Before Starting the CoC Application

The CoC Consolidated Application is made up of three parts: the CoC Application, the Project Listing, and the Project Applications. The Collaborative Applicant is responsible for submitting two of these sections. In order for the CoC Consolidated Application to be considered complete, each of these two sections REQUIRES SUBMISSION:
- CoC Application
- Project Listing

Please Note:

- Review the FY2013 CoC Program NOFA in its entirety for specific application and program requirements.
- Use the CoC Application Detailed Instructions while completing the application in e-snaps. The detailed instructions are designed to assist applicants as they complete the application forms in e-snaps.
- As a reminder, CoCs are not able to import data from the 2012 application due to significant changes to the CoC Application questions. All parts of the application must be fully completed.
- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the application.

For Detailed Instructions click here.

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1A-1 CoC Name and Number: OH-502 - Cleveland/Cuyahoga County CoC

1A-2 Collaborative Applicant Name: Cuyahoga County

1A-3 CoC Designation: CA

1B. Continuum of Care (CoC) Operations

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1B-1 How often does the CoC conduct meetings of the full CoC membership?	Bi-Monthly
1B-2 How often does the CoC invite new members to join the CoC through a publicly available invitation?	Annually
IB-3 Does the CoC include membership of a homeless or formerly homeless person?	Yes
1B-4 For members who are homeless or formerly homeless, what role do they play in the CoC membership? Select all that apply.	Advisor, Volunteer, Community Advocate

1B-5 Does the CoC's governance charter incorporate written policies and procedures for each of the following:

1B-5.1 Written agendas of CoC meetings?	Yes
1B-5.2 Centralized or Coordinated Assessment System?	Yes
1B-5.3 Process for Monitoring Outcomes of ESG Recipients?	Yes
1B-5.4 CoC policies and procedures?	Yes
1B-5.5 Written process for board selection?	Yes
1B-5.6 Code of conduct for board members that includes a recusal process?	Yes
1B-5.7 Written standards for administering assistance?	Yes

1C. Continuum of Care (CoC) Committees

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1C-1 Provide information for up to five of the most active CoC-wide planning committees, subcommittees, and/or workgroups, including a brief description of the role and the frequency of meetings. Collaborative Applicants should only list committees, subcommittees and/or workgroups that are directly involved in CoC-wide planning, and not the regular delivery of services.

	Name of Group	Role of Group (limit 750 characters)	Meeting Frequency	Names of Individuals and/or Organizations Represented
1C-1.1	Office of Homeless Services Advisory Board	The OHS Advisory Board is the oversight structure for the Cuyahoga County CoC. The Board meets bi-monthly and is comprised of representatives of relevant organizations and formerly homeless persons. The Board provides oversight to the Office of Homeless Services, which, on a day to day basis, operates the CoC. The Board has designated the OHS as the HMIS Systems Administrator. The Advisory Board conducts needs assessments and prioritizes CoC activities and funding to strategically align with USICH's goals as described in Opening Doors. It has implemented a Coordinated Assessment and Intake system in which all providers participate. It oversees the application and administration of the CoC funds as well as Emergency Solution Grant Funds	Bi-Monthly	City of Cleve.; elected offcls. -2; PHA ; PSH for CH; Shelter; TH; NonPrft housing provider; formerly homeless persons – 5; AOD/ MH Board- 2; FQHC; Legal Aid; VA; Foodbank ; Children's Srvs.; Homeless Advoc. Grp. -2; FaithBased; Mediation.

1C-1.2	Review & Ranking Committee	The R&R Committee is appointed by the OHS Advisory Board to assist the designated Collaborative Applicant (OHS) with the requirements of the annual NOFA. The Advisory Board sets the priorities for activities to be funded. The R&R committee is comprised of relevant organizations and formerly homeless persons. The R&R committee conducts a performance outcome review based on project achievement relative to HUD standards, client satisfaction surveys, and HMIS compliance. The review generates a score upon which decisions to fund and project rankings are determined. The R&R Committee recommends new and renewal projects to the OHS Board for final approval. The Committee/leadershi p subcommittee, meets 6 to 10 times a year.	Monthly	Foodbank; Children's Services; County Planning; Homeless Persons (2); City of Cleveland; Enterprise Community Partners; VA; Catholic Charities; Drop In Site; Private Foundation; Jobs & Family Services; AOD/MH Board; NonPrft Housing org
1C-1.3	Housing First Initiative Funding Collaborative (HFIFC)	The Housing First Initiative (HFI) is the CoC strategy to end chronic homelessness in Cuyahoga County. The HFI was established in FY 2003 with a goal of developing 1,000 units of PSH for CH individuals by FY 2017. To date, there are over 600 PSH for CH units in 8 projects throughout the community. The HFI Funding Collaborative is comprised of relevant organizations and provides quarterly review of existing projects for fidelity to the housing first model as well as fiscal soundness, and planning and review of new projects. Enterprise Community Partners staffs the HFIFC. Enterprise staff reports on the HFI to the OHS Board at each Board meeting and presents items requiring CoC voting approval.	Quarterly	Cleve. Dept. of Comm. Dev.; Cleve. Dept of Public Health; Cuyahoga County Office of Homeless Services; Forest City Capital Corp.; Enterprise Comm. Partners; PHA; VA Medical Cntr; AOD/MH Board; KeyBank Comm. Dev. Bnkng; Sisters of Charity Fndtn
1C-1.4	Public Policy/Emergency Solutions Grant Committee	This is a subcommittee of the OHS Advisory Board. It is open to everyone in the community to participate. It meets bi-monthly. The role of this committee is to provide a regular forum for discussion of CoC planning and implementation concerns. Over the past two years, HEARTH Act implementation, including shifting to a centralize intake for all shelter beds, has been a major focus. A portion of each meeting is set aside for review of Emergency Solutions Grant funded activities of Coordinated Assessment, diversion, and RRH. Providers for these activities present to the committee. Work from the committee is presented to the OHS Advisory Board for discussion and action as necessary.	Bi-Monthly	Formerly Homeless (3); PSH for CH(4); County Planng; Comm. Dvlpmnt; VA; AIDS Org; Shltr Prvders (6); TH prvdrs(5); youth shltr provdr; CA/I org. ; Dept. of Aging; Mediation; Faithbased (3); elected offcls(2); Tenants Org; 211/First Call for Help

1C-1.5	Coordinated Assessment & Intake Planning Group	The CA/I Committee was established by the CoC to develop and oversee implementation of a CoC wide centralized intake system to ensure both strategic utilization of available beds and to fully utilize available resources to divert families and individuals from homelessness. The Committee is comprised of representatives of the agencies responsible for administering CA/I and RRH; the partner agencies providing shelter and RRH referrals; and OHS staff. The CA/I committee meets every 6 weeks or more frequently as necessary. RRH subcommittee meets every other week to assure that all partners are focused on helping clients leave the shelters as quickly as possible. CA/I outcomes are reported to the CoC/OHS Advisory Board every two months.	Bi-Monthly	Family Shelters (6); TH providers(5); PSH for CH Families(2); HMIS; Private Fndtns; CA/I staff; Homeless Advoc. Org.; DV Shelter (2); Mediation; 211/FCFH; RRH Org. (3); VA; City of Cleveland; Faithbased orgs;

1C-2 Describe how the CoC 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 when establishing the CoC-wide committees, subcommitees, and workgroups.
(limit 750 characters)

On behalf of the CoC, the Office of Homeless Services develops agendas, minutes, and presentation materials and sends email announcements for over 60 meetings annually for CoC committees, subcommittees, etc. Organizations and systems that have knowledge of homelessness and/or serve homeless sub populations are solicited to participate in every committee that is established. In addition, OHS staff represent at meetings sponsored by non CoC organizations that have shared populations/interests, like the Homeless Congress, Invest In Children, Project Act, and the Cuyahoga Affordable Housing Alliance. Input from this broad range of community interests is brought back to the OHS Advisory Board to inform discussion and action. (730)

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1D-1 Describe the specific ranking and selection process the CoC uses to make decisions regarding project application review and selection, based on objective criteria. Written documentation of this process must be attached to the application along with evidence of making the information publicly available.
(limit 750 characters)

Project scoring is based on performance outcomes, consumer satisfaction survey results, and HMIS compliance scores. Budget accuracy and audit reviews are also factored in. Project Ranking depends primarily on the priority of the activity within the CoC's goals. CoC project priorities align exactly with the HUD/Opening Doors priority ranking. Within each component, the rank is determined by the project Score. Per the FY 2013 NOFA, all projects were submitted to the CA by 1/06/14. All providers that submitted project applications by the NOFA deadline were notified in writing, outside of esnaps regarding the project's approval and rank.

