

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 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.

- Using the CoC Application Detailed Instructions while 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 this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.

- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.

- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.

- Some questions require the Collaborative Applicant to 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 CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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 Mental Health & Addiction Recovery

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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	Yes
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	Not Applicable	No	Not Applicable
Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
School Administrators/Homeless Liaisons	Yes	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No	Not Applicable
Non-CoC Funded Victim Service Providers	Yes	Yes	Yes
Street Outreach Team(s)	Yes	Yes	No
Youth advocates	Yes	Yes	Yes
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 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.

CoC & CoC committee (cmte) membership are open to all, & special effort is made to engage persons/organizations w/ expertise in matters w/n the purview of each group. CoC policies, annual ads, & workshops also open the application process to all. The CoC works especially closely w/ our mental health/addiction recovery system (MHAR). Its CEO co-chairs the CoC Board, and its staff serve on monthly CoC Quality Assurance Workgroups & on all CoC standing committees. MHAR also offers trainings for CoC projects (e.g., motivational interviewing & trauma-informed care) & blends its resources with the CoC's to better serve shared clients. Our local PHA also partners closely w/ the CoC on housing projects & in prioritizing homeless for PH & HCV. Its Director of Asset Mgt. is on the CoC Board & uses his expertise to help the CoC consider housing options for ex-offenders. Its HCV Director serves on the Central Intake & Assessment Cmte. & helps coordinate the 2 systems' intake processes.

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 between July 1, 2015 and June 20, 2016.	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016.
Canton City School Dept	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
CommQuest of Stark County	No	Yes	No
Pathway	No	No	No
Child & Adolescent Services	No	No	No
Family Court	No	No	No
Children's Network	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 between July 1, 2015 and June 30, 2016	Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016.
DVPI, Inc., Canton	Yes	No
DVPI, Inc., Massillon	No	No
Alliance Area Domestic Violence Shelter	No	No
SCDJFS Children Services	Yes	Yes
Prosecutors Office - Victims Services Division	No	No
Red Cross - Rape Crisis	Yes	Yes
Children's Network	No	No

1B-2. 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 new projects in 2016. (limit 1000 characters)

Ads in 3 local newspapers and an e-mail to the CoC members list launched the local 2016 CoC competition by inviting projects seeking new or renewal grants to a workshop and referring readers to the CoC website for more info about local application procedures. Info on the website and at the workshop stressed the CoC's openness to consider new projects (NPs), for both reallocated & bonus funds. Factors weighed in deciding whether to include NPs in the Priority Listing included their focus on Opening Doors subpopulations; their commitment to Housing First/low barriers principles; the strength of their plans for promoting housing stability, income growth, and links to mainstream benefits/resources; grant management and fiscal capacity; their successful experience with this or similar projects; their staff's experience; their cost per client; their understanding of the CoC program; and their collaboration with the CoC, especially in developing plans for the project.

1B-3. 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Does the CoC coordinate with 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)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Federal, State and local government resources.	Yes

1C-2. The McKinney-Vento Act, requires CoC's 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 the CoC to 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)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the 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
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
How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?	4
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
How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?	1

1C-2a. Based on the responses provided 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 and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)

The CoC collaborates with all Con Plan Jurisdictions (CPJs): Canton, Massillon, Alliance and Stark County. The CoC Planner, employed by the agency responsible for the County's Con Plan, discusses at least monthly with CPJ staffs the needs & actions of the CoC; reviews progress & challenges; consults with the CPJs on annual action plan updates; & reports CoC accomplishments in the County's CAPER. (County includes homeless sections for Massillon & Alliance in its Con Plan as the lead entity for their HOME Consortium). Three of the 4 CPJs are represented on the HCCSC Board, (meets for 2 hours each month). All 4 CPJs are represented on at least one CoC committee, including the Approval & Evaluation Committee (meets for 3 hours each quarter) and the System Performance Committee (meets for 2 hours each month). The CoC Planner and HCCSC Board Chair exchange phone calls and emails with CPJs and attend workshops and meetings with their representatives at least biweekly.

1C-2b. Based on the response 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 service gaps & recommends to the CoC Board ESG funding priorities to fill the gaps. The Board then recommends these or other priorities to the City. A City staff person serves on both the CoC's System Performance Cmte & its Approval & Evaluation Cmte, which reviews & decides which ESG applications should be recommended to the CoC Board and then to the City for final approval. The System Performance Committee develops & its Board approves performance targets for both CoC- and ESG-funded projects. 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 reviews of HMIS-generated reports on performance outcomes are also conducted.

