

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

**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:** COHHIO

## 1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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- Frequently Asked Questions

<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.p., and VII.B.1.r.	
	In the chart below for the period from May 1, 2021 to April 30, 2022:	
	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 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.	Disability Advocates	Yes	Yes	Yes
5.	Disability Service Organizations	Yes	Yes	Yes
6.	EMS/Crisis Response Team(s)	Yes	Yes	No
7.	Homeless or Formerly Homeless Persons	Yes	Yes	No
8.	Hospital(s)	Yes	No	No
9.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
10.	Law Enforcement	Yes	No	No
11.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
12.	LGBTQ+ Service Organizations	Yes	Yes	Yes
13.	Local Government Staff/Officials	Yes	Yes	Yes
14.	Local Jail(s)	No	No	No
15.	Mental Health Service Organizations	Yes	Yes	Yes
16.	Mental Illness Advocates	Yes	Yes	Yes

17.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
18.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
19.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
20.	Other homeless subpopulation advocates	Yes	Yes	Yes
21.	Public Housing Authorities	Yes	Yes	Yes
22.	School Administrators/Homeless Liaisons	Yes	Yes	No
23.	State Domestic Violence Coalition	Yes	Yes	No
24.	State Sexual Assault Coalition	Yes	Yes	No
25.	Street Outreach Team(s)	Yes	Yes	Yes
26.	Substance Abuse Advocates	Yes	Yes	Yes
27.	Substance Abuse Service Organizations	Yes	Yes	Yes
28.	Victim Service Providers	Yes	Yes	Yes
29.	Domestic Violence Advocates	Yes	Yes	Yes
30.	Other Victim Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.				
35.				

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 a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).

(limit 2,500 characters)

1)The CoC annually solicits membership & Board/cte/wkgrp members. Each year the CoC evaluates current makeup of the Board, Ctes/wkgps, 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. The CoC also solicits Board/cte/wkgrp membership from those with lived experience of homelessness on an ongoing basis.

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)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.

<b>1B-3.</b>	<b>CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.</b>	
	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 2,500 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. The CoC also seeks membership from people with lived expertise of homelessness on an ongoing basis and this membership solicitation is posted on the CoC’s website continuously, and CoC staff highlight this ongoing membership solicitation and the CoC’s compensation policy in all meetings and trainings the CoC hosts.

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 Awarded CoC Program Funding.	
	NOFO Section VII.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.	

(limit 2,500 characters)

- 1)CoC announced local competition was open and accepting new project apps on 4/6/22 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 4/6/22. 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 8/12/22. Recording of the webinar and the PPT available on 8/12/22. Webinar announced via listserv and public posting on CoC's website 2 wks prior. 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.
- 2)CoC's written competition guidance, released on 4/6/22 and updated and re-released on 8/12/22, 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.
- 3)CoC communicated project selection process and priorities in the written CoC competition guidance released on 4/6/22 & re-released on 8/12/22 & in CoC Competition webinars on 4/6/22 and 8/12/22, which were recorded & posted on CoC website.
- 4)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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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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 the 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 LGBTQ+ 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 2,500 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. The CoC also provides PIT/HIC data to the other ConPlan jurisdictions as requested, and posts CoC data to the CoC website and notifies the CoC of its availability

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. CoC also make themselves available to, and seek to provide input whenever possible, to local ConPlan jurisdictions throughout the CoC as they work on plan updates.



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 sexual orientation and gender identity:

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, School Districts.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	Yes
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section VII.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

**(limit 2,500 characters)**

CoC staffing agency, COHHIO, has an MOU and grant agreement with Ohio Dept of Education to provide training and technical assistance to school-based homeless liaisons. Additionally, CoC providers have MOAs with local Youth Ed Providers and school districts for purposes of coordinating referral processes, ensuring mutual understanding of services available, and outlining responsibilities of each party.

1C-4b.	Informing Individuals and Families Experiencing Homelessness about Eligibility for Educational Services.	
	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 2,500 characters)**

In the CoC’s Written Program Standards, the CoC adopted a policy that requires all homeless service providers that serve households with children to maintain policies and procedures that are consistent with and do not restrict the exercise of rights provided by the McKinney-Vento Act and other related laws. This includes requiring providers to designate staff to ensure children are enrolled in school and connected to the appropriate services, and to develop formal agreements with liaisons, school districts, and education providers for purposes of coordinating to ensure families can exercise their rights to educational services.

1C-4c.	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–Collaborating with Victim Service Providers.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations who help provide housing and services to survivors of domestic violence, dating violence, sexual assault, and stalking to:

1.	update CoC-wide policies; and	
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	2. ensure all housing and services provided in the CoC are trauma-informed and can meet the needs of survivors.
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**(limit 2,500 characters)**

1. The CoC collaborates with victim service providers and the state DV coalition, Ohio DV Network (ODVN) to review and update CoC policies. ODVN has a rep on the CoC Board, and assists in the regular review of existing policies and provides approval for any revisions or the adoption of new policies. Additionally, the CoC convenes a quarterly workgroup of victim service providers and ODVN focused on reviewing existing Coordinated Entry (CE) policies and processes to ensure CE is responsive to needs of survivors. To improve the CE prioritization process to be more responsive to survivors, the workgroup made recommendations for process revisions that would better consider survivors for available permanent housing resources. These recommendations were formally adopted by the CoC and have been incorporated into all CE policies, guidance, and trainings.
2. The CoC partners with Ohio DV Network (ODVN) to provide training related to best practices in serving DV survivors. 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. The CoC also explicitly addresses practices for working with survivors in the CE system in the CE Standards and CE Operational Manual.

1C-5a.	Annual Training on Safety and Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

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

1.	project staff that addresses 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 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 2,500 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 annually via coordination with ODVN. Second, CoC offers 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 semi-annually, and video recordings and training materials are always available via the CoC’s website.

1C-5b.	Using De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below:	
	1. the de-identified aggregate data source(s) your CoC uses for data on survivors of domestic violence, dating violence, sexual assault, and stalking; and	
	2. how your CoC uses the de-identified aggregate data described in element 1 of this question to evaluate how to best meet the specialized needs related to domestic violence and homelessness.	

(limit 2,500 characters)

1. The CoC reviews data from victim service providers’ comparable databases, from HMIS, from the PIT Count, and reviews qualitative data gathered from stakeholders. The CoC requires victim service providers to submit APRs from their comparable databases at least annually, so performance can be evaluated per the CoC’s Performance Management Plan. 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.
2. 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 22% of adult RRH clients reported being victims, and about 25% of PSH clients reported being victims. This data further supports the need to ensure all homeless provider staff are trained on safety planning, victim centered service provision, and trauma-informed care, as all providers are serving survivors in some capacity.

1C-5c.	Communicating Emergency Transfer Plan to Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:

- |    |  |
|----|--|
| 1. | the emergency transfer plan policies and procedures; and                   |
| 2. | the process for individuals and families to request an emergency transfer. |

**(limit 2,500 characters)**

The CoC’s Written Homeless Program Standards include a detailed Emergency Transfer Plan policy, which all providers are required to comply with. The CoC requires homeless services providers to adopt the Emergency Transfer Plan policy within their agency/program policies and to outline detailed policies for how transfers may be requested and how the program will accommodate those requests. The CoCs Emergency Transfer Plan policy further includes requirements for how homeless service providers must communicate the policy and the process to request an emergency transfer to clients. Specifically, providers are required to communicate the policy and process for clients to request an emergency transfer at program enrollment (to all clients); they must communicate it verbally and must also provide written documents summarizing the policy and process to request an emergency transfer.

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1C-5d.	Access to Housing for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have access to all of the housing and services available within the CoC’s geographic area.

**(limit 2,500 characters)**

The CoC ensures survivors have access to all housing and services in the CoC in multiple ways: 1) All Coordinated Entry Access Points (CE APs) are required to assist those seeking assistance who may be fleeing or identify as victims of domestic or other violence. Policies require CE Access Points to offer referrals to local DV shelters anytime a person in crisis discloses they are fleeing DV, in case the person would prefer to work with a victim service provider agency 2) B/c all CE APs are required to be able to respond to needs of survivors, CE APs are required to conduct diversion screenings in a way that preserves client confidentiality and safety – eg, client mtgs are in private, phone calls taken in private office space. 3) 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. 4) CE Stds require victim service providers to participate in local PH Prioritization Workgroup, which is the local body charged with making prioritization decisions for available local RRH and PSH resources. Requiring victim service provider participation ensures their clients are considered for those available resources. CoC also created a custom tool DV providers may use to summarize client-level information needed to participate in those prioritization discussions and make decisions about which clients to prioritize for local RRH and PSH. 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.

1C-5e.	Including Safety, Planning, and Confidentiality Protocols in Coordinated Entry to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section VII.B.1.e.	
	Describe in the field below how your CoC’s coordinated entry includes:	
1.	safety protocols,	
2.	planning protocols, and	
3.	confidentiality protocols.	

(limit 2,500 characters)

The CoC's CE system addresses needs of DV survivors in the following ways:

1. Safety protocols - 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 and safety – eg, client mtgs are in private, phone calls taken in private office space.
2. Planning protocols – The CoC's Written Standards include a detailed Emergency Transfer Plan policy, which all providers are required to comply with. CE policies reference and reinforce the policy. The CoC also hosts a quarterly meeting with a group of victim services providers that provides input/recommendations on CE processes to ensure it meets the needs of survivors. Most recently, that group worked with CoC staff to create a Victim Services Provider Inclusion Tool. This tool is intended to be used by victim services providers who need to participate in local PH Prioritization Workgroups, which are charged with making RRH and PSH prioritization decisions using an HMIS custom report and a case conferencing approach. This tool helps providers ensure they have all relevant client info at hand for the prioritization discussion (eg, homeless history, disability status, lack of income, etc) so their clients are appropriately considered for available resources as well.
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 tool DV providers may use to summarize client-level information needed to participate in PH Prioritization Workgroup discussions. Further, DV clients are permitted to decline to complete the VI-SPDAT if they are in a non-DV ES project, and they are still considered for prioritization for PH resources based on other available information. Provider staff participating in PH Prioritization Workgroup must ensure appropriate releases of info have been provided before any prioritization discussion happens, either via HMIS consent or client level ROIs. Lastly, all diversion screenings done by CE AP must be done in a way that preserves client confidentiality and safety – eg, client mtgs are in private, phone calls taken in private office space.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+–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 LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
	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 in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy–Updating Policies–Assisting Providers–Evaluating Compliance–Addressing Noncompliance.	
	NOFO Section VII.B.1.f.	

Describe in the field below:

1.	whether your CoC updates its CoC-wide anti-discrimination policy, as necessary, based on stakeholder feedback;
2.	how your CoC assisted providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination;
3.	your CoC’s process for evaluating compliance with your CoC’s anti-discrimination policies; and
4.	your CoC’s process for addressing noncompliance with your CoC’s anti-discrimination policies.

**(limit 2,500 characters)**

1. The CoC updates its CoC wide anti-discrimination policy as needed, based on stakeholder feedback. The CoC Governance Charter requires annual review of all CoC policies, but updates can be made at any point, as appropriate.
2. The CoC assisted providers with their project/agency level policies by providing training on how those policies should be drafted and maintained, via our annual training on the Equal Access Rule and Gender Identity Rule. The training recording and materials are publicly available on the CoC’s website on an ongoing basis. CoC staff also coordinate with other COHHIO training/TA staff to conduct state-wide trainings on the final rule, anti-discrimination policies, to offer in-person Safe and Supported Trainings, and continue to work with providers on an individual basis to guide them as they put the rule into practice.
3. To evaluate compliance, the CoC has incorporated review of agency/program anti-discrimination policies (including Equal Access Rules and Gender Identity Rule) into the CoC’s program monitoring process. The CoC’s Collab Applicant also monitors projects funded with ESG funds and state homeless assistance grant funds for compliance with the Equal Access Rule and having anti-discrimination policies.
4. If the CoC identifies an agency/program as being non-compliant via its monitoring process, CoC staff identify the issue in the final monitoring report, discuss the compliance issue in the final monitoring meeting, and work with the provider to develop an improvement plan to address the compliance issue. The improvement plan may include identifying a timeline and action steps for development of compliant policies, and/or requiring staff to engage in additional training. Regular check ins with CoC staff are always required as part of an improvement plan to ensure the issue is satisfactorily addressed with the agreed upon timeframe. The Collab Applicant’s improvement process to address compliance issues for its grantees is essentially the same.

