

1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

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. Coordination and Engagement–Inclusive Structure and Participation

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC’s coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC’s geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC’s Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	No
4.	CoC-Funded Victim Service Providers	Yes	Yes	Yes
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	Yes
6.	Disability Advocates	Yes	Yes	Yes
7.	Disability Service Organizations	Yes	Yes	Yes
8.	Domestic Violence Advocates	Yes	Yes	Yes
9.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
10.	Homeless or Formerly Homeless Persons	Yes	Yes	No
11.	Hospital(s)	No	No	No
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	Yes	No	No
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes	Yes
15.	LGBT Service Organizations	Yes	Yes	Yes
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	No	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	Yes
21.	Non-CoC-Funded Victim Service Providers	Yes	Yes	Yes
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Yes	Yes	Yes
24.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	Yes	No
28.	Street Outreach Team(s)	Yes	Yes	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

By selecting "other" you must identify what "other" is.

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

(limit 2,000 characters)

1) The CoC annually solicits membership & Board/cte/wkgrp members. Each year the CoC evaluates current makeup of the Board, Ctes/wkgrps, identifies gaps, & then solicits membership that can provide missing insight. New CoC member and Board/cte/wkgrp membership solicitation is communicated publicly via the CoC email listserv, posting on the CoC's website, and encouraging current CoC members to share the invitation. General CoC membership is solicited in CoC Planning Regions by verbal announcement at local mtgs. Anyone interested in becoming a member of the CoC may volunteer.

2) 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.

3) 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.

4) As part of the annual solicitation from the CoC for general membership and membership on the Board/cte/wkrgroups, the CoC specifically noted that it was seeking membership applications for the CoC Board from orgs serving culturally specific communities experiencing homelessness in the CoC. CoC staff also asked CoC Board and cte members to outreach to local orgs that could address that membership need, and also directly outreached to orgs serving culturally specific communities.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:

1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(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) 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; anyone with the meeting info and link may attend the meetings. 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.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

Describe in the field below how your CoC notified the public:

1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;

3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

(limit 2,000 characters)

1) CoC announced local competition was open and accepting new project apps on 4/1/21 by posting training materials and competition guidance docs on the CoC website & hosting public webinar that was recorded and posted on CoC's website. CoC solicited new project proposals via an RFP released 4/1/21. CoC announced webinar via listserv 3 wks prior & posted on CoC website calendar. CoC released RFP #2 for DV Bonus funding, posted on CoC website, emailed via listserv, and hosted webinar on 9/3/21. Recording of the webinar and the PPT available on 9/3/21. Webinar announced via listserv and public posting on CoC's website 2 wks prior.

2) CoC solicited new project proposals via an RFP open to all nonprofits regardless of current CoC grantee status. Encouraged sharing RFP with all agencies interested. RFP clearly stated that any non-profit in good standing is eligible to submit proposal.

3) CoC's written competition guidance, released on 4/1/21 and updated and re-released on 9/3/21, outlines how project proposals must be submitted, the due date, the email address to submit to, & CoC provides a standard proposal form that all applicants must submit. This guidance is posted on CoC's website and notice of its availability sent via email listserv, communicated in the publicly accessible CoC Competition webinars, and recordings of the webinars and materials posted on CoC's website.

4) CoC communicated project selection process and priorities in the written CoC competition guidance released on 4/1/21 & re-released on 9/3/21 & in CoC Competition webinars on 4/1/21 and 9/3/21, which were recorded & posted on CoC website.

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

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

- | | |
|----|--|
| 1. | select yes or no for entities listed that are included in your CoC’s coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or |
| 2. | select Nonexistent if the organization does not exist within your CoC’s geographic area. |

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	No
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

(limit 2,000 characters)

1) ODOD is the state ESG and ESG-CV recipient, distributes funding, serves as the CoC Collaborative Applicant, and is the entity responsible for the ConPlan jurisdiction for the state. ODOD 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, HP, 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. CoC staff coordinate with ODOD to ensure the CoC's homeless system needs analysis informs funding decisions in the CoC. CoC also had individual meetings with ODOD leadership to discuss the ESG-CV funding strategy specifically, and have since provided feedback to ODOD re: status of ESG-CV expenditures locally, challenges and opportunities for scaling up spending and programming, etc.

2) The CoC provides data to ODOD on a regular basis (HMIS, PIT, HIC) so that ODOD 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, as part of the CoC's Performance Management Plan, and monitors performance quarterly.

3) The CoC annually provides HIC/PIT data to ODOD for the statewide ConPlan, and to Springfield, OH, the other state ESG recipient in the CoC.

4) 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-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3.	Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5.	Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6.	Other. (limit 150 characters)	

1C-4.	CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.	
	NOFO Section VII.B.1.d.	

Describe in the field below:

1.	how your CoC collaborates with youth education providers;
2.	your CoC's formal partnerships with youth education providers;
3.	how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4.	your CoC's formal partnerships with SEAs and LEAs;
5.	how your CoC collaborates with school districts; and
6.	your CoC's formal partnerships with school districts.

(limit 2,000 characters)

1. CoC collaborates with Youth Ed Providers 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 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) Some CoC communities have educational reps sit on local homeless provider agency boards 5) Several providers are members of local Family First Councils
2. CoC providers have MOAs with local Youth Ed Providers
3. CoC collabs with SEA by coordinating and providing training/capacity building re: responsibilities of the homeless liaisons, how to coordinate with local homeless systems/providers, and how to maximize available resources/funding to support their work. Locally, LEAs are CoC members and participate in local meetings, and CoC providers participate in LEA mtgs
4. CoC staffing agency, COHHIO, has an MOU and grant agreement with Ohio Dept of Ed to provide training and TA to homeless liaisons
5. CoC providers collaborate with school districts by helping them adopt policies that ensure they inform families of their rights to educational services if they become homeless, informing of available local homeless assist resources and how to access CE system, working with school districts to provide school supplies to homeless children/families, participate in service planning meetings for homeless youth/families as needed
6. Some CoC providers have MOAs with local school districts

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
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NOFO Section VII.B.1.d.

