

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:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

- 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 application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 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 MHAR

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	No	No
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	Yes	Yes
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	No	No
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Not Applicable	No
Non-CoC Funded Youth Homeless Organizations	Yes	Yes
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	Yes	Yes
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	Yes
LGBT Service Organizations	No	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Workforce Development Agency, Higher Education	Yes	Yes
Veterans Agencies, Church Affiliates, Foundations	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)

Policies published on the CoC’s website open CoC & CoC committee (cmte) membership to all. Also, the board and cmtes issue personal membership invitations to individuals/organizations that can bring missing viewpoints/expertise to the table. Minutes of all board & cmte meetings are published on the website to inform & invite comment from CoC members & the public. Triannual CoC member meetings (also open to public) held on dates announced at the beginning of each calendar year & advertised on the CoC’s website highlight pending issues & solicit comments from all attendees to inform board & cmte action. Feedback from those meetings & from a special community-wide summit in late 2015 led to the CoC’s 2016 decision to create a new nonprofit to act as its collaborative applicant and professionally staff the CoC. Representatives of the county, our largest cities, the United Way, the Chamber of Commerce, our mental health board, & a local foundation serve as directors of this new entity.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)

As mandated by its charter, the CoC annually publishes in at least 1 local newspaper of general circulation an ad inviting the public to join the CoC. The ad explains what the CoC does and how persons may become members. It also refers interested people to the CoC website for more info and indicates that anyone can join the CoC by sending their name and contact info to the collaborative applicant. Year-round, the CoC website invites the public to join the CoC at any time and tells them how to do so. Since it was reconstituted to conform with 24 CFR Part 578 in 2013, the CoC has had members and at least one director who were homeless or formerly homeless. A successful effort was made last year to identify and invite onto the 18-person CoC board a 2nd homeless/formerly homeless individual (a transitional age youth). In addition, various CoC committees have successfully recruited homeless/formerly homeless members who have demonstrated interest in becoming more active in the CoC.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must

**include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)**

An e-mail to the CoC's distribution list (4/21/17) & ads in 3 local newspapers (4/28/17) announced the start of the local CoC competition by inviting projects seeking new or renewal grants to a 5/4/17 workshop & referring them to the CoC website for more info about local procedures. Info on the website and at the workshop stressed the CoC's openness to considering new projects for both reallocated & bonus funds & identified local priorities approved by the CoC Board for those funds. With potential bonus funding remaining after the initial round of applications was reviewed, the CoC invited additional applications for new or expanded projects via a 2nd ad (8/9/17) and e-mail. A committee open to CoC members w/o conflicts scored all projects using a Board-approved multifactorial process and recommended and received Board approval for a priority listing of projects ranked by scores and local priorities. That listing included 2 new projects (one ranked 1st) and 1 expanded project.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Not Applicable
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	No
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient’s in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)

The City of Canton is the sole ESG recipient in the CoC’s area. A city employee serves on a CoC committee (cmte) that identifies service gaps & recommends to the CoC Board ESG funding priorities to fill those gaps. The Board then

recommends the priorities to Canton. Another CoC cmte reviews all the applicants for ESG funds & recommends allocations to subrecipients based on approved priorities. That same cmte also evaluates the performance of ESG subrecipients via monthly reports and annual on-site reviews. The CoC provides HIC/PIT/AHAR data from HMIS to all 4 Con Plan jurisdictions in its area - Canton, Massillon, Alliance, and Stark County – through its Collaborative Applicant (CA). Until 9/2017, the CA, which was represented on the CoC board, was the lead entity for the county’s, Massillon’s, & Alliance’s HOME Consortium, and, as such, was responsible for drafting the homeless sections of their Con Plans (and updates). It also consulted with Canton on the development of its plan.

1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants. (limit 1000 characters)

With funds from the U.S. DOJ, HHS, ESG, & other sources, 2 agencies blanket the CoC’s area w/ services (shelter, housing, case management, etc.) specifically for domestic violence survivors (DVS). All other CoC- and ESG-funded housing & shelter projects w/n the CoC also serve DVS despite low/no income & other severe needs, working with DV and other agencies to meet DVS’ needs & cooperating to facilitate transfers between shelter/housing projects when safety concerns arise. DVS may access all options by calling the 24/7 hotlines operated by the DV agencies or the CoC’s homeless hotline. Using safe procedures developed with the DV agencies, the CoC’s coordinated entry (CE) staff encourage DVS to make use of DV agency expertise but make it clear that they may also choose to work exclusively with CE and its non-DV specific programs instead. When DVS permit, DV & CE staff work together to share info securely, reduce the stress for DVS, and maximize safe options that meet all their needs.