1C-7.	Public Housing Agencies within Your CoC’s Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy.
	NOFO Section VII.B.1.g.
	You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.
	Enter information in the chart below for the two largest PHAs highlighted in gray on the FY 2021 CoC-PHA Crosswalk Report 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 2021 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?
Butler MHA	5%	Yes-Public Housing	No
Warren MHA	25%	Yes-HCV	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

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 2,500 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, and has declined to put one in place. The CoC re-approached Lorain MHA in early 2022 to reconsider establishing homeless preferences in their programs. CoC staff reviewed PIT data, System Performance data, and the CoC's most recent system needs analysis to illustrate ongoing need for access to affordable housing for people experiencing homelessness. Unfortunately, Lorain MHA continued to decline to put those preferences into place given the availability of EHVs, their willingness to project-base vouchers for PSH development, and current challenges in the private rental market related to finding available units and willing landlords. In the near future, the CoC hopes to use lessons learned from EHV implementation to revisit the homeless preferences discussion, and to guide the development of preference policies and protocols. Lastly, the CoC has worked with Warren MHA to establish homeless preferences for some of their vouchers, and those are now successfully in place.

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 Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	No
	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry. NOFO Section VII.B.1.g.	
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In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process?

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	No
3.	Housing Choice Voucher (HCV)	No
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	No
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness. NOFO Section VII.B.1.g.	
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1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		<b>Program Funding Source</b>
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Stability Vouchers

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV). 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?	Yes
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1C-7e.1.	List of PHAs with Active MOUs to Administer the Emergency Housing Voucher (EHV) Program.	
	Not Scored—For Information Only	

	Does your CoC have an active Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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	If you select yes to question 1C-7e.1., you must use the list feature below to enter the name of every PHA your CoC has an active MOU with to administer the Emergency Housing Voucher Program.	
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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

## 1D. Coordination and Engagement Cont'd

1D-1.	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

1D-2.	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 2022 CoC Program Competition.	92
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 2022 CoC Program Competition that have adopted the Housing First approach.	92
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe-Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2022 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section VII.B.1.i.	

Describe in the field below:

1.	how your CoC evaluates every recipient—that checks Housing First on their Project Application—to determine if they are actually using a Housing First approach;	
2.	the list of factors and performance indicators your CoC uses during its evaluation; and	
3.	how your CoC regularly evaluates projects outside of the competition to ensure the projects are using a Housing First approach.	

(limit 2,500 characters)

1. 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 to eval HF compliance is shared in the written CoC Competition guidance doc released in the spring.
2. The CoC awards HF points based on 3 key areas of HF practices – Removal of barriers to entry (eg, no min income or employment requirements, no drug testing or sobriety requirement), services offered are voluntary, housing focused assistance (eg, primary goal to move people into or retain PH). 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.
3. The CoC requires implementation of HF practices across all project types in the CoC regardless of funding source, as outlined in the CoC’s Homeless Program Written Stds. CoC staff monitor CoC grantees on compliance with the CoCs Written Stds and use of HF practices specifically, in the regular CoC monitoring 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. Additionally, the CoC’s Collab Applicant, ODOD, which administers the state homeless assistance program and state ESG allocation, has also incorporated compliance with HF practices into their grantee monitoring process, in alignment with the CoC’s Written Stds. They specifically monitor projects on removing barriers to entry, provision of voluntary services, and maintaining a housing focus.

1D-3.	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 2,500 characters)**

1. The CoC has 4 street outreach projects funded by PATH, 4 ESG-CV or privately funded Outreach projects, 2 Youth (YYA) Outreach projects, & 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 local Coordinated Entry (CE) Access Point (AP). YYA outreach is targeted to YYA, but CE Stds require them to connect non YYA to CE AP. 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, other 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, how to find locations where unsheltered may be residing, & on ensuring that persons are assisted to connect with shelters or other resources as requested. Outreach projects use local interpretation services when needed, and have agreements in place to ensure the service can be accessed in real time. 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.

<b>1D-4.</b>	<b>Strategies to Prevent Criminalization of Homelessness.</b>	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to ensure homelessness is not criminalized and to reverse existing criminalization policies in your CoC's geographic area:

		Ensure Homelessness is not Criminalized	Reverse Existing Criminalization Policies
1.	Engaged/educated local policymakers	Yes	Yes
2.	Engaged/educated law enforcement	Yes	Yes
3.	Engaged/educated local business leaders	Yes	Yes
4.	Implemented community wide plans	Yes	Yes
5.	Other:(limit 500 characters)		

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.i.	

		2021	2022
	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.”	1,870	1,237

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Resource	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	TANF–Temporary Assistance for Needy Families	Yes
4.	Substance Abuse Programs	Yes
5.	Employment Assistance Programs	Yes
6.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section VII.B.1.m	

Describe in the field below how your CoC:

1.	systemically provides 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.	works with project staff to collaborate with healthcare organizations, including substance abuse treatment and mental health treatment, to assist program participants with receiving healthcare services; and
3.	works with projects to promote SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 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. 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.
2. Most households in the homeless system qualify for Medicaid as their health insurance, in part b/c Ohio is a Medicaid expansion state. This is very helpful in successfully connecting clients to healthcare they may need, including behavioral healthcare and substance abuse treatment. The CoC has provided TA to providers to help them identify local healthcare resources they should partner with for purposes of ensuring clients have access to needed care, and has provided further TA re: how those partnerships can be appropriately documented as match for CoC programs. The vast majority of CoC funded PSH projects maintain formal partnerships with local healthcare organizations for the provision of healthcare services to PSH clients.
3. CoC staff regularly work to 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. CoC staff at COHHIO work closely with the state's SOAR Ohio Director, who is based at COHHIO, and have collaborated to offer SOAR training to Ohio BoSCoC provider staff and to further incentivize engagement with SOAR training.

1D-7.	Increasing Capacity for Non-Congregate Sheltering.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC is increasing its capacity to provide non-congregate sheltering.

**(limit 2,500 characters)**

In the 2022 HIC, the CoC reported 320 non-congregate shelter beds, compared to 22 beds reported in 2020. Since the start of the COVID-19 pandemic, the CoC increased its capacity to provide non-congregate shelter in the following ways: 1) 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 set up and operate non-congregate shelter. 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. 2) CoC staff also hosted multiple trainings re: the comprehensive Interim Guidance; trainings were recorded and posted to the CoC's website with materials. 3) CoC staff also developed written guidance and hosted trainings specifically around establishing and operating non-congregate shelter units. All training recordings and materials were posted to the CoC's website for ongoing access 4) Advocated to the state HOME ARP funding recipient to include in their allocation plan the ability to use funds to support the development of new non-congregate shelter units, where there is demonstrated need and a strong sustainability plan.

ID-8.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent Spread of Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to:	
1.	develop CoC-wide policies and procedures to respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1. 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. State public health officials will provide input on the draft plan as it is further developed. 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.
2. Since the start of the pandemic, CoC staff have 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. ODH continues to participate in monthly meetings with the CoC and other stakeholders as a means to ensure open dialogue on issues related to health and homelessness.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section VII.B.1.o.	
	Describe in the field below how your CoC effectively equipped providers to prevent or limit infectious disease outbreaks among program participants by:	
1.	sharing information related to public health measures and homelessness, and	
2.	facilitating communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

**(limit 2,500 characters)**

1. The CoC has identified a point person in every region of the CoC to serve as a communication channel and liaison for any critical COVID-19 or other infectious disease 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 (and continues to be), as guidance from the CDC, HUD, local/state health agencies, and other key entities was updated. Each time an update to the Interim Guidance is released, CoC staff send an email to the CoC listerv noting the specific update, and post the updated guidance on the CoC's COVID-19 webpage. CoC staff have also hosted multiple trainings re: the comprehensive Interim Guidance; trainings are recorded and posted to the CoC's website with materials.

2. In response to the COVID 19 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 other infectious diseases, 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 and other infectious diseases. 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-9.	Centralized or Coordinated Entry System–Assessment Process.	
	NOFO Section VII.B.1.p.	

Describe in the field below how your CoC's coordinated entry system:	
1.	covers 100 percent of your CoC's geographic area;
2.	uses a standardized assessment process; and
3.	is updated regularly using feedback received from participating projects and households that participated in coordinated entry.

**(limit 2,500 characters)**

1. The CoC’s CE system covers 100% of the geography. The CoC’s 80 counties are divided into 17 regions & each region has its own Regional CE Plan that complies with CoC’s CE Standards.

2. The CoC’s CE Standards detail the CoC’s standardized assessment process. This process involves the completion of the common assessment tools with everyone who has entered ES or who is remaining unsheltered. Assessment tool responses must be entered into HMIS unless the provider is non HMIS participating. Each CoC region has one or more PH Prioritization Workgroups which are responsible for reviewing the CoC’s custom Prioritization Report, which identifies eligible persons for local PH resources based on HMIS data, and making prioritization decisions for available RRH and PSH resources. Prioritization decisions for PSH must focus on first prioritizing chronically homeless, and for RRH, decisions must focus on prioritizing those with longest homeless histories and most severe need who are not being otherwise served by an available PSH unit. In addition to using the Prioritization Report, PH Prioritization Workgroups are strongly encouraged to take a case conferencing approach to prioritization decision-making, which helps ensure factors beyond those that are reported in HMIS are considered in the prioritization decision-making. The CoC has also created a Victim Services Providers Prioritization Inclusion form which helps those providers identify and summarize critical information about their DV shelter clients who need to be considered for PH prioritization within the PH Prioritization Workgroup.

3. The CoC’s CE Standards and processes are reviewed and updated, as needed, at least annually, based on feedback received from any key stakeholder. However, the CoC is currently prioritizing the evaluation of the CE system through the lens of advancing racial equity. The CoC is currently engaged in HUD’s CE Equity Initiative and is now in the process of beginning to identify recommended changes based on critical feedback from the recently re-organized CE Core Team. This group is comprised of providers who participate in CE as well as people who previously received services through the CE system.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section VII.B.1.p.	

	Describe in the field below how your CoC's coordinated entry system:
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
2.	prioritizes people most in need of assistance;
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their preferences; and
4.	takes steps to reduce burdens on people using coordinated entry.

(limit 2,500 characters)

1. CoC’s CE Stds require regions to identify orgs responsible for maintaining local CE advertising materials & distributing to locations where people may seek services, such as a library, food pantry, meal site. Materials must be in multiple languages and formats, where appropriate. CoC designated all street outreach teams as CE Access Points. Thus, people identified during street outreach do not have to call an addtl # to be assisted.
2. CoC’s CE Stds require PH Prioritization Wkgps, which make prioritization decisions, to use the custom HMIS Prioritization Report to identify persons for PH resources. The Report identifies currently homeless persons eligible for PH, and provides info needed for prioritization decision making including VI-SPDAT score, homeless history. This helps ensure those most in need are prioritized for resources, as it doesn’t require a referral to be initiated first, or for a person to submit an app for assistance. CE Stds require participation in Prioritization Wkgp by local, non-HMIS ES providers, so their clients are considered for prioritization. CoC’s CE Stds require Priorit. Wkgps to prioritize those with most severe needs and longest homeless histories, based on Order of Priority. CE Standards require Prioritization Wkgps to meet at least monthly, but most meet more frequently.
3. CoC monitors length of time to house for PH 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.
4. CE process has identified multiple CE Access Points in the CoC, which can be accessed in person or by phone. Agencies serving as CE APs are those entities that have historically provided housing and crisis response services. All street outreach projects are CE APs. CE Stds require common assessment to only be completed once per year, unless significant changes have occurred. Assessment data is reported in HMIS, so clients should not be asked to complete multiple un-needed assessments. Clients may refuse to complete the common assessment tool and they will still appear on the custom Prioritization Report and be considered for available PH resources.

