

## 1A. Continuum of Care (CoC) Identification

### Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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**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:** Coalition on Homelessness and Housing in Ohio

## 1B. Continuum of Care (CoC) Engagement

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**1B-1. CoC Meeting Participants.**

**For the period of May 1, 2018 to April 30, 2019, applicants must indicate whether the Organization/Person listed:**

- 1. participated in CoC meetings;**
- 2. voted, including selecting CoC Board members; and**
- 3. participated in the CoC’s coordinated entry system.**

Organization/Person	Participates in CoC Meetings	Votes, including selecting CoC Board Members	Participates in Coordinated Entry System
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	Yes	No	No
Local Jail(s)	Yes	Yes	No
Hospital(s)	Yes	No	No
EMS/Crisis Response Team(s)	Yes	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Disability Service Organizations	Yes	Yes	Yes
Disability Advocates	Yes	Yes	No
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes

Youth Advocates	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Yes	Yes	Yes
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Domestic Violence Advocates	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No	No
LGBT Service Organizations	Yes	No	No
Agencies that serve survivors of human trafficking	Not Applicable	No	No
Other homeless subpopulation advocates	Not Applicable	No	No
Homeless or Formerly Homeless Persons	Yes	Yes	No
Mental Illness Advocates	Yes	Yes	No
Substance Abuse Advocates	Yes	Yes	No
Other:(limit 50 characters)			

**1B-1a. CoC’s Strategy to Solicit/Consider Opinions on Preventing/Ending Homelessness.**

**Applicants must describe how the CoC:**

- 1. solicits and considers opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;**
- 2. communicates information during public meetings or other forums the CoC uses to solicit public information;**
- 3. takes into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness; and**
- 4. ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats, e.g., PDF. (limit 2,000 characters)**

1) The Ohio BoSCoC (CoC) annually solicits membership & Board/cte/wkgrp members from groups that will bring diverse knowledge and expertise to the CoC. Each year the CoC evaluates the current makeup of the Board, Ctes/wkgps, and identifies gaps. It then directly solicits membership that can provide missing insight. For example, CoC Board currently includes reps from Ohio Mental Health and Addiction Services, the VA, the Ohio DV Network, and Corporation for Supportive Housing.

2) All CoC mtgs are open to non-members and info about mtg schedules and membership is on CoC website and calendar. Semi-annual membership mtgs and all trainings are announced by listserv and posted on the calendar on CoC’s website. Meeting notes or training materials are posted in video format and PDF to the CoC website as well.

3) Recently, CoC gathered info from providers in public meetings re: needing help to better handle opiate use and overdoses. In response, CoC staff are

developing guidance docs and trainings, and have partnered with Harm Reduction Ohio to provide free Naloxone to providers along with training. 4) The CoC uses multiple communication channels and formats to help ensure effective communication. For example, the CoC communicates to CoC membership via email listserv and posts messages in PDF format to the CoC website. Scheduled events are posted on the calendar on the CoC website. Most trainings are hosted via live webinar and video recordings and PDFs of presentations posted to the CoC website. Lastly, the CoC overhauled the CoC website to make it more accessible. Specifically, the website incorporated the following design concepts: monochromatic scales for color blindness, image descriptions for text tools that help seeing impaired navigate, sans serif fonts for non-native English readers, use text instead of images for headers.

### **1B-2. Open Invitation for New Members.**

**Applicants must describe:**

- 1. the invitation process;**
  - 2. how the CoC communicates the invitation process to solicit new members;**
  - 3. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats;**
  - 4. how often the CoC solicits new members; and**
  - 5. any special outreach the CoC conducted to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join the CoC.**
- (limit 2,000 characters)**

1. The CoC annually solicits Board and cte membership by requesting completion of a simple application that helps identify special expertise/experience. General CoC membership is solicited in CoC Planning Regions by verbal announcement at local meetings. Anyone interested in becoming a member of the CoC may volunteer.
2. The CoC's invitation process is outlined in the CoC Governance Charter, which is available on the CoC's website. The invite process is also communicated publicly via the CoC listserv, posting on the CoC website, and direct outreach to orgs/persons with special expertise or who represent a special population. Invitations for general CoC members are communicated verbally in local meetings on an on-going basis. Contact information for each Region's rep to the CoC Board is publicly available on the CoC's website. Invites to become CoC members also occur throughout the year by way of CoC trainings and member meetings, as well as when new workgroups are formed.
3. The CoC ensures effective communication by using multiple communication methods and channels. Namely, communication by email, post of PDF of email communication to CoC website, and individual outreach via email, phone, and in-person to potential CoC members. The CoC website has incorporated the following design concepts to make it more accessible: monochromatic scales for color blindness, image descriptions for text tools that help seeing impaired, sans serif fonts for non-native English readers, use of text instead of images for headers.
4. The CoC solicits new CoC Board and Cte membership annually. General CoC membership is solicited several times throughout the year.
5. The CoC reaches out to local providers to seek assistance identifying formerly homeless interested in CoC Board membership and to help them

submit apps for membership. As outlined in the CoC Gov Charter, the CoC pays annual retainers to CoC Board members who have experienced homelessness or are TAY.

**1B-3. Public Notification for Proposals from Organizations Not Previously Funded.**

**Applicants must describe:**

- 1. how the CoC notifies the public that it is accepting project application proposals, and that it is open to and will consider applications from organizations that have not previously received CoC Program funding, as well as the method in which proposals should be submitted;**
- 2. the process the CoC uses to determine whether the project application will be included in the FY 2019 CoC Program Competition process;**
- 3. the date(s) the CoC publicly announced it was open to proposal;**
- 4. how the CoC ensures effective communication with individuals with disabilities, including the availability of accessible electronic formats; and**
- 5. if the CoC does not accept proposals from organizations that have not previously received CoC Program funding or did not announce it was open to proposals from non-CoC Program funded organizations, the applicant must state this fact in the response and provide the reason the CoC does not accept proposals from organizations that have not previously received CoC Program funding.**  
**(limit 2,000 characters)**

1) The CoC solicited new project proposals via RFPs that were open to all nonprofits regardless of current CoC grantee status. Encouraged sharing RFP with all agencies interested. CoC shared RFP #1 for FY19 CoC Comp on 3/11/19 by posting on CoC website and hosting a public webinar. CoC announced webinar via listserv 3 wks prior & posted on CoC website calendar. CoC required submission of proposal form by 6/3/19. Projects notified of decisions via email, outside of e-snaps on 7/23/19. CoC released RFP #2 for DV Bonus funding, posted on CoC website, emailed via listserv, and hosted webinar on 7/19/19. Recording of the webinar and the PPT available on 7/19/19. CoC required submission of proposal form by 8/16/19. CoC announced webinar via listserv on 7/16/19 and posted on CoC website calendar. CoC communicated RFP due dates in trainings and in CoC Competition guidance docs, also posted on CoC website.

2) When selecting new projects, the CoC considered community need, use of Housing First practices, prioritizing based on need, and cost effectiveness. Steering Cte reviews, scores, & ranks proposals using an objective tool. After Comp opens, CoC Board considers proposals & Steering Cte recommendations & make final new project funding recommendations. CoC Bonus project applicants notified of decisions outside of e-snaps on 7/23/19. DV Bonus applicants notified of decisions outside of e-snaps on 8/23/19.

3) CoC publicly announced it was accepting proposals on 3/11/19 (RFP #1) and on 7/19/19 (RFP #2)

4) The CoC ensures effective communication by: communication by email, post of PDF of email communication to CoC website, hosting live webinars, and posting of recorded videos and PDFs of PPTs on CoC website. All written guidance documents related to the CoC Competition are posted in word and PDF formats to the CoC website.

## 1C. Continuum of Care (CoC) Coordination

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### 1C-1. CoCs Coordination, Planning, and Operation of Projects.

**Applicants must select the appropriate response for each federal, state, local, private, other organizations, or program source the CoC included in the planning and operation of projects that serve individuals experiencing homelessness, families experiencing homelessness, unaccompanied youth experiencing homelessness, persons who are fleeing domestic violence, or persons at risk of homelessness.**

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
Funding Collaboratives	Yes
Private Foundations	Yes
Housing and services programs funded through U.S. Department of Justice (DOJ) Funded Housing and Service Programs	Yes
Housing and services programs funded through U.S. Health and Human Services (HHS) Funded Housing and Service Programs	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and services programs funded through State Government	Yes
Housing and services programs funded through Local Government	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

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**1C-2. CoC Consultation with ESG Program Recipients.**

**Applicants must describe how the CoC:**  
**1. consulted with ESG Program recipients in planning and allocating ESG funds;**  
**2. participated in the evaluating and reporting performance of ESG Program recipients and subrecipients; and**  
**3. ensured local homelessness information is communicated and addressed in the Consolidated Plan updates.**  
**(limit 2,000 characters)**

- 1) ODSA serves as the state ESG recipient and distributes state ESG funding, serves as the CoC collaborative applicant, and is the entity 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 ensure ESG funded ES and RRH projects comply with performance goals identified in the CoC Performance Mgt Plan. COHHIO sits on the state Con Plan Advisory Cte, which makes recommendations for ESG funding allocation and program implementation for the BoSCoC and state. In recent years, CoC staff completed CoC and region-level needs analysis of homeless system and coordinated with ODSA to ensure the analysis informs funding decisions in the CoC. The RRH gaps analysis helped determine the reallocation of nearly \$2M in RRH assistance in the CoC.
- 2) The CoC provides data to ODSA on a regular basis (HMIS, PIT, HIC) so that ODSA and the CoC can evaluate performance and make funding decisions at both the project and statewide level. The CoC has also established performance measures and goals for all ESG-funded projects in the CoC, and monitors performance quarterly. The CoC also provides HIC/PIT data to Springfield, OH, the other state ESG recipient. ODSA uses CoC monthly reports for each of the 17 BoS Regions to determine the Region's maximizing of ESG funds RRH assistance and need for local technical assistance.
- 3) COHHIO, CoC staff, sits on the state Con Plan Advisory Cte. In this role, the CoC is able to ensure local homelessness information is addressed in the Con Plan updates. CoC staff solicit feedback and suggestions from CoC Board re: the ConPlan and state homeless programming in advance of the ConPlan Adv Cte meetings to help ensure CoC ideas are represented.

