

## Before Starting the CoC Application

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

The Collaborative Applicant is responsible for:

- Reviewing the FY 2015 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions for assistance with completing the application in e-snaps.
- Answering all questions in the CoC Application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing so, please keep in mind that:
  - This year, CoCs will see that a few responses have been imported from the FY 2013/FY 2014 CoC Application. Due to significant changes to the CoC Application questions, most of the responses from the FY 2013/FY 2014 CoC Application could not be imported.
    - For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses.
    - For other questions, the Collaborative Applicant must be aware of responses provided by project applicants in their Project Applications.
  - Some questions require that the Collaborative Applicant attach a document to receive credit. This will be identified in the question.
  - All questions marked with an asterisk (\*) are mandatory and must be completed in order to submit the CoC Application.

For Detailed Instructions click [here](#).

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

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1A-1. CoC Name and Number:** OH-508 - Canton, Massillon, Alliance/Stark County CoC

**1A-2. Collaborative Applicant Name:** Stark County Regional Planning Commission

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Stark County Mental Health and Recovery Services Board

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

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.**

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board	Sits on CoC Board
Local Government Staff/Officials	Yes	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
Law Enforcement	No	Yes	No
Local Jail(s)	No	No	No
Hospital(s)	Yes	Yes	No
EMT/Crisis Response Team(s)	No	No	No
Mental Health Service Organizations	Yes	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes	Yes
Public Housing Authorities	Yes	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	Not Applicable	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	No
Street Outreach Team(s)	Yes	Yes	No
Youth advocates	Yes	Yes	No
Agencies that serve survivors of human trafficking	Yes	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes	Yes
Re-Entry Coalition	Yes	Yes	Yes
Employment Agencies	Yes	Yes	Yes
Veterans Organizations	Yes	Yes	Yes

**1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness in the geographic area or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question. (limit 1000 characters)**

The CoC works closely w/ our Mental Health & Recovery Services Board (MHRSB) and our PHA. MHRSB's CEO is vice chair of the CoC Board, and its staff either chair or serve on monthly Quality Assurance Workgroups for CoC providers and all key CoC committees: Mental Illness/Addiction; Central Intake/Assessment; Recipient Approval/Evaluation; and System Performance. MHRSB also offers critical trainings for CoC providers (e.g., around motivational interviewing & trauma-informed care) and substantial resources that are blended with the CoC's to better serve shared clients. Our local PHA also partners with the CoC on housing projects in addition to prioritizing homeless for PH. Through its Director of Asset Mgt., who serves on the CoC Board, our PHA has also been guiding CoC efforts to (1) convene subsidized and low-income housing providers in the area to share info and promote partnerships and (2) work with the county's reentry coalition to develop housing opportunities for ex-offenders.

**1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Youth Service Provider (up to 10)	RHY Funded?	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on the CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
School Homeless Liaisons	No	Yes	Yes
PAL Mission	Yes	Yes	No
Stark County Department of Jobs and Family Services	No	Yes	Yes
Coleman Professional Services	No	Yes	No
Community Services of Stark County	No	Yes	No
AHEAD Inc.	No	No	No
Child & Adolescent Services	No	No	No
Family Council	No	No	No
Children's Network	No	No	No
Monroe Community Center	No	No	No

**1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area. Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

Victim Service Provider for Survivors of Domestic Violence (up to 10)	Participated as a Voting Member in at least two CoC Meetings within the last 12 months (between October 1, 2014 and November 15, 2015).	Sat on CoC Board as active member or official at any point during the last 12 months (between October 1, 2014 and November 15, 2015).
DVPI, Inc. Canton	Yes	No
DVPI, Inc. Massillon	No	No
Alliance Area Domestic Violence Shelter	No	No
SCDJFS Children's Services	Yes	Yes
Prosecutors Office - Victims Services Division	No	No
Red Cross - Rape Crisis	No	No
Children's Network	No	No

**1B-2. Does the CoC intend to meet the timelines for ending homelessness as defined in Opening Doors?**

Opening Doors Goal	CoC has established timeline?
End Veteran Homelessness by 2015	Yes
End Chronic Homelessness by 2017	Yes
End Family and Youth Homelessness by 2020	Yes
Set a Path to End All Homelessness by 2020	Yes

**1B-3. How does the CoC identify and assign the individuals, committees, or organizations responsible for overseeing implementation of specific strategies to prevent and end homelessness in order to meet the goals of Opening Doors?  
(limit 1000 characters)**

CoC committees include (1) people recruited by committee chairs & CoC staff to ensure participation by all individuals/organizations whose help is needed to fulfill assigned work & (2) interested citizens who ask to join. The CoC Board appoints a chair & approves an annual work plan for each committee. CoC director/vet housing provider A. Fletcher chairs the Veterans Task Force. Its 30+ members include representatives of the VA, VSC, Honors Court, PHA, and 20 other groups and citizens dedicated to serving vets. Our Youth Committee is chaired by CoC director/Canton school district liaison K. Perry and includes interested citizens and representatives of 23 agencies serving youth. The CoC Board as a whole, including the CEO or COO of the area's Mental Health/Recovery Services Board & the CoC's 3 main housing providers & a representative of our only PHA, oversees strategies for ending chronic and family homelessness, delegating specific tasks as needed to 3 primary HCCSC committees.

**1B-4. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for any new projects in 2015. (limit 1000 characters)**

The CoC is open to proposals from unfunded entities if they follow a charter-defined process to ensure that they understand the CoC Grant program; can meet HUD and other legal requirements; understand the homeless system and its needs; and are proposing projects that meet those needs. Because no unfunded entities seeking CoC funds had initiated that process when the CoC invited proposals for 2015 ARD funds last spring, the CoC issued no public invitation to apply. Later, after an unfunded entity that had gone through the process registered its interest in CoC funding, CoC issued a public invitation enabling that entity to apply for 2015 bonus funds. When a new project does compete with currently funded projects, factors determining whether the project will be on the project listing include track record/stability of applicant and project; comparative cost efficiency; and whether it will meet higher priorities or meet the same priorities more effectively than currently funded projects.

**1B-5. How often does the CoC invite new members to join the CoC through a publicly available invitation?** Annually

# 1C. Continuum of Care (CoC) Coordination

## Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1C-1. Does the CoC coordinate with other Federal, State, local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.**

Funding or Program Source	Coordinates with Planning, Operation and Funding of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	No
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
HeadStart Program	Yes
Other housing and service programs funded through Federal, State and local government resources.	Yes

**1C-2. The McKinney-Vento Act, as amended, requires CoCs to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program interim rule at 24 CFR 578.7(c)(4) requires that the CoC provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110(b)(1) requires that the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.**

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

	Number	Percentage
Number of Con Plan jurisdictions with whom the CoC geography overlaps	4	
How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?	4	100.00 %
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	4	100.00 %
How many of the Con Plan jurisdictions are also ESG recipients?	1	
How many ESG recipients did the CoC participate with to make ESG funding decisions?	1	100.00 %

How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1	100.00 %
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**1C-2a. Based on the responses selected in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency, extent, and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)**

Stark County (SC), Canton, Massillon & Alliance are Con Plan jurisdictions in CoC's area. Each is represented by 1 or more CoC members, who meet 3x/yr: 2 mayors, a SC Commissioner, 2 Comm. Dev. (CD) dirs. & others. SC & Canton CD dirs. serve on the CoC Board (2 hrs/mth). The SC CD director chairs & a Canton rep serves on the CoC's Evaluation Cmte (meets at least quarterly). Also, reps of SC & Canton serve on the Sys. Perf. Cmte (meets monthly). In preparing 2014-18 plans, the CoC Planner (employed by the SC office that administers SC's HUD programs and supervised by SC CD director) & Canton CD staff interacted about 2 hrs/wk for 3 mths via meetings, calls, & emails to draft sections on homeless/affordable housing. Sections were reviewed by CoC committee chairs for feedback. CoC Planner consults with jurisdictions on updates for annual plans and reports CoC accomplishments in SC's CAPER. (SC's Con Plan covers homeless sections for Massillon & Alliance as lead entity for HOME Consort.)