1C-3. Describe 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 & Assessment (CIA) are pre-screened for

domestic violence (DV). If callers identify as DV victims, CIA provides info about DV and non-DV programs, advises contacting DV programs for expert help, & connects them with DV programs if that is their preference. If then, or at any time after contacting a DV program, clients request non-DV specific homeless services, CIA will conduct a full intake/assessment, using date of clients' initial contact for service prioritization purposes. If clients contact a DV program first but refuse or fail to qualify for DV-specific services, the DV project helps connect them to CIA. CIA 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. CIA and providers share client info by Secure Google Docs & 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 July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry	PHA has General or Limited Homeless Preference
Stark Metropolitan Housing Authority	26.00%	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)

Stark County is the recipient of 55 VASH vouchers for homeless veterans. 15 units of scattered site transition in place housing has been provided annually via State Supportive Housing Program funding for literally homeless. 16 households experiencing homelessness were housed via State Homeless Crisis Response Program funding last year. Stark Mental Health & Addiction Recovery (SMHAR) has developed subsidized housing via HOME funded TBRA targeting 7 homeless TAY and 7 homeless persons with MH or AoD diagnoses. During 2015, local HAP funds via SMHAR were used to provide subsidized housing to 32 persons who were homeless/at- risk with MH/AoD. Local funds have been

used for 12 units within group homes targeting chronic homeless. 10 units of PSH funded via Returning Homes Ohio Program have been approved for local returning citizens.

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.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 1000 characters)	
	<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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Select the system(s) 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.

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

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

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

1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.

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 homeless services are (1) simple (viz., "call the Homeless Hotline," aka Central Intake & Assessment (CIA)); (2) publicized throughout the county to agencies & institutions apt to encounter the homeless; and (3) easily found online & by calling 211. Outreach staff routinely visit food sites & other areas frequented by homeless; locate suspected homeless people reported to CIA; & connect the homeless they find to CIA. If not diverted after pre-screening & extensive counseling, CIA callers undergo formal intake & assessment using SPDAT. Based on SPDAT scores, other collected data, and CoC approved eligibility standards, CIA 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 there are other organizations or persons who participate but are not on this list, enter the information in the blank text box, click "Save" at the bottom of

the screen, and then select the applicable checkboxes.

Organization/Person Categories	Participate s in Ongoing Planning and Evaluation	Makes Referrals to the Coordinate d Entry Process	Receives Referrals from the Coordinate d Entry Process	Operates Access Point for Coordinate d Entry Process	Participate s in Case Conferenci ng	Does not Participate	Does not Exist
Local Government Staff/Officials	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CDBG/HOME/Entitlement Jurisdiction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Law Enforcement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local Jail(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input 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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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"/>	<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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1F-1. For all renewal project applications submitted in the FY 2016 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 2016 CoC Program Competition?	19
How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?	6
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 2016 CoC Program Competition?	13
Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?	100.00%

1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

Performance outcomes from APR reports/HMIS:	
% permanent housing exit destinations	<input checked="" type="checkbox"/>
% increases in income	<input checked="" type="checkbox"/>
Monitoring criteria:	
Utilization rates	<input checked="" type="checkbox"/>
Drawdown rates	<input checked="" type="checkbox"/>
Frequency or Amount of Funds Recaptured by HUD	<input checked="" type="checkbox"/>

Need for specialized population services:

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"/>
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)

We require all CoC-funded projects to serve the neediest first by drawing clients from the top of a central list of clients prioritized for service by their SPDAT scores, which reflect their vulnerabilities, including: low/no income; substance use; criminal history; mental & physical illness/disabilities; high use of emergency services; risk of harm to self or others; homelessness history; and involvement in high risk and exploitative situations. A stand-alone criterion in the CoC’s 2016 scoring form gave projects a fixed number of points for admitting clients in CY 2015 (the first full year SPDAT was used) with average SPDAT scores within 5% of the average score for clients admitted to all CoC-funded project that year but added or subtracted points for each 5% by which their average client SPDAT score exceeded or fell short of the system’s average score. Any point advantage gained by serving clients with higher needs was preserved in ranking projects based on their overall scores.

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. Evidence of the public posting must be attached. (limit 750 characters)

The local competition was discussed at public meetings starting March 29th with ads posted and CoC website, www.starkcountyhomeless.com, providing information on local process, which opened June 1st. Following the release of the NOFA an email was sent to all CoC Members on 7/21/16 and an ad was placed on 7/25/16 outlining the local process, inviting additional new bonus/reallocated projects to apply and directing to the website for further info. On 8/10/2016 an email was sent to members regarding the Board’s FY’16 Priority Listing as well as the ranking methodology used. A 3rd ad was placed on 9/7/2016 in English and Spanish to notify the public of date (9/9/16) when the full CoC Application would be available on the CoC website.