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

(limit 2,000 characters)

B/c the Ohio BoSCoC is comprised of 80 counties and nearly 600 school districts, the CoC has established a policy within its Homeless Program Standards that requires all projects serving unaccompanied youth and/or families with children to have agency-level policies that ensure the families and children they serve can exercise their right to educational services. At minimum, agency policies must include:

- Agency designation of staff to ensure children are enrolled in school and connected to the appropriate services in the community, including early childhood programs such as Head Start and McKinney-Vento education services. Staff responsibilities include:
 - Lead the agency's effort to collaborate with local education agencies and school districts to assist in the identification of homeless families and to inform those families of their eligibility for McKinney-Vento educational services, including: identifying the local McKinney-Vento liaison for all school districts in the agency's service area; Developing formal partnership agreements between local liaisons, local education providers and programs, local school districts, and local homeless services agencies that outline how all parties will coordinate to ensure homeless families and children can exercise their rights to educational services
 - Procedure for monitoring staff compliance with this policy
- Additionally, CoC monitors projects on compliance with the CoC's educational policies, as part of the ongoing monitoring process. CoC staff also provide regular training on the educational assurances, CoC policies, and expectations for providers.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

	MOU/MOA	Other Formal Agreement
1. Birth to 3 years	No	Yes
2. Child Care and Development Fund	No	No
3. Early Childhood Providers	Yes	Yes
4. Early Head Start	Yes	Yes
5. Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6. Head Start	Yes	Yes
7. Healthy Start	No	No
8. Public Pre-K	No	No
9. Tribal Home Visiting Program	No	No

	Other (limit 150 characters)	
10.		

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors--Annual Training--Best Practices.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	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 indicate the frequency of the training in your response (e.g., monthly, semi-annually); 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 and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

(limit 2,000 characters)

1. The CoC partners with Ohio DV Network (ODVN) to provide annual 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 or access training at a later date. Training content focuses on trauma-informed services, victim-centered services planning, and implementing safety protocols in programs.

2. The CoC trains CE staff on serving survivors of DV through two vehicles. First, through training on best practices in serving victims of DV, including Trauma Informed Care, which is offered via coordination with ODVN. And through standard CE training which specifically addresses the CoC's CE Standards and processes for ensuring safety of DV survivors through the CE process. Both trainings are offered live on a regular basis, and video recordings and training materials are always available via the CoC's website.

a. Overall, the CoC has maintained PH exit rates for ES, TH, and RRH of at least 70% and PSH retention/PH exit rates of 97% over the past few years. Given the proportion of clients served in those project types who report being survivors of DV, and what we believe to be respectable PH exit/retention rates, we believe this data helps tell us our efforts are successful.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors--Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your 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 survivors.

(limit 2,000 characters)

DV projects submit performance reports (APRs) from their comparable databases to the CoC at least 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-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Coordinated Assessment–Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC’s coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

	1. prioritize safety;	
	2. use emergency transfer plan; and	
	3. ensure confidentiality.	

(limit 2,000 characters)

CoC’s CE system addresses needs of DV survivors several ways:

1. CE Policies require CE Access Points to offer referrals to local DV shelters anytime a person in crisis discloses they are fleeing DV. All diversion screenings done by CE AP must be done in a way that preserves client confidentiality – eg, client mtgs are in private, phone calls taken in private office space.
2. CoC’s Written Stds include detailed Emergency Transfer Plan policy, which all providers are required to comply with. CE policies reference and reinforce the policy.
3. DV shelters are permitted to decline to complete the VI-SPDAT, the CoC’s common assessment tool, with DV ES clients. CoC created a custom report DV providers may use to summarize client-level information needed to participate in CE Prioritization Workgroup discussions and make decisions about which clients to prioritize for local RRH and PSH, while preserving client confidentiality. Further, DV clients are permitted to decline to complete the VI-SPDAT if they are in a non-DV ES project, and they will still be considered for prioritization for RRH and PSH resources based on other available information. Additionally, all CE APs must abide by the CE Policies identified in #1 re: ensuring confidentiality when talking with hhs seeking assistance.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

	1. Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families	Yes
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	receive supportive services, shelter, and housing free from discrimination?	
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	Yes

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen. NOFO Section VII.B.1.g.	
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Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Lorain MHA		No	
Butler MHA		Yes-Public Housing	No

You must enter information for at least 1 row in question 1C-7.

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs. NOFO Section VII.B.1.g.	
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Describe in the field below:

1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference--if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,000 characters)

1. The 2 largest PHAs in the CoC are Butler MHA and Lorain MHA. The CoC has already successfully worked with Butler MHA to adopt a homeless admission preference in its Public Housing units. The CoC intends to re-engage the MHA in discussion re: adopting preferences in the Housing Choice Voucher program as well, and will use lessons learned from Emergency Housing Voucher implementation to bolster the case. Lorain MHA does not currently have homeless admission preferences in place. However, through discussions with the CoC, the MHA has agreed to adopt preferences in its programs. The CoC and MHA have scheduled meetings in November to talk through exactly what those preferences should look like and how local providers can help ensure eligible households in need of longterm affordable housing are appropriately referred and housed. The CoC and MHA intend to use lessons learned from EHV implementation to guide the development of the preference policies and protocols.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored–For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC’s jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	No
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	No
	Other (limit 150 characters)	
5.		

1C-7c.	Including PHA-Funded Units in Your CoC’s Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC’s coordinated entry process?	Yes
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1C-7c.1.	Method for Including PHA-Funded Units in Your CoC’s Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

If you selected yes in question 1C-7c., describe in the field below:

1.	how your CoC includes the units in its Coordinated Entry process; and
2.	whether your CoC’s practices are formalized in written agreements with the PHA, e.g., MOUs.

(limit 2,000 characters)

1. The CoC includes EHV units in the CoC process by ensuring that only households identified through the CE process are referred to the PHA for the units. More specifically, the CE Prioritization Workgroups in each EHV service area are the entities charged with identifying the hh’s for prioritization for the units. In these workgroups they use their Prioritization reports to identify all currently homeless and eligible hh’s in area, review info about homeless history and service needs, and then make prioritization decisions based on those with most need and any other priorities the CoC and PHA identified for those units. For example, one PHA EHV’s are prioritized for hh’s with multiple episodes of homelessness, eviction histories, and criminal histories specifically. A designated rep from the Workgroup then makes the referral for EHV units based on prioritization decisions.
2. The use of the CE process to identify tenants for EHV units is formalized in MOUs between every PHA that has EHV’s and the CoC, along with key local providers.

