

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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: Coalition on Homelessness and Housing in Ohio

1B. Coordination and Engagement–Inclusive Structure and Participation

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

In the chart below for the period from May 1, 2022 to April 30, 2023:

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	No
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	No
3.	Disability Advocates	Yes	Yes	No
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	No
6.	Homeless or Formerly Homeless Persons	Yes	Yes	No
7.	Hospital(s)	Yes	Yes	No
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
9.	Law Enforcement	Yes	Yes	No
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	No
11.	LGBTQ+ Service Organizations	Yes	Yes	No
12.	Local Government Staff/Officials	Yes	Yes	No
13.	Local Jail(s)	Yes	Yes	No
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	No

16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	Yes	Yes	Yes
19.	Other homeless subpopulation advocates	Yes	Yes	No
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	No
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	No
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	No
28.	Other Victim Service Organizations	Yes	Yes	No
29.	State Domestic Violence Coalition	Yes	Yes	Yes
30.	State Sexual Assault Coalition	Yes	Yes	No
31.	Youth Advocates	Yes	Yes	No
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 V.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 and access for persons with disabilities, including the availability of accessible electronic formats; and	
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 these bodies, identifies gaps, and then solicits membership that can provide missing insight. New CoC 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: 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; and 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/wkgps, 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. For the BoSCoC, this includes BIPOC-led and serving organizations and LGBTQ+-led and serving organizations. CoC staff also asked CoC Board and cte members to leverage their relationships with local groups that could address that membership need, and directly contacted orgs serving culturally specific communities.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.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;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	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.CoC Board and cte members identify special expertise/experience on their membership application. From this, the CoC ensures a range of knowledge and expertise is present in its work. Program staff/partner orgs/ & people with lived expertise from the CoC have ongoing opportunities to contribute in workshops, mtgs, & trainings for all with shared interest in preventing and ending homelessness in the BoS. Recently, the CoC hosted online listening sessions to better understand both providers' & participants' experience of the VI-SPDAT in CE to refine its assessment process.

2.Semi-annual membership mtgs and all trainings are announced by listserv & posted on the calendar on CoC's website; anyone with the mtg info & link may attend. Meeting notes/training materials are posted in video format and PDFs of slide decks to the CoC website as well. In a summer 2023 CoC member meeting, the CoC tannounced the posting of proposed changes to the Homeless Program Standards, reviewed the proposed changes, & outlined how the public could provide feedback.

3.The CoC ensures effective, accessible communication by using electronic formats like email; posting PDF of email comms to CoC website; hosting, recording, and posting to CoC website meetings & trainings using platforms equipped with closed captioning; & posting to CoC website written materials using accessibility best practices such as monochromatic scales for color blindness; image descriptions for text tools that help seeing impaired; sans serif fonts for non-native English readers; & use of text instead of images for headers.

4.The CoC releases proposed improvements to system policies for public review & comment. Draft changes are posted on CoC website, & an announcement is made to the CoC's listserv, with instructions for how to provide comments and the deadline. Proposed changes are also reviewed by the CoC's YAB and Lived Experience Advisory Board (LEAB) prior to review by the CoC Board; this process is codified within the CoC's Governance Charter. Most recently, the CoC received feedback re: proposed changes to the Homeless Program Standards which would require homeless assistance providers to evaluate prospective clients for immediate safety needs and to engage in safety planning where needed. Participants with lived experience proposed the CoC further offer individualized TA to help providers update policies; accordingly, the CoC team incorporated that offer of assistance into the Program Standards

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.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.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1)CoC announced local competition was open and accepting new project apps on 4/5/23 by posting training materials and competition guidance docs on the CoC website & hosting public trg that was recorded and posted on CoC's website. CoC solicited new project proposals via an RFP released 4/5/23. CoC announced trg via listserv 3 wks prior & posted on CoC website calendar. CoC released RFP #2 for CoC projects leveraging a healthcare or housing partnership, posted on CoC website, emailed via listserv, and hosted trg on 8/2/23. Recording of the trg and the PPT available on 8/3/23. Trg 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 or unit of local government in good standing is eligible to submit proposal.

2)CoC's written competition guidance, released on 4/5/23 and updated and re-released on 8/2/23, 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 trgs, and recordings of the trg and materials posted on CoC's website.

3)CoC communicated project selection process and priorities in the written CoC competition guidance released on 4/5/23 & re-released on 8/2/23 & in CoC Competition trgs on 4/5/23 and 8/2/23, which were recorded & posted on CoC website.

4)The CoC ensures effective, accessible communication about the project application process for people with disabilities by: using electronic formats like email; posting PDF of email comms to CoC website; hosting, recording, and posting to CoC website meetings and trainings using platforms equipped with closed captioning; and posting to CoC website written materials using accessibility best practices such as monochromatic scales for color blindness; image descriptions for text tools that help seeing impaired; sans serif fonts for non-native English readers; and use of text instead of images for headers.

1C. Coordination and Engagement

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

Describe in the field below how your CoC:	
1.	consulted with ESG Program recipients in planning and allocating ESG Program 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 to address homelessness within your CoC's geographic area so it could be addressed in the 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)The CoC regularly participates in meetings with local reps of ConPlan jurisdictions and provides requested information to inform ConPlan updates.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.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 questions or requesting technical assistance to resolve noncompliance by service providers.	No

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section V.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 V.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 agreements in place 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 V.B.1.d.	

Describe in the field below written policies and procedures your CoC uses 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 V.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	Yes
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	Yes
5.	Federal Home Visiting Program–(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	Yes
6.	Head Start	No	Yes
7.	Healthy Start	No	Yes
8.	Public Pre-K	No	Yes
9.	Tribal Home Visiting Program	No	Yes
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors–Collaboration with Federally Funded Programs and Victim Service Providers.	
	NOFO Section V.B.1.e.	

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	state domestic violence coalitions	Yes
2.	state sexual assault coalitions	No
3.	other organizations that help this population	Yes

1C-5a.	Collaboration with Federally Funded Programs and Victim Service Providers to Address Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC regularly collaborates with organizations indicated in Question 1C-5 to:	
1.	update CoC-wide policies; and	
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.	

(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, assists in the regular review of existing policies, and provides approval for any revisions or the adoption of new policies. The CoC also explicitly solicits ODVN feedback, beyond the CoC Board rep, on CoC policy updates, especially those directly related to working with survivors. As it pertains to the CE system, CoC staff worked with victim service providers to update the CE prioritization process to be more responsive to survivors while also ensuring survivors served by victim service provider agencies are considered for available non-DV dedicated PH resources. These recommendations for process improvement 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 the 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. The CoC also requires all homeless service providers to establish P&P re: how they will seek to identify immediate safety needs and engage in safety planning with survivors where needed. CoC requirements include expectations that providers follow best practices when engaging in safety planning in particular, including the use of client-centered, trauma-informed practices. The CoC also requires providers to have client-serving staff go through annual training re: best practices for working with survivors.