1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 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). 09/09/2016

1F-5. Did the CoC use the reallocation process in the FY 2016 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 that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.) 07/22/2016

1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW? Yes

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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, 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 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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, 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 attached MOU/MOA.

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 Organization (CHOs)?

Yes

2A-4. What is the name of the HMIS software

Application Enterprise Software (AES)

used by the CoC (e.g., ABC Software)?

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

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

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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	\$107,446
ESG	\$28,351
CDBG	\$0
HOME	\$0
HOPWA	\$0
Federal - HUD - Total Amount	\$135,797

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
Other Federal - Total Amount	\$0

2B-2.3 Funding Type: State and Local

Funding Source	Funding
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City	\$0
County	\$26,862
State	\$11,665
State and Local - Total Amount	\$38,527

2B-2.4 Funding Type: Private

Funding Source	Funding
Individual	\$0
Organization	\$22,858
Private - Total Amount	\$22,858

2B-2.5 Funding Type: Other

Funding Source	Funding
Participation Fees	\$0
Other - Total Amount	\$0

2B-2.6 Total Budget for Operating Year	\$197,182
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2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy): 05/02/2016

2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells in that project type.

Project Type	Total Beds in 2016 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	288	69	219	100.00%
Safe Haven (SH) beds	20	0	20	100.00%
Transitional Housing (TH) beds	110	10	100	100.00%
Rapid Re-Housing (RRH) beds	87	0	87	100.00%
Permanent Supportive Housing (PSH) beds	467	0	415	88.87%
Other Permanent Housing (OPH) beds	0	0	0	

2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)

N/A

2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.

VA Grant per diem (VA GPD):	<input type="checkbox"/>
VASH:	<input type="checkbox"/>

Faith-Based projects/Rescue mission:	<input type="checkbox"/>
Youth focused projects:	<input type="checkbox"/>
Voucher beds (non-permanent housing):	<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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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" within the last 10 days of January 2016.

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	0%	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	2%	1%

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"/>
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2D-3. If you submitted the 2016 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 checked="" 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)

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context 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. Accurate, high quality data is vital to inform Congress' funding decisions.

- 2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?** Yes
- 2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)** 01/24/2016
- 2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, 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)** 05/02/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 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 of these

projects participate in HMIS and enter this data in HMIS. HMIS staff perform data quality checks (e.g. rates of missing data and accuracy of entry and sit dates) to ensure that all required data are recorded by each project and that the data is accurate. The methodology used for the CoC's sheltered count entails extracting the necessary data from HMIS. The CoC selected this sheltered PIT count methodology because all necessary data is available in HMIS.

2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, 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 or change in partners participating in the PIT count). (limit 1000 characters)

N/A

2F-5. Did your CoC change its provider coverage in the 2016 sheltered count? Yes

2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)

For the FY2016 count additional partners were included in the sheltered PIT Count including many more motels which are frequented by clients who have received vouchers and/or donations from churches, faith-based and/or charitable organizations and through the Department of Jobs and Family Services: Child Welfare Division. These clients were checked against HMIS data to de-duplicate any clients showing in other sheltered or unsheltered locations for the night. This addition of partners greatly expanded the scope of individuals and families we were able to capture in the FY2016 sheltered count. In addition, two overflow winter shelters were added to the system.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

Training:	<input checked="" type="checkbox"/>
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 2015 to 2016 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 methods). (limit 1000 characters)

In addition to the expansion of “non-traditional” sheltered sites which were surveyed in the FYF2016 count, such as motels paid for by charitable organizations, the local Homeless Services Collaborative (monthly meeting network of frontline providers) also hosted the PIT training for volunteers at one of their monthly meetings to capture a wider audience.

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days 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): 01/24/2016

2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, 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): 05/02/2016

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent 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 this unsheltered PIT count methodology. (limit 1000 characters)

The CoC used 2 approaches for the unsheltered PIT count: (1) "night of the count"/street count targeting known locations; and (2) "post night"/service-based count, which was conducted over 7 days following the PIT night and yielded de-duplicated data. For the PIT night, 4 teams of staff from area agencies and volunteers searched streets and areas that homeless persons were known to frequent late into the night and early morning hours. This known locations approach was supplemented by a broader search of areas with many vacant buildings, parks and areas of the cities of Canton, Massillon & Alliance. The service-based count was conducted by agency staff & volunteers at sites that homeless people tend to visit (e.g. library, service agencies, food pantries, hot meal sites). The CoC chose these methods due to the large size of its area, limited resources and confidence that outreach, Central Intake and police had identified areas where the unsheltered were likely to be found.