**1C-2a. Providing PIT and HIC Data to Consolidated Plan Jurisdictions.** Yes to both

**Applicants must indicate whether the CoC provided Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area.**

**1C-2b. Providing Other Data to Consolidated Plan Jurisdictions.** Yes

**Applicants must indicate whether the CoC ensured local homelessness information is communicated to Consolidated Plan Jurisdictions within its geographic area so it can be addressed in Consolidated Plan updates.**

**1C-3. Addressing the Safety Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.**

**Applicants must describe:**

- 1. the CoC’s protocols, including protocols for coordinated entry and the CoC’s emergency transfer plan, that prioritize safety and incorporate trauma-informed, victim-centered services; and**
- 2. how the CoC, through its coordinated entry, maximizes client choice for housing and services while ensuring safety and confidentiality. (limit 2,000 characters)**

1) The CoC prioritizes safety by: 1) the CoC has adopted an Emergency Transfer Plan for DV survivors, that requires homeless providers to try to accommodate unit transfers when a client has been victimized and fears for their future safety 2) When currently fleeing victims present to a CE Access Point, CoC CE Standards and plans require the provider to offer referral to the local victim services provider. 3) 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. 4) Where an intake/screening of a DV victim is continuing at a non-DV agency, CE Standards require the provider to offer to complete the intake in a more private location. 5) CoC works with OH Domestic Violence Network (ODVN) to offer regular trainings to CoC providers re: basics of safety planning, trauma-informed care, and other best practices for working with victims of DV 2) To maximize client choice and ensure safety: 1) CoC adopted an Emergency Transfer Plan for DV survivors 2) CoC receives regular TA from ODVN re: data collection practices, trauma-informed care, and maintains a workgroup with ODVN and CoC to further review of CE Standards with focus on promoting safety and client choice for DV victims. 3) Recently ODVN raised concerns that the CoC’s common assessment tool (VI-SPDAT) was not trauma-informed. In response, CoC and ODVN staff developed a short-term policy waiving requirements to complete VI-SPDATs on DV victims in shelter and outlining an alternative protocol for DV provider participation in local prioritization meetings. This protocol will help ensure appropriate access to local PH resources for DV victims in need while also ensuring confidentiality and safety.

**1C-3a. Training–Best Practices in Serving DV Survivors.**

**Applicants must describe how the CoC coordinates with victim services providers to provide training, at least on an annual basis, for:**

- 1. CoC area project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence; and**
- 2. Coordinated Entry staff that addresses safety and best practices (e.g.,**



**Trauma Informed Care) on safety and planning protocols in serving survivors of domestic violence. (limit 2,000 characters)**

1. Annually, the CoC partners with Ohio DV Network (ODVN) to provide training related to best practices in serving DV survivors and safety planning. Trainings are web-based and publicly available. Training announcements are shared via CoC listserv and posted on calendar on CoC’s website. Training materials/recordings are available on an ongoing basis via posting on CoC website. All homeless services providers are strongly encouraged to attend.
2. The CoC does not have any specialized or dedicated CE staff, as we have multiple access points, so combined trainings are typically sufficient to target staff for service provision and CE purposes. The next webinar covering basics of safety planning and best practices in serving victims of DV for non-Victim Service Providers (VSPs) is scheduled for October 2019.

**1C-3b. Domestic Violence–Community Need Data.**

**Applicants must describe how the CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking. (limit 2,000 characters)**

DV projects submit performance reports from their comparable databases to the CoC annually. CoC staff review the data to evaluate project implementation and performance and for any changes in numbers served/demand. This data is also used to evaluate CoC-funded projects in the annual CoC project evaluation process. The CoC also collects info about DV experience in the PIT Count, and reports aggregate data back out to the full CoC.

To date, CoC has used this comparable database data, along with PIT data and HMIS data, to preliminarily analyze the scale of DV victimization – past and present – among the CoC’s homeless population. So far this analysis has shown that approximately 14% - 15% of the adult literal homeless population in the CoC reports being victims of DV, about 21% of adult RRH clients reported being victims, and about 25% of PSH clients reported being victims. The CoC is able to rely on HMIS data for RRH and PSH client victimization rates b/c more than 98% of the total RRH and PSH inventory is HMIS participating, but also accessible to DV victims who meet eligibility criteria.

**\*1C-4. PHAs within CoC. Attachments Required.**

**Applicants must submit information for the two largest PHAs or the two PHAs with which the CoC has a working relationship within the CoC’s geographic area.**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2018 who were experiencing homelessness at entry	PHA has General or Limited Homeless Preference	PHA has a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On
Marietta MHA	7.00%	Yes-HCV	No

Warren MHA	37.00%	Yes-HCV	No
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**1C-4a. PHAs’ Written Policies on Homeless Admission Preferences.**

**Applicants must:**

**1. provide the steps the CoC has taken, with the two largest PHAs within the CoC’s geographic area or the two PHAs the CoC has working relationships with, to adopt a homeless admission preference—if the CoC only has one PHA within its geographic area, applicants may respond for one; or**

**2. state that the CoC does not work with the PHAs in its geographic area. (limit 2,000 characters)**

1. In an ongoing attempt to encourage PHA’s within the Ohio BoSCoC to adopt formal homeless admission preference policies when those did not exist, the CoC has met with representatives of several public housing authorities to discuss the issue. These discussions include review of PIT data and System Performance data to illustrate ongoing need for access to affordable housing for people experiencing homelessness. Several 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. Additionally, CoC has provided support and TA to providers who have positive working relationships with their local PHAs in an effort to equip providers to have homeless preference conversations at the local level. TA and support includes ensuring providers have all relevant local data needed to highlight the need for homeless admission preferences.

**1C-4b. Moving On Strategy with Affordable Housing Providers.**

**Applicants must indicate whether the CoC has a Moving On Strategy with affordable housing providers in its jurisdiction.**

No

**1C-5. Protecting Against Discrimination.**

**Applicants must describe the actions the CoC has taken to address all forms of discrimination, such as discrimination based on any protected classes under the Fair Housing Act and 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing. (limit 2,000 characters)**

The CoC is addressing all forms of discrimination in the following ways: 1) CoC Written Standards, which apply to all homeless assistance projects in the CoC regardless of funding source, include a policy requiring all homeless assistance projects 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. 2) CoC staff provide annual training on the Equal Access Rule to all CoC projects, and these webinars/training materials are publicly available on the CoC's website on an ongoing basis. 3) CoC also coordinates with other COHHIO training/TA staff to conduct state-wide trainings on the final rule, anti-discrimination policies, to offer in-person Safe and Supported Trainings, and continue to work with projects, clients, and housing providers on an individual basis to guide them as they put the rule into practice.

**\*1C-5a. Anti-Discrimination Policy and Training.**

**Applicants must indicate whether the CoC implemented an anti-discrimination policy and conduct training:**

1. Did the CoC implement a CoC-wide anti-discrimination policy that applies to all projects regardless of funding source?	Yes
2. Did the CoC conduct annual CoC-wide training with providers on how to effectively address discrimination based on any protected class under the Fair Housing Act?	Yes
3. Did the CoC conduct annual training on how to effectively address discrimination based on any protected class under 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or -Insured Housing?	Yes

**\*1C-6. Criminalization of Homelessness.**

**Applicants must select all that apply that describe the strategies the CoC implemented to prevent the criminalization of homelessness in the CoC's geographic area.**

1. Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
2. Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
3. Engaged/educated local business leaders:	<input checked="" type="checkbox"/>
4. Implemented communitywide plans:	<input checked="" type="checkbox"/>
5. No strategies have been implemented:	<input type="checkbox"/>
6. Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

**1C-7. Centralized or Coordinated Assessment System. Attachment**

**Required.**

**Applicants must:**

- 1. demonstrate the coordinated entry system covers the entire CoC geographic area;**
- 2. demonstrate the coordinated entry system reaches people who are least likely to apply for homelessness assistance in the absence of special outreach; and**
- 3. demonstrate the assessment process prioritizes people most in need of assistance and ensures they receive assistance in a timely manner. (limit 2,000 characters)**

1) The CoC's CE system covers 100% of the geography. CoC's 80 counties are divided into 17 regions, & each region has its own CE Plan that complies with the CoC's CE Stds. CoC staff developed CE Plans with regions to ensure compliance with CE Stds, especially re: common assessment tool, how/when assessment is completed, & how to prioritize for PH.

2) CoC's CE Stds require providers to complete the common assessment tool (VI-SPDAT) with unsheltered persons & persons in ES (more than 5 days & w/o a housing plan in place). Upon assessment, providers make referrals to PH resources. By requiring assessment/referrals on all ES/unsheltered clients with no housing plan, the CoC ensures more equitable access to PH for those in need. CE Stds require regional PH Prioritization Wkgps to use the custom HMIS RRH and PSH Eligibility and Prioritization Report to identify eligible persons for local PH resources. The Report identifies currently homeless persons eligible for RRH or PSH, and provides info needed for prioritization decision making including VI-SPDAT score, homeless episodes/history, disability, etc. Requiring use of this Report helps ensure those most in need are prioritized for resources even if a provider failed to make a referral.

3) CoC's CE Stds require PSH providers to follow the Order of Priority outlined in the CoC's Written Stds and also require RRH providers to prioritize those with most severe needs and longest homeless histories. CE standards require regions to form Prioritization Wrggps to determine who to prioritize for next available PSH or RRH, based on Order of Priority. All homeless persons must be assessed with the VI-SPDAT, score recorded in HMIS, and score used as part of prioritization process. CE Standards require Prioritization Wkggps to meet at least monthly, although most meet more frequently. RRH and PSH projects in the CoC cont to show an avg length of time to house of less than 30 days.

# 1D. Continuum of Care (CoC) Discharge Planning

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**1D-1. Discharge Planning Coordination.**

**Applicants must indicate whether the CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply (note that when "None:" is selected no other system of care should be selected).**

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. Local CoC Competition

## Instructions

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### **\*1E-1. Local CoC Competition–Announcement, Established Deadline, Applicant Notifications. Attachments Required.**

**Applicants must indicate whether the CoC:**

1. informed project applicants in its local competition announcement about point values or other ranking criteria the CoC would use to rank projects on the CoC Project Listings for submission to HUD for the FY 2019 CoC Program Competition;	Yes
2. established a local competition deadline, and posted publicly, for project applications that was no later than 30 days before the FY 2019 CoC Program Competition Application submission deadline;	Yes
3. notified applicants that their project application(s) were being rejected or reduced, in writing along with the reason for the decision, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline; and	Yes
4. notified applicants that their project applications were accepted and ranked on the CoC Priority Listing in writing, outside of e-snaps, at least 15 days before the FY 2019 CoC Program Competition Application submission deadline.	Yes

### **1E-2. Project Review and Ranking–Objective Criteria.**

**Applicants must indicate whether the CoC used the following to rank and select project applications for the FY 2019 CoC Program Competition:**

1. Used objective criteria to review and rank projects for funding (e.g., cost effectiveness of the project, performance data, type of population served);	Yes
2. Included one factor related to improving system performance (e.g., exits to permanent housing (PH) destinations, retention of PH, length of time homeless, returns to homelessness, job/income growth, etc.); and	Yes
3. Included a specific method for evaluating projects submitted by victim services providers that utilized data generated from a comparable database and evaluated these projects on the degree they improve safety for the population served.	Yes

### **1E-3. Project Review and Ranking–Severity of Needs and Vulnerabilities.**

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**Applicants must describe:**

- 1. the specific severity of needs and vulnerabilities the CoC considered when reviewing and ranking projects; and**
  - 2. how the CoC takes severity of needs and vulnerabilities into account when reviewing and ranking projects.**
- (limit 2,000 characters)**

1. The CoC considered the following items related to vulnerability: % of clients entering with no income, % of clients entering from emergency shelter or unsheltered locations only (not TH or imminently at risk), entries with longer homelessness histories (PSH only), % of entries of long-term homeless (PSH only)

2. The CoC takes vulnerabilities into account by: 1) To reflect differences in needs of populations served by project type, the CoC established different performance goals for different project types, including for goals looking at % PH exits, % returns to homelessness, % obtaining/gaining income. For example, CoC set lower goals for PSH projects related to increasing income since clients are disabled and many are unable to maintain employment. CoC set lower goals for % PH exits for safe havens, given their purpose of bringing the most vulnerable off the streets. 2) PSH projects could score more points in project evaluation for having more PSH entries with longer homeless histories and for having higher % of PSH entries of those defined as longterm homeless (includes chronic) 3) Grantees could score up to 15 points in the project eval process for providing program documents that evidence the use of Housing First practices, and for PSH projects, evidence of adherence to the CoC's Written Standards' Orders or Priority. 3) The CoC board identified a goal and set of priorities to guide final project ranking decisions in the CoC Competition. Priorities include preserving projects, even those that may be very low-ranking, where those projects are the only homeless assistance project in their communities. These ranking priorities are detailed in the CoC's 2019 CoC Competition Plan and Timeline doc that was posted on the CoC's website 3/11/19, and shared via listserv message and publicly available webinar.