1C-5b.	Coordinated Annual Training on Best Practices to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.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 has partnered with Ohio DV Network (ODVN) to make available online training related to best practices in serving DV survivors and safety planning. This training is posted on the CoC’s website. In 2023, CoC staff and ODVN have scheduled an updated 3-part training that will be offered to provider staff via live instructor-led training in Nov., after DV awareness month. The training will be recorded and posted on the CoC website along with the training materials. Training content focuses on best practices in safety and planning protocols. The CoC and ODVN are also working to identify tools and templates that homeless service provider staff may be able to use to assist their safety planning efforts. The CoC’s Homeless Program policies also require that providers’ direct services staff complete annual training related to working with survivors and using best practices either through CoC provided training or other credible organizations.

2.The CoC trains CE staff on serving survivors of DV in two ways. First, training on client-centered best practices in serving victims of DV, including Trauma-Informed Care, is offered 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. CE training is offered live on a regular basis semi-annually, and video recordings and training materials are always available via the CoC’s website and e-learning center. Barriers to access this training are reduced by offering it free of charge and online so that no travel is required.

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

(limit 2,500 characters)

1.Safety planning 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 APs must be done in a way that preserves client confidentiality and safety; e.g., client mtgs are in private, phone calls taken in private office space, and if possible immediate safety issues are identified, adult household members may be interviewed separately and in private.

2.Confidentiality protocols: 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; e.g., client mtgs are in private, phone calls taken in private office space.

1C-5d.	Used De-identified Aggregate Data to Address the Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below:	
	1. the de-identified aggregate data source(s) your CoC used 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-5e.	Implemented Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC communicates to all individuals and families seeking or receiving CoC Program assistance:	
	1. whether your CoC has policies and procedures that include an emergency transfer plan;	
	2. the process for individuals and families to request an emergency transfer; and	
	3. the process your CoC uses to respond to individuals' and families' emergency transfer requests.	

(limit 2,500 characters)

1.The CoC’s Written Homeless Program Standards include a detailed Emergency Transfer Plan policy that applies to all providers. 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 CoC’s 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 to request an emergency transfer at program enrollment (to all clients); they must communicate it verbally and also provide written documents summarizing the policy and process to request an emergency transfer. The CoC’s P&P affirms that the ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.

2.To request an emergency transfer, program participants must submit a written request for the transfer to the homeless services provider they are currently working. The request must include a statement that they reasonably believe there is a threat of imminent harm from further violence or that they were sexually assaulted on the premises no more than 90 days before the request. Providers will provide timely and reasonable accommodations to this process where needed and requested.

3.Upon receipt of an emergency transfer request, the CoC’s policies require providers to act as quickly as possible to make a determination about approving the request and then to move the program participant to a new unit, subject to availability and safety determination by tenant. CoC’s policies also require providers to assist tenants, if requested, in contacting the local organizations helping victims of domestic violence, dating violence, sexual assault, or stalking.

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

Describe in the field below how your CoC:

1.	ensures that survivors of domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within the CoC’s geographic area; and
2.	proactively identifies systemic barriers within your homeless response system that create barriers to safely house and provide services to survivors of domestic violence, dating violence, sexual assault, or stalking.

(limit 2,500 characters)

1. The CoC ensures survivors have access to housing & 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 APs to offer referrals to local DV shelters anytime a person discloses they are fleeing DV, in case the person would prefer to work with a victim service provider (VSP) 2) B/c all CE APs must be able to respond to needs of survivors, CE APs are required to conduct diversion screenings in a way that preserves 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. CE policies reference and reinforce the policy. 4) CE Stds require VSPs to participate in local PH Prioritization Workgroup- the local body charged with making prioritization decisions for available PH resources. Requiring VSP participation ensures their clients are considered for those available resources. CoC also created a custom report VSPs may use to summarize client-level information needed to participate in prioritization discussions. Further, DV clients are permitted to decline to complete the VI-SPDAT if they are in a non-DV ES project, & they will still be considered for prioritization for PH resources based on other available information.

2. To proactively identify barriers, the CoC uses its annual CE system evaluation process to look at both the access component of the CE system & the overall experience of receiving assistance through the system, as it pertains to survivors. The CoC looked at qualitative & quantitative data to determine how accessible the CE system (& thus the homeless response system) is to survivors. The CoC’s consultant conducted interviews with providers and persons who have accessed the system to collect feedback on perceptions of accessibility & to identify barriers. In terms of the overall experience of receiving assistance through the system, consultants surveyed providers to identify any barriers to the provision of assistance through the CE system, & also conducted in-depth interviews with providers & persons served by the system. Although not specific to survivors, the CoC’s CE evaluation identified a need for strengthened advertising of CE APs &, where able, expansion of CE APs availability.

1C-5g.	Ensuring Survivors With a Range of Lived Expertise Participate in Developing CoC-Wide Policy and Programs.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC:	
1.	ensured survivors with a range of lived expertise are involved in the development of your CoC-wide policy and programs; and
2.	accounted for the unique and complex needs of survivors.

(limit 2,500 characters)

1.The CoC conducts ongoing recruitment of those with wide-ranging lived experience to sit on the CoC Board/committees/workgroups, as well as on the Lived Experience Action Board (LEAB). The CoC Gov Charter provides for compensation of \$50/hour for eligible CoC Board/Cte/workgroup/LEAB members. In addition to publicly posting membership solicitation for those with lived experience, the CoC has also shared this solicitation with providers and specifically requested their assistance is recruitment. In terms of member onboarding and the provision of compensation, the CoC’s policies give CoC staff flexibility to conduct onboarding in any way that works best for the Board/cte/LEAB member. Similarly, the CoC can provide compensation through multiple methods, based on the Board/cte/LEAB member’s preference. Currently, the CoC Board has one survivor member who also brings expertise working in homeless services and behavioral healthcare. In her role as a CoC Board member, this survivor reviews and approves all CoC policies. Most recently, for example, the CoC Board (after review and feedback provision from the YAB and LEAB) approved updates to the CoC’s Homeless Program Standards that expanded on requirements for all providers to engage in safety planning with survivors when needed/desired. Feedback from the LEAB and CoC Board members on the proposed changes contributed to the CoC developing a more robust training and TA plan to accompany the updates.

2.The CoC’s Board/Cte/Wkgrp membership application collects key pieces of information from applicants to help ensure the CoC is responsive to the needs of survivors, Collected information (from all applicants) includes name, gender, pronouns, race/ethnicity, identification as someone who has experienced homelessness or violence, preferred communication method, and preferred compensation method (for those with lived exp). The CoC membership application also specifically asks applicants to consent to or decline the disclosure of their lived experience or experience of violence and participation in the CoC.

