

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

1A-3. CoC Designation: CA

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

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

| Organization/Person Categories | Participates in CoC Meetings | Votes, including electing CoC Board Members |
|--|------------------------------|---|
| Local Government Staff/Officials | Yes | Yes |
| CDBG/HOME/ESG Entitlement Jurisdiction | Yes | Yes |
| Law Enforcement | Yes | Yes |
| Local Jail(s) | No | No |
| Hospital(s) | Yes | Yes |
| EMT/Crisis Response Team(s) | No | No |
| Mental Health Service Organizations | Yes | Yes |
| Substance Abuse Service Organizations | Yes | Yes |
| Affordable Housing Developer(s) | Yes | Yes |
| Disability Service Organizations | Yes | Yes |
| Disability Advocates | Yes | Yes |
| Public Housing Authorities | Yes | Yes |
| CoC Funded Youth Homeless Organizations | Yes | Yes |
| Non-CoC Funded Youth Homeless Organizations | Yes | Yes |
| Youth Advocates | Yes | Yes |
| School Administrators/Homeless Liaisons | Yes | Yes |
| CoC Funded Victim Service Providers | Yes | Yes |
| Non-CoC Funded Victim Service Providers | Yes | Yes |
| Domestic Violence Advocates | Yes | Yes |
| Street Outreach Team(s) | Yes | Yes |
| Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates | Yes | Yes |
| LGBT Service Organizations | No | No |
| Agencies that serve survivors of human trafficking | Yes | Yes |
| Other homeless subpopulation advocates | Not Applicable | No |
| Homeless or Formerly Homeless Persons | Yes | Yes |
| Other:(limit 50 characters) | | |

| | | |
|-----|--|--|
| n/a | | |
| | | |
| | | |

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)

The Ohio BoSCoC, through its annual membership, Board, and committee selection process solicits members who will bring a diverse set of knowledge/expertise to guide the CoC in all areas of its work. Along with participation from all 17 CoC planning regions, the CoC seeks members who represent a range of expertise in homelessness/housing, including DV, transition age youth, and vets. Each year the CoC evaluates the current makeup of the Board and identifies gaps- it then directly solicits membership that can provide missing insight. For example, a rep from Ohio Mental Health and Addiction Services serves on the CoC Board and Steering Cte, which is critical because of the overlap of mental illness and homelessness and work to prioritize those with greatest needs. A rep from the Ohio Capital Corporation for Housing, an affordable housing developer, serves on the Board and Project Eval workgroup and provides crucial statewide knowledge of PSH design/housing policy.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)

The Ohio BoSCoC solicits general, Board, and committee membership annually through a process that is outlined in the CoC Governance Charter. This process includes public announcement via the CoC listserv, posting membership information on the CoC website, and direct outreach to organizations/persons who represent expertise in areas such as homelessness, housing, mental health, etc. Invitation and/or information on membership also occurs throughout the year by way of CoC trainings and member meetings as well as when new committees/workgroups are formed. For instance, in 2017 the CoC was awarded funding for a YHDP project which required the creation of several new workgroups to assist in planning and implementation. One of these groups, the Youth Advisory Board, is comprised of homeless and formerly homeless youth. Not only do these members provide valuable insight to the work of the YHDP, the CoC plans to further their role by having them participate in other areas of CoC work.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must

**include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)**

The Ohio BoSCoC process for soliciting new CoC project applications involves releasing a request for new project applications that is open to all eligible entities regardless of their current CoC grantee status. On 2/28/17 CoC staff shared the new project request via email listserv, posted on CoC staff website, and through a webinar on 3/8/17 which describes priorities and processes. All are encouraged to share this info with any local agencies that may not have received it but might be interested in applying. The announcement included specific requests for applications from areas with great community need: i.e., communities with no or very few resources and those with no PSH or RRH projects. The primary factors considered by the CoC in determining new project funding are community need/project type, use of Housing First practices, targeting and prioritizing those with greatest need, cost effectiveness, and commitment to performance measures that align with CoC goals.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