**1E-4. Public Postings–CoC Consolidated Application. Attachment Required.**

**Applicants must:**

- 1. indicate how the CoC made public the review and ranking process the CoC used for all project applications; or**
- 2. check 6 if the CoC did not make public the review and ranking process; and**
- 3. indicate how the CoC made public the CoC Consolidated Application—including the CoC Application and CoC Priority Listing that includes all project applications accepted and ranked or rejected—which HUD required CoCs to post to their websites, or partners websites, at least 2 days before the FY 2019 CoC Program Competition application submission deadline; or**
- 4. check 6 if the CoC did not make public the CoC Consolidated Application.**

Public Posting of Objective Review and Ranking Process

Public Posting of CoC Consolidated Application including: CoC Application, CoC Priority Listing,

		Project Listings	
1. Email	<input checked="" type="checkbox"/>	1. Email	<input checked="" type="checkbox"/>
2. Mail	<input type="checkbox"/>	2. Mail	<input type="checkbox"/>
3. Advertising in Local Newspaper(s)	<input type="checkbox"/>	3. Advertising in Local Newspaper(s)	<input type="checkbox"/>
4. Advertising on Radio or Television	<input type="checkbox"/>	4. Advertising on Radio or Television	<input type="checkbox"/>
5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>	5. Social Media (Twitter, Facebook, etc.)	<input checked="" type="checkbox"/>
6. Did Not Publicly Post Review and Ranking Process	<input type="checkbox"/>	6. Did Not Publicly Post CoC Consolidated Application	<input type="checkbox"/>

**1E-5. Reallocation between FY 2015 and FY 2018.**

**Applicants must report the percentage of the CoC’s ARD that was reallocated between the FY 2015 and FY 2018 CoC Program Competitions.**

**Reallocation: 13%**

**1E-5a. Reallocation–CoC Review of Performance of Existing Projects.**

**Applicants must:**

- 1. describe the CoC written process for reallocation;**
  - 2. indicate whether the CoC approved the reallocation process;**
  - 3. describe how the CoC communicated to all applicants the reallocation process;**
  - 4. describe how the CoC identified projects that were low performing or for which there is less need; and**
  - 5. describe how the CoC determined whether projects that were deemed low performing would be reallocated.**
- (limit 2,000 characters)**

1. Annually the CoC releases CoC Competition Plan & Timeline doc that outlines goals and priorities for CoC Competition, including the written process for reallocation. This doc addresses the reallocation process by: 1) CoC encourages voluntary reallocation where a change in project type better meets local needs, and incentivizes this by guaranteeing a project rank based on past project perf. 2) CoC’s project ranking goal & priorities allow CoC to partially reallocate low-ranking Tier 2 projects if doing so helps preserve funding for prioritized projects.
2. CoC Board approved the CoC Comp Plan & Timeline, incl reallocation process, on 2/28/19.
3. CoC publicly shared FY19 CoC Comp Plan & Timeline on 3/11/19 by posting on CoC website & hosting a webinar. CoC announced webinar via listserv & post on CoC website calendar 3 wks prior. CoC announced availability of webinar recording and PPT slides via listserv email on 3/20/19.



4. CoC annually evaluates CoC project performance prior to CoC Comp and preliminarily ranks projects in order of project evaluation score. Projects ranked in Tier 2 are considered low-performing, but CoC makes determinations about need for projects on case by case basis considering local community need and resources.

5. CoC Board reviews all Tier 2 projects and approves final Tier 2 project ranking with the CoC's project ranking goal and priorities in mind. The goal and priorities allow for re-ranking of Tier 2 projects in order to preserve resources in parts of the CoC with limited homeless programs. For bottom-ranked Tier 2 projects, CoC Board considers whether other organizations in the same area administer similar, higher-performing projects. If there are limited homeless resources in an area, the CoC Board may re-rank the project to preserve the resource. Where other resources do exist in a geography, the CoC Board may leave lower ranked projects in their prelim project rank order, essentially ensuring reallocation to new projects.

## DV Bonus

### Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

**Resources:**

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notice>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

### 1F-1 DV Bonus Projects.

**Applicants must indicate whether the CoC is requesting DV Bonus projects which are included on the CoC Priority Listing:** Yes

**1F-1a. Applicants must indicate the type(s) of project(s) included in the CoC Priority Listing.**

1. PH-RRH	<input checked="" type="checkbox"/>
2. Joint TH/RRH	<input checked="" type="checkbox"/>
3. SSO Coordinated Entry	<input type="checkbox"/>

**Applicants must click “Save” after checking SSO Coordinated Entry to view questions 1F-3 and 1F-3a.**

### \*1F-2. Number of Domestic Violence Survivors in CoC’s Geographic Area.

**Applicants must report the number of DV survivors in the CoC’s geographic area that:**

Need Housing or Services	1,452.00
--------------------------	----------

the CoC is Currently Serving	2,404.00
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**1F-2a. Local Need for DV Projects.**

**Applicants must describe:**

- 1. how the CoC calculated the number of DV survivors needing housing or service in question 1F-2; and**
- 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source).**  
**(limit 500 characters)**

1. CoC annualized DV PIT data for ES, TH, & unsheltered using multipliers of 8.8 for ES, 2.8 for TH, and 3 for unsheltered. CoC determined multipliers based on analysis of HMIS/PIT data. CoC estimates 50% of adults in ES/TH or unsheltered likely need RRH & 15% likely need PSH.
2. HMIS was primary data source to estimate % of homeless who likely need assistance beyond shelter, & to determine multipliers for annualizing PIT data. PIT data was source for # DV victims in ES, TH, and unsheltered.

**1F-4. PH-RRH and Joint TH and PH-RRH Project Applicant Capacity.**

**Applicants must provide information for each unique project applicant applying for PH-RRH and Joint TH and PH-RRH DV Bonus projects which the CoC is including in its CoC Priority Listing—using the list feature below.**

<b>Applicant Name</b>	<b>DUNS Number</b>
Community Action ...	092163336
Ohio Domestic Vio...	832690515

## 1F-4. PH-RRH and Joint TH and PH-RRH Project

### Applicant Capacity

DUNS Number:	092163336
Applicant Name:	Community Action Commission of Fayette County
Rate of Housing Placement of DV Survivors--Percentage:	92.00%
Rate of Housing Retention of DV Survivors--Percentage:	100.00%

#### 1F-4a. Rate of Housing Placement and Housing Retention.

**Applicants must describe:**

- 1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and**
- 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)**

1. CAC calculated housing placement rate by looking at destination at exit for all DV victims served by the CAC of Fayette County and Clinton County Services for the Homeless. Housing retention was defined by the number of survivors that remained in PSH.

2. Data was extracted from the HMIS database through a custom report and through the APR .

#### 1F-4b. DV Survivor Housing.

**Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)**

Fayette Community Action Commission (CAC) Case Managers begin to provide housing search & placement services at intake based upon housing first principles that individuals are always housing ready. A housing search plan establishes a timeline & lists a continuum of services tailored to the specific needs of the household. These plans may include housing leads, distributing landlord lists, role playing and/or advocacy. The housing search plan includes a barrier resolution phase that triggers an increase in intensity of services and additional supports if a household has not located housing within 14 days. Because survivors often have negative rental housing histories due to their abuser's violent behavior, staff are trained to help survivors discuss this part of their history and educate victims on the fair housing rights provided to them through the VAWA Reauthorization of 2013.

CAC recently applied for and received Risk Mitigation Funding through the CoC. Risk Mitigation Funding is available to reduce financial risk to landlords and incentivizes their homeless program participation. Eligible costs include double deposits, damages in excess of deposits, pest control, & unpaid tenant share of rent or utilities. This information is shared with landlords on a form given to the client to present during their visits to prospective housing units. Continuous

landlord recruitment activities include marketing, landlord luncheons, and participation in the “Bad Tenant” group. The Bad Tenant group is a local social media group organized by local landlords to share information on renters that have unpaid rent or utilities or damaged their units. CAC works within the group to identify whether or not our program participants are on the list so we can intervene earlier when one of our clients is being “blacklisted.”

**1F-4c. DV Survivor Safety.**

**Applicants must describe how project applicant:**

- 1. ensured the safety of DV survivors experiencing homelessness by:**
    - (a) training staff on safety planning;**
    - (b) adjusting intake space to better ensure a private conversation;**
    - (c) conducting separate interviews/intake with each member of a couple;**
    - (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
    - (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;**
    - (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and**
  - 2. measured its ability to ensure the safety of DV survivors the project served.**
- (limit 2,000 characters)**

1 a) DV support staff complete a web-based victim assistance training program from the Office for Victims of Crime T&TA Center. This program covers a range of topics including safety planning, confidentiality, crisis intervention and trauma informed care. b) Coordinated Entry and CAC policies require interviews with clients to take place in private locations and that each adult is interviewed separately. c) CAC includes in its intake process collection of information on the abuser including documenting the tactics the abuser uses to assert their power/control over the situation. Safety planning is an ongoing activity, rather than a fixed event. The client’s activities of daily living, combined with their knowledge of the offender inform safety planning. d) Client choice is a hallmark of all of our programs. Survivors are presented with a menu of choices and explained the possible consequences and benefits of each choice. Staff are trained to understand that the client is the expert of their situation and safety. RRH clients choose where to live within the service area, but staff assist in this decision making by facilitating discussions about the safety of locations when working with clients. e) The location of the transitional housing units will not be made publicly available. Its location was carefully selected due to the ability of law enforcement to respond quickly. The units will be equipped with home security systems, a panic button that goes directly to law enforcement that can literally respond within 2 minutes and other safety measures will be used like bars on windows and steel doors in appropriate areas. f) In addition to keeping TH unit locations confidential, RRH unit information will also remain confidential.