2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, 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 or change in partners participating in the count). (limit 1000 characters)

There were no changes in methodology, but the efficacy of methods used was enhanced by the recruitment of additional volunteers who were able to cover more thoroughly than in the past both known and suspected locations where unsheltered homeless might be found.

2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count? Yes

2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth. (limit 1000 characters)

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

Training:	<input checked="" type="checkbox"/>
"Blitz" count:	<input type="checkbox"/>
Unique identifier:	<input checked="" type="checkbox"/>
Survey questions:	<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 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 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 in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

Better publicity about the homeless system and the PIT count, requests for information about sightings of unsheltered homeless from more sources, and the central intake system's increasing skill in ferreting out and consolidating information about where new registrants have spent time since becoming homeless all yielded more clues than we've had in the past about the possible whereabouts of unsheltered homeless – especially in the cities of Massillon and Alliance. By recruiting many more volunteers than we've had in the past, the CoC was able to follow up on these clues and scour additional areas that

seemed likely to attract the unsheltered homeless. We also used a modified, more client-friendly survey to comply with HUD's new data requirements, distributed donated care packages to those surveyed to encourage their engagement, and provided an additional training for volunteers.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange 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 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

	2015 PIT (for unsheltered count, most recent year conducted)	2016 PIT	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	472	460	-12
Emergency Shelter Total	239	285	46
Safe Haven Total	19	19	0
Transitional Housing Total	154	119	-35
Total Sheltered Count	412	423	11
Total Unsheltered Count	60	37	-23

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

Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

	Between October 1, 2014 and September 30, 2015
Universe: Unduplicated Total sheltered homeless persons	1,489
Emergency Shelter Total	1,326
Safe Haven Total	38
Transitional Housing Total	208

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 of becoming homeless.

(limit 1000 characters)

Concrete prevention steps include: diversion counseling & referral to personal & mainstream resources by Central Intake (CI) staff &, where diversion isn't possible, referral to ESG/privately-funded prevention funds/services; development of housing for ex-offenders and recovering substance abusers & careful discharge planning by CoC partners to prevent homelessness among those exiting foster care, jails, mental health facilities, & residential treatment programs. CoC's Prevention Task Force (organized 2015) convenes both mainstream (e.g. Salvation Army, Catholic Charities, United Way) and other (e.g. churches, civic groups) providers of prevention funds/services to create a more cohesive, well-funded & targeted prevention & diversion system. In monthly meetings, risk factors are identified via (1) studying shelter data from CI, (2) collecting info from community groups serving vulnerable populations, & (3) analyzing gaps in housing stabilization services & strategies to address them.

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)

Between FFYs 2012 & 2015, we reduced LOTH by 26 days in ES/SH/TH by launching a central intake system (CI) that (1) requires all ESG- and CoC-funded providers to work with CI & outreach staff to collect, document, & upload into HMIS info about clients' homeless episodes; (2) uses new & stored info to prioritize clients for housing on one CoC-wide waiting list based, to a large extent, on chronic status & LOTH; & (3) requires all ESG- and CoC-funded projects to draw clients from the top of that list. We are also steadily increasing funding for and use of RRH; adding PSH units & decreasing TH; enforcing Housing First principles for all housing providers; using private funds to enable shelters to quickly re-house people who need one-time, limited aid to secure PH; convening providers monthly to identify high barrier clients and brainstorm housing solutions for them. Two standing committees open to all 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:
Fill in the chart to indicate the extent to which projects exit program**

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participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in SSO, TH and PH-RRH who exited	282
Of the persons in the Universe above, how many of those exited to permanent destinations?	173
% Successful Exits	61.35%

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, 2014 and September 31, 2015.

	Between October 1, 2014 and September 30, 2015
Universe: Persons in all PH projects except PH-RRH	537
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?	472
% Successful Retentions/Exits	87.90%

3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe 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 if new intakes have a previous HMIS record. Each quarter, HMIS reports FFY YTD nos. of clients from projects & project types who have returned to homelessness (i.e. re-registered with CI) within 0-6, 6-12, & 12-24 months after exiting a CoC project. In FFY14, the CoC's recidivism rate was 11%; in FFY15, it was 9%. Strategies to minimize returns include: using SPDAT to identify most suitable housing placements; CI referring to employment programs; building relationships with landlords for cooperation in reporting imminent evictions; creating a Mental Health Board-staffed committee to problem-solve & prevent evictions of clients with behavioral issues; instituting a transfer policy for PSH clients whose needs have changed; referring to mainstream budgeting services; implementing a reentry program; in RRH, increasing frequency of home visits, extending case management to 6 months after rental support ends & follow-ups 1 year after RRH/prevention services end.