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section VII.B.1.g.	
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Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	No
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1C-7d.1.	CoC and PHA Joint Application–Experience–Benefits. NOFO Section VII.B.1.g.	
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If you selected yes to question 1C-7d, describe in the field below:

- | | |
|----|--|
| 1. | the type of joint project applied for; |
| 2. | whether the application was approved; and |
| 3. | how your CoC and families experiencing homelessness benefited from the coordination. |

(limit 2,000 characters)

N/A

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers. NOFO Section VII.B.1.g.	
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Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	No
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1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program–List of PHAs with MOUs. Not Scored–For Information Only	
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Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
---	-----

If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
Athens MHA
Butler MHA
Fayette and Highl...
Lorain MHA
Morgan MHA
Portage MHA

1C-7e.1. List of PHAs with MOUs

Name of PHA: Athens MHA

1C-7e.1. List of PHAs with MOUs

Name of PHA: Butler MHA

1C-7e.1. List of PHAs with MOUs

Name of PHA: Fayette and Highland MHA

1C-7e.1. List of PHAs with MOUs

Name of PHA: Lorain MHA

1C-7e.1. List of PHAs with MOUs

Name of PHA: Morgan MHA

1C-7e.1. List of PHAs with MOUs

Name of PHA: Portage MHA

1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your 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.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	96
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	96
3.	This number is a calculation of the 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 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

(limit 2,000 characters)

The CoC requires all renewing CoC projects to submit program policies and procedures for review as part of the annual CoC Competition project evaluation process. The CoC awards points based on how well Housing First is reflected in the policies; the scoring approach used is shared in the written CoC

Competition guidance doc released in the spring. Max points for HF practices is 15 points out of a total of 90; weighting HF practices that much further incentives providers to prioritize it. Additionally, orgs failing to submit required program documents have 10 points deducted from their overall project eval score; this ensures agencies not following HF practices are disincentivized from simply not submitting program documents. The CoC also required implementation of HF practices, which it defines in detail and include rapid placement into housing and provision of voluntary services only, in its Written Stds. CoC staff responsible for monitoring of CoC grantees have incorporated compliance with the CoCs Written Stds and use of HF practices specifically into their monitoring tools and process. If staff identify in a monitoring areas of HF practices that need to be improved upon, CoC staff can require grantee to enter into a Quality Improvement Plan with the CoC.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

Describe in the field below:	
1.	your CoC’s street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC’s Street Outreach covers 100 percent of the CoC’s geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your 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, & 11 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 & enter data for unsheltered homeless into HMIS. 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 communicating 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 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.

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	Yes
5.	Other:(limit 500 characters)	

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.i.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of "Current."	2,006	1,888

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

	Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
1.	Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2.	Private Insurers	Yes	Yes
3.	Nonprofit, Philanthropic	Yes	Yes
4.	Other (limit 150 characters)		

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1C-13a.	Mainstream Benefits and Other Assistance—Information and Training.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

- | | |
|----|--|
| 1. | systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area; |
| 2. | communicating information about available mainstream resources and other assistance and how often your CoC communicates this information; |
| 3. | working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and |
| 4. | providing assistance with the effective use of Medicaid and other benefits. |

(limit 2,000 characters)

1) CoC provides written updates re: mainstream resources as needed via CoC's email listserv. Those listserv msgs are also posted in PDF format on the CoC's website so info is publicly accessible. As needed, CoC hosts webinars on resource availability and recorded webinars & materials are posted on the website.

2) CoC disseminates info about mainstream resources and assistance via the CoC email listserv on an as-needed basis. CoC also provides updates at least annually via the CoC's semi-annual membership meeting.

3) Most households in the homeless system qualify for Medicaid as their health insurance, in part b/c Ohio is a Medicaid expansion state. Providers work with clients and the local Dept of Job and Family Services to apply for mainstream benefits including health insurance/Medicaid. CoC has also established project-level goals re: obtaining non-cash benefits and health insurance, and project performance is monitored quarterly. CoC-funded projects are evaluated on having met these goals during annual CoC project eval and ranking process.

4) Providers work directly with clients, as part of their ongoing assessment of needs and housing plans, to identify 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. CoC provides TA to providers via trainings and individually re: using Medicaid resources to support project development and implementation, such as leveraging Medicaid supported services in PSH projects. CoC staff also connect provider staff with SOAR trainings, which helps staff learn how to submit successful claims for SSI/SSDI benefits on behalf of clients. Currently, more than half of CoC grantees report having access to SOAR trained staff to support clients in accessing this critical resource.

1C-14.	Centralized or Coordinated Entry System—Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC's coordinated entry system:

- | | |
|----|--|
| 1. | covers 100 percent of your CoC's geographic area; |
| 2. | reaches people who are least likely to apply for homeless assistance in the absence of special outreach; |

3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

(limit 2,000 characters)

- 1) 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 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 with unsheltered persons & persons in ES. CE Stds require regional/local PH Prioritization Wkgps to use the custom HMIS 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 as it doesn’t require a referral to be initiated first.
- 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 Prioritization Wrgkgs 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 Wkgps to meet at least monthly, although most meet more frequently
- 4) CoC monitors length of time to house for RRH and PSH projects and LOS in ES to ensure hh’s are moving quickly from homelessness into housing. CE Stds reinforce this by requiring enrollment and housing search/location responsibilities be identified for all responsible parties at the point of prioritization decisions and to be documented in mtg notes, so provider confusion doesn’t slow down housing process.

1C-15.	Promoting Racial Equity in Homelessness–Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC’s most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	Yes

3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No
6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	No

1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	No
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.		No

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

The CoC and some providers currently participate in the statewide Race Equity Action Committee on Homelessness in Ohio (REACH Ohio). This group, which includes reps from all CoCs in Ohio, is focused on creating equitable homeless

systems and has established multiple sub-ctes to help achieve this goal. CoC staff sit on the Steering Committee and also help lead the Organizational Sub-cte. This sub-cte is charged with advancing racial equity within homeless assistance provider agencies, both at the internal organizational level and at service provision level. To do so, the cte is working on a project wherein it would release two Org Race Equity self-assessment tools to help orgs identify key areas of race equity work that they may need to focus on, and then release a companion guidance document that can help providers understand how to make progress on their race equity work, based on the results of the self-assessment. The sub-cte hopes this project will help agencies improve on their race equity work and, ultimately, help us better serve the folks in our system and produce more equitable outcomes statewide. Additionally, CoC staff have participated in HUD’s CE Community Referral Workshop in order to identify ways to improve our CE referral processes, with equity centered in this work. As part of this effort, CoC staff are analyzing PH exit data for some the CoC’s larger communities to identify any local inequities in service provision and outcomes and develop plans to address those issues, where they exist. Lastly, the CoC was recently selected to participate in the 2nd round of HUD’s CE Equity Demo. CoC staff coordinated an application for the demo along with 7 of Ohio’s 8 other CoCs as part of the broader statewide effort to advance race equity in homeless systems statewide.