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

Describe in the field below:

1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;
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2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;
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. Its Governance Charter requires annual review of all CoC policies, but updates can be made more frequently than that, as appropriate. To ensure a wide-range of stakeholders have the opportunity to provide feedback, including LGBTQ+ organizations, the CoC notifies its full membership and the public of the public comment period, the process for providing feedback via an email to the CoC listserv, and public posting of that message on the CoC's website where the policies are posted. Where specific proposed updates may have most impact on particular subpopulations, the CoC specifically solicits feedback from organizations whose mission is to serve those impacted subpopulations.
2. The CoC assisted providers in drafting and maintaining project/agency level policies via annual training on the Equal Access Rule and Gender Identity Rule, and specific training focused on ensuring project-level P&P are fully CoC Program compliant. Training recordings and materials are publicly available free and on demand on the CoC's website. CoC staff also coordinate with other COHHIO TA staff to conduct state-wide trainings on the final rule, anti-discrimination policies, to offer in-person Safe and Supported Trainings, and provide individual guidance to providers as they put the rule into practice.
3. To evaluate compliance, the CoC 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 and state homeless assistance grant funds for compliance with the Equal Access Rule and having anti-discrimination policies.
4. If the CoC finds in their monitoring process that an agency/program is non-compliant, 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 setting a timeline and action steps to develop compliant policies, and/or requiring staff to complete more training. Regular check ins with CoC staff are required as part of an improvement plan to ensure the issue is addressed satisfactorily and timely. 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 V.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 current 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 2022 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	41%	Yes-HCV	No
Trumbull	20%	Yes-Both	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
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NOFO Section V.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)

The 2 largest PHAs the CoC has a working relationship with are Butler MHA and Trumbull MHA. The CoC has successfully worked with both PHAs to adopt homeless admission preferences for both Housing Choice Vouchers and Public Housing units.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
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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	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
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NOFO Section V.B.1.g.

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 V.B.1.g.	

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
		Program Funding Source
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 V.B.1.g.	

	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.

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

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Discharge Planning Coordination.	
	NOFO Section V.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 V.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 2023 CoC Program Competition.	100
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 2023 CoC Program Competition that have adopted the Housing First approach.	100
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 2023 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 V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

	Describe in the field below:
1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are 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 your local CoC 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, using a tool that looks at barriers to entry, a focus on rapid placement into housing and overall housing focus, and voluntary service provision. The scoring approach used to eval HF compliance is shared in the written CoC Competition Guide 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, and 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 grantees 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 V.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 state and 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. The 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.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.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:

	Your CoC's Strategies	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) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.I.	

	HIC Longitudinal HMIS Data	2022	2023
Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	HIC	1,237	1,363

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.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:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

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

Describe in the field below how your CoC:

- systemically provides up-to-date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, SSDI, TANF, substance abuse programs) within your CoC's geographic area;
- 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
- 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)Via its Homeless Program Standards, the CoC requires homeless providers to provide voluntary supportive services to all participants with a focus on accessing mainstream benefits, employment assistance, and obtaining/maintaining housing. Most homeless program participants qualify for Medicaid in part b/c Ohio is a Medicaid expansion state. This helps connect 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)Via its Homeless Pgm Stds, the CoC encourages providers to maintain SOAR trained staff to submit successful claims for SSI/SSDI benefits on behalf of clients. CoC staff also regularly work to connect provider staff with SOAR trainings. Currently, about 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 V.B.1.n.	

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

(limit 2,500 characters)

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 V.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 is drafting a formal disaster preparedness protocol for the CoC, based on the guidance the CoC developed for the pandemic response and 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. Based on what was learned during the COVID-19 public health emergency, CoC staff will continue to proactively meet with Ohio Dept of Health staff to discuss strategies best suited for disease surveillance and response in homeless systems to reduce the spread of infection among people experiencing homelessness. CoC staff worked with ODH to identify key contacts at all local health departments, and will continue to provide current and timely information to providers in those communities for how they can coordinate with local health departments to provide access to COVID-19 testing and health/sanitation supplies including masks, setting up seasonal vaccination events, and educating clients on harm reduction practices, safety measures, vaccinations, testing, etc. Through our network of Planning Regions, we will continue to promote and co-host 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 infectious disease.

ID-8a.	Collaboration With Public Health Agencies on Infectious Diseases. NOFO Section V.B.1.o.	
Describe in the field below how your CoC:		
1.	shared information related to public health measures and homelessness, and	
2.	facilitated 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 frequently (and continues to be), as guidance from the CDC, HUD, local/state health agencies, and other key entities is 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/Infectious Disease Response 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. This guidance and its related communication approach has served as the foundation from which the CoC’s general infectious disease prevention and mitigation guidance and protocols are being created.

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 V.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 which involves the completion of the common assessment tool 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; this identifies eligible persons for local PH resources based on HMIS data and supports prioritization decisions for available RRH and PSH resources. Prioritization decisions for PSH must focus on first prioritizing chronically homeless. 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 use a case conferencing approach, 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. As a result, the CoC is currently prioritizing the evaluation of the CE system through the lens of advancing racial equity. The CoC’s CE Core Team, which leads this work and is comprised of providers and PLE, developed goals, an action plan, and a 2023-24 timeline to implement CE system improvements. The goals are: 1) to annually conduct and publish a racial disparities analysis of the CoC; 2) to increase access to CE and the CoC’s homeless response system to those who identify as BIPOC, and; 3) to adopt a common assessment tool that is trauma-informed, culturally appropriate, and minimally harmful. In support of this equity-centered update, the CoC has solicited feedback on the assessment tool from both projects and participants through online surveys and listening sessions.

1D-9a.	Program Participant-Centered Approach to Centralized or Coordinated Entry.	
	NOFO Section V.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, to enter the CE/homeless response system, or to access PH resources.

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-9b.	Informing Program Participant about Rights and Remedies through Centralized or Coordinated Entry–Reporting Violations.	
	NOFO Section V.B.1.p.	
	Describe in the field below how your CoC through its centralized or coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC’s geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	

(limit 2,500 characters)

1.The CoC strives to affirmatively market housing and services in multiple ways. 1) the CoC has adopted a non-discrimination policy and also requires all providers to have the same policies in place at the org and project level. 2) The CoC’s CE Stds require local development and distribution of materials that advertise how to seek assistance via the CoC’s multiple CE Access Points. The CoC requires and has provided guidance on distributing materials to local communities that are comprised of larger proportions of people with very low income, larger non-white populations, and targeting locations where those experiencing unsheltered homeless are more likely to be. The CoC has also trained providers to market their services to agencies, specifically those that serve people with disabilities, those who identify as LGBTQ+, and other specific sub-populations in their communities.

2.Homeless Planning Regions and/or providers are tasked to establish a process for receiving, responding to, and addressing any client grievances about their experiences, including their rights under fair housing laws, experienced within the CE system and process. If grievances cannot be resolved at the local or provider level, the grievances are shared with CoC staff, who serve as the CE Management Entity. CoC project evaluation, including CE compliance, includes a metric for projects to demonstrate that they have written procedures which include an Equal Opportunity statement that addresses Fair Housing, Non-Discrimination, and Reasonable Accommodations.

3.Where fair housing impediments are observed, noted, or reported to the CoC, CoC team members raise those issues with the appropriate jurisdictions so they can be addressed via the Con Plan process.