3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's

**specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources.
(limit 1000 characters)**

CoC strategies for increasing cash & non-cash income include (1) providing training on ways to increase employment; (2) facilitating project access to & use of mainstream & supported employment (SE) resources (e.g., securing special contacts for projects at mainstream agencies; publishing lists/descriptions of job training/placement programs & job vacancies at businesses open to hiring homeless & formerly homeless; familiarizing project staff with the local One Stop staff & resources through joint meetings); (3) recruiting/promoting services of a new agency to expedite SSI/SSDI applications of CoC clients; (4) making services of experienced CoC volunteer available to verify/expedite Medicaid enrollments. CoC projects have reported focusing more staff time on working with clients to increase income & benefits; pursuing/strengthening bonds with mainstream job training/placement agencies & employers receptive to hiring homeless; and creating their own SE and job readiness programs.

**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 works closely with OhioMeansJobs (OMJ), the local One-Stop for jobs that has 14 agency partners (including state vocational services, Goodwill, Mature Services for older adults, various adult literacy & job training programs) & cooperative relations with many private employment agencies. OMJ assesses unemployed/underemployed homeless & refers them to suitable partners for job training/placement. OMJ recently (3/2016) co-hosted with the CoC a Corporation for Supportive Housing training on increasing employment income & is now working with the CoC and the mental health & recovery services system on an MOU outlining how these 3 systems will cooperate more henceforward. Also, the CoC is partnering (1) with Goodwill to pilot a long-term job coaching/wraparound social services program for RRH clients and (2) with Men's Challenge, which provides faith-based job training, coaching & mentoring. 77% of CoC-funded projects regularly connect clients with 1 or more of these agencies.

**3A-7. 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)**

By using both known location and service-based count methods, the CoC aimed to cover in its unsheltered count the entire geographic area it encompasses. These methods were (1) recommended by a PIT Count Committee that began meeting in Oct '15 to plan the '16 count and (2) later approved by the CoC Board. Committee members included outreach and Central Intake (CI) staff and staff of homeless service/housing providers throughout the area, the public transit authority, police departments, and others. Information from the outreach team, CI staff, and law enforcement provided the basis for committee recommendations about which areas/sites should be

targeted as locations known or suspected to attract the homeless. CI is the clearinghouse for all info about sightings of unsheltered homeless, and outreach staff pursue leads the CI receives to make or renew contact with unsheltered homeless, gain their trust, and encourage them to work with CI to obtain appropriate shelter/housing/services.

3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)? No

**3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?
(limit 1000 characters)**

N/A

**3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached.
(mm/dd/yyyy)** 08/12/2016

**3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data.
(limit 1500 characters)**

N/A

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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.

- 1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;**
- 2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and**
- 3. The highest needs for new and turnover units.**

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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons	67	44	-23
Sheltered Count of chronically homeless persons	47	27	-20
Unsheltered Count of chronically homeless persons	20	17	-3

**3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, 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 2016 compared to 2015.
 (limit 1000 characters)**

From 2015 to 2016, as measured by our PIT counts, our total number of chronically homeless persons decreased by 34%; our number of sheltered chronically homeless decreased by 43%; and our number of unsheltered chronically homeless individuals decreased by 15%. Also, our number of chronically homeless families decreased by 60%. There were no changes in PIT count methodology. However, implementation of our unsheltered count methods was enhanced by the collection of more information about known and suspected locations of unsheltered homeless and the recruitment of many more volunteers to scour those locations.

3B-1.2. 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 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.

	2015	2016	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC.	221	165	-56

3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count. (limit 1000 characters)

The 56 beds difference is due to the fact that those 56 beds, which were previously considered "dedicated" chronically homeless beds, were non-CoC funded beds that upon more close review in preparation for the FY2016 HIC were determined not to be "dedicated" chronic homeless beds per their funding sources. However, these 56 PSH beds continue to remain prioritized for Chronically Homeless persons.

3B-1.3. Did the CoC adopt the Orders of Priority into their standards for 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-1.3a. If "Yes" was selected for question 3B-1.3, attach a copy of the CoC's written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate D.3-Pages 10-13

the page(s) for all documents where the Orders of Priority are found.

3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017? Yes

This question will not be scored.