**1C-2b. Based on the responses selected in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)**

The City of Canton is the sole ESG recipient in the CoC's area. The CoC's System Performance Cmte identifies gaps and recommends funding priorities to the CoC Board, which then makes recommendations to the City for ESG priorities. A City staff person serves on both the CoC's System Performance Cmte and its Evaluation Cmte, which reviews ESG proposals and makes recommendations to the CoC Board for endorsing ESG projects that are then recommended to the City for approval. System-wide performance standards and targets, to be incorporated into ESG project targets, are developed by the System Performance Cmte. PIT, HMIS and ESG sub-recipient outcome data are all considered in developing these targets and provided to the City through staff serving on this committee. CoC's Collaborative Applicant administers the ESG grants, which includes review of monthly status reports and annual on-site monitoring. Quarterly review of HMIS-generated reports on performance outcomes will begin in 2016.



**1C-3. Describe the how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)**

All who contact Central Intake (CI) are pre-screened for domestic violence (DV). If they identify as DV victims, CI provides info about available DV and non-DV projects, advises contacting DV projects for expert help, and connects the clients with DV projects if that's their preference. If then or at any time after contacting a DV project, clients request non-DV specific homeless services, CI will conduct a full intake/assessment, prioritizing clients based on the date/time they first contacted CI. If clients contact a DV project first but refuse or fail to qualify for DV-specific shelter/services, the DV project helps connect them to CI. CI only collects data DV clients want to share and honors clients' geographical preferences for shelter/housing. The CoC has adopted an emergency transfer plan for DV victims per VAWA proposed regs. CI and providers share client info by Secure Google Docs and phone calls between known staff. HMIS users receive annual privacy/security training.

**1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between October 1, 2014 and March 31, 2015, and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program. (Full credit consideration may be given for the relevant excerpt from the PHA's administrative planning document(s) clearly showing the PHA's homeless preference, e.g. Administration Plan, Admissions and Continued Occupancy Policy (ACOP), Annual Plan, or 5-Year Plan, as appropriate).**

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 10/1/14 to 3/31/15 who were homeless at entry	PHA has General or Limited Homeless Preference
Stark Metropolitan Housing Authority	42.56%	Yes-Both

**If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.**

**1C-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.**

**(limit 1000 characters)**

Since 2014 Stark County has received 50 VASH vouchers for homeless veterans. 15 units of scattered site transition in place housing has been provided annually via State SHP funding targeting those who are literally homeless. 13 persons who were experiencing homelessness were also housed via State (Homeless Crisis Response Program) funding over the past year. The local Mental Health & Recovery Services Board (MHR SB) has developed subsidized housing opportunities via HOME funded TBRA targeting 7 homeless T.A.Y and 7 homeless persons with MH or AoD diagnoses. The MHR SB has also used local Housing Assistance Program funds to provide subsidized housing to 55-59 persons annually who were homeless/at-risk with MH/AoD. Local funds have been used for 12 units within group homes targeting chronic homeless. CoC is currently seeking partnerships via monthly housing development meetings with those interested in developing affordable housing, targeting those who are homeless/at-risk.

**1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply. For "Other," you must provide a description (2000 character limit)**

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input type="checkbox"/>
No strategies have been implemented:	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

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

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**1D-1. Select the systems of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.**

<b>Foster Care:</b>	<input type="checkbox"/> X <input type="checkbox"/>
<b>Health Care:</b>	<input type="checkbox"/>
<b>Mental Health Care:</b>	<input type="checkbox"/> X <input type="checkbox"/>
<b>Correctional Facilities</b>	<input type="checkbox"/> X <input type="checkbox"/>
<b>None:</b>	<input type="checkbox"/>

**1D-2. Select the systems of care within the CoC's geographic area with which the CoC actively coordinates to ensure that institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.**

<b>Foster Care:</b>	<input type="checkbox"/> X <input type="checkbox"/>
<b>Health Care:</b>	<input type="checkbox"/> X <input type="checkbox"/>
<b>Mental Health Care:</b>	<input type="checkbox"/> X <input type="checkbox"/>
<b>Correctional Facilities:</b>	<input type="checkbox"/> X <input type="checkbox"/>
<b>None:</b>	<input type="checkbox"/>

**1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) and explain how the CoC plans to coordinate with the institution(s) to ensure persons discharged are not discharged into homelessness.  
(limit 1000 characters)**

## 1E. Centralized or Coordinated Assessment (Coordinated Entry)

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**CoCs are required by the CoC Program interim rule to establish a Centralized or Coordinated Assessment system – also referred to as Coordinated Entry. Based on the recent Coordinated Entry Policy Brief, HUD’s primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible regardless of where or how people present for assistance. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of a well-developed coordinated entry processes can result in severe hardships for persons experiencing homelessness who often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.**

**1E-1. Explain how the CoC’s coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services. (limit 1000 characters)**

Instructions for accessing local homeless services are simple (“call the Homeless Hotline”); publicized throughout the county to agencies and institutions apt to encounter the homeless; and easily found online and by calling 211. Outreach staff routinely visit food sites and other areas frequented by homeless; locate suspected homeless people who have been reported to the Hotline (HH); and connect the homeless they find to HH. If not diverted after pre-screening and extensive counseling by staff, HH callers undergo formal intake and assessment using SPDAT. Based on SPDAT scores, other collected data, and CoC-approved eligibility standards, HH determines appropriate housing and services for clients, refers them to shelter, and includes them by name on a central prioritization list, ranking them according to their chronic status, severity of need as measured by SPDAT, and length of homelessness. Providers pull eligible clients from the list in the order in which they are ranked.

**1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If the organization or person does not exist in the CoC's geographic area, select "Not Applicable." If there are other organizations or persons that participate not on this list, enter the information, click "Save" at the bottom of the screen, and then select the applicable checkboxes.**

Organization/Person Categories	Participates in Ongoing Planning and Evaluation	Makes Referrals to the Coordinated Entry Process	Receives Referrals from the Coordinated Entry Process	Operates Access Point for Coordinated Entry Process	Participates in Case Conferencing	Not Applicable
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
EMT/Crisis Response Team(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Substance Abuse Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Affordable Housing Developer(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Youth Homeless Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School Administrators/Homeless Liaisons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-CoC Funded Victim Service Organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Street Outreach Team(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Homeless or Formerly Homeless Persons	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

## Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 1F-1. For all renewal project applications submitted in the FY 2015 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

How many renewal project applications were submitted in the FY 2015 CoC Program Competition?	15
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	2
How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2015 CoC Program Competition?	13
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2015 CoC Competition?	100.00%

### 1F-2. In the sections below, check the appropriate box(s) for each section to indicate how project applications were reviewed and ranked for the FY 2015 CoC Program Competition. (Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.)