1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment. (limit 1,000 characters)

Our behavioral health board & a DV agency host separate yearly trainings in trauma-informed (TI) care & best practices in serving DV survivors (DVS). Intermittently (most recently on 6/30/17), coordinated entry (CE) staff receive special training on TI assessment & safety planning for DVS. The following CE protocols promote DVS safety: access to CE is by phone; CE screens all callers for DV; if callers identify as DVS, CE staff confirm their safety and connect them to DV services; if DVS choose at any time to complete the CE process to access non-DV specific programs, they may do so by phone & selectively withhold info; CE & providers collaborate to effect emergency transfers &

exchange client info by Secure Google Docs & phone calls between known staff; HMIS users receive annual privacy/security training. To analyze service gaps for DVS, the CoC uses PIT data (including DV agency data), data on DVS status collected from all CE callers, & bed utilization data shared by DV agencies.

1C-4. Using the chart provided, for each of the Public Housing Agency's (PHA) in the CoC's geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA's that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Stark Metropolitan Housing Authority	36.10%	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-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)

N/A

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)

On 11/10/15, the CoC adopted an anti-discrimination policy that required all providers to adhere to HUD's 2012 Equal Access Rule and Notice CPD-15-02; imposed a duty on providers & coordinated entry (CE) staff to inform people of

their right to file complaints with the CoC when they suspect equal access violations; & codified a process for adjudicating those complaints & providing restitution where appropriate. That policy was refined on 9/19/17 to conform more closely to HUD's final 9/21/16 rule. The CoC provides annual trainings on HUD's anti-discrimination rules that include training on implementing the equal access rule. (1/2 day training held on 2/3/16; another scheduled for 10/6/17.) In addition, a local DV agency/CoC partner hosts an annual 1-day training in best practices for serving the LGBTQ community. During monthly Quality Assurance meetings that all attend, CoC providers also have the chance to raise & resolve questions about equal access implementation as they arise.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness 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"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

When "No Strategies have been implemented" is selected no other checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. 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-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

N/A

1D-2. Discharge Planning: Select the system(s) of care within the CoC's geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. 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"/>

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)**

CoC-funded projects must serve the neediest first by drawing clients from a central list of clients prioritized by their SPDAT scores, which reflect the following vulnerabilities: low/no income; substance use; criminal history; mental & physical illness/disabilities; high use of emergency services; risk of harm to self/others; homelessness history; and involvement in high risk/exploitative situations. One 2017 scoring criterion awarded projects a fixed number of points (10% of all points available to renewals) for admitting clients in CYs 2015 & 2016 with average SPDAT scores within 5% of the average score for clients admitted to all CoC-funded projects in those years 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. Since projects were included & ranked on the priority list based on their overall scores, all else being equal, projects that served higher needs clients received higher rankings.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input checked="" type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 08/02/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 08/08/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No	Reallocation Supp...	09/20/2017

Attachment Details

Document Description: Reallocation Supporting Documentation

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Yes

Attachment Required: If "Yes" is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. Pages 1 and 2 from MOU

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was "Yes", attach a copy of the HMIS Policies and Procedures Manual. Yes

2A-3. What is the name of the HMIS software vendor? Adsystem, Inc.

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area. Single CoC

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 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 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	243	66	177	100.00%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	85	14	71	100.00%
Rapid Re-Housing (RRH) beds	91	0	91	100.00%
Permanent Supportive Housing (PSH) beds	565	0	512	90.62%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.