| Entities or Organizations the CoC coordinates planning and operation of projects | Coordinates with Planning and Operation of Projects |
|---|---|
| Housing Opportunities for Persons with AIDS (HOPWA) | Yes |
| Temporary Assistance for Needy Families (TANF) | Yes |
| Runaway and Homeless Youth (RHY) | Yes |
| Head Start Program | Yes |
| Housing and service programs funded through Department of Justice (DOJ) resources | Yes |
| Housing and service programs funded through Health and Human Services (HHS) resources | Yes |
| Housing and service programs funded through other Federal resources | Yes |
| Housing and service programs funded through state government resources | Yes |
| Housing and service programs funded through local government resources | Yes |
| Housing and service programs funded through private entities, including foundations | Yes |
| Other:(limit 50 characters) | |
| | |
| | |

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient’s in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)

ODSA distributes ESG state funding, serves as the CoC collaborative applicant, and is responsible for the ConPlan jurisdiction for the state. ODSA and COHHIO, the CoC staff lead, work jointly to coordinate ESG, CoC, and other

state homeless program policies/procedures and performance standards and help ESG funded ES and RRH projects comply with CoC's performance goals. COHHIO sits on the state Con Plan Advisory Cte, which makes recommendations for ESG funding allocation and program implementation for the BoSCoC and state. The CoC provides PIT & HIC data to ODSA, as well as bed utilization, annual #s served, and program performance data, so that ODSA and the CoC can evaluate performance and make funding decisions at both the project and statewide level. The CoC also provides HIC/PIT data to Springfield, OH, the other state ESG recipient, and makes project performance data publicly available so they use it in their decisionmaking as well.

**1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants.
(limit 1000 characters)**

The Ohio BoSCoC has 57 CoC, ESG, and privately-funded projects 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 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 an intake/screening of a DV victim is continuing at a non-DV agency, the provider immediately offers to complete the intake/screening in a more private location, if desired.

**1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment.
(limit 1,000 characters)**

1) Semi-annually, the OH-507 partners with Ohio DV Network or COHHIO staff to provide training related to DV for homeless providers. Topics include safety planning, resources for homeless DV victims, as well as trauma-informed care. Training materials/recordings are made available on an ongoing basis via online posting. 2) DV projects submit performance reports from their comparable databases to the CoC quarterly. CoC staff review the data to evaluate project implementation and performance and for any changes in numbers served/demand. The CoC also collects info about DV experience in the PIT Count, and reports aggregate data back out to the full CoC. 3) OH-507's Coordinated Entry (CE) Standards require that upon disclosure of possible DV by a homeless household, system entry points immediately offer to refer to a

local DV provider. If the screening/intake is being done in-person, the provider also offers to complete the rest of the meeting in a more private location, if applicable.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

| Public Housing Agency Name | % New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry | PHA has General or Limited Homeless Preference |
|--|---|--|
| Lorain Metropolitan Housing Authority | 4.00% | No |
| Butler Metropolitan Housing Authority | 100.00% | Yes-Both |
| Trumbull Metropolitan Housing Authority | 1.00% | No |
| Portage Metropolitan Housing Authority | 24.00% | No |
| Springfield Metropolitan Housing Authority | 33.00% | Yes-Both |

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-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)

In an ongoing attempt to encourage PHA's within the BoSCoC to adopt formal homeless admission preference policies when those did not exist, the CoC met with representatives of several public housing authorities during the past year to discuss the issue. PHA reps indicated that although they are generally in favor of prioritizing homeless persons for admission, they have limited capacity to ensure compliance with fair housing requirements and no disparate impact of such preferences. CoC staff will continue to have conversations with prioritized PHAs around admission preferences, and ways in which the CoC can support PHAs to implement them.