Type of Project or Program (PH, TH, HMIS, SSO, RRH, etc.)	<input checked="" type="checkbox"/>
Performance outcomes from APR reports/HMIS	
Length of stay	<input checked="" type="checkbox"/>
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
	<input type="checkbox"/>



<b>Monitoring criteria</b>	
Participant Eligibility	<input checked="" type="checkbox"/>
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
<b>Need for specialized population services</b>	
Youth	<input checked="" type="checkbox"/>
Victims of Domestic Violence	<input checked="" type="checkbox"/>
Families with Children	<input checked="" type="checkbox"/>
Persons Experiencing Chronic Homelessness	<input checked="" type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None	<input type="checkbox"/>

**1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority. (limit 1000 characters)**

All CoC-funded projects select participants from a central prioritization list. The tool we use to help prioritize people on that list (SPDAT) evaluates vulnerabilities and barriers to housing, including: low/no income; substance use; criminal history; mental illness; physical health challenges; high utilization of emergency services; risk of harm to self or others; history of sheltered and unsheltered homelessness; and involvement in high risk and exploitative situations. Those with the highest acuity scores qualify for PSH. Therefore, we ranked PSH projects as our highest priority projects in 2015. Within each project type (e.g., PSH, RRH), projects were ranked according to specific scoring criteria. The most heavily weighted factor within the 2015 scoring criteria was the number of vets and chronically homeless (CH) to be served by each project. Therefore, projects serving higher numbers of vets and/or CH received more points, which contributed toward their higher ranking.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. In addition, describe how the CoC made this information available to all stakeholders. (Evidence of the public posting must be attached) (limit 750 characters)**

At the 3/20/15 CoC members meeting, a new review, ranking, & selection process was discussed with members. The policies and project scoring sheets implementing that process were adopted by the CoC Board on 4/14/15. Meeting minutes, the policies and scoring sheets were then posted on the CoC's website. At the 7/20/15 members meeting, the process was explained again, and members were told that the relevant policies were available on the CoC website. On 9/22/15, CoC members were notified by email about the NOFA, the bonus funding opportunity, and the process to apply. On 10/21/15, the CoC put an ad in the local papers explaining the review/ranking/selection process and where to find further assistance to prepare for future competitions.

**1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2015 CoC Consolidated Application that included the final project application ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached.)**

11/13/2015

**1F-5. Did the CoC use the reallocation process in the FY 2015 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)**

Yes

**1F-5a. If the CoC rejected project application(s) on what date did the CoC and Collaborative Applicant notify those project applicants their project application was rejected in the local CoC competition process? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)** 11/04/2015

**1F-6. Is the Annual Renewal Demand (ARD) in the CoC's FY 2015 CoC Priority Listing equal to or less than the ARD on the final HUD-approved FY 2015 GIW?** Yes

# 1G. Continuum of Care (CoC) Addressing Project Capacity

## Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

### 1G-1. Describe how the CoC monitors the performance of CoC Program recipients. (limit 1000 characters)

HMIS submits cumulative quarterly APR outcomes on CoC-funded projects to the recipient and the Collaborative Applicant (CA), showing bed use; housing stability; and increases in income/mainstream benefits. Projects then submit quarterly "status reports" to the CA including info about drawdowns, recent HUD monitorings/findings, and persons served, lengths of service, & destinations upon exit. To assist with accurate and timely submissions to HUD, recipients submit draft APRs to CA for review and endorsement 60 days after a project end date along with verification of HMIS approval. CA performs annual onsite monitoring of projects to review records and confirm eligibility of participants and activities and compliance with HUD regs. The Recipient Approval and Evaluation Cmte meets at least quarterly to get feedback from CA on status reports, APRs, audits/monitoring reports and results of site visits and to determine whether projects are meeting performance goals and other expectations.

**1G-2. Did the Collaborative Applicant review and confirm that all project applicants attached accurately completed and current dated form HUD 50070 and form HUD-2880 to the Project Applicant Profile in e-snaps?** Yes

**1G-3. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?** Yes

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

**Intructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2A-1. Does the CoC have a governance charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the charter itself or by reference to a separate document like an MOU? In all cases, the CoC's governance charter must be attached to receive credit. In addition, if applicable, any separate document, like an MOU, must also be attached to receive credit.** Yes

**2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or the attached MOU.** Governance Charter - VII.A (page 13) and MOU - Index B.1 (page 8)

**2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.** Yes

**2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organizations (CHOs)?** Yes

**2A-4. What is the name of the HMIS software used by the CoC (e.g., ABC Software)?** AES (Application Enterprise Software)  
**Applicant will enter the HMIS software name (e.g., ABC Software).**

**2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?** Adsystem, Inc.  
**Applicant will enter the name of the vendor (e.g., ABC Systems).**

## 2B. Homeless Management Information System (HMIS) Funding Sources

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2B-1. Select the HMIS implementation coverage area:** Single CoC

**\* 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

### 2B-2.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	\$100,417
ESG	\$78,351
CDBG	\$0
HOME	\$0
HOPWA	\$0
<b>Federal - HUD - Total Amount</b>	<b>\$178,768</b>

### 2B-2.2 Funding Type: Other Federal

Funding Source	Funding
Department of Education	\$0
Department of Health and Human Services	\$0
Department of Labor	\$0
Department of Agriculture	\$0
Department of Veterans Affairs	\$0
Other Federal	\$0
<b>Other Federal - Total Amount</b>	<b>\$0</b>

**2B-2.3 Funding Type: State and Local**

<b>Funding Source</b>	<b>Funding</b>
City	\$0
County	\$0
State	\$12,800
<b>State and Local - Total Amount</b>	<b>\$12,800</b>

**2B-2.4 Funding Type: Private**

<b>Funding Source</b>	<b>Funding</b>
Individual	\$0
Organization	\$62,412
<b>Private - Total Amount</b>	<b>\$62,412</b>

**2B-2.5 Funding Type: Other**

<b>Funding Source</b>	<b>Funding</b>
Participation Fees	\$0
<b>Other - Total Amount</b>	<b>\$0</b>

<b>2B-2.6 Total Budget for Operating Year</b>	<b>\$253,980</b>
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## 2C. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2C-1. Enter the date the CoC submitted the 2015 HIC data in HDX, (mm/dd/yyyy):** 04/30/2015

**2C-2. Per the 2015 Housing Inventory Count (HIC) indicate the number of beds in the 2015 HIC and in HMIS for each project type within the CoC. If a particular housing type does not exist in the CoC then enter "0" for all cells in that housing type.**

Project Type	Total Beds in 2015 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter beds	273	69	204	100.00%
Safe Haven (SH) beds	20	0	20	100.00%
Transitional Housing (TH) beds	168	17	151	100.00%
Rapid Re-Housing (RRH) beds	28	0	28	100.00%
Permanent Supportive Housing (PSH) beds	439	0	439	100.00%
Other Permanent Housing (OPH) beds	0	0	0	

**2C-2a. If the bed coverage rate for any housing type is 85% or below, describe how the CoC plans to increase this percentage over the next 12 months.**

**(limit 1000 characters)**

Not Applicable

**2C-3. HUD understands that certain projects are either not required to or discouraged from participating in HMIS, and CoCs cannot require this if they are not funded through the CoC or ESG programs. This does NOT include domestic violence providers that are prohibited from entering client data in HMIS. If any of the project types listed in question 2C-2 above has a coverage rate of 85% or below, and some or all of these rates can be attributed to beds covered by one of the following programs types, please indicate that here by selecting all that apply from the list below.  
(limit 1000 characters)**

VA Domiciliary (VA DOM):	<input type="checkbox"/>
VA Grant per diem (VA GPD):	<input type="checkbox"/>
Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
HOPWA projects:	<input type="checkbox"/>
Not Applicable:	<input checked="" type="checkbox"/>

**2C-4. How often does the CoC review or assess its HMIS bed coverage?** Quarterly

## 2D. Homeless Management Information System (HMIS) Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" during the time period of October 1, 2013 through September 30, 2014.**

Universal Data Element	Percentage Null or Missing	Percentage Client Doesn't Know or Refused
3.1 Name	0%	0%
3.2 Social Security Number	0%	0%
3.3 Date of birth	0%	0%
3.4 Race	0%	0%
3.5 Ethnicity	0%	0%
3.6 Gender	0%	0%
3.7 Veteran status	0%	0%
3.8 Disabling condition	0%	0%
3.9 Residence prior to project entry	0%	0%
3.10 Project Entry Date	0%	0%
3.11 Project Exit Date	0%	0%
3.12 Destination	4%	0%
3.15 Relationship to Head of Household	0%	0%
3.16 Client Location	0%	0%
3.17 Length of time on street, in an emergency shelter, or safe haven	0%	0%