1D-10.	Promoting Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section VII.B.1.q.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	09/02/2019

1D-10a.	Process for Analyzing Racial Disparities—Identifying Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section VII.B.1.q.	

Describe in the field below:

1.	your CoC's process for analyzing whether any racial disparities are present in the provision or outcomes of homeless assistance; and
2.	what racial disparities your CoC identified in the provision or outcomes of homeless assistance.

**(limit 2,500 characters)**

1. Semi-annually, the CoC engages in a system-wide racial disparities analysis. This analysis reviews make up of homeless populations compared to population of the CoC's geography, and also examines outcomes - exits to/retention of PH and receipt of cash/non-cash benefits –by project type and race/ethnicity. The CoC's analysis also includes a review of PH exits by project type and by County, so that the CoC may identify parts of the CoC geography that may have projects contributing to disparate outcomes for BIPOC persons. At the CoC project level, the CoC incorporated racial disparities analysis into its FY22 renewal project evaluation process. The CoC required all renewing CoC projects to conduct their own analysis of project enrollment and outcomes by race/ethnicity, and to conduct a qualitative evaluation of program policies and practices with a focus on seeking to identify practices that may be contributing towards inequitable enrollments or outcomes. To support projects with their analysis, CoC staff held special training on conducting racial disparities analyses and provided a sample data analysis tool that providers could use to analyze their project data – it relied on APR data, PIT data, and local census data. Projects failing to conduct the analyses at all had points deducted from their overall project evaluation score.

2. At the system level, the CoC continues to serve (ie, enroll into programs) a disproportionate number of BIPOC people compared to their proportion of the overall population in the CoC's geography. The CoC did not identify disparities in PH exits/retention or in the receipt of cash/non-cash benefits – meaning, that success exits to PH and receipt of benefits by race/ethnicity aligned with the racial/ethnic make-up of the those served by the homeless system. At the CoC project level, renewing CoC projects continue to serve disproportionate numbers of BIPOC people in their projects as well, but no projects identified disparities in outcomes by race/ethnicity. However, CoC staff look forward to digging into the project level and county level data more.

1D-10b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.q.	

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.	Yes
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.	Yes

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.		

1D-10c.	Actions Taken to Address Known Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the steps your CoC and homeless providers have taken to address disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

As identified previously, the CoC’s racial disparities analysis shows no disparities in the provision of or outcomes of assistance based on race/ethnicity – ie, compared to the overall homeless population, BIPOC folks exit to PH from all project types at the same rate (or better) than white people experiencing homelessness, and they are enrolled in housing programs at the same rate or better than their white counterparts. However, the CoC’s analyses continue to show that BIPOC folks are over-represented in the homeless system compared to their proportion of the population in the CoC’s geography. Based on that, the CoC is currently focusing further investigation on the Access Points and process to access the homeless system. Using our CE Equity Core Team, which is working with CoC team as part of our involvement in the HUD CE Equity Initiative, we are digging into a more comprehensive analysis around access. Primarily, we want to ensure that our Access Points and process is satisfactorily advertised to and known by communities and people who are most likely to need assistance, which includes BIPOC folks. To date, we did an analysis to compare our CE AP locations with the local populations surrounding the CE APs locations, as a means to ensure our CE APs were located in communities with larger proportions of BIPOC folks and with higher rates of poverty (additional CE AP locations are okay, but those key areas must be prioritized). One next step is to do qualitative analysis of the CE advertising materials – are they available in multiple languages, accessible to people with disabilities, actually distributed to the right community locations and partners, etc. Another next step is to convene focus groups with people who have accessed homeless services via the CE process to collect feedback on the experience and learn about how they became aware of the CE AP (focus group members will be compensated for their time). Once this deeper analysis is complete, we look forward to developing an action plan that will guide our next steps focused on ensuring that our system is well-known and accessible to those most likely to need assistance. Once we have confidence in that, we will conduct another analysis focused on identifying any disparities in the provision of or outcomes of assistance.

1D-10d.	Tracking Progress on Preventing or Eliminating Disparities.	
	NOFO Section VII.B.1.q.	

Describe in the field below the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance.

**(limit 2,500 characters)**

At the system level, the CoC uses the same approach to the racial disparities analysis each time the analysis is conducted and compares data from year to year. This allows the CoC to identify changes, improvements, or emerging problems related to disparities. This analysis looks at the make-up of those served by the homeless system by race/ethnicity compared to overall population of CoC's geography, and project outcomes (exits to/retention of PSH and receipt of cash/non-cash benefits) by race/ethnicity and broken out by project type. The CoC's analysis also includes a review of PH exits by project type and by County, so that the CoC may identify parts of the CoC geography that may have projects contributing to disparate outcomes for BIPOC persons. Each updated analysis, which includes a summary and set of recommendations for action, is shared publicly on the CoC's website.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section VII.B.1.r.	

Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decision making processes.

**(limit 2,500 characters)**

The CoC seeks Board/Cte/Workgroup membership from people with lived expertise of homelessness on an ongoing basis, meaning anyone with lived experience may seek to join one of the CoC's standing committees at any point in time. This membership solicitation is posted on the CoC's website continuously, and CoC staff highlight the ongoing membership solicitation and the CoC's compensation policy in all meetings and trainings the CoC hosts, in an effort to further encourage providers to talk with current or former clients about this opportunity. The CoC also created a flyer soliciting membership for a newly formed PLE Workgroup, which the CoC established in part to provide an easier way for PLE to learn about the CoC, and to start to engage on broader CoC system planning and decision-making work. CoC staff emailed this flyer to providers and asked them to post it and share with current/former clients. CoC staff did targeted outreach to providers serving clientele with longer histories of homelessness and to those serving a larger proportion of BIPOC clients, in an effort to help ensure PLE Workgroup membership was as representative of the population of those served by the homeless system as possible.



1D-11a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

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.	15	6
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	11	2
3.	Participate on CoC committees, subcommittees, or workgroups.	31	9
4.	Included in the decisionmaking processes related to addressing homelessness.	9	4
5.	Included in the development or revision of your CoC's local competition rating factors.	1	0

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

**(limit 2,500 characters)**

Through the CoC's Written Homeless Program Standards, the CoC has strongly encouraged all providers to provide professional development and employment opportunities to PLE. The CoC has also specifically supported and paid for professional development opportunities for YAB members, and has directly provided more in-depth training on homeless systems, policy priorities, funding opportunities to current members of the CoC's PLE Workgroup. At the agency level, providers report that they have added factors related to past experiences of homelessness into their formal applicant review process when seeking to hire new staff, and will prioritize hiring those with past experience over those without it. They also report taking steps in advertising open positions to ensure jobs are posted in local job boards that reach people who may have lived experience of homelessness. Providers also report actively recruiting former clients and other PLE for open jobs.

1D-11c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section VII.B.1.r.	

Describe in the field below how your CoC:

1.	how your CoC routinely gathered feedback from people experiencing homelessness and people who have received assistance through the CoC or ESG program on their experience receiving assistance; and
2.	the steps your CoC has taken to address challenges raised by people with lived experience of homelessness

**(limit 2,500 characters)**

1. The CoC’s written Homeless Program Standards require all CoC funded projects to include PLE on their agency board or equivalent policy-making body. The CoC also requires all providers to collect feedback from PLE and past clients on a frequent and regularly occurring basis and to develop formal processes for reviewing and incorporating feedback into program design. The CoC can request that feedback from providers in order to review and incorporate it into system level work. The CoC monitors CoC projects for the inclusion of PLE on their agency/program boards. At the agency level, providers report sending exit surveys to all clients after program exit, and to reviewing feedback for purposes of making program refinements as appropriate. Some parts of the CoC have established Wkgrps of PLE who provide ongoing recommendations for program refinements and system planning. Providers also report conducting interviews with clients who are exiting their programs and hosting focus groups to collect feedback on the quality of services received and suggestions for improvement. The CoC also convened a new PLE Workgroup in 2022; this group meets weekly. Workgroup members have shared extensively about their experiences receiving assistance and provided recommendations for system and project changes.

2. The CoC’s Homeless Program Standards require all providers to develop formal processes for reviewing and incorporating feedback from PLE into program design. CoC staff also recently worked with the PLE Workgroup to develop a project review tool based on their priorities. This tool helped establish new project priorities that the CoC team shared when soliciting new project proposals for another funding opportunity. This tool will also guide scoring and ranking of new homeless services project proposals under that funding opportunity. At the agency level, providers report reviewing feedback from former clients in their management meetings, agency board meetings, and other groups to identify opportunities for program improvement and developing plans to incorporate recommended changes.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section VII.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months that engage city, county, or state governments that represent your CoC’s geographic area regarding the following:	
	1. reforming zoning and land use policies to permit more housing development; and	
	2. reducing regulatory barriers to housing development.	

**(limit 2,500 characters)**

The CoC staffing agency, COHHIO, has met with federal elected officials to specifically advocate for officials to help address zoning barriers to affordable housing development. COHHIO asked key senators and representatives to support a \$1.75 billion appropriation in the Build Back Better plan to address zoning barriers to housing development. At the state level, COHHIO has also initiated meetings with members of the state general assembly to begin to educate them on the challenges that certain zoning regulations and land use policies pose to housing development. More work is planned in this area.

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Your CoC's Local Competition Deadline–Advance Public Notice.	
	NOFO Section VII.B.2.a. and 2.g.	
	You must upload the Local Competition Deadline attachment to the 4B. Attachments Screen.	

	Enter the date your CoC published the deadline for project applicants to submit their applications to your CoC's local competition.	08/12/2022
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1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.
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.	Provided points for projects that addressed specific severe barriers to housing and services.	Yes
5.	Used data from comparable databases to score projects submitted by victim service providers.	Yes

1E-2a.	<b>Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.</b>	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

<p>You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.</p> <p>Complete the chart below to provide details of your CoC's local competition:</p>
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1.	What were the maximum number of points available for the renewal project form(s)?	105
2.	How many renewal projects did your CoC submit?	88
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	<b>Addressing Severe Barriers in the Local Project Review and Ranking Process.</b>	
	NOFO Section VII.B.2.d.	

- |    |   |
|----|---|
|    | Describe in the field below:  |
| 1. | how your CoC collected and analyzed data regarding each project that has successfully housed program participants in permanent housing;   |
| 2. | how your CoC analyzed data regarding how long it takes to house people in permanent housing;  |
| 3. | how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and |
| 4. | 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 2,500 characters)

1.CoC analyzed HMIS data, APR data, and submitted program documents to evaluate projects on successful housing placements. CoC established different performance goals for diff project types. For example, CoC set lower goals for PSH projects related to increasing income since clients are disabled and many are unable to maintain employment. 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). Grantees could score up to 15 points in the project eval process for providing program docs that evidence the use of Housing First practices, and for PSH projects, evidence of adherence to the CoC's Written Stds' Orders or Priority.

2.The CoC reviewed APR data to identify the average number of days it took each PSH and RRH project to move clients into housing during the reporting period. Projects would receive full points for the project eval item if the average number of days was less than 30 days.

3.The CoC's project eval process scored projects on 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.

4.Although the CoC still evaluates projects on % of exits to PH, if a project is serving higher needs hhs and experiencing challenges related to housing exits and thus not receiving full points on that item, they could score points for serving more clients with higher needs, as described above. Projects that don't prioritize those with longest homeless histories for example, will lose points and be ranked lower than a project that is targeting those with most severe needs and longest homeless histories. The CoC Board also 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 rank low, 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 April 2022, and shared via listserv message and publicly available webinar.