1D-2 Describe how the CoC reviews and ranks projects using periodically collected data reported by projects, conducts analysis to determine each project's effectiveness that results in participants rapid return to permanent housing, and takes into account the severity of barriers faced by project participants. Description should include the specific data elements and metrics that are reviewed to do this analysis.
(limit 1000 characters)

The CoC review process is based on provider entered HMIS data, analyzed by the Annual Performance Report for each project grant period. Criteria include: the # of HH served; occupancy rate; exits to PH; % exiting to shelter or unknown; % of adults with cash income and non-cash income for stayers and exiters, and attainment of mainstream benefits. Consumer satisfaction surveys are scored both on client satisfaction and on the % of clients that respond. Agency HMIS participation is reviewed for consistency, quality, and accuracy. Specific project scores are considered in the discussion of rank, in light of the population that is being targeted. An example: through CA/I, TH providers have eliminated barriers to accepting referrals from shelters. This has resulted in TH providers having a larger % of exits back to shelter or to unknown, than they had previously, thus scoring lower on this criterion.

**1D-3 Describe the extent in which the CoC is open to proposals from entities that have not previously received funds in prior Homeless Assistance Grants competitions.
(limit 750 characters)**

In FY 2005 the CoC voted to prioritize PSH projects for CH individuals for any new CoC HUD resources. Specifically, projects had to align with the Housing First Initiative (HFI), the local strategy to end chronic homelessness. The process to be designated as an HFI project is posted on the HFI website. It is an open, year round process managed by Enterprise Community Partners and overseen by the HFI Funding Collaborative. OHS staff regularly responds to individuals and agencies that have interest in being part of the CoC. We discuss the HEARTH Act, Opening Doors, the HFI, and the local strategy to end homelessness. Entities are encouraged to go to OneCPD, the HFI website and/or to contact the Enterprise staff directly for more info.

1D-4 On what date did the CoC post on its website all parts of the CoC Consolidated Application, including the Priority Listings with ranking information and notified project applicants and stakeholders the information was available? Written documentation of this notification process (e.g., evidence of the website where this information is published) must be attached to the application.	01/31/2014
1D-5 If there were changes made to the ranking after the date above, what date was the final ranking posted?	01/31/2014
1D-6 Did the CoC attach the final GIW approved by HUD either during CoC Registration or, if applicable, during the 7-day grace period following the publication of the CoC Program NOFA without making changes?	Yes

**1D-6.1 If no, briefly describe each of the specific changes that were made to the GIW (without HUD approval) including any addition or removal of projects, revisions to line item amounts, etc. For any projects that were revised, added, or removed, identify the applicant name, project name, and grant number.
(limit 1000 characters)**

1D-7 Were there any written complaints received by the CoC in relation to project review, project selection, or other items related to 24 CFR 578.7 or 578.9 within the last 12 months?	No

**1D-7.1 If yes, briefly describe the complaint(s), how it was resolved, and the date(s) in which it was resolved.
(limit 750 characters)**

1E. Continuum of Care (CoC) Housing Inventory

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

1E-1 Did the CoC submit the 2013 HIC data in the HDX by April 30, 2013? Yes

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2A-1 Describe how the CoC ensures that the HMIS is administered in compliance with the CoC Program interim rule, conformance with the 2010 HMIS Data Standards and related HUD Notices.
(limit 1000 characters)

Implementing the HMIS is a responsibility of the OHS, the lead agency for the CoC. OHS has had an FTE staff position for HMIS since FY 2004. The position is paid for 100% by the Cuyahoga County GF. Since FY 2003, the County has contracted with Bowman Systems for ServicePoint Software. The contract with Bowman is paid 100% by County GF dollars. The OHS provides user licenses, training, and technical assistance to all CoC agencies and VA staff, at no cost to the agencies. These resources are provided through County local funding. As a ServicePoint customer, compliance with the CoC HMIS Interim rule and 2010 HMIS Data Standards and related HUD notices is assured. Data is stored on the Bowman Systems platform. All CoC providers are contractually required to participate in HMIS. The HMIS Policy Manual is attached. Privacy, Security, and Data Quality plans are also attached. These documents are reviewed annually by the Data Committee of the CoC.

2A-2 Does the governance charter in place between the CoC and the HMIS Lead include the most current HMIS requirements and outline the roles and responsibilities of the CoC and the HMIS Lead? If yes, a copy must be attached. Yes

2A-3 For each of the following plans, describe the extent in which it has been developed by the HMIS Lead and the frequency in which the CoC has reviewed it: Privacy Plan, Security Plan, and Data Quality Plan.
(limit 1000 characters)

In FY 2003 when the OHS implemented HMIS, a Policy Manual with Privacy, Security and Data Quality Plans, was developed by the OHS HMIS Systems Administrator. At that time, it was reviewed and approved by a CoC Data Committee comprised of HMIS end users, IT specialists, homeless advocates, representatives of DV shelters, and city officials. Since FY 2003, the Policy Manual and Plans have been periodically updated to reflect changes in data requirements and technology. Communication of Policies and Plan elements takes place regularly at quarterly HMIS training sessions. In addition, the OHS conducts annual HMIS audits at the agencies' sites during which compliance with Privacy and Security Plans' measures are verified. Data Quality is monitored remotely on a monthly basis, with Data Quality reports generated to end users so that they can improve performance.

2A-4 What is the name of the HMIS software selected by the CoC and the HMIS Lead? Applicant will enter the HMIS software name (e.g., ABC Software).	ServicePoint Software
2A-5 What is the name of the HMIS vendor? Applicant will enter the name of the vendor (e.g., ESG Systems).	Bowman Systems
2A-6 Does the CoC plan to change the HMIS software within the next 18 months?	No

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

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

2B-2 Select the CoC(s) covered by the HMIS: (select all that apply) OH-502 - Cleveland/Cuyahoga County CoC

2B-3 In the chart below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.

2B-3.1 Funding Type: Federal - HUD

Funding Source	Funding
CoC	$0
ESG	$0
CDBG	$0
HOME	$0
HOPWA	$0
Federal - HUD - Total Amount	$0

2B-3.2 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-3.3 Funding Type: State and Local

Funding Source	Funding
City	$0
County	$90,000
State	$0
State and Local - Total Amount	$90,000

2B-3.4 Funding Type: Private

Funding Source	Funding
Individual	$0
Organization	$0
Private - Total Amount	$0

2B-3.5 Funding Type: Other

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

2B-3.6 Total Budget for Operating Year	$90,000

2B-4 How was the HMIS Lead selected by the CoC? Agency was Appointed

2B-4.1 If other, provide a description as to how the CoC selected the HMIS Lead.
(limit 750 characters)

2C. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2C-1 Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu:

*** Emergency shelter**	65-75%
*** Safe Haven (SH) beds**	86%+
*** Transitional Housing (TH) beds**	86%+
*** Rapid Re-Housing (RRH) beds**	86%+
*** Permanent Supportive Housing (PSH) beds**	76-85%

2C-2 How often does the CoC review or assess its HMIS bed coverage? Monthly

2C-3 If the bed coverage rate for any housing type is 64% or below, describe how the CoC plans to increase this percentage over the next 12 months. (limit 1000 characters)

N/A

2C-4 If the Collaborative Applicant indicated that the bed coverage rate for any housing type was 64% or below in the FY2012 CoC Application, describe the specific steps the CoC has taken to increase this percentage. (limit 750 characters)

N/A

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2D-1 For each housing type, indicate the average length of time project participants remain in housing. If a housing type does not exist in the CoC, enter "0".

Type of Housing	Average Length of Time in Housing
Emergency Shelter	39
Transitional Housing	6
Safe Haven	42
Permanent Supportive Housing	76
Rapid Re-housing	3

2D-2 Indicate the percentage of unduplicated client records with null or missing values on a day during the last 10 days of January 2013 for each Universal Data Element listed below.