**2D-2. Identify which of the following reports your HMIS generates. Select all that apply:**

CoC Annual Performance Report (APR):	<input checked="" type="checkbox"/>
ESG Consolidated Annual Performance and Evaluation Report (CAPER):	<input checked="" type="checkbox"/>
Annual Homeless Assessment Report (AHAR) table shells:	<input checked="" type="checkbox"/>

	<input type="checkbox"/>
None	<input type="checkbox"/>

**2D-3. If you submitted the 2015 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?** 12

**2D-4. How frequently does the CoC review data quality in the HMIS?** Quarterly

**2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both?** Both Project and CoC

**2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.**

VA Supportive Services for Veteran Families (SSVF):	<input type="checkbox"/>
VA Grant and Per Diem (GPD):	<input type="checkbox"/>
Runaway and Homeless Youth (RHY):	<input type="checkbox"/>
Projects for Assistance in Transition from Homelessness (PATH):	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2D-6a. If any of the federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the federal partner program and the anticipated start date. (limit 750 characters)**

Currently the only project receiving federal funding for any of the programs listed above is the PATH program, which is entering data in the CoC's HMIS. One youth service agency was just awarded RHY funding for a youth shelter but the project will not begin operating until approximately mid-March 2016. The RHY awarded agency previously ran a CoC-funded project and was compliant with HMIS data entry and will begin entering data in HMIS when the new RHY project begins to operate. The ED for the RHY awarded agency serves on the HMIS Committee to assist with compliance of RHY requirements within HMIS.

## 2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**The data collected during the PIT count is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level so they can best plan for services and programs that will appropriately address local needs and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, and to provide Congress and the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. This information helps inform Congress' funding decisions, and it is vital that the data reported is accurate and of high quality.**

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2015 sheltered PIT count?** Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count (mm/dd/yyyy):** 01/25/2015
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable
- 2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX, (mm/dd/yyyy):** 04/30/2016

## 2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2015 PIT count:**

Complete Census Count:	<input checked="" type="checkbox"/>
Random sample and extrapolation:	<input type="checkbox"/>
Non-random sample and extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

**2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Interview of sheltered persons:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation:	<input type="checkbox"/>
	<input type="checkbox"/>

**2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)**

All local emergency shelters, safe havens, and transitional housing projects collect complete and accurate data from all clients for each population and subpopulation characteristic examined in the PIT Count. In addition, all these projects participate in the community's HMIS and enter these data in HMIS. HMIS staff perform data quality checks (e.g., rates of missing data and accuracy of entry and exit dates) to ensure that all required data are recorded by each project and that these data are accurate. Therefore, the methodology used for the CoC's sheltered is extracting the necessary data from HMIS. The CoC selected this sheltered PIT count methodology because all necessary data are available in HMIS.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2014 to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the PIT count). (limit 1000 characters)**

Not Applicable.

**2F-5. Did your CoC change its provider coverage in the 2015 sheltered count?** No

**2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2015 sheltered count. (limit 750 characters)**

Not Applicable.



## 2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:**

Training:	<input type="checkbox"/>
Provider follow-up:	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
	<input type="checkbox"/>

**2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2014 to 2015 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

Not Applicable.

## 2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**The unsheltered PIT count assists communities and HUD to understand the characteristics and number of people with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. CoCs are required to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, CoCs are strongly encouraged to conduct the unsheltered PIT count annually, at the same time that it does the annual sheltered PIT count. The last official PIT count required by HUD was in January 2015.**

**2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** Yes

**2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** 01/25/2015

**2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2015, was an exception granted by HUD?** Not Applicable

**2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** 04/30/2016

## 2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2I-1. Indicate the methods used to count unsheltered homeless persons during the 2015 PIT count:**

Night of the count - complete census:	<input type="checkbox"/>
Night of the count - known locations:	<input checked="" type="checkbox"/>
Night of the count - random sample:	<input type="checkbox"/>
Service-based count:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
	<input type="checkbox"/>

**2I-2. Provide a brief description of your CoC's unsheltered PIT count methodology and describe why your CoC selected its unsheltered PIT count methodology. (limit 1000 characters)**

The CoC used two approaches for the unsheltered PIT count: (1) "night of the count" or street count targeting known locations; and (2) "post night" or service-based count, which was conducted over 7 days following the night of the count and yielded de-duplicated data. On the night of the count, 2 teams of staff from area agencies and volunteers searched streets and business areas that homeless persons were known to frequent late into the night and in early morning hours. This known locations approach was supplemented by a broader search of southwest Canton, a depressed area with many vacant buildings. The service-based count was conducted by agency staff and volunteers at sites that homeless people tend to visit (e.g., library, social service agencies, food pantries, free meal programs). The CoC chose these methods due to the large size of its area and its confidence that outreach and Central Intake staff and police had identified areas where homeless were likely to be found.

**2I-3. Describe any change in methodology from your unsheltered PIT count in 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training and change in partners participating in the count). (limit 1000 characters)**

In 2015, the only change we made in the methodology used for the 2014 unsheltered count was the addition of the “night of count” street count to the annual “post night” service-based count. The CoC decided that including a “night of the count” method would be helpful in capturing data on any unsheltered homeless who might not be accessing services and would be missed, therefore, in the service-based count. Through the new central intake & assessment system launched late in 2014, the CoC had been able to collect more information than ever before about areas where unsheltered homeless were sleeping. That information, along with input from other sources guided the planning and implementation of a street count that we were sure would yield the most accurate unsheltered count we could undertake with available resources.

**2I-4. Does your CoC plan on conducting an unsheltered PIT count in 2016?** Yes

(If “Yes” is selected, HUD expects the CoC to conduct an unsheltered PIT count in 2016. See the FY 2015 CoC Program NOFA, Section VII.A.4.d. for full information.)

## 2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2015 unsheltered population PIT count:**

Training:	<input type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey question:	<input checked="" type="checkbox"/>
Enumerator observation:	<input type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2014 (or 2013 if an unsheltered count was not conducted in 2014) to 2015 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual methodology (e.g., change in sampling or extrapolation method). (limit 1000 characters)**

In 2015, the CoC changed the way the unsheltered PIT Count was implemented by adding training for the newly formed teams of volunteers conducting the street count. In addition, the unsheltered PIT Count survey was changed to address HUD's new emphasis on counting parenting youth and unaccompanied youth. A local agency serving homeless youth provided insights to refine the survey instrument to better capture these youth subpopulations. The addition of two new survey sites for the service-based count – the main public library and the local Department of Job and Family Services office - yielded many additional surveys, identifying several persons unsheltered on the night of the count who might have been missed at other service sites. Collaborative Applicant staff assisted in recruiting additional volunteers to help conduct the count through press releases in several local papers and interviews on two radio stations.

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

### Instructions

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

### 3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

#### \* 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons

Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2014 and 2015 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2014 PIT (for unsheltered count, most recent year conducted)	2015 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	531	472	-59
Emergency Shelter Total	259	239	-20
Safe Haven Total	20	19	-1
Transitional Housing Total	214	154	-60
Total Sheltered Count	493	412	-81
Total Unsheltered Count	38	60	22

### 3A-1b. Number of Sheltered Persons Homeless - HMIS.

Using HMIS data, CoCs must use the table below to indicate the number of homeless persons who were served in a sheltered environment between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Unduplicated Total sheltered homeless persons	1,598
Emergency Shelter Total	1,581
Safe Haven Total	34
Transitional Housing Total	721

**3A-2. Performance Measure: First Time Homeless.**

**Describe the CoC’s efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors for becoming homeless for the first time.**

**(limit 1000 characters)**

Concrete CoC prevention steps include: diversion counseling & referral to personal and/or mainstream resources by Central Intake (CI) staff &, where diversion isn’t possible, referral to ESG/state-funded prevention funds/services; development of recovery housing & careful discharge planning by CoC partners to prevent homelessness among those exiting foster care, mental health facilities, & residential treatment programs. In 2015, CoC organized a special task force to (1) identify & convene both mainstream (e.g., Salvation Army, Catholic Charities) and other (e.g, churches, civic groups) providers of prevention funds/services to create (with help from CSH) a more cohesive, well-funded & targeted prevention system. This group has been collecting info on risk factors from CI, community groups addressing the needs of vulnerable populations, and the CoC’s Quality Assurance Group for RRH/Prevention providers, which meets monthly to discuss trends and individuals cases.

