

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-507 - Portage, Kalamazoo City & 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:

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

1B-1.	Accountable Structure and Participation.	
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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	
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
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	
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)	Nonexistent	
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	3

17.	State Government Staff/Official(s)	Yes	
18.	State or Local Elected Public Official(s)	Yes	2
19.	Local Jail(s)	No	
20.	Mental Health Service Organization(s)	Yes	1
21.	Mental Illness Advocate(s)	Yes	1
22.	Organization(s) led by and serving people with disabilities	Yes	
23.	Other homeless subpopulation advocate(s)	Yes	
24.	Other nonprofit homeless assistance provider(s)	Yes	
25.	Other social service provider(s)	Yes	
26.	Public Housing Agencies	Yes	
27.	Recovery Housing or Sober Living Provider(s)	Yes	
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	
30.	Street Outreach Team(s)	Yes	1
31.	Substance Abuse Advocate(s)	Yes	1
32.	Substance Abuse Service Organization(s)	Yes	1
33.	Universities	Yes	
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	
42.	Youth Homeless Organization(s)	Yes	1
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	Yes	
	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 a transparent, publicly accessible process to invite new organizations and individuals to join, ensuring broad participation across the CoC's geography. This process occurs on an ongoing basis and is reviewed at least annually to remain responsive to the community's needs.

New participants are identified through several coordinated efforts:

Network Referrals and Service Gaps: Current members and partners regularly refer organizations and individuals, and the CoC actively identifies service gaps in the local homeless response system to determine where additional participation or expertise is needed.

Relationships with People with Lived Experience: The CoC builds relationships with community members who have experience with homelessness and the local homeless response system, ensuring their voices directly inform outreach and membership efforts.

CoC Board and Partner Outreach: The CoC Board conducts direct outreach to prospective members, supported by CoC partners including outreach groups, emergency shelters, the Housing Assessment and Resource Agency (HARA), and the drop-in center. These partners help extend invitations to organizations and individuals connected to their work.

Public Communication: Invitations to join the CoC are communicated at meetings and workgroups, through the CoC's website, and via the CoC listserv, ensuring information reaches both current partners and members of the public who may not yet be engaged with the CoC.

To ensure transparency and year-round accessibility, the CoC's website publicly lists membership information, including how to join, allowing interested organizations and individuals to become CoC members at any point throughout the year, not only during a designated recruitment period.

This combination of proactive outreach, direct engagement with people with lived experience, partner-driven referrals, and publicly available information ensures the CoC's membership invitation process remains transparent and accessible across its geography, with formal review and outreach occurring at least annually to identify and invite new members.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.
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Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.
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(limit 2,500 characters)

The CoC maintains a transparent, ongoing process to solicit and consider feedback from a broad array of individuals and organizations with knowledge of or interest in preventing and ending homelessness across its geographic area.

A recent example of this process is the CoC's update to its 5-Year Plan to End Homelessness. As part of this effort, the CoC engaged over 600 individuals, including people with lived experience of homelessness, faith-based institutions, service providers, law enforcement, local municipalities, landlords and realtors, and local philanthropy. This broad engagement ensured the updated plan reflected perspectives from across the full range of stakeholders involved in, or affected by, the local homeless response system.

Beyond this planning effort, the CoC maintains standing, year-round opportunities for public input. The CoC holds monthly public meetings via Zoom, allowing individuals and organizations to share feedback on the CoC's performance, strategies, and priorities on an ongoing basis. These meetings are open to the public and provide a consistent venue for community members, partners, and other interested parties to raise concerns, ask questions, and offer input.

In addition to public meetings, the CoC provides accessible channels for feedback at any time, including a public website and a dedicated email address where individuals and organizations can share comments or concerns outside of scheduled meetings.

The CoC also holds an annual meeting specifically to gather feedback from the broader community, ensuring input is solicited at least once per year in a dedicated, public setting, in addition to the ongoing opportunities available through monthly meetings and other communication channels.

Together, these efforts — large-scale stakeholder engagement during plan updates, monthly public meetings, accessible website and email feedback channels, and an annual public feedback meeting — ensure the CoC's process for soliciting and considering community input remains transparent, consistent, and accessible to a broad range of individuals and organizations throughout the year.

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 a transparent process to accept and consider project applications from organizations that have not previously received CoC Program funding, including faith-based organizations, ensuring all eligible organizations have equal opportunity to apply.

The CoC notifies the public of funding opportunities by announcing them on the CoC's website and at board, committee, subcommittee, and workgroup meetings. This multi-channel approach ensures the opportunity to apply reaches both current CoC partners and organizations that have not previously engaged with or received funding from the CoC.

In addition to these public announcements, CoC staff have direct conversations with organizations to encourage participation, helping ensure smaller or newer organizations, including those that may be unfamiliar with the CoC application process, are aware of and prepared to pursue funding opportunities.

The CoC Board itself reflects this inclusive approach, with representation from faith-based and community-rooted organizations, including Interfaith Strategies for Advocacy and Action in the Communities (ISAAC), the Kalamazoo Gospel Mission, and the Young Women's Christian Association (YWCA). This board-level representation helps ensure the perspectives and needs of faith-based and other mission-driven organizations are considered as part of the CoC's ongoing planning and funding processes.

All eligible organizations, regardless of whether they have previously received CoC Program funding, are encouraged to apply for funding opportunities through the CoC. Applications are reviewed under the same standardized criteria, ensuring proposals are evaluated on merit and alignment with community need rather than prior funding history.

Through public announcements, direct staff outreach, and board representation that reflects the community's faith-based and nonprofit organizations, the CoC ensures its process for accepting and considering new proposals remains transparent, accessible, and welcoming to organizations new to CoC Program funding.

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 Kalamazoo County CoC uses data, stakeholder feedback, and coordinated community planning to identify and address gaps in the homelessness response system. During development of the CoC's 5-Year Plan to End Homelessness, input was gathered from more than 600 people, including individuals with lived experience, service providers, municipalities, law enforcement, landlords, and philanthropy. This process identified insufficient winter shelter capacity as a significant gap affecting individuals and families experiencing homelessness.