1C-16.	Persons with Lived Experience–Active CoC Participation.	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	9	5
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	8	5
3.	Participate on CoC committees, subcommittees, or workgroups.	6	5
4.	Included in the decisionmaking processes related to addressing homelessness.	8	5
5.	Included in the development or revision of your CoC’s local competition rating factors.	0	0

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement 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.	Yes
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, data entry).	Yes
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

(limit 2,000 characters)

CoC immediately produced interim guidance on COVID-19 responses to help local providers respond to needs of people experiencing homelessness during the pandemic. This guidance was updated frequently as natl/local guidance evolved, and posted on CoC's COVID webpage. CoC communicated updates in real time via CoC's listserv and posted to website. CoC hosted multiple webinars re: recommended protocols, and CoC helped host monthly peer calls re: a wide range of pandemic related topics; these calls continue today. All virtual trainings & materials were recorded and posted on CoC website. CoC also helped to establish and distribute new local funds to providers needing an immediate infusion of resources to address safety needs. These funds paid for PPE, cleaning supplies, hazard pay for staff. CoC also helped collect and deliver PPE directly to providers.

1. For unsheltered, guidance outlined current safety protocols for working with unsheltered persons, providing additional hygiene/sanitation supplies to people unsheltered and possible funding sources, and how to set up and manage non-congregate shelter options.

2. For congregate ES/TH, CoC's guidance & trainings outlined how to adjust project spaces to operate safely, including sample protocols and gen guidance for cleaning/sanitation, recs for managing community and meal spaces, facial covering requirements. CoC staff created COVID-19 symptom screening assessment that it required all providers to use. The assessment was added to existing intake forms, a custom assessment was built in HMIS, & trg provided. HMIS team also created custom reporting on symptom screening that is available to provider staff; this data helps show where cases may be.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

(limit 2,000 characters)

The CoC has started drafting a formal disaster preparedness protocol for the CoC, based on the guidance the CoC developed for the pandemic response along with HUD's Disaster Recovery Homelessness Toolkit. Some anticipated key aspects of this protocol, based on lessons learned from the pandemic and the role of a BoSCoC in particular include: identifying communication liaisons in every region of the CoC to ensure the most important communications get to all key providers; establishing a webpage dedicated to conveying guidance and training materials related to the emergency; and providing sample agency-level protocols for easy adoption by low-capacity providers in particular.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

(limit 2,000 characters)

For OH-507, the CoC's Collab Applicant, Ohio Dept of Development, is also the state recipient of ESG-CV funds for Ohio's non-entitlement communities. ODOD consulted with contracted CoC staff at COHHIO to determine priorities for use of ESG-CV funds and to consider processes for making those funds available. Through this consultation, ODOD determined to make funds available for all activities eligible in the ESG-CV notice and to first prioritize distribution of funds to existing grantees of state homeless assistance funds in order to get funds on the ground more quickly.

Safety Measures, Healthcare Supplies, Sanitary Supplies: ODOD permitted currently funded shelters to request ESG-CV funds for all eligible activities to assist with implementing safety measures, including setting up new non-congregate shelter.

Housing Assistance and Eviction Prevention: ODOD currently funds a Lead agency (who may then have partners) in every region in the Ohio BoSCoC to provide HP and RRH assistance. Those agencies were permitted to request ESG-CV funds in order to serve more clients and use the ESG-CV flexibilities. CoC staff have continued to engage with ESG-CV sub-recipients to ensure they understand the process to request additional funding, that there is significant funding available, and to help them understand how to maximize those funds.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	
	Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:	
1.	decrease the spread of COVID-19; and	
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).	

(limit 2,000 characters)

Early in the pandemic, CoC staff participated in meetings with Ohio Dept of Health staff to discuss strategies in homeless systems to reduce the spread of COVID-19, and how local communities could partner with local public health agencies. CoC staff also hosted webinars and meetings with ODH reps to train providers on what they should be doing, from ODH's perspective, to implement appropriate safety measures and decrease the spread of COVID-19. CoC staff also worked with ODH to identify key contacts at all local health departments, provided that information to providers in those communities, and offered guidance to providers for how they may coordinate with local health departments around such things as expanding access to COVID-19 testing, health/sanitation supplies including masks, setting up vaccination events and opportunities, and educating clients on safety measures, vaccinations, testing, etc. CoC staff also worked with ODH to help reinforce the need for them to coordinate with local homeless systems and providers, if providers were unable to get them to engage.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	
	Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:	
1.	safety measures;	
2.	changing local restrictions; and	
3.	vaccine implementation.	

(limit 2,000 characters)

Early in the pandemic, the CoC identified a point person in every region of the CoC to serve as a communication channel and liaison for any critical COVID-19 related guidance. Additionally, the CoC drafted comprehensive Interim COVID-19 Guidance for Providers, which served as up-to-the minute guidance for homeless assistance providers of all types related to all aspects of COVID-19 response, including how to implement safety measures, responding to changing local restrictions, and accessing/planning for vaccinations. This guidance was updated very frequently, as more guidance from the CDC, HUD, local/state health agencies, and other key entities was updated. Each time an update to the Interim Guidance was released, CoC staff sent an email to the CoC listerv noting the specific update, and posted the updated guidance on the CoC's newly created COVID-19 webpage. CoC staff also hosted multiple trainings re: the comprehensive Interim Guidance; trainings were recorded and posted to the CoC's website with materials. CoC staff also developed written guidance and hosted trainings specifically around establishing and operating non-congregate shelter units, including those for isolation and quarantine use. The CoC

developed a symptom screening tool and custom assessment in HMIS to help track COVID-19 symptoms and positive cases. As vaccines started to roll out, CoC/HMIS staff revised the tool and assessment to include questions about vaccination status (dates and types of vaccines received, with documentation), willingness to take the vaccine, if not yet vaccinated. CoC built a companion report that providers could use to identify clients in need of vaccines, 2nd doses, and to identify those who needed ongoing engagement to help overcome vaccine hesitancy.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

(limit 2,000 characters)

As the state rolled out COVID-19 vaccinations, CoC communicated to providers when those vaccinations were available to their program staff and clients, and provided info about how to coordinate with local public health agencies to access them. This info was shared via the CoC's listserv and posted on the CoC's COVID-19 webpage. The CoC also developed custom COVID-19 screening tools and HMIS assessments to be used by every project in the CoC. In addition to screening for COVID-19 symptoms and positivity, the tool/assessment asked about vaccination status and collected info on date/type of vaccine received (and how documented). The CoC's HMIS also built a custom COVID-19 report that providers could run on their programs to identify clients who had not yet been fully vaccinated. This report enabled providers to identify the number of clients not yet vaccinated, but willing to be, at any moment in time, which was very useful as they sometimes received last minute offers of COVID-19 vaccines from local health departments or other vaccine providers. Providers could also use this report to identify clients indicating vaccine hesitancy, and target those clients for additional outreach and engagement around vaccine acceptance.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

(limit 2,000 characters)