**3A-3. Performance Measure: Length of Time Homeless.**

**Describe the CoC’s efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.**

**(limit 1000 characters)**

We track length of time homeless (LOH) in HMIS for all individuals in CoC- and ESG-funded projects (including projects receiving ESG from the state) and calculate LOH in accord with HUD specifications. On average, LOH for these projects has decreased from 188 days in FFY 2012 to 162 days in FFY 2014. Over this period, efforts to reduce LOH have included: launching new Central Intake/Assessment system that prioritizes all homeless for housing based on chronic status, acuity of need, and LOH and follows Notice CPD-14-012 for PSH; increasing funding for and use of RRH; increasing PSH units while decreasing TH; implementing Housing First principles; raising private funds so shelters can quickly re-house people who need one-time, limited support to secure PH; convening providers monthly to identify high barrier clients and brainstorm housing solutions for them. Two standing committees open to all interested CoC members (Central Intake and System Performance) developed these strategies.



**\* 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

**In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.**

**3A-4a. Exits to Permanent Housing Destinations:**

In the chart below, CoCs must indicate the number of persons in CoC funded supportive services only (SSO), transitional housing (TH), and rapid re-housing (RRH) project types who exited into permanent housing destinations between October 1, 2013 and September 30, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in SSO, TH and PH-RRH who exited	444
Of the persons in the Universe above, how many of those exited to permanent destinations?	330
% Successful Exits	74.32%

**3A-4b. Exit To or Retention Of Permanent Housing:**

In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2013 and September 31, 2014.

	Between October 1, 2013 and September 30, 2014
Universe: Persons in all PH projects except PH-RRH	543
Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?	510
% Successful Retentions/Exits	93.92%

**3A-5. Performance Measure: Returns to Homelessness:**

**Describe the CoC's efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe at least three strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)**

Central Intake (CI) checks to see if new intakes have a previous HMIS record. Each quarter, HMIS reports FFY year-to-date nos. of clients from each project and project type who have returned to homelessness (i.e., re-registered with CI) within 6-12 months & 24 months after exiting a CoC project. In the last 2 FFYs, the system's recidivism rate was 11%. Strategies to minimize returns include: using SPDAT to identify most suitable housing placements; client referrals to employment programs at CI; cultivating relationships with landlords to obtain their cooperation in reporting imminent evictions; creation of Mental Health Board-staffed committee to intervene to problem-solve and prevent evictions of clients with behavioral issues; facilitating access to new mainstream financial management/budgeting services; in RRH, increasing frequency of home visits, extending case management to 6 months after rental support ends and checking up on clients a year after RRH and prevention services.

**3A-6. Performance Measure: Job and Income Growth.**

**Describe specific strategies implemented by CoC Program-funded projects to increase the rate by which homeless individuals and families increase income from employment and non-employment sources (include at least one specific strategy for employment income and one for non-employment related income, and name the organization responsible for carrying out each strategy). (limit 1000 characters)**

Strategies implemented include: appointing liaisons CoC providers can contact to expedite client access to public cash assistance and employment programs (Dept. of Job and Family Services); at central intake, exploring job skills/history, installing new software that builds resumés from info collected, & referring clients immediately to the local Workforce Development Board (Homeless Hotline); developing & distributing to providers a list/description of mainstream employment programs & providing opportunities for them to share info about experiences with those programs to improve quality of referrals (Housing Services Collaborative); recruiting a new agency to employ skilled specialist to expedite SSI/SSDI applications for all CoC clients (Coleman Behavioral Health); providing opportunities for providers to learn about motivational interviewing techniques to encourage job search & tenacity; funding new employment specialist shared by 3 housing providers (Mental Health Board).

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income. (limit 1000 characters)**

The CoC is involved in pilot projects being launched by Goodwill Industries (GWI) and the Workforce Investment Board's Ohio Means Jobs Center (OMJ) to provide longer-term training, job coaching, and wraparound social services to chronically unemployed and underemployed, including clients of CoC projects, to help them acquire stable jobs with income-growth potential. OMJ (partnering with many other agencies) is serving 16-24 year olds. GWI is serving other adults, including a special cohort of RRH clients, and will use SPDAT to assess the social service needs of clients and evaluate improvement at regular intervals. The CoC also works closely with Coleman Behavioral Health (supported employment for mentally ill clients); Mature Services (employment training/placement for older clients); Men's Challenge (faith-based job training, coaching and mentoring for clients with employment barriers). All (100%) of SH, TH, and PH projects connect clients with one or more of these services.

**3A-7. Performance Measure: Thoroughness of Outreach.**

**How does the CoC ensure that all people living unsheltered in the CoC's geographic area are known to and engaged by providers and outreach teams?  
(limit 1000 characters)**

Outreach staff (OS) employed by ICAN Housing serve the whole CoC by identifying & tracking unsheltered homeless (UH) & connecting them to Central Intake (CI) for shelter/housing. OS uses the following methods to identify/contact UH: visiting libraries, fast food & hot meal sites, and drop-in centers frequented by the homeless, including one maintained by ICAN; conducting regular searches of areas and abandoned buildings known or suspected to be havens for UH; following leads reported directly to ICAN or to CI by police, hospitals, businesses, and concerned citizens; and soliciting leads from other homeless persons, who may then accompany the OS to make introductions. When unsuccessful in persuading UH to accept help, OS returns as necessary to build rapport & trust. OS and CI staff cooperate closely and confer at least once a week to share and update info about known UH. Also, OS participates in monthly quality assurance/case conferencing meetings with CI & housing/shelter providers.

**3A-7a. Did the CoC exclude geographic areas from the 2015 unsheltered PIT count where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g., deserts)?** Yes

**3A-7b. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?  
(limit 1000 characters)**

The PIT Count Committee began meeting in October 2014 to develop plans for the 2015 count. Committee members included CoC outreach and Central Intake staff and representatives of homeless service and housing providers throughout the area, the public transit authority, the Collaborative Applicant, United Way, and others. With information and advice from the outreach team, Central Intake staff, and law enforcement agencies, the committee determined which areas/sites to target as locations known to attract the homeless. Stark County, the CoC's geographic area, covers 575 square miles and includes vast expanses of rural and sparsely populated land. Canvassing the entire county was impracticable given the limited volunteer manpower and would have constituted an inefficient use of available resources. The CoC PIT Count Committee presented its plans and methods and solicited suggestions and approval for them from both the CoC's System Performance Committee and its Board of Directors.

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

**Objective 1: Ending Chronic Homelessness**

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**Opening Doors, Federal Strategic Plan to Prevent and End Homelessness (as amended in 2015) establishes the national goal of ending chronic homelessness. Although the original goal was to end chronic homelessness by the end of 2015, that goal timeline has been extended to 2017. HUD is hopeful that communities that are participating in the Zero: 2016 technical assistance initiative will continue to be able to reach the goal by the end of 2016. The questions in this section focus on the strategies and resources available within a community to help meet this goal.**

**3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	71	67	-4
Sheltered Count of chronically homeless persons	46	47	1
Unsheltered Count of chronically homeless persons	25	20	-5

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, decrease, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2015 compared to 2014. To possibly receive full credit, both the overall total and unsheltered changes must be addressed. (limit 1000 characters)**

From 2014 to 2015, our PIT count for chronically homeless (CH) decreased by 4 (6%) overall and by 5 (20%) for unsheltered; it increased by 1 (2%) for sheltered. We added a “night of count” street count to our “post-night” service-based count in 2015, yielding, we believe, our most accurate unsheltered count to date. The fact that, despite this more rigorous methodology, the CH unsheltered count decreased steeply in 2015, suggests the positive impact of a new central intake/assessment (CI/A) system launched in 11/2014, which prioritizes CH for shelter. Conversely, the tiny increase in our CH sheltered count reflects the fact that (1) we were not effectively prioritizing CH for housing until 1/2015 when waitlists for all housing projects were merged and a new CI/A system was launched that clearly identified and prioritized CH for housing and (2) even after 1/2015, we could not move CH quickly out of shelters due to a scarcity of PSH and slow turnover.

