1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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	Yes
School Administrators/Homeless Liaisons	Yes	Yes	No
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	No
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	No	Not Applicable	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 in the geographic area 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.
(limit 1000 characters)

The Ohio BoSCoC annually solicits general CoC membership via a public announcement in local regions/communities, and annually publicly solicits CoC Board membership for half of the seats; A rep from Ohio Mental Health and Addiction Services serves on the CoC Board and Steering Committee. This participation is critical because of the overlap of mental illness and homelessness and work to prioritize those with greatest needs for homeless assistance. A representative from the Ohio Capital Corporation for Housing which helps develop affordable housing in the state, including PSH, serves on the BoSCoC Board and project evaluation workgroup. Having OCCH involved in our CoC work is crucial as they help draft policies and processes related to accessing state resources for PSH development in our CoC. Their knowledge of quality PSH design is helpful on the project evaluation workgroup as they help ensure we evaluate existing PSH projects using the criteria necessary for ending homelessness.

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 within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
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 within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
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 Co. Transitional Housing	Yes	No
Haven House Supportve Housing	Yes	No
Beatitude House	Yes	Yes
WSOS Community Action Commission	Yes	Yes

1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors? (limit 1000 characters)

As part of participation in the Z:2016 Campaign and formally declared commitment to ending veteran and chronic homelessness by 2015 & 2016, the BoSCoC has assembled a Z: 2016 Team. The team is currently focused on ending veteran homelessness. All CoC members were invited to participate in the Z:2016 team via public invitation, but SSVF, GPD, HCHV, VASH, and other programs serving larger number of vets were explicitly asked to participate. Current active team members include all SSVF providers; VA staff members; GPD/HCHV providers; and ODSA staff members. In 2016 another team will be pulled together to focus on chronic homelessness, using lessons learned about process, master lists, and team membership. Similar groups will be convened in future years to focus on the remaining Opening Doors goals. All of these teams/groups are fully staffed by CoC staff.

**1B-4. 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 any new projects in 2015.
(limit 1000 characters)**

The Ohio BoSCoC process for soliciting new CoC project applications involves putting out a request for new CoC project applications that is open to all eligible entities regardless of their current CoC grantee status. CoC staff share the new project request widely in early spring of each year –via email listserv, posted on CoC staff website, and a webinar is hosted to describe priorities and process. All are encouraged to share this new project application 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 - communities with no or very few current CoC projects are often identified as having great community need. The primary factors considered by the CoC in determining new project funding are whether the project will serve a currently un-served or underserved area, and if the project will use Housing First practices.

1B-5. 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1C-1. Does the CoC coordinate with other 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
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, as amended, requires CoCs 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 that the CoC 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)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for 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	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	21	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	21	100.00%
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	21	100.00%
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	50.00%

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	50.00%

1C-2a. Based on the responses selected 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, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s).
(limit 1000 characters)

The Ohio BoSCoC most frequently collaborates with the Con Plan jurisdiction for the state of Ohio, as the CoC's Collaborative Applicant, Ohio Development Services Agency (ODSA) is responsible for the state's Con Plan. This collaboration occurs monthly via the CoC's Steering Committee meetings (1.5 hrs each) and via quarterly CoC Board meetings (2 hrs each). CoC staff also sit on the Advisory Group for the state's Con Planning purposes, which meets annually (6 hrs). To assist with other Con Plan development, CoC staff annually share and post online the CoC's strategic plan, project and system performance measures/goals, county level PIT data, and all info related to funding priorities. CoC members are urged to use this information to inform local Con Plan processes and development. Additionally, CoC staff spend approximately 8 hours semi-annually providing various requested information to local communities via phone calls and emails as they work on drafting/updating local Con Plans.