Universal Data Element	Percentage
Name	0%
Social security number	0%
Date of birth	1%
Ethnicity	3%
Race	1%
Gender	1%
Veteran status	0%
Disabling condition	0%
Residence prior to program entry	0%
Zip Code of last permanent address	0%
Housing status	0%
Head of household	0%

2D-3 Describe the extent in which HMIS generated data is used to generate HUD required reports (e.g., APR, CAPER, etc.). (limit 1000 characters)

The CoC relies on HMIS data to generate all required HUD reports. Currently, it includes the CAPER for the Emergency Solutions Grant Program, the Annual Homeless Assessment Report (AHAR) and CoC –wide APR's for the annual NOFA application. In addition, HMIS data is used to respond to the Annual National Mayor's & City Managers Report on Hunger and Homelessness. On a quarterly basis, the CoC analyzes and publishes a local Data Dashboard, based on APR performance outcomes for the entire CoC. This information is posted on the OHS website and presented publicly at the OHS Advisory Board bi-monthly meetings. In FY 2010, Cuyahoga County instituted "County Stat", a process of setting targets and assessing progress on a quarterly basis. The OHS County Stat goals mirror Opening Doors goals. Quarterly HMIS data is used to document progress in reducing families' shelter length of stay, reducing the # of households becoming homeless and the increase in PSH for CH units

2D-4 How frequently does the CoC review the data quality in the HMIS of program level data? Monthly

2D-5 Describe the process through which the CoC works with the HMIS Lead to assess data quality. Include how the CoC and HMIS Lead collaborate, and how the CoC works with organizations that have data quality challenges.
(Limit 1000 characters)

The HMIS Lead has developed a "Data Quality Monitoring Plan" which provides a standard set of procedures outlining a regular process for analyzing program data. The System Administrator has provided each agency with access to a standard set of data quality reports via the Advanced Reporting Tool (ART). The Sys Admin automatically delivers data quality reports by program type to each agency bi-weekly for their review. The Sys Admin assists with the monthly review and formally conducts an annual program audit. Data quality monitoring is performed outside of scheduled reviews, upon data requests. The Sys Admin works with each agency to assist with the interpretation of ART reports and data issues. Agencies who don't meet the data quality standards will be notified by the HMIS Lead Agency and must provide a proposed corrective action plan for approval. The agency will be required to work closely with the Sys Admin on a weekly basis until the standards have been met.

2D-6 How frequently does the CoC review the data quality in the HMIS of client-level data? Monthly

2E. Homeless Management Information System (HMIS) Data Usage and Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2E-1 Indicate the frequency in which the CoC uses HMIS data for each of the following activities:

*** Measuring the performance of participating housing and service providers**	Monthly
*** Using data for program management**	Monthly
*** Integration of HMIS data with data from mainstream resources**	Monthly
*** Integration of HMIS data with other Federal programs (e.g., HHS, VA, etc.)**	Monthly

2F. Homeless Management Information System (HMIS) Policies and Procedures

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2F-1 Does the CoC have a HMIS Policy and Procedures Manual? If yes, the HMIS Policy and Procedures Manual must be attached. Yes

2F-1.1 What page(s) of the HMIS Policy and Procedures Manual or governance charter includes the information regarding accuracy of capturing participant entry and exit dates in HMIS? (limit 250 characters)

The Policy Manual specifies a standard level of coverage (Pg20); Timeliness: Pgs72-73; Completeness: Pgs74-76; Accuracy/Data Consistency Checks: Pgs76-77

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

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2G-1 Indicate the date of the most recent sheltered point-in-time count (mm/dd/yyyy): 01/22/2013

2G-2 If the CoC conducted the sheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD? Not Applicable

2G-3 Enter the date the CoC submitted the sheltered point-in-time count data in HDX: 04/30/2013

2G-4 Indicate the percentage of homeless service providers supplying sheltered point-in-time data:

Housing Type	Observation	Provider Shelter	Client Interview	HMIS
Emergency Shelters		27%		73%
Transitional Housing		13%		87%
Safe Havens				100%

2G-5 Comparing the 2012 and 2013 sheltered point-in-time counts, indicate if there was an increase, decrease, or no change and then describe the reason(s) for the increase, decrease, or no change. (Limit 750 characters)

There was an overall 15 person decrease in the total sheltered count in 2013. There were, however, notable changes within the composition of the count. Number of families increased by 8, with 7 of the 8 going to ES, where they could be more quickly enrolled in RRH to shorten length of homelessness. Number of persons in HH w/o children in ES increased by 168 due to more overflow beds being used for both men and women and the VA Dom moving from TH back to ES. Number of persons in HH w/o children in TH decreased by 203 due to CoC reallocating funds from an 18-bed TH project to create RRH for young adults; closing of a 25 bed men's TH program; the VA Dom move to ES; and a 55 person decline in another men's TH program.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2H-1 Indicate the method(s) used to count sheltered homeless persons during the 2013 point-in-time count:**

Survey providers:	X
HMIS:	X
Extrapolation:	
Other:	

2H-2 If other, provide a detailed description.
(limit 750 characters)

2H-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population during the 2013 point-in-time count was accurate.
(limit 750 characters)

To ensure data accuracy in the 2013 count from organizations using HMIS, OHS sent each organization detailed instructions and a chart to be completed on the night of the count that recorded project capacity, occupancy (number of HH and persons by HUD-required age categories), subpopulation data and, where applicable, overflow bed use. The completed charts were submitted with HMIS-generated APR data to confirm chart accuracy. OHS HMIS administrator worked with organizations to reconcile any discrepancies.

Providers not using HMIS completed the same charts, with OHS staff ensuring that each provider had detailed instructions and key definitions. OHS followed up with these providers to obtain any missing information and confirm data accuracy.

2I. Continuum of Care (CoC) Sheltered Homeless Point-in-Time (PIT) Count: Data Collection

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2I-1 Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:**

HMIS:	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy: (if Sample of PIT interviews plus extrapolation is selected)	
Provider expertise:	
Interviews:	
Non-HMIS client level information:	X
Other:	

2I-2 If other, provide a detailed description. (limit 750 characters)

2I-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

Instructions sent by OHS to both organizations that used HMIS and those that did not emphasized the importance of reporting accurate subpopulation data. Instructions outlined counting criteria and included definitions of key terms such as chronically homeless. HMIS providers were required to submit to OHS HMIS-generated APR data documentation for subpopulations. If the HMIS report did not match the completed PIT chart submitted by a program, OHS HMIS administrator worked with the provider to reconcile discrepancies.

For non-HMIS organizations, OHS 1(ensured that each understood the applicability of subpopulation definitions and 2) followed up to clarify incomplete subpopulation data and to confirm accuracy of data submitted.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2J-1 Indicate the methods used to ensure the quality of the data collected during the sheltered point-in-time count:**

Training:	
Follow-up	X
HMIS:	X
Non-HMIS de-duplication :	
Other:	

2J-2 If other, provide a detailed description. (limit 750 characters)

2J-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the sheltered homeless population count during the 2013 point-in-time count was accurate. (limit 750 characters)

Regular data quality checks are performed throughout the year to ensure data quality for all HMIS participating agencies. Because of the ongoing oversight, the CoC has confidence in the HMIS data used to generate the PIT by organizations using HMIS. As a further quality step, each HMIS provider completed a chart containing all of the required information for the PIT count. Along with that chart, portions of the HMIS generated APR also had to be submitted. If there were discrepancies between the chart and HMIS APR, staff worked with providers to reconcile data. Most PIT data came from HMIS users – 73% of ES and 87% of TH. For non-HMIS users, OHS staff worked with each organization before and after the count to ensure data quality.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2K-1 Indicate the date of the most recent unsheltered point-in-time count:	01/22/2013
2K-2 If the CoC conducted the unsheltered point-in-time count outside of the last 10 days of January 2013, was an exception granted by HUD?	Not Applicable
2K-3 Enter the date the CoC submitted the unsheltered point-in-time count data in HDX:	04/30/2013

2K-4 Comparing the 2013 unsheltered point-in-time count to the last unsheltered point-in-time count, indicate if there was an increase, decrease, or no change and describe the specific reason(s) for the increase, decrease, or no change.
(limit 750 characters)

There was a decrease in the 2013 count of 47 persons, with 77 persons included in the 2013 unsheltered PIT. Weather conditions did not differ substantially between 2012 and 2013. Significantly, no HH with children were identified for inclusion in either year's count due to the CoC's comprehensive policies and approach to assist families to get to Coordinated Intake for assessment and appropriate placement. The 2013 count marked the third consecutive year of fewer persons in the unsheltered count. The steady decrease is attributable to CoC street outreach workers continued efforts, compassion and skills in building enough trust with CH unsheltered persons, to enable many of them to leave the streets and move into PSH units.

