1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1A-1. CoC Name and Number: OH-507 - Ohio Balance of State CoC

1A-2. Collaborative Applicant Name: Ohio Development Services Agency

1A-3. CoC Designation: CA

1A-4. HMIS Lead: Ohio Development Services Agency

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organizations and persons that participate in CoC meetings.
Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board.
Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	No
Law Enforcement	Yes	Yes	No
Local Jail(s)	No	No	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	No
Youth advocates	Yes	Yes	Yes
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Not Applicable	No	Not Applicable
Homeless or Formerly Homeless Persons	Yes	Yes	No

1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.

The Ohio BoSCoC solicits general, Board, and workgroup membership annually via public announcement in local communities. Along with participation from all 18 regions, the CoC seeks members who represent a range of expertise in homelessness/housing, including DV, transition age youth, and veterans. Each year the CoC evaluates the current makeup of the Board and identifies gaps- it then directly solicits membership that can provide missing insight. Currently a rep from Ohio Mental Health and Addiction Services serves on the CoC Bd and Steering Cte, which is critical because of the overlap of mental illness and homelessness and work to prioritize those with greatest needs. A rep from the Ohio Capital Corporation for Housing, an affordable housing developer, serves on the BoSCoC Bd and Project Eval workgroup. OCCH's involvement is crucial because of their statewide knowledge of PSH design and housing policy and how they help evaluate existing PSH projects based on that experience.

1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.
Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Sojourners Care Network	Yes	Yes	Yes
Salvation Army	No	Yes	Yes
Family & Community Services	No	Yes	No
Blessing House	No	No	No
Columbiana MH Clinic	No	Yes	No

1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.
Then select "Yes" or "No" to indicate if each provider is a voting member

or sits on the CoC Board.

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
Crossroads Crisis Center	Yes	No
Ashland Safe Haven DV Shelter	Yes	No
Chrysalis Transitional Program	Yes	No
My Sister's House	Yes	No
Family Violence Prevention Center	Yes	No
Turning Point	Yes	No
Ottawa County Transitional Housing	Yes	No
Haven House Supportive Housing	Yes	No
Beatitude House	Yes	Yes
WSOS Community Action Commission	Yes	Yes

1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)

The Ohio BoSCoC process for soliciting new CoC project applications involves releasing a request for new project applications that is open to all eligible entities regardless of their current CoC grantee status. CoC staff share the new project request in early spring of each year via email listserv, posted on CoC staff website, and through a webinar which describes priorities and processes. All are encouraged to share this info with any local agencies that may not have received it but might be interested in applying. The announcement includes specific requests for applications from areas with great community need: i.e., communities with no or very few resources and those with no PSH or RRH projects. The primary factors considered by the CoC in determining new project funding are community need/project type, use of Housing First practices, targeting and prioritizing those with greatest need, cost effectiveness, and commitment to performance measures that align with CoC goals.

1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation?   Annually

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number
Number of Con Plan jurisdictions with whom the CoC geography overlaps	22
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	22
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	22
How many of the Con Plan jurisdictions are also ESG recipients?	2
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The Ohio BoSCoC collaborated with 100% of the ConPlan jurisdictions in the CoC. Most frequently though, the CoC collaborates with ODSA, the entity responsible for the ConPlan jurisdiction for the state. The CoC and ODSA meet regularly to make recommendations on CoC/ESG and statewide homeless project funding, operations, and system standards: CoC Steering Committee (2 hrs/mo), CoC Board Meeting (2 hrs/bi-monthly), HMIS Wkgrp (2 hrs/mo), State ConPlan Advs Group (6 hrs/yr). To assist with other ConPlan development, CoC staff share and post online the CoC's strategic plan, project/system performance measures/goals, county PIT data, and CoC funding priorities. CoC members are urged to use this information to inform local Con Plan processes/development. CoC staff also spend approximately 8 hours semi-annually providing various requested information to local communities via phone calls and emails as they work on updating local Con Plans.

1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)

There are two ESG recipients in the Ohio BoSCoC: Springfield, OH and the State of OH, and the CoC's collaborative applicant, ODSA, distributes state ESG dollars. ODSA and the CoC work jointly to coordinate ESG, CoC, and other state homeless program policies/procedures and performance standards, as appropriate, and help ensure ESG funded emergency shelters and RRH projects comply with the CoC Performance Management Plan, which identifies project-level performance goals. The CoC staff lead, COHHIO, sits on the state homeless program Advisory Cte, which makes recommendations for ESG funding allocation and program implementation within the Ohio BoSCoC and state. The CoC provides data to ODSA on a regular basis (HMIS, PIT, HIC) so that ODSA and the CoC can evaluate performance and make funding decisions at both the project and statewide level. This includes quarterly ESG projects performance data. HIC/PIT and performance data is also made available to the Springfield, OH ESG recipient.