1D-10.	Advancing Racial Equity in Homelessness–Conducting Assessment.	
	NOFO Section V.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.	09/19/2023

1D-10a.	Process for Analyzing Racial Disparities–Identified Racial Disparities in Provision or Outcomes of Homeless Assistance.	
	NOFO Section V.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 is modeled after HUD’s CoC Analysis Tool: Race and Ethnicity, with some additions and tweaks to reflect our BoS geography, population, and CoC priorities. Our analysis reviews the make-up of the CoC’s homeless population compared to the overall population of the CoC’s geography, and examines outcomes - exits to/retention of PH by race/ethnicity. The CoC’s data sources include PIT data, LSA data and census data. Every few years, the CoC also includes a review of PH exits by project type and by County in its analysis, so that the CoC can identify parts of the CoC geography that may have projects contributing to disparate outcomes for BIPOC persons (HMIS is data source). At the CoC project level, the CoC requires all agencies renewing funding in the FY23 CoC Comp to conduct their own analysis of project enrollment and outcomes by race/ethnicity, to identify any disparities in the provision of assistance 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 or to submit it for CoC review had points deducted from their overall project evaluation score.

2. At the system level, the CoC continues to serve a disproportionate number of BIPOC people, particularly those who identify as Black/African American, compared to their proportion of the overall population in the CoC’s geography. Specifically, 92% of the population within the BoSCoC’s geographic area identifies as white, while 4% identify as Black/African American. In contrast, 77% of those served by the Ohio BoSCoC homeless system identify as white, and 18% identify as Black/African American. The CoC did not identify disparities in PH exits/retention. Specifically, the CoC’s analysis shows that 51% of Black/African Americans experiencing homelessness within the CoC’s system exited to PH. Comparatively, 49% of whites experiencing homelessness exited to PH. 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 deeper into the project level and county level data.

1D-10b.	Implemented Strategies that Address Racial Disparities.	
	NOFO Section V.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.	Implemented Strategies that Address Known Disparities.	
	NOFO Section V.B.1.q.	

Describe in the field below the steps your CoC is taking to address the disparities identified in the provision or outcomes of homeless assistance.

(limit 2,500 characters)

The CoC is also doing the following to address identified disparities: 1) Ongoing recruitment to expand the diversity of representation on all CoC bodies, 2) CoC requires providers to conduct racial disparities analyses & review their P&P through a race equity lens, results and action plans are reported to the CoC as part of the CoC Competition’s project eval process. 3) the CoC partners w/ COHHIOs Racial Equity Committee to provide and promote free, foundational race equity trainings and helped develop a free elearning course called Understanding Homelessness 101 that includes a module focused on equity and homelessness 4) CoC completed a comprehensive CE system eval, with emphasis on identifying any part of the system that contributed to disparities; action plan development in response to the eval is underway 5) the CoC participated in the HUD CE Equity Initiative and developed a CE Equity Action Plan w/ 3 goals including 1. conduct and publish annual racial disparities analysis, 2. ensure access to the CE system for BIPOC folks, 3. adopt a new common assessment tool that is trauma-informed, culturally appropriate, and minimally harmful. Re Goal #1, the CoC completed and published its analysis. Re: Goal #2, the focus is to ensure CE Access Points are known and accessible by those more likely to need assistance, including those who identify as Black/African American and/or BIPOC. To date, we compared CE AP locations in higher poverty or more diverse communities to ensure APs are located where more likely to be needed. Next, we are reviewing and updating CE advertising materials and strategies to ensure they are accessible and distributed to the right community locations and partners. Re: Goal #3, the CoC collected feedback from providers and PLE about the CoC’s common assessment tool, the VI-SPDAT. The CoC and CE Core Team are using the feedback to develop a new tool for an initial pilot by January 2024.

1D-10d.	Tracked Progress on Preventing or Eliminating Disparities.	
	NOFO Section V.B.1.q.	
	Describe in the field below:	
	1. the measures your CoC has in place to track progress on preventing or eliminating disparities in the provision or outcomes of homeless assistance; and	
	2. the tools your CoC uses.	

(limit 2,500 characters)

At the system level, the CoC uses the same approach to racial disparities analysis each time its conducted –modeled after HUD’s CoC Analysis Tool: Race and Ethnicity - in order to facilitate comparisons of findings, to identify trends over time, and to help identify any emerging problems. Each updated analysis also includes a summary and set of recommendations for action, which permits the CoC to clearly see which recommended actions appear in every analysis. In terms of specific measures related to tracking progress, the CoC is looking for decreases in the proportion of those served by the CoC’s homeless system who identify as Black/African American and is looking for the rates of PH exits/retention for Black/African Americans in the homeless system to hold steady and/or remain comparable to (if not better than) the PH exit/retention rates for whites in the system. However, although the CoC currently identifies reductions in Blacks/African Americans served by the homeless system as a sign of progress on addressing disparities, we also want to highlight that the CoC’s CE Equity Action Plan established a goal of ensuring access to the homeless system for those who identify as Black, Brown, Indigenous and other/all Persons of Color. Although this goal is framed as increasing access, the associated action steps are focused on ensuring the CoC’s homeless response/CE system is well advertised to and accessible for those more likely to experience housing instability. As the CoC completes the CE Equity Plan action steps related to access, which include reviewing and revising local CE advertising materials and strategies, the CoC intends to regularly monitor rates of entry into the CE/homeless system by race and ethnicity. The CoC anticipates a possible increase in rates of homeless system entry by Black/African Americans and all BIPOC folks in response to improved advertising, which could be more accurately reflective of the need. But over time as the CoC makes more progress on other efforts to address racial disparities – including increasing diverse rep on the CoC Board and other bodies, educating stakeholders, refining CE processes, and adopting a new common assessment tool – the CoC expects that the racial/ethnic composition of those served by the homeless system should move in a direction that aligns more with the make-up of the CoC’s population, and PH exit/retention rates for Black/African American households in particular should increase.

1D-11.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking–CoC’s Outreach Efforts.	
	NOFO Section V.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 meetings and trainings the CoC hosts. The CoC also shared the application and info about recruitment with providers across the CoC and has requested they share the information with clients/former clients and post publicly to help further identify prospective members. The CoC also maintains a Youth Action Board (YAB) and Lived Experience Advisory Board (LEAB), which add new members on a rolling basis. These groups provide an opportunity for those who are not yet comfortable participating in the CoC Board, for example, to engage with CoC work in a group of peers and to further build knowledge and confidence. Members of the YAB and LEAB may seek membership on the CoC Board or a Cte/Workgroup at any time; all those groups maintain standing seats for YAB and LEAB members. YAB and LEAB membership is solicited primarily in partnership with local providers. Membership applications and information about membership eligibility, compensation, governance, and member responsibilities has been shared extensively with providers so they are in well-positioned to share the information and answer questions re: the YAB and LEAB with those interested in membership.