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2L-1 Indicate the methods used to count unsheltered homeless persons during the 2013 point-in-time count:**

Public places count:	
Public places count with interviews on the night of the count:	X
Public places count with interviews at a later date:	
Service-based count:	
HMIS:	
Other:	

2L-2 If other, provide a detailed description. (limit 750 characters)

2L-3 For each method selected, including other, describe how the method was used to ensure that the data collected on the unsheltered homeless population during the 2013 point-in-time count was accurate. (limit 750 characters)

Through years of conducting the unsheltered count, the organizations with street outreach workers have collaborated to develop an approach to determine prior to the count which geographic areas and sites each will cover. This coordination maximizes coverage and minimizes llikelihood for persons being counted more than once. In addition, each outreach worker's knowledge of unsheltered persons is extremely beneficial in knowing where and when to locate persons to include in the count. Because the outreach workers have good and long-lasting relationships with unsheltered persons, they are able to conduct the interview in a non-threatening manner and obtain complete and reliable information.

2M. Continuum of Care (CoC) Unsheltered Homeless Point-in-Time Count: Level of Coverage

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

2M-1 Indicate where the CoC located unsheltered homeless persons during the 2013 point-in-time count: A Combination of Locations

2M-2 If other, provide a detailed description. (limit 750 characters)

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

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

*** 2N-1 Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2013 unsheltered population count:**

Training:	X
"Blitz" count:	
Unique identifier:	
Survey question:	X
Enumerator observation:	
Other:	

2N-2 If other, provide a detailed description. (limit 750 characters)

2N-3 For each method selected, including other, describe how the method was used to reduce the occurance of counting unsheltered homeless persons more than once during the 2013 point-in-time count. In order to recieve credit for any selection, it must be described here. (limit 750 characters)

OHS met with outreach workers from Mental Health Services, Care Alliance and Volunteers of America several weeks prior to the 2013 count. In addition to establishing coordination and scheduling, the meeting included a refresher training, focusing specifically on obtaining accurate subpopulation data and covering questions designed to avoid double counting persons. Because the organizations cover different geographic areas, double counting is minimized. The workers ask 2 questions to further reduce the possibility – 1) asking each person if they have already been asked the questions on the card and 2) identifying where the person had been earlier that night to determine if they might have been included in the sheltered count.

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

Objective 1: Increase Progress Towards Ending Chronic Homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). The first goal in Opening Doors is to end chronic homelessness by 2015. Creating new dedicated permanent supportive housing beds is one way to increase progress towards ending homelessness for chronically homeless persons. Using data from Annual Performance Reports (APR), HMIS, and the 2013 housing inventory count, complete the table below.

3A-1.1 Objective 1: Increase Progress Towards Ending Chronic Homelessness

	Proposed in 2012 CoC Application	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-1.1a For each year, provide the total number of CoC-funded PSH beds not dedicated for use by the chronically homeless that are available for occupancy.		2,210	2,135	2,060
3A-1.1b For each year, provide the total number of PSH beds dedicated for use by the chronically homeless.	1,529	1,771	1,911	2,161
3A-1.1c Total number of PSH beds not dedicated to the chronically homeless that are made available through annual turnover.		187	186	179
3A-1d Indicate the percentage of the CoC-funded PSH beds not dedicated to the chronically homeless made available through annual turnover that will be prioritized for use by the chronically homeless over the course of the year.		40%	40%	40%
3A-1.1e How many new PSH beds dedicated to the chronically homeless will be created through reallocation?		5	0	0

3A-1.2 Describe the CoC's two year plan (2014-2015) to increase the number of permanent supportive housing beds available for chronically homeless persons and to meet the proposed numeric goals as indicated in the table above. Response should address the specific strategies and actions the CoC will take to achieve the goal of ending chronic homelessness by the end of 2015.
(limit 1000 characters)

The Housing First Initiative (HFI) is the CoC's Plan to end Chronic Homelessness. Established in FY 2003, the HFI set a goal of developing 1,000 units of PSH for CH individuals by FY 2015. To date, 605 PSH/CH HFI units are open. In 2011, the CoC confirmed the HIF production goals based on CH #'s, housing models, and costs. It also expanded its target population to include CH Families and Youth. To meet the deadline of ending CH, CoC strategies include developing a new 60 -70 unit project for CH individuals annually and implementing a focused "move on" policy in the HFI projects to encourage 20% of current HFI residents to move to more independent, stable housing each year. These two strategies will provide 120 – 150 PSH/CH for individuals annually. The strategies for Family and Youth focus on negotiating with the PHA for dedicated HCVs and prioritizing 40% of the turnover from CoC PSH beds not currently dedicated to CH, for CH Families and Youth to meet the annual production goals.

3A-1.3 Identify by name the individual, organization, or committee that will be responsible for implementing the goals of increasing the number of permanent supportive housing beds for persons experiencing chronic homelessness.
(limit 1000 characters)

The Office of Homeless Services (OHS) is the designated lead agency for the CoC. The OHS is responsible for assuring CoC compliance with the FSP's guidance to end chronic homelessness. The CoC has prioritized PSH/CH housing subsidies in all NOFA applications since FY 2004. As a result, there are currently over 600 CoC funded PSH subsidies dedicated for CH individuals. The OHS partners with Enterprise Community Partners in implementing the Housing First Initiative (HFI). The HFI is the CoC Plan to End Chronic Homelessness. Enterprise provides technical assistance to project applicants in securing project financing. To date, over 600 HFI units of PSH/CH have been developed with 2 more projects in the pipeline. The "Move On" policy that supports individuals to move from a PSH/CH unit to more independent stable housing is implemented by FrontLine Service. The goal is a 20% turnover of units/year. The OHS tracks all PSH/CH beds on the HIC to benchmark progress and monitor progress.

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

Objective 2: Increase Housing Stability

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Achieving housing stability is critical for persons experiencing homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-2.1 Does the CoC have any non-HMIS projects for which an APR should have been submitted between October 1, 2012 and September 30, 2013? Yes

3A-2.2 Objective 2: Increase Housing Stability

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-2.2a Enter the total number of participants served by all CoC-funded permanent supportive housing projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013:	3770	3990	4240
3A-2.2b Enter the total number of participants that remain in CoC-funded funded PSH projects at the end of the operating year PLUS the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination.	3685	3910	4155
3A-2.2c Enter the percentage of participants in all CoC-funded projects that will achieve housing stability in an operating year.	98%	98%	98%

3A-2.3 Describe the CoC's two year plan (2014-2015) to improve the housing stability of project participants in CoC Program-funded permanent supportive housing projects, as measured by the number of participants remaining at the end of an operating year as well as the number of participants that exited from all CoC-funded permanent supportive housing projects to a different permanent housing destination. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above. (limit to 1000 characters)

In 2013, 98% of participants remained in or exited to PH. Maintaining this percentage in 2014 and 2015 will be done through two focused strategies. The CoC has created “Housing Retention Specialists” positions. Retention specialists are involved in all cases where clients are at risk of termination or eviction. The intervention prevents the loss of housing or assistance; assures compliance with re-inspection requirements to maintain eligibility, and/or reconnects the clients with case management and other community stabilization assistance. This approach is especially effective in reducing terminations for scattered site PSH clients. The second strategy focuses on PSH/CH single site projects. Here staff utilize critical time intervention techniques when a client has lease violations. If a particular PSH/CH project site is not working out for the client, s/he is offered an alternative PSH/CH unit in either another PSH/CH project or in the community with appropriate supports.