1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)

The Ohio BoSCoC has 45 shelters, 10 TH, 1 RRH, and 1 PSH project targeted

to victims of DV. In addition to recognizing the VAWA provision prohibiting HMIS data entry, the CoC encourages projects to participate in local coordinated entry systems in ways that maintain safety/privacy of clients. Where currently fleeing victims present to a homeless provider, the provider will offer to contact/refer to the local victim services provider (if there is one) if that aligns with client choice, and will only contact that organization sharing information and using a method that has been consented to by the victim. In those cases, no client info is entered into HMIS. Similarly, any time a victim at a non-DV agency expresses concern about having data entered into HMIS, only an anonymous HMIS record is created (with consent) for that client, and no services are denied. Where non-victim homeless present to a DV provider, that provider will offer to contact/refer to the local homeless provider.

1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Mansfield Metropolitan Housing Agency	9.00%	No
Lorain Metropolitan Housing Agency	9.00%	Yes-Both
Brown Metropolitan Housing Agency	0.00%	No
Portsmouth Metropolitan Housing Agency	20.00%	No
Jefferson Metropolitan Housing Agency	0.00%	No

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.
(limit 1000 characters)

In several Ohio BoSCoC communities, local affordable housing providers have set a preference for the homeless in their housing projects, whether on their own or because of direct CoC involvement and advocacy. To date, there are more than 22 subsidized or low-income housing opportunities that have set that preference, equating to more than 200 units. In a less formal manner, providers work continuously to build relationships with local landlords, which has resulted in a better understanding of the need for housing and the challenges their clients experience- this has caused landlords to preserve units for the agency's clients when they could easily find other renters in the community. The CoC

also has ongoing relationships with statewide low-income housing developers and policy makers, some of whom sit on the CoC Board- this ensures ongoing discussion and education on the need for affordable housing directed toward persons experiencing homelessness.

1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	X
No strategies have been implemented	
Other:(limit 1000 characters)	

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

Foster Care:	X
Health Care:	X
Mental Health Care:	X
Correctional Facilities:	X
None:	

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.
(limit 1000 characters)**

n/a

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.
(limit 1000 characters)

While all Ohio BoSCoC CoC/ESG providers have participated in regional CE, covering entire CoC, since 2013, in 2015 the CoC identified the need to improve CE processes/procedures. The new CE Standards (rollout underway) better standardize and outline the following: marketing/outreach strategies so everyone knows how to access the homeless system, and coordination of comprehensive outreach activities to unsheltered; use of common diversion and assessment tools so those with greatest needs are identified and prioritized for housing and services; protocol for making referrals and moving people into housing as quickly as possible, collaboration with other service providers in the community such as law enforcement and healthcare. The CE standards also include protocol for managing centralized PSH waitlists and following HUD's order of priority. Finally, the CoC requires all projects to use Housing First practices, which the CE standards further solidify.

1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list, enter the information in the blank text box, click "Save" at the bottom of

the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Does not Participate	Does not Exist
Local Government Staff/Officials	X	X	X		X		
CDBG/HOME/Entitlement Jurisdiction	X	X	X	X	X		
Law Enforcement	X	X					
Local Jail(s)		X					
Hospital(s)	X	X	X	X	X		
EMT/Crisis Response Team(s)	X	X	X	X			
Mental Health Service Organizations	X	X	X	X	X		
Substance Abuse Service Organizations	X	X	X	X	X		
Affordable Housing Developer(s)	X	X	X				
Public Housing Authorities	X	X	X	X	X		
Non-CoC Funded Youth Homeless Organizations	X	X	X	X	X		
School Administrators/Homeless Liaisons	X	X	X	X	X		
Non-CoC Funded Victim Service Organizations	X	X	X	X	X		
Street Outreach Team(s)	X	X	X	X	X		
Homeless or Formerly Homeless Persons	X	X					
Info & Referral/211	X	X					
Veterans Administration	X	X	X		X		

1F. Continuum of Care (CoC) Project Review, Ranking, and Selection

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2016 CoC Program Competition?	92

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	0

How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?	92

Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	X
% increases in income	X

Monitoring criteria:	
Utilization rates	X
Drawdown rates	X
Frequency or Amount of Funds Recaptured by HUD	X

Need for specialized population services:	

Youth	☐
Victims of Domestic Violence	☐
Families with Children	☐
Persons Experiencing Chronic Homelessness	X
Veterans	☐

None:	☐

1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority.
(limit 1000 characters)

The Ohio BoSCoC evaluates all renewal projects using a 135-point scoring tool and uses the resulting scores to prioritize projects in the CoC project listing. In addition to scoring on meeting certain project performance goals, projects are awarded 10 points if they have at least 30% of clients entering their programs with no income, and 10 points if they have at least 75% of clients coming from emergency shelter or unsheltered locations only (not TH or imminently at risk). Additionally, grantees could receive up to 20 bonus points for providing program documents that clearly evidence the use of Housing First practices (which includes reducing barriers to entry). PSH grantees could receive up to 10 bonus points for providing program documents that clearly evidence prioritization of chronically homeless for all beds (chronic dedicated projects receive those 10 bonus points automatically).