To address possible increases in DV calls, the CoC focused primarily on helping DV providers and general ES providers (which also serve survivors of DV) maintain or increase overall capacity. The CoC did this by training providers on how to operate non-congregate ES options and how to access the funds to access to support it. Overall, more than 500 non-congregate ES beds were created in 2020. CoC also helped to establish and distribute new local

funds to providers needing an immediate infusion of resources to address safety needs and capacity issues, particularly where FEMA and ESG-CV funds were not yet available. These funds paid for PPE, cleaning supplies, general supplies, non-congregate ES, and hazard pay for staff. Several DV providers used these funds specifically to set-up new non-congregate ES and to retain key staff throughout these efforts, enabling them to continue responding to the local need.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

(limit 2,000 characters)

The CoC adjusted CE system in the following ways: 1) Required Prioritization Workgroup mtgs to occur remotely via phone or virtual mtg 2) Updated prioritization standards to allow for providers to consider vulnerability to complications from COVID-19 as part of their PH prioritization decision-making, and made custom reports available to help identify these hhs 3) Updated prioritization standards to outline a process whereby local communities could request permission to temporarily suspend Prioritization Wkgrp meetings used for RRH prioritization. This process was created in response to the infusion of federal/state resources to address housing needs during the pandemic. If local communities could demonstrate they had sufficient resources to serve all eligible hhs with RRH, and HMIS data supported the claim, the CoC would waive the RRH Prioritization Wkgrp requirement. Doing so removed a now unnecessary step in the RRH enrollment/assistance process and helped providers move even faster to re-house clients.

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

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
 - FY 2021 CoC Application Detailed Instructions–essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
 - 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline–Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	09/03/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	04/01/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	Yes
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process–Addressing Severity of Needs and Vulnerabilities.	
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NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

- | | |
|----|--|
| 1. | the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and |
| 2. | considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area. |

(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/chronically homeless (PSH only), policies that outline adherence to PSH Order of Priority

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. 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 Competition Plan and Timeline doc that was posted on the CoC's website March 2021, and shared via listserv message and publicly available webinar.

1E-3.	Promoting Racial Equity in the Local Review and Ranking Process.	
	NOFO Section VII.B.2.e.	

Describe in the field below how your CoC:

- | | |
|----|--|
| 1. | obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications; |
| 2. | included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; |
| 3. | rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented). |

(limit 2,000 characters)

In 2021, the CoC had no persons of color in its Project Evaluation Workgroup, which is the group that determines the project evaluation items and process for the CoC Competition. However, CoC staff did include persons of color who had input into determining the CoC's rating factors for the CoC Competition.

Additionally, the CoC annually solicits new membership for its Board, Cts, and Workgroups and explicitly asks for members who identify as persons of color or who work in organizations with a mission to serve these populations, and CoC staff outreach to partner agencies and encourage CoC members to do so as well in an effort to identify possible applicants. In 2021, the CoC did not rank projects based on how their clients mirror overall homeless pop demographics. However, the CoC has done annual evaluations of the demographics of our program clients, homeless pops, and program outcomes and so far found no negative disparities between outcomes based on race/ethnicity. However, the CoC looks forward to further deepening this analysis and digging into more detail. Additionally, this year the CoC introduced a future project evaluation item that will be rolled out in the 2022 project eval process. Namely, the CoC indicated that in the next annual eval process it will evaluate projects on the extent to which they are doing their own analysis of disparities in their programs, and on how well they incorporate race equity concepts and actions into their program policies.

1E-4.	Reallocation–Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC’s eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Describe in the field below:	
1.	your CoC’s reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

(limit 2,000 characters)

- 1) The reallocation process first involves the CoC preliminarily ranking projects in order of project eval score. Projects ranked lower, a result of poor performance, are at risk of full or partial reallocation. CoC determines reallocations of very low ranking projects on case by case basis considering local need and resources. CoC Board reviews all Tier 2 projects and approves final Tier 2 project ranking based on CoC’s project ranking goal and priorities. The goal and priorities allow re-ranking of Tier 2 projects in order to preserve resources in areas with limited homeless programs. For bottom-ranked Tier 2 projects, CoC Board considers if other orgs in same area administer similar, higher-performing projects. If there are limited homeless resources in an area, CoC Board may re-rank the project to preserve the resource. Where other resources do exist, the CoC Board may leave lower ranked projects in their prelim rank order, essentially ensuring reallocation.
- 2) The CoC did identify low ranking projects this year, but the CoC Board declined to reallocate their funding b/c they were the only PSH projects in their service areas. CoC staff are engaging in intensive TA with one project and supported transferring the other project to another grantee.
- 3) The CoC partially reallocated one PSH project b/c the scale of the project was no longer needed in the community it served. The reallocated funds were directed to a new project serving a community with no other PSH.

4) NA
5) Annually in the spring, the CoC releases CoC Competition Plan & Timeline doc that outlines goals and priorities for CoC Competition, including the project evaluation process and process for reallocation. CoC publicly shared FY21 CoC Comp Plan & Timeline on 4/1/21 by posting on CoC website & hosting a webinar. CoC announced webinar via listserv & post on CoC website calendar 2 wks prior. CoC announced availability of webinar recording and PPT slides via listserv email on 4/1/21.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5.	Projects Rejected/Reduced–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
	NOFO Section VII.B.2.g.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	09/17/2021

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/29/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/09/2021
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2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
 - Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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 - 24 CFR part 578

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	Bitfocus
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC’s HMIS coverage area.	Multiple CoCs
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/13/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

- | | |
|----|---|
| 1. | have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and |
| 2. | submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead. |

(limit 2,000 characters)

1. CoC staff have communicated to all CoC members the requirement that victim service provider agencies receiving federal or state funding for homeless assistance projects must collect client-level data and use a comparable database that meets HUD standards. We communicate this via CoC Written Standards and the CoC's Collaborative Applicant (ODOD), which administers state homeless assistance funds and non-entitlement ESG funds, communicates this in its funding application materials, program guidance, and trainings. Additionally, if CoC staff become aware of a new DV program in the CoC, staff do direct outreach to determine if the project needs to use a comparable database and then provides TA as necessary to ensure it happens.

2. Via its Performance Management Plan, the CoC requires all victim service provider agencies to quarterly submit APRs from comparable databases to the CoC for project performance review but also for inclusion in system performance measures data. CoC staff directly outreach to agencies who neglect to submit reports to ensure data is received.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	2,420	704	1,383	80.59%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	857	174	612	89.60%
4. Rapid Re-Housing (RRH) beds	1,888	5	1,883	100.00%
5. Permanent Supportive Housing	3,907	0	3,892	99.62%
6. Other Permanent Housing (OPH)	20	0	20	100.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,000 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.