**3A-2.4 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of housing stability in CoC-funded projects.
(limit 1000 characters)**

The OHS, the designated lead for the CoC, is responsible for monitoring housing stability outcomes quarterly for PSH projects. Monitoring occurs through review of HMIS data, generated by the OHS Systems Administrator. A decline in housing stability %’s is brought to the attention of EDEN, Inc. by the OHS Program Director. EDEN, Inc. employs and supervises the Housing Retention Specialists, whose job is to increase housing stability among scattered site PSH clients. Housing stability in the Housing First Initiative PSH/CH projects is the responsibility of FrontLine Service (FLS). FLS supervises Service Coordinators at each HFI project site. Service Coordinators, and Property Managers employed by EDEN, Inc., coordinate their efforts to hold clients accountable to their lease, but in a way that promotes client engagement, not client eviction. The two agencies’ staff at each HFI building meet on a bi-weekly basis to identify at-risk clients and develop housing stability interventions.

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

Objective 3: Increase project participants income

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to increase income is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-3.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013: 4893

3A-3.2 Objective 3: Increase project participants income

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-3.2a Enter the percentage of participants in all CoC-funded projects that increased their income from employment from entry date to program exit?	6%	7%	8%
3A-3.2b Enter the percentage of participants in all CoC-funded projects that increased their income from sources other than employment from entry date to program exit?	10%	11%	12%

3A-3.3 In the table below, provide the total number of adults that were in CoC-funded projects with each of the cash income sources identified below, as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.

Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-3.1	
Earned Income	790	16.15	**%**
Unemployment Insurance	46	0.94	**%**
SSI	1095	22.38	**%**

SSDI	506	10.34	**%**
Veteran's disability	69	1.41	**%**
Private disability insurance	8	0.16	**%**
Worker's compensation	9	0.18	**%**
TANF or equivalent	103	2.11	**%**
General Assistance	101	2.06	**%**
Retirement (Social Security)	399	8.15	**%**
Veteran's pension	64	1.31	**%**
Pension from former job	19	0.39	**%**
Child support	176	3.60	**%**
Alimony (Spousal support)	3	0.06	**%**
Other Source	166	3.39	**%**
No sources	1555	31.78	**%**

3A-3.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes from non-employment sources from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table (3A-3.2) above.
(limit 1000 characters)

Overall, in 2013, 56% of participants accessed non employment income sources. Over the next two years, improving on the % increasing income from entry to exit will be accomplished through focused efforts to assess and link clients more quickly. Through Coordinated Assessment and Intake (CA/I), the CoC is better able to assess clients at shelter entrance to identify current income sources and potential benefit sources. The standardized data is entered into HMIS. The open HMIS system enables the agency accepting the client referral from CA/I to begin addressing client income issues more quickly. The state of Ohio has established an on line “Benefit Bank”. Using Client data, case workers can identify additional income sources the client may qualify for. Through CA/I veterans are identified and referred immediately to the VA Homeless Outreach Coordinator to link the client with VA resources. Performance on income attainment is discussed at bi-monthly provider meetings.

3A-3.5 Describe the CoC’s two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that increase their incomes through employment from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)

The CoC's overall employment rate for 2013 for exiting program participants was 16%. In addition to the challenges to finding employment in the current economy, the HUD emphasis on RRH shifts staff focus from helping clients get jobs while in shelter as a threshold for accessing PH, to leaving shelter to PH as quickly as possible. With RRH support, a client is able to leave the shelter without employment, and link with resources in the community to maintain housing through employment. During the shelter stay, the CoC promotes collaboration with the County Jobs and Family Services to link clients with Child Care vouchers; Work Force Development, for training that can be started while the client is in shelter; and using Motivational Interviewing to help clients identify job options. Clients in PSH/CH are able to access a Supported Employment model. This best practice is specifically targeted to people with many barriers to accessing and maintaining employment.

3A-3.6 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that increase income from entry date to program exit. (limit 1000 characters)

Organizations and Committees involved in assuring that the CoC increases the rate of exiting participants that increase income from entry to exit will include the following entities. The OHS, the lead agency for the CoC, manages HMIS. The HMIS Systems Administrator will run quarterly APR reports to determine outcome performance on this measure. Data will be shared with agency providers and CA/I staff during the regularly scheduled bi-monthly CA/I provider meetings. The OHS will establish a joint Work Force Development, Jobs and Family Services, VA, and provider committee to identify ways to increase client access to systems' employment resources. (651)

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

Objective 4: Increase the number of participants obtaining mainstream benefits

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Assisting project participants to obtain mainstream benefits is one way to ensure housing stability and decrease the possibility of returning to homelessness. Using data from Annual Performance Reports (APR), complete the table below.

3A-4.1 Number of adults who were in CoC-funded projects as reported on APRs submitted during the period between October 1, 2012 and September 30, 2013.	4893

3A-4.2 Objective 4: Increase the number of participants obtaining mainstream benefits

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-4.2a Enter the percentage of participants in ALL CoC-funded projects that obtained non-cash mainstream benefits from entry date to program exit.	73%	74%	75%

3A-4.3 In the table below, provide the total number of adults that were in CoC-funded projects that obtained the non-cash mainstream benefits from entry date to program exit, as reported on APRs submitted during the period between October 1, 2013 and September 30, 2013.

Non-Cash Income Sources	Number of Participating Adults	Percentage of Total in 3A-4.1
Supplemental nutritional assistance program	3212	65.64 %
MEDICAID health insurance	1270	25.96 %
MEDICARE health insurance	319	6.52 %
State children's health insurance	28	0.57 %
WIC	66	1.35 %

VA medical services	179	3.66	%
TANF child care services	29	0.59	%
TANF transportation services	10	0.20	%
Other TANF-funded services	6	0.12	%
Temporary rental assistance	1	0.02	%
Section 8, public housing, rental assistance	57	1.16	%
Other Source	63	1.29	%
No sources	1307	26.71	%

3A-4.4 Describe the CoC's two year plan (2014-2015) to increase the percentage of project participants in all CoC-funded projects that access mainstream benefits from entry date to program exit. Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)

73% of participants in CoC funded projects obtained mainstream benefits in 2013. The CoC will attempt to increase this percentage over the next two years by continuing the following strategies. The CoC requires all providers to participate in Coordinateed Assessment & Intake (CA/I). The CA/I assessment tool identifies client eligibility for income supports and mainstream benefits. It identifies veterans and links them immediately with the VA Homeless Outreach Coordinator for the CoC. Chronically homeless individuals are prioritized for PSH/CH. Enrolling CH clients in mainstream resources is a primary activity during the engagement and housing process. Mainstream benefit enrollment achievement is tracked through monthly HMIS reports generated by the HMIS Systems Administrator. Performance is discussed at bi-monthly provider meetings.

3A-4.5 Identify by name the individual, organization, or committee that will be responsible for increasing the rate of project participants in all CoC-funded projects that that access non-cash mainstream benefits from entry date to program exit.
(limit 1000 characters)

The following organizations and committees are responsible for assuring that clients access mainstream benefits. The Office of Homeless Services is responsible for providing HMIS data to the CoC to document outcome performance on this measure. FrontLine Service manages Coordinated Assessment & Intake (CA/I) which initially identifies eligibility and refers clients to the appropriate provider for assistance in accessing benefits. The VA Homeless Outreach Coordinator is responsible for linking veterans with the appropriate VA resources in the community. The Housing First Funding Collaborative and Enterprise Community Partners tracks mainstream benefit information for residents of the HFI PSH/CH projects. FrontLine Service, the Service Coordinator for PSH/CH projects and EDEN, Inc. work collaboratively to increase benefit enrollment for PSH/CH participants.

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

Objective 5: Using Rapid Re-Housing as a method to reduce family homelessness

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In FY2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP). Rapid re-housing is a proven effective housing model. Based on preliminary evidence, it is particularly effective for households with children. Using HMIS and Housing Inventory Count data, populate the table below.

3A-5.1 Objective 5: Using Rapid Re-housing as a method to reduce family homelessness.