1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached.
(limit 750 characters)

CoC staff hosted a webinar on 3/10/16 about the CoC Board's approved process for reviewing, ranking, and selecting new and renewal CoC projects for the FY2016 Competition. Notification of the webinar was posted online and emailed to the CoC listserv on 2/23/16. Webinar slides and process documents were posted online on 3/11/16. Project evaluation results and the preliminary project ranking were posted online and emailed to the CoC listserv on 5/14/16. The CoC Board made final funding and ranking methodology decisions for Tier 2 on 7/25/16. Notification about Tier 2 ranking methodology and the updated CoC project ranking was posted to the CoC's website and emailed to the listserv on 8/2/16.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached).   08/31/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)   Yes

1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)   08/02/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW?   Yes

1G. Continuum of Care (CoC) Addressing Project Capacity

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1G-1. Describe how the CoC monitors the performance of CoC Program recipients.
(limit 1000 characters)

The Ohio BoSCoC Performance Management Plan outlines all performance measures and goals, by project type, for all homeless projects in the CoC. Performance measures focus on housing stability and exits to permanent housing, increasing income/benefits, and reducing length of time homeless. To monitor performance, CoC staff run quarterly performance reports from HMIS, review all data with the Performance Cte, and share with providers via the CoC's website and listserv. Bed utilization reports are run from HMIS monthly and shared with all providers in the CoC's regions. Additionally, CoC staff review APRs prior to submission to HUD. This allows review of capacity (e.g., timely submission) and monitoring of serving eligible participants. As part of annual project evaluation, CoC staff also review all project's expenditure information. CoC staff conducts training and TA on all performance requirements and has procedures in place for projects with ongoing performance issues.

1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?   Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit.   Yes

2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA.   2-5, attached HMIS Governance Charter

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.   Yes

2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)?   Yes

2A-4. What is the name of the HMIS software   ServicePoint

used by the CoC (e.g., ABC Software)?

2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?   Bowman Systems

2B. Homeless Management Information System (HMIS) Funding Sources

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Select the HMIS implementation coverage area: Single CoC

* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$458,840
ESG	$0
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$458,840

2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	$0
Department of Health and Human Services	$0
Department of Labor	$0
Department of Agriculture	$0
Department of Veterans Affairs	$0
Other Federal	$0
Other Federal - Total Amount	$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding

City	$0
County	$0
State	$0
State and Local - Total Amount	$0

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$0
Private - Total Amount	$0

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	$93,825
Other - Total Amount	$93,825

2B-2.6 Total Budget for Operating Year	$552,665

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the   05/02/2016
2016 HIC data in HDX, (mm/dd/yyyy):

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	2,291	594	1,315	77.49%
Safe Haven (SH) beds	10	0	10	100.00%
Transitional Housing (TH) beds	1,192	155	898	86.60%
Rapid Re-Housing (RRH) beds	1,272	0	1,220	95.91%
Permanent Supportive Housing (PSH) beds	3,501	120	2,653	78.47%
Other Permanent Housing (OPH) beds	22	0	22	100.00%

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months.
(limit 1000 characters)

The only shelter beds not participating in HMIS are located in organizations receiving no public funding and with no requirement to participate in HMIS. To increase bed coverage rates in the next 12 months, the Ohio BoSCoC will contact these providers directly and ask them to participate, explaining the importance and benefit of participation by all projects within the CoC, and offering to waive participation fee requirements if needed. The bed coverage rate for PSH projects is below 85% in part because it reflects the 676 VA Supportive Housing (VASH) beds that are not currently entering data into our CoC's HMIS, but that were reported as part of our 2016 PSH inventory in the HIC. Although VASH projects already enter data into the HOMES database, over the next 12 months the CoC will continue to work with the VA to determine whether these projects have capacity to enter data into the CoC's HMIS.

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	
VASH:	X
Faith-Based projects/Rescue mission:	X
Youth focused projects:	
Voucher beds (non-permanent housing):	
HOPWA projects:	
Not Applicable:	

2C-4. How often does the CoC review or assess its HMIS bed coverage?   Annually

2D. Homeless Management Information System (HMIS) Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	1%
3.2 Social Security Number	0%	1%
3.3 Date of birth	0%	0%
3.4 Race	1%	1%
3.5 Ethnicity	1%	1%
3.6 Gender	0%	1%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	4%	1%
3.15 Relationship to Head of Household	1%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	1%	0%

2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

CoC Annual Performance Report (APR):	X
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	X
Annual Homeless Assessment Report (AHAR) table shells:	X

None	☐

2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR? 12

2D-4. How frequently does the CoC review data quality in the HMIS? Monthly

2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both. Both Project and CoC

2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.