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3)

**implementation of an anti-discrimination policy.
(limit 1000 characters)**

The Ohio BoSCoC Homeless Program Standards, which were released 12/22/15, require emergency shelters to make their resources available to individuals and families without regard to actual or perceived sex, sexual orientation, or gender identity. Additionally, the program standards clearly prohibit all projects from denying admission to individuals and families based on age, sex, gender, LGBT status, marital status, or disability. COHHIO, which serves as the CoC Lead, has provided annual training on the Equal Access Rule to all BoSCoC projects. Other COHHIO staff, including the Affordable and Fair Housing Coordinator, the statewide Training and Technical Assistance Coordinator, and the Youth Initiative Coordinator have all conducted trainings on the final rule and/or anti-discrimination policies and continue to work with projects, clients, and housing providers to guide them as they put the rule into practice.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

| | |
|---|-------------------------------------|
| Engaged/educated local policymakers: | <input checked="" type="checkbox"/> |
| Engaged/educated law enforcement: | <input checked="" type="checkbox"/> |
| Engaged/educated local business leaders | <input type="checkbox"/> |
| Implemented communitywide plans: | <input checked="" type="checkbox"/> |
| No strategies have been implemented | <input type="checkbox"/> |
| Other:(limit 50 characters) | |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |
| | <input type="checkbox"/> |

When "No Strategies have been implemented" is selected no other checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

| | |
|--------------------------|-------------------------------------|
| Foster Care: | <input checked="" type="checkbox"/> |
| Health Care: | <input checked="" type="checkbox"/> |
| Mental Health Care: | <input checked="" type="checkbox"/> |
| Correctional Facilities: | <input checked="" type="checkbox"/> |
| None: | <input type="checkbox"/> |

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

n/a

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

| | |
|--------------|-------------------------------------|
| Foster Care: | <input checked="" type="checkbox"/> |
| Health Care: | <input checked="" type="checkbox"/> |

| | |
|---------------------------------|-------------------------------------|
| Mental Health Care: | <input checked="" type="checkbox"/> |
| Correctional Facilities: | <input checked="" type="checkbox"/> |
| None: | <input type="checkbox"/> |

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

| | |
|--|-----|
| Used Objective Criteria for Review, Rating, Ranking and Section | Yes |
| Included at least one factor related to achieving positive housing outcomes | Yes |
| Included a specific method for evaluating projects submitted by victim service providers | Yes |

1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
 (limit 1000 characters)**

The Ohio BoSCoC evaluated all renewal projects using a 130-point scoring tool and used the resulting scores to prioritize projects in the CoC project listing. In addition to scoring on meeting certain project performance goals, projects were awarded 10 points if they have at least 40% of clients entering their programs with no income, and 10 points if they have at least 85% of clients coming from emergency shelter or unsheltered locations only (not TH or imminently at risk). Additionally, grantees could receive up to 25 points for providing program documents that clearly evidence the use of Housing First practices (which include reducing barriers to entry) and chronic homeless prioritization.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

| | |
|--|-------------------------------------|
| Public Posting | |
| CoC or other Website | <input checked="" type="checkbox"/> |
| Email | <input checked="" type="checkbox"/> |
| Mail | <input type="checkbox"/> |
| Advertising in Local Newspaper(s) | <input type="checkbox"/> |
| Advertising on Radio or Television | <input type="checkbox"/> |
| Social Media (Twitter, Facebook, etc.) | <input type="checkbox"/> |

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 07/24/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/01/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

| Document Type | Required? | Document Description | Date Attached |
|---------------------------------------|-----------|----------------------|---------------|
| Reallocation Supporting Documentation | No | | |

Attachment Details

Document Description:

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Yes

Attachment Required: If “Yes” is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

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

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was “Yes”, attach a copy of the HMIS Policies and Procedures Manual. Yes

2A-3. What is the name of the HMIS software vendor? Mediware

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area. Single CoC

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

| Project Type | Total Beds in 2017 HIC | Total Beds in HIC Dedicated for DV | Total Beds in HMIS | HMIS Bed Coverage Rate |
|---|------------------------|------------------------------------|--------------------|------------------------|
| Emergency Shelter (ESG) beds | 2,231 | 650 | 1,248 | 78.94% |
| Safe Haven (SH) beds | 10 | 0 | 10 | 100.00% |
| Transitional Housing (TH) beds | 936 | 112 | 761 | 92.35% |
| Rapid Re-Housing (RRH) beds | 886 | 5 | 875 | 99.32% |
| Permanent Supportive Housing (PSH) beds | 3,626 | 69 | 2,924 | 82.20% |
| Other Permanent Housing (OPH) beds | 20 | 0 | 20 | 100.00% |

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.