**1F-4d. Trauma-Informed, Victim-Centered Approaches.**

**Applicants must describe:**

- 1. project applicant’s experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and**

- 2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:**
- (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
  - (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
  - (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;**
  - (d) placing emphasis on the participant's strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
  - (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
  - (f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
  - (g) offering support for parenting, e.g., parenting classes, childcare.**
- (limit 4,000 characters)**

1. Fayette CAC has served survivors of domestic violence since the mid-80's, and began using Trauma-Informed Care (TIC) in 2008. Since 2013 CAC has conducted fidelity reviews on use of TIC and provided support to staff to ensure proper delivery of services. Program staff are trained to recognize the signs of trauma, use care not re-traumatize, allow victims nonjudgmental care, and focus on emphasizing choice, control and healing throughout the case management process. Staff must complete an online victim advocacy training or show proof of receiving in person training on TIC, safety planning, motivational interviewing, ethics, victim's rights and compensation, confidentiality, cultural competence, equal access and nondiscrimination, as well as proof of specialized training to serve categories of victims. This may include elderly populations, children, immigrant and disabled populations, and other minority populations as well.

2. CAC will a) prioritize participant choice and rapid placement/stabilization in permanent housing by not requiring clients to prove "housing readiness". And while safety planning will be discussed with clients to help guide their choices related to unit identification and location, staff will emphasize client choice and respect clients as the experts in their situation. B) CAC establishes and maintains an environment of agency and mutual respect by empowering clients using a strengths-based approach. Program rules are based on HUD and CoC's Written Standards. Staff minimize power differentials by delivering services based upon the philosophy that clients are the agency's customers and they have the choice to use or not use services. To that end, staff do not use the "parent voice," shaming, or the threat of being kicked out of the program to encourage compliance. Staff approach goals and compliance as shared responsibilities. C) If funded, CAC will purchase the Domestic Violence Survival Workbook as a means of trauma education, and make those materials/info available to all clients. D) Service delivery places an emphasis on strengths from the start. During the assessment process CMs work with clients to look back to a time in life when things were going well, & work to uncover the internal and external resources needed to recreate those circumstances. CMs also work w/ clients to find personal qualities, traits, talents, interests and knowledge to

assist in the achievement of their self-defined goals. E) CAC will work with the CoC to ensure staff receive appropriate training on cultural responsiveness/competence and inclusivity, & training on equal access, as the CoC has a formal policy of non-discrimination and complying with the Equal Access Rule. F) CAC works with several partners to deliver a range of services. In Fayette County, a local church offers a DV support group run by survivors of domestic violence, and has offered to provide on-sight groups in the proposed transitional housing unit space. In Clinton, Highland and Ross Counties, Alternatives to Violence and Phoenix House offer support groups. Scioto Paint Valley provides mental health counseling in all of the counties, except Clinton, which is served by Clinton Solutions. In addition to groups, spiritual assistance is offered as a range of type of services available to program participants. CAC also runs daycare facilities in Clinton and Fayette Counties, and all counties coordinate with Job and Family Services and work with social media to seek out child care providers. Parenting classes are offered through OSU Extension, Life Pregnancy Center and the Visitation Center as well.

**1F-4e. Meeting Service Needs of DV Survivors.**

**Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:**

- **Child Custody**
- **Legal Services**
- **Criminal History**
- **Bad Credit History**
- **Education**
- **Job Training**
- **Employment**
- **Physical/Mental Healthcare**
- **Drug and Alcohol Treatment**
- **Childcare**

**(limit 2,000 characters)**

CAC Case Managers work collaboratively with many local service providers to ensure complete care coordination and housing stability case management services. Referrals are tracked within the client file and staff are trained to make referrals through the lens of client safety, making appropriate plans as needed. CMs follow up on all referrals to ensure proper assistance was provided or to fill in gaps that may exist in local program service delivery. More specifically, CAC partners with Southeastern Ohio Legal Services to provide child custody and legal services. To deal with criminal history issues, CMs refer to Second Chance programs offered by municipal court and community coalitions. Bad credit history support is provided through the Self Help Housing and Community Action Financial Literacy programs. Educational programs, like GED preparation and community college are provided through Southern State Community College and Ohio University of Chillicothe. Job training and employment support is run through Workforce Investment Boards in most counties. In Highland, the local community action agency runs this program. Scioto Paint Valley, Friel and Associates, and Fayette Recovery provide mental

health and substance use support. Local hospitals and health districts have options for substance misuse and primary care. Child care is provided through JFS, Head Start, and Rockabye Daycare.

## 1F-4. PH-RRH and Joint TH and PH-RRH Project

### Applicant Capacity

DUNS Number:	832690515
Applicant Name:	Ohio Domestic Violence Network
Rate of Housing Placement of DV Survivors–Percentage:	74.00%
Rate of Housing Retention of DV Survivors–Percentage:	94.00%

#### 1F-4a. Rate of Housing Placement and Housing Retention.

**Applicants must describe:**

- 1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in the chart above; and**
- 2. the data source (e.g., HMIS, comparable database, other administrative data, external data source). (limit 500 characters)**

Hsg placement was calculated by comparing number of people leaving programs (ES,TH,RRH) (979 clients) to those with a positive hsg placement (perm. nature). Calculation used HMIS comparable database, specifically HUD APR Q6a,Q23a & Q23b. Hsg retention was calculated by comparing number of people leaving programs to those that returned to the program. HMIS comp. database (APR Q6) & internal agency data were used since VSP data is not included in HUD SPM report on returns to homelessness.

#### 1F-4b. DV Survivor Housing.

**Applicants must describe how project applicant ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing. (limit 2,000 characters)**

Housing advocates develop a housing plan with survivors to help find safe, decent housing in neighborhoods with access to public transportation and employment opportunities. They rely on good long-standing relationships. Housing advocates will help landlords understand the effects of domestic violence and advocate for clients with poor rental histories and low credit scores who otherwise might have difficulty being housed. When appropriate, they will offer double security deposits to encourage landlords to rent to tenants who appear to be a higher risk. Advocates may assist clients with housing applications, app fees, utility and damage deposits, & if needed, moving costs. Advocates will work closely with clients to ensure that rent for any unit is within FMR guidelines and passes an HQS inspection. Advocates will help victims access benefits and other services. They will refer clients to ODVN's Emergency Fund to pay past-due rental and utility bills. Housing advocates will



help survivors obtain Section 8 vouchers and apply for public housing. The staff also will advocate for survivors with housing officials when obstacles arise. For example, clients who have been denied subsidized housing will be assisted with the appeals process. After survivors have moved into their own housing, advocates stay in close touch to ensure they are doing everything they can (including watching posts and comments on social media) to maintain the safety of themselves and their children. To comply with visitation agreements, advocates help survivors arrange “exchanges” of children in safe places (supervised visitation centers, police departments, libraries and other public venues) away from the survivor’s residence. When violence occurs or is threatened or feared, survivors may be encouraged to return to shelter for help relocating temporary or in extreme cases, permanently.

**1F-4c. DV Survivor Safety.**

**Applicants must describe how project applicant:**

- 1. ensured the safety of DV survivors experiencing homelessness by:**
    - (a) training staff on safety planning;**
    - (b) adjusting intake space to better ensure a private conversation;**
    - (c) conducting separate interviews/intake with each member of a couple;**
    - (d) working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;**
    - (e) maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant;**
    - (f) keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors; and**
  - 2. measured its ability to ensure the safety of DV survivors the project served.**
- (limit 2,000 characters)**

1. All ODVN shelter staffers are trained to provide safety planning using a trauma-informed, victim-centered approach. They do so in an environment that allows private conversations and ensures confidentiality. Assessing risk is the first step in developing a survivor’s personalized, practical safety plan. Advocates ask about the history of abuse including frequency and changes in severity over time; instances of intimidation and threats made by the perpetrator; use or access to weapons; and other relevant issues. After assessing risk, advocates help survivors develop a safety plan that involves how to cope with emotions, tell friends and family about the abuse, maintain critical documents, and, if necessary, take legal action. Safety planning extends to the identification of rental units as well. Although clients choose where to live within the service area, Housing Advocates will talk with survivors about any possible safety concerns related to potential rental units, as well as other relevant pros and cons. Advocates will work with survivors to identify steps the survivor may take if the abuser locates the unit. ODVN’s shelters are secure with good lighting, security cameras and alarm systems. Many of ODVN’s shelters keep their locations confidential to increase security and safety.

2. Advocates measure the success of safety planning by asking survivors to respond to questionnaires about their feelings of safety, security and stability at enrollment and six months later.

**1F-4d. Trauma-Informed, Victim-Centered Approaches.**

**Applicants must describe:**

- 1. project applicant's experience in utilizing trauma-informed, victim-centered approaches to meet needs of DV survivors; and**
- 2. how, if funded, the project will utilize trauma-informed, victim-centered approaches to meet needs of DV survivors by:**
  - (a) prioritizing participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;**
  - (b) establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;**
  - (c) providing program participants access to information on trauma, e.g., training staff on providing program participant with information on trauma;**
  - (d) placing emphasis on the participant's strengths, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;**
  - (e) centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;**
  - (f) delivering opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and**
  - (g) offering support for parenting, e.g., parenting classes, childcare.**

**(limit 4,000 characters)**

1. For more than a decade, ODVN has led the charge on trauma-informed, victim-centered services at its member programs. In 2010, ODVN authored "Trauma-Informed Approaches: Promising Practices and Protocols for Ohio's Domestic Violence Programs." This launched a multi-year training initiative to increase the capacity of domestic violence programs to respond compassionately and effectively when providing services to survivors. Today trauma-informed care principles are at the foundation of all of ODVN's trainings and technical assistance. Front-line advocates are encouraged to use and refer back to the ODVN manual last updated in 2016. On an individual level, ODVN's trauma-informed approach teaches staffers to recognize the signs of trauma and provide survivors with information about the physical and psychological effects of trauma. Advocates prioritize survivors' needs, and provide nonjudgmental assistance with a focus on helping them increase their feelings of safety, choice and control so they can heal from their experiences. Trainings also include instruction in assessing survivors' risk and safety planning.

2. This project is grounded in the Housing First model and is committed to providing low-barrier services to survivors and their children. Services are delivered without preconditions. No one will be required to complete a drug or a background check or meet minimum income requirements. Participants will not be terminated by not participating, or making progress, on their service plan. Case management sessions and other supportive services will be individualized and flexible based on the family's needs. This program will follow ODVN's Promising Practices, a strengths-based, trauma-informed, survivor-centered empowerment model that involves each survivor as the primary planner of their goals to achieve a violence-free life. Advocates work to establish and maintain an environment of that encourages agency and mutual respect, minimizes power differentials and disallows punitive interventions. Housing advocates will help each participant make a plan based on the

survivor's self-identified goals. Strength-based assessments are reviewed with the survivor in order to ensure that they understand the intended outcomes. Staff will discuss individualized safety plans with survivors that are survivor-driven and updated as often as needed. These models facilitate growth, resilience, and healing from the traumas of DV while respecting each individual's dignity and integrity and working to resist re-traumatization. Participants will be given as much time as they need to work on their case plans while or before they look for housing. Housing advocates will work with participants to ensure their housing choices line up with their goals and safety plans.

ODVN is working with its programs to ensure services are delivered in a nondiscriminatory way that accommodates the diverse needs of survivors and their families. Programs will receive training on meaningful access principles and documenting adherence to the principles. Advocates receive training on creating an enduring atmosphere of cultural humility that respects participants' customs and backgrounds.