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-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	88.30%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

- | | |
|----|--|
| 1. | steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and |
| 2. | how your CoC will implement the steps described to increase bed coverage to at least 85 percent. |

(limit 2,000 characters)

N/A

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

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- 24 CFR part 578

2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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2C. System Performance

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
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 - 24 CFR part 578

2C-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	NOFO Section VII.B.5.b.	

Describe in the field below:	
1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

(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, for ex

2. CoC implemented multiple strategies to address those at risk: 1) CoC collaborated with the state ESG recipient to ensure HP resources are available to every county in the CoC. 2) CoC Program Stds require targeting HP \$ to hhs doubled-up & with past homelessness 3) Created std HP Screening Tool that awards more points based on most common risk factors including those that disparately impact persons of color such as past homelessness, child welfare involvement, crim justice involvement, evictions, very low income. 4) 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. 5) 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. 6) Piloted a diversion program that uses flexible funds, such as funding to purchase food or provide other limited financial assistance, to help keep hhs in safe doubled up situations 7) Trained CE APs and providers on new federal ERA program and how they can refer some hhs who may otherwise need HP assistance, as a means to expand overall HP assistance and serve more hhs in need.

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

2C-2.	Length of Time Homeless–Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

Describe in the field below:

1.	your CoC’s strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your 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 your 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 and system, except PSH, and monitors performance quarterly 2) Renewal TH, RRH 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 Stds require Housing First practices in all project types 5) CE Stds and Written Stds require PH projects to prioritize those with greater needs and longer homeless histories and follow HUD’s Order of Priority for PSH Projects, and the CoC uses VI-SPDAT data to help determine who has more severe needs 6) Advocated with state ESG recipient to make ESG-CV resources easily accessible to RRH providers in particular, so they can scale up RRH projects to serve more hh, house people more quickly, and use all available LL incentives and other flexibilities as needed

2. To help identify/ house hh with longest LOTs homeless: 1) Use HMIS with open visibility so providers can see current and past homelessness 2) CoC CE standards require ES and Outreach to refer to all PH resources those persons with longest LOTs and most severe needs. 3) CoC’s custom ‘RRH and PSH 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 & prioritize those with longest LOTs. This Report helps ensure those with longer LOTs 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

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	

Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:

1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.

(limit 2,000 characters)

1. The CoC will increase PH exits by: 1) CoC established PH exit goals and monitors quarterly. 2) Projects evaluated on % exits to PH in annual CoC

project eval process. 3) 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 8) Provided training on using shared housing to increase PH exits and retention 9) Provided TA to ESG-CV RRH providers on how to maximize available resources in order to ensure PH destinations at exit, including providing longer duration of assistance as needed, using LL incentives, paying for damages and maintenance 10) Advocated with state ESG recipient to develop strategies to help providers expend more RRH resources and scale up RRH assistance to serve more hhs.

2. PH projects retain/exit to PH by: 1) CoC established PH exit/retention goals and monitors quarterly. 2) Projects evaluated on % exits to/retention of PH in annual CoC project eval process. 2) Provided training to PSH providers on developing moving-on strategies 3) Developed and helped providers use Risk Mitigation Funds to help move more clients into units and to help keep them in units, even if they have damaged a unit.

3. CoC Director at COHHIO oversees the strategy

2C-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

Describe in the field below:	
1.	how your CoC identifies individuals and families who return to homelessness;
2.	your 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 your 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 and the system & monitors quarterly 2) 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 3) Established increasing income/non-cash benefits goals for all project types & monitor quarterly 4) Evaluates renewal projects on increasing income/non-cash benefits rates in CoC project eval process 5) Written Stds encourage projects to offer follow-up services to exiting clients, esp those most at risk for returning 6) 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; standardized targeting tool awards more points to hhs with past homelessness 7) Implemented standardized diversion practices in CE access points to help keep those with other resources from returning to homeless system. 8) In 1 YHDP site, expanded eligible pops for YHDP RRH

project to include cat 2 homeless, and most at risk of literal homelessness 9) 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 10) CoC provided TA to ESG-CV RRH providers to help them redesign RRH programs in a way that provides assistance aligned with actual individual needs (not based on scarcity of resources), including providing longer terms of assistance when needed, providing LL incentives, paying for damages and maintenance.
 3. CoC Director at COHHIO oversees the strategy to reduce returns to homelessness.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	
	Describe in the field below:	
1.	your CoC's strategy to increase employment income;	
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase 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, including those resources and programs made available as a result of the pandemic (eg, monthly child tax credit payments).
 2. 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
 3. CoC Director at COHHIO is responsible for overseeing the strategy to increase employment and income

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	
	Describe in the field below how your 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, internships, and employment opportunities for program participants.	

(limit 2,000 characters)

1. 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. Providers make available free transportation for homeless and housed clients to attend weekly job fairs with local private employers hosted in partnership with local mainstream employment orgs. 2) 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. 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 volunteer opportunities, and 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. Providers also partner with Goodwill agencies which can provide training and employment opportunities specifically for homeless persons with disabilities. Providers in the Youth Homelessness Demo Program (YHDP) site offer youth clients the ability to work with the local YouthBuild program to develop job skills and advance education. The YHDP Outreach team also employs Peer Outreach Workers with recent lived experience.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

Describe in the field below:	
1.	your CoC's strategy to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

(limit 2,000 characters)

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, including those resources made available in response to the pandemic.

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 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. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3A-1.	New PH-PSH/PH-RRH Project—Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	No
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3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	No
2.	State or local government	No
3.	Public Housing Agencies, including use of a set aside or limited preference	No
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	No

3A-2.	New PSH/RRH Project—Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
--	-----

3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
McArthur Gardens PSH	PSH	1	Healthcare

3A-3. List of Projects.