1C-2b. Based on the responses selected 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. The CoC's collaborative applicant, ODSA, distributes state ESG dollars. In this role, ODSA coordinates ESG and state homeless program policies/procedures. The CoC staff lead, COHHIO, also 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 BoSCoC has also included ESG funded emergency shelters and RRH projects in the CoC Performance Management Plan, which identifies project-level performance goals and monitoring plans/processes. The CoC monitors their performance data quarterly and share that data with the state ESG recipient. Evaluation of that data informs funding decisions and development of improvement plans. CoC staff also helped develop the outcome evaluation process used by the state's ESG recipient to determine ESG funding levels throughout the state, including Springfield.

1C-3. Describe the 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 40 shelters, 9 TH, 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 October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Mansfield Metropolitan Housing Authority	7.00%	No
Lorain Metropolitan Housing Authority	0.00%	Yes-Both
Brown Metropolitan Housing Authority	0.00%	No
Portsmouth Metropolitan Housing Authority	0.00%	No
Jefferson Metropolitan Housing Authority	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 some Ohio BoSCoC communities, CoC members have successfully worked with affordable housing providers to set homeless preferences. In other communities, those housing providers have independently established preferences

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. For "Other," you must provide a description (2000 character limit)

Engaged/educated local policymakers:	X
Engaged/educated law enforcement:	X
Implemented communitywide plans:	X
No strategies have been implemented:	

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1D-1. Select the systems 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 systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that 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) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.
(limit 1000 characters)

1E. Centralized or Coordinated Assessment (Coordinated Entry)

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

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)

All BoSCoC CoC/ESG providers participate in CE systems. CE is implemented differently in the CoC's 18 Regions, but 100% of CoC is covered. Regions use a no-wrong door approach. Info about accessing the CE is advertised via direct client outreach/marketing (eg, in non-English languages), 211 (where avail), and by providing written info for sharing with orgs/persons who regularly come into contact with those more disconnected from systems. Regions use common assess tools and processes, including screening for diversion and in-depth assessment of housing barriers, etc. Assessment helps ensure services/housing are appropriate to level of need. There are 4 outreach programs in the CoC, thus they are unable to reach all counties. Communities w/o street outreach rely on other providers, formerly homeless, and law enforcement to help identify unsheltered. Relationships with law enforcement are especially helpful in locating unsheltered where geographic barriers exist.

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 the organization or person does not exist in the CoC's geographic area, select "Not Applicable."   If there are other organizations or persons that participate not on this list, enter the information, 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	Not Applicable
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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2015 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 2015 CoC Program Competition?	97

How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	4

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 2015 CoC Program Competition?	93

Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	X

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

Monitoring criteria	
Participant Eligibility	X
Utilization rates	X
Drawdown rates	
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. In 2016, we will be further scoring on the % of clients served who had previous episodes of homelessness.

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. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached)
(limit 750 characters)

CoC staff hosted a webinar on 3.11.15 about the CoC Board's approved process for reviewing, ranking, and selecting new and renewal CoC projects for the FY2015 Competition. Notification of the webinar was posted online and emailed to the CoC listserv on 2.18.15. Webinar slides and process documents were posted online on 3.11.15. Project eval results and prelim project ranking were posted online and emailed to CoC listserv on 6.5.15. CoC Board made final funding and ranking methodology decisions for Tier 2 on 10.8.15. Notification about Tier 2 ranking methodology and the updated prelim CoC project ranking was posted to the CoC's website and emailed to the listserv on 10.13.15.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 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.)   11/13/2015

1F-5. Did the CoC use the reallocation process in the FY 2015 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 their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 10/13/2015

1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW? Yes

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

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

The Ohio BoSCoC has a Performance Management Plan that outlines all performance measures and goals, by project type, for all homeless projects in the CoC. To monitor performance, CoC staff run quarterly performance reports out of HMIS, review all data with the Performance Cte, and post results on the CoC's website. Performance measures focus on housing stability, increasing income/benefits, and reducing length of time homeless. Bed utilization reports are run out of 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 (eg, timely submission) and monitoring of serving eligible participants. As part of annual project evaluation, CoC staff also review all project's expenditure information. Quality Improvement Plans may be developed with projects/grantees with ongoing performance or capacity issues.