VA Supportive Services for Veteran Families (SSVF):	X
VA Grant and Per Diem (GPD):	X
Runaway and Homeless Youth (RHY):	X
Projects for Assistance in Transition from Homelessness (PATH):	X
	☐
None:	☐

2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date.
(limit 750 characters)

N/A

2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?   Yes

2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)   01/26/2016

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD?   Not Applicable

2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy)   05/02/2016

2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

Complete Census Count:	X
Random sample and extrapolation:	
Non-random sample and extrapolation:	X

2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

HMIS:	X
HMIS plus extrapolation:	
Interview of sheltered persons:	X
Sample of PIT interviews plus extrapolation:	

2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology.
(limit 1000 characters)

HMIS provided most sheltered homeless data for HMIS-participating providers in the Ohio BoSCoC. Data was pulled 5 days after the PIT count date and all providers were required to review the HMIS-generated data, make any needed

corrections in HMIS, and verify final data. Non-HMIS participating providers completed surveys and submitted those to CoC staff who reviewed and compiled data. Where some data on characteristics or subpopulations was not collected, CoC staff used local HMIS/survey data of other similar homeless to generate the missing data. In addition to providing training and written guidance, CoC staff reviewed all PIT data, compared it to previous year's PIT info, and compared HIC bed numbers against PIT numbers. CoC staff followed up with communities identified as potentially having errors to resolve any discrepancies. BoSCoC chose these methods b/c it helps ensure all sheltered homeless are counted, regardless of HMIS participation, and helps improve overall data quality.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)

No change in methodology

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? No

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

N/A

2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

Training:	X
Follow-up:	X
HMIS:	X
Non-HMIS de-duplication techniques:	X

2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

In 2015 the CoC introduced common survey tools and new methods for data compilation from non-HMIS participating providers that resulted in improved data quality, so no major changes were made to the implementation for 2016. For HMIS-participating projects, ongoing technical training throughout the year ensures accurate data entry at all times, resulting in high quality data being extracted from HMIS for the sheltered PIT count. Training was also provided in the weeks preceding the PIT count via webinar and CoC-specific guidance documents, which included instruction on adhering to the updated Chronic Homeless definition and on using the expanded gender classification field.

2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.

2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count? Yes

2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy): 01/26/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD? Not Applicable

2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy): 05/02/2016

2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

Night of the count - complete census:	
Night of the count - known locations:	X
Night of the count - random sample:	
Service-based count:	X
HMIS:	

2I-2. Provide a brief descripton of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology.
(limit 1000 characters)

The Ohio BoSCoC used both Night of the Count-Known Locations and Service-based counts for the 2016 unsheltered count. Known locations were identified by providers, homeless persons, local law enforcement, etc. Locations for service-based counts included meal sites, food pantries, local offices processing Medicaid and other public benefits, etc. Because our CoC covers 80 counties, many of which are very rural, visiting known locations is the only realistic approach to counting unsheltered homeless during one night. But to help reduce the number of unsheltered who may have been missed in that approach, our communities combined those efforts with the service-based counts in the days immediately following the night of the PIT count.

2I-3. Describe any change in methodology from your unsheltered PIT

count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count).
(limit 1000 characters)

No change in methodology.

**2I-4. Has the CoC taken extra measures to   Yes
identify unaccompanied homeless youth in
the PIT count?**

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth.
(limit 1000 characters)

Identification of and data collection for unaccompanied homeless youth was an integral part of the Ohio BoSCoC 2016 PIT count. Training included instruction on the various categories included in the count (unaccompanied youth, parenting youth, age ranges, etc.) and methods for completing the survey tools so that the data was accurately captured for this population. Additionally, the Youth Initiative Coordinator for COHHIO (CoC staff lead) provided one-on-one training with communities to discuss strategies for engagement and communication and for identifying locations where youth congregate that might be different than for other segments of the homeless population.