3B-1.4a. If the response to question 3B-1.4 was “Yes” what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If “No” was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017? (limit 1000 characters)

Strategies include: (1) expanding outreach to identify chronically homeless (CH) by increasing CABHI-funded staff and coordinating efforts with a faith-based volunteer group to build relationships with unsheltered homeless and encourage them to work with central intake to secure housing; (2) employing a privately-funded social service agency to help central intake and projects more quickly and thoroughly document chronic homelessness; (3) requiring providers to prioritize CH for all PSH beds; (4) creating 37 new units dedicated to CH singles in 2016 with reallocated and bonus CoC funds awarded in ‘15 competition; (5) changing a 20-bed safe haven to PSH in ‘16 through CoC grant amendment; (6) opening 10 newly constructed PSH units for CH families in ‘17; and (7) working with local housing providers to secure project-based vouchers and/or CoC bonus funds to operate at least 24 more units of PSH to be constructed in ‘17 and ‘18 with LIHTCs and FHLB, state, and private funds.

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

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

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.

3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 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 strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless. (limit 1000 characters)

Our central intake process identifies households with children (HHs w/C) immediately & prioritizes them for re-housing on a single list that all CoC-funded housing providers must use. By 3/2017, with new units in place, we will eliminate any wait for HHs w/C needing PSH. Strategies to reduce to 30 days the re-housing wait for other HHs w/C include (1) contracting with NAEH to review current programs for fidelity to RRH model and develop improvement plans (underway); (2) embedding RRH staff in shelters & training staffs to work together using progressive engagement to motivate HHs w/C to leave shelter sooner; (3) increasing CoC funding for RRH through reallocated and bonus CoC funds (10% of ARD reallocated to RRH in FY14 and more in FY16); (5) continuing to make RRH the top priority for ESG and state funds as was done in CY 2016 & encouraging diversification of providers; and (6) recruiting more landlords to work with RRH projects to house families with significant housing barriers.

3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve families in the HIC:	5	27	22

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, gender or disability 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 checked="" type="checkbox"/>
	<input 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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

PIT Count of Homelessness Among Households With Children

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT Count of sheltered and unsheltered homeless households with children:	84	92	8
Sheltered Count of homeless households with children:	83	92	9
Unsheltered Count of homeless households with children:	1	0	-1

3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Factors contributing to our increased 2016 sheltered count of homeless households with children (HHs w/C) include: (1) In 2015, we began transitioning from TH toward more extensive reliance on RRH to house HHs/C as indicated by 35 fewer served by TH in 2016 count. (2) We supplemented the limited CoC funds already committed to RRH with private grants to rapidly re-house HHs w/C during 2015 and succeeded in reducing HHs w/CH by 61% over the course of the year until funding began to run out at the end of 2015, forcing a slowdown in new RRH admissions. (3) The \$231,311 in 2014 CoC funds reallocated to 2 new RRH programs serving HHs w/Cs were unavailable until December 2015. (4) Our single provider of RRH for HHs w/C had significant staff turnover late in 2015. (5) The launch of our 2 new RRH programs moved slowly over the holiday season, but, by July 2016, we had succeeded in reducing the 2016 PIT count of 92 HHs/C to 63. There were no changes in PIT count methodology in 2016.

3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth 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"/>
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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 including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 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 including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

	FY 2014 (October 1, 2013 - September 30, 2014)	FY 2015 (October 1, 2014 - September 30, 2105)	Difference
Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:	120	46	-74

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 2015 is lower than FY 2014 explain why. (limit 1000 characters)

The number of unsheltered youth entering programs was significantly reduced due to several factors including: (1) a more robust and efficient Central Intake and Assessment System that does a better job of identifying youth who report themselves as literally homeless and unsheltered but are, in fact, merely at risk of homelessness or in uncomfortable living situations; (2) better diversion strategies that identify for youth alternatives to entering the homeless system; and (3) housing programs funded by the local Mental Health and Addiction Recovery system that prevent youth from becoming homeless, especially upon exiting an institution or recovery program.

3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

	Calendar Year 2016	Calendar Year 2017	Difference
Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):	\$1,940,242.00	\$682,462.00	(\$1,257,780.00)
CoC Program funding for youth homelessness dedicated projects:	\$115,824.00	\$115,824.00	\$0.00
Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):	\$1,824,418.00	\$566,638.00	(\$1,257,780.00)

3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

Cross-Participation in Meetings	# Times
CoC meetings or planning events attended by LEA or SEA representatives:	17
LEA or SEA meetings or planning events (e.g. those about child welfare, juvenile justice or out of school time) attended by CoC representatives:	15
CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):	26

3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

As a CoC Board member, the liaison of our largest urban LEA participates in CoC strategic planning activities; serves on the CoC's Youth Committee addressing homelessness among families & unaccompanied youth; attends all relevant SEA trainings & meetings of LEAs; serves as technical advisor/information conduit to other LEA liaisons in the county; & arranges

educational services for children in shelters. She has also developed protocols for identifying & serving homeless & at-risk students/families & made available to other LEAs. The director of the county's Early Head Start Child Care Partnership is also a CoC Board member & active participant in all CoC planning activities. 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 represent the interests of homeless families with young children on the community's Early Childhood Task Force.

