025 HDX Competition Report

2026 Competition Report - SPM Data

MI-510 - Saginaw City & County CoC

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

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

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	1,251
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	321
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	930

2025 HDX Competition Report

2026 Competition Report - SPM Data

MI-510 - Saginaw City & County CoC

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

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

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

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

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

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

Metric	Value
Universe: Persons who exit Street Outreach	14
Of persons above, those who exited to temporary & some institutional destinations	3
Of the persons above, those who exited to permanent housing destinations	9
% Successful exits	85.7%

2025 HDX Competition Report

2026 Competition Report - SPM Data

MI-510 - Saginaw City & County CoC

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

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

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	1,072
Of the persons above, those who exited to permanent housing destinations	775
% Successful exits	72.3%

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

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	277
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	274
% Successful exits/retention	98.9%

2025 HDX Competition Report

2026 Competition Report - SPM Data

MI-510 - Saginaw City & County CoC

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

System Performance Measures Data Quality

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

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	1,310	57	288	160	2
Total Leavers (HMIS)	1,086	42	24	92	1
Destination of Don't Know, Refused, or Missing (HMIS)	0	0	0	1	1
Destination Error Rate (Calculated)	0.0%	0.0%	0.0%	1.1%	100.0%

2025 HDX Competition Report

2026 Competition Report - SPM Notes

MI-510 - Saginaw City & County CoC

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

Notes For Each SPM Measure

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

2025 HDX Competition Report

2026 Competition Report - HIC Summary

MI-510 - Saginaw City & County CoC

For HIC conducted in January/February of 2026

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Non-VSP Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted*** Total Year-Round, Current, Non-VSP Beds	Adjusted*** HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	278	255	255	0	255	100.0%
SH	0	0	0	0	0	NA
TH	99	19	19	0	19	100.0%
RRH	68	32	32	0	32	100.0%
PSH	338	265	316	0	316	83.9%
OPH	0	0	0	0	0	NA
Total	783	571	622	0	622	91.8%

2025 HDX Competition Report

2026 Competition Report

MI-510 - Saginaw City & County

For HIC conducted in January/February

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster ^{**}	Adjusted*** Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	278	23	23	0	23	100.00%
SH	0	0	0	0	0	NA
TH	99	80	80	0	80	100.00%
RRH	68	36	36	0	36	100.00%
PSH	338	22	22	0	22	100.00%
OPH	0	0	0	0	0	NA
Total	783	161	161	0	161	100.00%

2025 HDX Competition Report

2026 Competition Report

MI-510 - Saginaw City & County

For HIC conducted in January/February

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted*** Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	278	278	278	100.00%
SH	0	0	0	NA
TH	99	99	99	100.00%
RRH	68	68	68	100.00%
PSH	338	287	338	84.91%
OPH	0	0	0	NA
Total	783	732	783	93.49%

2025 HDX Competition Report

2026 Competition Report - HIC Summary

MI-510 - Saginaw City & County CoC

For HIC conducted in January/February of 2026

1) † EHV = Emergency Housing Voucher

2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.

3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.

4) ***Adjusted bed counts exclude non-HMIS participating OPH EHV Beds and Beds Affected by Natural Disaster

5) Data included in these tables reflect what was entered into HDX 2.0.

6) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").

7) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").

8) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2025 HDX Competition Report

2026 Competition Report - PIT Summary

MI-510 - Saginaw City & County CoC

For PIT conducted in January/February of 2026

Submission Information

Date of PIT Count	Received HUD Waiver
1/22/2026	Not Applicable

Total Population PIT Count Data

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	249	248	219
Safe Haven Total	6	1	0
Transitional Housing Total	117	99	91
Total Sheltered Count	372	348	310
Total Unsheltered Count	11	17	17
Total Sheltered and Unsheltered Count*	383	365	327

1) *Data included in this table reflect what was entered into HDX 2.0. This may differ from what was included in federal reports if the PIT count type was sheltered only.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

Total People Experiencing Chronic Homelessness

Category	2024	2025	2026
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Total Sheltered Count	12	14	12
Total Unsheltered Count	0	1	2
Total	12	15	14