1. What is the name of the new project? McArthur Gardens PSH

2. Select the new project type: PSH

**3. Enter the rank number of the project on
your CoC's Priority Listing:** 1

4. Select the type of leverage: Healthcare

3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3B-1.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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3B-2.	Rehabilitation/New Construction Costs—New Projects.	
	NOFO Section VII.B.1.s.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD’s implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,000 characters)

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

- | | |
|----|---|
| 1. | how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and |
| 2. | how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act. |

(limit 2,000 characters)

4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at https://www.hud.gov/program_offices/comm_planning/coc/competition, including:
- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	No
2.	PH-RRH or Joint TH/RRH Component	Yes

You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	879
2.	Enter the number of survivors your CoC is currently serving:	622
3.	Unmet Need:	257

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,000 characters)

1. To calculate # of DV hh's needing housing/services, CoC annualized PIT data for ES, TH, & unsheltered using multipliers of 9 for ES, 2.8 for TH, and 3 for unsheltered. Multipliers came from system data on LOS for all project types, and based on survey responses re: LOS homeless for unsheltered. Re: #'s of hh's currently served, CoC looked at DV hh's enrolled in RRH and PSH at a PIT (based on APRs), for both DV dedicated and non-dedicated projects. Based on previously system-wide needs analysis, CoC estimated about 50% of those households would have need for RRH.
2. HMIS was data source to est % of hh who need assistance beyond shelter, to determine multipliers to annualize PIT data, #s served in RRH and PSH. PIT data was source for # DV hh in ES, TH, and unsheltered. APRs provided #s of hhs served in DV dedicated RRH projects.
3. the CoC has, as of yet, been unable to fully meet the housing needs of DV survivors primarily b/c we lack sufficient resources to serve everyone who is eligible and desires the assistance. A new DV Bonus project would go a long way in helping the CoC get much closer to closing the gap.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information.	
	NOFO Section II.B.11.	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Ohio Domestic Vio...

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC’s FY 2021 Priority Listing:

1.	Applicant Name	Ohio Domestic Violence Network
2.	Rate of Housing Placement of DV Survivors–Percentage	52.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	96.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1. how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2. the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,000 characters)

Housing placement was calculated by comparing the number of people leaving programs (ES,TH,RRH) (750 clients) to those with a positive hsg placement (perm. nature). Calculation used HMIS comparable database, specifically HUD CAPER Q5a & Q23c. Housing retention was calculated by comparing the number of people leaving programs in 2020 to those that returned to the program in 2021. HMIS comp. database (CAPER Q5) & internal agency data were used since VSP data not included in HUD SPM report on returns to homelessness. The rate of positive housing placement reflects a lack of permanent housing destinations due to insufficient housing inventory throughout COVID-19 Pandemic and Eviction Moratorium.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC’s emergency transfer plan, etc.;
3.	connected survivors to supportive services; and
4.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,000 characters)

- Using ESG-CV funds, ODVN’s Fresh Start program has helped 30 member agencies, including the 23 sub-recipients in this app, build capacity to house survivors of DV. DV ES agencies were able to hire advocates that utilize the Housing First model to assist survivors to develop housing plans and access housing resources, including those managed by CE processes. In the first 2 quarters of the Fresh Start Program, programs assisted 52% of their clients to move into permanent housing.
- The Fresh Start program didn’t use prioritization processes to identify clients, as it’s an ES project type. But advocates at sub-grantee agencies actively participate in local Prioritization Workgroup meetings which is where decisions about which households are prioritized for available PH resources are made.
- ODVN sub-grantees focus on survivors-defined advocacy by meeting survivors where they are, assisting survivors in identifying their risk and protective factors, and creating appropriate case/housing plans based on survivor defined goals and objectives. ODVN sub-grantees connect survivors to financial assistance, health insurance, mental health and physical health resources, depending on client needs and goals, as outlined in their housing/case plans. Programs use the Trauma Informed Care Model to provide housing advocacy alongside domestic violence advocacy and also address any other issues that a survivor is facing.
- The focus of the program is to assist survivors with their goals related to housing first, but also goals related to workforce development, physical and mental health referrals, financial assistance and health insurance. The goal is that the survivor will be equipped to sustain their own housing once they exit the program. However, services can be provided even after a survivor leaves the Fresh Start program, if needed, so clients are encouraged to reach out to advocates if needed.

4A-4c.	Ensuring DV Survivor Safety—Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:	
1.	training staff on safety planning;
2.	adjusting intake space to better ensure a private conversation;
3.	conducting separate interviews/intake with each member of a couple;
4.	working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance;
5.	maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and
6.	keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.

(limit 5,000 characters)

1. ODVN is the statewide training and resource center for domestic violence agencies in Ohio. Safety planning is integrated into multiple trainings through ODVN's training academy. ODVN provides a three-day Domestic Violence Advocacy Fundamentals training to new DV advocates 4 times a year. The training academy also trains new and seasoned staff on Effective Hotline Advocacy, a New Advocate Shelter Toolkit, and Domestic Violence 101, all which incorporate safety planning.
2. All ODVN sub-grantees meet with survivors in a private room in their agencies to complete an intake, establish safety, and set the initial goals for the survivor and their children.
3. As needed, staff conduct separate intakes with members of the same household.
4. When a survivor enters a DV program they are welcomed by staff who have been thoroughly trained in Trauma Informed Care, trauma and crisis response, domestic violence essentials, motivational interviewing, and safety planning, among many other things. Many programs utilize some form of a risk or lethality assessment to determine their risk of future violence. This information helps advocates develop a safety plan with the individual, including determining the type of housing assistance that the survivor is most comfortable receiving.
5. All participating sub-recipients are the primary DV service providers for their communities. All programs have existing facilities and shelters to accommodate survivors. Safety and confidentiality is a primary concern for all DV service providers in Ohio. The most dangerous time for an individual experiencing domestic violence is when they choose to leave the relationship. Due to this, DV shelters are equipped with specific safety precautions that homeless shelters may not have, including security cameras, additional locks on doors and windows, security systems, and agreements with local law enforcement agencies.
6. Many programs choose to keep the location of the shelter private.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety--Project Applicant Experience.
	NOFO Section II.B.11.

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

(limit 2,000 characters)

Many of the DV shelters that are sub-recipients for this project are in undisclosed locations. Additional safety measures are incorporated into all DV programs including security cameras, door and window locks, alarm systems, and relationships with law enforcement agencies. This safety prioritization translates into the work with survivors. Safety assessments are completed with all survivors entering sub-recipient programs. Once a survivor enters a DV program, an individual and complete safety plan is developed. Safety plans are personalized to the individual and are fluid. Advocates check back in with survivors frequently to update their safety plan. An element on this proposed project will be to develop a landlord engagement program. One of the purposes of this program is to ensure survivors have access to safe housing, by developing relationships with landlords that understand the importance of housing for survivors of DV. Often the focus on finding housing is on affordability and availability. However, survivors must have access to affordable,

available and safe housing in order to establish violence-free independence. 100% of survivors who will enter the ODVN RRH program will develop a safety plan with their advocate. Housing advocates will continue to monitor a survivor's safety concerns once they have moved into their housing, during their monthly case management, and for some months after program exit, as agreed to by the survivor.