(limit 1000 characters)

N/A

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 12

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). 05/03/2017
(mm/dd/yyyy)

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/22/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 05/03/2017

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)

NA

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? Yes

2C-2a. If “Yes” was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	102
Beds Removed:	142
Total:	-40

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from Yes

**2016 to 2017?
CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.**

2C-4a. Describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC’s unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

Our unsheltered PIT count methodology was the same in 2017 as in 2016. However, we made 2 minor changes in an effort to increase the count’s accuracy. First, on the “night of the count,” instead of going out late at night as they did in 2016, our 2017 street count teams went out early in the a.m. This change was a response to concerns that we might have missed people in previous counts because they were already hidden away for night. We thought we might have a better chance of finding such people in the a.m. as they started rising and emerging from concealment. We also changed our service-based count by placing volunteers at more sites for longer hours during the first 3 days following the night count rather than manning fewer sites sporadically over 7 days. As a result of these changes, volunteers collected more completed surveys in 2017 than ever before and were confident they had a more accurate count of both the actual unsheltered homeless and those at risk of homelessness.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

(1) A youth-focused magnet event was held the week following the PIT Count night to attract youth who may have been facing a homeless crisis. This event enabled volunteers to casually interact while requesting that the youth complete a brief survey, provide refreshments and a mobile gaming unit for entertainment. (2) The lead PIT volunteers worked closely with the CoC’s local Youth Homelessness Committee during their regularly scheduled monthly meetings as well as recruited youth stakeholders to serve on a Youth PIT Sub-Committee. (3) Homeless youth are extremely challenging to identify as most do not want to be identified. Increased efforts will continue in future counts to engage homeless youth in the planning process. (4) The Youth PIT Sub-Committee spoke with various entities including community centers, the homeless navigation (hotline) system, youth agencies, police and school

homeless liaisons to identify locations where youth were most likely to be identified .

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness, families with children, and Veterans experiencing homelessness. (limit 1000 characters)

To better count chronically homeless individuals & families, families w/children, & homeless vets, the CoC did the following in 2017: more vigorously pursued info from community groups, churches, Dept. of Jobs and Family Services, school homeless liaisons & social service agencies about persons being sheltered with their help; consulted a wider range of individuals & agencies, including more police depts & homeless and formerly homeless persons, about the possible whereabouts of persons living on the street or in places not meant for human habitation in order to insure that our street count targeted the right areas; and worked closely with the Stark Veterans Task force, consisting of representatives of 15+ organizations serving veterans, to identify possible locations of vets living on the streets or in places not meant for human habitation and recruit vets to help conduct the street and service-based counts to encourage the cooperation of any vets encountered during the counts.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time.
(limit 1000 characters)**

First-time homeless entering ES/SH/TH/PH increased by 91 or 1.9% of entries from 2015 to 2016. A task force of prevention programs (HMIS participants & non-participants) meets quarterly to review relevant data & identify risk factors shared by 1st time homeless; analyze gaps in prevention services; & develop strategies to reduce 1st time homelessness. Adopted strategies include longer consultations at coordinated entry to find at least temporary housing options for at-risk callers & refer them to mainstream programs for financial stabilization; encouraging prevention programs that don't participate in HMIS to target their modest rent aid to those who have clear risk factors & lack other housing options; focusing help from programs offering more rent aid & long-term case management on those most at-risk; & developing housing for at risk populations, e.g., ex-offenders and recovering substance abusers. The Stark Housing Network is responsible for the success of these strategies.

**3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless.
(limit 1000 characters)**

From 2015 to 2016 CoC reduced average length of time homeless (LOTH) for those in ES & SH and those in ES, SH, & TH by 170 (68%) and 161 (55%) bed nights, respectively, and median LOTH by 32 (40%) and 47 (43%), respectively. To reduce LOTH, the CoC has been tracking clients' homeless histories in HMIS; maintaining a central prioritization list that uses those histories to

prioritize the chronically homeless for entry to all projects & follows the guidance of Notice CPD-16-11 in prioritizing clients for PSH; requiring all ESG- and CoC-funded projects to draw clients from the top of that list; increasing funding for & use of RRH; adding PSH units & eliminating TH; enforcing Housing First principles; using private funds to enable shelters to quickly re-house people who need one-time, limited aid to secure PH; and convening providers monthly to review a by-name list of hard-to-serve clients & brainstorm housing solutions for them. Stark Housing Network oversees these strategies.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC’s strategy for retention of, or placement in permanent housing.