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

You must upload the Letter Signed by Working Group attachment to the 4B. Attachments Screen.
 Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four 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 in the decisionmaking processes related to addressing homelessness.	42	24
2.	Participate on CoC committees, subcommittees, or workgroups.	13	8
3.	Included in the development or revision of your CoC’s local competition rating factors.	3	1
4.	Included in the development or revision of your CoC’s coordinated entry process.	17	11

1D-11b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.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 providers to provide professional development and employment opportunities to people with lived experience of homelessness (PLE). The CoC has also specifically supported and paid for professional development opportunities for YAB members and, as part of YAB and Lived Exp Advisory Board (LEAB) onboarding, provides training on homeless systems, policy priorities, funding opportunities, etc. 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 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 V.B.1.r.	
	Describe in the field below:	
1.	how your CoC routinely gathers feedback from people experiencing homelessness;	
2.	how your CoC routinely gathers feedback from people who have received assistance through the CoC or ESG Programs; and	
3.	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 clients after program exit, and to reviewing feedback for purposes of making program refinements as appropriate. 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. At the CoC level, the CoC has a YAB and Lived Experience Advisory Board (LEAB) that meet at least monthly and provide input to the CoC on a wide array of system and policy issues. LEAB and YAB members have shared extensively about their experiences receiving assistance and provided recommendations for system, project, and policy changes. The CoC also has CoC Board/Cte/Workgroup members who have experienced homelessness and they regularly provide feedback on CoC policies and programs.

2)The CoC’s Homeless Program Standards require all providers to develop formal processes for regularly collecting, reviewing, and incorporating feedback from PLE into program design. At the agency level, providers report reviewing feedback collected from former clients via surveys and interviews/focus groups in their management meetings, agency board meetings, and other groups to identify opportunities for program improvement and develop plans to incorporate recommended changes.

3)To date, the CoC has not received feedback from PLE re: challenges that need addressed at the CoC level. However, the CoC explicitly incorporated YAB and LEAB feedback into a recent round of edits to the CoC’s Homeless Program Stds; these recommendations helped strengthen the TA and training plan to support providers as they do more to support safety planning with survivors in their programs.

1D-12.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.t.	
	Describe in the field below at least 2 steps your CoC has taken in the past 12 months to 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, is actively engaged in zoning reform discussions with the state legislature. During the recent budget cycle, the organization advocated in support of the governor’s proposal to allocate grant funding for local governments to update their zoning codes. While this provision did not get included in the final budget, COHHIO continues to promote the plan as a legislative committee considers ways the state can help address the affordable housing crisis. COHHIO is also closely monitoring the City of Columbus’s ongoing efforts to modernize its zoning code and is working with local advocates to ensure that any changes are favorable to development of affordable housing. If this work is successful, COHHIO intends to use the strategies and solutions as templates for other communities within the state and the Ohio BoSCoC in particular.

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.B.2.a. and 2.g. You must upload the Web Posting of Local Competition Deadline attachment to the 4B. Attachments Screen.	
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1.	Enter your CoC’s local competition submission deadline date for New Project applicants to submit their project applications to your CoC—meaning the date your CoC published the deadline.	08/25/2023
2.	Enter the date your CoC published the deadline for Renewal Project applicants to submit their project applications to your CoC’s local competition—meaning the date your CoC published the deadline.	08/28/2023

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 V.B.2.a., 2.b., 2.c., 2.d., and 2.e. 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:	
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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
6.	Provided points for projects based on the degree the projects 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.	Yes

1E-2a.	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.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.
 Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	125
2.	How many renewal projects did your CoC submit?	92
3.	What renewal project type did most applicants use?	PH-PSH

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

Describe in the field below:

1.	how your CoC 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 and APR data to evaluate projects on successful housing placements/retention, looking at % who exit to or retain PH. CoC established different performance goals for diff project types - CoC set high PH exit/retention goals for PSH projects, and slightly lower PH exit rate goals for RRH and TH. 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).

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

3.In addition to housing outcomes, 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. By including these items in the project eval process along with the item focused on % exits to PH, this enables the overall project eval process to return higher scores for those renewals that may be serving appropriately prioritized people, but may be struggling to achieve all performance goals

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 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 rank lower than projects targeting those with most severe needs and longest homeless histories. The CoC Board also identified a goal & 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 2023, and shared via listserv message and publicly available training.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	
	Describe in the field below:	
1.	how your CoC used the input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;	
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and	
3.	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 the Ohio BoSCoC, non-Hispanic Blacks/African Americans disproportionately experience homelessness compared to their make-up of the overall population in the CoC’s geographic area. Most recent data shows that about 17% of those experiencing homelessness in the CoC are African American/Black, although Blacks/African Americans make up only 4% of the CoC’s overall population. For the 2023 local project eval process, the CoC shared preliminary project eval rating factors with the YAB and Lived Exp Advisory Board (LEAB), both of which have members of various races, including members who identify as Black. Both groups reviewed the prelim rating factors and provided input and overall approval of the factors. The YAB and LEAB also reviewed the rating factors used to determine new project selection and ranking and provided input on and approval of the tool.

2. The Steering Cte works with the CoC team to make preliminary project selections and ranking recommendations based on the approved project eval process and rating factors for both new and renewal projects, as well as the CoC Competition Goals and Priorities established by the CoC Board. 14% of the Steering Cte membership identifies as Black/African American. The CoC Board, which has 13% of its members identifying as Black/African American, provides final approval of the project selection and ranking recommendations for the CoC.

3. The CoC incorporated racial disparities analysis into its FY23 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 identify action plans to address issues. 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 disparities they identified, and their action plan to address disparities. Projects failing to conduct the analysis had points deducted from their overall project eval score. New projects applicants had to respond to questions about how they planned to advance race equity via project P&P as well as hiring and agency/program management.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.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 low performing or less needed projects through the process described in element 1 of this question during your CoC’s 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 CoC has a reallocation policy that addresses both voluntary reallocation (when a grantee wants to return grant funds to the CoC) and involuntary reallocation. The CoC identifies projects at risk for involuntary reallocation in the following ways: 1) identify projects with significant performance or CoC Program compliance issues – this includes reviewing internal project monitoring information, HUD monitoring info (if available), and project evaluation scores to identify particular areas of poor performance 2) identify renewal projects not receiving at least 70% of available project eval points. Projects not meeting project eval score threshold were permitted to submit Improvement Action Plans for consideration by the CoC team and Steering Cte. The CoC ultimately determined which projects to reallocate by reviewing project performance/monitoring issues, project eval scores, and submitted IAPs, and considered those along with the possible impact of the project loss to the local community, past performance of the grantee, past monitoring issues, and organizational capacity for change. The Steering Cte and CoC Team then made recommendations for reallocation to the CoC Board, who ultimately makes final reallocation decisions.

2)The CoC identified 11 projects that were potential candidates for reallocation in the FY23 CoC Competition.

3)The CoC reallocated funding from 1 project this year.

1E-4a.	Reallocation Between FY 2018 and FY 2023.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2018 and FY 2023?	No
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1E-5.	Projects Rejected/Reduced–Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	Yes
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	Yes
4.	If you selected Yes for element 1 or element 2 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 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/07/2023

1E-5a.	Projects Accepted–Notification Outside of e-snaps.	
	NOFO Section V.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 06/26/2023, 06/27/2023, and 06/28/2023, then you must enter 06/28/2023.	09/14/2023
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	<p>Does your attachment include:</p> <ol style="list-style-type: none"> 1. Project Names; 2. Project Scores; 3. Project accepted or rejected status; 4. Project Rank—if accepted; 5. Requested Funding Amounts; and 6. Reallocated funds. 	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting—CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	<p>Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC’s website or partner’s website—which included:</p> <ol style="list-style-type: none"> 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings. 	09/26/2023
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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 V.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 was posted on your CoC’s website or partner’s website.	09/26/2023
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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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.B.3.a.	