In 2025, Kalamazoo County, the City of Kalamazoo, and the CoC responded by issuing an RFP for day and overnight winter shelter and shelter coordination. The response included medical respite and expanded access to shelter for individuals experiencing homelessness. The planning process also identified a gap for families, and Kalamazoo County developed an emergency family shelter response. These efforts have contributed to the development of 24-hour shelter coordination.

The CoC will use this model to address gaps affecting all relevant subpopulations, including families with children, individuals experiencing unsheltered homelessness, people with medical or behavioral health needs, and individuals requiring permanent supportive housing. Coordinated Entry, outreach, case conferencing, and shelter coordination will be used to identify needs and connect people to prevention and diversion, emergency shelter, Rapid Re-Housing, Permanent Supportive Housing, and mainstream resources consistent with 42 U.S.C. 11386b(d).

The CoC will measure progress through shelter utilization, the number of individuals and families connected to shelter, exits to permanent housing, length of time homeless, and Coordinated Entry referral and placement outcomes. The CoC will review these measures at least annually and use the results to identify remaining gaps and adjust strategies.

For each identified gap, the CoC will establish an implementation timeline, identify responsible partners, and monitor progress through its governance structure. The CoC Board and its committees will provide oversight, while the CoC lead agency will coordinate implementation with Kalamazoo County, the City of Kalamazoo, shelter providers, housing providers, and other partners.

Funding will be aligned with available resources, including Kalamazoo County's housing millage, HUD CoC and Emergency Solutions Grant resources, local government funding, and other public

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

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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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?	36%

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 providers, housing organizations, and supportive service agencies to ensure clients experiencing homelessness have access to mental health and substance use disorder (SUD) services across a range of appropriate levels of care. This collaborative approach includes connections to outpatient treatment, crisis services, medication management, psychosocial interventions, suicide prevention, case management, and recovery supports. A key partner is Integrated Services of Kalamazoo (ISK), a Certified Community Behavioral Health Clinic (CCBHC) and the community mental health authority for the County. ISK, a CoC project applicant, provides street outreach, shelter, transitional housing, and permanent supportive housing as well as behavioral health services. Their homeless service providers are trained in identifying signs and symptoms of serious mental illness. ISK provides outpatient mental health and substance use treatment, comprehensive crisis behavior health services, mobile crisis services, intensive crisis stabilization, suicide crisis response, case management, psychiatric rehabilitation, and much more. Other CoC service providers, including CoC applicant agencies and sub-recipients (YWCA, HRI, and KGM), routinely partner with ISK to connect clients to assessment, treatment, and ongoing care based on their individual needs.

Kalamazoo Gospel Ministries (KGM) provides emergency shelter and programming that connects homeless guests with both inpatient and outpatient mental health and SUD services. KGM also provides suicide prevention and recovery supports, helping individuals access appropriate treatment while they are transitioning toward stability.

YWCA staff receive training in suicide prevention, Mental Health 101, Dialectical Behavior Therapy (DBT), and Cognitive Behavioral Therapy (CBT). The YWCA also has licensed therapists and clinicians on staff and maintains Memoranda of Understanding (MOUs) with ISK and Southwest Michigan Behavioral Health.

Together, these partnerships create a coordinated system in which CoC participants can be connected to the level and type of behavioral health care appropriate to their needs. The CoC's integration of housing, behavioral health, and supportive services helps individuals address mental health and SUD needs while promoting housing stability, recovery, and long-term wellness.

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

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

(limit 2,500 characters)

The CoC partners with the Recovery Institute of Southwest Michigan, a representative from which sits on the CoC Board. The Recovery Institute is a peer-run and peer-delivered nonprofit focused on recovery from mental health and substance use concerns. Services are provided in the form of groups, classes, one-on-ones, and social outings.

Integrated Services of Kalamazoo (ISK) also offers peer support and recovery navigation and employs several peer support and peer recovery specialists which are made available to participants. At least three of the street outreach specialists proposed in their SSO-SO project will be trained in peer support services so they can be offered to any participant. ISK also partners with other organizations offering peer recovery services including MRC Bridgeways, ASK Family Services, and Recovery Institute of Southwest Michigan.

Homeless service providers across the continuum partner with ISK and the Recovery Institute to provide access to peer recovery specialists, peer support, and recovery navigation. By leveraging strong community partnerships, these organizations can connect participants to specialized peer support resources while focusing efforts on housing stabilization, case management, and long-term success. Through warm referrals and coordinated care, participants are connected to certified peer recovery specialists who provide mentorship, encouragement, system navigation, and ongoing support as they engage in treatment and work toward recovery. This collaborative model promotes recovery, increases engagement in services, and supports positive housing outcomes. Funded organizations also employ people with previous histories of homelessness, including people in recovery from substance abuse. Staff help participants identify recovery goals, navigate available resources, schedule appointments, and remain engaged with services that are tailored to their needs.

Within the YWCA, survivors also benefit from peer support through trauma-informed, survivor-centered programming. Programs such as the Mom's Empowerment Program and survivor support groups provide opportunities for participants to connect with others who have shared experiences, strengthen social supports, develop healthy coping strategies, and build confidence in their recovery and parenting. These peer-based interventions complement individualized case management and clinical services by fostering connection, hope, and long-term engagement.

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)

Homeless provider staff across the continuum - including in coordinated entry, street outreach, emergency shelter, transitional housing, permanent housing, and supportive service projects – use a coordinated, person-centered and trauma-informed approach to identify individuals experiencing Serious Mental Illness (SMI) and connect them with the behavioral health services needed to promote stability. Staff are trained to recognize indicators of significant behavioral health needs, including symptoms that interfere with daily functioning or housing stability, frequent crises or hospitalizations, and difficulty maintaining independent living.