1E-3.	Promoting Racial Equity in the Local Competition Review and Ranking Process. NOFO Section VII.B.2.e.	
Describe in the field below:		
1.	how your CoC obtained input and included persons of different races, particularly those over-represented in the local homelessness population;	
2.	how the input from persons of different races, particularly those over-represented in the local homelessness population, affected how your CoC determined the rating factors used to review project applications;	
3.	how your CoC included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process; and	
4.	how your CoC rated and ranked projects based on the degree to which their project has identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	

**(limit 2,500 characters)**

1. In 2022, the CoC had no persons of color in its Project Evaluation Wkgrp, the group that determines project eval items/process for the CoC Comp. However, the CoC Board, which approves the local CoC Comp process, does include persons of color (BIPOC). CoC also annually solicits new membership for its Board, Cts, and Wkgps and explicitly asks for members who identify as BIPOC or who work in orgs with a mission to serve these pops, and CoC staff outreach to partner agencies in an effort to identify possible members. The CoC has also built a PLE contact list of 50 people who are currently involved with the existing PLE workgroup and/or have expressed interest in engaging in other CoC groups. CoC staff have developed a plan for how these folks will be onboarded to CoC work and added to standing CoC groups they are interested in. This should make significant progress in improving BIPOC representation on all CoC groups, including those impacting project development and funding.
2. The Project Eval Wkgrp incorporated feedback from CoC Board into final project eval process recommendations.
3. The CoC Board, which includes people of different races, provides final approval of the CoC's project selection and ranking process for the CoC. The CoC Board also approves the final rank order of all projects submitted as part of the CoC's consolidated application
4. The CoC incorporated racial disparities analysis into its FY22 renewal project eval process. The CoC required renewing CoC projects to conduct their own analysis of project enrollment and outcomes by race/ethnicity, identify disparities, and conduct qualitative evaluation of program policies and practices to identify any practices that may be contributing towards inequitable enrollments or outcomes. To support projects with their analysis, CoC staff held special training and provided a sample data analysis tool to help providers analyze their project data – it relied on APR data, PIT data, and local census data. To be considered for project eval points for the Data Analysis component, grantees submitted their data analysis and a narrative describing what data they reviewed, what they disparities they identified, and their action plan to address disparities. For the Policies and practices evaluation, grantees submitted narratives describing the process they used to eval policies and practices, identifying anything needing revised, and their action plan. Projects failing to conduct the analyses lost points.

<b>1E-4.</b>	<b>Reallocation—Reviewing Performance of Existing Projects.</b>	
	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; and	
	4. why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.	

**(limit 2,500 characters)**

1)The reallocation process first involves the CoC preliminarily ranking projects in order of project eval score. Projects ranked lower, b/c of poor performance, are at risk of reallocation. CoC determines reallocations of low-ranking projects on case-by-case basis considering local need and resources – this is largely a reflection of the fact that the CoC covers 80 counties, funds nearly 90 CoC projects, and is frequently forced to determine how to prioritize projects serving vastly different geographic areas. The CoC has also adopted a project ranking goal and set of priorities that it uses to guide decisions related to reallocation and ranking of projects, particularly low-ranking projects in Tier 2. CoC Board reviews Tier 2 projects and approves final Tier 2 project ranking based on CoC’s goal/priorities which 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 did not identify any projects to reallocate.

3)The CoC did not reallocate any low-performing projects this year. However, the CoC Board did elect to move one low-performing PSH renewal to a lower position, below a new PSH project in the same geography, as a means to prioritize the new project and new project applicant. This re-ranking of the renewal project could lead to its loss of renewal funding.

4)Although the CoC did not reallocate any projects this year, the CoC Board did rank projects in Tier 2 to prioritize a new PSH project over one low-performing renewal PSH project serving the same geography. The CoC Board declined to fully reallocate this particular renewal PSH project b/c our system needs analysis continues to show a significant gap in PSH beds/units in that particular geography, thus the CoC was hesitant to take steps beyond prioritizing the PSH projects in a particular order.

1E-4a.	Reallocation Between FY 2017 and FY 2022.	
	NOFO Section VII.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2017 and FY 2022?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	Did your CoC inform applicants why their projects were rejected or reduced?	Yes
3.	If you selected Yes for element 1 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	08/17/2022

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	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. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2022, 06/27/2022, and 06/28/2022, then you must enter 06/28/2022.	08/17/2022
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1E-5b.	Local Competition Selection Results–Scores for All Projects.	
	NOFO Section VII.B.2.g.	
	You must upload the Final Project Scores for All Projects attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Applicant Names; 2. Project Names; 3. Project Scores; 4. Project Rank–if accepted; 5. Award amounts; and 6. Projects accepted or rejected status.	Yes
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1E-5c.	1E-5c. Web Posting of CoC-Approved Consolidated Application.	
	NOFO Section VII.B.2.g.	
	You must upload the Web Posting–CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website–which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	09/27/2022
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1E-5d.	Notification to Community Members and Key Stakeholders that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section VII.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application has been posted on the CoC’s website or partner’s website.	09/27/2022
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## 2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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 2022 HIC data into HDX.	04/27/2022
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2A-4.	Comparable Database for DV Providers–CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section VII.B.3.b.	

	In the field below:	
1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in databases that meet HUD’s comparable database requirements; and	
2.	state whether your CoC is compliant with the 2022 HMIS Data Standards.	

**(limit 2,500 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. CoC also previously provided guidance to victim service providers re: which of the existing known software products that are most commonly used by CoC Program funded victim service providers seem to comply with HUD Data Standards. 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.

2.OH-507 is compliant with 2022 HMIS Data Standards

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

Enter 2022 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2022 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	2,509	742	1,398	79.12%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	857	173	612	89.47%
4. Rapid Re-Housing (RRH) beds	1,237	89	1,148	100.00%
5. Permanent Supportive Housing	3,573	0	3,537	98.99%
6. Other Permanent Housing (OPH)	191	0	0	0.00%

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 2,500 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.  
 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-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 February 15, 2022, 8 p.m. EST?	Yes
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>2B-1.</b>	<b>PIT Count Date.</b>	
	NOFO Section VII.B.4.b	

	Enter the date your CoC conducted its 2022 PIT count.	02/22/2022
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<b>2B-2.</b>	<b>PIT Count Data–HDX Submission Date.</b>	
	NOFO Section VII.B.4.b	

	Enter the date your CoC submitted its 2022 PIT count data in HDX.	04/27/2022
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<b>2B-3.</b>	<b>PIT Count–Effectively Counting Youth.</b>	
	NOFO Section VII.B.4.b.	

	Describe in the field below how during the planning process for the 2022 PIT count your CoC:	
	1. engaged stakeholders that serve homeless youth;	
	2. involved homeless youth in the actual count; and	
	3. worked with stakeholders to select locations where homeless youth are most likely to be identified.	

(limit 2,500 characters)

1. To engage stakeholders and youth in PIT Count Planning, the CoC and local providers hosted PIT Count planning meetings to collect input about possible known locations where youth experiencing homelessness may be, and to ensure those areas were identified as high probability census tracts in the CoC’s geographic based sampling approach to the Unsheltered Count. CoC staff also used a survey to collect known location information from key youth stakeholders.
2. Several youth participated in a local PIT Count planning meetings to help identify the local ‘hot spots’ that would be canvassed during the PIT night.
3. The CoC created a survey tool that it used to solicit information about any known locations that should be included in the CoC’s Unsheltered PIT Count, since the CoC uses geographic based sampling for its unsheltered PIT count. Youth providers were specifically encouraged to provide information in an effort to ensure youth were identified. All known locations identified by providers and stakeholders were flagged as high probability areas and were included in the unsheltered PIT count.

<b>2B-4.</b>	<b>PIT Count–Methodology Change–CoC Merger Bonus Points.</b>	
	NOFO Section VII.B.5.a and VII.B.7.c.	

In the field below:	
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2021 and 2022, if applicable; and
3.	describe how the changes affected your CoC’s PIT count results; or
4.	state “Not Applicable” if there were no changes or if you did not conduct an unsheltered PIT count in 2022.

**(limit 2,500 characters)**

Not Applicable

## 2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>2C-1.</b>	<b>Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.</b>	
	NOFO Section VII.B.5.b.	
	In the field below:	
	1. describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
	2. describe your CoC’s strategies to address individuals and families at risk of becoming homeless; and	
	3. provide the name of the organization or position title that is responsible for overseeing your CoC’s strategy to reduce the number of individuals and families experiencing homelessness for the first time	

**(limit 2,500 characters)**

1.To identify risk factors of becoming homeless, the 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 example

2.The 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 assistance to households doubled-up & who have past experiences of homelessness 3) Created 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, criminal justice involvement, evictions, very low income. 4) Implemented standardized diversion practices in all CE access points, and collect 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, and 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 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—CoC's Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

In the field below:	
1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	describe 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 2,500 characters)

1.To help further reduce the length of time people remain homeless, the CoC has done the following: 1) Established length of stay (LOS) goals for all project types and the system, except PSH, and monitors performance quarterly 2) Renewal TH, RRH projects are evaluated and scored on their average LOS in the annual CoC project eval process. 3) CoC established a 30-day 'length of time to house' goal for RRH and PSH 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 people, house people more quickly, and use all available LL incentives and other flexibilities as needed

2.To help identify and house those 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 Prioritization Report identifies all persons/households 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—CoC's Strategy NOFO Section VII.B.5.d.	
In the field below:		
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)



1.The CoC’s strategy to increase PH exits includes: 1) CoC established PH exit goals and monitors quarterly. 2) Projects evaluated on % exits to PH in annual CoC project eval process. 3) State ESG grantee uses CoC’s needs analysis to ensure new funding awards based on system 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, and to retain landlords and units for ongoing use 8) Offered multi-part Shared Housing training with national experts to all PH providers in CoC 9) Provided TA to ESG-CV RRH providers on maximizing available resources to ensure PH destinations at exit, including providing longer assistance as needed, using landlord incentives, paying for damages/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 households. 11) Monitor CoC projects on ensuring PH exits for clients align with CoC goals 12) Established MOUs with all EHV PHAs to ensure prioritization of vouchers for literally homeless folks via CE system.

2.The CoC’s strategy to increase PH retention and PH exits includes: 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, per the RMF program description in part 1 of this question. 4) Monitor CoC projects on ensuring PH exits/retention for PSH clients align with CoC goals.

3.CoC Director at COHHIO oversees the strategy.

<b>2C-4.</b>	<b>Returns to Homelessness—CoC’s Strategy to Reduce Rate.</b>	
	NOFO Section VII.B.5.e.	
	In the field below:	
1.	describe your CoC’s strategy to identify individuals and families who return to homelessness;	
2.	describe 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 2,500 characters)**

1.The CoC identifies households who have returned to homelessness by: 1) Using HMIS with open visibility so providers can see previous stays, contact with outreach, or contact with a Coordinated Entry Access Point (CE AP) even if contact did not result in shelter enrollment 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 homelessness prevention assistance 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 households 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 category 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. 11) Worked with state ESG/ESG-CV recipient to ensure to ensure HP programs were funded in 100% of the CoC, and that funding provided increased proportionally with the availability of ESG-CV funding 12) Developed comprehensive HP program standards to guide the administration of newly expanded HP programs; this included requiring the use of the new HP Screening Tool to help better target assistance.

3.CoC Director at COHHIO oversees the strategy to reduce returns to homelessness.

2C-5.	Increasing Employment Cash Income–CoC’s Strategy.	
	NOFO Section VII.B.5.f.	

In the field below:	
1.	describe your CoC’s strategy to access employment cash sources;
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness 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 2,500 characters)**

1.The CoC’s strategy to access employment cash sources 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.B/c the OH-507 covers 80 counties and mainstream emp orgs operate at the county level, 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 Non-employment Cash Income–CoC’s Strategy	
	NOFO Section VII.B.5.f.	
	In the field below:	
	1. describe your CoC’s strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC’s strategy to increase non-employment cash income.	