3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless 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. (limit 2000 characters)

CoC policies require Central Intake (CI) staff to (1) understand McK-V educational rights & eligibility rules; (2) identify families with school-age children & unaccompanied youth who qualify for McK-V educational services; (3) determine whether children & youth are enrolled in & attending school or preschool; the names of the schools & any special programs they attend; and whether they have any concerns about school attendance; (4) discuss their educational rights with families & youth and refer them to their district liaisons; (5) record and honor housing/shelter placement preferences based on educational needs. CI staff records 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-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others? (limit 1000 characters)

These MOUs exist: (1) One between the CoC & the countywide Early Head Start & Child Care Partnership Initiative, a collaboration of child care centers & other agencies that helps low-income families with children, ages 6 wks to 3 yrs, by providing child care & wraparound social services. This MOU commits the parties to working together to identify & enroll eligible families that are homeless or at risk of homelessness. (2) Five separate MOUs between one provider of family PSH and shelter & (a) 3 child care centers; (b) 1 LEA (for year-long, onsite educational services, including early childhood services); and (c) the county's primary provider of behavioral health services for children & adolescents. A second (of 3 in CoC) provider of family PSH & shelter is also one of the major providers of early child care/education in the county. Without a formal MOU, its housing & early childhood programs collaborate closely to meet the child care needs of homeless families with children.

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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. 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 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

	2015 (for unsheltered count, most recent year conducted)	2016	Difference
Universe: Total PIT count of sheltered and unsheltered homeless veterans:	26	16	-10
Sheltered count of homeless veterans:	18	14	-4
Unsheltered count of homeless veterans:	8	2	-6

3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

Our 2016 PIT count of homeless veterans showed decreases in all categories. The total count was 38% less than the 2015 count; the unsheltered count was 75% less; and the sheltered count was 22% less. There were no changes in PIT count methodology. However, implementation of our unsheltered count methods was enhanced by the collection of more information about known and suspected locations of unsheltered homeless and the recruitment of many more volunteers to scour those locations.

3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to

**appropriate resources such as HUD-VASH and SSVF.
 (limit 1000 characters)**

Outreach staff (largely PATH-funded) connects all homeless to Central Intake (CI) (variously funded), which identifies vets in initial screening. By agreement with the regional VA, CI links all vets to the VA's Community Resources & Referral Center to assess eligibility for VA-paid housing/services and refer verified vets to both VA- and non-VA funded services. CI also (1) refers vets to the local Veterans Services Commission (VSC) for state-funded emergency aid & (2) places vets on the CoC's central prioritization list that is checked regularly by the CoC's Veterans Coordinator, who maintains the CoC's master list of homeless vets. That list is reconciled weekly with VA and VSC lists and reviewed monthly by the county's Veterans Task Force, which coordinates the efforts of the VSC, VA, and other partners (30+, including reps of CI, PHA, the county transit authority, government and vets orgs.) to provide the best combination of housing/services for each vet on the list.

3B-3.3. 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 2016 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)	2016	% Difference
Total PIT Count of sheltered and unsheltered homeless veterans:	17	16	-5.88%
Unsheltered Count of homeless veterans:	7	2	-71.43%

3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016. No

This question will not be scored.

**3B-3.4a. 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 2016?
 (limit 1000 characters)**

For several months during CY 2015, our count of homeless vets was in the single digits. However, that count has risen again recently – as it has periodically and unpredictably in the past– and re-housing times have slowed. Although we have no chronically homeless vets at this point, we do have 13 who qualify for PSH but have not risen to the top of the PSH waiting list because, without severe service needs, they can't be prioritized quickly for PSH under CPD-14-012. We could use more VASH vouchers for such individuals.

Also, we believe there is some need for guidance about how to graduate veterans with VASH vouchers from the program when they are ready to move on and release their vouchers for the use of others. Additional funds for RRH would also be useful, and we're working with the VSC to redirect state funds now used for long-term shelter toward support for more RRH for vets so they don't have to compete with families with children for CoC- and ESG-funded RRH.