(limit 1000 characters)

1) Shelters not participating in HMIS receive no public funding and have no requirement to participate. In Oct 2016 the CoC began a collaborative effort in which local providers and CoC staff contacted and urged participation by explaining the importance/benefits of participation and by offering to waive participation fees if needed. This effort increased coverage. The CoC will take the same steps again in the upcoming year to increase coverage. 2)The coverage rate for PSH projects reflects VASH beds that are not currently entering data into the CoC's HMIS but that were reported as part of our 2017 PSH inventory in the HIC. VASH projects enter data into the HOMES database and currently don't have the capacity to also enter the data into the CoC's HMIS- in the upcoming year the CoC will work w/these projects to find solutions for data entry into both systems. If VASH was excluded from the bed coverage calculation, our CoC's coverage for PSH would be 100%.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 12

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). 05/02/2017
(mm/dd/yyyy)

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/24/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 04/30/2017

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)

In 2017, the CoC reported an increase of 4% in the number of persons in emergency shelters, transitional housing, and safe haven over the previous year. The CoC believes several reasons account for the increase: 1) continuous efforts throughout the year to increase outreach to homeless individuals and families in all BoSCoC communities, 2) continued emphasis on implementing Housing First practices and eliminating barriers to entry, and 3) improvements to regional Coordinated Entry systems that resulted in more homeless persons presenting for assistance. The CoC did not make any methodology or implementation changes to the sheltered PIT count in 2017.

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? Yes

2C-2a. If “Yes” was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

| | |
|---------------|------|
| Beds Added: | 30 |
| Beds Removed: | 256 |
| Total: | -226 |

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

| | |
|---------------|---|
| Beds Added: | 0 |
| Beds Removed: | 0 |
| Total: | 0 |

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017? Yes

CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.

2C-4a. Describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC’s unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

The CoC reported 623 unsheltered homeless persons in the 2017 PIT Count, a 40% increase from the previous year. The CoC has worked continuously to improve the unsheltered count process in order to increase the identification of unsheltered homeless, and believes that these improvements have resulted in the increased numbers reported. Process and implementation improvements include: 1) Several communities increased the number of enumerators who participated in both the Night of the Count and the Service-Based Count, which enabled more unsheltered persons to be identified, 2) PIT Count training included specific guidance on identifying and counting youth, which resulted in an increase in the number reported in 2017, 3) PIT Count tools were revised with icons, color, and clearer instructions so that enumerators could easily determine which form to use and could capture the information more efficiently and accurately.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

Identification of and data collection for unaccompanied homeless youth was an integral part of the 2017 PIT Count. Training included instruction on categories included in the count (unaccompanied youth, parenting youth, age ranges, etc.) and methods for completing the survey tools so that the data was accurately captured. The Youth Initiative Coordinator for the CoC staff lead discussed

strategies for engagement and communication, identifying times and locations where youth congregate, and for collaboration among various community partners such as child welfare agencies, schools, libraries, churches, and food establishments in conducting the count. One Ohio BoSCoC county participated in the Voices of Youth Count in summer 2016. CoC staff met with researchers and partner providers to understand lessons learned related to conducting counts of homeless youth; CoC staff, in turn, applied those lessons learned to the CoC's PIT Count training and counting efforts specific to homeless youth.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