**(limit 2,500 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 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. 4) 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. CoC also 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.

2.CoC Director at COHHIO is responsible for overseeing the strategy to increase employment and income.

### 3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>3A-1.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Housing Resources.</b>	
	NOFO Section VII.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project 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?	Yes
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<b>3A-2.</b>	<b>New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.</b>	
	NOFO Section VII.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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<b>3A-3.</b>	<b>Leveraging Housing/Healthcare Resources–List of Projects.</b>	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

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

Project Name	Project Type	Rank Number	Leverage Type
Butler County PSH...	PH-PSH	80	Healthcare
LCCH - PSH Lickin...	PH-PSH	81	Healthcare
Goodman Place PSH...	PH-PSH	84	Housing

### 3A-3. List of Projects.

1. What is the name of the new project? Butler County PSH Expansion
2. Enter the Unique Entity Identifier (UEI): WMB8WNGJVDF5
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 80
5. Select the type of leverage: Healthcare

### 3A-3. List of Projects.

1. What is the name of the new project? LCCH - PSH Licking County
2. Enter the Unique Entity Identifier (UEI): YK8DSJQ4SNL7
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 81
5. Select the type of leverage: Healthcare

### 3A-3. List of Projects.

1. What is the name of the new project? Goodman Place PSH Expansion
2. Enter the Unique Entity Identifier (UEI): CNBXEMHS8VR5

**3. Select the new project type:** PH-PSH

**4. Enter the rank number of the project on your** 84  
**CoC's Priority Listing:**

**5. Select the type of leverage:** Housing

### 3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

<b>3B-1.</b>	<b>Rehabilitation/New Construction Costs–New Projects.</b>	
	NOFO Section VII.B.1.s.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

<b>3B-2.</b>	<b>Rehabilitation/New Construction Costs–New Projects.</b>	
	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 2,500 characters)**

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

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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.	
	NOFO Section VII.C.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

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 2,500 characters)

NA



## 4A. DV Bonus Project Applicants

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2022 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2022 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

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.e.	

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 2022 Priority Listing.

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

**You must click "Save" after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-2, 4A-2a. and 4A-2b.**

4A-3.	Assessing Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects in Your CoC's Geographic Area.	
	NOFO Section II.B.11.(e)(1)(c)	

1.	Enter the number of survivors that need housing or services:	1,336
2.	Enter the number of survivors your CoC is currently serving:	890
3.	Unmet Need:	446

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(c)		
Describe in the field below:		
1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and	
2.	the data source (e.g., comparable databases, 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 2,500 characters)**

1. To calculate # of DV survivors needing housing/services, CoC annualized 2022 PIT data for persons reporting being a victim of DV in 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. To calculate the # of DV survivors 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 previous system-wide needs analysis, CoC estimated about 50% of those households would have need for housing assistance.
2. HMIS was data source to calculate % of hh who need assistance beyond shelter/TH, to determine multipliers to annualize PIT data, and to identify #s of DV survivors served in non-DV dedicated RRH and PSH projects. PIT data was source for # DV survivors in ES, TH, and unsheltered. APRs from victim services providers using comparable databses provided #s of survivors 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 the CoC lacks sufficient resources to serve everyone who is eligible and desires the assistance.

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
NOFO Section II.B.11.e.(1)(d)		

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.

<b>Applicant Name</b>
Ohio Domestic Vio...
Family Violence P...
Licking County Co...

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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 2022 Priority Listing:

1.	Applicant Name	Ohio Domestic Violence Network
2.	Project Name	ODVN Rapid Rehousing DV Bonus
3.	Project Rank on the Priority Listing	85
4.	Unique Entity Identifier (UEI)	UJ5EVMGNNK35
5.	Amount Requested	\$458,472
6.	Rate of Housing Placement of DV Survivors—Percentage	73%
7.	Rate of Housing Retention of DV Survivors—Percentage	83%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,500 characters)**

1. The rate of housing placement and retention was calculated using a HUD APR containing aggregate data from Family Abuse Shelter, New Choices, Soteria House, and YWCA Preble during the reporting period of 1/1/21-6/30/22. Applicant calculated placement rate (73%) by comparing the number of people leaving ES, TH, & RRH programs (202 clients) to those with a positive hsg placement (149) for the current ESG-CV funded project that ODVN administers via sub-grants to partner DV agencies. The positive housing placement rate reflects effective housing CM and LL engagement within a challenging housing market throughout the COVID-19 pandemic. Per Region 13 lead, a review of retention data shows that approximately 83% of rehoused clients maintained their housing at 6 months.
2. While the rate does not specifically account for safe house destinations, all survivors exiting into permanent housing are offered comprehensive safety planning to ensure increased safety upon exit. Prior to exiting shelter, a discussion is held with survivor to ensure they feel safe and comfortable with their exit destination.
3. Data source was HMIS comparable database, specifically HUD APR report Q5a & Q23c to calc placement rate. Retention data was collected internally from Region 13 lead.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	
	Describe in the field below how the project applicant:	
1.	ensured DV survivors experiencing homelessness were quickly moved 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.	determined which supportive services survivors needed;	
4.	connected survivors to supportive services; and	
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

(limit 2,500 characters)

1. ODVN and the sub-recipient DV agencies have a long history of being able to assist survivors of DV, SA, stalking and human trafficking. Using ESG-CV funds, ODVN established the Fresh Start program in January 2021. This program has helped 30 member agencies build capacity around housing for survivors. DV agencies were able to hire housing advocates, utilizing Housing First Model to connect survivors with housing resources and find safe, permanent housing. From January 2021 through June 2022, participating Fresh Start programs served 2,268 survivors with housing advocacy and 839 households have moved into PH. ODVN runs a TH program for survivors of DV who have recently been released from prison. This 3-year project provides 12 to 24 months of rental and utility assistance. ODVN's Relocation and Safety Assistance program utilizes VOCA funds to provide 1st month's rent, security deposits, and other costs, to survivors of DV to obtain permanent, independent housing. ODVN has successfully housed 25 survivors through this funding in the last 18 months.
2. ODVN's Fresh Start program grantees engage in local CE processes, including the required PH Prioritization Workgroups that make prioritization decisions for available RRH and PSH Resources. ODVN assisted the CoC with the development of the VSP Inclusion Tool, which helps DV providers compile all relevant client information for prioritization discussions in local PH Prioritization Workgroup meetings.
3. ODVN and the sub recipients utilize the Housing First Model to transition survivors into PH as soon as possible. When an advocate first contacts a survivor, an assessment determines which supportive services a survivor will need. DV advocacy and HF work collaboratively by addressing what a survivor needs to accomplish to maintain stable housing after the subsidy ends.
4. Miami County's FAS and the other sub-recipients have worked in Region 13 to ensure that survivors facing homelessness have increased access to all forms of housing throughout the continuum that are suitable to their specific safety and housing needs. Before moving into permanent housing, the housing CM and survivor assess the sustainability of the housing unit after assistance ends. The CM assists survivor in applying for long term rental assistance & working to increase income to stability. ODVN offers additional support for survivors through ODVN's Legal Access program, and Relocation and Emergency Support program.

4A-3d.	<b>Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.</b>	
	NOFO Section II.B.11.e.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
2.	making determinations and placements into safe housing;	
3.	keeping information and locations confidential;	
4.	training staff on safety and confidentiality policies and practices; and	
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

**(limit 2,500 characters)**

1. All sub-recipient agencies conduct diversion and emergency shelter intake by telephone so survivors do not risk the potential danger of travelling to an in-person intake. To protect the client and to maintain confidentiality of the shelter location, subrecipients will arrange for client transportation to the shelter. While not a frequent occurrence, couples sometimes seek emergency shelter. Before presenting at shelter, ES staff have screened the couple via the phone intake and determined that it is safe to bring them into shelter together. The subsequent in-person intake with a couple is conducted in separate, private offices to provide confidentiality to each person and guard against coercive control by either party. The goal of the ODVN RRH Project is to decrease the length of time DV survivors experience homelessness.
2. The survivor’s individualized service plan is designed to address all safety concerns. Particular attention is given to the location of housing by collaborating with survivors to identify areas that are not known to or easily accessible to abusers. During the housing location process, the housing case manager will pay particular attention to unit security, such as doors, windows, exterior lighting, and security systems when available.
3. All survivor information is strictly confidential. Each of the project subrecipients enters survivor data into an HMIS comparable database.
4. All four project subrecipient victim service programs are members of Ohio Domestic Violence Network (ODVN) and have participated in ODVN’s free, comprehensive safety planning training to assure that risk assessment and planning are organic, continuous, and collaborative practices with the clients. ODVN will provide mandatory training/refresher in safety planning to all sub-recipient project staff. ODVN recently revised its publication “Promising Practices: Standards for Ohio’s Domestic Violence Programs,” which serves as an evidence-based practice guide for all member agencies, including a comprehensive guide to safety planning. ODVN can also provide survivors with flexible emergency cash assistance to change or improve locks as well as other security measures.
5. Further, Region 13 has developed an Emergency Transfer Policy and Procedure document that outlines the process for quickly identifying alternative units if confidentiality is breached and/or circumstances change such as the initial unit is no longer a safe alternative.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.  NOFO Section II.B.11.e.(1)(d)
	Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

**(limit 2,500 characters)**

Safety and confidentiality are fundamental to the mission of both ODVN and the project partners. Survivors of domestic violence face additional risks to their safety when choosing housing that is both affordable and fits their needs. Often available housing exists in communities that might not be safe for survivors due to proximity to their abusive partner or family. On-going safety planning will be a core service provided to all participants. Additionally, ODVN and the project partners will focus time on actively engaging with LLs to find additional housing options. Project partners utilize VOCA and exit surveys to ensure that survivors feel confident in the services they received and that adequate safety planning assistance was received. All survivor in shelter and hotline callers complete a VOCA survey. These surveys ensure that programs are constantly assessing their safety planning tools and always seek ways to keep survivors safer upon their exit from shelter.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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

1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
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 the effects of trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. To ensure rapid housing placement, the planning for permanent housing begins at intake into emergency shelter. Using a housing plan format, staff and client work together to both discuss issues of safety related to housing the survivor and survivor preference. Considerations include location of survivor social supports, proximity to children’s schools, client employment, public transportation, shopping, and health care.
2. All project staff are trained in trauma informed service delivery and best practices via ODVNs in person training and use of ODVN Trauma Informed Care Manual. Trauma informed best practices rest on the foundation of respect for survivor and client empowerment and all project staff are supervised and evaluated on their fidelity to the approach. All services are voluntary. ODVN and Each project recipient have client grievance policies provided to the survivor at intake.
3. ODVN Has developed numerous client materials on trauma—for adults and children—that are furnished free of cost by ODVN to the project partners and then to survivors. Each sub recipient receives copies of “Just Breathe”, a workbook for survivors that offers material on trauma and strategies for healing. There are companion pieces that ODVN has developed for parents and for children.
4. All services are delivered to maximize client empowerment. Project partner Emergency shelter intakes elicit client input on strengths and successful strategies rather than on client deficits and worker prescriptions. Once strengths are identified the survivor and case manager work collaboratively to build upon and leverage those strengths throughout the emergency shelter stay, during the housing search process, and in the package of housing stabilization resources post move in.
5. All subrecipients receive training on cultural responsiveness and inclusion. As the leader of trauma informed services for DV providers in Ohio, ODVN will ensure that all partner agencies complete annual cultural responsiveness training. All subrecipients also have meaningful access plans in place to provide language access and translation services to all survivors. All survivors will work with an advocate to create an individualized service plan, keeping cultural responsiveness and inclusivity at the forefront of their planning.
6. Each subrecipient program offers support groups for survivors—for children and adults—to foster connections with other individuals who have experienced violence and abuse and to counteract the isolation often associated with domestic violence. After they are housed, survivors can continue support group services offered in the community by each of the sub recipient programs.
7. Emergency shelter advocates serve all family members, with particular attention to rebuilding relationships within the family via in-shelter parenting groups, one on one parenting assistance, and linkages to parenting resources in the community. Further, each program employs at least one Child Advocate whose work is exclusively focused on children’s healing, growth, and development and who provides support and resources for the children and their parents.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
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NOFO Section II.B.11.e.(1)(d)

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.