When SMI or significant behavioral health needs are identified, staff facilitate warm referrals to Integrated Services of Kalamazoo (ISK), the community mental health authority, and other appropriate partners. ISK's Urgent Care Access Center provides 24-hour mental health urgent care and assessment, with participants connected, as appropriate, to specialized services. These may include Assertive Community Treatment (ACT), intensive case management, psychiatric services, medication management, therapy, substance use treatment, crisis services, and other evidence-based recovery supports.

Housing and behavioral health services are integrated through Permanent Supportive Housing (PSH), transitional housing, and other programs that combine housing assistance with intensive case management and clinical supports. With participant consent, housing staff coordinate with behavioral health providers to align treatment and housing stabilization goals. For acute behavioral health crises, providers coordinate with ISK's Mobile Crisis Response Team and other emergency partners to facilitate safe crisis intervention, stabilization, and connection to ongoing care.

Through early identification, warm referrals, intensive navigation, assertive outreach, and sustained cross-system coordination, the CoC connects individuals experiencing SMI to comprehensive supports that promote housing stability, recovery, and long-term well-being.

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-funded partners work in close partnership with local problem-solving courts including Drug Treatment Court programs and the Mental Health Recovery Court (MHRC) and often receive referrals from these systems. Integrated Services of Kalamazoo (ISK) and Housing Resources Incorporated (HRI) both work closely with court systems to support participants who are involved in a specialty court, including those in our coordinated entry system, and clients housed in a permanent housing program.

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 and legal system partners to support housing stability and movement toward independence, leveraging court involvement as a point of connection to housing and supportive services.

ISK receives referrals from drug court to its SAMM program, an outpatient mental health level of care serving individuals with co-occurring substance use and mental health diagnoses. ISK also partners with the Mental Health Recovery Court (MHRC) to address the needs of individuals with serious and chronic mental illness. MHRC coordinates an array of services for its participants, and when a permanent supportive housing participant is also receiving MHRC services, ISK's Housing Assistant coordinates with the court to ensure all needs are accommodated. Together, MHRC and SAMM promote housing stability by addressing mental health and substance use disorders.

HRI maintains partnerships with agencies serving individuals involved with specialty courts, the criminal legal system, and behavioral health treatment, connecting individuals experiencing housing instability to housing and supportive services. HRI collaborates with Kalamazoo Defenders to identify individuals who are experiencing or at risk of homelessness and who may have legal system involvement. HRI also maintains a full-time team member at the Kalamazoo County Courthouse, providing a consistent point of access where staff conduct outreach, complete housing assessments, facilitate referrals, and connect individuals to homeless assistance and supportive housing at a critical point of intervention.

HRI also participates with the Kalamazoo Department of Public Safety (KDPS) in the Unhoused/Mental Health Partnership meeting, where participating organizations review current data, coordinate referrals, identify gaps, and develop strategies for a more responsive system.

Through these partnerships, HRI works with court personnel, legal advocates, and community service organizations to coordinate services for individuals with mental health and substance use disorders. When participants are involved with specialty courts, receiving outpatient behavioral health services, or transitioning from inpatient treatment, HRI staff collaborate with providers to support housing placement, housing retention, and ongoing service engagement as households are presented through coordinated entry.

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

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

(limit 500 characters)

The CoC has a partnership with Integrated Services of Kalamazoo (ISK), a CoC-funded partner with a representative sitting on the Continuum of Care Board. ISK provides comprehensive crisis behavior health services, mobile crisis services, intensive crisis stabilization, suicide crisis response, and more.

1C-1f.	Treatment and Recovery Services—Availability of Units for Persons Reporting Chronic Substance Use.	
	You must upload the List of CoC Program Projects and the Number of Units that require Substance Abuse Treatment attachment to the 4A. Attachments Screen.	

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	0
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1C-1g.	Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.	
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Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes
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1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

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

(limit 500 characters)

The CoC has a partnership with Integrated Services of Kalamazoo (ISK), a CoC-funded partner with a representative sitting on the Continuum of Care Board. ISK is a CCBHC and the county's CMHC. They also are a PATH provider.

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)

There are no CoC-program funded projects that operate sober housing in accordance with 24 CFR 578.93(b)5.

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)

The CoC coordinates closely with behavioral health, peer recovery, specialty court, crisis response, and legal system partners to provide warm hand-offs to housing and supportive services and prevent entry into homelessness. Integrated Services of Kalamazoo (ISK), the community mental health authority and a CoC-funded partner, is a key connector across these systems, providing behavioral health, crisis, outreach, shelter, transitional, and permanent supportive housing services.

CoC providers, including ISK, HRI, YWCA, and KGM, use coordinated, person-centered and trauma-informed practices to identify housing instability and behavioral health needs and facilitate direct referrals to appropriate services. With participant consent, providers coordinate with ISK and other partners to connect individuals to mental health and SUD treatment, crisis services, peer recovery, case management, and ongoing supports while simultaneously addressing housing needs. ISK's 24-hour Urgent Care Access Center, Mobile Crisis Response Team, and specialized services provide additional pathways for individuals experiencing acute or ongoing behavioral health needs.

The CoC also coordinates with specialty courts, including Drug Treatment Court and Mental Health Recovery Court, to connect participants to housing and supportive services. ISK and HRI receive court referrals and coordinate housing assistance with treatment and court requirements. HRI maintains staff at the Kalamazoo County Courthouse to conduct outreach, housing assessments, and referrals at a critical point of intervention. HRI also participates in the KDPS Unhoused/Mental Health Partnership to coordinate referrals and identify service gaps.

Peer recovery partnerships further strengthen these connections through the Recovery Institute of Southwest Michigan, MRC Bridgeways, ASK Family Services, and peer specialists within ISK and other providers. These partners help individuals navigate treatment, benefits, housing resources, and ongoing supports.

Through Coordinated Entry, direct referrals, shared planning, case coordination, and sustained provider partnerships, the CoC connects individuals to the appropriate housing and services as early as possible, reducing barriers and helping prevent homelessness or repeated episodes of homelessness.

1C-2. Supportive Services Investment.

