

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-514 - Battle Creek/Calhoun County CoC

1A-2. Collaborative Applicant Name: United Way of South Central Michigan

1A-3. CoC Designation: CA

1A-4. HMIS Lead: United Way of South Central Michigan

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.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	1
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	
4.	Community Mental Health Center (CMHC)	Yes	
5.	Disability Advocate(s)	Yes	
6.	Disability Service Organization(s)	Yes	
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	1
9.	Faith-based Organization(s)	Yes	1
10.	Homeless or Formerly Homeless Person(s)	Yes	
11.	Hospital(s)	Yes	
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Yes	
14.	Law Enforcement	Yes	
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	
16.	Local Government Staff/Official(s)	Yes	1

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

The CoC maintains an ongoing, transparent process to identify and invite new and existing organizations to join, ensuring broad representation across the homeless service system. This process is reviewed at least annually to remain responsive to emerging service gaps and community needs, and membership opportunities are communicated publicly through the CoC's website and regular partner meetings.

New members are identified through several coordinated efforts:

Network Referrals: Current CoC members and community stakeholders regularly refer organizations serving individuals and families experiencing or at risk of homelessness.

Service Gap Analysis: The CoC routinely assesses gaps in the local homeless service system and reaches out to organizations whose programs could help address those gaps.

Homeless Coalition (HC): This interagency group holds regular public meetings, serving as a key venue for engaging prospective members and gathering community input.

Housing Solutions Board (HSB): As the CoC's governing body, the HSB conducts outreach to organizations across the homeless service continuum and helps guide strategic membership growth.

Direct Outreach: The CoC engages emergency shelters, the local day shelter, and the Housing Assessment and Resource Agency (HARA) directly, as these frontline providers are well-positioned to connect with and refer potential new members.

All current CoC members are also encouraged to help identify and recruit new members, reinforcing a community-wide approach to membership growth rather than relying solely on staff-driven recruitment.

To strengthen accessibility, the CoC's membership application is currently under review and being updated to streamline the process for prospective members. Once finalized, updated membership information, including eligibility criteria and instructions for joining, will be published on the CoC's website, giving the public clear, ongoing access to information on how to become a member at any time.

This combination of proactive outreach, public engagement, governance-level recruitment, direct provider engagement, and accessible public-facing information keeps the CoC's membership process transparent, inclusive, and responsive.

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)

CoC solicits/considers opinions to form a countywide strategy from a broad array of organizations/individuals with knowledge of homelessness or an interest thereof via marketing trainings as well as participates in peer organization meetings, trainings/workshops, including DV coalitions, affordable housing groups, substance abuse coalitions, landlords' lunch and learns, early children/youth education groups, food scarcity coalitions, crisis response consortiums, and more. CoC Housing Solutions Board (HSB) strengthens diversity through membership and includes formerly homeless, SAFE Place (DV), The Haven (emergency shelter), Battle Creek Housing Commission (PHA), Legal Services, Michigan Works! (employment), Neighborhoods Inc. Of Battle Creek (CE and Housing developer), VA .

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)

The CoC maintains an open, transparent process for accepting and considering proposals from organizations that have not previously received CoC Program funding, including faith-based organizations. This process is designed to give all eligible organizations, regardless of funding history or affiliation, equal opportunity to compete for available resources.

Each year, the CoC releases its Request for Proposals (RFP) through public channels, including the CoC's website and direct outreach to Homeless Coalition members, Housing Solutions Board contacts, and community partners. The RFP and application materials are made available to any interested organization, not only current CoC-funded agencies, ensuring new and prospective applicants have equal access to funding opportunities.

Organizations that have not previously received CoC Program funding are encouraged to apply and receive the same access to technical assistance and guidance as existing grantees. Questions can be directed to the CoC via a shared email address for consistent responses.

All submitted proposals, regardless of applicant history, are reviewed, rated, and ranked by the CoC's grants review committee using a standardized scoring rubric applied consistently across new and renewal projects, ensuring proposals are evaluated on merit and NOFO requirements rather than prior funding history.

The CoC does not restrict eligibility based on religious affiliation. Faith-based organizations are welcome to apply and are evaluated under the same criteria as all other applicants, consistent with HUD requirements.

Haven of Rest Ministries, a faith-based organization, currently serves as a member of the Housing Solutions Board (HSB), reflecting the CoC's ongoing commitment to including faith-based voices in its governance and decision-making. In addition, the CoC's distribution list used to announce the RFP and share application materials includes a range of faith-based organizations, helping ensure these groups are directly notified of funding opportunities alongside other community providers. This consistent, publicly communicated process ensures transparency and equal opportunity for all organizations, including faith-based groups and those new to CoC Program funding, to compete for and receive CoC resources.

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)

The CoC identified a gap in the system through stakeholder feedback gathered by its governing body, the Housing Solutions Board (HSB). The HSB includes representation from shelter and outreach providers, including Haven of Rest Ministries, which operates an overnight shelter in Calhoun County, and SHARE Center, the day shelter provider. This governance structure allows shelter and outreach needs to be raised directly at the system planning level, and through this input, the HSB identified a specific gap: the need for coordinated winter shelter efforts across the county, consistent with the framework outlined in 42 U.S.C. 11386b(d).

Strategy: To address the needs of families and other subpopulations affected by this gap, the CoC took the lead on coordinated winter shelter planning, connecting with additional faith-based organizations, including The Salvation Army and First United Church, to provide shelter for families. Communication among providers was also improved to support a more consistent, county-wide response. ESG dollars were also awarded in 2026 to the SHARE Center to fund additional seasonal overnight shelter for up to 30 individuals during weather emergencies.

Performance Measures: Success is measured by the number of families and individuals sheltered through the coordinated effort, reductions in unmet shelter requests, and improved consistency of communication and referrals among partner providers.

Timeline: Coordinated winter shelter planning and partner communication improvements are implemented annually during the winter season, with outcomes reviewed at the close of each season to inform planning for the following year.

Funding Sources: Activities are supported through various funding streams, contributions from participating faith-based partners secured through HSB-led coordination.

Oversight: The HSB oversees implementation, reviewing provider input and performance outcomes to guide continued investment in this strategy.

The CoC will continue to add new members to the HSB and grow overall CoC membership, including local law enforcement, and will use ongoing feedback from HSB members, community partners, outreach teams, and people with lived experience, gathered through bi-monthly Homeless Coalition meetings, to identify and address future gaps affecting families and other subpopulations.

1B-5a	Confirmation of Plan Coverage.
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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.
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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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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?	29%

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)

We are not a rural CoC.