**3B-1.2. From the FY 2013/FY 2014 CoC Application: Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015. (read only)**

In its 2013 HIC, the CoC omitted 29 beds that are currently dedicated to the chronically homeless. That error is corrected in the actual achievement count above. The CoC will continue to increase the number of PSH beds available to the chronically homeless by (1) reallocating funds from SSO projects and some funds from TH programs to increase the number of PSH units, all of which will give priority to the chronically homeless and (2) enforcing a new CoC policy requiring current PSH programs that are not dedicated to the chronically homeless to give priority in admission to the chronically homeless in at least 85% of their units that become available through turnover. The CoC is currently working with the Corporation for Supportive Housing to calculate how many additional PSH units are needed in Stark County and to determine how the CoC could support more PSH units that give priority to the chronically homeless through reallocation.

**3B-1.2a. Of the strategies listed in the FY 2013/FY 2014 CoC Application represented in 3B-1.2, which of these strategies and actions were accomplished? (limit 1000 characters)**

(1) CSH Calculation of PSH Need: In 5/2014, CSH finished analyzing our PSH needs & advised creation of at least 45 new units. (2) Reallocating Funds from SSO & TH for PSH: We lost CoC funds for our last SSOs in 2013 & reallocated from TH to RRH instead of PSH in 2014 because CSH doubted our need for PSH for chronically homeless (CH), we had no RRH in place, & we were awaiting final CSH advice on PSH funding strategies. Since then, better data has revealed more CH than CSH recognized. So, in 2015, we are pursuing reallocation from our last CoC-funded TH projects for 18 new units PSH for CH. (3) New System-wide Policy to Dedicate 85% of PSH Units Available from Turnover: Policy went into effect 1/1/2014. Different Strategies: Secured capital funds for 10 units of family PSH (open 7/2016) and 10 new units of PSH for transitional age youth (open 9/2016). Also, 12 PSH rooms in 4 new group homes opened 11/2015. All new PSH beds/units are either prioritized or dedicated to CH.

**3B-1.3. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count, as compared to those identified on the 2014 Housing Inventory Count.**

	2014	2015	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	238	221	-17

**3B-1.3a. Explain the reason(s) for any increase, decrease or no change in the total number of PSH beds (CoC Program and non CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2015 Housing Inventory Count compared to those identified on the 2014 Housing Inventory Count. (limit 1000 characters)**

The apparent decrease of 17 PSH beds dedicated to chronically homeless (CH) between the 2014 HIC and 2015 HIC is largely caused by errors made by two providers in their reporting of CH-dedicated beds. This has caused several beds to be mistakenly removed from the CH-dedicated count, and has resulted in the understating of the number of CH-dedicated beds on the 2015 HIC by 53. In reality, in 2015, the CoC has increased its CH-dedicated beds to 291, with more VASH vouchers and additional beds from another project.

**3B-1.4. Did the CoC adopt the orders of priority in all CoC Program-funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status ?** Yes

**3B-1.4a. If “Yes”, attach the CoC’s written standards that were updated to incorporate the order of priority in Notice CPD-14-012 and indicate the page(s) that contain the CoC’s update.** Pages 10-13

**3B-1.5. CoC Program funded Permanent Supportive Housing Project Beds prioritized for serving people experiencing chronic homelessness in FY2015 operating year.**

Percentage of CoC Program funded PSH beds prioritized for chronic homelessness	FY2015 Project Application
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness.	112
Based on all of the renewal project applications for PSH, enter the estimated number of CoC-funded PSH beds in projects being renewed in the FY 2015 CoC Program Competition that are not designated as dedicated beds for persons experiencing chronic homelessness that will be made available through turnover in the FY 2015 operating year.	23
Based on all of the renewal project applications for PSH, enter the estimated number of PSH beds made available through turnover that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	23
This field estimates the percentage of turnover beds that will be prioritized beds for persons experiencing chronic homelessness in the FY 2015 operating year.	100.00%

**3B-1.6. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?** Yes

This question will not be scored.

**3B-1.6a. If “Yes,” what are the strategies implemented by the CoC to maximize current resources to meet this goal? If “No,” what resources or technical assistance will be implemented by the CoC to reach the goal of ending chronically homeless by 2017? (limit 1000 characters)**



Our strategies include: using intake/assessment system (launched last year) and more rigorous documentation/verification process supported by local funds to clearly identify and prioritize CH for housing; pursuing PHA preferences for PH and HCVs that will enable more independent clients now in PSH to move out, making room for CH; reallocating CoC funds from TH to support new scattered-site and site-based PSH for CH; building new PSH units dedicated to CH with state funds and pursuing state funds, bonus CoC funds, and PBVs to support the operations of those units; promoting development of group homes supported by SSI/SSDI income of residents as PSH for appropriate clients. So far these strategies have yielded 12 new PSH beds in group homes for CH, which became operational in 2015 (purchased with local dollars) and funds to build 20 units of PSH dedicated to CH, which will be operational by 10/2016.

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

### Objective 2: Ending Homelessness Among Households with Children and Ending Youth Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDExchange Ask A Question.

**Opening Doors outlines the goal of ending family (Households with Children) and youth homelessness by 2020. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-2.1. What factors will the CoC use to prioritize households with children during the FY2015 Operating year? (Check all that apply).**

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Number of previous homeless episodes:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Criminal History:	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder):	<input checked="" type="checkbox"/>
Head of household has mental/physical disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.2. Describe the CoC's plan to rapidly rehouse every family that becomes homeless within 30 days of becoming homeless on the street or entering shelter. (limit 1000 characters)**

Our entry process identifies families at intake & prioritizes them for rehousing (based on acuity as gauged by SPDAT) on a central prioritization list used by all RRH & PSH providers. Providers brainstorm monthly to find housing solutions for hard-to-serve families on that list. Steps being taken now and in FY15: (1) eliminating CoC-funded TH & replacing with RRH for families; (2) increasing by 111% RRH funding through FY14 CoC reallocation and FY15 increase in ESG funds going to RRH (w/ more than 1/2 of total RRH funds dedicated and the rest prioritized for families from shelters/street) and continuing to raise more private funds as necessary to supplement CoC funds; (3) mandatory training for all providers on Housing First (HF) by CSH (12/11/15) followed by review of individual programs for compliance; (4) using RRH for some chronically homeless families when PSH isn't available; (5) recruiting more landlords to work with RRH to house families with significant housing barriers.

**3B-2.3. Compare the number of RRH units available to serve families from the 2014 and 2015 HIC.**

	2014	2015	Difference
RRH units available to serve families in the HIC:	0	5	5

**3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, or gender when entering shelter or housing? (check all strategies that apply)**

CoC policies and procedures prohibit involuntary family separation:	<input checked="" type="checkbox"/>
There is a method for clients to alert CoC when involuntarily separated:	<input checked="" type="checkbox"/>
CoC holds trainings on preventing involuntary family separation, at least once a year:	<input type="checkbox"/>
Monthly Quality Assurance Workgroup meetings to ensure involuntary family separation is not occurring	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
None:	<input type="checkbox"/>

**3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

**PIT Count of Homelessness Among Households With Children**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	89	84	-5
Sheltered Count of homeless households with children:	87	83	-4
Unsheltered Count of homeless households with children:	2	1	-1

**3B-2.5a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless households with children in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)**

The total no. of homeless households with children (HHs w/C) decreased in the 2015 PIT count and subsequently decreased by 61% more. No changes in methodology could account for this positive PIT change. If anything, our addition of a street count should have resulted in an unsheltered increase for HHs w/C. Likely, the positive change is attributable to: launching our first RRH project (funded by both CoC and private dollars) in late 2014, thus giving HHs w/C more housing opportunities in 2015; a new central intake and assessment system for shelter and housing that prioritized HHs w/C over other households in most cases and began moving HHs w/C more quickly into shelter and from shelter into housing; and more energetic efforts to divert from the homeless system HHs w/C that were still in “at risk” or “at imminent risk” housing situations in order to maintain capacity within the system to serve the literally homeless, especially our highest priority households: the chronically homeless.