All program participants will be given opportunities for shelter-based group and individual counseling as well as parenting classes and other educational or growth opportunities. Advocates work to link survivors to resources in the communities, including programs that provide federally-funded childcare assistance. Programs also offer childcare in the shelter for residents who want to participate in shelter-based groups and classes.

#### **1F-4e. Meeting Service Needs of DV Survivors.**

**Applicants must describe how the project applicant met services needs and ensured DV survivors experiencing homelessness were assisted to quickly move into permanent housing while addressing their safety needs, including:**

- **Child Custody**
- **Legal Services**
- **Criminal History**
- **Bad Credit History**
- **Education**
- **Job Training**
- **Employment**
- **Physical/Mental Healthcare**
- **Drug and Alcohol Treatment**
- **Childcare**

**(limit 2,000 characters)**

Survivors complete housing/self-sufficiency assessments after arriving at shelter, & advocates focus on their immediate needs, including mental health & emotional well-being. Survivors are encouraged to participate in individual counseling & attend weekly support groups. When the crisis has passed, advocates help survivors assess their financial well-being & develop plans w/ goals for self-sufficiency. Most plans address barriers to self-sufficiency, including problems with work, school, medical issues & childcare. ODVN's Emergency Fund can be tapped to help survivors w/ emergency expenses. Advocates help survivors apply for public assistance e.g. food stamps, SSI, SSDI, Medicaid & TANF. They provide warm handoffs to community resources

& help survivors find health, mental health & drug & alcohol treatment services when appropriate. While in shelter waiting for housing assistance to help overcome related housing barriers. Survivors will be encouraged to work on increasing their incomes. With the assistance of housing advocates, they will be linked to education, employment & childcare resources. Clients who have secured housing will be encouraged to participate in support groups, financial education, job-readiness & other classes that will help them obtain and maintain employment. Under the direction of ODVN, advocates will receive training & assist w/ applications for SSI & SSDI using the SOAR model. Survivors with child custody and other legal problems will be referred to ODVN's legal assistance program. Last year the legal program helped more than 500 survivors with a wide range of legal services, including obtaining civil protection orders & divorces, resolving child custody disputes and custody cases in juvenile court. Undocumented survivors are assisted with immigration issues.

## 2A. Homeless Management Information System (HMIS) Implementation

**Intructions:**

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

**Resources:**

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<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

**2A-1. HMIS Vendor Identification.** Wellsky

**Applicants must review the HMIS software vendor name brought forward from FY 2018 CoC Application and update the information if there was a change.**

**2A-2. Bed Coverage Rate Using HIC and HMIS Data.**

**Using 2019 HIC and HMIS data, applicants must report by project type:**

Project Type	Total Number of Beds in 2019 HIC	Total Beds Dedicated for DV in 2019 HIC	Total Number of 2019 HIC Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) beds	2,414	726	1,282	75.95%
Safe Haven (SH) beds	10	0	10	100.00%
Transitional Housing (TH) beds	789	113	628	92.90%
Rapid Re-Housing (RRH) beds	1,063	5	1,058	100.00%
Permanent Supportive Housing (PSH) beds	3,644	59	2,819	78.63%
Other Permanent Housing (OPH) beds	20	0	20	100.00%

**2A-2a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-2.**

**For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-2., applicants must describe:**

**1. steps the CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and  
2. how the CoC will implement the steps described to increase bed coverage to at least 85 percent.  
(limit 2,000 characters)**

1. The ES providers not participating in Ohio BoSCoC HMIS are those receiving no public funding at all. Over the next 12 months the CoC will outreach to those ES providers to again encourage and push for HMIS participation. CoC will 1) explain the importance/benefit of participation by all projects, 2) emphasize its benefit within Coordinated Entry especially, 3) and offer to waive the user participation fees, if needed. These initiatives should increase bed coverage by the beginning of the 2020 federal fiscal year. The only PSH projects not participating in Ohio BoSCoC HMIS are VASH projects. Over the next 12 months the CoC will continue to work with the VISN 10 Network Homeless Coordinator and the CoC's Homeless Vets Workgroup to try to develop a plan and timeline for VASH HMIS participation. CoC will target initial HMIS participation conversations to those VASH providers already participating in HMIS for other projects and explore any need to waive user participation fees.  
2. CoC will develop a workplan to guide the implementation of and follow-through on the steps outlined above. Plan will include identification of key stakeholders to help carry out the work, timelines for task completion, and identification of additional incentives to encourage participation.

**\*2A-3. Longitudinal System Analysis (LSA) Submission.**

**Applicants must indicate whether the CoC submitted its LSA data to HUD in HDX 2.0.** Yes

**\*2A-4. HIC HDX Submission Date.**

**Applicants must enter the date the CoC submitted the 2019 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX).  
(mm/dd/yyyy)** 04/30/2019

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

### Instructions:

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

#### Resources:

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<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notice>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

**2B-1. PIT Count Date.** 01/22/2019

**Applicants must enter the date the CoC conducted its 2019 PIT count (mm/dd/yyyy).**

**2B-2. PIT Count Data–HDX Submission Date.** 04/30/2019

**Applicants must enter the date the CoC submitted its PIT count data in HDX (mm/dd/yyyy).**

**2B-3. Sheltered PIT Count–Change in Implementation.**

**Applicants must describe:**

**1. any changes in the sheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and**

**2. how the changes affected the CoC’s sheltered PIT count results; or**  
**3. state “Not Applicable” if there were no changes.**

**(limit 2,000 characters)**

N/A

**\*2B-4. Sheltered PIT Count–Changes Due to Presidentially-declared Disaster.**

**Applicants must select whether the CoC added or removed emergency shelter,** No

**transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially-declared disaster, resulting in a change to the CoC’s 2019 sheltered PIT count.**

**2B-5. Unsheltered PIT Count–Changes in Implementation.**

**Applicants must describe:**

- 1. any changes in the unsheltered count implementation, including methodology or data quality methodology changes from 2018 to 2019, if applicable; and**
  - 2. how the changes affected the CoC’s unsheltered PIT count results; or**
  - 3. state “Not Applicable” if there were no changes.**
- (limit 2,000 characters)**

- 1. In the 2019 PIT Count the CoC continued to improve quality of local PIT counts, including recruiting more volunteers and increasing awareness across local communities. Additionally, beginning in 2018, the CoC rolled out a new custom ‘Unsheltered Provider’ in HMIS. This provider allows providers to enter into HMIS client-level data for people and households experiencing unsheltered homelessness. Since the CoC has limited dedicated street outreach providers, this provider offers a way to better document and track outreach and housing efforts with unsheltered homeless. For the 2019 PIT count, open clients in the Unsheltered Provider were included in the PIT Count numbers, which directly contributed to an increase in reported unsheltered homelessness.
- 2. Increased numbers of volunteers and community awareness contributed to an overall increase in unsheltered homelessness in the CoC by providing more enumerators to identify and count people experiencing unsheltered homelessness. The Unsheltered Provider impacted the unsheltered PIT Count b/c it allowed us to account for unsheltered persons that providers had identified and were working with around the PIT count time, even if volunteers weren’t able to specifically identify them on the PIT night (de-duplication efforts were in place as well). Given the expansive geography of our CoC, street counts relying only on 100% coverage are limited at best. The Unsheltered Provider helps to identify and count unsheltered persons in our community that our enumerators may not always be able to reach.

**\*2B-6. PIT Count–Identifying Youth Experiencing Homelessness.**

**Applicants must:**

**Indicate whether the CoC implemented specific measures to identify youth experiencing homelessness in their 2019 PIT count.** Yes

**2B-6a. PIT Count–Involving Youth in Implementation.**

**Applicants must describe how the CoC engaged stakeholders serving youth experiencing homelessness to:**



- 1. plan the 2019 PIT count;**
  - 2. select locations where youth experiencing homelessness are most likely to be identified; and**
  - 3. involve youth in counting during the 2019 PIT count.**
- (limit 2,000 characters)**

1. To engage stakeholders and youth in PIT Count Planning, the CoC and local providers hosted a PIT Count planning meeting with youth and stakeholders to collect input about possible known locations where youth experiencing homelessness may be and to identify additional service-based count locations to visit in the days immediately after the PIT Count. As part of this planning process, local youth and stakeholders in one Ohio BoSCoC region identified a need for a community meal the day after the PIT night in order to help encourage homeless youth to learn about available local resources, get a meal, and be counted for the PIT count (if appropriate)

2. Several youth, including some current Transitional Living Program clients, participated in a local PIT Count planning meetings to help identify the local 'hot spots' that would be canvassed during the PIT night. Feedback and input from youth directly informed the development of the list of hot spots and known locations for the 2019 Unsheltered PIT Count.

3. Several youth participated in the 2019 unsheltered PIT count and worked with provider staff to visit some of the known locations previously identified and to help completed unsheltered PIT count forms with youth and older adults identified. Additionally, several youth worked with providers in Homeless Planning Region 17 to put together hygiene and food packages to provide to anyone who might be identified during the PIT count.

## **2B-7. PIT Count–Improvements to Implementation.**

**Applicants must describe the CoC's actions implemented in its 2019 PIT count to better count:**

- 1. individuals and families experiencing chronic homelessness;**
  - 2. families with children experiencing homelessness; and**
  - 3. Veterans experiencing homelessness.**
- (limit 2,000 characters)**

1. To count chronic, the CoC: 1) Used custom Unsheltered Provider in HMIS to report client-level data on unsheltered homeless not served by outreach. In prep for 2019 PIT, CoC providers used the data to identify new unsheltered locations to visit and individs to look for. 2) CoC provided training on organizing PIT counts, identifying known locations and service-based locations 3) CoC provides PIT count planning tools to help organize local PIT counts 4) Several communities held focus groups with homeless to identify addtl known locations, service-based counts, and incentives for participation in PIT surveys.

2. To count families with children, the CoC: 1) Used Unsheltered Provider in HMIS to report client-level data on unsheltered homeless in areas not served by outreach. 2) CoC expanded service-based count locations to help identify families not captured on PIT night 3) CoC provided training on organizing PIT counts, identifying known locations & service-based locations 4) CoC provides PIT count planning tools to help organize local PIT counts 5) Several communities held focus groups with homeless to identify addtl known locations, service-based counts, and incentives for participation in PIT surveys.

3. To count Vets, the CoC: 1) Worked with Homeless Vets Wrkgp members to conduct outreach to homeless Vets throughout the year. 2) In prep for the PIT,

SSVF and VA intensify local outreach to identify any newly homeless Vets and ensure all Vets are on the BNL & counted. 3) CoC provides training re: organizing PIT counts & identifying known locations and service-based locations 4) CoC provides PIT count planning tools and templates to help with local PIT counts 5) Several communities held focus groups with homeless to identify addtl known locations, service-based counts, and to incentives for participation in PIT surveys.

## 3A. Continuum of Care (CoC) System Performance

### Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

#### Resources:

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<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

### \*3A-1. First Time Homeless as Reported in HDX.

#### Applicants must:

Report the Number of First Time Homeless as Reported in HDX.
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8,693
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### 3A-1a. First Time Homeless Risk Factors.

