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-519 - Holland/Ottawa County CoC

1A-2. Collaborative Applicant Name: Good Samaritan Ministries

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Good Samaritan Ministries

1B. Coordination and Engagement–Accountable Structure and Participation

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

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

1B-1.	Accountable Structure and Participation.	

	In the chart below for the period from June 1, 2025 to May 31, 2026:
1.	select 'Yes' or 'No' in the chart below if the entity listed participated in CoC meetings or select 'Nonexistent' if the entity does not exist in your CoC's geographic area, and
2.	enter the number of persons on the board for each category where you answered 'Yes' in the Participated in CoC Meetings column.

You must click Save at the bottom of the form before entering the number of persons for each category where you answered 'Yes'.

	Entity	Participated in CoC Meetings	Number of Board Members
1.	Affordable Housing Developer(s)	Yes	3
2.	CDBG/HOME/ESG Entitlement Jurisdiction(s)	Yes	2
3.	Certified Community Behavioral Health Clinic (CCBHC)	Yes	1
4.	Community Mental Health Center (CMHC)	Yes	1
5.	Disability Advocate(s)	Yes	1
6.	Disability Service Organization(s)	Yes	5
7.	Emergency Medical Services (EMS)/Crisis Response Team(s)	Yes	5
8.	Employment Assistance Program(s) (e.g., Local Workforce Development, American Job Center)	Yes	8
9.	Faith-based Organzation(s)	Yes	7
10.	Homeless or Formerly Homeless Person(s)	Yes	2
11.	Hospital(s)	Yes	1
12.	Other Primary Healthcare Provider(s) (e.g., Federally Qualified Health Center, Healthcare for the Homeless)	Yes	1
13.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	
14.	Law Enforcement	Yes	3
15.	Local Court Systems, Including Specialty Courts (e.g., Mental Health Court, Drug Court, Care Court)	Yes	2
16.	Local Government Staff/Official(s)	Yes	2

17.	State Government Staff/Official(s)	Yes	3
18.	State or Local Elected Public Official(s)	Yes	4
19.	Local Jail(s)	Yes	1
20.	Mental Health Service Organization(s)	Yes	3
21.	Mental Illness Advocate(s)	Yes	4
22.	Organization(s) led by and serving people with disabilities	Yes	1
23.	Other homeless subpopulation advocate(s)	Yes	1
24.	Other nonprofit homeless assistance provider(s)	Yes	2
25.	Other social service provider(s)	Yes	3
26.	Public Housing Agencies	Yes	3
27.	Recovery Housing or Sober Living Provider(s)	Yes	1
28.	School Administrators/Homeless Liaison(s)	Yes	1
29.	School District(s)	Yes	1
30.	Street Outreach Team(s)	Yes	2
31.	Substance Abuse Advocate(s)	Yes	3
32.	Substance Abuse Service Organization(s)	Yes	3
33.	Universities	Yes	1
34.	Veteran Serving Organization(s)	Yes	3
35.	Agencies Serving Survivors of Human Trafficking	Yes	1
36.	Victim Service Provider(s)	Yes	1
37.	Domestic Violence Advocate(s)	Yes	1
38.	Other Victim Service Organization(s)	Yes	1
39.	State Domestic Violence Coalition	Yes	1
40.	State Sexual Assault Coalition	Yes	1
41.	Youth Advocate(s)	Yes	2
42.	Youth Homeless Organization(s)	Yes	2
43.	Youth Service Provider(s)	Yes	1
44.	Other Homeless Assistance Provider(s)	Yes	1
45.	Local Business or Chamber of Commerce or a Member of a Business Improvement District	Yes	3
	Other: (limit 50 characters)		
46.	Grand Haven Area Community Foundation/Holland Zeeland Community Foundation	Yes	2
47.	Heart of West Michigan United Way	Yes	1

1B-2.	Open Invitation for New Members.	

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to invite new members to join the CoC at least annually.

(limit 2,500 characters)

The Lakeshore Housing Alliance (LHA), the Continuum of Care (CoC) for Ottawa County, maintains a transparent and inclusive process for recruiting and engaging new members. Membership is intentionally broad and open to any organization, business, stakeholder, or individual interested in addressing housing instability and homelessness. This approach has contributed to significant growth in participation, with LHA membership increasing from 25 to 52 agencies, representing a diverse cross-section of the community.

The Governance Charter specifically encourages participation from local and county government, public housing authorities, veteran-serving organizations, victim service providers, businesses, faith-based organizations, educational institutions, healthcare and mental health providers, law enforcement, people with lived experience, and other community stakeholders. To ensure broad representation, the Executive Committee annually reviews membership composition, identifies gaps in stakeholder participation, and actively recruits agencies or individuals from underrepresented sectors.

The CoC publicly invites new members to join at least annually through its website, community partner networks, collaborative meetings, and public communications. The Annual Membership Meeting is broadly advertised and serves as a key opportunity for community members and organizations to learn about the CoC and become involved. Interested individuals and organizations are encouraged to attend meetings and submit membership applications.

The CoC holds bi-monthly membership meetings and an annual meeting, with notices distributed approximately one week in advance. Meetings are offered in person and/or virtually to maximize accessibility and participation. Members receive updates on housing and homelessness initiatives, funding opportunities, system performance, committee activities, and strategic priorities. Members may also participate in workgroups and committees that guide CoC planning and operations. CoC member agencies are asked to recommend homeless or formerly homeless persons to join the CoC. These individuals are given the opportunity to attend regular bi-monthly meetings and invited to participate in CoC-led committees and task forces. The CoC Director will meet regularly with the individual to provide guidance about CoC activities and structure.

1B-3.	CoC's Strategy to Solicit and Consider Opinions on Preventing and Ending Homelessness.	

Describe your CoC's transparent process (e.g., communicated to the public on the CoC's website) to solicit and consider opinions regarding the CoC's general performance, strategies, and priority setting process from a broad array of individuals and organizations that have knowledge of homelessness or an interest in preventing or ending homelessness in the CoC's geographic area.

(limit 2,500 characters)

The Lakeshore Housing Alliance (LHA) maintains a transparent and inclusive process for soliciting and considering feedback regarding CoC performance, priorities, and strategies from a broad range of stakeholders with knowledge of or interest in preventing and ending homelessness. The CoC's Governance Charter, policies, meeting schedules, committee structure, funding priorities, and strategic planning activities are publicly available and discussed through regularly scheduled membership and committee meetings that are open to all interested organizations and individuals. LHA promotes stakeholder involvement through an open membership structure with rolling membership opportunities, publicly noticed meetings, and formal voting processes. Members vote on Governance Charter amendments, Executive Committee elections, and membership applications. A quorum of at least 50 percent of members is required for formal decisions, and proposed charter amendments must be distributed at least 30 days before a vote to ensure meaningful review and participation.

The CoC actively seeks community input through participation in local collaboratives and public forums, including Community SPOKE, Food Policy Council, Case Coordinator Collaboratives, County Health and Human Services discussions, the Ottawa County Housing Commission, and outreach to local elected officials and community leaders. These forums provide opportunities for individuals, service providers, healthcare organizations, schools, faith communities, advocates, and local government representatives to identify emerging needs, service gaps, and system improvement opportunities.

The CoC also utilizes community-wide assessments and planning processes, including the Community Health Needs Assessment and Youth Assessment Survey, to gather quantitative and qualitative feedback on housing and homelessness needs. Findings are reviewed by CoC leadership, committees, and membership to identify unmet needs and inform priority setting. Input gathered through public meetings, community collaboratives such as Project Home, and assessments is shared with the Executive Committee, discussed among membership, and incorporated into strategic planning, policy development, coordinated entry improvements, funding priorities, and system performance initiatives when appropriate.

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

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

(limit 2,500 characters)

All CoC member organizations, including those not previously funded, as well as dozens of organizations and individuals that have expressed interest in ending and preventing homelessness were informed via the CoC's website, press release and e-mail about the availability of funds. All agency-types, including faith-based organizations, are encouraged to apply. The Collaborative Applicant also posted information on the CoC's social media pages. Information provided in the messages included the local application, scoring criteria, timeline and instructions on how to apply. Applications are accepted electronically via email to the LHA Director who manages the local CoC Program Application process. Agencies are able to download an application and are given access to the available local funding competition. The CoC is open to receiving applications from any agency that meets HUD's eligibility criteria. All application materials are available electronically via the Collaborative Applicant's website. Outreach has resulted in several organizations that have not previously received CoC Program funding applying for FY26 HUD funding.

The Allocation and Accountability Committee (AAC) is the group charged with determining which project will be submitted to HUD. The AAC is made up of CoC agencies not currently requesting funding. Once local applications are submitted, the members of AAC review and score each submitted application through the online portal. The AAC then meets to review the compiled scores and determines the priority listing based on objective scoring. Projects are reviewed to ensure they are meeting the basic threshold as indicated in the FY2026 NOFO.

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

Describe how your CoC will incorporate comprehensive strategies for reducing homelessness, including interventions in 42 U.S.C. 11386b(d) and other targeted projects for specific subpopulations, by providing a plan to address a gap in the CoC's current homelessness system.

(limit 2,500 characters)

The Ottawa County CoC has implemented a comprehensive homelessness reduction strategy that combines evidence-based interventions identified in 42 U.S.C. §11386b(d), including Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), diversion, coordinated entry, and street outreach. These interventions will be guided by HMIS data, System Performance Measures, Point-in-Time Count results, and community stakeholder feedback to address local system gaps and improve housing outcomes.

A primary gap identified by the CoC is the limited availability of housing and stabilization resources for individuals experiencing chronic and unsheltered homelessness, particularly those with significant behavioral health needs. To address this gap, the CoC prioritizes the By Names List/Coordinated Entry to ensure households with the highest vulnerabilities and longest histories of homelessness receive priority access to PSH, RRH, and other permanent housing interventions.

The CoC will expand diversion and problem-solving strategies to reduce entries into homelessness by helping households identify safe alternatives to shelter, including a scattered site emergency shelter program, family reunification, mediation, landlord engagement, and flexible financial assistance. These efforts will shorten housing crises and increase system efficiency.

To reduce unsheltered homelessness, Ottawa County will continue strengthening countywide street outreach efforts. Outreach teams collaborate with healthcare providers, behavioral health agencies, public safety partners, libraries, faith communities, and other service organizations to engage individuals living in encampments, vehicles, and other places not meant for human habitation. Outreach services focus on connecting individuals to housing, healthcare, benefits, and supportive services that promote long-term housing stability.

A key component of the CoC's strategy is Project HOME, a community-wide initiative focused on addressing structural gaps that contribute to homelessness. Through Project HOME, the community is advancing a Resource Center that will provide housing navigation, case management, behavioral health referrals, employment supports and coordinated access to basic needs and community resources. Project HOME also supports planning efforts for a Crisis Center, addressing a critical gap for individuals experiencing homelessness who need behavioral health stabilization before successful housing.

1B-5a	Confirmation of Plan Coverage.

Select 'Yes' or 'No' in the chart below to indicate whether your narrative in question 1B-5 addresses the following aspects of your plan to address a gap in the CoC's current homelessness system.

1. Identifies the gap, using data or stakeholder feedback	Yes
2. The strategy to address the needs of all relevant subpopulations	Yes
3. Sets quantifiable performance measures	Yes

4. Identifies timelines for the completion of specific tasks	Yes
5. Identifies specific funding sources for planned activities	Yes
6. An individual or body responsible for overseeing implementation of specific strategies	Yes

1C. Coordination and Engagement

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

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- Frequently Asked Questions

1C-1.	**Treatment and Recovery Services—On-site Substance Use Treatment Availability.**	
	You must upload the List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment attachment to the 4A. Attachments Screen.	
	What percent of your TH/RRH/PSH projects have substance use treatment available on site?	0%

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)

N/A

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

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

(limit 2,500 characters)

The CoC maintains extensive partnerships across the region to ensure coordinated access to mental health treatment, substance use disorder services, psychological assessments, medication management, suicide-prevention supports, and ongoing recovery resources. Community Mental Health of Ottawa County (CMHOC), the most comprehensive behavioral health provider in the area, plays a central role in this network: they are active CoC members and serve on the Executive Committee, By-Name List, and HMIS Administrator committees, helping align clinical expertise with system-level coordination. Through these partnerships, the CoC is able to connect people quickly to crisis services, outpatient and intensive outpatient care, psychiatric evaluation, and long-term treatment planning. In addition to clinical services, the CoC collaborates closely with non-CoC-funded housing and recovery programs that integrate case management, trauma-informed supports, sober-living requirements, peer mentorship, and structured pathways to treatment. Agencies such as Gateway Mission, Reach for Recovery, Building Men for Life, Love In Action, and 70x7 provide critical recovery-focused housing stability, bridging individuals from homelessness into environments that reinforce safety and sobriety. Together, these coordinated treatment and recovery partnerships form a comprehensive continuum that strengthens early intervention, increases engagement in behavioral health services, and supports sustained recovery outcomes for individuals experiencing homelessness.