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

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

(limit 2,500 characters)

The CoC partners with behavioral health and substance use treatment providers to ensure homeless individuals have access to appropriate levels of outpatient mental health and substance use disorder (SUD) treatment, recovery supports, medication management, suicide prevention, and emotional supports. Through CES, CoC partners assess mental health and SUD needs, facilitate referrals and warm handoffs, and coordinate housing and supportive services with clinical treatment.

A key partner is Summit Pointe, Calhoun County's Certified Community Behavioral Health Clinic (CCBHC), which provides a comprehensive continuum of outpatient mental health and SUD services. Services include behavioral health and SUD assessment, individual and group therapy, evidence-based psychosocial interventions, psychiatric evaluation, medication management, Medication for Opioid Use Disorder (MOUD), case management, peer support, and recovery-oriented services. Summit Pointe's First Step Psychiatric Urgent Care Center provides 24-hour access to mental health and SUD assessment. Summit Pointe also coordinates with hospitals and emergency departments to support referrals, follow-up care, crisis services, and transitions from inpatient or emergency treatment to ongoing outpatient care.

Suicide prevention is integrated throughout Summit Pointe's services through screening, risk assessment, safety planning, crisis response, follow-up, and connection to ongoing treatment and supports. This allows individuals to receive timely intervention and continuity across crisis, inpatient, outpatient, and community-based care.

Other partners expand access and provide complementary supports. Haven of Rest Ministries employs licensed therapists who provide behavioral health evaluations, counseling, and ongoing clinical support and partners with Summit Pointe, Grace Health, and Southwest Michigan Behavioral Health (SWMBH) for outpatient mental health and SUD services. Haven's CARF-accredited, ASAM Level 3.1 recovery programming complements this clinical continuum. S.A.F.E. Place refers clients to Bronson Behavioral Health and SWMBH and receives substance use disorder training from the Calhoun County Public Health Department. SHARE Center provides peer supports and enrichment activities. Together, this creates a continuum that connects clients to appropriate interventions, treatment, medications, crisis and suicide-prevention services, and ongoing recovery supports while advancing housing stability

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

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

(limit 2,500 characters)

The CoC has a strong network of peer specialists/recovery coaches who provide relational support and recovery navigation across the homeless response system. Peer support is integrated into outreach, CES, shelter, and housing, helping participants strengthen recovery and maintain stability. Summit Pointe, the county's Community Mental Health/Certified Community Behavioral Health Clinic, employs Certified Peer Support Specialists who work alongside clinical staff to provide hope, education, recovery coaching, and practical assistance. Peers help participants identify recovery goals, build supports, navigate resources, and develop skills for independence. PSH participants access peer support through their service plans. Summit Pointe also partners with the SHARE Center for additional peer-based support. Veterans in PSH have access to the Veteran Navigator Program, which assists with healthcare, behavioral health, disability benefits, housing, and basic needs. The SHARE Center provides peer support as a core drop-in service through a full-time Certified Peer Recovery Coach with recovery experience. The coach provides recovery support and connection to resources and collaborates with peer coaches at Summit Pointe, Recovery Services Unlimited, and other community organizations. SHARE Center staff also provides on-site services for other providers, including S.A.F.E. Place, twice monthly. Haven of Rest integrates peer recovery coaching throughout its Life Recovery Transitional Housing Programs. A dedicated Recovery Coach and staff with recovery experience provide mentoring, accountability, and practical guidance. Case managers provide individualized recovery navigation related to treatment, benefits, employment, and permanent housing. Participants are also connected to community recovery groups and peer-led organizations. Gracious Homes provides peer recovery through certified partner agencies, offering one-on-one coaching, trauma-responsive support, relapse-prevention planning, recovery groups, and navigation of outpatient treatment, IOP, MAT, counseling, and community recovery networks. Peer specialists work with case managers to reinforce recovery and housing goals and remain available for aftercare. Together, these partnerships create multiple access points to peer support, helping reduce isolation and barriers, increase engagement in services, strengthen recovery capital, and support successful transitions to permanent housing and self-sufficiency.

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 CoC identifies individuals experiencing Serious Mental Illness (SMI) through standardized coordinated entry assessment, ongoing engagement, case conferencing, information received through referrals from participating community providers, and through behavioral assessments conducted by clinical staff employed by our homeless service providers. Individuals with significant or complex needs are connected through warm handoffs to qualified behavioral health providers for comprehensive treatment.

Summit Pointe, the county's Community Mental Health Authority and Certified Community Behavioral Health Clinic, provides clinical assessment, person-centered care planning, intensive care coordination, case management, crisis intervention, medication management, and community-based services. For individuals with significant and ongoing needs, Summit Pointe provides Assertive Community Treatment (ACT) and other intensive services that combine assertive outreach, treatment, and care coordination. Services address behavioral and physical health as well as social needs such as housing, transportation, employment, and peer support. CoC providers maintain ongoing communication with behavioral health partners to support continuity of care.

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)

CoC providers work in close partnership with the Calhoun County specialty court system. The transitional housing programs operated by the Haven of Rest and Gracious Homes both regularly serves individuals referred through drug court, probation, parole, Assisted Outpatient Treatment (AOT), and other justice-involved systems. Summit Pointe plays a direct role in coordinating AOT for individuals under court-ordered treatment and maintains strong partnerships across the entire judicial system.

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

(limit 2,500 characters)

The CoC coordinates with specialty courts to help those involved in Drug Court, Mental Health Court, AOT, and other court-ordered treatment progress toward independence. These partnerships align court requirements, treatment, and housing goals.

Haven of Rest Ministries maintains strong collaborative relationships with the Calhoun County specialty court system, probation and parole agencies, and other community treatment providers. The Life Recovery Programs regularly serves individuals referred through drug court and other justice-involved systems who require structured recovery support and transitional housing. Program staff coordinate closely with court personnel, community supervision officers, behavioral health providers, and treatment teams to monitor participant progress, support compliance with court-ordered treatment plans, and address barriers to recovery. Participants receive case management, substance use treatment, behavioral health services, employment assistance, life skills training, and housing navigation. When participants require a higher level of care, the Haven coordinates referrals for inpatient treatment, outpatient behavioral health services, medication management, and other specialized services through Summit Pointe and other providers. This coordinated approach promotes continuity of care, reduces the likelihood of recidivism, and supports participants in achieving long-term recovery, permanent housing, and independence.

As Calhoun County's Community Mental Health Authority, Summit Pointe plays a direct, ongoing role in coordinating Assisted Outpatient Treatment (AOT) for individuals under court-ordered treatment and maintains strong partnerships across the entire Calhoun County court and judicial system. When a PSH participant is involved in a specialty court process or is placed on an AOT order, the PSH Program Manager and clinical team coordinate directly with the court, probation, and case-management staff to align housing stability with treatment-compliance requirements, share relevant progress updates consistent with participant consent and confidentiality requirements, and support continued housing retention through the court-mandated treatment process.