1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?   Yes

1G-3. 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, 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 the attached MOU.

pages 2-6 of attached HMIS Gov 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 Organizations (CHOs)?

Yes

2A-4. What is the name of the HMIS software ServicePoint
used by the CoC (e.g., ABC Software)?
Applicant will enter the HMIS software name
(e.g., ABC Software).

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

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

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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	$115,000
State and Local - Total Amount	$115,000

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	$77,000
Other - Total Amount	$77,000

2B-2.6 Total Budget for Operating Year	$650,840

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy): 05/08/2015

2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	2,178	552	1,257	77.31%
Safe Haven (SH) beds	10	0	10	100.00%
Transitional Housing (TH) beds	1,421	155	1,017	80.33%
Rapid Re-Housing (RRH) beds	715	0	715	100.00%
Permanent Supportive Housing (PSH) beds	3,264	90	2,677	84.34%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.
(limit 1000 characters)

The only shelter and TH beds not participating in HMIS are located in organizations receiving no public funding (state and federal) 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 offer free HMIS licenses to those willing to participate. The bed coverage rate for PSH projects is 84% in part because it reflects the 541 VA Supportive Housing (VASH) beds that are not currently entering data into our CoC's HMIS, but that were reported as part of our 2015 PSH inventory in the HIC. Over the next 12 months the CoC will pilot HMIS data entry with one VASH provider in the CoC and seek to apply lessons learned to convince other VAMC staff to enter into HMIS for other VASH clients.

2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below. (limit 1000 characters)

VA Domiciliary (VA DOM):	
VA Grant per diem (VA GPD):	
Faith-Based projects/Rescue mission:	X
Youth focused projects:	
HOPWA projects:	
Not Applicable:	

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

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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" during the time period of October 1, 2013 through September 30, 2014.

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	2%
3.2 Social Security Number	0%	3%
3.3 Date of birth	0%	0%
3.4 Race	0%	1%
3.5 Ethnicity	0%	1%
3.6 Gender	0%	1%
3.7 Veteran status	0%	1%
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	5%	2%
3.15 Relationship to Head of Household	1%	0%
3.16 Client Location	1%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	2%	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 2015 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent 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. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.

2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count?   Yes

2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy):   01/27/2015

2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, 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):   05/08/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 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 2014 to 2015, 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 and change in partners participating in the PIT count). (limit 1000 characters)

No change.

**2F-5. Did your CoC change its provider   No
 coverage in the 2015 sheltered count?**

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

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

Training:	X
Provider 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 2014 to 2015 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 method). (limit 1000 characters)

In 2015, the Ohio BoSCoC implemented a new requirement that all BoS communities had to use the same survey tools (supplied by CoC staff) to capture sheltered PIT data from clients in non-HMIS participating shelters or TH programs. Those tools were submitted directly to CoC staff for review and compilation – no local communities compiled their own data. CoC staff then worked with communities and providers to resolve any discrepancies or errors in data. CoC staff also provided additional in-person trainings related to PIT count approaches and planning in addition to webinars. All of these changes helped improve overall data quality in 2015.

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was 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): 01/27/2015

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, 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): 05/08/2015

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 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 description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology.
(limit 1000 characters)

The Ohio BoSCoC used both Night of the Count-Known Locations and Service-based counts for the 2015 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 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, 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 and change in partners participating in the count).
(limit 1000 characters)

No Change.