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)

Peer support and recovery navigation are integral components of Ottawa County's homeless response system. The CoC partners with a broad network of behavioral health, substance use, justice-system, and community-based organizations that utilize individuals with lived experience to engage, mentor, advocate for, and support participants in recovery. Peer specialists help individuals navigate behavioral health treatment, housing resources, mainstream benefits, and recovery supports while building trust through shared lived experience.

Community Mental Health of Ottawa County's Permanent Supportive Housing (PSH) and homeless programs connect eligible participants to certified peer supports for mental illness, substance use disorders, and family-serving supports. Additional CoC partners providing peer support or recovery navigation include Reach for Recovery, Samaritas, Arbor Circle, 70x7 Life Recovery, and behavioral health staff working within local jail diversion and reentry efforts. Peer recovery coaches and navigators assist participants with treatment engagement, recovery planning, transportation, benefit enrollment, and maintaining housing stability.

The CoC also benefits from several peer-led and recovery-oriented community organizations. The Momentum Center and Resource Center provide welcoming environments where individuals can build social connections, participate in recovery-focused programming, and receive support from peers with shared lived experience. City on a Hill Ministries offers mentoring, recovery-oriented programming, and community support for individuals overcoming barriers related to homelessness, substance use, and involvement with the justice system. Ottawa County Department of Public Health partners with community organizations and recovery initiatives to promote behavioral health awareness, harm reduction education, and connections to treatment and recovery services. Recovery-focused groups and peer-led support opportunities are available throughout the community, including those coordinated by local behavioral health providers, faith-based organizations, and recovery networks.

CoC encourages agencies to employ staff with lived experience of homelessness, recovery, behavioral health challenges, or housing instability. Personal experiences help build trust with unsheltered individuals, strengthen engagement, reduce barriers to services, support connections to treatment, and housing stability.

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)

Street Outreach staff may encounter individuals whose mental health symptoms or behavior indicate they may need a higher level of intervention, including emergency evaluation or possible civil commitment, which can only be determined by authorized behavioral health professionals. Staff are expected to recognize concerning situations, respond within the scope of their training, and consult their supervisor when an individual appears to need care beyond what Outreach can provide. Depending on the situation, coordination may involve behavioral health providers, crisis services, EMS, law enforcement, or other qualified professionals. In cases of immediate safety concerns, staff must follow emergency procedures and contact 911, providing relevant observations while maintaining appropriate confidentiality. When the concern is significant but not emergent, staff should encourage voluntary connection to services and may consult behavioral health partners on available resources, while refraining from diagnosis, determining eligibility for involuntary treatment, making threats of commitment, or physically transporting clients. All significant incidents must be documented according to street outreach incident reporting procedures, and staff should notify and consult supervisors whenever a situation's appropriate response is uncertain.

Weekly, a Community Mental Health Access Navigator frequents the local homeless shelter and Refresh, a community center to support assessments and referral pathways for individuals in need of behavioral health services. Community Mental Health also manages an Assertive Community Treatment team that serves the county. The CoC also has a Crisis Intervention Co-Response behavioral health program that works alongside law enforcement to provide appropriate responses to individuals experiencing behavioral health crises, reducing unnecessary system involvement and increasing access to services. The team frequently coordinates with Street Outreach teams and the local homeless shelter for behavioral health needs.

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)

Ottawa County Courts include 20th Circuit Court, Probate Court, 58th District Court, Family and Juvenile Court.

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

(limit 2,500 characters)

The Ottawa County Courts play a central role in resolving civil and criminal cases while upholding public safety. These courts are also responsible for supporting the rehabilitation of individuals with mental illness or substance use disorders who fall under court jurisdiction. The Ottawa County Courts play a central role in resolving civil and criminal cases while upholding public safety. These courts are also responsible for supporting the rehabilitation of individuals with mental illness or substance use disorders who fall under court jurisdiction. Law enforcement and behavioral health providers identify individuals who may meet criteria for civil commitment or Assisted Outpatient Treatment (AOT) and coordinate closely with the courts to support timely, appropriate intervention. Community Mental Health of Ottawa County will collaborate to reduce the length of detention for individuals placed through judicial processes and coordinate on shared clientele to receive appropriate treatment and support. Crisis Intervention Team trainings educate stakeholders on civil commitment and AOT laws, criteria, referral processes, and available resources. Judicial input was obtained through Project Home stakeholders.

Through partnerships with court personnel, legal service providers, landlords, and housing assistance programs, the CoC promotes early intervention, diversion, mediation, and connection to homelessness prevention resources for households at risk of eviction. The CoC also monitors eviction trends and utilizes information from court-related partners to identify emerging housing instability issues and inform system planning and prevention strategies. In addition, the lead agency for CE maintains a referral relationship with the District Court. CE Staff provides in person screenings directly at the District Eviction Court at least once a month. The court refers households facing eviction to the CE for intake and assessment for services.

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)

Ottawa County CoC partners with Community Mental Health of Ottawa County's 24/7 Crisis Response and Mobile Crisis teams, CIT-trained law enforcement and co-responders, CALL 2-1-1, and Holland Hospital Behavioral Health. Street Outreach providers coordinate with these partners through cross-training, referrals, crisis response consultation, and client education, ensuring access to immediate crisis intervention, stabilization services, behavioral health treatment, and ongoing case management.

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

Identify the number of CoC Program-funded units that require program participant engagement in substance abuse treatment services as a condition of continued participation in the program in accordance with 24 CFR 578.75.	0

1C-1g.	**Treatment and Recovery Services—24/7 Access to Detox, Residential, or Inpatient Treatment.**	

Is there 24/7 access to detox, residential, and inpatient behavioral health treatment within the geographic area of your CoC?	Yes

1C-1h. Treatment and Recovery Services—Formal Partnership with Behavioral and Mental Health Facilities.

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

(limit 500 characters)

Community Mental Health of Ottawa County became a certified Community Behavioral Heath Clinic (CCBHC) in 2021. The CoC has a formal partnership via an MOU executed in 2022.

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 new or existing CoC-funded projects that operate sober housing in accordance with 24 CFR 578.93(b)(5). Non-CoC funded agencies such as Gateway Mission, Reach for Recovery, Building Men for Life, Love In Action, Bridget's House, 70x7, and My House Ministries provide critical recovery-focused housing stability, bridging individuals from homelessness into environments that reinforce safety and sobriety.

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 offers a variety of prevention services and case management to ensure households are provided warm hand-offs to stable housing and prevention into entering homelessness. Programs include financial empowerment training, financial assistance for back rent and utilities and advocacy with landlords. All households in housing crisis are directed to the CE for assessment which includes a determination of eligibility for ESG funded homelessness prevention services. In addition, the lead agency for CE maintains a referral relationship with the District Court. CE Staff provides in person screenings directly at the District Eviction Court at least once a month. The court refers households facing eviction to the CE for intake and assessment for services. Eligible households are referred directly to MDHHS for State Emergency Relief which provides financial assistance for eviction prevention and relocation. The primary victim service provider explores stable housing options, safety planning, and strengthening social supports. The CoC has recently established an enhanced landlord property management program which includes relationship building between landlords and tenants to ensure long term housing stability. Landlords also agree to a rent increase cap to keep housing affordable. The existence of Family Unification Program (FUP), Housing Choice Vouchers (HCV), Emergency Housing Vouchers (EHV) and Permanent Supportive Housing (PSH) all contribute to a decrease in returns to homelessness. The CoC collaborates with healthcare organizations, such as Community Mental Health, local hospitals, health clinics and substance use treatment providers to ensure project staff can assist program participants in accessing healthcare services and housing resources.

1C-2.	Supportive Services Investment.	

	Number
1. Enter your CoC's FY 2026 Annual Renewal Demand (ARD).	$1,755,606
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.	$225,334
3. Percent of your CoC's FY 2026 ARD (from element 1 above) that is supportive services funding (from element 2 above).	13%
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.	$512,100
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).	42%

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)?	100.00%

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)

During the planning and allocation of ESG funds, the CoC regularly consults with ESG recipients to assess community needs, review system performance data, identify service gaps, and evaluate housing outcomes. ESG recipients actively participate in CoC governance, strategic planning discussions, Coordinated Entry planning, and HMIS data review processess throughout the year and provide critical feedback regarding system capacity, rapid rehousing needs, homelessness prevention strategies, and the effectiveness of existing interventions. The ESG funded agencies within the CoC also receive HUD CoC program funding, creating strong alignment between ESG and CoC funded activities and providing valuable insight into both funding streams. As a result, the CoC and ESG recipients ensure that funding prioritis are aligned with local needs, HUD priorities, and CoC strategic goals. Moving forward, the CoC will continue to engage ESG recipients through regular CoC meetings, committee participation, annual funding discussions, and ongoing system planning efforts to maximize impact and reduce duplication of services. By ensuring ESG resources are strategically invested to complement CoC resources, our CoC strengthens housing pathways and improves outcomes for people experiencing homelessness and housing instability.

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)

Although the community's main emergency shelter does not receive ESG or CoC funding, the shelter plays a critical role in the local homeless response system and actively collaborates with CoC partners by attending By-Name List meetings, referring to CoC funded programs, and partnering with local street outreach teams. In addition, the local shelter works in partnership with the Housing Assessment and Resource Agency and hosts the HARA's intake team in their facilities on a weekly basis to conduct housing assessments and facilitate referrals to available CoC funded Permanent Supportive Housing programs, Rapid Rehousing programs, and other appropriate housing interventions. The HARA also operates a master leasing family shelter program which provides temporary shelter and supportive services for families experiencing homelessness. While this program is not funded through ESG or CoC sources, the program is fully integrated in the local homeless response system and serves as an additional access point for Coordinated Entry. The CoC's development of a coordinated entry system, the use of the vulnerability index and increasing resources for Rapid Re-Housing (RRH) has helped the CoC to make appropriate housing referrals, often diverting people from emergency shelter and exiting households directly to permanent housing. The CoC has implemented a By-Name List (BNL) team to address the needs of specific individuals and families facing significant barriers impeding their ability to access housing which increases collaboration between homeless services providers. The BNL team includes CoC member agencies with access to permanent housing resources, and that serve veterans, chronically homeless persons and other vulnerable populations facing significant barriers.

The development of a coordinated entry system has helped to reduce the length of time people remain homeless and in making right-sized housing referrals and diverting people from Emergency Shelter thus improving the chances for long term housing stability. The CoC has increased resources for rapid rehousing to assist people with attaining housing more quickly. The CoC has adopted an order of priority for beds dedicated to chronically homeless persons as well as those not dedicated. Shelters are required to refer all clients to the coordinated entry provider within 48 hours.

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

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

(limit 2,500 characters)

The CoC reviewed its privacy notice and security plan to ensure compliance with all requirements related to the disclosure of client information. Consistent with those policies, no personally identifiable information (PII) or confidential HMIS data was disclosed from HMIS system. Information related to PIT, HIC, HMIS and System Performance Measures referenced was already publicly available through county wide and local news media coverage. Any discussion of relied solely on information that had been released for public channels and not on data released from HMIS records. The CoC's privacy notice permits disclosures only under the circumstances outlined in the approved privacy and security plan and in accordance with local, state and federal requirements. Because the information was publicly reported by news outlets and local authorities, the CoC did not rely on, access, or disclose protected HMIS client-level data in communications.

The CoC provides updates at public meetings including County Commission, County Health and Human Services, and the County Housing Commission about progress and strategies and asks for input to be used when creating action steps. Information about the CoC is shared via the CoC’s website. Press releases, radio interviews and newspaper articles inform the public about CoC activities. Executive members frequently engage with the cities of Holland and Grand Haven to provide regular feedback and updates on CoC activities. The LHA will be increasing transparency and accountability by utilizing a public facing dashboard with timely information on system performance data, PIT, HIC, and homeless trends and progress toward strategic goals, enabling ongoing review of CoC performance, community-wide planning and improvement efforts.

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's development of a coordinated entry system, the use of the vulnerability index and increasing resources for Rapid Re-Housing (RRH) has helped the CoC to make appropriate housing referrals, often diverting people from emergency shelter and exiting households directly to permanent housing. The CoC has implemented a By-Name List (BNL) team to address the needs of specific individuals and families facing significant barriers impeding their ability to access housing which increases collaboration between homeless services providers. The BNL team includes CoC member agencies with access to permanent housing resources, and that serve veterans, chronically homeless persons and other vulnerable populations facing significant barriers.

The development of a coordinated entry system has helped to reduce the length of time people remain homeless and in making right-sized housing referrals and diverting people from Emergency Shelter thus improving the chances for long term housing stability. The CoC has increased resources for rapid rehousing to assist people with attaining housing more quickly. The CoC has adopted an order of priority for beds dedicated to chronically homeless persons as well as those not dedicated. Shelters are required to refer all clients to the coordinated entry provider within 48 hours. The CoC has implemented a By-Name List Team that includes the lead agency for Coordinated Entry, Community Mental Health, Veteran organizations, Street Outreach, DHHS representatives and CoC staff. The By-Name List generated through the HMIS is used to identify homeless veterans and the hardest to house. The team works collaboratively to quickly locate housing and supportive services for those households. The goal is to move people from homelessness to permanent housing within 30 days.