2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	X
"Blitz" count:	X
Unique identifier:	X
Survey questions:	X
Enumerator observation:	X
None:	

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method).
(limit 1000 characters)

Because the CoC introduced common survey tools and new methods for data compilation for the 2015 PIT count that resulted in improved data quality, no major changes were made to the implementation for 2016. But, to ensure that both past count participants and new volunteers had a clear understanding of the PIT count process and procedures, the CoC provided webinar-based and CoC-specific written guidance to all communities in advance of the PIT count. This included detailed instruction on identifying and collecting data from unaccompanied homeless youth, on applying the updated Chronic Homeless

definition, and on capturing gender identity in the expanded PIT count survey tools.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons
Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	3,320	3,032	-288
Emergency Shelter Total	1,741	1,635	-106
Safe Haven Total	10	10	0
Transitional Housing Total	1,103	942	-161
Total Sheltered Count	2,854	2,587	-267
Total Unsheltered Count	466	445	-21

3A-1b. Number of Sheltered Persons Homeless - HMIS.
Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	12,545
Emergency Shelter Total	10,640
Safe Haven Total	14
Transitional Housing Total	2,585

3A-2. Performance Measure: First Time Homeless.

Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

(limit 1000 characters)

Ohio BoSCoC staff reviews HMIS data and works directly with providers to identify risk factors that lead to entry into homelessness. For example, BoSCoC communities have identified greater risk for homelessness among those in doubled-up situations. To reduce this number the CoC, in collaboration with the state homeless assistance funder, ensures that prevention and diversion resources are available to every county; emphasis on diversion is a requirement of state-funded ES programs. The CoC Board also adopted program standards that require targeting of prevention dollars to people in doubled-up situations, rather than facing eviction, as one way to better serve those most at risk. And as part of the upcoming work to improve the BoSCoC Coordinated Entry system, communities will receive specialized training in screening at point of entry so that individuals and households are diverted or provided prevention services as appropriate in order to reduce the number of first-time homeless.

3A-3. Performance Measure: Length of Time Homeless.

Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.
(limit 1000 characters)

The Ohio BoSCoC has length of stay goals for all project types (except PSH) in the CoC and HMIS is used to track this data for performance monitoring and funding determination. The Quarterly Performance Report is issued publicly and reports on LOS for all projects. Renewal CoC projects (TH, RRH, SH) are evaluated and scored on their ALOS in the annual CoC project evaluation process. CoC and state-funded projects are required to prioritize those with greater needs and longer histories of homelessness per the Ohio BoSCoC Program Standards. All of these efforts have contributed to reduced LOS: in the current FY persons were homeless in ES, SH, TH for an average of only 72 days. The CoC is also developing a common assessment tool that will include questions about past homelessness to help better prioritize them for assistance. Lastly, the CoC Steering Committee is planning a CoC-wide RRH project that will bring those resources to scale and allow us to further reduce time spent homeless.

* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.

In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.

3A-4a. Exits to Permanent Housing Destinations:
Fill in the chart to indicate the extent to which projects exit program

participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	915
Of the persons in the Universe above, how many of those exited to permanent destinations?	825
% Successful Exits	90.16%

3A-4b. Exit To or Retention Of Permanent Housing:
In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	3,234
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	3,083
% Successful Retentions/Exits	95.33%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness.
(limit 1000 characters)

In the Ohio BoSCoC, 4% of persons who exited to PH returned to the homeless system in 1 year, and 19% returned in 2 years (for 10/1/14-9/30/15). To help reduce this rate, the CoC has return to homelessness goals for all project types and performance is reported publicly quarterly. In addition, renewal CoC projects are evaluated on their return to homelessness rates as part of the annual CoC project evaluation process. Data on returns to homelessness for all CoC projects, except victim services providers, is obtained from HMIS– our CoC created a custom report for this purpose. The CoC also adopted program standards which, in part, require PSH projects in particular to prioritize for their programs persons with multiple past episodes of homelessness and longer overall lengths of time homeless. The CoC is also developing a common assessment tool to include more questions about past homelessness to help ensure those households are further identified and prioritized for assistance.

3A-6. Performance Measure: Job and Income Growth.
Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase

program participants' cash income from employment and non-employment non-cash sources.
(limit 1000 characters)

The Ohio BoSCoC has set project goals related to increasing cash income, including employment income and cash benefits, and performance on those goals is reported publicly quarterly. In addition, renewal CoC projects are evaluated on how well they help clients access income sources as part of the annual CoC project evaluation process. CoC staff have trained and provided info to providers about using the Ohio Benefit Bank, an online tool that helps clients apply for multiple benefits via one module, and have shared info about participating in the state's SOAR training and SSI Ohio program (which provides SOAR trained assistance to increase SSI awards). The CoC also shares info with providers about strategies for increasing client's access to employment and income. At the project level, providers work with mainstream employment orgs to help clients increase income, as well as offering services themselves. In the current FY, CoC programs increased total income for 33% of adults served.