**2I-4. Does your CoC plan on conducting   Yes
an unsheltered PIT count in 2016?**

(If "Yes" is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

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

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:

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

2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 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 to actual methodology (e.g., change in sampling or extrapolation method).
(limit 1000 characters)

In 2015, the Ohio BoSCoC implemented a new requirement that all BoS communities had to use the same survey tools (supplied by CoC staff) when conducting street counts and service-based counts. Those tools were submitted directly to CoC staff for review and compilation – no local communities compiled their own data. CoC staff then worked with communities and providers to resolve any discrepancies or errors in data. These changes helped improve overall data quality in 2015.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

		2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons		3,806	3,320	-486
Emergency Shelter Total		2,052	1,741	-311
Safe Haven Total		10	10	0
Transitional Housing Total		1,185	1,103	-82
Total Sheltered Count		3,247	2,854	-393
Total Unsheltered Count		559	466	-93

3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons		13,175
Emergency Shelter Total		11,411
Safe Haven Total		14
Transitional Housing Total		2,974

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 for becoming homeless for the first time.
(limit 1000 characters)

Ohio BoSCoC staff reviewed HMIS data and had discussions with shelter and homeless prevention providers to identify risk factors that may lead to entry into homelessness. For BoSCoC communities, households doubling up with friends/family for a long time seem to be at greater risk for entry into homeless systems. To reduce first-time homelessness, the CoC works with the state homeless assistance funder to ensure prevention and diversion resources are available to every county, with emphasis on diversion being a requirement of state-funded emergency shelter 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. As part of the screening/diversion process in our coordinated entry system, providers refer at-risk households to prevention providers when the crisis cannot be resolved through other non-financial means, such as mediation.

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 (LOS) goals for all project types (except PSH) in the CoC, and performance is reviewed and reported publicly on a quarterly basis via our Quarterly Performance Report. In addition, renewal CoC projects (TH, RRH, SH) are evaluated and scored on their ALOS as part of the annual CoC project evaluation and ranking process. All of these efforts have contributed to reduced LOS in programs, including a decrease in TH stays from a 231-day ALOS in 2014 to a 190-day ALOS in the 3rd quarter of 2015. The CoC also recently adopted program standards that formally require all programs to prioritize those with greater needs, including longer and more frequent episodes of homelessness. In the coming year, the CoC will be refining the common assessment tool to include more questions about past homelessness – episodes and length of time homeless – to help ensure those households are further prioritized for assistance.

* 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:

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited		7,609
Of the persons in the Universe above, how many of those exited to permanent destinations?		6,848
% Successful Exits		90.00%

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, 2013 and September 31, 2014.

		Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH		2,978
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?		2,946
% Successful Retentions/Exits		98.93%

3A-5. Performance Measure: Returns to Homelessness:

Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness.   Specifically, describe at least three 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)

The Ohio BoSCoC has return to homelessness goals for all project types in the CoC, and performance on those goals is reviewed and reported publicly on a quarterly basis via our Quarterly Performance Report. In addition, renewal CoC projects are evaluated and scored on their return to homelessness rates as part of the annual CoC project evaluation and ranking 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 recently 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. In the coming year, the CoC will be refining the common assessment tool to include more questions about past homelessness – episodes and length of time homeless – to help ensure those households are further prioritized for assistance.

3A-6. Performance Measure: Job and Income Growth.

Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy).
(limit 1000 characters)

The Ohio BoSCoC has set goals for all project types related to gaining and increasing cash income, including employment income and cash benefits, and performance on those goals is reviewed and reported publicly on a quarterly basis via our HMIS Quarterly Performance Report. In addition, renewal CoC projects are evaluated and scored on how well they help connect clients to earned income and cash income sources as part of the annual CoC project evaluation and ranking process. Additionally, CoC staff have trained and provided info to providers about using the Ohio Benefit Bank, an online tool that allows Ohioans to apply for multiple benefits via one module.

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, which are 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 emp organizations referenced above.

3A-7. Performance Measure: Thoroughness of Outreach.