#### Applicants must:

1. describe the process the CoC developed to identify risk factors the CoC uses to identify persons becoming homeless for the first time;
2. describe the CoC's strategy to address individuals and families at risk of becoming homeless; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time. (limit 2,000 characters)

1. To identify risk factors of becoming homeless, CoC reviewed national research, HMIS data, and collected qualitative data from providers. This info identified greater risk for homelessness among those in doubled-up situations, and for those with previous episodes of homelessness.

2. The CoC implemented multiple strategies to address those at risk of homelessness. 1) The CoC collaborated with the state homeless assistance funder/state ESG recipient to ensure that prevention resources are available to every county in the CoC. 2) CoC Program Stds require targeting of prevention dollars to people in doubled-up situations and with past episodes of homelessness, as one way to better target those most at risk. The CoC

implemented standardized diversion practices in all CE access points, and collects data in HMIS on households that are diverted. The diversion protocol relies on mediation and problem-solving conversations as a means to help divert and prevent homelessness, where appropriate. In future months/years, the CoC will use collected diversion data to better understand risk factors for homelessness, and inform refinement of diversion and prevention strategies. In the CoC's YHDP site in southeast Ohio, YHDP providers and CoC staff worked to expand eligible populations to be served by the YHDP RRH project to include those YYA who are category 2 homeless, at most at risk of literal homelessness. The CoC also hopes to use data about category 2 YYA served by this project to learn about how to better outreach to this population and refine prevention/diversion strategies.

3. CoC Director at COHHIO is responsible for overseeing the strategy to reduce/end first-time homelessness.

**\*3A-2. Length of Time Homeless as Reported in HDX.**

**Applicants must:**

Report Average Length of Time Individuals and Persons in Families Remained Homeless as Reported in HDX.
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61
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**3A-2a. Strategy to Reduce Length of Time Homeless.**

**Applicants must:**

- 1. describe the CoC's strategy to reduce the length of time individuals and persons in families remain homeless;**
  - 2. describe how the CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and**
  - 3. provide the name of the organization or position title that is responsible for overseeing the CoC's strategy to reduce the length of time individuals and families remain homeless.**
- (limit 2,000 characters)**

1. To help further reduce LOT homeless, the CoC has done the following: 1) Established LOS goals for all project types except PSH and monitors performance quarterly. 2) Renewal TH, RRH, and SH projects are evaluated and scored on their ALOS in the annual CoC project eval process. 3) CoC established a 21-day 'length of time to house' goal for RRH projects and monitors quarterly 4) CoC Written Standards require Housing First practices in all project types 5) CE Standards and Written Standards require PH projects to prioritize those with greater needs and longer homeless histories, including following HUD's Order of Priority for PSH Projects, and the CoC uses VI-SPDAT data to help determine who has more severe needs.

2. To help identify/ house hh with longest LOTs homeless: 1) CoC CE standards require ES and Outreach to refer to all PH resources those persons with longest LOTs and most severe needs. 2) CoC's custom 'RRH and PSH Eligibility and Prioritization Report' identifies all persons/hh in a specified geography who are currently in ES/unsheltered who appear to be eligible for RRH or PSH, and provides info on homeless history, current LOS, disability, chronic status, VI-SPDAT score, etc. All CoC regions must use this Report as part of prioritization processes/meetings, with a focus on prioritizing those with

longest LOTs. This Report further helps ensure those with longer LOTs and more severe needs get prioritized for RRH/PSH, even if the ES/unsheltered provider didn't make the formal referral for some reason.  
3. CoC Director at COHHIO is responsible for overseeing the strategy to reduce LOT homeless

**\*3A-3. Successful Permanent Housing Placement and Retention as Reported in HDX.**

**Applicants must:**

	Percentage
1. Report the percentage of individuals and persons in families in emergency shelter, safe havens, transitional housing, and rapid rehousing that exit to permanent housing destinations as reported in HDX.	70%
2. Report the percentage of individuals and persons in families in permanent housing projects, other than rapid rehousing, that retain their permanent housing or exit to permanent housing destinations as reported in HDX.	97%

**3A-3a. Exits to Permanent Housing Destinations/Retention of Permanent Housing.**

**Applicants must:**

- 1. describe the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;**
- 2. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in emergency shelter, safe havens, transitional housing and rapid rehousing exit to permanent housing destinations;**
- 3. describe the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations; and**
- 4. provide the organization name or position title responsible for overseeing the CoC's strategy to increase the rate at which individuals and persons in families in permanent housing projects, other than rapid rehousing, retain their permanent housing or exit to permanent housing destinations.**

**(limit 2,000 characters)**

1. The CoC strategy to increase PH exits includes: 1) CoC established PH exit goals and monitors quarterly. 2) Projects evaluated on % exits to PH in annual CoC project eval process. 3) CoC expanded RRH funding across CoC by coordinating with state homeless admin/state ESG grantee to grant additional RRH resources targeting singles and youth. State ESG grantee agreed to use CoC's needs analysis to ensure \$ awards based on need. 4) CoC adopted RRH program Stds & developed web-based RRH training guide to standardize use of best practices in RRH 5) CoC Written Stds require Housing First practices in all projects. 6) CE Stds and Written Stds require PH projects to prioritize those with greater needs and longer homelessness and PSH projects to follow HUD's Order of Priority 7) CoC developed Risk Mitigation Fund to pay for excessive damages, unpaid rent, utilities arrearages, extra security deposit in RRH/PSH

- units if needed to help move high barrier clients into housing they otherwise might not have access to
2. CoC Director at COHHIO oversees the strategy
  3. CoC strategy to increase PH retention includes 1) CoC established PH retention goals for PSH and monitors performance quarterly. 2) Renewal projects are evaluated and scored on % exits to/retention of PH in the annual CoC project eval process. 3) CoC Written Stds require Housing First practices in all projects 6) As part of CE Stds and Written Stds, all PSH projects are required to prioritize those with greater needs and longer homeless histories, including following HUD’s Order of Priority 4) CoC offered training on move-on strategies for PSH providers 5) CoC does on-site monitoring with all CoC Grantees including review of P&P and written termination policies. If policies aren’t grounded in HF and/or don’t include protocols to ensure every effort is made to avoid involuntary termination, CoC works with provider to revise termination policies.
  4. CoC Director at COHHIO oversees the strategy

**\*3A-4. Returns to Homelessness as Reported in HDX.**

**Applicants must:**

	Percentage
1. Report the percentage of individuals and persons in families returning to homelessness over a 6-month period as reported in HDX.	8%
2. Report the percentage of individuals and persons in families returning to homelessness over a 12-month period as reported in HDX.	4%

**3A-4a. Returns to Homelessness–CoC Strategy to Reduce Rate.**

**Applicants must:**

1. describe the strategy the CoC has implemented to identify individuals and persons in families who return to homelessness;
2. describe the CoC’s strategy to reduce the rate of additional returns to homelessness; and
3. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy to reduce the rate individuals and persons in families return to homelessness.  
 (limit 2,000 characters)

1. The CoC identifies households who have returned to homelessness by: 1) Using HMIS with open visibility so providers can see previous stays or contact with outreach 2) Providers inquire about past homelessness at every program entry and update info in HMIS
2. To reduce Returns to Homelessness (RTH) the CoC: 1) Established RTH goals for all project types & monitors quarterly 2) Established system-level goals for RTH & monitors quarterly 3) Evaluates renewal projects on RTH rates in CoC project eval process 4) Evaluates renewal TH, SH, RRH projects on % who exit to own housing, not living with family/friends, & exits to own housing score more points 5) CE Stds and Written Stds require projects to prioritize those with greater needs and longer homelessness & PSH projects must follow HUD’s Order of Priority. 6) Established increasing income/non-cash benefits

goals for all project types & monitor quarterly 7) Evaluates renewal projects on increasing income/non-cash benefits rates in CoC project eval process 8) Written Stds encourage projects to offer follow-up services to exiting clients, esp those most at risk for returning 9) Written Stds require targeting of prevention assist to people in doubled-up situations and with past homelessness, to serve those most at risk of returning to homelessness. 10) Implemented standardized diversion practices in CE access points to help keep those with other resources from returning to homeless system. 11) In CoC's YHDP site, providers and CoC staff expanded eligible pops to be served by the YHDP RRH project to include category 2 homeless, and most at risk of literal homelessness 12) CoC developed Risk Mitigation Fund to pay for excessive damages, unpaid rent, more security deposit in RRH/PSH units if needed to help keep clients in housing  
 3. CoC Director at COHHIO oversees the strategy to reduce returns to homelessness.

**\*3A-5. Cash Income Changes as Reported in HDX.**

**Applicants must:**

	Percentage
1. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their employment income from entry to exit as reported in HDX.	8%
2. Report the percentage of individuals and persons in families in CoC Program-funded Safe Haven, transitional housing, rapid rehousing, and permanent supportive housing projects that increased their non-employment cash income from entry to exit as reported in HDX.	31%

**3A-5a. Increasing Employment Income.**

**Applicants must:**

1. describe the CoC's strategy to increase employment income;
  2. describe the CoC's strategy to increase access to employment;
  3. describe how the CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
  4. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase jobs and income from employment.
- (limit 2,000 characters)**

1. CoC's strategy to increase employment income includes: 1) CoC established goals for all project types re: increasing cash income, including employment income and cash benefits, and monitors performance quarterly. 2) Renewal CoC projects are evaluated on those goals as part of the annual CoC project evaluation process. 3) CoC has trained providers about strategies for increasing client's access to employment and income.  
 2. CoC's strategy to increase access to employment includes: 1) Providers work with employment orgs such as Ohio Means Jobs, local Supported Employment programs, and the Bureau of Vocation Rehab on regular and frequent basis to help clients with job search and placement. 2) Some providers have MOUs or agreements in place with employment orgs to help fast-track receipt of services

through those orgs for referrals from homeless system. 3) Providers organize weekly free transportation to take homeless & housed clients to local job fairs hosted by Ohio Means Jobs  
3. The CoC and the providers therein work with mainstream employment organizations in the following ways: 1) Providers work with employment orgs such as Ohio Means Jobs, local Supported Employment programs, and the Bureau of Vocation Rehab on regular and frequent basis to help clients with job search and placement. This includes entering into MOAs with mainstream employment orgs to ensure clients referred from the homeless system are served quickly and assisted with employment 2) Providers offer transportation for homeless and housed clients to local weekly job fairs that include mainstream employment orgs  
4. CoC Director at COHHIO is responsible for overseeing the strategy to increase employment and income

### **3A-5b. Increasing Non-employment Cash Income.**

**Applicants must:**

- 1. describe the CoC's strategy to increase non-employment cash income;**
- 2. describe the CoC's strategy to increase access to non-employment cash sources;**
- 3. provide the organization name or position title that is responsible for overseeing the CoC's strategy to increase non-employment cash income.**