(limit 1000 characters)

From 2015 to 2016, we increased our percentage (%) of successful exits to PH from street outreach by 47; our % of successful exits to PH from ES, SH, TH, and PH-RRH by 23; and our % of successful exits from/retentions in PH projects other than PH-RRH by 5. Strategies used to improve the rates of PH placement and retention include creating more PSH units; increasing funding for and nos. served in PH-RRH; using private funds to quickly house ES clients who need one-time financial help so staff can spend more time finding PH solutions for more challenging clients; allowing PSH clients to transfer more freely btw projects when original placements aren’t working; using housing stabilization committee run by the behavioral health board to intervene/problem-solve to prevent evictions of person in PH who have behavioral issues; using monthly meetings of all housing providers to find PH solutions for hard-to-serve persons on by-name list. Stark Housing Network oversees these strategies.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC’s efforts to reduce the rate of individuals and families’ returns to homelessness.

(limit 1000 characters)

Coordinated entry staff identify persons returning to homelessness by routinely checking permanent HMIS records when anyone registers for CoC help. The percent (%) of persons who exited to PH and returned to homelessness w/n 2 years increased by 2.8 between 2015 & 2016. The strategies the CoC will use in the next 12 mos. to reduce returns to homelessness will include: decreasing unsuccessful PH exits by early identification of problems, easing transfers btw projects, & problem-solving among housing projects, landlords, & behavioral health specialists; improving cooperation among housers, the local one-stop employment center, and supported employment programs to quickly link PH-RRH clients to jobs; fully implementing a new (in 2016) prevention program targeting formerly homeless; and following up w/ clients to ensure ongoing

stability 1 year after case management ends in PH-RRH and prevention programs serving the formerly homeless. Stark Housing Network oversees these strategies.

3A-5. Performance Measures: Job and Income Growth

Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC’s strategy to increase job and income growth from employment, non-employment including mainstream benefits. (limit 1000 characters)

Between 2015 & 2016, the percent (%) of adult stayers and adult leavers who increased total income rose by 10 and by 11, respectively. The % of adults increasing earned income & the % increasing non-employment income rose for both stayers & leavers. The CoC has promoted income growth by (1) providing training to housing providers on increasing earned income & hosting meetings between them and representatives of our One-Stop employment center & supported employment programs; (2) recruiting to the Board the COO of our One-Stop center to facilitate inter-system collaboration; (3) publishing lists/descriptions of job training/placement programs & job vacancies at businesses hiring homeless & formerly homeless; (4) developing/funding long-term job training/coaching project staffed by Goodwill for RRH clients; & (5) offering financial incentives for more housing staff to complete online SOAR training. (4 agencies trained 2-4 more staff.) Stark Housing Network oversees these strategies.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests). No

3A.6a. If the response to 3A-6 was “Yes”, what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count? (limit 1000 characters)

NA

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 06/05/2017

2016.
(mm/dd/yyyy)

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. 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 in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	165	186	21

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	174
Total number of beds dedicated to individuals and families experiencing chronic homelessness	81
Total	255

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or 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 with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)

Primary strategies for reducing the re-housing wait for households with children (HHs w/C) include (1) embedding RRH staff in shelters & training staff to collaborate in motivating HHs w/C to leave shelter sooner; (2) recruiting & building strong relationships w/landlords willing to house HHs w/C despite little/no income & eviction histories; (3) promoting the development of new RRH projects & provider diversification, including the development of an RRH project for vet/vet families by the county’s Veterans Service Commission; (4) increasing RRH funding by reallocating CoC funds and securing bonus funds, making RRH the top priority for ESG and state funds, and securing foundation grants. While struggling to train new and retain experienced RRH staff, our projects have succeeded in reducing average re-housing time for HHs w/C from 93 days in 2014-15 to 78 in 2015-16 to 66.61 in 2016-17. We hope to be able to reduce RRH waits for HHs w/C to an average of 30 days by the end of 2018.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	27	17	-10

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)