Together, these partnerships leverage court orders while addressing housing goals. This approach supports continuity of care, reduces risks of relapse or housing loss, and helps participants move toward housing stability, recovery, employment, and independence.

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

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

(limit 500 characters)

The CoC partners with Summit Pointe, which serves as the local 988 crisis contact, offering 24/7 crisis services, mobile response, and stabilization. SAFE Place refers directly to Summit Pointe. Haven of Rest coordinates with Summit Pointe's First Step for crisis intervention and follow-up. NIBC connects clients through crisis access points, including 988/MiCAL, into coordinated entry. Integrate Services of Kalamazoo operates mobile crisis and outreach teams.

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.	38
1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?		No

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)

Summit Pointe acts as the County's CMHC and is a CoC-funded provider, offering permanent supportive housing within the CoC. Providers across the CoC partner with Summit Pointe. For example, SAFE Place has a MOU in place with Summit Pointe.

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)

Men's Life Recovery Transitional Housing Project; Gracious Homes Transitional Housing and Aftercare Project

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)

Haven of Rest Ministries coordinates closely with Summit Pointe, Grace Health, SWMBH, and other community partners to ensure participants experience a warm hand-off rather than simply receiving a referral. Haven case managers and clinical staff work directly with partner providers to coordinate services, share appropriate care-planning information, and maintain continuity of support. As participants approach program completion, Haven staff provide housing search and navigation, assistance with benefits and income, and connections to landlords and community housing resources. This coordinated approach helps participants transition from treatment and recovery services into stable permanent housing and reduces the risk of returning to homelessness.

Neighborhood Inc of Battle Creek's (NIBC) Coordinated Entry process is designed to create a direct bridge between behavioral health treatment and housing. When an individual receiving mental health, substance use, crisis, or other supportive services is experiencing or at risk of homelessness, NIBC completes or coordinates a standardized housing assessment, adds eligible households to the community's prioritization process/By-Name List, and identifies the most appropriate available housing intervention.

NIBC uses warm handoffs rather than simply providing contact information. Staff may communicate directly with the receiving provider, assist with documentation, coordinate appointments, facilitate introductions, and continue follow-up through the transition. Depending on household needs, referrals may include emergency shelter, Rapid Re-Housing, Permanent Supportive Housing, transitional housing, or other permanent housing resources.

SHARE Center's certified community health works works closely with housing providers, including NIBC, Summit Pointe, and the Battle Creek Housing Coalition to facilitate warm hand-offs to these providers.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$540,176
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.	\$719,328
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	133%
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.	\$79,637
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).	148%

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)?	71.00%

1C-4. Consulting with ESG Recipients.

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

(limit 2,500 characters)

The CoC does not receive a local ESG allocation. Therefore, the CoC consults with the State of Michigan, through the Michigan State Housing Development Authority (MSHDA), which is the ESG recipient serving the CoC's geographic area.

MSHDA is an active partner in the CoC's planning and coordination activities. An MSHDA representative participates regularly in the CoC's Housing Coalition meetings, providing an ongoing opportunity for two-way communication regarding ESG resources, program requirements, emerging community needs, funding priorities, and the coordination of ESG with other homeless assistance resources. Through these regular meetings, the CoC is able to communicate local system needs and priorities directly to the state ESG recipient, while MSHDA can provide information regarding ESG funding opportunities, requirements, timelines, and implementation expectations.

The CoC also participates in MSHDA's annual ESG planning and application process. MSHDA's ESG application requires applicants to be recommended by the CoC. A key component of the CoC's consultation and coordination with MSHDA is the annual ESG Exhibit 1. MSHDA requires each CoC to work collaboratively to complete Exhibit 1, which is designed to demonstrate coordination between ESG, HUD CoC funding, and other resources serving people experiencing or at risk of homelessness. The Exhibit 1 process requires the CoC to address strategic priorities, coordination of available funds, service and referral systems, performance and expenditure monitoring, fairness in funding, and other elements of the local homeless response system. The CoC reviews and approves Exhibit 1 prior to submission to MSHDA, and the completed document is made available to participating CoC members and community leaders.

The CoC will continue to engage MSHDA as the state ESG recipient through regular Housing Coalition meetings and other planning and coordination opportunities. The CoC will also continue to collaboratively complete and approve the annual MSHDA ESG Exhibit 1 and participate in the annual NOFA and application process. This ongoing communication ensures that MSHDA receives current information about local homelessness needs and system priorities and that the CoC understands and incorporates MSHDA's ESG requirements into its planning and funding recommendations.

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

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

(limit 2,500 characters)

The CoC coordinates closely with shelter providers to ensure individuals and families accessing emergency shelter are connected to CoC assistance through a consistent coordinated entry process.

Haven of Rest Ministries, which operates an overnight shelter in Calhoun County, plays a central role in this coordination. As a member of the CoC's governing body, the Housing Solutions Board, Haven of Rest participates directly in system-level planning and decision-making, ensuring shelter provider perspectives inform CoC policies and priorities.

Haven of Rest works alongside the Housing Assessment and Resource Agency (HARA) and Neighborhood Inc. of Battle Creek to ensure shelter guests have consistent access to coordinated entry. Through this partnership, individuals and families are assessed and referred into the coordinated entry system, allowing them to be prioritized for CoC-funded interventions, including rapid re-housing and permanent supportive housing, based on need and vulnerability.

This coordination is supported by shared referral pathways and regular communication between shelter staff and coordinated entry access points. Rather than operating as a standalone service, Haven of Rest functions as an integrated access point within the CoC's system, connecting shelter guests to the broader network of housing resources available through the CoC.

This model reflects the CoC's broader approach to shelter coordination: involving providers directly in governance, maintaining strong working relationships with coordinated entry access points, and ensuring referral processes remain consistent regardless of which shelter an individual or family enters. By embedding coordinated entry within shelter operations, the CoC reduces barriers to housing assistance and helps ensure shelter serves as a bridge to permanent housing rather than an endpoint.

The CoC will continue strengthening these partnerships, using HMIS data and provider feedback to improve referral timeliness and close remaining gaps in access.