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	\$2,094,291
2. Of projects your CoC proposed to be funded in the FY 2026 CoC Program Competition, enter the total amount of funding for the supportive services budget line items.	\$1,158,817
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	55%
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.	\$0
5. Percent of your CoC's FY 2026 ARD (from element 1 above) that is the supportive services funding in proposed projects (from element 2 above) plus the amount of funding, leverage, match, and funding commitment from other formal partnerships in supportive services (from element 4 above).	55%

1C-3.

Participation Requirements for Supportive Services.

You must upload the Language from Project Supportive Service Agreements attachment to the 4A. Attachments Screen.

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

55.00%

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 monthly System of Care, 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 System of Care 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 assessing emergency shelter are connected to CoC assistance through a consistent coordinated entry process.

Kalamazoo Gospel Ministries (KGM), which operates the largest overnight shelter in Kalamazoo County for single adults and also serves families with children, plays a central role in this coordination. As a member of the CoC's governing board, KGM participates directly in system-level planning and decision-making, ensuring shelter provider perspectives inform CoC policies and priorities.

In the winter of 2026, the CoC, the City of Kalamazoo, and Kalamazoo County joined together to fund a large-scale initiative to provide expanded seasonal shelter options during the period of December-March. As part of this initiative, the CoC piloted a new shelter access system through CoC partner Housing Resources, Inc. This system streamlined access for shelter to reduce the burden on individuals and families seeking shelter options. It also increased connections to coordinated entry, as individuals and families seeking shelter could complete a coordinated entry assessment at the same time, 24 hours a day. In the spring of 2026, Kalamazoo County opened a new family shelter, the Landing Place, providing 80 rooms of family shelter, one of the largest family shelters in the state of Michigan. With the opening of the Landing Place, the CoC expanded the shelter access system to include the Landing Place, and is currently working on the development of a system-wide shelter access/coordination system.

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 System of Care 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.

In 2025 and 2026, the CoC engaged in a comprehensive effort to draft a new Plan to End Homelessness, which is reaching finalization. This plan is built on the voices of more than 600 community members – the most comprehensive engagement process in the history of Kalamazoo County's homelessness response. The CoC has identified data integration as a key strategy in this plan, with a goal to connect HMIS with health, behavioral health, eviction, and education data systems to enable coordinated care and early identification of housing instability. This includes identifying resources for a new System Integration Specialist role on the Continuum of Care team.

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 Kalamazoo County CoC has established partnerships with employment and workforce development organizations to help individuals and families experiencing homelessness obtain employment, increase income, and achieve greater housing stability.

The Young Women's Christian Association Kalamazoo partners with Michigan Works!, the local American Job Center, to connect individuals experiencing homelessness with employment services, job-readiness assistance, career development, and workforce opportunities. The YWCA also works with Zero Day and the Allstate Foundation to provide financial empowerment and employment-related resources that help participants strengthen financial stability and prepare for employment.

Kalamazoo Gospel Mission (KGM) supports individuals experiencing homelessness in identifying employment goals and connecting with employment resources. KGM is also developing paid work opportunities for eligible Next Steps participants as part of its winter shelter operations. These opportunities provide participants with work experience, income, and an opportunity to build skills while receiving shelter and supportive services.

The CoC will continue strengthening these partnerships so that employment and workforce development are incorporated into housing and supportive service planning. Providers will use these connections to help participants address employment barriers, access training and job opportunities, increase earned income, and improve their ability to obtain and maintain permanent housing.

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)

Integrated Services of Kalamazoo (ISK) outreach regularly receives referrals from law enforcement and first responders to meet with people living in places not meant for human habitation. ISK partners with Kalamazoo Department of Public Safety's (KDPS) Community Service Team (CST) to connect unhoused individuals and families to housing and shelter resources. ISK utilizes the CST Find Your Way Home program to reunify program participants with family and housing resources they have out of state. ISK social workers also partner with law enforcement in co-response to increase more positive interactions and better engagement. ISK and Kalamazoo Gospel Ministries (KGM) attend weekly CST meetings where local encampments are discussed to ensure street outreach resources are being deployed to each camp. ISK and KGM attend monthly partnership meetings facilitated by KDPS to work together in developing a strategic approach with other community agencies and resources in addressing homelessness and developing new opportunities. ISK also receives referrals from the WMED Street Medicine Team to meet medically vulnerable people staying outside and connect them with sheltering and housing resources. This has resulted in a significant increase in the number of people exiting street outreach to a positive destination. Using data from SPM metric 7a.1, the CoC saw an increase in the percentage of successful street outreach exits from 43% in 2024 to 74% in 2025.

1C-8. Family or Support Network Reunification.

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

(limit 2,500 characters)

The CoC recognizes that reconnecting individuals and families with supportive family members, friends, and other natural support networks can be an important pathway to housing stability and long-term success. Through case management services, staff work with participants to assess existing support systems and identify opportunities for safe and appropriate reunification when desired by the individual or family.

By helping participants reconnect with safe and stable support networks, CoC recipient Housing Resources, Inc (HRI) promotes stronger social connections, reduces isolation, and increases opportunities for long-term housing stability and self-sufficiency.

HRI also supports family reunification efforts by adapting service strategies to address situations where housing is the primary barrier preventing a family from being reunited. For example, when a parent experiencing homelessness is working toward regaining custody of their children and safe, stable housing is a requirement of the reunification plan, HRI prioritizes efforts to secure appropriate housing and coordinate with partner agencies involved in the family's case. Staff work collaboratively with the family, child welfare professionals, and other service providers to support housing placement, address barriers to reunification, and create a stable environment that allows families to safely reunite and remain together.

At Integrated Services of Kalamazoo, Street Outreach specialists review each case to identify all possible housing opportunities including reunification with family members. We support this by using community resources such as the Find Your Way Home program that sponsors 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 promotes coordinated, housing-focused responses to homelessness and works collaboratively with local governments, law enforcement, first responders, healthcare providers, and community organizations. CoC providers do not interfere with or impede local efforts; instead, they participate in coordinated planning, information sharing, case conferencing, outreach, and housing placement to complement existing community responses.