Every year the CoC works to improve the PIT count so that as many individuals and families as possible are identified and counted. In 2017, PIT Count training included guidance on special populations: locations where they might be found, methods for engaging them, and instruction on asking questions to elicit accurate information that can be used for both reporting & for referring. Additionally, in 2017 many communities used more enumerators in both unsheltered and service-based counts, which helped identify more unsheltered homeless. The Homeless Veterans Workgroup, comprised of VASH, SSVF, GPD, and VA representatives, helps conduct ongoing outreach to identify homeless Vets throughout the year. In prep for the PIT Count, SSVF and VA engage in extra outreach efforts to identify any newly homeless Vets, and work with their local communities to ensure all homeless Vets on the By Name List are appropriately counted and then ultimately connected to housing and services.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)**

Between FY15 and FY16 the CoC reported a decrease in first time homelessness of 304 persons (2.7%). CoC staff, which are responsible for overseeing the strategy to reduce/end first-time homelessness, reviews HMIS data and works directly with providers to identify risk factors that lead to entry into homelessness. For example, communities have identified greater risk for homelessness among those in doubled-up situations. To reduce this number, the CoC, in collaboration with the state homeless assistance funder, ensures that prevention and diversion resources are available to every county. The CoC Program Stds 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. The BoSCoC CE system includes specialized training in screening at point of entry so that individuals and households are diverted or provided prevention services as appropriate in order to reduce the number of first-time homeless.

**3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)**

Between FY15 & FY16 the CoC decreased the average length of time (LOT) persons were in ES, SH, and TH from 71 days to 67. The CoC has LOS goals for all project types except PSH. CoC staff, who are responsible for overseeing the strategy to decrease LOS, monitor performance quarterly. Renewal TH, RRH, and SH projects are evaluated on their ALOS in the annual CoC project

eval process. The CoC has also expanded housing resources, including funding 2 new PSH projects in previously un-served counties, and expanding RRH funding/availability across the CoC- the CoC has funded new RRH projects through the CoC Competition in 3 of the past 4 years. Lastly, homeless projects are required to prioritize those with greater needs and longer homeless histories per the CoC's Written Standards, which include HUD's Order of Priority for PSH Projects. The CoC is also beginning to use a common assess tool that includes questions about past homelessness to help better prioritize for assistance.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC's strategy for retention of, or placement in permanent housing. (limit 1000 characters)

Between FY15 and FY16 the CoC maintained PH exit rates for ES/SH/TH/RRH projects at an overall PH exit rate of 74% and 73%, respectively. PSH projects increased their PH retention rate from 95% in FY15 to 96% in FY16. The CoC has outlined PH exit/retention goals for all project types and CoC staff regularly monitors performance and issues performance reports quarterly. All CoC projects are evaluated on the number of clients who exit to/retain PH in the annual CoC project eval process. Over the past 2 years, CoC staff, who are responsible for overseeing the CoC strategy to increase PH exits/retention, has focused on expanding RRH funding across the CoC and developing enhanced RRH program guidance and training. By expanding this much-needed housing intervention and training providers on how to better implement RRH, the CoC believes that more individuals and families will be successfully housed and remain in housing.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC's efforts to reduce the rate of individuals and families' returns to homelessness. (limit 1000 characters)

Between FY15 and 16 the CoC reported decreases in returns to homelessness (RTH). For the 0-6 mo period, the rate of returns dropped from 8% to 7%. For the 6mo-1yr period the rate held steady at 4%. For the 1-2yr period the rate dropped from 6% to 5%. The CoC has RTH goals for all project types and performance is reported quarterly using HMIS data and is monitored by CoC staff, which are responsible for overseeing the CoC strategy to decrease the rate of RTH. In addition, renewal CoC projects are evaluated on their RTH rates as part of the CoC project evaluation process. The CoC also adopted program standards which, in part, require PSH projects in particular to prioritize for their programs persons with multiple past episodes of homelessness and longer overall lengths of time homeless. The CoC is also beginning to utilize a

common assessment tool that includes more questions about past homelessness to help ensure those households are further identified and prioritized for assistance.