	2013 Actual Numeric Achievement and Baseline	2014 Proposed Numeric Achievement	2015 Proposed Numeric Achievement
3A-5.1a Enter the total number of homeless households with children per year that are assisted through CoC-funded rapid re-housing projects.	0	50	60
3A-5.1b Enter the total number of homeless households with children per year that are assisted through ESG-funded rapid re-housing projects.	303	320	340
3A-5.1c Enter the total number of households with children that are assisted through rapid re-housing projects that do not receive McKinney-Vento funding.	54	58	60

**3A-5.2 Describe the CoC's two year plan (2014-2015) to increase the number homeless households with children assisted through rapid re-housing projects that are funded through either McKinney-Vento funded programs (CoC Program, and Emergency Solutions Grants program) or non-McKinney-Vento funded sources (e.g.., TANF). Response should address the specific strategies and actions the CoC will take to meet the numeric achievements proposed in the table above.
(limit 1000 characters)**

The CoC is pursuing several strategies to increase the # of households with children assisted through RRH through 2014-2015. The first is to maintain households with children as the priority population for RRH. Second, the CoC is expanding financial assistance for RRH by a) re-allocating CoC program funds from Transitional Housing to RRH; b) increasing the allocation of local County Health & Human Services levy dollars; c) encouraging an increase in the use of SSFV funds for families. These actions will increase the pool of funds and permit more families to be helped. The third strategy focuses on the RRH 'process'. Presently the average time from shelter entry to RRH exit is 52 days. This was reduced from 62 days. The CoC goal is to reduce shelter stays to 30 days or less. Better coordination/communication among shelter staff, the families, and RRH Housing Locator staff will further reduce the length of time from referral to housing, enabling more families to be assisted.

3A-5.3 Identify by name the individual, organization, or committee that will be responsible for increasing the number of households with children that are assisted through rapid re-housing in the CoC geographic area. (limit 1000 characters)

Increasing the number of RRH exits is a shared CoC responsibility. The Office of Homeless Service (OHS), charged by the CoC to assure implementation of the RRH program. With ESG funds, the OHS contracts with EDEN, Inc. to administer the RRH program. EDEN subcontracts with FrontLine Service, Family Promise and the Cleveland Department of Aging for RRH Case Management. OHS contracts with FrontLine Service for Coordinated Assessment & Intake (CA/I) management. CA/I refers families for shelter and provides a Housing Plan for each family. West Side Catholic Center, Domestic Violence Center, Salvation Army and Family Promise shelters are responsible for referring the families to RRH for assistance and coordinating with the RRH Housing Locators to expedite families' exits. At the bi-monthly Public Policy/ESG Committee meeting, all the partners review performance data to resolve issues. The OHS is responsible for identifying and pursuing additional financial resources for RRH.

3A-5.4 Describe the CoC's written policies and procedures for determining and prioritizing which eligible households will receive rapid re-housing assistance as well as the amount or percentage of rent that each program participant must pay, if applicable.
(limit 1000 characters)

The CoC has approved written policies and procedures for administering the RRH program. These are posted on the Office of Homeless Services website. Because of limited RRH financial resources, RRH assistance is only provided to households with children. The Policies cover the following topics: overview of program objectives and guidelines, participant eligibility, acceptable documentation for eligibility, eligible activities, terms of assistance, participant rental responsibility, case management requirements, process for recertification, termination, and appeals. ESG funds comprise 80% of the assistance locally available for RRH. Local policies and procedures adhere to HUD ESG regulations and apply to all participants regardless of the financial assistance funding source. This assures regulation consistency for all participants. The policies are intended to maximize individualizing the assistance to promote stability within the shortest time possible.

3A-5.5 How often do RRH providers provide case management to households residing in projects funded under the CoC and ESG Programs?
(limit 1000 characters)

ESG regulations require RRH providers to contact clients at least monthly during the 3 month period that financial assistance is being provided. Primary case management responsibility to assure participant stability falls to shelter case managers who should link the families with employment and income opportunities prior to their leaving the shelter, connect them with neighborhood school and daycare resources, food pantries, churches and other community supports. RRH case managers contact and visit the families at least once a month to confirm that they are moving forward to being able to pay the full rent on their own. As the third month of assistance begins, if the family is not yet financially stable, the RRH case manager will recertify the family for an additional 3 months of assistance. If a family has significant employment barriers, rather than have the family return to shelter, RRH funds may be used to bridge the household to a permanent housing subsidy.

3A-5.6 Do the RRH providers routinely follow up with previously assisted households to ensure that they do not experience additional returns to homelessness within the first 12 months after assistance ends?
(limit 1000 characters)

At a point in time, there are 150 families with children in the shelter system. The RRH funding resources provide case management capacity for about 60 families at a time. There are simply not enough RRH resources to extend case management beyond the required time periods related to coincide with financial assistance. Families who are assessed during Coordinated Assessment and Intake as having high barriers to housing stability, are referred to one of two “Transition In Place”, CoC funded transitional housing programs. The transition in place model provides a higher level of case management support and a longer lease subsidy provided through CoC resources. For lower barrier families, RRH case managers make every effort to determine the stability of the household prior to terminating rent assistance. Families are made aware that they may contact their RRH case manager or their shelter case manager if additional assistance is needed to avoid returning to shelter.

3B. Continuum of Care (CoC) Discharge Planning: Foster Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-1.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-1.1a If other, please explain.
(limit 750 characters)

3B-1.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge.
(limit 1000 characters)

Regardless of mandated discharge planning, we know that about 20% of child welfare (DCFS) clients end up as homeless. Through the CoC's Coordinated Assessment & Intake (CA/I), youth aging out of foster care are being identified at the shelter front door. CA/I staff contact the DCFS staff liaison to relink the client with DCFS and divert them from shelter. In 2013, the CoC joined youth serving and homeless agencies to engage the Jim Casey Youth Opportunity Initiative to improve youth outcomes related to permanence, employment, health, education, housing, and financial capability, to prevent youth homelessness. The Jim Casey model will be replicated with the youth justice and mental health systems. Also in 2013, the CoC converted a 26 bed adult male shelter and a 26 bed adult male TH program to target males aged 18- 24. The objective is to have a safe emergency housing alternative for youth who are on the street, and who are less likely to go to the 365 bed men's shelter. (993)

3B-1.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.
(limit 1000 characters)

In 2012 the OHS Advisory Board established a Homeless Family and Youth subcommittee to specifically bring together family and youth serving agencies and systems on a regular basis for the purpose of better coordinating efforts to prevent homelessness among youth and families, and to engage the youth and family serving systems in assisting youth/families who are homeless. Participants include representatives from the Coordinated Assessment & Intake; the Cleveland Metropolitan School District Basic education grant funded office; Bellefaire, the local RHYA grant recipient; Mental Health Board; AIDS Task Force; DCFS contracted Independent Living providers; DCFS; the Neighborhood Collaborative; family shelter providers; the YWCA; and representatives of the foundation community. This committee meets on a bi-monthly basis and is staffed by the Office of Homeless Services and co-chaired by 2 OHS Board members.

3B. Continuum of Care (CoC) Discharge Planning: Health Care

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-2.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-2.1a If other, please explain. (limit 750 characters)

3B-2.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

Although the Ohio Department of Health policy prohibits discharging people requiring ongoing medical care to shelter, the practice continues. A CoC "Hospital Discharge Planning Group" was established in FY 2011. The group focuses on the discharge policies and protocols of area nursing homes and hospitals. The group developed written "Health Status" guidelines which clearly state the minimum health status threshold to enter a shelter. This information has been distributed to all area nursing homes and hospitals. Further, the protocol states that prior to sending someone to a shelter by cab or by ambulance, the facility must call Coordinated Assessment/Intake. CA/I will discuss the referral in order to prevent someone who is medically inappropriate from being discharged to the shelter. Hospital and Nursing home staff attend the Discharge Planning group meetings. CA/I staff track medical discharges that are inappropriate. Facilities are contacted and held accountable to stop the practice.

3B-2.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The Discharge Planning Group meets monthly. It is chaired by the Manager of Social Work at MetroHealth Medical Center. Other health care facilities that participate include the following hospitals/Medical Clinics: University Hospitals/Case Medical Center; St. Vincent Medical Center; and Care Alliance, the FQHC that receives Health Care for Homeless funding. Nursing Homes: Cityview Nursing & Rehabilitation Center; Carmella Rose Women's Health Foundation; Sunrise Point NH; BraeviewCare & Rehab Center; University Manor; Franklin Plaza. Non profit agencies: Western Reserve Area Agency on Aging; staff from CA/I; Staff of the two publicly funded shelters, Lutheran Metropolitan Ministry and FrontLine Service; staff from Joseph's Home Transitional Housing Program; and the Long Term Care Ombudsman. Office of Homeless Services staff participate as well.