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 shares PIT, HIC, HMIS, and System Performance data with state and local government to inform the homeless response system. The CoC participates in a statewide HMIS system with joint governance shared between the Michigan State Housing Development Authority (MSHDA), the Michigan Coalition Against Homelessness (MCAH), and local Continuums of Care. This allows the State of Michigan to access statewide aggregate/deidentified HMIS data to inform statewide systems and policies. This HMIS data is used in annual statewide reports on ending homelessness. The CoC receives ESG dollars from MSHDA and as part of the application process, we submit System Performance Measures (SPM) data as well as HMIS data in the form of a Core Demographics Report, which includes demographic data for all clients served within the CoC over a full calendar year. The CoC also publishes Point in Time Count data on our website, shares PIT, HIC, and system performance data at Homeless Coalition meetings, which are open to the public, and is available for public presentations on this data, including to local city or county Commissions or other government 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 receives data from the U.S. Department of Veterans Affairs (VA) to improve coordination and care for veterans experiencing homelessness. As part of biweekly Veteran By-Name List meetings, VA partners share relevant information regarding veterans' housing status, service engagement, and access to VA resources. The CoC and VA use this information alongside HMIS data to identify gaps in services, coordinate outreach and referrals, resolve barriers to housing, and ensure veterans are connected to appropriate housing and supportive services. This routine data sharing and case coordination strengthens the CoC's ability to provide timely, person-centered responses and improve housing outcomes for homeless veterans.

1C-6. Employment and Workforce Development Partnership.

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

(limit 2,500 characters)

The CoC has a partnership with Michigan WORKS!, our statewide workforce development system. Jennifer Teske, Director of Talent Solutions for Branch and Calhoun County with Michigan WORKS! Southwest, serves on the Housing Solutions Board, the governing body for the CoC.

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

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

(limit 2,500 characters)

All street outreach projects within the CoC cooperate with first responders and law enforcement to increase positive interactions, increase housing and service engagement, and promote use of CoC services. This includes SHARE Center, Haven of Rest Ministries, and Integrated Services of Kalamazoo.

Haven of Rest Ministries works closely with law enforcement and first responders to connect individuals experiencing homelessness with shelter, treatment, and recovery services. Police and other first responders regularly refer or transport individuals to Haven programs as an alternative to continued street homelessness or unnecessary involvement with the justice system. Haven staff assess immediate needs, provide shelter when appropriate, and connect individuals with case management, behavioral health, substance use disorder treatment, and other resources.

This partnership is strengthened through direct organizational leadership and oversight: the Battle Creek Chief of Police serves on Haven of Rest Ministries' Board of Directors, helping foster ongoing communication, collaboration, and a strong relationship between Haven and law enforcement. Together, these relationships create direct pathways from street and first-responder contact into meaningful service engagement.

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)

CoC partner and CoC project applicant Haven of Rest Ministries places a strong emphasis on family and support-network reunification, particularly through its Women's Life Recovery Program. Haven case managers and clinical staff work closely with participants to rebuild healthy family relationships, address barriers to reunification, and develop individualized plans that support long-term family stability. The Women's Life Recovery Program works actively with Family Court and other involved agencies to help women meet reunification goals, maintain or restore relationships with their children, and demonstrate progress in recovery and stability. Because the program can accommodate women with children, Haven can support both recovery and family preservation within the residential setting. Staff also assist participants with transportation, coordination with family members and service providers, and connections to resources when reunification involves another geographic area.

Street Outreach specialists at Integrated Services of Kalamazoo, which serves Calhoun County, review each case to identify all possible housing opportunities including reunification with family members. We support this by using community resources that sponsor the cost of travel to relocate unhoused clients with housing opportunities.

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

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

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

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

(limit 2,500 characters)

The CoC cooperates with local government, law enforcement, fire/EMS, and other first responders, and its member agencies do not interfere with or obstruct lawful local efforts involving public spaces. Instead, the CoC's role is to provide a service-oriented response that gives individuals practical alternatives and pathways into housing and supportive services.

Haven of Rest Ministries works closely with law enforcement, fire/EMS, and other first responders. Its outreach team works directly alongside law enforcement, including accompanying officers when engaging individuals experiencing homelessness. Outreach staff help officers assess individual needs and offer immediate connections to shelter, case management, substance use disorder treatment, behavioral health services, and recovery programming. This partnership is strengthened by the Battle Creek Chief of Police serving on Haven's Board of Directors, which supports ongoing communication and coordination with local law enforcement.

NIBC cooperates with local government, first responders, law enforcement, behavioral health providers, shelters, and street outreach teams to address homelessness and public health and safety concerns. NIBC helps individuals encountered by first responders access Coordinated Entry, housing assessment, shelter, behavioral health services, substance use treatment, healthcare, and other resources. Whenever possible, NIBC works to ensure enforcement or emergency contacts become opportunities for voluntary engagement, providing clear referral pathways and coordinating follow-up for individuals willing to engage.

SHARE Center outreach staff coordinate closely with law enforcement regarding encampments and other issues.

ISK meets with law enforcement to discuss encampments before they are removed, allowing outreach specialists to offer housing and program opportunities before camps are closed.

S.A.F.E. Place maintains a strong relationship with law enforcement on best practices for responding to domestic violence and human trafficking, providing comprehensive officer training on initial response, report writing, and trauma-informed response.

Together, these partnerships ensure first responders have reliable local resources when they encounter individuals experiencing homelessness, and that enforcement and emergency contacts are paired with meaningful opportunities to connect to services.

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)

Local ordinances related to camping, trespassing, loitering, and public property use vary across jurisdictions within Calhoun County. For example, the City of Battle Creek regulates loitering when conduct obstructs access, involves harassment, or meets other specified conditions, and its zoning code restricts tent occupancy on residential property.

These provisions allow public entities to address unsafe or unauthorized encampments, but enforcement alone does not resolve underlying homelessness, and restrictive policies can result in individuals simply relocating to another unsheltered location without connecting to services.

To leverage beneficial practices while mitigating these effects, the CoC relies on close coordination between outreach providers and law enforcement. Haven of Rest Ministries and SHARE Center do not enforce ordinances or determine when an encampment should be cleared; instead, its outreach staff respond alongside law enforcement during enforcement activity, engaging individuals directly, assessing immediate needs, and offering pathways to emergency shelter, case management, behavioral health services, and treatment. This relationship helps ensure enforcement is accompanied, whenever possible, by an opportunity to access services rather than displacement alone.

NIBC works upstream of and alongside these local processes through street outreach, Coordinated Entry assessment, By-Name List prioritization, shelter connection, behavioral health referrals, and housing navigation. When an encampment may be displaced, staff prioritize outreach beforehand, assess residents individually, identify shelter or housing alternatives, and coordinate with first responders and local government to safeguard continuity of services.

Where legal or practical limitations delay resolution, providers continue outreach and relationship-building to encourage individuals to accept shelter, treatment, and supportive services over time. This approach allows the CoC to work within existing local policies, using enforcement activity as an opportunity for service connection rather than allowing restrictive provisions to result solely in displacement without support.