3A-5. Performance Measures: Job and Income Growth

Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits. (limit 1000 characters)

The Ohio BoSCoC has set project goals related to increasing cash income, including employment income and cash benefits, and performance on those goals is reported quarterly. In addition, renewal CoC projects are evaluated on how well they help clients access income sources as part of the annual CoC project evaluation process. CoC staff, who are responsible for overseeing the CoC strategy to increase these benefits, have trained and provided info to providers about using the Ohio Benefit Bank and the state's SOAR program to apply for benefits. The CoC also shares info with providers about strategies for increasing client's access to employment and income. At the project level, providers work with employment orgs such as Ohio Means Jobs, local Supported Employment programs, and the Bureau of Vocation Rehab to help clients with job search and placement. The CoC estimates that at least 75% of CoC funded projects regularly connect participants with these mainstream employment organizations.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests). No

3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count? (limit 1000 characters)

n/a

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 06/05/2017

2016.
(mm/dd/yyyy)

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

| | 2016 | 2017 | Difference |
|--|------|-------|------------|
| Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC. | 390 | 2,490 | 2,100 |

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

| | |
|--|--------------|
| Total number of beds dedicated as Dedicated Plus | 0 |
| Total number of beds dedicated to individuals and families experiencing chronic homelessness | 2,037 |
| Total | 2,037 |

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

| | |
|--|-------------------------------------|
| History of or Vulnerability to Victimization | <input type="checkbox"/> |
| Number of previous homeless episodes | <input checked="" type="checkbox"/> |

| | |
|--|-------------------------------------|
| Unsheltered homelessness | <input checked="" type="checkbox"/> |
| Criminal History | <input type="checkbox"/> |
| Bad credit or rental history (including not having been a leaseholder) | <input checked="" type="checkbox"/> |
| Head of Household with Mental/Physical Disability | <input checked="" type="checkbox"/> |

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)

OH-507 set 30 day length of stay goals for shelters, 21 day re-housing goals for RRH providers, and monitors performance quarterly. The CoC uses coordinated entry to identify families with greater needs and refer to RRH quickly and requires Housing First practices in all project types, including reducing barriers to entry and targeting resources based on need. The CoC has worked with the state ESG recipient to increase ESG funds for RRH (reducing HP), and funded new RRH projects through the CoC Comp 3 of the last 4 years – leading to annual increases in RRH resources and availability. The CoC is also finalizing detailed RRH standards and training that align with the NAEH RRH Standards. Finally, the CoC is applying for a new CoC-wide RRH project in FY17 to help further expand the resource. These efforts have all helped reduce the overall LOT homeless in the CoC, and the majority of RRH projects are re-housing clients within 21 days. CoC staff oversees and monitors these strategies

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

| | 2016 | 2017 | Difference |
|---|------|------|------------|
| Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC. | 282 | 214 | -68 |

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)

In 2016 the Ohio BoSCoC drafted Homeless Program Standards that included a section that clearly prohibits projects from denying admission to families based on age, sex, gender, LGBT status, marital status, or disability, and requires providers to keep families intact when providing shelter, or to provide other housing options when desired by the project participants. The CoC has, and

continues to, provide training and guidance on this issue and to work with providers on solutions when they have limited shelter capacity and struggle to house families as a unit. Projects are also routinely monitored by the state ESG recipient and state homeless assistance administrator (who is also the Collaborative Applicant) on their compliance with these policies, and are cited formally when not in compliance.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

| | |
|--|-----|
| Human trafficking and other forms of exploitation? | No |
| LGBT youth homelessness? | Yes |
| Exits from foster care into homelessness? | Yes |
| 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 |

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

| | |
|--|-------------------------------------|
| History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse) | <input type="checkbox"/> |
| Number of Previous Homeless Episodes | <input checked="" type="checkbox"/> |
| Unsheltered Homelessness | <input checked="" type="checkbox"/> |
| Criminal History | <input type="checkbox"/> |
| Bad Credit or Rental History | <input checked="" type="checkbox"/> |

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC’s efforts. (limit 1500 characters)