4A. Accessing Mainstream Benefits

Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange 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 program changes that can affect homeless clients? Yes

4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This 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 2016 Assistance with Mainstream Benefits

Total number of project applications in the FY 2016 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 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).	21
Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:	100%

4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)

Ohio is a Medicaid expansion state. Buckeye, Access to Healthcare (A.T.H), 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. A.T.H assists with access to local FQHCs & also helps enroll and educate Medicaid users. Lifecare, a FQHC with certified counselors who issue presumptive Medicaid eligibility to qualified persons, send staff to CoC projects to enroll clients onsite. One CoC agency has a "Hospital Liaison" collaborating with Lifecare to better assist clients in

obtaining services available to them. Another CoC agency will have a new local FQHC on-site once a week. Both Access & Lifecare EDs have addressed CoC providers' meetings about services offered to their clients. All of these partnerships have resulted in 5 CoC projects enrolling 100% of clients in Medicaid/Medicare within their OY2014-2015.

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

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 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4B-1. Based on the CoCs FY 2016 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?

FY 2016 Low Barrier Designation

Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):	21
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 2016 competition:	21
Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":	100%

4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

FY 2016 Projects Housing First Designation

Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):	21
Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:	21
Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 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:	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">X</div>
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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 populations from the 2015 and 2016 HIC.

	2015	2016	Difference
RRH units available to serve all populations in the HIC:	28	87	59

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", to 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 the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 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 since the submission of the FY 2015 application? This response does not affect the scoring of this application. No

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 type="checkbox"/>
Coordinated Entry:	<input type="checkbox"/>
Data reporting and data analysis:	<input 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 type="checkbox"/>
Under-performing program recipient, subrecipient or project:	<input type="checkbox"/>
	<input type="checkbox"/>
Not applicable:	<input type="checkbox"/>

4B-9b. Indicate the type(s) of Technical Assistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

Type of Technical Assistance Received	Date Received	Rate the Value of the Technical Assistance

4C. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Funding Reduction...	08/23/2016
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	1F-2 Rating & Rev...	08/31/2016
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	1F-3 Public Posti...	09/06/2016
05. CoCs Process for Reallocating	Yes	Reallocation Docu...	08/30/2016
06. CoC's Governance Charter	Yes	Governance Charter	08/16/2016
07. HMIS Policy and Procedures Manual	Yes	HMIS Policies & P...	08/23/2016
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Admin Plan	08/24/2016
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	HCCSC/HMIS MOU	08/16/2016
11. CoC Written Standards for Order of Priority	No	Order of Priority...	08/31/2016
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	HDX Performance S...	08/16/2016
14. Other	No	Charter Addenda -...	09/01/2016
15. Other	No	Charter Addenda -...	09/01/2016

Attachment Details

Document Description: Funding Reduction Letter to SMHA

Attachment Details

Document Description: Index for Public Posting - will add 9.7.2016

Attachment Details

Document Description: 1F-2 Rating & Review Procs

Attachment Details

Document Description: 1F-3 Public Posting of Rating & Review

Attachment Details

Document Description: Reallocation Documents

Attachment Details

Document Description: Governance Charter

Attachment Details

Document Description: HMIS Policies & Procedures

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Admin Plan

Attachment Details

Document Description: HCCSC/HMIS MOU

Attachment Details

Document Description: Order of Priority Standards

Attachment Details

Document Description:

Attachment Details

Document Description: HDX Performance Standards

Attachment Details

Document Description: Charter Addenda - Part 1

Attachment Details

Document Description: Charter Addenda - Part 2

Submission Summary

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

Page	Last Updated
1A. Identification	08/16/2016
1B. CoC Engagement	09/07/2016
1C. Coordination	09/09/2016
FY2016 CoC Application	Page 63
	09/09/2016

1D. CoC Discharge Planning	08/11/2016
1E. Coordinated Assessment	09/01/2016
1F. Project Review	09/08/2016
1G. Addressing Project Capacity	08/15/2016
2A. HMIS Implementation	08/25/2016
2B. HMIS Funding Sources	09/01/2016
2C. HMIS Beds	08/31/2016
2D. HMIS Data Quality	08/26/2016
2E. Sheltered PIT	08/26/2016
2F. Sheltered Data - Methods	09/07/2016
2G. Sheltered Data - Quality	08/16/2016
2H. Unsheltered PIT	08/26/2016
2I. Unsheltered Data - Methods	09/08/2016
2J. Unsheltered Data - Quality	09/08/2016
3A. System Performance	09/08/2016
3B. Objective 1	09/08/2016
3B. Objective 2	09/08/2016
3B. Objective 3	09/08/2016
4A. Benefits	09/07/2016
4B. Additional Policies	08/19/2016
4C. Attachments	Please Complete
Submission Summary	No Input Required