Integrated Services of Kalamazoo (ISK) and Kalamazoo Gospel Ministries (KGM) work directly with the Kalamazoo Department of Public Safety (KDPS) Community Service Team (CST). ISK receives referrals from law enforcement and first responders to engage individuals living in places not meant for human habitation and connects them to shelter, housing, and supportive services. ISK and KGM participate in weekly CST meetings to coordinate outreach to local encampments and monthly KDPS partnership meetings to develop community strategies and identify service opportunities. ISK social workers also participate in co-response efforts with law enforcement to support positive engagement and connections to appropriate services.

The CoC also supports the Kalamazoo Department of Public Safety's Find Your Way Home program, which helps reconnect unhoused individuals with family and housing resources when appropriate, including resources outside the area. Housing Resources, Inc participates in Kalamazoo Public Safety's Unhoused and Mental Health Partnership and serves as a resource to law enforcement, emergency medical personnel, crisis teams, and fire departments by responding to referrals and providing information and connections to shelter, housing, and other services.

Through these partnerships, the CoC helps first responders address homelessness with coordinated interventions while strengthening pathways to appropriate services and stable housing.

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)

A local ordinance addressing sleeping on sidewalks and public rights-of-way in the City of Kalamazoo previously served as a barrier to quickly resolving encampments; that conflict has since been resolved, giving the CoC a clearer local framework to work within. Beyond this, few local policies specifically facilitate rapid clearance of tents and encampments on public property, and resistance from individuals and groups advocating on behalf of encampments remains a practical barrier to timely resolution.

Additional factors hinder quick resolution, including a shortage of emergency shelter beds, limited affordable housing options, insufficient behavioral health and substance use treatment capacity, and few alternatives for individuals who decline traditional shelter. Legal and constitutional considerations related to due process, property retrieval, and the rights of individuals experiencing homelessness also affect how and when encampments can be addressed.

To overcome these challenges, Housing Resources, Inc uses a housing-focused, person-centered approach that emphasizes engagement over enforcement. HRI conducts outreach, coordinates access through the local Coordinated Entry System, prioritizes vulnerable households for housing resources, and works with emergency shelters and housing providers to identify placements. HRI also partners with Integrated Services of Kalamazoo (ISK), healthcare providers, and other community organizations to connect individuals to behavioral health, substance use treatment, medical care, and supportive services that support housing stability.

Plan: When a community determines an encampment must be cleared for health, safety, or public use reasons, the CoC supports coordinated outreach before and after closure activities. This approach leverages the resolved sidewalk/right-of-way policy and existing partnerships to minimize displacement without services, while continuing to press for expanded shelter and housing capacity to address the barriers that remain.

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 encampments continue to exist across Kalamazoo County, in both urban and rural areas. CoC partners report a general increase in the number of tents and encampments over the past ten years, with encampments increasingly moving outside city limits. Visible encampments are currently minimal in certain areas, while some encampments that continue to grow, reflecting the fluctuating and dispersed nature of unsheltered homelessness across the county.

Kalamazoo County continues to experience visible unsheltered homelessness, including individuals residing in tents, vehicles, and informal encampments throughout the community. Encampments are regularly observed in downtown Kalamazoo and other areas of the county, and HRI receives ongoing reports from street outreach teams, public safety personnel, community organizations, businesses, and residents regarding individuals living in unsheltered locations.

The number and location of encampments fluctuate throughout the year based on factors such as weather conditions, shelter availability, housing opportunities, and enforcement or cleanup activities. Outreach teams routinely engage individuals residing in encampments to provide information about available resources, assess immediate needs, and connect people to emergency shelter, housing programs, healthcare, behavioral health services, and other supports.

The continued presence of encampments reflects broader challenges facing the community, including a shortage of affordable housing, limited emergency shelter capacity, rising housing costs, barriers to obtaining permanent housing, and the complex needs of individuals experiencing chronic homelessness. While community partners work diligently to connect unsheltered individuals with available resources, demand for housing and supportive services continues to exceed available capacity.

Established street outreach teams maintain the most current data on specific locations, numbers, and types of encampments across the county, and remain the best resource for ongoing, real-time information.

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)

During the evaluation period, the Kalamazoo County CoC used coordinated outreach, shelter, and housing strategies to reduce the number of people residing in encampments and connect individuals experiencing unsheltered homelessness to safer and more stable housing.

Street outreach providers conducted regular outreach to encampments and other locations where people were experiencing unsheltered homelessness. Housing Resources, Inc. (HRI) worked with outreach providers, emergency shelters, local governments, public safety agencies, healthcare organizations, and behavioral health providers to identify individuals living in tents and encampments and connect them to the Coordinated Entry System. Individuals were assessed and prioritized for available housing based on vulnerability, housing needs, and service needs.

Through case conferencing and housing navigation, individuals residing in encampments were connected to Permanent Supportive Housing, Rapid Re-Housing, emergency shelter, and other permanent housing opportunities. When encampments required closure because of health, safety, or public-use concerns, outreach and housing partners worked to notify affected individuals, identify available alternatives, and maintain engagement throughout the housing placement process.

Kalamazoo County also strengthened its shelter response through the Winter Solutions Initiative, which began December 1, 2025. The initiative expanded winter sheltering options and created additional opportunities for people experiencing unsheltered homelessness to move indoors while connecting with housing and supportive services.

Long-term housing investments have further increased the community's capacity to address the conditions contributing to encampments. Kalamazoo County's eight-year housing millage, approved by voters in 2022, generates approximately \$7–9 million annually for affordable housing development, rehabilitation, and related supportive services.

Together, these efforts provide immediate outreach and shelter while increasing access to permanent housing. The CoC continues to strengthen coordination among outreach, shelter, housing, public safety, and community partners so that individuals living in encampments are connected to housing and services rather than simply displaced.

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)

Kalamazoo County experiences periodic waves of increased overdoses in both public and private settings, often tied to fluctuations in the local drug supply, such as opioid batches contaminated with fentanyl or other potent substances. These waves reflect a broader, well-documented pattern in which changes in drug supply, rather than a steady baseline, tend to drive spikes in overdose activity.