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)

CoC member organizations provide professional development and employment opportunities to persons with lived experience of homelessness. The CoC-designated Street Outreach team provides resource navigation services, including referrals to agencies offering job training, workforce development, and job placement services. Through an empowerment-based case management approach, participants develop professional skills such as effective communication, interviewing, completing applications, and workplace engagement. CoC providers routinely connect participants to employment resources available through Michigan Works!, Love In Action's Job Seekers Program, and other community-based workforce development initiatives.

Many individuals with lived experience of homelessness volunteer at local day centers and soup kitchens, gaining valuable work experience and transferable skills that support future employment opportunities. The Outreach team also annually recruits for an AmeriCorps position and broadly shares recruitment materials among clients and community partners. Community Mental Health works closely with Michigan Rehabilitation Services to identify supportive employment opportunities, and case managers regularly connect participants to vocational and employment resources.

Resilience, the CoC's primary provider of services for survivors of domestic violence, offers no-cost trainings with continuing education credits, professional development opportunities, job interview preparation, and access to workplace-appropriate clothing. The CoC's largest emergency shelter provides residents with workforce development opportunities, including retail, catering, hospitality, and other employment-focused skill-building experiences.

The CoC also maintains a formal partnership with the Michigan Department of Labor and Economic Opportunity (LEO) to support housing stability for seasonal farmworkers. Through this collaboration, eligible agricultural workers can access housing assistance to help ensure that temporary housing challenges do not become a barrier to employment. This partnership supports workforce retention, strengthens Michigan's agricultural economy, and advances the CoC's commitment to removing housing-related barriers to employment and increasing economic self-sufficiency for vulnerable households.

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)

For FY2025 System Performance Measure (SPM) 7b.1, 195 of 957 people exiting Emergency Shelter (ES), Safe Haven (SH), Transitional Housing (TH), and Rapid Re-Housing (RRH) projects exited to permanent housing, resulting in a 20.38% successful-exit rate. To calculate exits to unsubsidized permanent housing, the CoC reviewed HMIS exit data from January 1 through December 31, 2025. The analysis included 100 participants exiting six TH, RRH, and PSH projects operated by Good Samaritan Ministries, Volunteers of America, Ottawa County Community Mental Health, and The Salvation Army. Using HMIS Data Element 3.12, the CoC counted exits to living with family (permanent tenure), living with friends (permanent tenure), rental housing without an ongoing subsidy, and client-owned housing without an ongoing subsidy. Of the 100 exits, 49 were to rental housing without an ongoing subsidy and one was to living with family with permanent tenure. No exits were recorded to permanent tenure with friends or client-owned housing. As a result, 50 of 100 participants exited to unsubsidized permanent housing, producing a 50% exit rate.
The CoC's Street Outreach (SO) projects partner with law enforcement, first responders, Community Mental Health (CMH), and healthcare providers to identify and engage people experiencing unsheltered homelessness. FY2025 SPM 7a.1 showed a 42.01% successful-exit rate from street outreach, while the FY2026 Q3 report increased to 65%, demonstrating stronger connections to safe destinations. These results are reviewed quarterly by the Executive Committee and Agency Administrators to identify barriers and improve performance.
SO staff maintain partnerships with the Holland Police Department, Ottawa County Sheriff's Office, Crisis Intervention Team, CMH, and local healthcare systems. Law enforcement and first responders refer individuals experiencing unsheltered homelessness directly to outreach staff for engagement. In joint responses, officers address immediate safety concerns while outreach staff focus on housing, coordinated entry, and service connections. Outreach staff also provide homelessness-response training and consultation to strengthen referral pathways and increase access to resources.
Following referrals, outreach staff provide intensive case management, including housing navigation, transportation, appointment coordination, connections to behavioral and physical healthcare, court-related support, and systems advocacy.

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 Ottawa County CoC and its providers recognize that family and support-network reunification can be an effective pathway to housing stability when it is safe, appropriate, and desired by the individual or family. Street Outreach teams, the Housing Assessment and Resource Agency (HARA), emergency shelters, and CoC-funded housing programs assess family and natural support connections as part of housing and case management planning and assist with reunification efforts when viable.

Case managers work with participants to identify family members, friends, or other support networks that may be willing and able to provide temporary or permanent housing assistance. When reunification is identified as a possible housing solution, staff facilitate communication between the participant and support network, assist with planning, mediate barriers to reunification, and help coordinate transportation or other resources necessary for a successful transition. Follow-up case management is provided to support housing stability and help maintain those connections.

The HARA participates in Michigan State Housing Development Authority (MSHDA)-funded shelter diversion efforts that focus on preventing first-time homelessness and reducing demand on emergency shelter resources. Through this program, households can receive housing-focused case management, mediation, and flexible financial assistance to support reunification with family or friends when appropriate. This intervention is regularly used to help households resolve housing crises without entering the shelter system.

The CoC also collaborates with the Michigan Department of Health and Human Services (MDHHS), whose family preservation and family reunification services help strengthen family relationships, address barriers to reunification, and promote safe and stable living arrangements when children or family members have become separated. Providers coordinate with MDHHS and other community partners to ensure households are connected to supportive services that can sustain reunification outcomes. For individuals relocating outside the CoC, providers coordinate with receiving communities and service providers to verify housing arrangements and ensure connections to needed services before travel occurs. Through coordinated case management, diversion, mediation, transportation assistance, and partnerships with MSHDA and MDHHS, the CoC helps participants safely reconnect with family and natural supports.

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 fully cooperates with and does not interfere with or impede local law enforcement, public safety, or first responder efforts to provide services to individuals experiencing homelessness. Through the Project HOME initiative, the CoC has established strong partnerships among service providers, Street Outreach teams, behavioral health providers, local governments, public safety agencies, downtown business leaders, and law enforcement to coordinate responses to homelessness while ensuring compliance with local laws, ordinances, and established procedures.

A key component of this collaboration is Project HOME's Enforcement and Response Team, which brings together service providers, public safety personnel, and law enforcement to review local policies, discuss community concerns, coordinate outreach efforts, and promote consistent enforcement practices across the region. This collaborative approach helps ensure that individuals experiencing homelessness are connected to services whenever possible while maintaining public safety and respecting the rights and responsibilities of all community members.

The CoC's Street Outreach teams regularly partner with law enforcement and first responders to engage individuals residing in tents, encampments, and other unsheltered locations. Through these coordinated efforts, outreach staff can quickly assess needs, provide connections to shelter, housing, behavioral health services, substance use treatment, medical care, and other community resources. The CoC also supports a Crisis Intervention Co-Response behavioral health program that works alongside law enforcement to provide appropriate responses to individuals experiencing behavioral health crises, reducing unnecessary system involvement and increasing access to services.

Project HOME further strengthens collaboration through ongoing engagement with the Lakeshore Leadership Council, local officials, public and private stakeholders, healthcare partners, and community organizations. These partnerships promote information sharing, coordinated service delivery, policy alignment, and rapid response to emerging homelessness concerns. By maintaining strong relationships with first responders and community partners, the CoC helps ensure homeless individuals are connected to appropriate services as quickly as possible while supporting lawful, consistent, and compassionate community responses.

1C-10a. Protecting Public Safety—Plan to Quickly Clear Tents and Encampments.

Identify local laws, policies, or other practices that help or hinder the CoC's ability to quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services and provide a plan explaining how the CoC will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why.

(limit 2,500 characters)

The CoC fully cooperates with, and does not interfere with or impede, local law enforcement or first responder efforts to assist individuals experiencing homelessness. Through Project HOME, the CoC has established a collaborative framework involving more than 40 stakeholders, including 8 law enforcement and public safety agencies, 6 local government entities, 5 healthcare and behavioral health partners, 10 housing and homeless service providers, 4 business and economic development organizations, and 10 faith-based and community partners. There are no known restrictive policies that the CoC has to overcome and therefore, no mitigating steps needed. The CoC has leveraged local policies by bringing Project HOME's Enforcement and Outreach Workgroup partners together to review local ordinances, policies, and operational practices, ensuring enforcement activities are conducted consistently, legally, and in coordination with outreach and housing resources. The group promotes alignment between public safety objectives and housing-focused solutions while maintaining clear communication among stakeholders.

The CoC works closely with local law enforcement through Street Outreach programs and Community Mental Health (CMH) Crisis Intervention Team (CIT) Co-Response Program, which partners behavioral health professionals with first responders to assess needs, de-escalate crises, and connect individuals to shelter, treatment, housing, and supportive services. Outreach teams routinely respond to referrals from law enforcement, EMS, dispatch, parks staff, and municipal partners to engage individuals residing in vehicles, encampments, parks, and other places not meant for habitation.

Consistent with guidance adopted by Holland Parks and Recreation, the CoC supports a balanced approach that preserves safe access to public spaces while prioritizing compassionate engagement and service connection. When concerns regarding camping or encampments arise, outreach workers coordinate with Parks staff, law enforcement, and public works officials to provide notice, conduct engagement efforts, and offer shelter, housing navigation, behavioral health services, and other resources prior to enforcement actions whenever feasible.

1C-10b. Protecting Public Safety—Current Status of Tents and Encampments.

Describe the current status of tents and encampments in the CoC’s geographic area.

(limit 2,500 characters)

The current presence of tents and encampments within the CoC remains limited and has declined in recent years due to coordinated outreach, shelter access efforts, and strong partnerships between service providers and public safety agencies. Across the CoC, members encourage individuals experiencing homelessness to access shelter, housing, and supportive services rather than remain unsheltered. This progress is reflected in Point-in-Time (PIT) Count data, with unsheltered homelessness decreasing from 95 individuals in 2024 to 68 in 2025 and 67 in 2026.

As Michigan's fastest-growing county, population growth further highlights this improvement. When adjusted for population change, the rate of unsheltered homelessness decreased from 0.31 unsheltered persons per 1,000 residents in 2024 to 0.22 per 1,000 residents in 2026.

When encampments are identified that violate local laws or ordinances, local law enforcement addresses public safety concerns in accordance with established policies. Through strong collaboration between law enforcement and Community Action House (CAH) Street Outreach, individuals residing in encampments are promptly referred for engagement and connection to emergency shelter, transitional housing, Coordinated Entry, healthcare, behavioral health services, and other housing-focused interventions.

The CoC further supports these efforts through Project HOME, which brings together service providers, Street Outreach teams, local governments, behavioral health partners, public safety officials, and law enforcement to coordinate responses to homelessness and encampments. The Community Mental Health (CMH) Crisis Intervention Team (CIT) Co-Response Program enhances these efforts by assisting individuals experiencing behavioral health crises and connecting them to appropriate treatment, shelter, and housing resources. As a result of these coordinated partnerships, tents and encampments remain relatively uncommon throughout the region, and when they do occur, individuals are quickly connected to outreach services that prioritize housing placement, shelter access, stabilization, and public safety.

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)

The CoC fully cooperates with and does not interfere with or impede local law enforcement, parks personnel, public safety agencies, or first responders serving individuals experiencing homelessness. Through Project HOME, the CoC has established a collaborative framework assembling more than 60 stakeholders representing local governments, law enforcement, parks and recreation departments, behavioral health providers, healthcare systems, housing and shelter providers, faith-based organizations, outreach teams, business leaders, and community advocates. During meetings on March 27, 2025, and April 17, 2025, participants reviewed local ordinances, park policies, enforcement practices, outreach strategies, and service gaps affecting unsheltered households. This collaboration promotes consistent application of local laws while ensuring individuals experiencing homelessness are offered connections to services whenever possible. There are no known restrictive policies that the CoC has to overcome and therefore, no mitigating steps needed. In addition, the CoC adopted a statement advancing recovery by prohibiting illicit drug enablement. Violation and remedies are outlined in that document.

The CoC's Street Outreach teams regularly coordinate with law enforcement, parks staff, and first responders when responding to tents, encampments, and other unsheltered locations. Outreach staff provide immediate assessments and connections to shelter, housing navigation, behavioral health services, substance use treatment, identification assistance, transportation, and mainstream benefits. These coordinated responses support public safety objectives while helping individuals quickly access services and housing resources.

The CoC also partners closely with Community Mental Health's Crisis Intervention Team (CIT) and Co-Response Behavioral Health Program. These partnerships allow behavioral health professionals and law enforcement to jointly respond to individuals experiencing mental health or substance use crises, increasing diversion to treatment and services when appropriate and reducing unnecessary involvement with the criminal justice system.

Through ongoing communication, policy review, and coordinated outreach efforts, the CoC assists first responders in connecting individuals experiencing homelessness to appropriate services as quickly as possible while supporting lawful, consistent, and compassionate community responses.