How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?
(limit 1000 characters)

The 18 Ohio BoSCoC Regions have developed regional coordinated entry systems that help ensure that every county is covered by some level of housing/homeless services. There are 4 street outreach teams in the CoC, so communities without rely on other providers, faith-based orgs, and law enforcement to identify unsheltered. When unsheltered homeless are identified, providers are offer shelter immediately, and work with the household to identify a housing solution as quickly as possible, regardless of their entry into shelter. Some communities use a version of a master list to identify and track unsheltered persons and, with consent, teams of providers may work together to connect the person to housing. Once the unsheltered person has become a client of a local provider, their data is entered into HMIS which helps facilitate ongoing tracking of the unsheltered person, regardless of their acceptance of a permanent housing or shelter offer.

3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?   Yes

3A-7b. 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 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.

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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.

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 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

		2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons		282	295	13
Sheltered Count of chronically homeless persons		163	218	55
Unsheltered Count of chronically homeless persons		119	77	-42

3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, 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 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)

The total number of chronically homeless persons in the Ohio BoSCoC increased from 282 in 2014 to 295 in 2015 (5%). The count of sheltered chronically homeless increased from 163 to 220 in 2015, while the count of unsheltered chronically homeless decreased from 119 to 77 in 2015 (35% drop). One PIT Count change may have contributed to the slight change in numbers. In 2015, the CoC required all communities to use the same survey tools for counting unsheltered persons, and sheltered in non-HMIS participating provider agencies, and to submit all completed survey tools to the CoC for review and compilation. CoC staff worked with communities to resolve any issues/questions. This improved process should have helped increase the accuracy of the PIT data. Additionally, PSH projects in particular have been encouraged to prioritize chronically homeless for all beds. This prioritization may have contributed to the drop in unsheltered chronically homeless

3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(read only)

1. Ohio BOSCOC will submit 1 new PSH project application (18 beds) for chronically homeless (CH) as part of the 2013 CoC Application 2. Steering Committee (SC) will identify at least 5 additional PSH providers currently without any CH dedicated beds and have them target or dedicate at least 3 beds each for CH individuals or families. Dedicated beds must be available by the 2014 HIC/PIT. 3. SC will identify PSH projects not currently prioritizing beds for CH and work with them to revise intake/assessment processes/policies to prioritize CH by end of 2014 4. All PSH projects will prioritize all beds for CH by 2015. 5. Through direct TA, encourage PSH to increase annual bed turnover rates (via movement to other PH) as a means to increase the number of CH who can be served. Project turnover rate will be tracked semi-annually beginning in late 2014; increased turnover is expected in 2015 and beyond.

3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished?
(limit 1000 characters)

The CoC had 1 new chronic-dedicated PSH project funded in the FY2013 CoC application. As of October 2015, over 90% of CoC funded PSH providers are prioritizing beds for chronically homeless. CoC staff have provided direct TA to several PSH providers re: increasing turnover rates on an ongoing basis since 2014. However, the Steering Committee and Performance Committee decided to focus less effort on increasing turnover at the moment in order to ensure we didn't create disincentives to serving more chronically homeless persons

3B-1.3. 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 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	288	323	35

3B-1.3a. Explain the reason(s) for any increase, decrease or no change in 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 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count.
(limit 1000 characters)

The Ohio BoSCoC increased its PSH bed inventory dedicated to chronically homeless by 35 beds between 2014 and 2015 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 unsheltered 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-1.4. Did the CoC adopt the orders of priority in 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-1.4a. If "Yes", attach the CoC's written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC's update.   pages 15-16

3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness		FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.		1,719
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.		298
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.		272
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.		91.28%

3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?   Yes

This question will not be scored.