The CoC continues to work with public health, law enforcement, and behavioral health partners to monitor these trends and strengthen the community's response to overdoses and illicit drug use in public spaces.

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 local practice supporting this work is the availability of crisis intervention and behavioral health services through Integrated Services of Kalamazoo (ISK). Providers can make referrals, coordinate with crisis response teams, and facilitate mental health assessments, emergency evaluations, psychiatric services, and ongoing treatment, giving the CoC a local pathway for intervention when individuals show acute psychiatric symptoms or significant deterioration in functioning.

This local resource operates alongside Michigan's legal standard for involuntary treatment, which appropriately sets a high threshold for intervention. CoC provider partners do not have the authority to initiate involuntary commitment proceedings or determine whether an individual meets legal criteria; those determinations rest with qualified behavioral health professionals and the courts. This safeguards individual rights, but it also means individuals experiencing significant mental illness or behavioral health concerns may not meet legal criteria for involuntary treatment even when their behavior makes remaining safely in a congregate shelter difficult. Limited inpatient psychiatric capacity, difficulty engaging individuals unwilling to accept services, and a shortage of affordable and supportive housing further limit the effectiveness of available interventions.

Plan: KGM mitigates these challenges through staff training, documentation, individualized safety planning, and coordination with crisis-response professionals and public-safety partners. HRI leverages its relationship with ISK to make timely referrals and connect individuals to crisis and psychiatric services. The CoC will continue strengthening these partnerships and referral pathways so individuals experiencing behavioral health crises are connected as quickly as possible to the appropriate level of care, while maintaining safe shelter environments and continuing to advocate for expanded inpatient and supportive housing capacity to address gaps that fall outside the involuntary treatment threshold.

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 identify and reach individuals who may not otherwise be engaged in services, since registration status can surface contact with someone experiencing homelessness even outside traditional outreach or shelter settings.

A key challenge is the lack of a single, comprehensive communication system through which shelters, law enforcement, corrections, housing providers, and other community service organizations can appropriately share relevant, legally permissible information. Organizations instead rely on separate databases, individual screening processes, and direct agency-to-agency communication. This fragmentation can create gaps or delays in obtaining information important for placement, safety planning, or connecting an individual, including those not currently engaged in services, with appropriate resources.

Michigan law also restricts disclosure of nonpublic registry information maintained for law-enforcement purposes, and federal VAWA confidentiality requirements prevent certain providers from sharing client information, including location, without a signed release or a judge-signed subpoena. These restrictions protect individual safety and privacy but further limit how much information can move between partners.

Plan: The CoC will continue leveraging the Public Sex Offender Registry's recognition of homelessness as a registration status to identify individuals who may not be connected to services and confirm information through authorized sources. To address the fragmented communication system KGM identified, the CoC will work with member agencies to strengthen direct agency-to-agency referral pathways and clarify what information can be legally shared across partners, reducing delays without compromising confidentiality. Where nonpublic registry data or VAWA-protected information cannot be shared, the CoC will continue relying on direct coordination between shelter staff, outreach teams, and law enforcement to manage safety concerns while extending outreach to individuals not currently connected to the service system.

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 Kalamazoo County CoC has partnerships with employment and workforce development organizations that help individuals and families experiencing homelessness obtain employment, increase income, and achieve housing stability.

The YWCA Kalamazoo partners with Michigan Works!, the local American Job Center, to connect individuals experiencing homelessness with employment services, job-readiness assistance, career development, and workforce opportunities. The YWCA also partners with Zero Day and the Allstate Foundation to provide financial empowerment and employment-related resources that support financial stability and employment readiness.

Kalamazoo Gospel Mission (KGM) helps individuals experiencing homelessness identify employment goals and connect with employment resources. KGM is also developing paid work opportunities for eligible Next Steps participants as part of its winter shelter operations. These opportunities provide work experience, income, and opportunities to build employment skills while participants receive shelter and supportive services.

The CoC will continue strengthening these partnerships so employment and workforce development are incorporated into housing and supportive service planning. Providers will help participants address employment barriers, access training and job opportunities, increase earned income, and strengthen their ability to obtain and maintain permanent housing.

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.		

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)

Per the CoC Written Service Standards, Projects that serve homeless families with children and/or unaccompanied youth must have policies and practices in place that are consistent with the laws related to providing education services to children and youth. These recipients must have a designated staff person to ensure that children and youth are enrolled in school and receive education services. Homeless families with children and unaccompanied youth must be informed of their eligibility for McKinney- Vento education services and other available resources. Recipients shall maintain documentation in the participant's case file to demonstrate that these requirements have been met and that applicants and participants understand their rights.

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 Ark is an Access Point agency for the Kalamazoo County CES and can complete Coordinated Entry Applications for any families or individuals who are looking for housing assistance. 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 Young Women's Christian Association of Kalamazoo (YWCA Kalamazoo) operates a transitional housing project for families with children who are experiencing homelessness as a result of domestic violence.

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)

YWCA Kalamazoo's transitional housing project housing advocates administer the Allstate Foundation's Moving Ahead Curriculum, which teaches budgeting, debt management, and credit building. Additionally, YWCA partners with Michigan Works! to provide employment readiness, career counseling, workforce development, and job placement assistance. Survivors interested in skilled trades are referred to Zero Day for paid training and apprenticeship opportunities, increasing income and long-term housing stability.

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)

A core component of YWCA's transitional housing project is connecting participants to mainstream benefits and community resources that promote long-term economic stability. Housing advocates assess each participant's eligibility for public benefits and provide application assistance, advocacy, and ongoing navigation to access programs such as Medicaid, Medicare, Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), childcare assistance, and other state and local benefit programs, as appropriate. These benefits help participants stabilize household finances, improve access to healthcare, and reduce barriers to maintaining 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)

Through YWCA programs including Kids Club, Mom's Empowerment, The Dreamery early childhood education and childcare, and the Women and Infant Supportive Health (WISH) program, families enrolled in transitional housing receive support to heal from the impacts of violence, strengthen relationships, and build protective factors.