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)

Tents and small encampments continue to occur in Battle Creek and throughout Calhoun County, though the community does not have large, permanent encampments comparable to those seen in larger metropolitan areas. Unsheltered individuals are more commonly found staying in vehicles, tents in wooded areas, under overpasses, and behind buildings, rather than in concentrated encampment sites.

Unsheltered and encampment-related homelessness remain present in the county. The 2025 Point-in-Time Count identified 37 unsheltered individuals, compared with 29 in 2024. The PIT methodology specifically includes people staying in tents, vehicles, parks, camping areas, abandoned buildings, parking lots, and other locations not intended for habitation. Of the 37 unsheltered adults identified in 2025, 16 were chronically homeless, 14 were age 55 or older, and 12 were identified as having a serious mental illness.

Through street outreach, providers regularly engage individuals living outdoors, including those staying in tents, vehicles, wooded areas, and other locations not intended for habitation. Outreach staff provide food, water, clothing, blankets, and other immediate assistance while encouraging individuals to access emergency shelter, case management, behavioral health and substance use treatment, and other supportive services. Providers also coordinate with law enforcement and other community partners when encampments or unsheltered individuals are identified, with the goal of connecting people to appropriate services and safer housing alternatives.

Street outreach teams engage individuals in encampments and other nontraditional locations and connect them to Coordinated Entry, ensuring those living unsheltered are assessed and prioritized for housing and shelter interventions alongside other outreach and engagement efforts already underway across the county.

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 and local law prohibit unauthorized possession and use of controlled substances. Battle Creek's local ordinances further prohibit unauthorized possession, dispensing, or distribution of controlled substances, address locations associated with repeated illegal drug activity and prohibit public intoxication accompanied by conduct that endangers others, damages property, or causes a public disturbance. These provisions give law enforcement a basis to intervene when illicit drug use in public creates safety concerns, providing an entry point for connection to services.

The CoC's approach does not rely on law enforcement alone. Haven of Rest Ministries, NIBC, SHARE Center, and ISK work directly with law enforcement, first responders, Summit Pointe, SWMBH, and SWMBHA to ensure individuals encountered using substances in public are offered assessment, treatment, and recovery support rather than relying solely on enforcement action. Haven of Rest's outreach staff engage individuals directly, offering immediate access to shelter and facilitating entry into Haven's CARF-accredited, ASAM Level 3.1 substance use disorder treatment program, representing a structured, clinically recognized level of care. ISK connects clients with substance use disorders to SWMBHA for rehabilitation intake. NIBC's Coordinated Entry approach does not require sobriety as a prerequisite for housing assistance, reducing barriers between public drug use and access to shelter and housing.

This layered approach reflects the population's need: the CoC's 2025 Point-in-Time Count identified 37 unsheltered individuals, up from 29 in 2024, including 16 chronically homeless adults and 12 adults with serious mental illness, populations frequently affected by co-occurring substance use.

Plan: The CoC will continue leveraging law enforcement's authority to identify individuals in crisis as an entry point for services, while reducing the harmful effects of enforcement-only responses by ensuring outreach and behavioral health partners are present at first contact. This includes maintaining close coordination among Haven of Rest, NIBC, ISK, Summit Pointe, SWMBH, and law enforcement; preserving low-barrier access to housing through Coordinated Entry regardless of sobriety status; and directing individuals toward treatment and recovery programming as the primary alternative to repeated enforcement contact.

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)

Overdose and illicit drug use remain significant public health and public safety concerns in Calhoun County, including among individuals experiencing homelessness and housing instability, though recent trends show some improvement.

Local data reported 41 opioid- and drug-related deaths in Calhoun County in 2024, continuing a downward trend from 53 deaths in 2022 and 66 in 2021, with 43 recorded in 2023. This local decline mirrors a statewide pattern: Michigan reported a projected overdose death rate of 16.4 per 100,000 residents for 2025, marking a fourth consecutive year of decline.

The drug supply in the region also continues to evolve. Michigan surveillance identified the veterinary sedative medetomidine in postmortem toxicology samples from Calhoun County and several other counties during 2024–2025, typically found in combination with fentanyl, adding complexity to overdose response and treatment.

Haven of Rest and SHARE Center's street outreach and shelter staff continue to encounter individuals affected by substance use throughout the community and connect them with shelter, treatment, peer recovery support, and other services. These providers work closely with law enforcement, first responders, Summit Pointe, SWMBH, and other community partners to respond to these situations and provide immediate pathways into treatment and recovery.

While the overall trend in overdose deaths has declined both locally and statewide, substance use and overdose continue to affect the community, and the emergence of new substances in the drug supply underscores the need for continued coordination between outreach, treatment, and public safety partners.

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)

A key local practice supporting this work is Summit Pointe's First Step Urgent Care, which provides 24-hour psychiatric crisis services in Calhoun County and serves as the primary local resource for assessing individuals who may present a danger to themselves or others. Haven of Rest Ministries' therapists, case managers, and outreach staff identify concerning behaviors and coordinate directly with law enforcement and First Step for assessment and intervention, giving providers a fast, local pathway to qualified clinical evaluation.

This local practice operates within the framework of Michigan's Mental Health Code, which establishes the legal standard for identifying a "person requiring treatment," including circumstances where mental illness creates a reasonable expectation of serious physical injury to self or others, prevents an individual from meeting basic needs necessary to avoid serious harm, or creates other specified risks of serious deterioration. The Code also provides procedures for protective custody and involuntary treatment when this standard is met.

Neither Haven of Rest nor NIBC makes involuntary commitment determinations directly. This safeguards against misuse but also means homelessness, substance use, or refusal of housing alone does not establish eligibility for involuntary hospitalization, limiting intervention in situations that appear concerning but fall short of the statutory threshold. NIBC similarly coordinates with behavioral health professionals, the local crisis system, emergency medical services, and law enforcement when staff encounter individuals whose behavior raises immediate safety concerns, ensuring rapid, legally permissible referral.

This need is reflected in local data: the 2025 Point-in-Time Count identified 37 unsheltered individuals, including 12 adults with serious mental illness, underscoring the importance of a reliable local pathway to crisis evaluation.

Plan: The CoC will continue leveraging First Step's local 24-hour availability by maintaining rapid referral relationships between outreach and shelter staff and this crisis resource. Where the statutory threshold for involuntary treatment is not met, providers will rely on voluntary engagement, relationship-building, and continued outreach to encourage individuals to accept shelter, treatment, and supportive services, escalating genuine safety concerns to law enforcement or crisis professionals as they arise.