	Enter the date your CoC submitted its 2023 HIC data into HDX.	04/26/2023
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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 V.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 HMIS comparable databases;	
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database–compliant with the FY 2022 HMIS Data Standards; and	

3. state whether your CoC's HMIS is compliant with the FY 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 submit quarterly 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 V.B.3.c. and V.B.7.

Enter 2023 HIC and HMIS data in the chart below by project type:

Project Type	Total Year-Round Beds in 2023 HIC	Total Year-Round Beds in HIC Operated by Victim Service Providers	Total Year-Round Beds in HMIS	HMIS Year-Round Bed Coverage Rate
1. Emergency Shelter (ES) beds	2,674	754	1,363	70.99%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	756	167	468	79.46%
4. Rapid Re-Housing (RRH) beds	1,363	5	1,358	100.00%
5. Permanent Supportive Housing (PSH) beds	3,745	0	3,664	97.84%
6. Other Permanent Housing (OPH) beds	219	0	27	12.33%

2A-5a. Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.
 NOFO Section V.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:

- 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
- how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(limit 2,500 characters)

1.The ES and TH providers not participating in Ohio BoSCoC HMIS are those receiving no public funding at all. The OPH providers not participating primarily include PHAs administering EHV's. 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 service 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 V.B.3.d.	
	You must upload your CoC's FY 2023 HDX Competition Report to the 4B. Attachments Screen.	
	Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by February 28, 2023, 8 p.m. EST?	Yes

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2023 PIT count.	01/24/2023
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2B-2.	PIT Count Data–HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2023 PIT count data in HDX.	04/26/2023
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2B-3.	PIT Count–Effectively Counting Youth in Your CoC’s Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:	
	1. engaged unaccompanied youth and youth serving organizations in your CoC’s most recent PIT count planning process;	
	2. worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC’s most recent PIT count planning process; and	
	3. included youth experiencing homelessness as counters during your CoC’s most recent unsheltered PIT count.	

(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.
 2.Several youth participated in local PIT Count planning meetings to help identify the local ‘hot spots’ that would be canvassed during the PIT night. The CoC also 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.
 3.While all regions were encouraged to recruit people with lived experience as enumerators during the PIT planning process, at least one region in the BoS successfully utilized several youth with former lived experience of homelessness during PIT planning and events. At least one of the participating youth was a former YHDP project participant. In addition to helping count, these youth also attended local PIT planning events and staffed resource tables. This region plans to further engage their YAB during planning for the 2024 count.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.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 2022 and 2023, if applicable;	
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2022 and 2023, 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 2023.	

(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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reduction in the Number of First Time Homeless–Risk Factors Your CoC Uses.	
	NOFO Section V.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 (ie, greater risk factors for 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

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

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

Was your CoC’s Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoCs’ geographic area?	No

2C-2.	Length of Time Homeless—CoC’s Strategy to Reduce.	
	NOFO Section V.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. The CoC continues to apply available flexibilities to non ESG-CV funded housing projects.

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. 4) CoC Written Stds and CE Stds require all housing projects to prioritize those with longest homeless histories first, in all cases, and the CoC monitors for this via project monitoring and CoC project eval process.

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 V.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 has comprehensive RRH program Stds & trainings to help 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) Offered multi-part Shared Housing training with national experts to all PH providers in CoC 8) 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 9) Advocated with state ESG recipient to develop strategies to help providers expend more RRH resources and scale up RRH assistance to serve more households. 10) Monitor CoC projects on ensuring PH exits for clients align with CoC goals 11) Established MOUs with all EHV PHAs to ensure prioritization of vouchers for literally homeless folks via CE system. 12) Ongoing advocacy with PHAs in the CoC’s geography to expand homeless admissions preferences and get more vouchers and units on the ground

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. 3) Provided training to PSH providers on developing moving-on strategies 4) Monitor CoC projects on ensuring PH exits/retention for PSH clients align with CoC goals.

3.CoC Director at COHHIO oversees the strategy.

2C-4.	Returns to Homelessness—CoC's Strategy to Reduce Rate.	
	NOFO Section V.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 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. 10) Worked with state ESG/ESG-CV recipient to ensure HP programs were funded in 100% of the CoC, and that funding provided increased proportionally with the availability of ESG-CV funding 11) Developed comprehensive HP program standards to guide the administration of 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 V.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 employment 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 4) CoC Written Stds explicitly require all providers to offer individualized supp services to clients and are required to, at minimum, focus on helping clients obtain non-cash benefits and access employment and other cash benefits where able and in line with client goals

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 V.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 Benefits Self-Service portal 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. 5) CoC Written Stds explicitly require all providers to offer individualized supp services to clients and are required to, at minimum, focus on helping clients obtain non-cash benefits and access employment and other non-emp cash income where able and in line with client goals

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.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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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.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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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.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
CAC of Pike Count...	PH-PSH	89	Healthcare
OneEighty and WMH...	PH-PSH	88	Housing
Ashtabula County ...	PH-PSH	92	Housing

3A-3. List of Projects.

1. What is the name of the new project? CAC of Pike County - PSH FY23
2. Enter the Unique Entity Identifier (UEI): JGDPHJ86VK64
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 89
5. Select the type of leverage: Healthcare

3A-3. List of Projects.

1. What is the name of the new project? OneEighty and WMHA Collaborative PSH
2. Enter the Unique Entity Identifier (UEI): FGJAGB2FYW47
3. Select the new project type: PH-PSH
4. Enter the rank number of the project on your CoC's Priority Listing: 88
5. Select the type of leverage: Housing

3A-3. List of Projects.

1. What is the name of the new project? Ashtabula County CoC voucher program for families and singles

2. Enter the Unique Entity Identifier (UEI): JMW4YEH6BB14

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your 92
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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.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
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3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 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 V.F.	

	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 V.F.	

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)

4A. DV Bonus Project Applicants for New DV Bonus Funding

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) 2023 Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2023 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applications.	
	NOFO Section I.B.3.I.	

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 I.B.3.I.	

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 2023 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 I.B.3.I.(1)(c)	

1.	Enter the number of survivors that need housing or services:	1,121
2.	Enter the number of survivors your CoC is currently serving:	993
3.	Unmet Need:	128

4A-3a.	How Your CoC Calculated Local Need for New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(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 2023 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 served in ES and TH are unable to resolve their homelessness on their own and 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 databases provided #s of survivors served in DV dedicated RRH projects.
3. Barriers to fully meeting the housing needs of all survivors include shortage of safe, affordable units, inconsistent access to transportation, and insufficient resources to serve everyone who is eligible and desires the assistance in the CoC's 80 counties across the state.

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 I.B.3.I.(1)	

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

Applicant Name
Project Woman of ...