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. We also have a local transitional housing program for single adult veterans, Keystone House, which is operated by Integrated Services of Kalamazoo.

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

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

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

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

(limit 500 characters)

The CoC has a partnership with the Young Women's Christian Association of Kalamazoo (YWCA Kalamazoo), 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 sits on the CoC board and various CoC committees and workgroups, including our coordinated entry committee.

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)

Numerous providers work to prevent homelessness among people transitioning from prisons, jails, or court ordered programs. HRI provides an eviction diversion program through the Kalamazoo County District Court and Kalamazoo Defenders. YWCA partners with probation, Michigan Department of Corrections, and other entities to serve DV survivors transitioning from justice involvement. The William Schma House (under construction) will provide housing to individuals in Drug Treatment Court.

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)

Integrated Services of Kalamazoo runs a pilot shelter program to provide medical respite for homeless individuals who are discharged from the hospital with complex medical needs. This is a partnership between ISK and WMed Street Medicine, which offers healthcare services for homeless individuals.

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)

Housing Resources, Inc. (HRI) and Integrated Services of Kalamazoo (ISK) partner with Milestone Senior Services to connect aging and elderly individuals experiencing homelessness with resources and supports.

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

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

(limit 500 characters)

The CoC has multiple PSH projects that are dedicated to individuals experiencing Chronic homelessness. This includes the following CoC-funded projects operated by ISK and HRI: Second Base, Grand Slam, Third Base, HHome Base I, and Homeward II.

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)

Housing Resources, Inc. (HRI) and Integrated Services of Kalamazoo (ISK) work together to provide behavioral healthcare to individuals and families residing in Permanent Supportive Housing. HRI provides housing and supportive services, while ISK connects residents to behavioral health services based on their individual needs.

Behavioral healthcare is integrated into the housing setting through community-based services and telehealth, allowing residents to receive care without having to overcome the transportation and other barriers associated with traveling to a traditional behavioral health clinic. Services available through ISK include mental health assessment, outpatient therapy, psychiatric services, substance use disorder treatment, case management, peer support, and crisis response. ISK also provides 24-hour access to behavioral health crisis services.

Housing staff help residents engage with ISK services, coordinate appointments, and maintain connections to care. When appropriate, ISK staff can provide services in the community and coordinate with housing staff to address behavioral health needs that may affect housing stability. ISK's CCBHC model also supports telehealth and prompt access to assessment and treatment, expanding the ways residents can receive care.

This partnership allows behavioral healthcare to be delivered as part of a broader supportive housing approach rather than requiring residents to navigate separate systems independently. By coordinating housing, behavioral health, substance use treatment, and crisis services, HRI and ISK help residents address the underlying needs that contributed to or may otherwise threaten housing stability.

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

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

(limit 2,500 characters)

Case Managers and Housing Assistance at HRI (PSH Project – Homeward II) and ISK (PSH Projects – Second Base, Grand Slam, Third Base, Home Base I) regularly evaluate PSH participant well-being, housing stability, behavioral health needs, and overall functioning through ongoing case management contacts and service planning meetings. When a participant demonstrates needs that may exceed what can be effectively supported within a PSH setting, HRI and ISK collaborate with community providers and family supports to assess whether a higher level of care may be appropriate. This may include referrals to assisted living facilities, adult foster care homes, residential treatment programs, inpatient behavioral health services, or other specialized care environments. Through coordinated care planning, HRI and ISK work to ensure participants receive the services and supports necessary to maintain safety, health, and quality of life while minimizing disruptions to housing stability whenever possible.

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

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

(limit 2,500 characters)

The CoC's PSH projects (Homeward II, Second Base, Grand Slam, Third Base, Home Base I) use a participant-centered approach to assess readiness for transitioning from Permanent Supportive Housing (PSH) to unsubsidized or other permanent housing. Through ongoing case management, housing stability planning, and annual reassessments, staff work with participants to identify progress toward self-sufficiency, increased independence, and the ability to maintain stable housing with less intensive assistance.

Case managers assess factors including income and employment stability, ability to maintain lease obligations, budgeting and financial self-sufficiency, tenant history, physical and behavioral health stability, connections to community supports, engagement in self-sufficiency activities, and the participant's own housing goals. When participants demonstrate sustained housing stability and increased independence, staff discuss housing options that may better match their current circumstances and support their continued progress toward self-sufficiency.

When appropriate, staff assist participants in identifying and accessing market-rate or affordable housing, Housing Choice Vouchers, and other permanent rental assistance, including MSHDA's Move Up Voucher Program. Staff provide assistance with housing searches, applications, landlord engagement, referrals, and transition planning. The Move Up process supports participants who have achieved sustained housing stability and can maintain housing with less intensive services, while helping preserve PSH capacity for individuals with the highest service needs.

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 100% of the CoC's HUD funding, so the CoC began preparing early for program changes. The Continuum of Care 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 extreme weather, the CoC did receive a waiver in 2026 and conducted the PIT count in early February, rather than within the last 10 days of January. This may have affected unsheltered PIT count results if persons who generally are unsheltered at the end of the month chose to use public benefits or other resources received at the beginning of the month to fund hotel stays on the night of the PIT. Additionally, in the winter of 2026, there were three new seasonal winter shelter options available that have not previously been in operation. These seasonal winter shelter beds served a large number of individuals who may have otherwise been unsheltered.

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 Kalamazoo County CoC used a coordinated outreach and housing-focused approach to reduce the number of people residing in encampments and connect individuals experiencing unsheltered homelessness to safer and more stable housing options.

Street outreach providers conducted regular outreach to encampments and other locations where people were experiencing unsheltered homelessness. Housing Resources, Inc. (HRI) worked with outreach providers, emergency shelters, local governments, public safety agencies, healthcare organizations, and behavioral health providers to identify individuals living in tents and encampments and connect them to the Coordinated Entry System. Individuals were assessed and prioritized for available housing resources based on vulnerability, housing needs, and service needs.