In 2017, OH-507 was selected to be a Youth Homelessness Demonstration Award site, which includes access to about \$2.2 million in funding to support projects to prevent and end youth homelessness in the five-county YHDP area in Southeast Ohio. Development of the coordinated community plan and new projects is underway, and through this process YHDP team expects to create new outreach for unsheltered youth, expand emergency shelter options/capacity, and to create new housing options with supportive services tailored to needs of individual homeless youth. OH-507 intends to apply lessons

learned about community coordination and project design in YHDP to the rest of the CoC. The CoC does not currently have specific outcome measures for projects serving youth. But through the YHDP effort the CoC is identifying outcome measures for YHDP projects under development. Examples of these include, increasing contacts/enrollments in youth outreach projects. At least initially, shelter projects outcomes will focus on increasing entries into shelter, while also increasing exits to PH, as newly developed housing and services options are more appealing to homeless youth and more responsive to their needs. Since a primary focus of our YHDP effort is to engage homeless youth who have not historically accessed our homeless programs, we believe it is important to look at increasing entries and enrollments as evidence that we are reaching youth in need.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)

1-Communities work w/ LEA/SEA reps in different ways- 1)local educ stakeholders & homeless liaisons participate in planning to address homelessness among families/youth 2)homeless liaisons & programs draft policies to ensure children are enrolled in services/school and parents are informed of educ rights 3)CoC & ESG grantees work jointly with school admins to identify families exp homelessness. 2-Formal partnerships vary & include: Head Start, publicly funded childcare, Dept of Job/Family Services, local school districts. 3-The CoC requires CoC/ESG homeless prgms to have policies to ensure children are enrolled in educ programs/school/services and inform parents of McKinney-Vento Educ Services/rights. Policies designate who works with parents to ensure children are enrolled in school/early childhood prgms, inform local homeless liaisons about homeless prgms & enlist their partic in local homeless coalition meetings, & submit current educ policies for CoC review semi-annually.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”.

| | MOU/MOA | Other Formal Agreement |
|---------------------------------|---------|------------------------|
| Early Childhood Providers | No | No |
| Head Start | No | No |
| Early Head Start | No | No |
| Child Care and Development Fund | No | No |
| Federal Home Visiting Program | No | No |
| Healthy Start | No | No |
| Public Pre-K | No | No |
| Birth to 3 | No | No |
| Tribal Home Visting Program | No | No |

| | | |
|------------------------------|--|----|
| Other: (limit 50 characters) | | |
| | | No |
| | | No |

3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD). (limit 1000 characters)

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

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? Yes

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

| Type of Health Care | Yes/No | Assist with Utilization of Benefits? |
|---|--------|--------------------------------------|
| Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services) | Yes | Yes |
| Private Insurers: | Yes | Yes |
| Non-Profit, Philanthropic: | Yes | Yes |
| Other: (limit 50 characters) | | |
| | | |

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

Ohio BoSCoC providers work with local Department of Job and Family Services offices and the Ohio Benefit Bank to assist clients to apply for Medicaid, TANF, and other benefits. Providers are encouraged to have a local SOAR Specialist who can assist clients in applying for SSI/SSDI benefits. The CoC provides mainstream resources updates to providers as-needed via emails and webinar trainings. Additionally, the CoC has established goals for all homeless projects related to assisting clients to obtain non-cash benefits and health insurance, and project performance is monitored quarterly. CoC-funded projects are also evaluated on having met these goals during the annual CoC project evaluation and ranking process. CoC staff are responsible for overseeing the strategy for accessing mainstream benefits.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

| | |
|---|--------|
| Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal) | 93.00 |
| Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition. | 91.00 |
| Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier" | 97.85% |

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

| | |
|--|--------|
| Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal). | 93.00 |
| Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition. | 91.00 |
| Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First. | 97.85% |

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

The OH-507 has 5 dedicated street outreach projects serving 5 counties, and 12 Supportive Services for Veterans and their Families (SSVF) providers covering all 80 counties (100% coverage). SSVF outreach is targeted to unsheltered homeless Vets, but if a non-Vet is encountered, SSVF offers to connect them to local shelter providers for assistance. Additionally, the CoC requires providers in all regions to conduct regular outreach activities. Each region's Coordinated Entry plan identifies the following: 1) providers/staff positions responsible for outreach, 2) times/days of outreach 3) geographic areas covered 4) info and materials distributed (including communicating with persons who have language/cognitive barriers). The CoC trains providers on how to identify & engage persons who might not seek services on their own, on using common assessment tools, and on ensuring that persons are assisted to contact and/or travel to emergency shelters or system access points.