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 2023 Priority Listing for New Projects:

1.	Applicant Name	Project Woman of Springfield and Clark County
2.	Project Name	PW Supportive Housing Solutions
3.	Project Rank on the Priority Listing	96
4.	Unique Entity Identifier (UEI)	LM96DTXT7DF3
5.	Amount Requested	\$195,356
6.	Rate of Housing Placement of DV Survivors—Percentage	70%
7.	Rate of Housing Retention of DV Survivors—Percentage	100%

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 I.B.3.I.(1)(d)	

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. PW currently operates a DV dedicated TH and RRH project. PW calculated placement rate by reviewing APR data for these projects and calculating the % of exits who exited to Perm Housing. PW estimates its retention rate as 100% b/c no exited participants identified in the APR data have returned to the local homeless system at this point in time.
2. B/c PW completes a safety assessment and program exit, we believe 100% of these PH exits are also safe housing destinations.
3. The data source is APR data from a TH project and RRH project pulled from Osnium, PWs 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 I.B.3.I.(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. Project Woman of Ohio (PW) Advocates connect with DV survivors at various stages of homelessness ranging from planning a Safe Exit from the violent/abusive home, facilitating entry to the DV Emergency Shelter, and transitioning/relocation from a temporary safe place to permanent housing. Being responsive to the survivor’s needs and proactively planning safe housing strategies are essential elements. To accomplish these goals, PW works with local private landlords to ensure move-in ready apartment units are available and “set-aside” for PW survivors.
2. Eligible referrals from CoC partners are received through the Coordinated Entry process. Survivors fleeing domestic violence are prioritized to enter Safe Relocation. PW Advocates can meet with survivors whose first point of contact was made at a partner agency through tele-advocacy. Otherwise, PW Advocates will respond within three hours to initiate intake and to begin safety planning. Survivors complete a basic housing needs assessment to determine safety, financial, and emotional supports.
3. Together, the survivor and Advocate create a Goal Attainment Plan that is client driven and housing focused. The plan includes goals and action steps, including the identification of needed/desired supportive services, identified through a housing barrier assessment, the review of safety plans, and client-identified goals
4. An Empowerment Team is established within 72 hours of intake for each program participant. The Team includes the Housing Advocate and the Empowerment Educator. If mental health or addiction services are identified as a priority, a Case Manager joins to ensure community resources are leveraged and connections are made and maintained. The Team may also include external partners that the survivor identifies as key to achieving goals and to removing barriers.
5. By working with private landlords, long-term housing solutions are available for survivors with a minimum lease agreement of 12 months that is renewable if the tenant and landlord are amenable. The Empowerment Team works to solve issues proactively and to support the survivor to increase household resources necessary to maintain the lease agreement even after the program has been completed. Long-term housing subsidy may be available through local partners such as Springfield Metropolitan Housing Authority or the City of Springfield if survivors meet criteria for specialized vouchers.

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 I.B.3.I.(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 of PW's clients are DV survivors, and all clients are entitled to privacy and confidentiality at their first contact. PW Advocates also utilize tele-advocacy to ensure timely entry/intake. PW has partnered with Ohana-Link Purple to implement a mobile-app framework for safe communications with survivors. PW also trains local partners about VAWA protections and trauma-informed approaches and responses. This training establishes best practice approaches for all partners through the process regardless of the survivor's initial point of contact and ensures privacy and confidentiality. All Coordinated Entry partners use a Release of Information that meets VAWA protection criteria as part of the rapid referral to PW. A rapid referral is made to the PW Advocate who takes over the intake process.
2. B/c PW operates a tenant-based RRH project, PW works closely with landlords to ensure units are safe. All landlords must be in good standing with the local Fair Housing office. Some landlords recognize the need for safety and security for all their tenants. These properties are preferred, and Program participants have the opportunity to rate their landlord which provides feedback to PW and potential tenants as decision are made about available units. Advocates also perform an Environmental Safety Review of units as a part of safety planning. The review identifies potential risks and safety barriers related to the property and the neighborhood (access to public transportation, exterior lighting, parking distance from entry/exits).
3. PW office and shelter/TH project site locations are confidential. Survivor information is kept confidential and is only shared with partner agencies where an ROI is in place and info is only shared for service coordination purposes.
4. All PW staff and volunteers receive initial and recurring training about confidentiality, privacy, anonymity, and ethics.
5. Survivors are eligible for some assistance with enhancing personal safety measures such as Ring cameras and window locks.

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 I.B.3.I.(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)

The new project location, Auburn Apartments, has been designed to meet survivor safety and security needs. A-1 Towers (Auburn Apartment’s owner and landlord) has prioritized all units for use by Project Woman of Ohio (PW). All units will be maintained to meet inspection requirements for habitability as well as safety and security. By having access to these dedicated units, PW will ensure timely relocation to and occupancy in safe and affordable housing.

Advocates and the Empowerment Team have meeting space available onsite to reduce transportation barriers and to increase physical safety and location confidentiality. By receiving services on site, survivors will not have to travel to PW’s main office and, therefore, will not risk exposure to abusive partners/family members. This community space will also help to nurture natural supports and neighbor relationships among the tenants. These connections will help with long-term goal attainment and sustainability of independence from abuse and violence for participants.

PW Advocates utilize the Community Advocacy Project (CAP) Model. CAP’s evidence-based framework focuses on skill attainment. The process of mentoring, modeling, and feedback allows survivors to steadily accomplish goals and demonstrate skills learned. Therefore, program completion is not based upon length of stay/participation in the program but rather on the ability of the participant to apply the training and utilize resources built.

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.	
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NOFO Section I.B.3.I.(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)

Project Woman of Ohio's (PW) trauma recovery service offerings align with National Network to End Domestic Violence (NNEDV) and Office of Violence Against Women (OVW) standards for trauma-informed approaches and responses. PW's services ensure voluntary services and supports to honor survivors' lived experiences, unique cultures, and identified preferences.

1. Through the Community Advocacy Project (CAP) model, Advocates help survivors address skill attainment and empowerment education centered on stabilizing in PH. Safety plans are updated as necessary meet each survivor's unique needs and to reflect all current and potential risks to safety as reported by the survivor and the team. Advocates provide continuity for the survivor by ensuring that safety and recovery services are provided in a wrap-around manner. Advocates build support systems within the community that will prepare survivors and their families to transition into supportive housing solutions that are free from violence. In keeping with the CAP model, Advocates facilitate a warm referral to support survivors' voices and priorities and to engage in relationship development (especially where circumstances of violence and abuse have caused isolation and disconnection from systems of support in the community).
2. All elements of PW's trauma recovery program are voluntary. Each survivor defines her or his own goals and own unique priorities while participating in the program. The intake begins with an assessment process. The assessment is not clinical, and it does not mandate any level of care or support for the participant. With an Advocate, each survivor writes her or his own Goal Attainment Plan (GAP) including how she or he wishes to overcome particular barriers. Staff interactions are intensive and focused through a team approach. The Empowerment Team helps to diffuse power dynamics because each member has a unique role and because the survivor leads the team. Moreover, PW staff are trained in power dynamics (and how those dynamics relate to domestic violence), boundaries and professional ethics, Trauma 101, and the CAP Model to ensure trauma-informed, survivor-led foundations.
3. Because understanding how trauma impacts one's self, family, and children, PW's Empowerment Team uses Ohio Domestic Violence Network's (ODVN) trauma materials with survivors.
4. Developing a GAP with survivors starts with a non-clinical assessment process. The assessment helps identify areas the survivor may want to work and also identifies possible barriers to goal achievement as well as survivor strengths. Each survivor defines her or his own goals and own unique priorities.
5. PW staff participate in the CoC's recurring trainings on complying with non-discrimination policies and the equal access rule. PW also utilizes translation services as needed and makes some program documents available in languages other than English
6. PW's services include mobile advocacy/rapid response, emergency shelter, counseling, support groups, case management, advocacy, and transitional/supportive housing. Based upon their Goal Attainment Plan, survivors have the opportunity to participate in weekly support groups, weekly psycho-educational groups, individual counseling sessions, parent-education classes, and intensive case management services. Additional services are available through local partnerships and priority referrals. Community volunteers may also meet with program participants monthly as mentors and provide a variety of activities and educational experiences.
7. The Housing Advocate connects each participant to community resources based upon identified need. When parenting needs are identified by a survivor, a referral is made to local parent education programs. PW partners with the