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)

There are no locations within the CoC that allow or tolerate public use of illicit drugs. Ottawa County follows MCL - Section 333.7404 prohibiting use of controlled substances. In 2024, 18 Ottawa County Residents died by overdose, a dramatic reduction from the 34 deaths the year prior per the Ottawa Department of Public Health Overdose report. These overdoses are not identified as public or private locations. Ottawa County maintains lower overdose death rates compared to both Michigan and the US. Between 2021–2025, Ottawa County averaged 1 drug-related crime per 1,000 residents per year, well below Michigan's 2.096 and the national average of 3.112 according to the OC Prosecutor's Office 2025 Annual Report.

The Ottawa County CoC will leverage Michigan's Good Samaritan Law, naloxone access policies, Community Mental Health treatment resources, and local diversion efforts to quickly identify and engage individuals using illicit drugs in public. Outreach teams will maintain close coordination with law enforcement, emergency responders, Community Mental Health, and treatment providers to facilitate immediate referrals to detoxification, Medication-Assisted Treatment, recovery supports, and housing services. The CoC adopted a statement advancing recovery by prohibiting illicit drug enablement. Violation and remedies are outlined in that document.

Agencies such as Gateway Mission, Reach for Recovery, Building Men for Life, Love In Action, and 70x7 provide critical recovery-focused housing stability, bridging individuals from homelessness into environments that reinforce safety and sobriety. Together, these coordinated treatment and recovery partnerships form a comprehensive continuum that strengthens early intervention, increases engagement in behavioral health services, and supports sustained recovery outcomes for individuals experiencing homelessness.

The region is developing a Crisis Center to address the immediate behavioral health needs and divert from potential jail or hospital stays. The center will serve as an immediate access point to services, therefore reducing public drug use and enhancing public safety.

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)

The Ottawa County CoC coordinates with Street Outreach providers, emergency shelters, local hospitals, law enforcement, Crisis Intervention Team (CIT) partners, and Community Mental Health of Ottawa County (CMH) to address situations where individuals experiencing homelessness may be a danger to themselves or others. A key policy supporting this work is the Michigan Mental Health Code, which establishes standards and procedures for involuntary mental health evaluation and treatment when an individual presents a risk of harm to themselves or others or is unable to care for basic needs due to mental illness.

When safety concerns arise, outreach and shelter staff engage individuals, assess immediate needs, and coordinate with CMH, CIT-trained officers, mobile crisis teams, emergency departments, or law enforcement as appropriate. Community Action House's Street Outreach team works closely with CIT, law enforcement, and the court system to obtain psychiatric evaluations or petitions for involuntary hospitalization when necessary to protect both the individual and the community. These partnerships provide a structured response while preserving individual rights and due process protections.

A strength of the local system is strong collaboration among behavioral health, healthcare, public safety, and homeless service providers. CMH manages approximately 200 court-ordered involuntary mental health treatment cases annually, providing assessment, treatment planning, placement coordination, and ongoing clinical services. According to the Ottawa County Probate Court Caseload Report, involuntary mental health treatment petitions increased 19% between 2019 and 2023, highlighting growing behavioral health needs within the community.

Individuals often do not qualify for involuntary intervention until symptoms have significantly escalated. To mitigate this, the CoC is expanding early intervention and voluntary service engagement through stronger behavioral health referral pathways, coordination with CIT and mobile crisis teams, a community outreach and program coordinator at the local resource center, and a planned walk-in Crisis Center. These efforts are intended to connect individuals to treatment sooner, reduce crisis severity, and decrease the need for court-ordered intervention while maintaining public safety.

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)

The CoC follows all applicable federal, state, and local requirements related to the Sex Offender Registry and Notification Act (SORNA). Street Outreach (SO) and HARA providers ask clients during intake whether they are registered sex offenders to support required reporting, promote public safety, and identify any housing or program eligibility considerations. Agencies also utilize the Sex Offender Registry to verify client information, support safety planning, and inform appropriate housing placement decisions. No local laws currently prevent the CoC from sharing information necessary to comply with SORNA. However, several policies and practices can hinder housing placement for registered sex offenders, including landlord restrictions, residency requirements, and housing program eligibility limitations. These barriers can significantly reduce available housing options and contribute to longer periods of homelessness.

To overcome these challenges, the CoC will continue leveraging existing policies that allow lawful information sharing among coordinated entry, outreach, and housing providers while maintaining confidentiality and HMIS requirements. Providers verify registry status during assessment, conduct individualized safety planning, and work with landlords and community partners to identify housing options that comply with applicable restrictions. The CoC also provides housing navigation, case management, and referrals to appropriate resources to support successful placement and housing stability.

The CoC adheres to mandated reporting laws and local practices that promote public safety while ensuring access to homeless services for all eligible individuals. According to publicly available data, Ottawa County has approximately 672 registered sex offenders. The CoC will continue balancing community safety considerations with its responsibility to assist individuals experiencing homelessness through coordinated assessment, resource navigation, and housing-focused interventions.

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)

Throughout the CoC, the Street Outreach (SO) plays a pivotal role in coordinating with agencies and organizations that interact with the homeless community, including local police, churches, libraries and weekly visit to other public venues. Through partnerships, the team is able to connect with individuals that are least likely to request assistance. The SO team consists of trauma-informed experts providing critical services and support to gain safe, stable, and affordable housing. Case managers embedded in the SO team work to build strong relationships with people experiencing homelessness by building trust and understanding client's barriers. The team identifies people experiencing homelessness by: 1) visiting encampments; 2) community partner referrals; and 3) drop-ins at programming geared toward the homeless community. Meeting individuals in their current locations increases opportunities for engagement and necessary supports. Additionally, the population of the homeless community is diverse. For effective and tailored services, the SO team is bilingual (Spanish/English) and provides literature in both languages.

Protocols are in place to assist limited English-speaking, hearing impaired, or visually impaired clients. For all other limited English-speaking clients, audio translation through a third-party app is available. The SO team provides services in trusted and safe community settings, including weekly drop-in hours at local libraries, daily meal services county wide, individually scheduled appointments offered by local nonprofits, and at Refresh. Refresh provides meals, showers, and other resources at scheduled times three days a week. The program operated by First United Methodist Church, is staffed by volunteers, the SO team, and community health resources such as Community Mental Health. Once housing stability is achieved, the case manager introduces the individual to other agencies for further support. Throughout the housing journey, the SO team consistently cements their credibility with the homeless community. This level of trust has helped the team identify, engage with people experiencing homelessness.

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

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

		Written Agreement
1.	**Child Care (including Child Care and Development Fund)**	Yes
2.	**Early Childhood Providers**	Yes
3.	**Early Head Start**	Yes
4.	**Home Visiting Program (including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)**	Yes
5.	**Head Start**	Yes
6.	**Healthy Start**	Yes
7.	**Public Pre-K**	Yes
8.	**Tribal Home Visiting Program**	No
	Other (limit 150 characters)	
9.	Help Me Grow	Yes

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

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

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

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

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

(limit 2,500 characters)

The policy of the CoC is to ensure households with children, including unaccompanied youth, are identified, informed of educational rights and available educational resources and assisted in accessing those resources. As such, the CoC recipients of the HUD CoC-Program, Emergency Solutions Grant and other grants that serve households with children, including unaccompanied youth, must ensure and document they:
1. Collaborate with local education agencies to assist in the identification of homeless families as well as informing these families and youth of eligibility for McKinney-Vento education services.
2. Consider the educational needs of children when families are residing in Emergency shelters, transitional housing, rapid re-housing or permanent supportive housing to the maximum extent practicable. For example, grantees will work with families with children to find housing as close to their school of origin as possible so as not to disrupt the children's education.
3. Establish policies and practices that are consistent with, and do not restrict the exercise of rights provided by the education subtitle of the McKinney-Vento Act, and other laws relating to the provision of education and related services to individuals and families experiencing homelessness.
4. Designate a staff person to ensure children are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start, Part C of the Individuals with Disabilities Education Act and McKinney-Vento education services. Agencies are documented in Contracts, Memorandums of Understanding or Community Partner Agreements. Agreements address key contacts, shared data practices, safety protocols, information and services provided.

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 coordinates closely with the Michigan Department of Health and Human Services (DHHS), Escape Ministries, Grant Me Hope, local school districts, and McKinney-Vento Liaisons to assist youth transitioning from foster care and other public systems of care. These partnerships help identify youth at risk of homelessness and connect them to housing, education, employment, healthcare, and supportive services before housing instability occurs.

DHHS collaborates with CoC partners to support transition planning for youth exiting foster care and ensures eligible youth are connected to available benefits, healthcare coverage, behavioral health services, and community resources. Escape Ministries and Grant Me Hope provide mentoring, family engagement, supportive relationships, and connections to resources that promote stability and reduce the risk of homelessness.

The CoC also works with McKinney-Vento Liaisons and local school districts to identify youth experiencing homelessness or housing instability and ensure they remain connected to educational services and supports. Through these partnerships, youth receive assistance with school enrollment, transportation, educational stability, and access to services available under the McKinney-Vento Act.

Coordinated Entry, Street Outreach, Community Mental Health, and youth-serving organizations work together to provide housing assessments, case management, benefit navigation, and referrals to appropriate housing and supportive services. Regular collaboration among these partners helps ensure youth transitioning from foster care or other public systems are connected to resources, maintain educational continuity, access eligible benefits, and achieve long-term housing stability.

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)

The Ottawa County CoC does not currently have any HHS Runaway and Homeless Youth (RHY)-funded Street Outreach Programs (SOP), Basic Center Programs (BCP), Transitional Living Programs (TLP), or Maternity Group Homes (MGH) operating within the CoC's geographic area. Therefore, the CoC does not maintain formal coordination agreements with local RHY-funded providers.

Despite the absence of local RHY-funded programs, the CoC works closely with youth-serving partners, including the Ottawa Area Intermediate School District (OAISD) McKinney-Vento program, local school districts, Michigan Department of Health and Human Services, Community Mental Health, child welfare agencies, and nonprofit service providers to identify and assist youth experiencing homelessness. Youth are assessed through the Coordinated Entry System and connected to age-appropriate housing, behavioral health, educational, and mainstream resources.

Street Outreach teams and HARA providers are trained to identify unaccompanied youth and young adults and connect them to available shelter, family reunification services, behavioral health supports, and housing resources. When specialized RHY services are needed and unavailable locally, providers assist youth in accessing regional and statewide resources through referral networks and partner agencies.

The CoC's Education Policy, Collaborative Community Partner Agreement with OAISD, and partnerships with child welfare and youth-serving organizations help ensure that youth experiencing homelessness are identified early and connected to supportive services. The CoC continues to evaluate gaps in youth housing and supportive services and seeks opportunities to strengthen partnerships and expand resources for unaccompanied youth and young adults experiencing homelessness.

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 Ottawa County CoC's family-focused housing projects include Good Samaritan Ministries, My House Ministries' Family Promise program, Bridget's House family housing programs, Love In Action's Family Shelter and Rapid Rehousing services, and Gateway Mission family housing programs. These projects provide Transitional Housing (TH) and/or Rapid Rehousing (RRH) interventions that primarily serve families with children experiencing homelessness and support their transition to permanent housing.

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

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

(limit 2,500 characters)

The projects identified in 1C-13, including MyHouse Ministries, Bridget's House, Love In Action, and Gateway Mission, provide supportive services designed to increase household income and promote long-term housing stability. Families receive housing-focused case management that includes targeted employment search assistance, job readiness activities, resume development, interview preparation, budgeting, and financial literacy education.

Participants are educated on employment and workforce resources available in Ottawa County, including Michigan Works! and other job training and educational opportunities. Case managers help households identify employment goals, address barriers to work, and connect to workforce development and income-enhancing services. Providers also utilize flexible funding sources to remove employment barriers by assisting with required job uniforms, transportation to interviews and employment-related appointments, and educational supplies, certification costs, or training materials needed to pursue higher-paying employment opportunities.

Projects leverage cross-system partnerships to increase access to income supports. Community Mental Health's embedded DHHS coordinator helps streamline enrollment in public benefits and expedite access to healthcare coverage, food assistance, cash assistance, and other resources that support financial stability while households pursue employment opportunities.

In addition, providers utilize expanding service coordination and referral pathways, including the Salvation Army Resource Center and Crisis Center, to connect families to employment services, mainstream benefits, behavioral health supports, educational opportunities, and community resources. Through coordinated case management, workforce referrals, flexible financial assistance, benefit enrollment support, and collaborative service delivery, these projects help families increase income, reduce housing barriers, improve employment outcomes, and build the financial capacity needed to sustain rent payments and maintain permanent housing.

1C-13b. Collaboration Related to Families with Children—Leveraging Funding from Mainstream Family Service Systems.

Describe how the project(s) identified in 1C-13 leverages funding from mainstream family service systems, such as Temporary Assistance for Needy Families (TANF).

(limit 2,500 characters)

The projects identified in 1C-13 leverage a wide range of mainstream family service resources to increase household stability and reduce barriers to permanent housing. Families are connected to Temporary Assistance for Needy Families (TANF) through Michigan's Family Independence Program, Supplemental Nutrition Assistance Program (SNAP), Women, Infants, and Children (WIC), Medicaid, childcare assistance, and other MDHHS-administered benefits. Providers also assist households in accessing unemployment benefits, Social Security benefits, child support resources, educational assistance, transportation supports, and workforce development services.