4A-4d.	Trauma-Informed, Victim-Centered Approaches—Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	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;
3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants' strengths, e.g., 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;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

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 trauma-informed 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. More specifically:

1. ODVN supports its member agencies with resources, education, best practices and policies and procedures to ensure advocates have the knowledge and capacity to provide appropriate survivor-defined advocacy to survivors. The 23 sub-recipients for this project all have developed housing case management approaches that focus on assisting survivors with finding affordable and safe housing that the survivor determines is the best fit for them. Advocates assist survivors with identifying housing options in their community and determining what a survivor will qualify for. While, safe housing is imperative for all homeless individuals, housing advocates with the 23 sub-recipients are trained to understand the specific safety concerns that the individuals experiencing DV must consider. In recent years, ODVN's member agencies, including the 23 sub-recipients, have focused more on providing mobile advocacy to survivors. Advocates will meet survivors where the survivor feels most comfortable, will attend housing meetings with the survivors, and will go with them to look for housing.
2. Survivors of DV are often given very little choice within their relationships and

once they leave. Control of their lives is an important step in healing from trauma, especially for individuals who have experienced DV. Thus, it is very important for advocates to allow survivors to identify the goals they wish to accomplish, including where they want to live. Thus, Education on DV, trauma, safety planning and healing/empowerment are at the root of all advocacy provided by the housing advocates and the DV agencies.

3. Survivors are provided information on trauma immediately upon entrance into a DV program. Advocates also help to connect survivors with community-based resources that may not be provided through the DV agency including mental and physical health resources, financial assistance, health insurance, workforce development, and any other resource that may help them address and move on from the trauma they have experienced.

4. The case management provided by sub-recipients is grounded in a strengths-based approach. This means that as advocates and survivors develop housing/case plans, client strengths are identified for every goal established and advocates/survivors identify ways to harness those strengths to achieve goals.

5. ODVN adheres to Meaningful Access standards of accessibility. The 23 sub-recipient agencies provide services to all survivors of DV, stalking, harassment, sexual assault, and human trafficking regardless of an individual's race, gender identity, sexual orientation, ethnicity, or physical, mental or cognitive disability. Additionally, outreach is provided to marginalized populations within the communities they serve to ensure individuals know that support exists. An individual's disability, culture, race, etc. can impact certain safety concerns and so must be included in the support services they receive.

6. As part of housing/case plan development, advocates work with clients to identify goals related to meaningful connections that can address both before and after housing, depending on client choice. Advocates help clients meet these goals by facilitating connections to resources and supports in the community. The goal of these connections is to provide survivors with independence to live free from violence.

7. Advocates provide support to parents and children by helping find day care, assisting with safe access to school through the McKinney-Vento Act, on-going parental support for adult survivors, and emphasizing the connection between parent and child. Sub-recipients can also access youth advocates and youth advocacy support and training provided by ODVN.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.

(limit 5,000 characters)

ODVN and the 23 sub-recipients within this proposed project have a long history of providing services to survivors experiencing homelessness. Shortly after entering a DV program, housing advocates complete housing/self-sufficiency assessments with survivors and develop client-driven housing and safety plans. Upon plan development, Advocates work with clients to identify

housing options that best meet their needs, while also addressing barriers that threaten survivors' ability to find and/or stay in housing. Partner agencies can also use ODVN's Relocation Program to help clients pay old utility bills, debts to landlords and PHAs, and address other immediate financial obstacles to renting an apartment. ODVN can also provide credit reports to partner agency clients at no cost. ODVN provides these services as a means to help advocates and clients quickly overcome immediate barriers to housing.

After survivors have moved into their own housing, advocates work with clients to develop self-sufficiency plans focused on addressing financial needs/goals and safety. As needed, advocates assist clients to access benefits and enroll in education/employment services. Advocates stay in close touch to ensure victims 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 temporarily or, in extreme cases, permanently.

4A-4f.	Trauma-Informed, Victim-Centered Approaches--New Project Implementation.	
	NOFO Section II.B.11.	

Provide examples in the field below of how the new project will:

1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain 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;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., 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;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

(limit 5,000 characters)

ODVN will work with 23 local DV agencies that will act as sub-recipients for this project.

1. ODVN supports its member agencies with resources, education, best practices and policies and procedures to ensure advocates have the knowledge and capacity to provide appropriate survivor-defined advocacy to survivors. The 23 sub-recipients for this project all have developed housing case management approaches that focus on assisting survivors with finding affordable and safe housing that the survivor determines is the best fit for them. Shortly after a survivor of DV enters a local program a housing assessment will be completed to determine what type of housing assistance the survivor needs and wants. Advocates assist survivors with identifying housing options in their community

and determining what a survivor will qualify for. While, safe housing is imperative for all homeless individuals, housing advocates with the 23 sub-recipients are trained to understand the specific safety concerns that the individuals experiencing DV must consider. In recent years, ODVN's member agencies, including the 23 sub-recipients, have focused more on providing mobile advocacy to survivors. Advocates will meet survivors where the survivor feels most comfortable, will attend housing meetings with the survivors, and will go with them to look for housing.

2. Survivors of DV are often given very little choice within their relationships and once they leave. Control of their lives is an important step in healing from trauma, especially for individuals who have experienced DV. Thus, it is very important for advocates to allow survivors to identify the goals they wish to accomplish, including where they want to live. The relationship between the advocate and survivors is one of team member-team member. Programs do not focus on punitive interventions, and instead service plans are created by survivors with the help of an advocate.

3. Survivors will be provided information on trauma immediately upon program entry. Advocates also help to connect survivors with community-based resources that may not be provided through the DV agency including mental/physical health resources, financial assistance, health insurance, workforce development, and any other resource that may help them address and move on from the trauma they have experienced.

4. The case management provided by this project will be grounded in a strengths-based approach. This means that as advocates and survivors develop housing/case plans, client strengths are identified for every goal and advocates/survivors identify ways to harness those strengths to achieve goals.

5. ODVN adheres to Meaningful Access standards of accessibility. Sub-recipients of this project will also provide services to survivors of DV, stalking, harassment, sexual assault, and human trafficking regardless of race, gender identity, sexual orientation, ethnicity, or physical, mental or cognitive disability. Additionally, outreach is provided to marginalized populations in the communities they serve to ensure individuals know that support exists. An individual's disability, culture, race, etc. can impact certain safety concerns and is included in the support services they receive.

6. As part of housing/case plan development, advocates work with clients to identify goals related to meaningful connections they can address both before and after housing. Advocates help clients meet these goals by facilitating connections to resources and supports in the community. The goal of these connections is to provide survivors with independence to live free from violence. Some sub-recipients are also able to offer opportunities to participate in groups or in peer to peer opportunities.

7. Advocates will provide support to parents and children by helping find day care, assisting with safe access to school through the McKinney-Vento Act, ongoing parental support for adult survivors, and emphasizing the connection between parent and child. Sub-recipients can also access youth advocates and youth advocacy support and training provided by ODVN.