3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.
(limit 1000 characters)

Ohio BoSCoC providers primarily work with local Ohio Means Jobs (OMJ) offices, operated by the OH Office of Workforce Development, local Supported Employment (SE) programs for those with mental illness, and the Bureau of Vocational Rehab (BVR). OMJ offices assist with resume development, job training, job search, and offer some case management, access to appropriate clothing for employment, and transportation assistance. SE programs help teach certain job skills and behaviors and responsibilities needed to maintain ongoing mainstream employment, and connect clients to jobs. BVR provides disabled individuals with the services and support necessary to help them gain and maintain employment, including vocational counseling/training, job search/placement assistance, transportation assistance, and occupational tools/equipment as needed. The CoC estimates that at least 75% of CoC funded projects regularly connect participants with the mainstream employment organizations referenced above.

3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?
(limit 1000 characters)

The Ohio BoSCoC made every attempt to conduct an accurate count of unsheltered homeless persons during the annual PIT Count, even though much of our continuum is made up of geographically hard-to-reach/historically uninhabited areas. In preparation for the count, local providers, street outreach teams, and others in the community with knowledge about known locations were required to discuss this issue as part of their overall strategy for locating and surveying unsheltered homeless persons. If areas were identified as being geographically impractical or impossible to survey and where there was no current or historical evidence of homeless persons, those areas were excluded from the count. All other identified known locations were visited during the night

of the count and service-based counts were conducted in the days immediately following. When an unsheltered homeless person/s was identified, assistance was immediately offered to move this person/s into the local emergency shelter.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)?

Yes

3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)

The Ohio BoSCoC is comprised of 80 counties across the state of Ohio, many of which are extremely rural with portions unpopulated. It is simply not realistic to cover every square mile as part of our unsheltered counting efforts. To determine exactly which areas would be excluded from an unsheltered PIT count, CoC staff, with approval from the CoC Board, drafted PIT/HIC guidance and provided training to local communities directing them to work with homeless providers, currently or formerly homeless, local law enforcement, and anyone else with knowledge about known locations for unsheltered persons to identify locations that would be canvassed during the PIT count. Communities were permitted to exclude areas from the count if there were no current or recent past reports of unsheltered persons in that particular geography.

3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy)

08/03/2016

3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data. (limit 1500 characters)

N/A

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 1: Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing; 2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and 3. The highest needs for new and turnover units.

3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

		2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons		295	179	-116
Sheltered Count of chronically homeless persons		218	75	-143
Unsheltered Count of chronically homeless persons		77	104	27

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015. (limit 1000 characters)

The total number of chronically homeless persons in the Ohio BoSCoC decreased by nearly 40% between 2015 and 2016. However, the number of unsheltered chronically increased from 77 in 2015 to 104 in 2016. The total numbers of chronically homeless individuals and persons in families dropped between 2015 and 2016, although in 2016 no chronically homeless families in shelter were reported, while 2 households totaling 9 people were located in unsheltered locations. The number of unsheltered chronically homeless individuals also increased in 2016. One PIT Count change may have contributed to the slight change in unsheltered identified. In 2016, a couple larger encampments of unsheltered homeless that were previously unknown (or non-existent), were identified during the PIT Count. These encampments alone accounted for several unsheltered chronically homeless persons.

3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	323	390	67

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count.
(limit 1000 characters)

The Ohio BoSCoC increased its PSH bed inventory dedicated to chronically homeless by 67 beds between 2015 and 2016 because new chronically homeless-dedicated PSH projects were funded in the previous years and began operations. The CoC determined not to ask any current non-dedicated projects to change their projects/beds to 'dedicated', given our relatively low numbers of chronically homeless persons in areas where beds are available. Instead, the CoC has focused on getting PSH projects to prioritize all beds for chronically homeless.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?   Yes

3B-1.3a. If "Yes" was selected for question 3B-1.3, attach a copy of the CoC's written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found. 16-17 HProgStds

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was "Yes" what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If "No" was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017?
(limit 1000 characters)

The Ohio BoSCoC is on track to functionally end chronic homelessness by the end of 2017. To maximize resources towards this goal, the CoC has adopted written standards that require all PSH projects to prioritize all beds for chronically homeless following HUD's orders of priority. The CoC has also incentivized prioritization of chronically homeless via its project evaluation process, which awards more points to chronic dedicated/prioritized projects. Lastly, the CoC formed a Chronic Homelessness Workgroup to lead efforts to meet the federal criteria and benchmark to functionally end chronic homelessness. This workgroup will apply lessons learned from ending veteran homelessness – e.g., creating a By-Name List (BNL), working with providers to make services/housing available in all counties, and regularly meeting to review system progress – to our work on getting to functional zero for chronically homeless.