Through coordinated case management, families are linked with Michigan Works!, local educational institutions, employment and training programs, healthcare providers, and community-based organizations that provide financial assistance, childcare, food support, and other stabilization services. Providers work collaboratively with school districts, McKinney-Vento liaisons, Community Action House, Community Mental Health, Ottawa Food, and local faith-based organizations to maximize available resources and reduce financial burdens on families.

By combining housing assistance with mainstream benefits and family support systems, MyHouse Ministries, Bridget's House, Love In Action, and Gateway Mission help families increase income, reduce housing barriers, improve self-sufficiency, and achieve long-term housing stability after program assistance ends.

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)

The projects identified in 1C-13, including MyHouse Ministries, Bridget's House, Love In Action, and Gateway Mission, combine housing assistance with family-centered supports that promote child well-being, family stability, and long-term housing success. Families receive housing-focused case management that includes referrals and connections to childcare resources, parenting education, family support programs, and early childhood services.

Providers work closely with local schools, McKinney-Vento liaisons, Ottawa Area ISD, Head Start for Ottawa County, Great Start Collaborative, and childcare providers participating in Michigan's Child Development and Care (CDC) program to ensure children are enrolled in school, connected to educational supports, and able to maintain educational stability. Families are assisted in accessing childcare subsidies, early childhood education, developmental services, and transportation resources that support parental employment and self-sufficiency.

Pregnant individuals and families with young children are connected to prenatal care, maternal health services, pediatric healthcare, Medicaid, WIC, and other family health resources through partnerships with Corewell Health, Holland Hospital, Ottawa County Department of Public Health, and local pediatric providers. Providers also coordinate with Community Mental Health, Community Action House, Ottawa Food, and other family-serving agencies to connect households to behavioral health services, family counseling, parenting supports, and basic needs resources.

Through coordinated case management and expanding referral pathways, including the Resource Center and Crisis Center, families are connected to housing, healthcare, childcare, education, employment services, and mainstream benefits through a coordinated system of care. By integrating housing assistance with parenting support, childcare, child healthcare, and education services, these projects help families increase self-sufficiency, strengthen family functioning, and achieve permanent housing stability.

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)

Veterans serving organizations partnered with the Ottawa County CoC include the U.S. Department of Veterans Affairs (VA), Volunteers of America (VOA), Essential Patriots, and the Tri-Cities Habitat for Humanity Veterans Transitional Housing Project. These partners collaborate with the CoC through referrals, coordinated entry, housing navigation, supportive services, and veteran-focused housing resources to assist veterans experiencing or at risk of homelessness.

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 primary victim services provider in Ottawa County, Resilience: Advocates for Ending Violence, has a staff representative actively engaged with the CoC. Resilience and the CoC regularly collaborate with the Michigan Coalition to End Domestic & Sexual Violence (MCEDSV), the Lakeshore Alliance Against Domestic and Sexual Violence (LAADSV), law enforcement and other organizations to ensure CoC-wide policies address the needs of victims of domestic violence and are trauma informed.

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

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

(limit 500 characters)

The CoC has robust multi-agency coordination to prevent the amount people transitioning from prisons, jails, or court-ordered programs. 70 x 7 Life Recovery provides reentry programming through transitional housing, case management, job readiness and recovery supports. New Beginnings provides case management, life-skill classes, and resource navigation for women pre-release. Case managers providing behavioral health services in the jail develop re-entry housing plans and referrals.

1C-17. Collaboration with Partners to Address High Utilizers of Healthcare Systems.

Identify at least one partnership or project your CoC has to provide specialized supportive services for homeless individuals with a high level of medical needs.

(limit 500 characters)

The CoC partners with Community Mental Health of Ottawa County, DHHS, local hospitals, law enforcement, and justice system partners through the Ottawa County Diversion Council and Care Connect 360 to identify and support individuals exiting jail or court-ordered programs who are at risk of homelessness. Through Coordinated Entry, benefit enrollment, housing navigation, and cross-system care coordination, the CoC helps prevent homelessness and promote stable community reintegration.

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)

Senior Resources, the local Area Agency on Aging, partners with the CoC to support older adults through programs that promote independence and dignity. Community Mental Health's Senior Reach program provides home-based support and connections to community resources. Senior Reach collaborates with LifeCircles PACE, Senior Resources, Evergreen Commons, MDHHS Adult Protective Services, the Alzheimer's Association, Four Pointes, and local law enforcement to coordinate services and improve outcomes.

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)

Community Mental Health and Good Samaritan's PSH programs prioritize individuals experiencing chronic homelessness and other highly vulnerable households in accordance with CoC priorities. Participants receive behavioral health services, housing navigation, transportation assistance, employment and benefits support, and connections to community resource needs, level of care, and housing stability are assessed at program entry and at least annually.

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)

Community Mental Health of Ottawa County's Permanent Housing Assistance for Homeless Persons with Disabilities program and Good Samaritan Ministries' Permanent Supportive Housing (PSH) program provide housing and intensive supportive services for individuals experiencing chronic homelessness and other highly vulnerable households prioritized through the CoC's Coordinated Entry System.

CMH's program provides periodic site-based services in a client's residence as needed, and community-based behavioral healthcare services, including mental health assessments, treatment planning, psychiatric services, substance use disorder treatment, crisis intervention, case management, and recovery supports. Services are coordinated through each participant's Individual Plan of Service and documented in a shared electronic health record, allowing housing and treatment staff to streamline care coordination and respond quickly to changing needs.

Good Samaritan Ministries' PSH program combines permanent housing with housing-focused case management, behavioral health referrals, care coordination, and connections to community-based mental health and substance use treatment providers. Program staff work closely with Community Mental Health, healthcare partners, and other supportive service agencies to ensure residents have ongoing access to behavioral health services that support housing stability and recovery.

Both programs integrate behavioral healthcare with housing, transportation assistance, benefits acquisition, employment supports, and connections to community resources. Through coordinated and individualized service planning, participants receive the behavioral health supports necessary to maintain housing, improve wellness, and achieve long-term 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)

Community Mental Health of Ottawa County's Permanent Housing Assistance for Homeless Persons with Disabilities program and Good Samaritan Ministries' Permanent Supportive Housing (PSH) program maintain policies for assessing participant need for higher levels of care and ensuring services are matched to each individual's needs.

Level of care determinations are completed at program entry and reassessed at least annually, or more frequently when significant changes occur. Community Mental Health utilizes the LOCUS (Level of Care Utilization System) to determine the appropriate intensity of mental health services across the continuum of care. For individuals with co-occurring mental health and substance use disorders, the ASAM Criteria are used to assess treatment needs, identify risks, and determine the most appropriate level of substance use treatment. For youth and young adults, the Child and Adolescent Needs and Strengths (CANS) assessment may be used to inform care decisions ranging from outpatient services to residential treatment.

Case managers regularly monitor participant functioning, housing stability, behavioral health symptoms, and service utilization through ongoing case management and documentation in the electronic health record. When assessments indicate a participant requires a higher level of care, staff coordinate referrals to appropriate services, including crisis stabilization, residential treatment, assisted living, skilled nursing facilities, intensive outpatient treatment, or other specialized behavioral health programs.

Good Samaritan Ministries' PSH program similarly monitors participant needs through ongoing case management, care coordination, and collaboration with healthcare and behavioral health providers. When residents demonstrate increased medical, behavioral health, or functional support needs, staff work with Community Mental Health, healthcare providers, and family supports to evaluate appropriate care options and facilitate transitions to higher levels of care when necessary.

Through standardized assessments, routine reassessments, and coordinated care planning, both programs ensure participants receive the level of care necessary to support housing stability, health, recovery, and overall well-being.

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)

Community Mental Health of Ottawa County's Permanent Housing Assistance for Homeless Persons with Disabilities program and Good Samaritan Ministries' Permanent Supportive Housing (PSH) program maintain policies for assessing participant readiness for moving to unsubsidized or other permanent housing. Through frequent case management contacts and formal reviews at least annually, participants are evaluated for housing stability, income growth, independent living skills, service needs, and progress toward goals identified in their Individual Plan of Service (IPOS).

Case managers regularly review employment, benefits, budgeting, tenancy skills, behavioral health stability, and connections to community supports to determine whether participants can successfully maintain housing with reduced or no subsidy. Progress toward self-sufficiency goals is documented and discussed throughout program participation. When participants demonstrate sustained housing stability, increased income, and the ability to manage housing responsibilities independently, staff work with them to develop a transition plan to unsubsidized or other permanent housing options.

For participants in CMH's program, readiness for moving on is assessed alongside ongoing evaluations of level of care and supportive service needs. If household income increases to a level that no longer requires rental assistance, participants may transition from subsidized housing while remaining connected to community resources as needed. Good Samaritan Ministries similarly evaluates housing stability, financial readiness, and support networks to assist residents in successfully moving to independent housing.

These efforts have resulted in positive outcomes. During the reporting period, 8 of 17 PSH exits (47%) moved into permanent housing with no ongoing subsidy, demonstrating successful transitions from Permanent Supportive Housing to independent, self-sustaining housing. Through ongoing assessment, individualized planning, and coordinated support, these programs help participants achieve long-term housing stability and greater self-sufficiency.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1.	Did your CoC reject or reduce any project application(s) submitted for funding during its local competition?	Yes
2.	If you selected 'Yes' for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	08/06/2026
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes

1D-2e.	Projects Accepted–Notification Outside of e-snaps.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	09/22/2026

1D-3.	Reallocation–Reviewing Performance of Existing Projects.	

	Describe:
1.	your CoC's reallocation process to reallocate from lower performing projects to create new high performing projects, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed,
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year,
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1D-3a.	Reallocation Between FY 2021 and FY 2026.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2021 and FY 2026?	No

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)	Michigan Coalition Against Homelessness

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Statewide

2A-3.	PIT Count–Methodology Change.	

	Describe:
1.	any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2025 and 2026, if applicable, and
2.	how the changes affected your CoC's PIT count results.

(limit 2,500 characters)

N/A

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)

When encampments are identified that violate local laws or ordinances, local law enforcement addresses public safety concerns in accordance with established policies. Through strong collaboration between law enforcement and Community Action House (CAH) Street Outreach, individuals residing in encampments are promptly referred for engagement and connection to shelter, transitional housing, Coordinated Entry, healthcare, behavioral health services, and other housing-focused interventions. The CoC further supports these efforts through Project HOME, which brings together service providers, street outreach teams, local governments, behavioral health partners, public safety officials, and law enforcement to coordinate responses to homelessness and encampments. The Community Mental Health (CMH) Crisis Intervention Team (CIT) Co-Response Program enhances these efforts by assisting individuals experiencing behavioral health crises and connecting them to appropriate treatment, shelter, and housing resources. As a result of these coordinated partnerships, tents and encampments remain relatively uncommon throughout the region, and when they do occur, individuals are quickly connected to outreach services that prioritize housing placement, shelter access, stabilization, and public safety.

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

1. Enter the estimated number of encampments in the beginning of your evaluation period.	18
2. Enter the reduction in the number of encampments during your evaluation period.	10

2A-4b.	Reduce Encampments—Number of People in Encampments.	

1. Enter the estimated number of people in encampments in the beginning of your evaluation period.	26
2. Enter the reduction in the number of people in encampments during your evaluation period.	14

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

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

(limit 2,500 characters)

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)

FY2025 SPM 5.2 reported 809 people experiencing first-time homelessness, up from 714 in FY2024 (13.3%). The CoC aims to reduce first-time homelessness by 20% through prevention, diversion, stabilization, and earlier intervention. Risk identification draws on CALL 211 data, FMR trends, county assessments, HMIS, Coordinated Entry (CE), provider reports, stakeholder meetings, and feedback from people with lived experience, including the Survivors Advisory Council. Major contributors to first-time homelessness include rising rents, income loss, eviction, criminal justice involvement, incarceration of household members, medical emergencies, and domestic violence.

All households in a housing crisis are referred to CE for assessment and eligibility for prevention assistance. Supports include rent and utility arrears, security deposits, relocation help, landlord mediation, financial education, and stabilization services. Community partners are encouraged to refer households early.

A central strategy is the eviction prevention partnership among Good Samaritan Ministries, CE, District Court, and Legal Aid. CE staff screen tenants in eviction court and connect them to resources such as Michigan State Emergency Relief funds.

Five agencies lead prevention: Good Samaritan Ministries, Community Action House, The Salvation Army, Volunteers of America, and Love in Action. In FY2024–FY2025, Good Samaritan approved 325 applications assisting 879 people; early FY2026 added 80 applications supporting 228 people. Its Steps 2 Stability diversion program assisted 78 people in 37 households, with 69% exiting to stable housing and no exits to shelter or unsheltered homelessness. Community Action House provides HUD-certified counseling, renter education, budgeting, foreclosure prevention, and navigation. In FY2024–FY2025, it served 95 renters, held 264 workshops, and helped 52 of 55 households facing foreclosure achieve successful outcomes. Volunteers of America supports veterans, while Good Samaritan assists seasonal agricultural workers.