**(limit 5,000 characters)**

Every survivor served by this project's proposed sub-recipients has an individualized service plan, taking their unique needs and wishes into consideration and focusing on safety and housing. Housing Specialists ensure that all participants are able to develop a safety plan that emphasizes safety within permanent housing. Supportive services are not only available while enrolled in programs but as long as needed to maintain housing stability. ODVN, a leader in trauma informed care for survivors of violence, will take the lead and ensure trauma informed services will be provided during every step of assistance in this proposed project. Throughout the cycle of the grant, ODVN will provide training on housing advocacy best practices and grant compliance. All subrecipients have experience in case management, housing advocacy, and trauma informed services. Multiple advocates from each partnering agencies come to this program with varying levels of experience providing housing assistance and issuing RRH funding. Experience providing housing advocacy to survivors as well as experience providing housing assistance will assist survivors move quickly and safely into permanent housing.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	

Provide examples in the field below of how the new project will:	
1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establish 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.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

**(limit 5,000 characters)**

Aligning with the experiences and strengths of the proposed Applicant and Sub-Recipients outlined in previous questions, this new project will:

1. Using a housing first approach, subrecipients will prioritize the placement and stabilization of high-barrier DV survivors including persons of color and members of the LGBTQ+ community. RRH Staff will utilize survivor-driven service and housing plans that emphasize survivor choice integrated into how safety and housing needs are determined. Considerations in unit identification include location of survivor social supports, proximity to children’s schools, client employment, public transportation, shopping, and health care. DV provider subrecipients will deliver trauma informed services at each point of the housing process, protect confidentiality of survivors, and conduct continuous safety planning.
2. In keeping with trauma informed care best practices, this project will utilize the Voluntary Service Model, to ensure all services and housing are offered to survivors on a low-barrier, voluntary basis and at the survivors’ discretion, based on their self-identified needs and interests. Trauma informed best practices rest on the foundation of respect for survivor and client empowerment and all project staff will be supervised and evaluated on their fidelity to the approach.
3. ODVN is widely recognized as a leader in the trauma informed care movement. ODVN’s publication of its comprehensive manual, “Trauma Informed Approaches: Promising Practices and Protocols for Ohio’s DV Programs” recently printed its fourth edition. Every member program utilizes this manual as a guide to their work with survivors and has the opportunity to attend a variety of ODVN’s in-person and on-line trauma informed care trainings. Use of the manual and attendance at trainings will be required of all project staff. ODVN has also developed numerous client materials on trauma—for adults and children. RRH staff will offer clients copies of “Just Breathe”, a workbook for survivors that offers material on trauma and strategies for healing, and its companion pieces for children. All staff will be trained on providing this information to program participants.
4. All RRH services will be delivered to maximize client empowerment. RRH staff will elicit client input on strengths and successful strategies rather than on client deficits and worker prescriptions. Once strengths are identified, the survivor and RRH staff will work collaboratively to build upon and leverage those strengths to develop a housing plan, engage in the housing search process, and in identifying the package of housing stabilization resources needed post move in.
5. ODVN will ensure all RRH staff are trained on cultural responsiveness and inclusion, equal access rule, etc. at orientation and annually. ODVN’s Trauma Informed Approaches manual was recently revised to include extensive sections on trauma considerations for special populations, centering on responsiveness and inclusivity. Notable additions highlight informed consent, working with LBGTQ survivors, and ODVN’s CARE Project is included which is an advocacy framework supporting survivors with complex needs. The framework is a relationship-based, proactive model of advocacy created specifically for effectively working with survivors who have trouble successfully accessing domestic violence services as they are currently designed. All subrecipients also have meaningful access plans in place to provide language access and comprehensive services to all survivors. All survivors will work with RRH staff to create a housing plan, keeping cultural responsiveness and inclusivity at the forefront of their planning.

6. All sub-recipients will offer support groups for survivors and their children to foster connections with other individuals who have experienced violence and abuse and to counteract the isolation often associated with domestic violence. After they are housed, survivors can continue support group services offered in the community by each of the sub recipient programs.

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

**(limit 2,500 characters)**

Through this project, ODVN and the project partners will put together a workgroup of people with lived experience, to better help determine best practices, policies and procedures, and to ensure the project is functioning in a way that focuses on the needs of the survivor. ODVN works closely with many survivors in various aspects, including, but not limited to ODVN's Transitional Housing Project, ODVN's clemency project, and the Relocation and Legal Access Projects. Additionally, ODVN's local DV member agencies, including the sub-recipients will be able to invite survivors to participate in this workgroup. Participants will be compensated for their time spent and participation will be entirely voluntary. Participants will not be required to commit their time to 100% of the workgroup meetings. The workgroup will meet quarterly and will be facilitated by ODVN housing staff.

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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 2022 Priority Listing:

1.	Applicant Name	Family Violence Prevention Center, Inc.
2.	Project Name	DV Bonus RRH
3.	Project Rank on the Priority Listing	87
4.	Unique Entity Identifier (UEI)	H1Z1AZ3YXL89
5.	Amount Requested	\$188,812
6.	Rate of Housing Placement of DV Survivors-Percentage	90%

7.	Rate of Housing Retention of DV Survivors–Percentage	100%
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4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. NOFO Section II.B.11.e.(1)(c)	
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For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,500 characters)**

1. FVPC maintains survivor data in a comparable HUD database that permits FVPC to measure returning survivor rates. FVPC conducts a needs tracking process measuring the change in needs from entrance to exit and then in the following increments at 2 months, 6 months, 12 months, 18 months, and 24 months. These contacts are currently being made with phone, email and texting connection. FVPC’s current housing retention rate at 6 months is 100% for the 6 households who were able to be reached. FVPC calculated its housing placement rate by reviewing APR data run from the agency’s comparable database for the TH project it currently operates for the last calendar year. APR data showed that 90% of the survivors assisted by the TH project exited to permanent housing.
2. These rates do account for exit to safe housing destinations.
3. FVPC comparable database.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects. NOFO Section II.B.11.e.(1)(d)	
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Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were quickly moved 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.	determined which supportive services survivors needed;
4.	connected survivors to supportive services; and
5.	moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

**(limit 2,500 characters)**

1. FVPC begins to work with the survivor within the first week to understand what the clients strengths and barriers are to housing and being able to resolve or mitigate the barriers. Examples include: assessing essential identifications are gathered quickly. FVPC additionally supports victims' connection to benefits through JFS, Public Health, etc that will stabilize income and health standards for the household. FVPC prioritizes the creation of housing and income plans with survivors.
2. FVPC takes referrals from the CE Access Points (CE APs). FVPC actively participates in the prioritization monthly meetings and provides support to case review and advocates for individuals with the highest level of estimated need. FVPC works with survivors to complete closure tasks that would tie a victim to the area before departing. This action permits the victim to be more free in the location to which they are relocating. FVPC works within the location the victim shares that they would like to live. FVPC contacts the local program in the area the victim would like to relocate coordinates relocation. Ohio Domestic Violence has been able to provide funds to relocate victims with and without the state. These tools have been very helpful in emergency relocation.
3. FVPC develops a housing/service plan with all survivors it assists that identifies action plans for obtaining needed/desired supp services. This plan is largely developed based on needs/desires communicated by survivors, and is based on strengths and needs.
4. FVPC connects survivors to needed services by making referrals to providers, and facilitating initial contact as needed and requested by survivors.
5. In FVPC's current scattered site TH program, the design was for the unit to fit within the parameters of metropolitan housing Section 8 voucher process. FVPC educated survivors on financial freedom and assisted victims in building budgets that would permit them to navigate spending and saving. FVPC worked with the survivors and Greene Metropolitan Housing regarding application for a voucher. Data continues to show that this was predominately successful for the survivors to maintain permanent housing.

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
2.	making determinations and placements into safe housing;	
3.	keeping information and locations confidential;	
4.	training staff on safety and confidentiality policies and practices; and	
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

1. All case managers and counselors have private office spaces with window coverings where needed to ensure privacy. Access to our counseling hallway has a separate entrance from the outside so that no outreach and in-shelter clients are seeing or interacting with each other. Additionally, the counseling hallway utilizes a sound machine to reduce noise between office space and hallway.
2. Staff complete lethality assessments and craft individualized safety plans with all survivors served. These are revisited and revised, as needed, on a regular basis. This information informs the units that are identified for housing purposes, and housing identification is done by clients and staff collaboratively.
3. FVPC is a disclosed location, it is not designed to be a confidential location. No one enters our safe housing space unless they are a current resident, staff, or trained volunteer. All other guests on property go straight to our administrative building. The three buildings on campus are dedicated to victim work. FVPC does conduct batterer intervention work with those that are convicted of domestic violence.
4. FVPC train staff on Safety Planning during initial training. FVPC has selected specific training from the Ohio Domestic Violence Network and Ohio Alliance to End Sexual Violence to educate on the foundation of safety planning and adds information regarding the local supports that are components of safety planning resources. This training also includes content related to agency level confidentiality P&P.
5. Our property is surrounded by a chain link fence and is gated with a front and back entrance. Call boxes outside of both entrances allow staff to speak to person requesting access and approve or deny entrance. Once within our gates, all buildings are locked and call boxes are used to let guests into the appropriate buildings. Both access to the administrative building and shelter space have a second layer of locked doors to gain access beyond the foyer.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

**(limit 2,500 characters)**

FVPC evaluates their ability to ensure safety of survivors by surveying clients at different stages within FVPC projects and after exit. This needs tracking process measures changes in needs from entrance to exit and then in the following increments after exit - at 2 months, 6 months, 12 months, 18 months, and 24 months. These contacts are currently being made with phone, email and texting connection. Additionally, FVPC asks survivors to complete Client Satisfaction Surveys each quarter to evaluate if they feel they have gained strategies for enhancing their safety and increased awareness about community resources available to them. 90% of survivors served at FVPC have identified feelings of increased safety and awareness of local resources as a result of being served by FVPC.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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

1.	prioritizing placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;
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 the effects of trauma;
4.	emphasizing program participants’ strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. Survivors served by FVPC meet with the Safe Housing Case Coordinator (SHCC) to develop a Safe Housing Plans very shortly after enrollment. The Plan identifies safety concerns related to victimization, community where the survivor would like to live, reviews personal strengths and barriers to obtaining permanent housing, and plan for income. SHCC and survivor discuss survivor's expectations of time to obtain housing, housing style and necessary documents to complete housing applications. Eligibility for housing programs is reviewed
2. FVPC's core values are posted in all offices as art and are: Respect, Empowerment, Compassion and Integrity. FVPC staff are expected to embody these core values. Survivors are surveyed quarterly using the Ohio Domestic Violence Networks' Trauma Informed Care tool, which includes questions related to survivors' feelings of respect from program staff. The aggregate survey data is reviewed with staff and is used for program improvement.
3. FVPC provides all clients with the opportunity to access trauma focused counseling services. During the introduction to services meetings, survivors complete a trauma symptom assessment. If survivors select to participate in counseling they will additionally complete the Adverse Childhood Experience tool. These two tools provide survivors the opportunity review the impact that recent and historic trauma has had on their life.
4. FVPC works with survivors to initially and in an on-going manner identify strengths that they have which they can use to accomplish tasks they identify for completion in their Safe Housing Plan.
5. FVPC trains annually on cultural responsiveness and inclusivity. In 2022, FVPC staff completed the ODVN Serving Clients with Cultural Humility and a Diversity, Equity, and Inclusion Lens on-line training. Staff participated in the on-iline training together and then engaged in discussion.
6. FVPC seeks to remain well connected throughout the community to ensure that we have current information about services and opportunities available to our clients. We maintain membership on many service oriented collaboratives across many age ranges and special populations. FVPC seeks relationships across the following systems - employment opportunities, housing, family and children's needs, elder supports, substance use treatment, faith community connections.
7. FVPC offers a Family Focus support class for parents. FVPC also offers counseling for children, and Trauma Focused Cognitive Behavioral Therapy.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)



FVPC will provide the following supportive service to victims of domestic violence, dating violence, human trafficking, sexual violence, or stalking with the purpose of supporting them into quickly obtaining permanent housing. Currently FVPC provides these services with 1.5 FTE case management support. This greatly limits the ability of the staff to have a predominant focus on housing when there are many areas where a survivor needs support – safety, legal, custody, medical, benefit, vehicle, educational advocacy, etc.