3B. Continuum of Care (CoC) Strategic Planning Objectives

3B. Continuum of Care (CoC) Strategic Planning Objectives

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

Vulnerability to victimization:	
Number of previous homeless episodes:	X
Unsheltered homelessness:	X
Criminal History:	
Bad credit or rental history (including not having been a leaseholder):	X
Head of household has mental/physical disabilities:	X
N/A:	

3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless.
(limit 1000 characters)

The Ohio BoSCoC has set system-wide 30 day length of stay goals for shelters, and 21 day re-housing goals for RRH providers, and monitors performance quarterly. The CoC uses coordinated entry systems to assess and identify families with greater needs to be referred to RRH quickly. The CoC is also implementing new Program Standards that require Housing First practices in all project types; this includes reducing barriers to entry, rapidly rehousing, and targeting resources to those with greatest needs. To maximize ESG/CoC funds for RRH, the CoC has worked with the state ESG recipient to increase the use of ESG for RRH (reducing HP), and tie availability of RRH funds to local homeless needs. HUD also just approved TA for the CoC to help develop/provide comprehensive RRH training that will align all RRH providers with the new NAEH RRH Standards. Finally, for FY16, the CoC plans to apply for a new CoC-wide RRH project that will help bring the resource to scale in all 80 counties.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	193	282	89

3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

CoC policies and procedures prohibit involuntary family separation:	X
There is a method for clients to alert CoC when involuntarily separated:	
CoC holds trainings on preventing involuntary family separation, at least once a year:	X
None:	

3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	460	424	-36
Sheltered Count of homeless households with children:	439	410	-29
Unsheltered Count of homeless households with children:	21	14	-7

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Ohio BoSCoC reported decreases in total number of households with children in the 2016 PIT count. Therefore, no additional narrative required.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

Human trafficking and other forms of exploitation?	No
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	No
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	No

3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	
Increase housing and service options for youth fleeing or attempting to flee trafficking:	
Specific sampling methodology for enumerating and characterizing local youth trafficking:	
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	X
Community awareness training concerning youth trafficking:	X

N/A:	☐

3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

Vulnerability to victimization:	☐
Length of time homeless:	X
Unsheltered homelessness:	X
Lack of access to family and community support networks:	☐
	☐
	☐
N/A:	☐

3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	318	314	-4

3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why.
(limit 1000 characters)

The Ohio BoSCoC is not completely sure why there was a decrease, although minor, in unaccompanied youth entering program from unsheltered locations. However, the CoC is looking forward to digging into these issues in the coming year and developing a real strategy for improving outreach and service provision to best meet the needs of homeless youth in our multi-county, primarily rural CoC.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$1,058,896.00	$2,058,896.00	$1,000,000.00
CoC Program funding for youth homelessness dedicated projects:	$71,403.00	$71,403.00	$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	$987,493.00	$1,987,493.00	$1,000,000.00

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	81
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille justice or out of school time) attended by CoC representatives:	42
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	56

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts.
(limit 1000 characters)

Ohio BoSCoC communities work with LEA and SEA reps in several different ways. In many communities, local education stakeholders and homeless liaisons participate in strategic and community planning efforts focused on addressing homelessness among families and youth. In others, homeless liaisons and homeless programs have worked together to draft the policies around how homeless providers will ensure children are enrolled in services/school and that parents are informed of all educational rights. Furthermore, in some Ohio BoSCoC communities, CoC and ESG grantees have a joint process in place with local school administrators to identify families experiencing homelessness.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.
(limit 2000 characters)

The BoSCoC requires CoC/ESG homeless programs to develop policies around ensuring children are enrolled in education programs/school/services and informing provide parents/guardians of McKinney-Vento Education Services and rights. This directive includes requiring providers to designate who will work with parents/guardians to ensure children are enrolled in school or in early childhood education programs, as appropriate. Homeless programs also must inform their local homeless liaisons about their homeless programs and enlist their participation in local homeless coalition meetings. Semi-annually the CoC requests submission of providers' current educational policies. Any concerns about policies are raised with providers as a means to discern if policies are being implemented as required. Additionally, CoC staff collaborate with the state homeless funder to require that state and ESG funded homeless programs have educational policies in place as well as designated staff.

3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?
(limit 1000 characters)

Projects within the Ohio BoSCoC currently have written agreements with the following childcare programs:
Head Start (Ohio BoSCoC Region 18)
Head Start (Ohio BoSCoC Region 1)
Publicly Funded Childcare (Ohio BoSCoC Region 1)
Clark County Department of Job and Family Services (supportive services, including childcare)
Springfield City Schools (Pre-K education and child care)
WSOS Head Start Program (Head Start in the Wood/Ottawa/Sandusky/Seneca region)

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Objective 3: Ending Veterans Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	254	207	-47
Sheltered count of homeless veterans:	224	179	-45
Unsheltered count of homeless veterans:	30	28	-2

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count.
(limit 1000 characters)

There Ohio BoSCoC reported a decrease in total homeless Veterans in the 2016 PIT count, including a decrease in both sheltered and unsheltered Veterans. Therefore, no additional narrative is required.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF.
(limit 1000 characters)