The CoC reviews SPM 5.2 and prevention/diversion outcomes quarterly—tracking households served, diversions, positive housing outcomes, foreclosure prevention, and returns to homelessness. These results guide resource allocation, identify gaps, and measure progress toward the 20% reduction goal.

2A-6. Reducing Length of Time Homeless–CoC's Plan.

Describe your CoC's plan to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

The CoC's plan to reduce the length of time homeless centers on data-driven coordination, targeted housing strategies, and focused barrier resolution. FY2025 SPM 1.2 shows 1,173 people in ES, SH, and TH spent an average of 91.9 days and median 36 days homeless based on HMIS entry/exit data. Including time in PH before move-in (HMIS 3.917), averages rise to 235.1 days and median 82 days. These results guide efforts to shorten shelter stays, accelerate referrals, reducing time to housing placement.
The CE system ensures standardized assessment using VI-SPDAT, reducing duplicate intakes and prioritizing those with the greatest barriers or longest homeless histories. Shelters must refer clients to CE within 48 hours. The By-Name List Team, meet regularly to resolve barriers and move high-need households into permanent housing within a 30-day goal.
Bimonthly By-Name List identify delays in referral or move-in. A new HMIS System Administrator has implemented a data quality plan standardizing exit processing, enabling improved SPM 1.2 monitoring and quarterly reviews at Executive Committee and Agency Administrator meetings. Findings address referral bottlenecks, strengthen coordination, and improve timeliness of placements.
Recognizing the shortage of 2,289 units affordable to households below 50% AMI, the CoC partners with Dwelling Place, Habitat for Humanity, the Housing Commission, and local municipalities to expand supply. Master-leasing projects operated by Family Promise and Good Samaritan Ministries support households facing rental barriers. Good Samaritan's Steps 2 Stability served 78 people in 37 households, with 69% exiting to positive housing destinations and no exits to homelessness.
Providers address barriers contributing to extended homeless episodes: Community Action House offers financial wellness and budgeting; Good Samaritan provides housing-readiness and life-skills coaching; Community Mental Health offers walk-in support and supportive employment; Volunteers of America operates the Homeless Veterans' Reintegration Program; coordination with Michigan Works assists job seekers, and Good Samaritan provides employment and financial support for seasonal agricultural workers.
Coordinated assessment, landlord engagement, expanded housing options, targeted supportive services, and continuous performance monitoring drive reductions in the length of time people experience homelessness across the CoC.

2A-7.	**Successful Permanent Housing Placement–Exits to Unsubsidized Housing.**	

Based on HMIS data, what percent of program participants exited from TH/RRH/PSH collectively to unsubsidized housing?	50.00%

Describe how you calculated the data for this response.

(limit 2,500 characters)

For FY2025 System Performance Measure 7b.1, 195 of 957 people exiting ES, SH, TH, and RRH exited to permanent housing, for a successful-exit rate of 20.38 percent.
For the unsubsidized-housing calculation, the CoC reviewed HMIS exit data for the 12-month period from January 1 through December 31, 2025. The universe included all 100 people who exited the CoC's six TH, RRH, and PSH projects: three RRH projects operated by Good Samaritan Ministries and Volunteers of America, two PSH projects operated by Good Samaritan Ministries and Ottawa County Community Mental Health, and one TH project operated by The Salvation Army.
The CoC summed exits recorded under HMIS Data Element 3.12 as: staying or living with family, permanent tenure; staying or living with friends, permanent tenure; rental by client, no ongoing housing subsidy; and owned by client, no ongoing housing subsidy. Of the 100 people who exited, 49 exited to rental housing without an ongoing subsidy and one exited to live with family with permanent tenure. No exits were recorded to friends with permanent tenure or client-owned housing without an ongoing subsidy.
In total, 50 of 100 participants exited to unsubsidized permanent housing, resulting in an unsubsidized-housing exit rate of 50 percent.

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

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

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

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

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

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

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

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

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

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

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds	Adjusted Total Year-Round, Current VSP Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database	HMIS and Comparable Database Coverage Rate
1. Emergency Shelter (ES) beds	250	20	270	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	26	30	56	100.00%
4. Rapid Re-Housing (RRH) beds	57	0	57	100.00%
5. Permanent Supportive Housing (PSH) beds	156	0	156	100.00%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

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

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

(limit 2,500 characters)

N/A

3A. Policy Initiatives

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

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

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

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

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

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes? No

4A. Attachments Screen For All Application Questions

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

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

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.
3.	We prefer that you use PDF files, though other file types are supported–please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.
4.	Attachments must match the questions they are associated with.
5.	Only upload documents responsive to the questions posed–including other material slows down the review process, which ultimately slows down the funding process.
6.	If you cannot read the attachment, it is likely we cannot read it either.
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).
	. We must be able to read everything you want us to consider in any attachment.
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.
8.	Only use the 'Other' attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.

Document Type	Required?	Document Description	Date Attached
01. 1C-1. List of TH/RRH/PSH Projects and Treatment Providers with On-Site Substance Use Treatment	Yes		
02. 1C-1f. List of CoC Program Projects and Number of Units that require Substance Abuse Treatment	Yes		
03. 1C-3. Language from Project Supportive Service Agreements	Yes	1C-3. Language fr...	09/28/2026
04. 1C-10. Evidence of Coordination and Non-Interference with Local Efforts to Advance Public Safety	Yes	1C-10. Evidence o...	09/23/2026
05. 1D-1. Local Competition Scoring Tool	Yes	1D-1. Local Compe...	09/19/2026

06. 1D-2c. Local Competition Selection Results	Yes	Ottawa County Pro...	09/23/2026
07. 2A-8b. FY 2026 HDX Competition Report	Yes	MI-519_2026 Compe...	09/23/2026
08. 3A-1. HUD-2996 Certification for Opportunity Zone Preference Points	No		
09. 3A-2a. Project List for Other Federal Statutes	No		
10. 3A-DP. Your CoC's Policy or Statement to Advance Recovery	No		
11. Other	No	2026 LHA Policy A...	09/21/2026

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

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

Attachment Details

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

Attachment Details

Document Description: 1D-1. Local Competition Scoring Tool

Attachment Details

Document Description: Ottawa County Project Ranking Sheet

Attachment Details

Document Description: MI-519_2026 Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description: 2026 LHA Policy Advancing Recovery by Prohibiting Illicit Drug Enablement.docx

Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/25/2026
1B. Coordination and Engagement–Accountable Structure and Participation	09/28/2026
1C. Coordination and Engagement	09/28/2026
1D. Project Review/Ranking	Please Complete
2A. HMIS Implementation	09/25/2026
3A. Policy Initiatives	09/27/2026
4A. Attachments Screen	Please Complete
Submission Summary	No Input Required

CHP Participant Agreement

This agreement outlines the expectations, responsibilities, and service participation requirements for all individuals enrolled in the CHP Transitional Housing program funded through the U.S. Department of Housing and Urban Development (HUD) and the Continuum of Care (CoC).

Participant Name: _____

Unit Address: _____

Assigned Case Manager: _____

Effective Date: _____

The goal of this program is to support participants in achieving housing stability, self-sufficiency, and overall well-being through supportive services and case management. Participation in supportive services is a condition of program enrollment and continued housing assistance. All participants who choose to enter the program are required to sign this form to indicate they have reviewed and agreed to the rules.

Required Service Participation

All participants agree to actively engage in supportive services, committing to a minimum of **20 hours per week** of employment, employment-related activities, and/or other necessary services to assist in accomplishing the goals outlined in the participant's housing stability plan. Examples of supportive services include:

- Case management meetings as scheduled
- Employment (minimum 20 hours per week) *unless* waived by case manager due to participant's age (62 or older) or the presence of a physical or developmental disability that prevents employment
- Employment training
- Life skills education (e.g., budgeting, household management, communication)
- Vocational rehabilitation services, if applicable
- Behavioral health, substance use, or mental health services, if applicable
- Other appropriate social services identified by program staff and the participant

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

Rental Contribution and Income

Participants agree to submit income documentation as requested for rent calculation and recertification purposes. If a change of income occurs outside of the required verification period, participants must notify their case manager and provide updated income information within 10 days.

Any changes to the rental payments, or time extension must be discussed with a case manager and approved by a supervisor.

Participants agree to pay their required portion of the rent in full on or before the first of the month by money order made payable to the following:

Good Samaritan
513 E. 8th St, Suite 25
Holland, MI 49423
616-392-7159

Or you may pay online by using this link: https://goodsamottawa.org/repayment/

Participant Responsibilities

Participants agree to:

- Provide income documentation and other identifying documents promptly to meet program requirements. A case manager can help with retrieving documentation if this is a barrier.
- Notify their case manager within 10 days of any changes in:
  - Income or employment status
  - Household composition
  - Ability to participate in supportive services
- Report any significant landlord/tenant issues, legal concerns, arrests, or other housing related incidents to their case manager within 10 days of occurrence.
- Maintain their housing unit in a safe, clean, and sanitary condition.
- Cooperate with property management and program staff to support a positive living environment.
- Participate in required meetings, trainings, and reviews related to their service plan and housing stability.
- Abide by program policies, lease terms, and applicable laws.

Confidentiality and Consent

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

Acknowledgment and Agreement

By signing below, the participant acknowledges that they have read, understand, and agree to comply with the terms of this Participant Agreement as a condition of participation in the CHP Supportive Housing Program. Failure to engage meaningfully in required services or to meet program expectations may result in a review of eligibility or termination of housing assistance, consistent with program policy and due process requirements. In these cases, participants will receive a formal letter explaining the termination and will have thirty days to appeal it.

Participant Signature : _____ Date : _____

Housing Staff Signature : _____ Date : _____

PSH Participant Agreement

This agreement outlines the expectations, responsibilities, and service participation requirements for all individuals enrolled in the Permanent Supportive Housing program funded through the U.S. Department of Housing and Urban Development (HUD) and the Continuum of Care (CoC).

Participant Name: _____

Unit Address: _____

Assigned Case Manager: _____

Effective Date: _____

The goal of this program is to support participants in achieving housing stability, self-sufficiency, and overall well-being through supportive services and case management. Participation in supportive services is a condition of program enrollment and continued housing assistance. All participants who choose to enter the program are required to sign this form to indicate they have reviewed and agreed to the rules.

Required Service Participation

All participants agree to actively engage in supportive services, committing to a minimum of **20 hours per week** of employment, employment-related activities, and/or other necessary services to assist in accomplishing the goals outlined in the participant's housing stability plan. Examples of supportive services include:

- Case management meetings as scheduled
- Employment (minimum 20 hours per week) *unless* waived by case manager due to participant's age (62 or older) or the presence of a physical or developmental disability that prevents employment
- Employment training
- Life skills education (e.g., budgeting, household management, communication)
- Vocational rehabilitation services, if applicable
- Behavioral health, substance use, or mental health services, if applicable
- Other appropriate social services identified by program staff and the participant

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

Rental Contribution and Income

Participants agree to submit income documentation as requested for rent calculation and recertification purposes. If a change of income occurs outside of the required verification period, participants must notify their case manager and provide updated income information within 10 days.

Any changes to the rental payments, or time extension must be discussed with a case manager and approved by a supervisor.

Participants agree to pay their required portion of the rent in full on or before the first of the month by money order made payable to the following:

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  - Household composition
  - Ability to participate in supportive services
- Report any significant landlord/tenant issues, legal concerns, arrests, or other housing related incidents to their case manager within 10 days of occurrence.
- Maintain their housing unit in a safe, clean, and sanitary condition.
- Cooperate with property management and program staff to support a positive living environment.
- Participate in required meetings, trainings, and reviews related to their service plan and housing stability.
- Abide by program policies, lease terms, and applicable laws.

Confidentiality and Consent

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

Acknowledgment and Agreement

By signing below, the participant acknowledges that they have read, understand, and agree to comply with the terms of this Participant Agreement as a condition of participation in the PSH Supportive Housing Program. Failure to engage meaningfully in required services or to meet program expectations may result in a review of eligibility or termination of housing assistance, consistent with program policy and due process requirements. In these cases, participants will receive a formal letter explaining the termination and will have thirty days to appeal it.

Participant Signature : _____ Date : _____

Housing Staff Signature : _____ Date : _____

RHS Participant Agreement

This agreement outlines the expectations, responsibilities, and service participation requirements for all individuals enrolled in the Resilient Housing Solutions program funded through the U.S. Department of Housing and Urban Development (HUD) and the Continuum of Care (CoC).

Participant Name: _____

Unit Address: _____

Assigned Case Manager: _____

Effective Date: _____

The goal of this program is to support participants in achieving housing stability, self-sufficiency, and overall well-being through supportive services and case management. Participation in supportive services is a condition of program enrollment and continued housing assistance. All participants who choose to enter the program are required to sign this form to indicate they have reviewed and agreed to the rules.