Home Visitation and Early Learning programs which provide these supports through a trauma-informed approach.

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 I.B.3.I.(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)

While participating in supportive housing through Project Woman of Ohio (PW) survivors choose to participate in mobile advocacy, empowerment-focused educational groups, trauma-recovery, and peer-led support groups. These voluntary services strengthen the survivors' self-reliance and self-sufficiency and build skills that allow them to live a life free from violence and to avoid homelessness. Designed with a wrap-around approach, supportive recovery services are tailored to each survivor's needs.

The Community Advocacy Project (CAP) model provides a framework for advocacy that is mobile and victim-centered. The Housing Advocate creates connections to local resources and makes referrals that are defined by the survivor. Local partners such as McKinley Hall, WellSpring, Rocking Horse Community Health Center, The Abilities Connection, local libraries, and YMCAs provide off-site activities that participants can include as part of their GAP in addition to addressing needs such as mental health services, substance abuse treatment and/or counseling, counseling for children, parenting classes, and self-defense classes. Participation is voluntary.

PW offers a variety of empowerment-focused groups and classes designed to strengthen survivors' life skills, self-reliance, esteem, and overall well-being. To foster community and self-reliance, peer-led support groups allow survivors to receive encouragement and to discuss a topic of personal interest or to do an activity based on personal interest. Although the Empowerment Educator is available to help facilitate supplies and to maintain psychological safety, the self-led group allows survivors to engage in community activities, dialogue, community meal sharing, art, and relaxation. Outdoor activities are available including Sustainable Gardening, Flowers and Herbs, and Mindfulness and Yoga. Participation in support groups is not mandatory.

Advocates serve as a liaison between the survivor and the legal and judicial systems; providing legal and court advocacy as needed. Advocates assist tenants in obtaining protection orders, accompany them to court appearances, complete safety planning, and provide consultation related to danger, risk, and ongoing safety measures. This level of advocacy is not a mandated service for participants in the program but is available for survivors who have specific needs and would like the support offered by registered advocates.

Advocates often use one of Project Woman's unmarked vehicles to transport tenants to and from appointments. Bus passes and LYFT services are also available to assist with transportation needs. Clark County Department of Job and Family Services provides transportation through the WorkPlus program.

Because the program's ultimate goal is for tenants to find and maintain permanent housing, the Housing Coordinator maintains communication with Springfield Metropolitan Housing Authority, local housing providers, and private landlords to build a strong base of housing options for those survivors who are not also enrolled in PW's RRH program. The Housing Coordinator maintains a priority referral list for private landlords, property owners, area apartment complexes, and Habitat for Humanity that can be used by the Housing Advocate to create safe transition plans for survivors.

For survivors who are prioritized for RRH programming, the Housing Coordinator and survivor include housing related goals and action steps in the GAP. Initial goals center around housing search and unit identification that

meets survivor needs. Upon housing move-in, GAP housing goals and actions shift to focus on housing maintenance, including addressing needs related to increasing income and access to non-cash benefits.

The Empowerment Team establishes a follow up plan of internal and external partners to provide continuity and to support the survivor upon exit from PW programs. As part of the Transition Plan, the Housing Coordinator verifies that the permanent housing solution meets Housing Quality Standards and is safe and affordable for a survivor. A revised Rent Determination ensures the household budget is in alignment with the new financial requirements. Follow up is provided for a minimum of 3 months to monitor successful outcomes and re-engage in supports as needed. Follow up supports include direct contact by the Housing Advocate. This schedule can begin weekly and can reduce to monthly as mutually decided. The Programs Director will make contact for a random sample of participants in the program to review feedback, gain survey information, and monitor program outcome trends.

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

Describe in the field below examples of how the new project(s) 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 work 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)

Through this new DV Bonus application (PW Supportive Housing Solutions), Project Woman of Ohio (PW) is seeking to expand and to merge the application with its renewal application project, Reigns of Renewal. Thus, the activities listed above in 3e describing PW's trauma-informed, victim centered approach will be continued and replicated through this new project.

In addition to the extended answer above in 3e, this new PW Supportive Housing Solutions project will provide PW with a dedicated space at Auburn Apartments to increase participation, decrease exposure to abuse, and to enhance safety.

4A-3h.	Involving Survivors in Policy and Program Development, Operations, and Evaluation of New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects.	
	NOFO Section I.B.3.I.(1)(f)	

Describe in the field below how the new project will involve survivors:

- | | |
|----|---|
| 1. | with a range of lived expertise; and |
| 2. | in policy and program development throughout the project's operation. |

(limit 2,500 characters)

Survivors of domestic violence have a variety of lived experiences. Project Woman of Ohio (PW) Advocates do not evaluate this experience. Instead, they honor that experience and support the survivor to share that lived experience to whatever extent she or he wishes while participating in this program. Part of empowerment education is to help each participant honor and respect each other's differences and similarities with respect to lived experience. Each survivor is an expert in their own life; no singular mold fits all survivors. Programming is developed and offered to honor this truth. Survivors are encouraged to provide open feedback to one another and to program staff to ensure that survivor expertise is given space and used as part of PW's continuous improvement efforts.

PW is accredited through the Council on Accreditation (COA) for DV services including supportive housing. As such, all policies and procedures (including those which will be consistently applied to this new project) meet all accreditation criteria including survivor-centered and trauma-informed principles.

Submission Summary

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

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1A. CoC Identification	08/21/2023
1B. Inclusive Structure	09/20/2023
1C. Coordination and Engagement	09/25/2023
1D. Coordination and Engagement Cont'd	09/22/2023
1E. Project Review/Ranking	09/22/2023
2A. HMIS Implementation	09/22/2023
2B. Point-in-Time (PIT) Count	09/22/2023
2C. System Performance	09/25/2023
3A. Coordination with Housing and Healthcare	09/22/2023
3B. Rehabilitation/New Construction Costs	09/15/2023
3C. Serving Homeless Under Other Federal Statutes	09/15/2023
4A. DV Bonus Project Applicants	09/25/2023

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Submission Summary

No Input Required