**3B-2.6. Does the CoC have strategies to address the unique needs of unaccompanied homeless youth (under age 18, and ages 18-24), including the following:**

Human trafficking and other forms of exploitation?	Yes
LGBTQ youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes
Unaccompanied minors/youth below the age of 18?	Yes

**3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.**

Diversion from institutions and decriminalization of youth actions that stem from being trafficked:	<input checked="" type="checkbox"/>
Increase housing and service options for youth fleeing or attempting to flee trafficking:	<input checked="" type="checkbox"/>
Specific sampling methodology for enumerating and characterizing local youth trafficking:	<input checked="" type="checkbox"/>
Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:	<input checked="" type="checkbox"/>
Community awareness training concerning youth trafficking:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.7. What factors will the CoC use to prioritize unaccompanied youth (under age 18, and ages 18-24) for housing and services during the FY2015 operating year? (Check all that apply)**

Vulnerability to victimization:	<input checked="" type="checkbox"/>
Length of time homeless:	<input checked="" type="checkbox"/>
Unsheltered homelessness:	<input checked="" type="checkbox"/>
Lack of access to family and community support networks:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
N/A:	<input type="checkbox"/>

**3B-2.8. Using HMIS, compare all unaccompanied youth (under age 18, and ages 18-24) served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2013 (October 1, 2012 - September 30, 2013) and FY 2014 (October 1, 2013 - September 30, 2014).**

	FY 2013 (October 1, 2012 - September 30, 2013)	FY 2014 (October 1, 2013 - September 30, 2014)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	132	120	-12

**3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 is lower than FY 2013, explain why. (limit 1000 characters)**

PIT Count data for 2013 through 2015 shows that the number of literally homeless youth declined from 42 in FY2013 (with only 1 unsheltered) to 33 in FY2014 (with still only 1 unsheltered) and declined again to 23 in FY2015 (with 0 unsheltered). The number of unsheltered and even the number of literally homeless youth is decreasing, and that is why fewer unsheltered youth are entering projects. Recently, programs at several mental health agencies in the area (Coleman, Community Services of Stark County, and Child & Adolescent Services) have begun to focus on at risk, though not necessarily homeless, individuals within this age group, working with young adults to ensure that they maintain housing or, if necessary, change housing in a safe and orderly way designed to avoid episodes of homelessness. These initiatives have done much to prevent homelessness among transitional age youth in our area.

**3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2015 to projected funding for CY 2016.**

	Calendar Year 2015	Calendar Year 2016	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$194,837.00	\$2,187,791.00	\$1,992,954.00
CoC Program funding for youth homelessness dedicated projects:	\$179,620.00	\$68,643.00	(\$110,977.00)
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$15,217.00	\$2,119,148.00	\$2,103,931.00

**3B-2.10. To what extent have youth housing and service providers and/or State or Local educational representatives, and CoC representatives participated in each other's meetings over the past 12 months?**

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	20
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	8
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	19

**3B-2.10a. Given the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local education liaisons and State educational coordinators. (limit 1000 characters)**

As a CoC Board member, the liaison of our largest urban school district participates in all CoC strategic planning activities. She also chairs the CoC's Youth Committee, which addresses homelessness among families with children and unaccompanied youth; attends all Mc-Vento trainings offered by the SEA and NAEHYC's annual conference; serves as technical advisor and conduit of information to other school liaisons in the county. She has developed protocols to use in identifying and serving homeless and at-risk students/families and is introducing them to other districts. The director of the area's Early Head Start Initiative, which is signatory to an MOU with the CoC, is also a CoC Board member. She works closely with Head Start, private child care programs, and the local Early Childhood Resource Center to promote enrollment of homeless and at risk children in early childhood programs and professional development to help program staff better serve homeless and at risk families.

**3B-2.11. How does the CoC make sure that homeless participants are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow. In addition, include how the CoC, together with its youth and educational partners (e.g. RHY, schools, juvenile justice and children welfare agencies), identifies participants who are eligible for CoC or ESG programs. (limit 2000 characters)**

CoC policies require that Central Intake (CI) staff (1) understand McK-V educational rights & eligibility rules; (2) identify families with school-age children and unaccompanied youth who qualify for McK-V educational services; (3) determine whether children/youth are enrolled in and attending school or preschool; the names of the schools and any special programs they are attending; and whether they have any concerns about school attendance; (4) discuss their educational rights with families and youth and refer them to their district liaisons; (5) record and honor placement preferences based on educational needs. CI staff record schools attended and other relevant information in notes relayed to providers.

The CoC (1) annually invites district liaisons and pre-school providers to join the CoC; (2) collaborates with the countywide educational services center to schedule presentations to various groups of teachers, counselors, administrators, and family support staff about the homeless system and how they can access services for families and youth known or suspected to be homeless; (3) publishes info about the educational rights of families with children and youth on its website; (4) gives providers materials to post and distribute to families and youth about their educational rights; and (5) posts on its website names and contact information of providers' educational coordinators and school district liaisons.

CoC policies require HUD-funded providers to (1) appoint an educational coordinator to make sure that children and youth "are enrolled in school and connected to appropriate education-related programs and services, including early childhood programs"; (2) prominently post and provide info about McK-V educational rights and local pre-K through 12 options; (3) develop and support educational plans for each child/youth; and (4) document compliance with all these policies. Compliance is monitored during annual on-site reviews of all providers by CoC staff.



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

### Objective 3: Ending Veterans Homelessness

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**Opening Doors outlines the goal of ending Veteran homelessness by the end of 2015. The following questions focus on the various strategies that will aid communities in meeting this goal.**

**3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2015 PIT count compared to 2014 (or 2013 if an unsheltered count was not conducted in 2014).**

	2014 (for unsheltered count, most recent year conducted)	2015	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	25	26	1
Sheltered count of homeless veterans:	16	18	2
Unsheltered count of homeless veterans:	9	8	-1

**3B-3.1a. Explain the reason(s) for any increase, decrease or no change in the total number of homeless veterans in the CoC as reported in the 2015 PIT count compared to the 2014 PIT count. (limit 1000 characters)**

There was no real change in the veteran PIT Count from 2014 to 2015. The number of sheltered vets rose slightly and the number of unsheltered vets decreased by 1. (Note: the unsheltered count might have been expected to increase since the CoC added a night-of-count street count in 2015 that produced a more accurate count than heretofore.) In the past 6 years, the CoC has improved its methods for counting homeless vets, causing comparisons over time to be somewhat distorted. Due to improved methods and more accurate data, there was a dramatic increase in the vet count in 2012 and 2013. From 2013 to 2014, there was a 52% decrease with the number leveling off from 2014 to 2015. The decrease can be attributed to agency partnerships formed by the Stark County Veteran Task Force and pooling/coordination of resources to assist vets. Following the 2014 launch of a privately funded RRH program for vets and other 2015 efforts, recent counts of homeless vets have been in the single digits.