4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

One of the key components of the Ohio BoSCoC Coordinated Entry System pertains to outreach, advertising, and marketing of homeless systems and resources. All providers are required to advertise and market services and points of entry using materials that are clearly written and that convey that services are available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. The materials must be widely accessible to all persons and must be formatted so that people of varying abilities can read them, including translation into other languages as necessary in certain communities. Additionally, providers are required to engage in regular outreach activities in order to identify persons who might be in need of housing and services and to communicate how and where they can access those services.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

| | 2016 | 2017 | Difference |
|--|------|------|------------|
| RRH beds available to serve all populations in the HIC | 897 | 886 | -11 |

4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants | Yes | Rejection-Reduction | 09/22/2017 |
| 02. 2016 CoC Consolidated Application: Public Posting Evidence | Yes | Public Posting Pr... | 09/22/2017 |
| 03. CoC Rating and Review Procedure (e.g. RFP) | Yes | CoC Rating and Ra... | 09/22/2017 |
| 04. CoC's Rating and Review Procedure: Public Posting Evidence | Yes | CoC Rating and Ra... | 09/22/2017 |
| 05. CoCs Process for Reallocating | Yes | CoC Process for R... | 09/22/2017 |
| 06. CoC's Governance Charter | Yes | Governance Charter | 09/22/2017 |
| 07. HMIS Policy and Procedures Manual | Yes | HMIS Policy and P... | 09/22/2017 |
| 08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes | No | | |
| 09. PHA Administration Plan (Applicable Section(s) Only) | Yes | PHA Administratio... | 09/22/2017 |
| 10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter) | No | CoC-HMIS MOU- HMI... | 09/22/2017 |
| 11. CoC Written Standards for Order of Priority | No | CoC Written Stand... | 09/22/2017 |
| 12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable) | No | | |
| 13. HDX-system Performance Measures | Yes | FY 2017 CoC Compe... | 09/22/2017 |
| 14. Other | No | | |
| 15. Other | No | | |

Attachment Details

Document Description: Rejection-Reduction

Attachment Details

Document Description: Public Posting Project Selections, Ranking and CoC Application

Attachment Details

Document Description: CoC Rating and Ranking Procedure

Attachment Details

Document Description: CoC Rating and Ranking Procedure- Public Posting

Attachment Details

Document Description: CoC Process for Reallocation OH-507

Attachment Details

Document Description: Governance Charter

Attachment Details

Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administration Plan

Attachment Details

Document Description: CoC-HMIS MOU- HMIS Gov Charter 2017

Attachment Details

Document Description: CoC Written Standards for Order of Priority-Ohio
BoSCoC Program Standards

Attachment Details

Document Description:

Attachment Details

Document Description: FY 2017 CoC Competition Report

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

| Page | Last Updated |
|--|-------------------|
| 1A. Identification | 08/29/2017 |
| 1B. Engagement | 09/15/2017 |
| 1C. Coordination | 09/19/2017 |
| 1D. Discharge Planning | 09/12/2017 |
| 1E. Project Review | 09/22/2017 |
| 1F. Reallocation Supporting Documentation | No Input Required |
| 2A. HMIS Implementation | 09/20/2017 |
| 2B. PIT Count | 09/15/2017 |
| 2C. Sheltered Data - Methods | 09/19/2017 |
| 3A. System Performance | 09/19/2017 |
| 3B. Performance and Strategic Planning | 09/19/2017 |

| | |
|--|-------------------|
| 4A. Mainstream Benefits and Additional Policies | 09/19/2017 |
| 4B. Attachments | 09/22/2017 |
| Submission Summary | No Input Required |