Required Service Participation

All participants agree to actively engage in supportive services, committing to a minimum of **20 hours per week** of employment, employment-related activities, and/or other necessary services to assist in accomplishing the goals outlined in the participant's housing stability plan. Examples of supportive services include:

- Case management meetings as scheduled
- Employment (minimum 20 hours per week) *unless* waived by case manager due to participant's age (62 or older) or the presence of a physical or developmental disability that prevents employment
- Employment training
- Life skills education (e.g., budgeting, household management, communication)
- Vocational rehabilitation services, if applicable
- Behavioral health, substance use, or mental health services, if applicable
- Other appropriate social services identified by program staff and the participant

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

Rental Contribution and Income

Participants agree to submit income documentation as requested for rent calculation and recertification purposes. If a change of income occurs outside of the required verification period, participants must notify their case manager and provide updated income information within 10 days.

Any changes to the rental payments, or time extension must be discussed with a case manager and approved by a supervisor.

Participants agree to pay their required portion of the rent in full on or before the first of the month by money order made payable to the following:

Good Samaritan
513 E. 8th St, Suite 25
Holland, MI 49423
616-392-7159

Or you may pay online by using this link: https://goodsamottawa.org/repayment/

Participant Responsibilities

Participants agree to:

- Provide income documentation and other identifying documents promptly to meet program requirements. A case manager can help with retrieving documentation if this is a barrier.
- Notify their case manager within 10 days of any changes in:
  - Income or employment status
  - Household composition
  - Ability to participate in supportive services
- Report any significant landlord/tenant issues, legal concerns, arrests, or other housing related incidents to their case manager within 10 days of occurrence.
- Maintain their housing unit in a safe, clean, and sanitary condition.
- Cooperate with property management and program staff to support a positive living environment.
- Participate in required meetings, trainings, and reviews related to their service plan and housing stability.
- Abide by program policies, lease terms, and applicable laws.

Confidentiality and Consent

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

Acknowledgment and Agreement

By signing below, the participant acknowledges that they have read, understand, and agree to comply with the terms of this Participant Agreement as a condition of participation in the RHS Supportive Housing Program. Failure to engage meaningfully in required services or to meet program expectations may result in a review of eligibility or termination of housing assistance, consistent with program policy and due process requirements. In these cases, participants will receive a formal letter explaining the termination and will have thirty days to appeal it.

Participant Signature : _____ Date : _____

Housing Staff Signature : _____ Date : _____

COMMUNITY MENTAL HEALTH
OTTAWA COUNTY

Clinical Progress Note

IDENTIFYING INFORMATION

NAME	DOB	AGE	CASE #	GENDER
John "FAKE" Doe	01/01/2001	25	99999999	Male

ADDRESS: 1234 Test Drive, West Olive, MI 49460

SERVICE	DATE	TIME
	01/07/2026	

DATE	BEGIN TIME	STAFF
01/07/2026	10:00AM	
CONTACT TYPE	**ATTENDANCE**	**PLACE OF CONTACT**
Face to Face (Direct)	Client Present	Office

PERSONS PRESENT

☑ Client	☐ Guardian	☐ Parent	☐ Family
☐ Natural Support	☐ School Staff	☐ Interpreter/Translator	☐ Other:

CARE COORDINATION

ANY SIGNIFICANT HEALTH CONCERNS OR CHANGES, VISITS TO THE EMERGENCY ROOM OR HOSPITALIZATIONS SINCE THE LAST CONTACT?
☐ Yes ☒ No

DETAILS

DID HEALTHCARE COORDINATION OCCUR?
☐ Yes ☒ No ☐ Not Applicable

☐ Flag this note as critical information for prescriber to view during medical review

For Clients age 12+ without Bipolar diagnosis, PHQ-9 should be completed at every visit (*), or if not on the date of the visit, within 14 days prior to or 2 days after the visit.

PHQ-9 SCORES AND PROPOSED TREATMENT ACTIONS

PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0-4	None-Minimal	None/Ongoing monitoring
5-9	Mild	Watchful Waiting; repeat PHQ-9 at follow-up
10-14	Moderate	Treatment plan, considering counseling, Psychiatric follow-up/or pharmacotherapy
15-19	Moderately Severe	Active treatment psychiatrist and therapy
20-27	Severe	Immediate review and treatment by psychiatrist

No PHQ-9 Assessments found

PHQ-9 COMMENTS

DEPRESSION ASSESSMENT / SCREENING

DEPRESSION ASSESSMENT/SCREENING WAS PERFORMED
☐ Yes ☐ No ☐ Refused by patient ☐ Contraindicated

RISK ASSESSMENT

NEW ISSUES, STRESSORS OR EXTRAORDINARY EVENTS PRESENTED TODAY?
☐ Yes ☒ No

IF YES, DESCRIBE

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BEHAVIOR/FUNCTIONING
☒ No Significant Change
☐ Notable Change

MEDICAL CONDITION
☒ No Significant Change
☐ Notable Change

SUBSTANCE USE/ADDICTIVE BEHAVIORS
☒ No Significant Change
☐ Notable Change
☐ Not Applicable

SUICIDE RISK

DID CLINICIAN ASSESS SUICIDE RISK?
☐ Yes ☒ No

RISK REPORTED:
☑ None ☐ Thoughts ☐ Intent ☐ Plan ☐ Means ☐ Behavior ☐ Attempt ☐ Other

C-SSRS RISK ASSESSMENT

DOCUMENT RESPONSE TO ANY IDENTIFIED RISKS AND HOW SAFETY NEEDS ARE BEING MET

GOALS, OBJECTIVES OR INTERVENTIONS ADDRESSED TODAY

☐ No goals addressed/available

No Goals are selected

INTERVENTIONS

Evidence Based Practices Used

☐ Applied Behavior Analysis (ABA)
☐ Assertive Community Treatment (ACT)
☑ Cognitive Behavioral Therapy (CBT)
☐ Dialectical Behavior Therapy (DBT)
☐ Eye Movement Desensitization and Reprocessing (EMDR)
☐ Family Psychoeducation (FPE)
☐ Home Based Services
☐ Infant Mental Health (IMH)
☐ Integrated Dual Disorder Treatment (IDDT)
☐ Internal Family Systems Therapy (IFS)
☐ Medication Assisted Treatment (MAT)
☐ Motivational Interviewing (MI)
☐ Parent Management Training Oregon (PMTO)
☐ Parenting Through Change (PTC)
☐ Screening, Brief Intervention and Referral to Treatment (SBIRT)
☐ Trauma-Focused Cognitive Behavioral Therapy (TFCBT)
☐ Zero Suicide
☐ Other:

EXPLAIN:

Therapeutic Interventions

☐ Assertiveness and interactive skill training
☐ Assist with problem solving
☐ Encourage decrease in or elimintion of denial
☐ Encouragement to participate in group process
☐ Enhancement of communication skills
☐ Focused dynamic
☐ Identifying relapse triggers
☐ Parenting Skills
☐ Peer relationships
☐ Play Therapy
☐ Positive reinforcement for appropriate behavior
☐ Psycho-educational
☐ Referral to collateral supports
☐ Stress management techniques
☐ Supportive
☐ Symptom management/skill building
☐ Sand Tray
☐ Trauma work with children
☐ High family conflict and divorce techniques
☑ Other:

EXPLAIN
rapport building

Skill Enhancement/Supports

☐ Community Living Services (CLS)
☐ Developmental Guidance
☐ Life Goals
☐ Peer Support Services
☐ OT
☐ PT

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☐ Didactic/Psychoeducation	☐ Recovery Coaching	☐ SLP
☐ Family Support/Training	☐ Skill Building Services	☐ Behavior Supports
☐ Health/Wellness Coaching	☐ Supported Employment/Vocational Supports	☐ Nursing

Case Management		
☐ Advocacy	☐ Linking/Coordinating	☐ Reassessment
☐ Healthcare	☐ Monitoring	☐ Social Activity(ies)
☐ Housing	☐ Person/Family-Centered Planning	☐ Transportation

CLIENT'S RESPONSE TO INTERVENTIONS

PLAN AND FOLLOW-UP

SATISFIED WITH SERVICES, SUPPORTS AND/OR TREATMENT?

☐ Yes ☐ No ☒ Not Assessed

UPCOMING APPOINTMENTS

Date / Time	Purpose	Staff	Location / Site	Status
06/10/2026 4:00 PM	Other			Scheduled
07/28/2026 11:15 AM	IPOS Meeting		CMH Outpatient - MIA	Scheduled

NEXT APPOINTMENT DETAILS

☐ No Appointment Scheduled

REASON

SIGNATURES

STAFF SIGNATURE / CREDENTIALS _____ DATE _____

ADDITIONAL STAFF SIGNATURE / CREDENTIALS _____ DATE _____

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COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY
PROGRAM DESCRIPTION

Permanent Supportive Housing (PSH) Program – The PSH is funded by the Department of Housing and Urban Development (HUD) and is for adult clients of CMHOC services who are literally homeless, permanently disabled and can live independently.

PROGRAM GOALS/OBJECTIVE

The goal of the PSH Program is to provide permanent housing to clients of CMHOC services who are literally homeless and permanently disabled by providing long term rental assistance and assistance in securing housing. This is a scattered site rental assistance program, meaning participants can choose the rental units which they will occupy within Ottawa County. Clients who do not receive these services should be encouraged by their assigned case coordinator to contact the Homeless Assessment and Referral Agency (HARA), Good Samaritan Ministries, to access other housing programs offering assistance to persons who are homeless or at risk of becoming homeless. The PSH Program can also accept referrals from partner organizations through the By Name List Committee that is part of the Lakeshore Housing Alliance's Coordinated Entry.

DESCRIPTION OF SERVICES

In order to be eligible for participation in this program, a person must have documentation of being literally homeless. The documentation of homelessness should be obtained from third-party documentation, if this is not available staff can discuss alternative options. Persons need to meet HUD's definition of literal homelessness which is as follows:

1. Individual or family who lacks a fixed, regular, and adequate nighttime residence meaning:
    a. Has a primary nighttime residence that is a public or private place not meant for human habitation; **or**
    b. Is living in a publicly or privately operated shelter designed to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels or motels paid for by charitable organizations or federal, state and local government programs); **or**
    c. Is exiting an institution where s(he) has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

Rental assistance is provided to eligible people who are individuals or families. Individuals are eligible for a one-bedroom unit. Due to the limited availability of rental units in Ottawa County, exceptions can be made for two-bedroom units that are within the rent-reasonableness amount. Families are eligible for various sized units, the number of bedrooms is based on family

composition. Consumers who do not have custody of their children, but do have visitation rights, may be eligible for a multi-bedroom apartment.

Clients are referred to this program by their assigned case manager or supports coordinator or through the By Name List Committee that is part of the Lakeshore Housing Alliance's Coordinated Entry. The assigned staff completes the HUD PSH Program referral in Otto and sends supporting documents to Grant Assistant. If the Program is full, a waiting list will be maintained by the Grant Manager. CMHOC will prioritize persons experiencing chronic homelessness and other vulnerable homeless persons for open slots in the program as set forth by the Lakeshore Housing Alliance (see attachment). A client must continue to meet the definitions of literally homeless in order to remain on the waiting list.

Once participants have selected a unit it is required, by HUD, to be inspected to ensure the unit meets basic habitation standards. Community Action Agency conducts an initial Housing Quality Standards (HQS) Inspection and then annually thereafter. Each unit must be inspected prior to a participant moving in. If a unit fails to pass inspection the landlord will be provided with a description of the items that failed. The landlord has 30 days to make the necessary repairs. Once the necessary repairs are completed, the unit is then re-inspected by Community Action Agency.

The participant's portion of the rent (including utilities) is based on 30% of their household adjusted gross annual income. The types of income sources included are: SSI, RSDI, Earned Income, State Disability, Child Support, Food Assistance, etc. When calculating the participant's portion of the rent, any income received for food assistance is included and then deducted from the participant's annual gross household income. Participants are given a $400 deduction from their income for being disabled and may receive another deduction if they have dependents. Income of all participants is reassessed at least annually or if a significant permanent change in income occurs. Participants need to report any changes in their income to their assigned staff, so their portion of the rent can be recalculated, if necessary. Failure to report a change in income could jeopardize participation in the program.

Clients participating in the PSH Program are required to have consent for CMHOC to communicate with their landlord. As a program that is funded by HUD, CMHOC is required to participate in the Michigan State Homelessness Management Information System (MSHMIS). Participants are provided with a Privacy Notice and Release of Information to be reviewed, signed and returned to the Grant Assistant.

A participant may terminate from the Program for a variety of reasons, such as accessing other mainstream resources, achieving economic self-sufficiency, or failure to comply with program requirements. Terminations from the program are handled on a case-by-case basis and should be coordinated with the Grant Manager. Participants will be informed of the termination policy prior to being approved for housing assistance. Notification of termination will occur in writing where participants will receive notice containing a clear statement of the reason(s) for termination. The participant will be offered an opportunity to present objections in writing or orally regarding the termination notice to the Community Program Director after which the participant will receive a

written notice of the final decision within 14 days. The program may resume assistance to a participant whose assistance was previously terminated.