3B-1.6a. If "Yes," what are the strategies implemented by the CoC to maximize current resources to meet this goal? If "No," what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)

The Ohio BoSCoC is participating in the Zero: 2016 Campaign, and is on track to functionally end chronic homelessness by the end of 2016. To help maximize resources towards this goal, the CoC has adopted written standards that require all PSH projects in the CoC to prioritize all beds for chronically homeless persons following HUD's orders of priority. Prior to adopting the standards, the CoC encouraged prioritization in PSH projects by awarding bonus points to renewing CoC PSH projects in the CoC's project evaluation and ranking process. Beyond that, CoC staff will be applying lessons learned from the current focus on ending veteran homelessness – eg, creating a master list of homeless vets/chronic, working with providers to make services/housing available in all counties of the CoC, and regularly and frequently meeting to review progress and track master list progress on housing plans, etc. – to our work on getting to functional zero for chronically homeless.

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

Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 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 plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter.
(limit 1000 characters)

In addition to setting 30 day length of stay goals for shelters and monitoring performance quarterly, the BoSCoC uses coordinated entry systems to assess and identify families with greater needs to be referred to RRH quickly. The CoC has also set an RRH goal to rapidly re-house households within 21 days and monitors performance quarterly. The CoC Board also recently adopted program standards that require Housing First practices in all project types; this includes reducing barriers to entry, focusing on 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 update requirements increasing the use of ESG for RRH (reducing HP), and tying availability of RRH funds to local homeless needs. A significant step is the state ESG recipient now requires communities to use any available prevention funds to serve persons on rapid re-housing wait list anywhere in the service area.

3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.

	2014	2015	Difference
RRH units available to serve families in the HIC:	182	193	11

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, or gender 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 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

PIT Count of Homelessness Among Households With Children

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	537	460	-77
Sheltered Count of homeless households with children:	492	439	-53
Unsheltered Count of homeless households with children:	45	21	-24

3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)

The total number of homeless households with children in the Ohio BoSCoC decreased (both sheltered and unsheltered numbers decreased) from 537 in 2014 to 460 in 2015 (14% decrease). One PIT Count change may have contributed to the decrease in homeless families. In 2015, the CoC required all communities to use the same survey tools for counting unsheltered and sheltered in non-HMIS participating providers and to submit all completed survey tools to the CoC for review and compilation. CoC staff worked with communities to resolve any issues/questions. This improved process should have helped increase the accuracy of the PIT data. Additional reasons for decreases are increased PSH resources for homeless families, continued improvement in coordinated entry work, including prioritizing those with greatest needs for housing assistance, and reduced lengths of stay in TH programs in particular, which helps our CoC serve more homeless and house them more quickly.

3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:

Human trafficking and other forms of exploitation?	No
LGBTQ youth homelessness?	No
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 (under age 18, and ages 18-24) for housing and services during the FY2015 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 (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2104)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	39	40	1

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 2014 is lower than FY 2013, explain why.
(limit 1000 characters)

N/A

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	$950,896.00	$1,058,896.00	$108,000.00
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):	$879,493.00	$987,493.00	$108,000.00

3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?

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, juvenile 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. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local eduction liaisons and State educational coordinators.
(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 participants 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. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenilee justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (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. 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 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. 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 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	210	254	44
Sheltered count of homeless veterans:	176	224	48
Unsheltered count of homeless veterans:	34	30	-4

3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count.
(limit 1000 characters)

Between 2014 and 2015, the total number of homeless vets in the Ohio BoSCoC increased from 210 to 254. This includes an increase in sheltered homeless veterans (176 to 224), but a decrease in unsheltered vets (34 to 30). One reason for the increase is that 44 new GPD beds became operational in 2015. The decrease in unsheltered vets may result from the CoC's work with SSVF providers to expand reach of services to all counties and to ensure all homeless vets are identified and offered permanent housing immediately. One PIT Count change may have contributed to the change in numbers. In 2015, the CoC required all communities to use the same survey tools for counting unsheltered, and sheltered in non-HMIS participating provider agencies, and to submit those tools to the CoC for review and compilation. CoC staff worked with communities to resolve any issues/questions. This improved process should have helped increase the accuracy of the PIT data.