1. CoC's strategy to increase non-employment cash income includes: 1) CoC established goals for all project types related to increasing cash income, including employment income and cash benefits, and performance is monitored quarterly. 2) Renewal CoC projects are evaluated on their performance on those goals as part of the annual CoC project evaluation process. 3) CoC has trained and provided info to providers about using the Ohio Benefit Bank and the state's SSI, SSDI, Opportunity, Access, and Recovery (SOAR) program to apply for benefits. 4) CoC also has trained providers about strategies for increasing client's access to non-employment income.  
2. One key resource for non-emp income for persons in the homeless system is SSI/SSDI payments. To that end, the CoC partnered with the SOAR Ohio program to identify local partner agencies that could house local SOAR specialists to work with homeless clients needing assistance to complete applications for SSI/SSDI. SOAR Ohio provided funding for those positions along with comprehensive training and TA to ensure fidelity to the model and high performance related to SSI/SSDI approvals.  
3. CoC Director at COHHIO is responsible for overseeing the strategy to increase employment and income

### **3A-5c. Increasing Employment. Attachment Required.**

**Applicants must describe how the CoC:**

- 1. promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and**
- 2. is working with public and private organizations to provide meaningful, education and training, on-the-job training, internship, and employment**



**opportunities for residents of permanent supportive housing that further their recovery and well-being.  
 (limit 2,000 characters)**

To promote employment and education/training opportunities, the CoC has done the following: 1) On an ongoing basis, CoC providers outreach to local employers to identify and advertise job opportunities to program participants across all project types. Providers have set up free transportation for homeless and housed clients to attend weekly job fairs hosted in partnership with local mainstream employment orgs. On an as-needed basis, CoC shared information about employment opportunities or employment partnerships, including how to develop those opportunities/partnerships locally, via the CoC's listserv. 2) CoC promoted and offered scholarships to CoC providers to the annual statewide homeless/housing conference which most recently included workshops about how to build social enterprises within homeless programs as means to offer employment and training/education opportunities to homeless program participants, how to integrate Rapid Rehousing and employment, training, and related supportive services, and a one-day training on Supported Employment. Some CoC providers partner with local Community Action Agencies to offer opportunities to volunteer in CAC programs or serve on the agency board. Providers offer mileage reimbursement to support participants in getting to and from the volunteer opportunities, and ensure food is offered at agency meetings, in order to make participation easier and more appealing. By offering free transportation, providers facilitate participation in local job fairs for homeless & housed clients, including PSH clients, as means to increase access to emp opportunities. Providers in the Youth Homelessness Demo Program (YHDP) site offer all youth clients the ability to work with the local YouthBuild program to help develop job skills and advance education. The YHDP Outreach team also employs Peer Outreach Workers who have recent lived experience.

**3A-5d. Promoting Employment, Volunteerism, and Community Service.**

**Applicants must select all the steps the CoC has taken to promote employment, volunteerism and community service among people experiencing homelessness in the CoC's geographic area:**

1. The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	<input type="checkbox"/>
2. The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery).	<input type="checkbox"/>
3. The CoC trains provider organization staff on connecting program participants with formal employment opportunities.	<input type="checkbox"/>
4. The CoC trains provider organization staff on volunteer opportunities for program participants and people experiencing homelessness.	<input type="checkbox"/>
5. The CoC works with organizations to create volunteer opportunities for program participants.	<input type="checkbox"/>
6. The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	<input type="checkbox"/>
7. Provider organizations within the CoC have incentives for employment.	<input type="checkbox"/>
8. The CoC trains provider organization staff on helping program participants budget and maximize their income to maintain stability in permanent housing.	<input type="checkbox"/>

**3A-6. System Performance Measures 05/31/2019**

**Data–HDX Submission Date**

**Applicants must enter the date the CoCs submitted its FY 2018 System Performance Measures data in HDX. (mm/dd/yyyy)**

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

### Instructions

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

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**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

### 3B-1. Prioritizing Households with Children.

**Applicants must check each factor the CoC currently uses to prioritize households with children for assistance during FY 2019.**

1. History of or Vulnerability to Victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
2. Number of previous homeless episodes	<input checked="" type="checkbox"/>
3. Unsheltered homelessness	<input checked="" type="checkbox"/>
4. Criminal History	<input type="checkbox"/>
5. Bad credit or rental history	<input type="checkbox"/>
6. Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

### 3B-1a. Rapid Rehousing of Families with Children.

**Applicants must:**

**1. describe how the CoC currently rehouses every household of families with children within 30 days of becoming homeless that addresses both housing and service needs;**

**2. describe how the CoC addresses both housing and service needs to ensure families with children successfully maintain their housing once**

**assistance ends; and**  
**3. provide the organization name or position title responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of them becoming homeless. (limit 2,000 characters)**

1. CoC’s strategy to re-house families includes: 1) CoC established 30 day length of stay goals for shelters, 21 day re-housing goals for RRH, and monitors performance quarterly. 2) CE Stds require assessment to be done ASAP on hh still in shelter after 5 days and with no housing plan (assess immediately if past homelessness), to help identify families with greatest needs and refer to RRH or PSH quickly. 3) Written Stds require Housing First practices in all project types, including reducing barriers to entry and targeting assist based on need. 4) CoC worked with the state ESG recipient to increase ESG funds for RRH and funded new RRH projects through the CoC Comp 4 of last 5 yrs 5) CoC adopted RRH program stds and developed web-based RRH training guide with trainings in multiple formats which further helps standardize use of best practices in RRH. 6) RRH Stds require RRH projects to have staff dedicated to housing search & location 7) CoC developed Risk Mitigation Fund to pay for excessive damages, unpaid rent, utilities arrearages, extra security deposit in RRH/PSH units if needed to help high barrier clients quickly access housing they otherwise might not have access to.

2. CoC addresses ongoing housing/service needs by: 1) RRH Standards require at least monthly assessment of client need to determine duration/amount of financial assistance and services, and the provision of individualized assistance 2) RRH providers required to develop and collaboratively work on individualized housing stability plans with RRH clients 3) CoC encourages RRH providers to keep RRH client files open for limited time after financial assistance ends, if provider has concerns about stability 4) RRH standards require providers to encourage clients to follow-up with provider, if experiencing instability after RRH assistance ends and to provide contact info

3. CoC Director at COHHIO is responsible for overseeing the strategy

**3B-1b. Antidiscrimination Policies.**

**Applicants must check all that apply that describe actions the CoC is taking to ensure providers (including emergency shelter, transitional housing, and permanent housing (PSH and RRH)) within the CoC adhere to antidiscrimination policies by not denying admission to or separating any family members from other members of their family or caregivers based on any protected classes under the Fair Housing Act, and consistent with 24 CFR 5.105(a)(2) – Equal Access to HUD-Assisted or - Insured Housing.**

1. CoC conducts mandatory training for all CoC- and ESG-funded housing and services providers on these topics.	<input type="checkbox"/>
2. CoC conducts optional training for all CoC- and ESG-funded housing and service providers on these topics.	<input checked="" type="checkbox"/>
3. CoC has worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	<input checked="" type="checkbox"/>

4. CoC has worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within the CoC geographic area that might be out of compliance and has taken steps to work directly with those facilities to come into compliance.	<input checked="" type="checkbox"/>
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**3B-1c. Unaccompanied Youth Experiencing Homelessness–Addressing Needs.**

**Applicants must indicate whether the CoC’s strategy to address the unique needs of unaccompanied youth experiencing homelessness who are 24 years of age and younger includes the following:**

1. Unsheltered homelessness	Yes
2. Human trafficking and other forms of exploitation	Yes
3. LGBT youth homelessness	Yes
4. Exits from foster care into homelessness	Yes
5. Family reunification and community engagement	Yes
6. Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs	Yes

**3B-1c.1. Unaccompanied Youth Experiencing Homelessness–Prioritization Based on Needs.**

**Applicants must check all that apply that describes the CoC’s current strategy to prioritize unaccompanied youth based on their needs.**

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

**3B-1d. Youth Experiencing Homelessness–Housing and Services Strategies.**

**Applicants must describe how the CoC increased availability of housing and services for:**

- 1. all youth experiencing homelessness, including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive; and**
  - 2. youth experiencing unsheltered homelessness including creating new youth-focused projects or modifying current projects to be more youth-specific or youth-inclusive.**
- (limit 3,000 characters)**

1. CoC increasing YYA resources by: 1) CoC awarded \$2.2 million in Round 1 YHDP funding in SE Ohio. Projects are now operational. 2) CoC awarded Round 3 YHDP funding for another region of the CoC. 2) Coordinated with state homeless admin/state ESG grantee to create new RRH pool targeting \$ to singles and YYA. 3) To encourage applicants to prioritize YYA for new resources, CoC committed to provide trainings and ongoing TA re: best practices in serving YYA in RRH. 4) In next year, CoC intends to analyze available data to identify areas of CoC with more homeless YYA, and target providers in those areas for intensive TA to help them better serve and outreach to YYA

2. CoC increasing resources for unsheltered YYA by: 1) CoC created new Unsheltered Provider in HMIS and CE protocol outlines how to collect and use data for unsheltered homeless, including YYA, and process for completing assessments and referring to PH resources ASAP. Unsheltered homelessness is a prioritization consideration as well. 2) Custom HMIS RRH and PSH Eligibility and Prioritization Report identifies unsheltered who appear to be eligible for RRH or PSH, and provides info on homeless history, current LOS, disability, chronic status, age, etc. As part of CE standards, all CoC regions must use this Report in prioritization processes/meetings to help serve those with greatest needs, including unsheltered. 3) YHDP funding created new YYA outreach project in SE Ohio, using a mobile outreach/services team across the region. CoC will utilize lessons learned to identify ways to increase outreach efforts to unsheltered YYA in other parts of the CoC where additional/new resources may not exist.

### **3B-1d.1. Youth Experiencing Homelessness—Measuring Effectiveness of Housing and Services Strategies.**

#### **Applicants must:**

- 1. provide evidence the CoC uses to measure each of the strategies in question 3B-1d. to increase the availability of housing and services for youth experiencing homelessness;**
- 2. describe the measure(s) the CoC uses to calculate the effectiveness of both strategies in question 3B-1d.; and**
- 3. describe why the CoC believes the measure it uses is an appropriate way to determine the effectiveness of both strategies in question 3B-1d. (limit 3,000 characters)**

1. The CoC measures strategies to increase YYA resources by looking for increases in availability of resources to serve YYA and increased YYA served, including the following: 1) CoC identifies projects awarded new competitive RRH funds to serve YYA and the estimated # of new YYA RRH units the funding will add to the system 2) CoC will set goals with all identified projects focused on increasing YYA project entries and PH exits 3) CoC will report out on progress quarterly, using data to inform refinement of work or development of improvement plans as means to ensure resources are available to YYA and sufficiently/effectively advertised/outreached. The overall goal will be to see more YYA served in the CoC, with particular focus on the projects with YYA dedicated resources and those receiving CoC TA related to serving YYA with existing resources 4) For YHDP projects specifically, CoC and YHDP Team participate in regular Continuous Quality Improvement Workgroup meetings.
2. CoC calculates effectiveness of strategies in the following ways: 1) Compare # of project entries for new YYA RRH units and targeted providers in 2019

reporting periods with CY2018 reporting periods to see if YYA entries are increasing 2) Compare PH exit rates for YYA in those projects with non-YYA served by same projects to help ensure equitable outcomes. Where outcomes are not equitable, will develop improvement plans with providers and seek to determine if inequitable outcomes are a result of need for better service provision or some other issue

3. The CoC believes that many YYA experiencing homelessness are not currently being served by our system for reasons including 1) CoC doesn't do effective outreach to homeless YYA, especially those unsheltered 2) Providers don't use best practices when serving YYA, which makes their programs less appealing to homeless YYA. To ensure our housing/services is accessible and responsive to the needs of YYA, our strategies to increase resources should show both that more YYA are being served by our projects and that they are being successfully housed. Increased YYA entries indicate improvements in outreach efforts to YYA. Successful housing outcomes, including outcomes that are comparable to outcomes of non-YYA households, indicates that the supportive services provided are more developmentally appropriate and responsive to YYA needs.