Documentation for each participant's qualifications of homelessness and other program records will be retained for at least 5 years after the expenditure of all funds from the grant under which the program participant was served.

FACILITIES/SPACE/LOCATION AND HOURS

Onsite PSH Program assistance is offered at CMHOC, 12265 James Street Holland MI 49424 Office Hours are between 8:00am and 5:00pm, Monday through Friday.

CMHOC services are offered at 1111 Fulton St, Grand Haven, MI 49417. Office Hours are between 8:00am and 5:00pm, Monday through Thursday and 8:00am-12:00pm on Friday.

COMMUNITY MENTAL HEALTH OTTAWA COUNTY

LAKESHORE HOUSING ALLIANCE

United Way

Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing

1. Order of Priority in CoC Program-funded Permanent Supportive Housing

    i. Dedicated Beds

        1. First priority: Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Need.
        2. Second priority: Chronically Homeless Individuals and Families with the Longest History of Homelessness.
        3. Third priority: First priority: Chronically Homeless Individuals and Families with the Most Severe Service Need.
        4. Fourth Priority: All other Chronically Homeless Individuals and Families

    ii. Non-dedicated Beds

        1. First priority: Homeless Individuals and Families with a Disability and with the Most Severe Service Needs
        2. Second priority: Homeless Individuals and Families with a Disability and with a Long Period of Continuous or Episodic Homelessness
        3. Third priority: Homeless Individuals and Families with a Disability Coming from Places Not Meant for Human Habitation, Safe Havens or Emergency Shelter.
        4. Fourth priority: Homeless Individuals and Families with a Disability coming from Transitional Housing

Adopted: 11/5/2015

Revised 10/09/2025

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY

SERVICE AGREEMENT

Name: ID: Assessed Fee:

Ottawa County CMH Agrees to the Following:

1. To explain clearly the purposes, risks and anticipated benefits of recommended services.
2. To provide a written summary of recipient rights and to provide answers to any questions related to recipient rights.
3. To maintain recipient's privacy and confidentiality.
4. To release information consistent with Notice of Privacy Practices.
5. To provide a copy of CMHOC's Notice of Privacy Practices.
6. To provide quality services.
7. To provide adequate and advance notice for any significant changes in services provided.

Regarding Services, I Agree to the Following:

1. To allow my needs to be assessed through interview, observation and record review.
2. To be actively involved in the development of my service plan and subsequent services.
3. To cancel appointments, if necessary, at least 24 hours in advance.

Regarding Fees, I Agree to the Following:

Personal fees are determined based on the individual's ability to pay, and are in addition to any insurance benefits that might be available, up to the cost of providing services.

1. To pay the determined fee at the time of service unless other arrangements have been made.
2. To inform CMHOC of changes in my income so that assessed fees accurately reflect my ability to pay.
3. If I have Medicare coverage, I have been given additional information regarding which services Medicare will (and will not) cover.
4. If I qualify for General Fund services, I understand those services may be limited based on availability of funds.

Acknowledgments:

I do acknowledge that I have received a summary of their rights related to mental health and/or substance abuse services. Also, I do acknowledge that I have been offered a copy of the "Your Rights" booklet.

I also acknowledge that I consent to receive services at CMHOC. I understand that I may withdraw this consent at any time. I understand that all CMHOC staff are available to discuss any concerns I may have at this time or in the future.

CMHOC has my permission to contact me after I no longer receive services	☐ Yes	☐ No
Declined Copy of Service Agreement	☐ Yes	☐ No
Redeterminiation of ATP Requested	☐ Yes	☐ No
I was offered a copy of the Lakeshore Region Guide to Services and CMHOC Provider Directory	☐ Yes	☐ No

Consumer Signature Date

Parent/Guardian/DHHS Representative signature Date

Electronically signed by: on

COMMUNITY MENTAL HEALTH OF OTTAWA COUNTY

SERVICE AGREEMENT

Name: ID: Assessed Fee:

Ottawa County CMH Agrees to the Following:

1. To explain clearly the purposes, risks and anticipated benefits of recommended services.
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Declined Copy of Service Agreement	☐ Yes	☐ No
Redeterminiation of ATP Requested	☐ Yes	☐ No
I was offered a copy of the Lakeshore Region Guide to Services and CMHOC Provider Directory	☐ Yes	☐ No

Consumer Signature Date

Parent/Guardian/DHHS Representative signature Date

Electronically signed by: on

CONSENT TO SHARE BEHAVIORAL HEALTH INFORMATION

Michigan Department of Health and Human Services

Use this form to give or take away your consent to share information about your:

- Mental and behavioral health services. This will be referred to as "behavioral health" throughout this form.
- Diagnosis, referral, and treatment for an alcohol or substance use disorder. This will be referred to as "substance use disorder" throughout this form.

This information will be shared to help diagnose, treat, manage, and pay for your health needs.

Why This Form Is Needed

When you receive health care, your health care provider and health plan keep records about your health and the services you receive. This information becomes a part of your medical record. Under state and federal laws, your health care provider and health plan do not need your consent to share most types of your health information to treat you, coordinate your care, or get paid for your care. But they may need your consent to share your behavioral health or substance use disorder records.

Instructions

- To **give** consent, fill out Sections 1, 2, 3, and 4.
- To **take** away consent, fill out Sections 5.
- Sign the completed form, then give it to your health care provider. They can make a copy for you.

Section 1: About You

First Name	Middle Initial	Last Name	Date of Birth	Date Signed

Section 2: Who Can See Your Information and How They Can Share It

Section 2a: Sharing Information Between Individuals and Organizations

Let us know who can see and share your behavioral health and substance use disorder records. You should list the specific names of health care providers, health plans, family members, or others. They can only share your records with people or organizations listed below.

1. Community Mental Health OC
2. DHHS
3. _____
4. _____
5. _____
6. _____

Section 2b: Sharing Information Electronically

Health information exchanges or networks share records back and forth electronically. This type of sharing helps the people involved in your health care. It helps them provide better, faster, safer, and more complete care for you. Your health care provider and health plan may have already listed these organizations below.

Choose only one option:

☐ Share my information through the organizations listed below. This information will be shared with the individuals and organizations listed under Section 2a.

☐ Do not share my information through the organizations listed below.

☐ Share my information through the organizations listed below with all of my past, current, and future treating providers. If I choose this option, I can request a list of providers who have seen my records.

For Health Care Provider or Health Plan Use Only. List all health information exchanges or networks:

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Section 3: What Information You Want to Share

Choose one option:

☒ Share **all** my behavioral health and substance use disorder records. This does not include "psychotherapy notes."

☐ Share **only** the types of behavioral health and substance use disorder records listed below. For example, what I am being treated for, my medications, lab results, etc.

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Section 4: Your Consent and Signature

Read the statements below, then sign and date the form.

By signing this form below, I understand:

- I am giving consent to share my behavioral health and substance use disorder records. This includes referrals and services for alcohol and substance use disorders, but other information may also be shared.
- I do not have to fill out this form. If I do not fill it out, I can still get treatment, health insurance or benefits. But, without this form, my provider or health plan may not have all the information needed to treat me.
- My records listed above in Section 3 will be shared to help diagnose, treat, manage, and pay for my health needs.

- My records may be shared with the people or organizations as stated in Section 2.
- Other types of my health information may be shared along with my behavioral health and substance use disorder records. Under existing laws, my health care provider and health plan do not need my consent to share most types of my health information to treat me, coordinate my care or get paid for care.
- This form does not give my consent to share "psychotherapy notes".
- I can remove my consent to share behavioral health and substance use disorder records at any time. I understand that any records already shared because of past approval cannot be taken back. I should tell all individuals and organizations listed on this form if I remove my consent.
- I have read this form. Or it has been read to me in a language I can understand. My questions about this form have been answered. I can have a copy of this form.
- This signature is good for **1 year** from the date signed. Or I can choose an earlier date or have it end after the event or condition listed below. (For example, at the end of my treatment.)

  Date, event, or condition: _____

State your relationship to the person giving consent and then sign and date below:

☐ Self

☐ Parent (Print Name) _____

☐ Guardian (Print Name) _____

☐ Authorized Representative (Print Name) _____

Signature	Witness Signature (If Appropriate)
[[SertifiSStamp_1]]	[[SertifiSStamp_2]]

TAKE AWAY YOUR CONSENT

Complete Section 5 if you no longer want to share your records listed above in Section 3.

Section 5: Who Can No Longer See Your Information

I no longer want to share my records with those listed in Sections 2a and 2b. I understand any information already shared because of past approval cannot be taken back.

State your relationship to the person withdrawing consent, then sign and date below.

☐ Self

☐ Parent (Print Name) _____

☐ Guardian (Print Name) _____

☐ Authorized Representative (Print Name) _____

Signature	Date
Witness Signature (If Appropriate)	Date

FOR HEALTH CARE PROVIDER OR HEALTH PLAN USE ONLY

Verbal Withdrawal of Consent

☐ The individual listed above in Section 1 has taken away his/her consent.

List the individual who requested the withdrawal below, then sign and date below.

☐ Individual listed above in Section 1.

☐ Parent (Print Name) _____

☐ Guardian (Print Name) _____

☐ Authorized Representative (Print Name) _____

Signature of Person Who Received the Verbal Withdrawal	Print Name	Date

Other Information for Health Care Providers and Health Plans

This form cannot be used for a release of information from any person or agency that has provided services for domestic violence, sexual assault, stalking, or other crimes. See the FAQ for providers and other organizations at michigan.gov/bhconsent.

Additional Identifiers (Optional)

Medicaid Last 4 of the Social Security Number

Form Copy (Optional, Choose One Option)

☐ The individual in Section 1 **received** a copy of this form.

☐ The individual in Section 1 **declined** a copy of this form.

AUTHORITY:	This form is acceptable to the Michigan Department of Health and Human Services as compliant with 42 CFR Part 2, PA 258 of 1974 and MCL 330.1748 and PA 368 of 1978, MCL 333.1101 et seq. and PA 129 of 2014, MCL 330.1141a.
COMPLETION:	Is Voluntary, but required if disclosure is requested.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

LAKESHORE HOUSING ALLIANCE

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

Ottawa County MI-519 Continuum of Care

The Ottawa County Continuum of Care (CoC) actively coordinates with local law enforcement, behavioral health providers, local governments, parks departments, first responders, and community stakeholders to advance public safety while ensuring individuals experiencing homelessness are connected to appropriate services, shelter, housing, and behavioral health resources. The CoC's approach emphasizes engagement, voluntary service connection, crisis intervention, and outreach before enforcement whenever possible.

The CoC maintains ongoing partnerships with municipal law enforcement agencies, Ottawa County Sheriff's Office, Community Mental Health (CMH) of Ottawa County, local emergency departments, EMS providers, municipal parks departments, and community organizations through regular case conferencing, outreach coordination, and collaborative planning. Street Outreach providers routinely coordinate with law enforcement and public safety personnel regarding individuals experiencing unsheltered homelessness, behavioral health crises, and encampment concerns.

In 2026, the CoC adopted updated outreach and encampment response language clarifying that public parks and public spaces are not intended for long-term habitation and that homelessness alone does not constitute criminal activity. When encampments or public safety concerns are identified, outreach teams engage individuals to assess immediate needs, facilitate connections to shelter and housing resources, provide diversion assistance, and coordinate behavioral health referrals before enforcement actions occur when feasible and appropriate. The CoC supports lawful management of public spaces while ensuring affected individuals receive information about available housing and supportive services.

The CoC works closely with **Community Mental Health's Crisis Intervention Team (CIT), Mobile Crisis, and co-responder programs** to address behavioral health crises that may impact public safety. CIT-trained officers and behavioral health professionals partner with outreach providers to de-escalate crises, connect individuals to treatment, and reduce unnecessary involvement with the criminal justice system. This coordination improves access to care while enhancing community safety.

Public safety collaboration is also advanced through **Project HOME**, a community planning initiative convened to develop long-term solutions to homelessness. On **March 27, 2025**, Project HOME engaged approximately **75 stakeholders**, including representatives from local governments, law enforcement, behavioral health providers, healthcare systems, homeless service providers, philanthropy, business leaders, education partners, faith communities, and individuals with lived experience. On **April 17, 2025**, an additional **85 stakeholders** participated in planning activities. Combined participation included approximately **15 local government representatives, 10 law enforcement and public safety personnel, 12 healthcare and behavioral health representatives, 18 homeless and housing service providers, 8 business and workforce representatives, 6 education partners, 8 faith-based organizations, and 13 individuals with lived experience and community advocates.** These discussions reinforced shared commitments to public safety, crisis response, housing stability, and coordinated community solutions.

Through these collaborations, the Ottawa County CoC demonstrates active coordination with public safety partners and does not interfere with local efforts to advance public safety. Instead, the CoC supports coordinated, person-centered approaches that improve community conditions, address behavioral health needs, reduce unsheltered homelessness, and enhance safety for all residents.