3B. Continuum of Care (CoC) Discharge Planning: Mental Health

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-3.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-3.1a If other, please explain. (limit 750 characters)

3B-3.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

The local Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County monitors state requirements prohibiting discharge to shelters. In addition, it provides a 10 bed mental health crisis shelter. The respite beds provide additional time for case workers to develop safe, permanent housing options for persons who may have been homeless prior to hospitalization. Chronically homeless individuals leaving the state hospital may access a PSH/CH unit. Safe Haven placement is another option provided the client was homeless prior to the state hospital stay. The same agency that is responsible for managing the MH Crisis shelter is the service coordinator for the PSH/CH buildings and manages the PATH Outreach team. Mentally ill persons living on the streets and in the shelter are prioritized for PSH/CH units.

3B-3.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The Alcohol, Drug Addiction and Mental Health Services Board is responsible for ensuring that persons discharged from the state hospital do not become homeless. The ADAMHS board funds 10 mental health crisis beds to provide step down placements while permanent housing can be arranged. The COO of the Board and the AOD Program administrator are appointed members of the CoC Advisory Board. The ADAMHS Board has been a partner with the CoC in developing the Housing First Initiative, the local strategy to end chronic homelessness. The ADAMHS Board contracts with FrontLine Service for managing the Crisis Shelter. The CoC contracts with Frontline to implement the Coordinated Assessment & Intake. FrontLine operates two, CoC funded Safe Havens, and is the Service Coordinator at the Housing First Initiative PSH/CH sites. FrontLine operates street outreach funded through a PATH grant and works to engage homeless, mentally ill persons living on the street and enroll them in PSH/CH and services

3B. Continuum of Care (CoC) Discharge Planning: Corrections

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3B-4.1 Is the discharge policy in place mandated by the State, the CoC, or other? State Mandated Policy

3B-4.1a If other, please explain. (limit 750 characters)

3B-4.2 Describe the efforts that the CoC has taken to ensure persons are not routinely discharged into homeless and specifically state where persons routinely go upon discharge. (limit 1000 characters)

In 2009, Cuyahoga County and the City of Cleveland, established an Office of Re-entry to link returning offenders with resources to reduce recidivism. A strategy to prevent homelessness that has been promoted by the Office on Re-entry is to outreach to inmates and assess housing, employment, and behavioral health needs, and begin the process of linking clients with resources prior to release. Two current programs are noteworthy. A) the VA goes into the institutions and identifies veterans, provides ID's, benefit determination, medical services and housing upon release. B) The Corporation for Supportive Housing has sponsored a program that focuses on identifying persons who have Serious Mental Health issues, engaging with them and providing housing upon release. Both programs have documented success with reducing homelessness for these high risk populations as a result of the program interventions.

3B-4.3 Identify the stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness. (limit 1000 characters)

The Re-entry Steering Committee is a key stakeholder. It includes relevant organizations, like the Attorney General's Office, County Probation, Legal Aid, ADAMHS Board, foundations, City and County staff, Ohio Dept. of Rehabilitation and Corrections, and the CoC. The Homeless Outreach Coordinator for the Veterans Administration is responsible for the VA outreach into the prisons to identify veterans; FrontLine Service is the subcontract service agency with the Corporation for Supportive Housing for their "Coming Home Ohio" program; EDEN, Inc. is the agency that manages the housing inspections, rent payments etc for the CSH program.

3C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3C-1 Does the Consolidated Plan for the jurisdiction(s) within the CoC's geography include the CoC's strategic plan goals for addressing and ending homelessness? Yes

3C-1.1 If yes, list the goals in the CoC strategic plan. (limit 1000 characters)

1. Reduce the number of individuals and families who experience homelessness. 2. Develop strategies and resources to move people from shelter and the streets to housing as quickly as possible. 3. Align resources to promote rapid re-housing. 4. Increase the supply of permanent supportive housing for chronically homeless individuals, families, and youth

3C-2 Describe the extent in which the CoC consults with State and local government Emergency Solutions Grants (ESG) program recipients within the CoC's geographic area on the plan for allocating ESG program funds and reporting on and evaluating the performance of ESG program recipients and subrecipients. (limit 1000 characters)

The Office of Homeless Services, (OHS) is the lead agency for the CoC. It is housed within County government. The City of Cleveland and the County are two of the three jurisdictions within the CoC geographic area that receive ESG funds. Through subrecipient agreements, the OHS administers the City's and County's ESG awards. The third local ESG recipient, Lakewood, administers its own ESG award in alignment with the CoC's goals. In addition, the OHS is the subrecipient for the State of Ohio's ESG CoC allocation. With the approval of the City, County, and state Development Services Agency, the OHS contracts with providers to implement a coordinated strategy to reduce and end homelessness in alignment with the HEARTH Act and Opening Doors. The City of Cleveland and Cuyahoga County have appointing authority for 4 seats on the OHS Board. In 2013, the CoC has established an ESG Oversight Committee that is staffed by the OHS; meets bi-monthly and monitors CA/I and RRH performance outcomes

3C-3 Describe the extent in which ESG funds are used to provide rapid re-housing and homelessness prevention. Description must include the percentage of funds being allocated to both activities. (limit 1000 characters)

State: $775,000 Diversion/Prevention: $563,600 24% Prvtn.
City: 1,323,537 RRH 1,767,659 76% RRH
County: 232,722
$2,331,259 $2,331,259

Of the $2.3 million of ESG funds from local and state sources, 76% was used to promote a RRH strategy. These activities included establishing Coordinated Assessment & Intake, providing financial assistance, housing locators, and RRH case management. The remaining 24% of ESG was allocated to a homeless prevention strategy based on interventions at the door of the shelter. 40% of families and 20% of singles were successfully diverted from coming into shelter. The 2nd prevention initiative supports the City of Cleveland's Office on Aging and their efforts to prevent elderly persons from becoming homeless due to housing code violations.

3C-4 Describe the CoC's efforts to reduce the number of individuals and families who become homeless within the CoC's entire geographic area. (limit 1000 characters)

A significant number of homeless individuals and families also have involvement with one or more systems. While the CoC is engaged with these systems to encourage more effective discharge planning the CoC is also identifying ways to relink persons once they become homeless. Specifically, through Coordinated Assessment & Intake (CA/I) and Diversion Assessment at the front door of the shelter, families and individuals that currently have case managers in other systems, can be contacted for interventions to prevent the client from entering shelter. Examples: a) Veterans and veterans' families are identified and referred to the Supportive Services to Veterans Families Project (SSVF) funded by the VA. SSVF provides homeless prevention assistance and links the clients with other VA resources; b) persons over 65 are linked with the aging system; c) 18 – 24 year old, former Child Welfare clients may be relinked with the agency for system resources.

3C-5 Describe how the CoC coordinates with other Federal, State, local, private and other entities serving the homeless and those at risk of homelessness in the planning and operation of projects. (limit 1000 characters)

The Consolidated Plans of the City of Cleveland and Cuyahoga County incorporate the CoC goals to reduce and end homelessness for families and youth, and chronic homeless persons. Cleveland and the County sub grant ESG funds to the CoC to implement the HEARTH Act in a coherent strategy of coordinated intake and RRH. City and County HOME dollars are committed to development costs of new Permanent Supportive Housing units for chronically homeless persons. City Emergency Shelter funds are leveraged with the County General Fund to support basic shelter for single men, women and families. No one is turned away. The CoC is a member of the Ohio Development Services Agency Advisory Committee for ESG and State Housing Trust fund programs, including the State funded Housing Crisis Response Program. The CoC is a member of the local FEMA Board. On a regular basis United Way and local foundations confer with the CoC to promote alignment of private funds with HEARTH Act objectives.