CoC policies (1) require groups presenting as a family to be sheltered/housed together & (2) prohibit the denial of admission to any family member based on age, disability, marital status, actual or perceived sexual orientation, or gender identity. The CoC reinforces these policies through annual trainings and by resolving any doubts about their application in monthly Quality Assurance

meetings. The CoC has procedures in place for notifying persons of their right to complain to the Collaborative Applicant (CA) when they believe a violation of these policies has occurred; for filing and adjudicating such complaints; and for providing restitution when the preponderance of the evidence suggests a violation has occurred. CoC procedures also encourage coordinated entry staff to file a complaint with the CA when their constant monitoring of the central prioritization list and of admissions to and exclusions from projects reveals a probable violation of anti-discrimination policies.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

Human trafficking and other forms of exploitation?	Yes
LGBT 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

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<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	<input checked="" type="checkbox"/>

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

CoC partner StarkMHAR, our local mental health and recovery services board, provides ongoing operating support for (1) a TBRA program exclusively for transition age youth, ages 18-24 (TAY), especially those exiting other systems of care, including foster care, correctional facilities, and mental health and addiction recovery programs and (2) a TH project that targets the same population. In addition, StarkMHAR has provided local levy funds and secured

state funds for a new PSH development for TAY that should open by 12/31/17. The CoC also played a key role in raising Ohio Housing Finance Agency and foundation dollars for that PSH project and continues to advocate with our public housing authority for Housing Choice Vouchers to support the project's operations. Knowing of no better way to measure the effectiveness of its strategies to end youth homelessness, the CoC analyzes yearly changes in PIT numbers and yearly changes in the number of youth that complete intakes through coordinated entry (CE). Our PIT numbers show minimal unsheltered homelessness among TAY (just 2 in each of last 2 years); no homelessness among unaccompanied children; a significant drop in all categories of youth homelessness since 2015; but an increase in unaccompanied TAY (from 10 persons to 16) between 2016 to 2017. CE data shows a steady drop in youth intakes from 519 (16.8% of all intakes) in FY 2015, to 400 (14.6% of all intakes) in FY2016 to 357 (13.6% of all intakes) in FY 2017 (through 9/13).

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)

Via a longstanding arrangement w/ our largest & poorest urban district, its homeless liaison serves on the CoC's board & youth committee & represents the CoC at all relevant SEA meetings/trainings; acts as technical advisor/information conduit to homeless liaisons in the CoC's other 16 school districts; and arranges educational services for children in shelters. She has also developed protocols for identifying & serving homeless & at-risk students/families & shared them with other LEAs. CoC policies require shelter & housing providers to appoint education coordinators; display & share with individuals & families with children info about their educational rights; develop and support education plans for each child; and document compliance with these policies. The CoC also posts info about educational rights of individuals & families with children on its website along with the names of & contact info for the providers' education coordinators & each school district's homeless liaison.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select "Yes" or "No".

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	No
Head Start	No	No
Early Head Start	Yes	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3	No	No
Tribal Home Visiting Program	No	No

Other: (limit 50 characters)		

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)**

Aided by the local Veterans' Task Force, which includes vets & representatives of 15+ vet organizations that receive leads about the possible whereabouts of homeless vets, our outreach staff finds unsheltered vets and connects them to coordinated entry (CE). In these and all cases where homeless persons apply for help, CE assesses them using the SPDAT, which asks about veteran status. By agreement with the regional VA, before the CoC uses its own resources to help self-identified vets, the CE links those vets to the VA's Community Resources & Referral Center (CRRC) to assess their eligibility for Veterans Affairs services and housing. If the CRRC determines vets are eligible, it refers them to appropriate VA resources, such as HUD-VASH, SSVF, and GPD. If a vet is not eligible, the CRRC informs the CoC during monthly meetings that also include representatives of the county's Veterans Service Commission, and, together, they consider other resources available to meet the vet's needs.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? Yes

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	No	No
Non-Profit, Philanthropic:	No	No
Other: (limit 50 characters)		

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

To increase the no. & success rate of SSI applications filed for clients of CoC-funded projects, the CoC secured a foundation grant to fund incentives for project staff to complete online SOAR training. The CoC has also solicited & received staff support from the following agencies to facilitate access to mainstream benefits for project clients: Access Health Stark County, a nonprofit which helps people enroll in Medicaid; the county Department of Job and Family Services (DJFS), which processes applications for food stamps and TANF; and the county mental health and addiction recovery board, which is the gateway to local substance abuse programs. For current information about mainstream benefits, the CoC relies heavily on its Board members from those 3 agencies and shares the info it receives from them and from other sources w/ CoC projects via e-mail and in monthly providers' meetings. The Stark Housing