Survivors will have a meeting with the Safe Housing Case Coordinator (SHCC) at a time that meets the need of the survivor. The initial meeting will include a survivor strength review and the process to generate an Individualized Housing and Income Plan, assessment of safety concerns, legal needs, economic damage, employment history, substance dependency, support system or additional individualized concerns. The SHCC will address domestic violence, dating violence, human trafficking, sexual violence, and stalking concerns in an individualized safety planning manner. Appointments with the SHCC are at a frequency set with survivor direction: initially may be twice a week and reduce to weekly or bi-weekly to meet the emerging an ongoing needs around stabilizing housing.

The SHCC and the Housing Advocate (HA) will work together with the survivor, the SHCC will address components regarding Housing and Income Plan goals and activities. The HA will assist the survivor in addressing the intensive case management components of housing. This will consist of gathering personal documents needed for housing and employment, review housing barriers and generate solutions with the survivor, assistance with the completion of housing applications, transportation to view housing units and meet with property owners or managers, assist with preparation for and transportation to employment interviews.

The Housing Advocate will know the initial safety plan and will focus on ongoing and emerging safety needs that will change throughout the rehousing process, understanding that the victim may need rehoused once housed if emerging safety concern arise based on the batterer’s behavior.

The HA will be responsible for building and maintain relationships with landlords throughout Greene County. These relationships will be built on the premise of mutual respect and the need of housing for survivors and then care for the unit the survivor will rent. The mutual respect will be a positive grounding factor in the relationship.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	

Provide examples in the field below of how the new project will:	
1.	prioritize placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs;
2.	establish 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.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;

4.	emphasize program participants’ strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

**(limit 5,000 characters)**

1. The HA will prioritize placement and stabilization in permanent housing consistent with the program participants’ wishes and stated needs. The Housing and Income Plan will be established at the direction of the victim and will be reviewed as the action steps are achieved to ensure the choice and direction are still those the victim wants.
2. The HA will join an advocate team that supports the survivor centered care and will be responsible to maintain this and support in the new role the ongoing relationship addressing the survivors needs and educating the survivor on engagement with housing systems effectively. In each mtg, HA and survivor will review meeting purpose, review the activities, and determine if new activities need to be identified.
3. FVPC direct service staff will be trained on the Trauma Informed Care Manual prepared by the Ohio Domestic Violence Network. The HA will provide services in a trauma responsive manner and will discuss with survivors the impact of trauma on the housing and income planning process and action steps.
4. The HA and team will begin and end scheduled appointments with a strengths-based review and document achievements. FVPC maintains a list of strengths that survivors can use to identify adjectives and verbs that embody their strengths. In mtgs, HA and survivors will identify next tasks to be completed before next meeting, and share the goal of working towards those activities with survivors. Adjustments to activities/goals will be made as needed in response to survivor needs and goals.
5. FVPC will train staff initially and annually on diversity, equity, and inclusion (DEI) to prepare for service in three ways: understanding that individuals of diverse life experiences need help without judgement; awareness that support is individualized; and staff must welcome survivors to all levels of service to meet their need. FVPC maintains interpreting service access for spoken and signed language 24 hours a day.
6. The SHCC and HA will facilitate a survivor support groups for survivors in various stages of housing to provide the opportunity for peer support and encouragement.
7. FVPC provides a parenting class to support survivors parenting in the aftermath of domestic violence. This trauma informed approach works to support survivors in review of the children’s experience with the abuser’s behavior and ways to support the child through the effects of domestic violence on their age and stage of development.

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

(limit 2,500 characters)

FVPC established the Tone Team in 2015. This Team a specific group for survivors to review the safe housing program procedures and general services. Meetings of this group are held at lunch time and staff and survivors eat together and discuss service provision. The Rapid Re-Housing Services will be added to this meeting. Satisfaction surveys will also be created to provide a more private manner for individuals to share their perspective on services and process improvement.

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

4A-3b.	Information About Unique Project Applicants and Their Experience in Housing Placement and Housing Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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 2022 Priority Listing:

1.	Applicant Name	Licking County Coalition for Housing
2.	Project Name	LCCH - DV Housing
3.	Project Rank on the Priority Listing	86
4.	Unique Entity Identifier (UEI)	YK8DSJQ4SNL7
5.	Amount Requested	\$426,792
6.	Rate of Housing Placement of DV Survivors–Percentage	83%
7.	Rate of Housing Retention of DV Survivors–Percentage	90%

4A-3b.1.	Applicant Experience in Housing Placement and Retention for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(c)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below

1.	how the project applicant calculated both rates;
2.	whether the rates accounts for exits to safe housing destinations; and
3.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,500 characters)**

1. LCCH's TH program HMIS data for the period 7/1/2021-6/30/2022 indicate that 20 DV households were served during the period. Of those, 10 exited to permanent housing, and 8 remained in the TH project. That equates to an 83.3% rate of exit to permanent housing, and a 90% of rate of retention of PH (as none of those who exited TH have returned to the homeless system). During the same period, New Beginnings DV Shelter (NB), which is a partner in this project, served 107 households, with 25 (23%) securing permanent housing through an apartment or living with a family member. However, to date, NB has not successfully engaged with the local CE process or been able to access critical housing resources, such as RRH, for their clients, which has directly contributed to their low rate of permanent housing exits. Since the proposed project will leverage LCCH's housing expertise to house DV survivors, we excluded the New Beginnings PH exit rate from #6 above.
2. Yes, the rates account for safe housing destinations.
3. LCCH data came from HMIS. NB data came from their internal database - they currently use CoreLogic.

4A-3c.	Applicant Experience in Providing Housing to DV Survivor for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	
	Describe in the field below how the project applicant:	
	1. ensured DV survivors experiencing homelessness were quickly moved 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. determined which supportive services survivors needed;	
	4. connected survivors to supportive services; and	
	5. moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.	

**(limit 2,500 characters)**

1. Upon intake, NB's Case Manager screens for housing needs and makes referral to LCCH. Depending on client need and choice, NB and LCCH assist client to either move into available TH unit or RRH unit. If TH unit is available, clients may move in within a few days. Securing RRH unit takes on avg 30 days. However, once a unit is identified and secured, it takes only a few days to move survivor in. LCCH's Fiscal Dept runs checks weekly, thereby minimizing time between finding a unit and paying deposit and rent. LCCH's Landlord Navigator looks for new units daily.
2. LCCH case manager (CM) visits NB weekly to conduct Coordinated Entry (CE) interviews with survivors at NB at least 5 days. LCCH CM and survivor discuss housing options available. LCCH works with the PH Prioritization Wkgrp to make prioritization decisions for RRH. Depending on survivors' homeless history and severity of needs, they may be prioritized for available resources.
3. While at NB ES, survivor meets with Victim Advocate, Child Advocate, and CM to assess needs and identify services to meet needs, including housing, financial, and health related. Upon CE referral to LCCH, the LCCH Case Manager works with the Survivor and NB team to develop an Individual Service Plan (ISP). The ISP is updated regularly while survivor is in TH or RRH.
4. LCCH and NB staff assist survivors with referral and linkage to program and community services. Staff document progress. Since NB is one of several programs of The Woodlands, NB can make in-house referrals to behavioral health services, group therapies conducted by certified mental health professionals, and individual counseling services. LCCH and survivors meet weekly while in TH or RRH. LCCH often assists clients in applying for and managing their Ohio Works First, CHIP and other benefits. LCCH is available to accompany clients to appointments, if desired.
5. LCCH has a strong track record of moving clients from TH into PH that is affordable for the client. LCCH also has a strong track record of assisting clients with securing RRH they can afford, using progressive engagement to maintain stability during the RRH subsidy and thereafter. As part of the ISP, LCCH and Survivors assess the financial sustainability of the housing units. LCCH assists the client in applying for long-term rental assistance and/or subsidized housing units. The Survivor's housing and income are included in her/his Individual Service Plan (ISP).

4A-3d.	Applicant Experience in Ensuring DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
	1. taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
	2. making determinations and placements into safe housing;	
	3. keeping information and locations confidential;	
	4. training staff on safety and confidentiality policies and practices; and	
	5. taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.	

(limit 2,500 characters)

1. New Beginnings, a project partner, ensures every caller/survivor is interviewed in a confidential fashion. Survivors are offered services and are able to determine the best safe plan for them. Intake interviews are held in a private room with the survivor and the staff member doing the intake. LCCH observes the same philosophy and protocols for its TH and RRH programs.
2. The Survivor’s housing plan/ISP incorporates the safety plan. The housing plan identifies locations that are not known to or easily accessible to the abuser. As housing units are considered, LCCH and the Survivor consider security, such as doors, windows, lighting, fencing and security systems, if available.
3. NB keeps survivor information in a confidential and safe storage place. NB's shelter is an identified location that has a state of the art security system. LCCH keeps all client files in locked cabinets behind locked doors, and like NB, staff are responsible for keeping client/Survivor information and residency protected and confidential. LCCH does not advertise the locations of its TH or RRH apartments.
4. Upon employment, NB staff are provided a 40 hr training on policy, procedures and practices of the agency. LCCH also trains staff about policies, procedures and practices of the agency, and provides each staff member an emp handbook that includes policies on confidentiality and safety. NB and LCCH offer refresher trainings for staff. If an LCCH staff member fails to comply with confidentiality and safety policies and practices, they may be subject to disciplinary action, up to and including termination of employment.
5. NB is a disclosed facility with state of the art security system and security lights and cameras. After identification, clients/visitors may be buzzed to gain entry into the building at the front or rear exits. Survivors currently develop personal safety plans with the NB Victim Advocate while residing at the DV Shelter, as noted above. Should this proposal be funded, those plans will be updated as the Survivor moves to TH and ultimately RRH. Individual scattered-site units will be selected for safety, and if equipment, technology or physical modifications would enhance the physical safety of a unit, such accommodations will be requested of the property owner and/or provided by LCCH.

4A-3d.1.	Applicant Experience in Evaluating Their Ability to Ensure DV Survivor Safety for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

Describe in the field below how the project has evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement during the course of the proposed project.

(limit 2,500 characters)

NB and LCCH have served DV Survivors for many years, and feel confident that our proposed project will be able to ensure the safety of the DV survivors it serves. NB surveys all clients on their awareness about safety and their understanding of strategies to address safety, and looks for evidence that NB services helped increase awareness and understanding. Currently, about 90% of those completing surveys report having more awareness and strategies to stay safe as a result of receiving education from New Beginnings.