### **3B-1e. Collaboration–Education Services.**

**Applicants must describe:**

**1. the formal partnerships with:**

- a. youth education providers;**
- b. McKinney-Vento LEA or SEA; and**
- c. school districts; and**

**2. how the CoC collaborates with:**

- a. youth education providers;**
- b. McKinney-Vento Local LEA or SEA; and**
- c. school districts.**

**(limit 2,000 characters)**

1. CoC providers have the following formal partnerships with Youth Ed Providers, McKinney-Vento LEA/SEA, and School Districts: 1) MOAs in place with local schools, education providers, and other related non-profits 2. CoC collaborates with Youth Ed Providers, McKinney-Vento LEA/SEA, and School Districts in the following ways: 1) maintain regular contact with ed providers and provide cross-training to ensure both entities are aware of responsibilities and resources 2) Staff of some local homeless provider orgs serve on the Boards of local education providers 3) Providers have coordinated with other nonprofits to provide transportation to older students attending local vocational schools 4) LEA/SEAs are CoC members and participate in local meetings 5) CoC providers participate in service planning meetings for homeless youth/families, as needed/requested 4) SEA rep and LEAs currently engaged in intensive system coord with the CoC's YHDP region 5) advertising local CE access points to/within local schools 6) Some providers work with school districts to provide school supplies to homeless children/families 7) Some CoC communities have educational reps sit on local homeless provider agency boards 8) Several providers are members of local Family First Councils

**3B-1e.1. Informing Individuals and Families Experiencing Homeless about Education Services Eligibility.**

**Applicants must describe policies and procedures the CoC adopted to inform individuals and families who become homeless of their eligibility for education services. (limit 2,000 characters)**

The CoC requires all homeless assistance projects to have policies to ensure children are enrolled in local educational programs/school/services and to inform parents of their rights and the McKinney-Vento Educational Services they may be eligible for. CoC requires that these policies designate the staff position responsible for working with parents to ensure children are enrolled in school/early childhood programs. CoC also requires homeless assistance projects to inform local homeless liaisons about the homeless programs available in the community and to enlist their participation in local homeless coalition meetings.

**3B-1e.2. Written/Formal Agreements or Partnerships with Early Childhood Services Providers.**

**Applicant must indicate whether the CoC has an MOU/MOA or other types of agreements with listed providers of early childhood services and supports and may add other providers not listed.**

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	Yes	Yes
Head Start	Yes	Yes
Early Head Start	Yes	Yes
Child Care and Development Fund	No	Yes
Federal Home Visiting Program	Yes	Yes
Healthy Start	Yes	No
Public Pre-K	Yes	No
Birth to 3 years	Yes	No
Tribal Home Visting Program	No	No
Other: (limit 50 characters)		

**3B-2. Active List of Veterans Experiencing Homelessness.**

**Applicant must indicate whether the CoC uses an active list or by-name list to identify all veterans experiencing homelessness in the CoC.** Yes

**3B-2a. VA Coordination–Ending Veterans Homelessness.**

**Applicants must indicate whether the CoC is** Yes



**actively working with the U.S. Department of Veterans Affairs (VA) and VA-funded programs to achieve the benchmarks and criteria for ending veteran homelessness.**

**3B-2b. Housing First for Veterans.**

**Applicants must indicate whether the CoC has sufficient resources to ensure each veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach.** Yes

**3B-3. Racial Disparity Assessment. Attachment Required.**

**Applicants must:**  
 1. select all that apply to indicate the findings from the CoC’s Racial Disparity Assessment; or  
 2. select 7 if the CoC did not conduct a Racial Disparity Assessment.

1. People of different races or ethnicities are more likely to receive homeless assistance.	<input checked="" type="checkbox"/>
2. People of different races or ethnicities are less likely to receive homeless assistance.	<input type="checkbox"/>
3. People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	<input checked="" type="checkbox"/>
4. People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	<input checked="" type="checkbox"/>
5. There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
6. The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	<input type="checkbox"/>
7. The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

**3B-3a. Addressing Racial Disparities.**

**Applicants must select all that apply to indicate the CoC’s strategy to address any racial disparities identified in its Racial Disparities Assessment:**

1. The CoC is ensuring that staff at the project level are representative of the persons accessing homeless services in the CoC.	<input type="checkbox"/>
2. The CoC has identified the cause(s) of racial disparities in their homeless system.	<input type="checkbox"/>
3. The CoC has identified strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>

4. The CoC has implemented strategies to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
5. The CoC has identified resources available to reduce disparities in their homeless system.	<input checked="" type="checkbox"/>
6: The CoC did not conduct a racial disparity assessment.	<input type="checkbox"/>

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

**Instructions:**

Guidance for completing the application can be found in the FY 2019 CoC Program Competition Notice of Funding Availability and in the FY 2019 CoC Application Detailed Instructions.

Please submit technical questions to the HUD Exchange Ask-A-Question at <https://www.hudexchange.info/program-support/my-question/>

**Resources:**

The FY 2019 CoC Application Detailed Instruction can be found at:

<https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>

The FY 2019 CoC Program Competition Notice of Funding Availability at:

<https://www.hudexchange.info/programs/e-snaps/fy-2019-coc-program-nofa-coc-program-competition/#nofa-and-notices>

**Warning! The CoC Application score could be affected if information is incomplete on this formlet.**

### 4A-1. Healthcare—Enrollment/Effective Utilization

**Applicants must indicate, for each type of healthcare listed below, whether the CoC assists persons experiencing homelessness with enrolling in health insurance and effectively utilizing Medicaid and other benefits.**

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

#### 4A-1a. Mainstream Benefits.

**Applicants must:**

- 1. describe how the CoC systematically keeps program staff up to date regarding mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within the geographic area;**
- 2. describe how the CoC disseminates the availability of mainstream resources and other assistance information to projects and how often;**
- 3. describe how the CoC works with projects to collaborate with healthcare organizations to assist program participants with enrolling in**

**health insurance;**  
**4. describe how the CoC provides assistance with the effective utilization of Medicaid and other benefits; and**  
**5. provide the name of the organization or position title that is responsible for overseeing the CoC’s strategy for mainstream benefits.**  
**(limit 2,000 characters)**

- 1) The CoC provides written updates re: mainstream resources availability on an as needed basis via CoC’s email listserv. As appropriate, those listserv messages are also posted in PDF format on the CoC’s website in order to ensure the information is publicly accessible. As needed, the CoC hosts webinars to train providers on resource availability and recorded webinars are posted on the CoC’s website along with a PDF of the presentation materials
- 2) The CoC disseminates information about mainstream resources and assistance via the CoC email listserv on an as-needed basis. The CoC also provides updates at least annually via the CoC’s semi-annual membership meeting.
- 3) The majority of households in the homeless system qualify for Medicaid as their health insurance, in part b/c Ohio is a Medicaid expansion state. Providers work directly with clients and the local Dept of Job and Family Services to assist them in application for mainstream benefits including health insurance/Medicaid. Additionally, the CoC has established project-level goals 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.
- 4) Providers in the CoC work directly with clients, as part of their ongoing assessment of needs and development of housing plans, to identify any healthcare related needs. As needed, provider staff work directly with clients to help access needed assistance and to utilize their healthcare benefits including assisting to set up appointments, filling, picking up, and managing prescriptions, and providing transportation to appointments.
- 5) CoC Director at COHHIO is responsible for overseeing the strategy

**4A-2. Lowering Barriers to Entry Data:**

**Applicants must report:**

1. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition.	93
2. Total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	93
Percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-Coordinated Entry projects the CoC has ranked in its CoC Priority Listing in the FY 2019 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

**4A-3. Street Outreach.**

**Applicants must:**  
**1. describe the CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are**

**identified and engaged;**  
**2. state whether the CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;**  
**3. describe how often the CoC conducts street outreach; and**  
**4. describe how the CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance. (limit 2,000 characters)**

1. The CoC has 5 street outreach projects funded by PATH, 1 Youth (YYA) Outreach project in SE OH, & 12 Supportive Services for Veterans & their Families (SSVF) providers covering all 80 counties (100% coverage). SSVF outreach targets Vets, but if a non-Vet is identified, CE Stds require SSVF to connect them to shelter. YYA outreach is targeted to YYA, but CE Stds require them to connect non YYA to local shelter. CoC requires providers in all regions to do regular outreach & use a custom Unsheltered Provider in HMIS to enter data for unsheltered homeless. In some communities, providers do daily street outreach.
2. SSVF outreach covers 100% of CoC. Non-vet outreach does not cover 100% of the CoC, although it covers 100% of several regions/communities.
3. SSVF outreach to unsheltered at least weekly, PATH and YYA Outreach staff outreach daily. For parts of the CoC with no dedicated, non-Vet outreach, regional CE plans identify the following: 1) providers/positions responsible for outreach, 2) times of outreach 3) geo areas covered 4) info/materials distributed & how they communicate with persons with language/cognitive barriers). CoC requires outreach to unsheltered when there are community reports, when providers observe it, & as part of the annual PIT Count. In some communities, such as the CoC’s Region 9, providers do daily outreach to unsheltered persons even without dedicated street outreach funding.
4. The CoC trains providers on how to identify & engage persons who might not seek out services & on ensuring that persons are assisted to connect with shelters or Access Points. The CoC’s HMIS RRH and PSH Eligibility and Prioritization Report identifies unsheltered people who appear to be eligible for RRH or PSH, and CE Stds require providers to consider them for prioritization in the same manner as those in shelter, with special consideration given to vulnerability associated with being unsheltered.

**4A-4. RRH Beds as Reported in HIC.**

**Applicants must report the total number of rapid rehousing beds available to serve all household types as reported in the Housing Inventory Count (HIC) for 2018 and 2019.**

	2018	2019	Difference
RRH beds available to serve all populations in the HIC	1,050	1,063	13

**4A-5. Rehabilitation/Construction Costs–New No Projects.**

**Applicants must indicate whether any new project application the CoC ranked and submitted in its CoC Priority Listing in the FY**

**2019 CoC Program Competition is requesting \$200,000 or more in funding for housing rehabilitation or new construction.**

**4A-6. Projects Serving Homeless under Other Federal Statutes.** No

**Applicants must indicate whether the CoC is requesting to designate one or more of its SSO or TH projects to serve families with children or youth defined as homeless under other federal statutes.**