**3B-3.2. How is the CoC ensuring that Veterans that are eligible for VA services are identified, assessed and referred to appropriate resources, i.e. HUD-VASH and SSVF?  
(limit 1000 characters)**

The CoC's street outreach team (largely PATH-funded) links all homeless directly to our Central Intake (CI) (variously funded) and, in initial screening, CI identifies vets. By agreement with the regional VA, CI links all vets to the VA's Community Resource & Referral Center (CRRC) to determine eligibility for VA-funded housing/services. CI also (1) refers vets to the local Veterans Services Commission (VSC) for emergency assistance and (2) places vets on a central prioritization list that is checked daily by the CoC's Veterans Coordinator, who works for a CoC-funded org. under the supervision of the chair of the county's Veterans Task Force. The Coordinator maintains the CoC's master list of homeless vets (reconciled regularly with VA and VSC lists) and coordinates with the VSC, VA, and other Task Force partners (30+, including reps of CI, PHA, the county transit authority, government, and vets orgs.) to provide the best combination of housing and services for each vet on the list.

**3B-3.3. For Veterans who are not eligible for homeless assistance through the U.S Department of Veterans Affairs Programs, how is the CoC prioritizing CoC Program-funded resources to serve this population?  
(limit 1000 characters)**

As noted in 3B-3.2, the CoC’s Veterans Coordinator (VC) maintains a master list of homeless vets in the county and communicates with the VSC and the VA’s CRRC to ensure all vets on that list are pursuing any VA- or VSC-funded housing/services for which they’re eligible. When vets on that list are adjudged ineligible for VA-funded benefits, the VC pursues other housing options for them, starting with projects designated for vets (1 CoC-funded PSH, 1 privately funded RRH, and an incipient ESG-funded RRH). If there are no openings in vet-designated projects, VC looks to shelters and CoC-funded housing projects, all of which are subject to system-wide rules that prioritize veterans. Generally speaking, these rules give veterans priority for vacancies over others with equally acute needs as measured by SPDAT. However, the rules requires RRH and family shelters to give precedence to households with minor children over vet households without minor children.

**3B-3.4. Compare the total number of homeless Veterans in the CoC AND the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2015 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).**

	2010 (or 2009 if an unsheltered count was not conducted in 2010)	2015	% Difference
Total PIT count of sheltered and unsheltered homeless veterans:	17	26	52.94%
Unsheltered count of homeless veterans:	7	8	14.29%

**3B-3.5. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2015.** Yes

This question will not be scored.

**3B-3.5a. If “Yes,” what are the strategies being used to maximize your current resources to meet this goal? If “No,” what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2015? (limit 1000 characters)**

Veterans Task Force members are cooperating closely to (1) ensure that all homeless vets register with the CoC's Central Intake so we know the extent of homelessness among vets and (2) identify and tap current resources and develop others to address vets' housing needs. (For example, they have just inaugurated a second fund-raising campaign for a vet-specific RRH program started last year.) The CoC's Veterans' Coordinator and regional VA CRRC staff have developed more effective communication practices that include regular reconciliation of lists of vets being served, daily updates on the VA eligibility of those vets, and monthly case conferencing, which will increase in frequency as needed. CoC housing projects prioritize veterans, and a new ESG-funded RRH project is starting this year. The CoC's waiting list for vets has been in the single digits in recent months. Our confidence that we can meet the 2015 goal is shaken only by a very recent influx of veterans from other states.

## 4A. Accessing Mainstream Benefits

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and mainstream program changes that can affect homeless clients?** Yes

**4A-2. Based on the CoC's FY 2015 new and renewal project applications, what percentage of projects have demonstrated that the project is assisting project participants to obtain mainstream benefits, which includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?**

### FY 2015 Assistance with Mainstream Benefits

Total number of project applications in the FY 2015 competition (new and renewal):	21
Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 3a, 3b, 3c, 4, and 4a on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	17
Percentage of renewal and new project applications in the FY 2015 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	81%

**4A-3. List the healthcare organizations you are collaborating with to facilitate health insurance enrollment (e.g. Medicaid, Affordable Care Act options) for program participants. For each healthcare partner, detail the specific outcomes resulting from the partnership in the establishment of benefits for program participants. (limit 1000 characters)**

Ohio is a Medicaid expansion state. Buckeye, Access to Healthcare, Lifecare, & Ohio Benefits Bank (OBB) all facilitate health insurance enrollment for CoC clients. Buckeye provided onsite training & enrollment assistance at CoC-funded projects after Medicaid expansion. Access to Healthcare facilitates access to the local FQHC & also helps enroll and educate Medicaid users. Lifecare, a FQHC with certified counselors who issue presumptive Medicaid eligibility to qualified persons, will send staff to CoC projects to enroll clients onsite; to date in CY15, it has taken referrals for 8 clients from street outreach staff. Both Access & Lifecare EDs have addressed CoC providers' meetings about services offered to their clients. All CoC projects use OBB for online enrollment (accessible by laptop at scattered sites) and have case managers who help with enrollment. One CoC TH project enrolled 100% of clients with OBB, & CoC is urging other projects to follow suit in maximizing use of OBB.

**4A-4. What are the primary ways that the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available?**

Educational materials:	<input checked="" type="checkbox"/>
In-Person Trainings:	<input checked="" type="checkbox"/>
Transportation to medical appointments:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not Applicable or None:	<input type="checkbox"/>

## 4B. Additional Policies

**Instructions:**

For guidance on completing this form, please reference the FY 2015 CoC Application Detailed Instructions, the CoC Application Instructional Guides and the FY 2015 CoC Program NOFA. Please submit technical questions to the HUDEXchange Ask A Question.

**4B-1. Based on the CoC's FY 2015 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH) and SSO (non-Coordinated Entry) projects in the CoC are low barrier? Meaning that they do not screen out potential participants based on those clients possessing a) too little or little income, b) active or history of substance use, c) criminal record, with exceptions for state-mandated restrictions, and d) history of domestic violence.**

### FY 2015 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2015 competition (new and renewal):	20
Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2015 competition:	20
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2015 competition that will be designated as "low barrier":	100%

**4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), RRH, SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2015 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?**

### FY 2015 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2015 competition (new and renewal):	20
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2015 competition:	20
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2015 competition that will be designated as Housing First:	100%

**4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?**

Direct outreach and marketing:	<input checked="" type="checkbox"/>
Use of phone or internet-based services like 211:	<input checked="" type="checkbox"/>
Marketing in languages commonly spoken in the community:	<input checked="" type="checkbox"/>
Making physical and virtual locations accessible to those with disabilities:	<input checked="" type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-4. Compare the number of RRH units available to serve any population from the 2014 and 2015 HIC.**

	2014	2015	Difference
RRH units available to serve any population in the HIC:	0	17	17

**4B-5. Are any new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction?** No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?  
(limit 1000 characters)**



**4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?** No

**4B-7a. If "Yes" in Question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan. (limit 2500 characters)**

**4B-8. Has the project been affected by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2015 CoC Program Competition?** No

**4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD. (limit 1500 characters)**

**4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD in the past two years (since the submission of the FY 2012 application)? This response does not affect the scoring of this application.** Yes

**4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.**

This response does not affect the scoring of this application.

CoC Governance:	<input type="checkbox"/>
CoC Systems Performance Measurement:	<input checked="" type="checkbox"/>
Coordinated Entry:	<input checked="" type="checkbox"/>
Data reporting and data analysis:	<input checked="" type="checkbox"/>
HMIS:	<input type="checkbox"/>
Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:	<input type="checkbox"/>
Maximizing the use of mainstream resources:	<input type="checkbox"/>
Retooling transitional housing:	<input type="checkbox"/>
Rapid re-housing:	<input checked="" type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

**4B-9b. If TA was received, indicate the type(s) of TA received, using the categories listed in 4B-9a, the month and year it was received and then indicate the value of the TA to the CoC/recipient/subrecipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.**

This response does not affect the scoring of this application.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance
Coordinated Entry	06/05/2015	5
Coordinated Entry	06/07/2015	5
CoC Systems Performance	06/07/2015	4
Rapid Re-Housing	07/22/2015	3