Policies, protocols and physical safety requirements will be discussed and codified for this proposed project, utilizing the Ohio Domestic Violence Network (ODVN) recently updated publication, "Promising Practices: Standards for Ohio's Domestic Violence Programs," the National Network to End Domestic Violence's guidance entitled "Coordinated Entry: Confidentiality Requirements in Practice," and guidance documents created by COHHIO for CoC grantees operating HUD-funded DV housing programs. Assistance from local law enforcement agencies to improve safety planning will be included initially, and all safety planning will be re-evaluated on an annual basis or as needed. Current DV Survivor participants will be consulted via survey and/or in person as to their feelings of safety in their specific unit, and to ensure that their personal safety plan has been updated to accommodate the physical environment of their new housing unit, whether TH or RRH. Past DV Survivor clients will also be surveyed for improvements to the program and housing arrangements.

4A-3e.	Applicant Experience in Trauma-Informed, Victim-Centered Approaches for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(d)	

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

1.	prioritizing placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
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 the effects of trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	providing a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

1. Upon entry into NB, survivors are assessed for immediate needs and long-term goals. An Individualized Service Plan (ISP) is created with survivors. Survivors are informed of available housing options, and the housing plan is driven by survivor choice. LCCH uses the Housing First model. LCCH values client choice in housing selection and supportive services. To promote rapid housing placement, LCCH includes planning for permanent housing at intake – whether the client is at NB, an emergency shelter, or while unsheltered. LCCH staff and the client create a housing/service plan (ISP) which incorporates safety plans and preferences. The ISP template includes type/size of housing needed, employment/source(s) of income, social supports, children’s school location (if applicable), health care/counseling, transportation, and shopping.
2. NB operates all services in a trauma-informed care environment. Program staff are trained to treat survivors with respect and not to use punitive interventions. All LCCH staff are trained in trauma-informed service delivery and best practices, as provided through OSU’s School of Social Work’s ongoing training or other certified training. All LCCH staff are expected to follow these practices in all case management services, regardless of housing program. All supportive services are voluntary, as is the choice of housing type selected by the Survivor/Client. LCCH has client grievance policies and procedures in place which are included in the Client Handbook provided to the Survivor/Client at intake.
3. All NB staff are trained in trauma-informed care. Staff meet with clients daily to offer support and process any trauma. NB also provides education and supportive services to residents in the form of wellness programming, parenting support, community DV Support Group and Therapeutic DV Support Group. Each resident is offered onsite mental health therapy facilitated by a licensed Therapist from The Woodlands. NB utilizes ODVN’s Best Practices for Trauma Informed Care. NB currently offers these services to residents. LCCH includes all services provided by NB/TW selected by the Survivor/Survivor family in the ISP constructed by the Survivor and LCCH upon entry into either TH or RRH.
4. Upon entry into NB, clients are assessed for strengths and resiliency. Case Manager meets with clients and focuses on identifying their goals. There is no one plan for every person. We also explain and offer all our services to each client allowing them to choose what services they want to engage with. From the first interaction with a new client, LCCH staff use a progressive engagement approach and offer assistance based on the needs and strengths of each individual household. Providing services in a progressive way allows the TH and RRH programs to be flexible enough to adjust to each household’s unique strengths, needs and resources as circumstances change.
5. Every client’s race, ethnicity, gender, and sexual orientation is valued and NB staff are trained annually in cultural responsiveness. All LCCH staff receive training on cultural competence and inclusion, particularly for their respective program areas. LCCH is currently examining employment and program policies and procedures with a Diversity, Equity and Inclusion (DEI) lens. We expect revisions to P&P to be completed within 12 months. LCCH has also participated in a half-day Inclusive Leadership training conducted by a DEI consultant. LCCH has multi-lingual staff and also has access to language and translation services as needed.
6. NB offers a variety of opportunities for connection for program participants, including weekly trauma-based individual therapy and support groups, groups for mental health support, employment, women’s health and safety planning. NB also offers wellness programming, parenting support, community DV Support Group and Therapeutic DV Support Group. LCCH supports opportunities for client connections with other individuals and/or families by



providing transportation to support groups and recreational activities (including YMCA memberships), as requested. Case managers include such activities in ISPs.

7. The NB Child Advocate is on staff to assist residents with any concern or needs for their children. She makes referrals for medical, mental health, school enrollment and other resources to keep children safe and healthy. She also acts as an advocate for residents that are working a case plan with Children’s Services. The Child Advocate meets with all parents and discusses child care options, school choices, mental health treatment for the children, along with offering parenting classes and support. LCCH’s TH program offers connections to legal services, primarily through Southeast Ohio Legal Services (SEOLS), to support housing, employment and/or family reunification situations. LCCH also assists with identifying and securing childcare and connecting to other community-based parenting classes. Services are voluntary.

4A-3f.	Applicant Experience in Meeting Service Needs of DV Survivors for Applicants Requesting New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
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NOFO Section II.B.11.e.(1)(d)
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Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.
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(limit 5,000 characters)

NB coordinates with LCCH to determine what housing options and programs may best meet survivors' housing needs. NB provides shelter to survivors while they work with staff to identify housing options and an ISP. Survivors are offered trauma-informed mental health therapy, DV survivor and parenting support groups, victim advocacy and child advocacy services. All these services are available at NB. NB's Victim Advocate also provides individualized safety planning to each resident using procedures and protocols developed by the Ohio Domestic Violence Network (ODVN) in both one-on-one and monthly group settings. For Survivors who move into LCCH's TH, LCCH Case Managers coordinate services to successfully obtain permanent housing: childcare (if needed), employment assistance, education/job training, transportation, financial literacy, health care, landlord/tenant training, behavioral health care, and other referrals as needed. Services are determined in accordance with a Survivor's ISP initially developed while at NB, and regularly revised while participating in the TH program. LCCH provides follow-up support for up to 6 months after completing the TH program to support the Survivor in their transition to permanent housing. Survivors moving into Rapid Rehousing (RRH) first begin meeting with LCCH staff prior to housing, to develop and ISP and identify and work on barriers to housing. ISP includes a budget plan to pay off any financial barriers. Survivors met with LCCH staff weekly or bi-weekly, based on their barriers/needs and willingness to participate. Obtaining and maintaining housing is always one of the goals. LCCH meets clients outside of regular business hours to accommodate work schedules and/or other appointments. LCCH generally meet with Survivors in their homes or in the LCCH offices to accommodate a client's situation, schedule and preferences. LCCH offers assist with transportation, cleaning supplies, access to healthcare and mental health services, budgeting, and other services as needed. LCCH makes individualized referrals to other local mental health and substance abuse treatment providers, as requested, if a Survivor chose not to use NB or The Woodland's offerings. LCCH also refers Survivors to SEOLS for legal assistance, if needed. Informal referrals are also made to Licking Depart of Job and Family Services, Bureau of Voc Rehab, and other social and employment services, as needed.

4A-3g.	Plan for Trauma-Informed, Victim-Centered Approaches for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(e)	

Provide examples in the field below of how the new project will:	
1.	prioritize placement and stabilization in permanent housing consistent with the program participants' wishes and stated needs;
2.	establish 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.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
4.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans works towards survivor-defined goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
6.	provide a variety of opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and

7.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.
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(limit 5,000 characters)

1. In the proposed project, NB Staff will create Individualized Service Plans (ISP) with survivors, based on needs and housing goals. To promote rapid housing placement, LCCH will keep the priority on planning for permanent housing, starting at intake. LCCH staff and the client work together to create an ISP which incorporates safety plans and hsg preferences, and that aligns with Housing First practices. The ISP template includes type/size of housing needed, employment/source(s) of income, social supports, children’s school location (if applicable), health care/counseling, transportation, and shopping.
2. NB program staff are trained to treat survivors with respect and not to use punitive interventions. LCCH staff are trained in trauma-informed service delivery and best practices, as provided through OSU’s School of Social Work’s training or other certified training. All LCCH staff are expected to follow these practices in all case management services, regardless of housing program. All supportive services are voluntary, as is the choice of housing type selected by the Survivor. LCCH has client grievance policies and procedures in place which are included in the Client Handbook provided to the Survivor/Client at intake. LCCH will require all case management staff, both current and those hired under this proposal, to attend ODVN’s trauma-informed care trainings and will secure copies of ODVN’s “Trauma Informed Approaches: Promising Practices and Protocols for Ohio’s DV Programs.”
3. NB staff are trained in trauma-informed care. We meet with our clients daily to offer support and process any trauma. NB also provides education and supportive services to residents in the form of wellness programming, parenting support, & community DV Support Groups. NB offers on-site mental health therapy. NB uses ODVN’s Best Practices for Trauma Informed Care and offers the info to survivors. LCCH will continue to include all NB services received by Survivors in the ISP constructed upon entry into either TH or RRH. LCCH will also become a member of Ohio Domestic Violence Network (ODVN) to access trainings and resources, including client materials on trauma for adults and children such as “Just Breathe,” a workbook for Survivors & their children which provides info about trauma and strategies for healing.
4. NB staff will assess survivors for strengths and resiliency in developing the ISP. There is no one plan for every person. Staff explain available services, allowing clients to choose what services they want to engage with. LCCH uses a progressive engagement approach to offer assistance based on the needs and strengths of clients. The goal of the proposed Joint TH-RRH programs is to be flexible enough to adjust to each Survivor’s unique strengths, needs and resources.
5. Every client’s race, ethnicity, gender, and sexual orientation is valued and NB staff are trained annually in cultural responsiveness. LCCH staff will receive annual training on cultural competence and inclusion, in both their respective program areas and for cross-sectional populations, such as LGBTQ+, DV, and new immigrant populations. LCCH will continue to examine our employment and program P&P with a Diversity, Equity and Inclusion (DEI) lens at least annually. LCCH has multi-lingual staff and will maintain access to interpretation services as needed.
6. NB will offer a variety of opportunities for connection for survivors, including trauma-based individual therapy & support groups, & groups for mental health support, employment, women’s health and safety planning. NB also provides wellness programming, parenting support, community DV Support Groups. LCCH will support opportunities for client connections by providing transportation to support groups and recreational activities (including YMCA memberships), as requested. The proposed TH- RRH Case Managers will include such activities in ISPs. Former TH/RRH Survivors will be invited to meet

with current TH/RRH participants to share experiences, strategies for successfully adjusting to new housing, and support. If Survivor feedback gathered via surveys or in-person suggests additional options for client connections, those suggestions will be incorporated into the Joint TH-RRH project as practicable.

7. NB's Child Advocate assists residents with any concern or needs for their children & makes referrals for medical, mental health, school enrollment, parenting supports, and other resources to keep children safe and healthy. She is an advocate for residents that are working a case plan with Children's Service. The proposed Joint TH-RRH program will offer connections to legal services to support housing, employment and/or family reunification situations. Funding for these services and any necessary documents (birth certificates, etc.) is requested under this proposal. LCCH will also assist with identifying and securing childcare, as needed, and connecting to other community-based parenting classes.

4A-3h.	Plan for Involving Survivors in Policy and Program Development of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section II.B.11.e.(1)(f)	

Describe in the field below how the new project(s) will involve survivors with a range of lived expertise in policy and program development throughout the project's operation.

**(limit 2,500 characters)**

Both NB and LCCH have Survivors with a range of lived expertise on staff, as volunteers, and/or on their respective Boards of Directors. If funded, these individuals will be invited to assist in the policy and program development for the initiation of operations and on an annual basis thereafter. Survivors participating in the project will be asked to provide feedback about operations regularly during their tenure and through surveys post participation.

## Submission Summary

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

Page	Last Updated
1A. CoC Identification	09/15/2022
1B. Inclusive Structure	09/15/2022
1C. Coordination and Engagement	09/28/2022
1D. Coordination and Engagement Cont'd	09/29/2022
1E. Project Review/Ranking	09/23/2022
2A. HMIS Implementation	09/16/2022
2B. Point-in-Time (PIT) Count	09/26/2022
2C. System Performance	09/16/2022
3A. Coordination with Housing and Healthcare	09/20/2022
3B. Rehabilitation/New Construction Costs	09/15/2022
3C. Serving Homeless Under Other Federal Statutes	09/16/2022
4A. DV Bonus Project Applicants	09/26/2022

  

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**Submission Summary**

No Input Required