Through case conferencing and coordinated housing navigation, individuals residing in encampments were connected to available Permanent Supportive Housing, Rapid Re-Housing, emergency shelter, and other permanent housing opportunities. When an encampment required closure because of health, safety, or public-use concerns, outreach and housing partners worked to notify affected individuals, identify available alternatives, and maintain engagement throughout the housing placement process.

Kalamazoo County also strengthened its shelter response through the Winter Solutions Initiative, which began December 1, 2025. The initiative expanded winter sheltering options and provided additional opportunities for people experiencing unsheltered homelessness to move indoors while connecting with housing and supportive services.

Long-term investments have also increased the community's capacity to address the housing needs contributing to encampments. Kalamazoo County's eight-year housing millage, approved by voters in 2022, generates approximately \$7–9 million annually for affordable housing development, rehabilitation, and related supportive services. These investments provide additional resources for expanding housing opportunities and addressing the underlying shortage of affordable housing.

The CoC continues to strengthen coordination among outreach, shelter, housing, public safety, and community partners so that individuals living in encampments are not simply displaced, but are connected to shelter, housing, and services. This approach combines immediate outreach and shelter options

2A-4a.	Reduce Encampments—Number of Encampments.	
1. Enter the estimated number of encampments in the beginning of your evaluation period.		20
2. Enter the reduction in the number of encampments during your evaluation period.		15
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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.	150
2. Enter the reduction in the number of people in encampments during your evaluation period.	40

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)

The CoC reduced the number of people experiencing homelessness for the first time by 22% from 2024 to 2025, using data submitted for SPM metric 5.2. The CoC's plan to decrease the number of individuals and families becoming homeless for the first time centers in investing in homelessness prevention resources and supporting initiatives to increase the supply of affordable housing. In 2025 and 2026, the CoC engaged in a comprehensive effort to draft a new Plan to End Homelessness, which is reaching finalization. This plan is built on the voices of more than 600 community members – the most comprehensive engagement process in the history of Kalamazoo County's homelessness response. This plan names prevention and early intervention as one of six strategic goals. This goal includes two main pillars: (1) targeted prevention: develop and deploy prevention resources to households most at risk of entering homelessness; and (2) system-exit prevention: intercept homelessness at the point of institutional discharge by building pathways from healthcare, criminal justice, child welfare, and behavioral health systems directly into housing stability resources. These pillars include a number of key strategies, including expanding eviction diversion and emergency rental assistance programs, integrating evictor court data with HMIS to better identify and target at-risk households, establishing shallow subsidy programs to provide small rental supplements to prevent housing loss, creating a rapid-response prevention fund for emergency situations, partnering with school systems, establishing formal discharge planning protocols with hospitals, behavioral health providers, and the County jail, developing transitional support for youth aging out of foster care, and training partner systems on housing resources, referral pathways, and coordinated entry.

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)

In 2025 and 2026, the CoC engaged in a comprehensive effort to draft a new Plan to End Homelessness, which is reaching finalization. This plan is built on the voices of more than 600 community members – the most comprehensive engagement process in the history of Kalamazoo County's homelessness response. The plan is organized around six strategic goals, many of which will improve our community's ability to reduce the length of time individuals and families remain homeless. The goal centered around Collaboration and Coordination calls for a dedicated community investment fund to diversify resources supporting homelessness prevention and housing stability. This goal also calls for stronger system coordination and integrated access with a focus on redesigning and investing in our coordinated entry system so that it serves as a comprehensive service navigation hub. The new SSO-CE project included in the CoC's 2026 priority listing is designed to strengthen the CES by expanding the coordinated entry team and increasing the system's capacity to move households more quickly from assessment to housing placement. This will include connecting households to a dedicated Eligibility and Enrollment Specialist whose primary role will be to actively support participants as they move through the housing placement process and provide individualized assistance focused on removing barriers and preparing for successful housing. The CoC is working to improve the accuracy of HMIS and coordinated entry data to better identify and understand the factors that increase risk of long lengths of homelessness. The CoC currently uses chronic homelessness as the first prioritization factor for housing resources available through our coordinated entry system. We are currently in the process of refining our prioritization factors to help us better identify households with the longest lengths of time homeless. The CoC is also working to increase coordination across shelter and transitional housing providers and is in the process of developing and implementing a shelter access system to streamline connections to these resources and our broader coordinated entry system. The CoC seeks to increase the types and availability of shelter, housing, and supportive service resources across the continuum, including increasing options for shelter, transitional housing, and supportive services.

2A-7.	Successful Permanent Housing Placement—Exits to Unsubsidized Housing.
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Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	68.40%
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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 selected report period (10/1/2023 - 9/30/2024). This includes 2 transitional housing projects, 3 rapid rehousing projects, and 8 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.	02/05/2026
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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	349	53	124	30.85%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	52	78	99	76.15%
4. Rapid Re-Housing (RRH) beds	47	0	47	100.00%
5. Permanent Supportive Housing (PSH) beds	388	13	383	95.51%
6. Other Permanent Housing (OPH) beds	9	0	9	100.00%

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 low bed coverage rate for emergency shelter beds is due to one emergency shelter, Kalamazoo Gospel Ministries (KGM) which stopped participating in HMIS after significant issues with data imports led to poor data quality. The CoC has worked closely with this provider to understand their data needs, promote the value of their HMIS participation, and explore options to regain their HMIS participation status. The CoC is now working towards the development and implementation of a shelter access system and is exploring the possibility of using that system to enter KGM data into HMIS. This will be piloted for seasonal winter shelter beds this upcoming winter season. The decrease in the bed coverage rate for transitional housing beds is due to the opening of a new transitional housing program for families, operated by Kalamazoo Housing Advocates (KHA). Although this TH program is currently not operational, KHA is in the process of undergoing HMIS training with support from the HMIS System Administrator and HMIS Coordinator. Their HMIS license costs will be covered by the CoC along with other providers within the CoC.

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