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 Public Sex Offender Registry (SORA) provides publishable registration information, including applicable address, offense, employment, and registration status, and specifically recognizes homelessness as a registration status. This registry supports the CoC's ability to screen for safety and coordinate housing placement in accordance with SORNA. At the same time, Michigan law restricts disclosure of nonpublic registry information maintained for law-enforcement purposes, limiting what providers can access or share beyond publicly available data.

Haven of Rest Ministries uses the Public Sex Offender Registry and close coordination with the Battle Creek Police Department to support program safety, since Haven's campus serves children and families near its residential programs and its policy does not permit registered offenders to reside on campus. When registration concerns arise, Haven works directly with law enforcement while maintaining confidentiality of other participant information and directs individuals who cannot be admitted toward other community resources.

NIBC similarly relies on public registry information and coordinates with law enforcement, corrections, Coordinated Entry partners, and housing providers as legally appropriate when registration requirements affect housing placement, confirming accurate information through authorized public sources rather than maintaining protected data.

A separate limitation applies to S.A.F.E. Place, which is bound by federal VAWA confidentiality requirements and cannot share any client information, including location, without a signed release or a judge-signed subpoena, regardless of registry status.

Plan: The CoC will continue leveraging Michigan's Public Sex Offender Registry, including its recognition of homelessness as a registration status, to identify registration-related housing barriers early and confirm accurate information through authorized sources. Providers will coordinate with law enforcement and housing partners on legally permissible placement options while maintaining confidentiality of all other participant information under HMIS, VAWA, and applicable privacy requirements. Where nonpublic registry data or VAWA-protected information cannot be shared, the CoC will continue relying on direct coordination between shelter staff and law enforcement to manage safety concerns without compromising confidentiality protections.

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 multi-channel outreach strategy to reach individuals and families experiencing homelessness throughout its geographic area. The Coordinated Entry System (CES) affirmatively markets housing and services through nine access points: Neighborhoods Inc of Battle Creek, street outreach providers, two emergency shelters, domestic violence services, veterans services, Community Action Agency, a drop-in/day center (SHARE Center), and MDHHS.

Street Outreach Specialists from multiple agencies (Haven of Rest, SHARE Center, Integrated Services of Kalamazoo), in partnership with law enforcement, build trust with people who may be reluctant to request assistance and provide individualized support. The CoC also distributes a homeless resource card through Street Outreach and law enforcement.

The CoC uses targeted community events to reach people who may not access traditional services. A health fair held every October serves 500+ people with basic- needs supplies, preventative healthcare, meals, and connections to more than 40 service providers. The SHARE Center operates from 8am to 6pm every day and provides meals, assistance meeting basic needs, case management services, benefits assistance, and other services in addition to housing supports. Referral partnerships with schools, legal services, landlords, Community Mental Health, hospitals, and jails further ensure the CoC and it's partners reach all persons experiencing homelessness.

To improve geographic coverage, the CoC has focused on expanding outreach in municipalities outside the City of Battle Creek through satellite locations staffed by SAFE Place and the SHARE Center, which operate multiple times a week. The CoC is also working to increase representation from these municipalities within the CoC governance structure, including through targeted invitations to Housing Coalition meetings and increased representation on the Housing Solutions Board, the governing body for the COC.

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

9.		
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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)	Yes
6.	Other Post-Secondary Education Provider(s)	Yes

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

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

(limit 2,500 characters)

The CoC's written service standards require that the educational needs of children and youth be accounted for to the maximum extent practicable, with families and unaccompanied youth placed as close as possible to the school of origin. Projects serving these households must designate a staff person to ensure children and youth are enrolled in school and receive education services, and must document in each case file that participants were informed of their rights.

The regional McKinney-Vento (MK-V) coordinator, who is housed within the local education agency (LEA) and a Housing Solutions Board member, partners with the CoC to support this process. This includes contributing to the coordinated entry (CE) procedure manual so educational referral processes are clearly defined, establishing a formal referral process between school liaisons and CE, training new CE staff on MK-V, providing LEA contacts, and agreeing to accept the shelter address as residency verification, which activates MK-V educational supports.

CE policy directs that homeless families with school-aged children are automatically referred to their MK-V liaison through the CE process and includes an agreement to pool resources and identify services for each family. All new employees of CoC member agencies receive training on MK-V and the internal referral process.

Every LEA appoints a designated MK-V liaison for each school district before school begins, ensuring coverage across the CoC's geographic area. The MK-V Regional Coordinator sends an annual notification to CoC member agencies listing all school liaisons with individual contact numbers as soon as school begins.

At intake, all CoC member agencies use standardized, approved protocols to inform eligible families of their educational rights under MK-V, regardless of where they present, and provide instructions for enrolling their children. Case management and transportation assistance help ensure the appropriate school district enrolls identified students immediately, and case plans include connections to educational services and supports. Case managers also help older adolescents explore higher education options, and agencies provide information on high school completion and GED opportunities.

Additional collaborative agreements between MK-V and community agencies support services for youth experiencing homelessness.

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

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

(limit 2,500 characters)

The CoC's youth service Provider, Catholic Charities Diocese of Kalamazoo, collaborates with local welfare services by providing connections to needed services after case closure such as case management and therapy. Our Shelter Outreach Team makes connections with local MDHHS and Juvenile Justice staff that maintains communication about program openings in our RHY Transitional Living Program, including completing applications for the YIL program and following up with youth on the current waitlist.

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)

CoC partner Catholic Charities Diocese of Kalamazoo (CCDOK) currently receives RHY funding for Basic Center Programs including Street Outreach services and our Transitional Living Program. The shelter works with our Outreach team and TLP program to help eligible youth apply for housing programs. The teams facilitate mobile drop-in services at schools and shelters, and offers open drop-in hours at CCDOK sites to connect to any homeless or unstably housed youth to case management services, access to CE, basic needs and in-kind items such as food, clothing, and hygiene items. Our programs maintain relationships with area Homeless Liaison Officers to help facilitate smooth connections with education services, local law enforcement, and emergency responders such as local mental health and substance abuse services organizations.

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

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

(limit 500 characters)

The Haven of Rest Ministries Maternity House

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)

Haven Maternity Housing is an 18-month maximum Transitional Housing Program designed to help pregnant and postpartum mothers achieve the income and financial stability necessary to transition to permanent housing. Each participant works with staff on employment readiness, job search and placement, education and training opportunities, benefits navigation, financial literacy, budgeting, and other barriers to successful employment.

Participation in life-skills classes and learning activities is a required component of the program. These services address budgeting, household management, parenting, employment, and other skills necessary for independent living. Combined with individualized case management and connections to community workforce resources, HMH is designed to ensure that families use their limited time in transitional housing to increase income, strengthen financial skills, and prepare to independently sustain rent and other household expenses.