Network is responsible for overseeing the CoC's strategy for mainstream benefits.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	21.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	21.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	21.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	21.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

Outreach covers 100% of the CoC's area & is conducted daily by 3 to 4 employees of 1 agency whose efforts are supplemented by volunteers & staff of 2 other agencies. The primary outreach agency divides the CoC into 6 areas, each of which is assigned to a staff member, who is responsible for identifying all homeless persons in that area; maintaining regular contact w/ those persons (at least weekly but more often if welcomed); and evaluating & addressing client's needs while attempting to persuade them to register with the CoC's coordinated entry (CE) system & undergo formal assessment. Staff facilitate client contact with CE by providing access to a phone and the Internet (for hearing impaired). They also chauffeur clients to ES or other crisis services as needed and provide bus passes if clients prefer. If required, translation services, including services for the hearing impaired, are available from various sources (including those used by CE) but, to date, have never been needed.

**4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as detailed in 24 CFR 578.93(c) used to market housing and supportive**

services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

The CoC markets its services primarily through (1) the county’s 211 helpline (anyone calling 211 w/ a housing crisis is referred to CoC’s coordinated entry) and (2) the CoC’s website, which directs people to contact coordinated entry (CE) by phone or e-mail and makes clear that CoC help is available to all eligible persons regardless of race/color/national origin/religion/sex/ gender identity/sexual orientation/age/familial status/disability. Directions are in English and Spanish, the only foreign language spoken by more than .27% of county residents, and state that translation services are available. CE has arrangements to obtain translation services on an ad hoc basis (1) from a local hospital if needed for non-English speakers and (2) from a local nonprofit agency serving the hearing impaired if needed for someone suffering hearing loss. For everyone, the CE process is completed by phone, thus making access to CoC-funded projects available to those with physical disabilities.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	87	91	4

4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). No

4B. 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	CoC's approval le...	09/21/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes	2017 CoC Consolid...	09/21/2017
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CoCs Rating and R...	09/22/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC Rating and Re...	09/22/2017
05. CoCs Process for Reallocating	Yes	CoCs process for ...	09/21/2017
06. CoC's Governance Charter	Yes	CoC Governance Ch...	09/20/2017
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	09/21/2017
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 Administratio...	09/20/2017
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	HMIS MOA	09/20/2017
11. CoC Written Standards for Order of Priority	No	CoC Written Stand...	09/20/2017
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	System Performanc...	09/20/2017
14. Other	No	Stark County CoC ...	09/25/2017
15. Other	No	Stark County CoC ...	09/25/2017

Attachment Details

Document Description: CoC's approval letters

Attachment Details

Document Description: 2017 CoC Consolidated Application: Public Posting Evidence

Attachment Details

Document Description: CoCs Rating and Review Procedure

Attachment Details

Document Description: CoC Rating and Review Procedure

Attachment Details

Document Description: CoCs process for Reallocating

Attachment Details

Document Description: CoC Governance Charter

Attachment Details

Document Description: HMIS Policy and Procedures

Attachment Details

Document Description: Con Plan

Attachment Details

Document Description: PHA Administration Plan

Attachment Details

Document Description: HMIS MOA

Attachment Details

Document Description: CoC Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: System Performance Measures

Attachment Details

Document Description: Stark County CoC Policies and Procedures part
1

Attachment Details

Document Description: Stark County CoC Policies and Procedures part
2

Submission Summary

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

Page	Last Updated
1A. Identification	08/24/2017
1B. Engagement	09/25/2017
1C. Coordination	09/20/2017
1D. Discharge Planning	09/15/2017
1E. Project Review	09/20/2017
1F. Reallocation Supporting Documentation	09/20/2017
2A. HMIS Implementation	09/20/2017
2B. PIT Count	09/20/2017
2C. Sheltered Data - Methods	09/20/2017
3A. System Performance	09/20/2017
3B. Performance and Strategic Planning	09/20/2017

4A. Mainstream Benefits and Additional Policies	09/20/2017
4B. Attachments	09/25/2017
Submission Summary	No Input Required