3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?
(limit 1000 characters)

The Ohio BoSCoC has a Master List of homeless vets that includes data on VA eligibility. Z:2016 Team reviews the List on a bi-weekly basis, add vets not in HMIS but identified locally, report on status of housing plans, and report on VA eligibility. Where VA eligibility is unknown and the vet is not a VA funded program client, local SSVF providers have been charged with reaching out to the vet and current provider to determine VA eligibility and ensure vet is offered PH ASAP. SSVF providers are generally taking the lead on working with providers and vets to determine eligibility quickly. CoC funded providers have been trained on resources for homeless vets and how to access them, so in almost 100% of cases, homeless vets are referred to local SSVF providers (unless vet already has PH housing plan) to connect vets to most appropriate VA resource where available. Where referrals are not immediately made to SSVF, SSVF providers are contacting providers directly.

3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population?
(limit 1000 characters)

Although the Ohio BoSCoC has a very low percentage of homeless vets who are ineligible for all VA services, when a vet is not eligible the provider responsible for their housing plan is required to continue to work with the vet on identifying and moving into a PH placement as quickly as possible. This may involve referring to a CoC-funded program. No identified homeless vet in the Ohio BoSCoC is permitted to be without a housing plan or responsible provider. Progress on this is monitored bi-weekly. The CoC also recently adopted Homeless Program Standards that require prioritization of homeless vets ineligible for VA assistance in RRH and PSH projects (assuming meet project eligibility requirements).

3B-3.4. 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 2015 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)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	146	254	73.97%
Unsheltered count of homeless veterans:	0	30	0.00%

3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.

No

This question will not be scored.

3B-3.5a. 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 2015?
(limit 1000 characters)

The Ohio BoSCoC has a large number of GPD beds that serve the vast majority of sheltered homeless vets in the CoC. The CoC could use help to work with GPD providers to drive down lengths of stay, better align with housing first practices, and to re-imagine how they fit within a system focused on ending veteran homelessness as quickly as possible. Additionally, more resources to help support CoC staff time in leading the system efforts to end veteran homelessness are greatly needed. Significant staff time is devoted to convening meetings, updating the Master List, and collaborating with and outreaching to providers to improve involvement in these efforts. But that level of effort is not sustainable over the long-term without additional assistance, given other requirements/priorities.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange 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 mainstream program changes that can affect homeless clients?   Yes

4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which 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 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	101
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 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	71
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	70%

4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants.
(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 that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?

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

4B. Additional Policies

Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

4B-1. Based on the CoC's FY 2015 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? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.

FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	99
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 2015 competition:	87
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	88%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	99
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	85
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	86%

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 any population from the 2014 and 2015 HIC.

		2014	2015	Difference
RRH units available to serve any population in the HIC:		275	313	38

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)

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

4B-7a. If "Yes" in 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)

4B-8. Has the project been affected by a   No
major disaster, as declared by President
Obama under Title IV of the Robert T. Stafford
Act in the 12 months prior to the opening of
the FY 2015 CoC Program Competition?

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)

4B-9. Did the CoC or any of its CoC program   Yes
recipients/subrecipients request technical
assistance from HUD in the past two years
(since the submission of the FY 2012
application)? This response does not affect
the scoring of this application.

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:	X
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:	
Under-performing program recipient, subrecipient or project:	
Developing Centralized PSH Waitlists in BoSCoC	X
Not applicable:	

4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
CE & PSH Waitlists	02/01/2015	5

Submission Summary

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2A. HMIS Implementation	11/13/2015
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2D. HMIS Data Quality	11/13/2015
2E. Sheltered PIT	11/13/2015
2F. Sheltered Data - Methods	11/13/2015
2G. Sheltered Data - Quality	11/13/2015
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3B. Objective 2	11/13/2015
3B. Objective 3	11/13/2015
4A. Benefits	11/13/2015
4B. Additional Policies	11/13/2015
4C. Attachments	Please Complete
Submission Summary	No Input Required