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)

Haven Maternity Housing helps participants access mainstream family-support resources for which they are eligible, including Temporary Assistance for Needy Families (TANF), SNAP, Medicaid, WIC, childcare assistance, and other public benefits. HMH case managers assist participants with identifying available benefits, completing applications, maintaining eligibility, and coordinating with community agencies. These mainstream resources supplement Haven's privately and grant-funded housing and supportive services, allowing HMH resources to be focused on housing stability, case management, life-skills development, and other needs not fully covered by public programs. This coordinated approach helps participants maximize available income and benefits while preparing for financial independence and permanent housing.

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)

Haven Maternity Housing (HMH) combines safe transitional housing with comprehensive services designed specifically for pregnant and postpartum mothers and their children. Participants receive individualized case management, required parenting and life-skills education, and assistance coordinating prenatal, postpartum, pediatric, and other healthcare needs. Staff also help mothers access educational opportunities, employment preparation, childcare resources, public benefits, and other community supports. By addressing housing, parenting, healthcare, education, and financial stability together, HMH provides mothers with up to 18 months of structured support to strengthen their families, develop independent living skills, and prepare for a successful transition to permanent housing.

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 partnership with the Battle Creek VA Medical Center as well as with Volunteers of America Michigan, which administers our local Supportive Services for Veteran Families (SSVF) program. A representative from the Battle Creek VA Medical Center sits on the Housing Solutions Board, the governing body for the CoC. The Haven of Rest operates a Veterans in Progress emergency shelter for Veterans. Veterans Helping Veterans helps veterans move into new housing with furniture and goods.

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)

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The CoC has a partnership with S.A.F.E. Place, which serves as a Domestic Violence and Human Trafficking Victim Service Provider and provides shelter, housing, and services to households fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking. A representative from this organization serves as the Co-Chair of the Housing Solutions Board, the governing body for the CoC, and participates in various CoC committees and workgroups, including our coordinated entry

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)

Neighborhoods Inc. of Battle Creek (NIBC) runs housing and support programs for justice-involved individuals backed by a \$390,817 grant from the Michigan Department of Labor and Economic Opportunity (LEO) under the Housing Access for Justice-Involved Individuals pilot. The Haven of Rest provides a Jail Ministry program that helps with outreach and planning for people transitioning out of the Calhoun County Jail.

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)

One partnership is Grace Health, a Federally Qualified Health Center and Health Care for the Homeless provider. Grace Health provides primary care, disease management, medication support, behavioral health, and more and coordinates specialty care, hospital care, home health, and community supports when needed. CoC providers partner with Grace Health, allowing individuals with complex medical needs to receive ongoing healthcare while addresses their housing and other supportive service needs.

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)

CoC service providers partner with CareWell Services Southwest, the local Area Agency on Aging, to support older adults who are experiencing or at risk of homelessness. This collaboration helps ensure access to the aging-specific supports needed to maintain stability. Haven of Rest partners with TruCare Living, a Medicaid-supported assisted living provider. Haven has been very successful in helping elderly adults transition from homelessness into appropriate long-term residential care.

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)

Permanent Supportive Housing 3 operated by Summit Pointe

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

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

(limit 2,500 characters)

The project provider, Summit Pointe, the county's CMH and CCBHC. Summit Pointe connects their PSH clients to Summit Pointe's integrated behavioral health team — psychiatric providers, licensed clinicians, and case managers — who deliver an intensive-care-coordination approach: the PSH Program Manager functions as a single point of coordination across housing, treatment, and crisis response, informed by principles of Assertive Community Treatment (ACT)-style engagement, including proactive outreach when a participant disengages, 24/7 crisis availability, and home- and community-based service delivery rather than requiring participants to navigate a fragmented system on their own.

Services include outpatient individual and group therapy, medication management and psychiatric prescribing, substance use disorder outpatient treatment, crisis intervention and 24/7 crisis response, and suicide-prevention screening and safety planning integrated into routine case management contact. Evidence-based psychosocial interventions used across the program include Motivational Interviewing, Integrated Dual Disorder Treatment for co-occurring disorders, Illness Management and Recovery, Trauma-Informed Care, and elements of Critical Time Intervention during high-risk transitions (e.g., hospital discharge, housing moves).

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)

Summit Pointe's PSH Program Manager and clinical team continuously assess participant need through regular contact (weekly, increasing during crisis) and use standardized clinical assessment tools to identify when a higher level of care — such as assisted living or residential treatment — may be appropriate; referrals are then coordinated with the relevant provider (e.g., following a hospitalization) with continuity-of-care planning to support a safe transition.

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)

Our Permanent Supportive Housing (PSH) projects use a person-centered approach to assess each participant's readiness and ability to transition to unsubsidized or other permanent housing. Staff regularly review housing stability, income and benefits, ability to maintain a lease, connection to behavioral health and healthcare services, daily living skills, natural supports, and the participant's own goals and preferences. The assessment is ongoing and is incorporated into case management and individualized service planning rather than being based on a single readiness determination.

When a participant demonstrates increased stability and expresses an interest in moving to other permanent housing, staff work with the individual to develop a transition plan and connect them with appropriate housing opportunities and community resources. Support is tailored to the participant's needs and may include assistance with budgeting, housing applications, landlord communication, benefits, transportation, and connections to ongoing behavioral health and recovery supports. The goal is to support participants in moving to less intensive or unsubsidized housing when appropriate while maintaining the services and supports needed to promote long-term housing stability.

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.	09/29/2026
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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.	09/29/2026
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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?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/23/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted—Notification Outside of e-snaps.	
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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.	09/23/2026
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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 evaluates all existing CoC Program-funded projects annually. Projects are reviewed and scored by the CoC's grants review committee using a standardized scoring rubric, which measures performance and helps determine which projects are candidates for reallocation because they are lower performing or less needed. This year, the CoC conducted an even more thorough review in order to increase diversity in the CoC project portfolio and increase funding for transitional housing and supportive services. Permanent Supportive Housing accounted for over 50% of the CoC's HUD funding, so the CoC began preparing early for program changes. The Housing Solutions Board voted on a prioritization for the FY26 competition that established the reallocation process. Agencies were first encouraged to voluntarily reduce their own lower performing or less needed projects. Following the prioritization and scoring process, remaining reductions were applied based on scoring results, with the lowest-scoring projects reallocated first. Funds freed through reduction and reallocation were then made available to fund projects aligned with the Board's prioritization.

2. Yes. Through the scoring and prioritization process described above, the CoC identified low performing or less needed projects during this year's local competition.

3. Yes. The CoC reallocated funding from the lowest-scoring projects during this year's local competition. Projects were reduced or reallocated following the prioritization and scoring process, in accordance with the Housing Solutions Board's approved reallocation process.