The Ohio BoSCoC relies on SSVF providers to outreach to unsheltered Vets

weekly, since SSVF covers 100% of our CoC. This policy is outlined in the CoC's Policies and Procedures (P&P) for a System Response to Veteran Homelessness. The CoC also has a Master List of homeless Vets that includes data on VA elig and assigns Vets to a Navigator, typically the local SSVF provider. Navigators work with VA staff to determine VA elig right away. Navigators then work with the Vet to create a housing plan, including consideration of elig for VASH and SSVF, based on chronic status, disability, and past homeless episodes. The CoC's Vet P&P also require all providers to refer Vets to local SSVF providers immediately and upon consent, which helps ensure that every eligible homeless Vet has access to, at minimum, SSVF-RRH assistance. Lastly, the Vet P&P requires that all SSVF providers meet with local VAMC staff regularly to review housing plans for all homeless Vets in their combined service areas.

3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	146	207	41.78%
Unsheltered Count of homeless veterans:	0	28	0.00%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016.   Yes

This question will not be scored.

3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016?
(limit 1000 characters)

The Ohio BoSCoC has implemented several strategies to maximize our resources to meet this goal. Because we have sufficient SSVF capacity to rehouse any vet who wants it, we are leaning heavily on SSVF to assist vets in many different ways. So far, our CoC has expanded SSVF service areas to ensure 100% coverage of the CoC, and assigns a navigator to every vet on the By Name List – this navigator, most often the SSVF provider, is charged with getting the vet connected to PH as quickly as possible. Additionally, the CoC developed Policies and Procedures to guide our standardized system response to Veteran homelessness. These P&P require, in part, that all providers immediately refer homeless vets to SSVF where the vet has agreed to the

referral. They also require non-VA eligible homeless Veterans (e.g., dishonorably discharged) to be prioritized for non-VA funded CoC programs/resources.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?

FY 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 competition (new and renewal):	96
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	96
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

**4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits.
(limit 1000 characters)**

Ohio is a Medicaid expansion state. Ohio BoSCoC providers primarily work with local community health centers and county Dept. of Job and Family Services offices, which determine Medicaid eligibility and administer the program for the state. Although some providers and participants may work with Navigators to access healthcare via the ACA exchange, most participants are now Medicaid eligible b/c of their low income. Therefore, providers and clients tend to work with ODJFS more or apply for Medicaid via the online Ohio Benefit Bank tool. Since the expansion of Medicaid and providers' work with healthcare

organizations, more than 85% of clients have health insurance or other non-cash benefits at program exit, even those exiting emergency shelters.

4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

Educational materials:	X
In-Person Trainings:	
Transportation to medical appointments:	X
Not Applicable or None:	

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	96
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:	94
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	98%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	96
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	94
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:	98%

4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

Direct outreach and marketing:	X

Use of phone or internet-based services like 211:	X
Marketing in languages commonly spoken in the community:	X
Making physical and virtual locations accessible to those with disabilities:	X
Not applicable:	

4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	331	632	301

4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction? No

4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?
(limit 1000 characters)

N/A

4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes? No

4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons

defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)

N/A

4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistant Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition? No

4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)

N/A

4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application. Yes

4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.

This response does not affect the scoring of this application.

CoC Governance:	
CoC Systems Performance Measurement:	
Coordinated Entry:	
Data reporting and data analysis:	
HMIS:	

Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	
Maximizing the use of mainstream resources:	
Retooling transitional housing:	
Rapid re-housing:	X
Under-performing program recipient, subrecipient or project:	
Not applicable:	

4B-9b. Indicate the type(s) of Technical Aassistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

Submission Summary

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

Page	Last Updated
1A. Identification	08/12/2016
1B. CoC Engagement	08/29/2016
1C. Coordination	09/06/2016

1D. CoC Discharge Planning	08/12/2016
1E. Coordinated Assessment	08/30/2016
1F. Project Review	09/08/2016
1G. Addressing Project Capacity	08/29/2016
2A. HMIS Implementation	09/06/2016
2B. HMIS Funding Sources	08/19/2016
2C. HMIS Beds	08/29/2016
2D. HMIS Data Quality	09/07/2016
2E. Sheltered PIT	08/24/2016
2F. Sheltered Data - Methods	08/29/2016
2G. Sheltered Data - Quality	08/29/2016
2H. Unsheltered PIT	08/24/2016
2I. Unsheltered Data - Methods	08/29/2016
2J. Unsheltered Data - Quality	08/29/2016
3A. System Performance	08/30/2016
3B. Objective 1	08/29/2016
3B. Objective 2	09/01/2016
3B. Objective 3	08/29/2016
4A. Benefits	08/29/2016
4B. Additional Policies	08/25/2016
Submission Summary	No Input Required