4. This element does not apply because the CoC did reallocate lower performing or less needed projects, as described above.

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 Community Services
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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)

The CoC largely used the same methodology for our 2025 and 2026 unsheltered PIT Counts. However, due to cold weather, our local day shelter, SHARE Center, was able to open to serve overnight clients on the night of the PIT. This shelter utilized mats on the floor to provide overnight shelter accommodations to guests who may have otherwise been unsheltered. These changes may have increased the CoC's sheltered PIT count results while decreasing the unsheltered count, compared to 2025.

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)

During the evaluation period, the CoC took coordinated action to reduce the number of people living in encampments through consistent street outreach and a strengthened housing assessment, referral, and navigation system, with a focus on resolving homelessness rather than relocating encampments.

Haven of Rest Ministries conducts regular, relationship-based street outreach directly in local encampments, providing supplies, assessing needs, and connecting individuals with emergency shelter, case management, treatment, recovery services, and other resources. Because of this consistent presence, outreach staff are on a first-name basis with many individuals in encampments and have built the trust needed to help people move toward shelter and stable housing. Haven's outreach also extends to individuals in other unstable situations, including short-term hotel and motel stays that local policy limited to 90 days, moving people from unsheltered and temporary living situations into shelter, services, and more stable housing.

From January 1 through December 31, 2025, NIBC worked to reduce unsheltered homelessness and encampment residence by strengthening the community's housing assessment, referral, and housing navigation system. Through the HARA and Coordinated Entry, NIBC provided centralized access to homelessness services, conducted standardized assessments, participated in community prioritization and By-Name List activities, and connected households to emergency shelter, Rapid Re-Housing, Permanent Supportive Housing, and other housing resources.

NIBC coordinated with street outreach teams that engaged individuals in encampments and other locations not intended for habitation. Outreach partners provided direct engagement, shared information about Coordinated Entry, facilitated screenings and referrals, and connected individuals to NIBC for assessment and housing navigation. NIBC also coordinated with shelters, including Haven of Rest and S.A.F.E. Place, as well as hospitals, behavioral health and substance use providers, first responders, law enforcement, and other organizations to identify unsheltered individuals and reduce barriers to entering the housing system.

Once individuals engaged with the system, NIBC used person-centered assessment, case conferencing, housing matching, direct referral, documentation assistance, and warm handoffs to move households from unsheltered locations toward shelter and permanent housing.

2A-4a.	Reduce Encampments—Number of Encampments.	
1.	Enter the estimated number of encampments in the beginning of your evaluation period.	9
2.	Enter the reduction in the number of encampments during your evaluation period.	100

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.	34
2. Enter the reduction in the number of people in encampments during your evaluation period.	100

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)

N/A

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)

Our CoC's prioritized strategies to prevent first-time homelessness include focused efforts on developing affordable housing options through partnerships with the Battle Creek and Albion Housing Commissions, Volunteers of America veterans' programming, Rental Housing Roundtable, City Planning partnerships and Neighborhoods Inc (CE); increasing eviction diversion programs through increased collaboration and mediation programs, including Legal Services of South Central Michigan, Southeastern Dispute Resolution Services, and property managers; and assisting high-risk subpopulations with wrap-around supportive services by Calhoun ISD (youth/students), VA Med Center (veterans), SAFE Place (domestic violence), Summit Pointe -CMH (behavioral health and substance use), and Michigan Works! (post-incarceration).

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)

The Calhoun CoC is implementing a coordinated, housing-focused approach to reduce the length of time individuals and families remain homeless. The CoC's strategy centers on identifying and addressing barriers to housing as early as possible, increasing access to available housing resources, and strengthening coordination among homeless service providers, housing partners, and community resources.

The CoC works with area housing providers to expand access to permanent housing opportunities and improve connections between individuals and families experiencing homelessness and available housing units. Providers coordinate closely to facilitate timely referrals, housing navigation, landlord engagement, and placement. These partnerships help reduce delays between identification of a housing need and connection to an appropriate housing opportunity.

Comprehensive case management is another key component of the CoC's approach. Participants receive individualized assistance to identify barriers to housing, develop housing goals, obtain required documentation and benefits, address other service needs, and connect with resources necessary to obtain and retain permanent housing. Services are coordinated based on the participant's needs, with an emphasis on removing barriers that can prolong homelessness.

The CoC is also supporting increased housing and supportive service capacity through projects such as Full Circle. Expanding the number and range of available housing opportunities and supportive services will provide additional pathways to permanent housing for individuals and families with varying levels of need.

The CoC will continue to use System Performance Measures, including Length of Time Homeless, to monitor outcomes, identify system-level barriers, and inform improvements in service coordination and housing placement. Performance data will be used to evaluate progress and strengthen strategies that reduce delays in accessing housing.

Through coordinated entry and referrals, stronger partnerships with housing providers, comprehensive case management, expanded housing capacity, and ongoing performance monitoring, the Calhoun CoC is working to ensure that individuals and families move from homelessness to permanent housing as quickly and effectively as possible.

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?	24.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

An Annual Performance Report (APR) was run using a reporting group including all transitional housing, rapid rehousing, and permanent supportive housing projects that were active during the report period (10/1/2024 - 9/30/2025). This includes 2 transitional housing projects, 2 rapid rehousing projects, and 3 permanent supportive housing projects. Using data in table 23c (Exit Destination – All Persons), the number of persons exiting to the following permanent situations were summed: (1) Staying or living with family, permanent tenure; (2) Staying or living with friends, permanent tenure; (3) Rental by client, no ongoing housing subsidy; and (4) Owned by client, no ongoing housing subsidy. This number was divided by the total number of persons who exited the project during the report period.

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.	01/28/2026
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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	110	56	166	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	72	0	72	100.00%
4. Rapid Re-Housing (RRH) beds	57	0	57	100.00%
5. Permanent Supportive Housing (PSH) beds	99	0	24	24.20%
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)

The year-round HMIS bed coverage rate for Permanent Supportive Housing is 24.2% because the majority of PSH beds included in our HIC are VASH vouchers administered through the Battle Creek VA Medical Center. These beds are not currently required to be entered into HMIS and there are process limitations that currently restrict the VA HOMES system from properly exporting geographically aligned datasets into our statewide HMIS system. The Michigan Coalition Against Homelessness (MCAH), which administers our statewide system, 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.

3A. Policy Initiatives

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

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

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

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

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

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/26/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/29/2026
1C. Coordination and Engagement	09/29/2026
1D. Project Review/Ranking	09/28/2026
2A. HMIS Implementation	09/29/2026
3A. Policy Initiatives	09/29/2026
Submission Summary	No Input Required