3C-6 Describe the extent in which the PHA(s) within the CoC's geographic area are engaged in the CoC efforts to prevent and end homelessness. (limit 1000 characters)

There is only one PHA in the CoC, Cuyahoga Metropolitan Housing Authority (CMHA). CMHA has been a member of the Office of Homeless Services Advisory Board, the CoC governing body, since 1993, the inception of the OHS. During FY 2008-2011, the CMHA representative co-chaired the Board. Over the past 20 years, the CoC and CMHA have partnered on many efforts to prevent and end homeless. For example:1) Gateway program: CMHA agreed to set aside up to 10% of the Section 8 vouchers for persons with higher barriers to enrolling in the lottery. This included homeless families. This effort resulted in over 400 vouchers for homeless families over a 12 year period. 2) During HPRP a targeted homeless prevention strategy for families living in public housing units; 3) In FY 2013, committed 55 project based, site based vouchers to the Housing First Initiative PSH for CH individuals; 4) Co-applicant with CoC and other partners to HHS NOFA to provide PSH to Child Welfare involved, homeless families.

3C-7 Describe the CoC's plan to assess the barriers to entry present in projects funded through the CoC Program as well as ESG (e.g. income eligibility requirements, lengthy period of clean time, background checks, credit checks, etc.), and how the CoC plans to remove those barriers. (limit 1000 characters)

In FY 2009, the CoC implemented Coordinated Assessment & Intake(CA/I) at the 365 bed Men's Shelter to increase the % of referrals from the shelter to HUD funded Men's TH programs. In 2009, all the TH programs had drug testing policies in place to screen men out; some required sobriety for 30 days. Now, while drug testing still occurs, it is not a barrier to entry, rather a diagnostic tool to determine what services are needed. The family shelters and TH programs likewise had significant barriers for single women and families involving income, sobriety, medication compliance, and work readiness. As of June, 2012 when CA/I was implemented for the family shelters, these barriers have been significantly reduced. Family TH is now targeted to the highest barrier families, referring HH that require more interventions to programs that have more resources. Lack of income is not a barrier for referral to shelter or to access RRH assistance. CA/I has been the mechanism to change the system here

3C-8 Describe the extent in which the CoC and its permanent supportive housing recipients have adopted a housing first approach. (limit 1000 characters)

The CoC established the Housing First Initiative in 2004 to bring the housing first approach to Cuyahoga County. The HFI set a goal of developing 1,000 units of PSH for CH persons, who had been living on the streets or in shelter for the longest time. Individuals are moved directly from the streets/shelter into PSH units, with support services on site. Sobriety, med compliance, criminal histories, income…are not barriers to housing. To assure that the CoC's PSH is serving the most chronic persons, referrals are assessed for length of time homeless, severity of disability, involvement with other systems, vulnerability- a high score moves someone to the top of the list for the next available PSH unit. Because CoC PSH is a very limited resource, the goal of the CoC is to assure that the highest need household (single, family, youth) accesses CoC PSH resources through a housing first philosophy. Length of time homeless and disability are two key factors in prioritizing applications.

3C-9 Describe how the CoC's centralized or coordinated assessment system is used to ensure the homeless are placed in the appropriate housing and provided appropriate services based on their level of need. (limit 1000 characters)

The CoC implemented Coordinated Assessment & Intake (CA/I) for Men in FY 2009, and for single women and families system wide in FY 2012. CA/I enables the CoC to use limited resources most effectively, by matching client need with CoC resources. CA/I permits a single door of entry at which a standardized HMIS assessment form is utilized, promoting consistency and quality of data entry and outcomes. CA/I enables every household seeking shelter to have the opportunity to be assessed for Diversion – an intervention to keep the household from entering the shelter system. CA/I assures that all CoC funded beds are available and being used by literally homeless persons. CA/I permits the CoC to assess housing barriers for each household and recommend an exit housing plan to be implemented by the receiving shelter; CA/I enables the CoC to track the RRH and PSH referrals as referred by CA/I. CA/I has been a mechanism for eliminating barriers to CoC funded shelters and TH programs.

3C-10 Describe the procedures used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to request housing or services in the absence of special outreach. (limit 1000 characters)

The Housing First Initiative, the CoC strategy to end chronic homelessness, has developed over 600 units of PSH for CH individuals. All of the projects received HOME and Low Income Housing Tax Credits for capital costs. These sources require an Affirmative Fair Housing Marketing Plan that identifies the 'least likely to apply' and a plan that describes the targeted outreach effort to this group. Priority for PSH units is targeted to disabled individuals and families who have experienced long term and repeated episodes of homelessness. The plan to engage this population is focused outreach to shelters and street outreach programs conducted by supportive services partners. In addition through Coordinated Assessment & Intake and HMIS data, high shelter utilizers are targeted for outreach and engagement. All CoC programs are included in the outreach. Assistance in securing required application documents is provided to applicants.

3C-11 Describe the established policies that are currently in place that require all homeless service providers to ensure all children are enrolled in early childhood education programs or in school, as appropriate, and connected to appropriate services within the community. (limit 1000 characters)

The CoC has required all shelter and TH CoC funded programs to adhere to policies listed in a document titled “Community Standards for Emergency Shelters”. The Standards define minimum requirements for agency Administration, Personnel, the Facility, Fiscal Management, Food Service, Health, and Operations. When agencies apply for CoC funds, directors indicate commitment to the Standards by signature. During the Review & Ranking process, Standard compliance is monitored. In May, 2013, the CoC formally voted to add the following standard to the document: “School-aged children are required by law to be enrolled in and attend school. Each shelter will ensure that parents are aware of the legal requirement and will work with parents and community resources as needed, to promote daily school attendance. In addition, each shelter will assist in connecting children with appropriate services within the community.

3C-12 Describe the steps the CoC, working with homeless assistance providers, is taking to collaborate with local education authorities to ensure individuals and families who become or remain homeless are informed of their eligibility for McKinney-Vento educational services. (limit 1000 characters)

The Cleveland Metropolitan School District (CSMD) receives McKinney-Vento, Education for Homeless Children and Youth funds to support an office called “Project Act”. All shelters and TH providers participate in Project Act’s protocol to assure that kids in shelter attend school. Project Act has a 24 Hour Homeless Help Line that shelter providers call as soon as families enter shelter. This starts the process of securing school enrollment and transportation so that children can attend school within 24 hours. Project Act obtains birth certificates, immunization records, and arranges for the transfer of school records to facilitate enrollment. The Director of Project Act is a member of the CoC Family & Youth Sub Committee. In addition, the CoC participates in the Birth –age 5 Systems Coordination initiative called “Invest In Children”. IIC focuses on identifying kids at risk, and linking them with appropriate resources. Families in shelter are being linked with ICC agencies.

3C-13 Describe how the CoC collaborates, or will collaborate, with emergency shelters, transitional housing, and permanent housing providers to ensure families with children under the age of 18 are not denied admission or separated when entering shelter or housing. (limit 1000 characters)

The CoC implemented a system wide Coordinated Assessment & Intake (CA/I) in 2012. No CoC funded agency conducts its own intake anymore. Previous to 2012, the CoC policy had prohibited separating families b/c of ages of male children, but prior to CA/I, it was not possible to enforce this policy. Now, when families present with unique or challenging configurations, CA/I staff know where beds/rooms are available and are able to negotiate with providers to accommodate them. On occasion, appropriate space may not be available due to the number of children or the ages of the children. The CoC will provide overflow space until arrangements can be made at one of the family shelters or TH programs. The CoC PSH policy has always acknowledged 18 year olds as family members and provided subsidies to accommodate the number of bedrooms needed.

3C-14 What methods does the CoC utilize to monitor returns to homelessness by persons, including, families who exited rapid re-housing? Include the processes the CoC has in place to ensure minimal returns to homelessness.
(limit 1000 characters)

To reduce returns to shelter, RRH case managers visit participants at least monthly while the HH is receiving assistance. RRH $ is extended for two months, if necessary, or longer to bridge client to a permanent subsidy to prevent homelessness. Actual returns to shelter would be identified at the front door at the time of Coordinated Assessment & Intake. Anyone returning to shelter after a 30 day absence is flagged to have a new Assessment done. A household that had received RRH and subsequently returned to shelter, would be identified at this time. The HMIS Systems Administrator for FrontLine Service, the CA/I provider, generates “leaver” data for PSH and RRH programs on a monthly basis. These lists are manually matched with CA/I intake data. This is another means to monitor returns, identify the household, and intervene

3C-15 Does the CoC intend for any of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?	No

3C-15.1 If yes, 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 1000 characters)

N/A

3C-16 Has the project been impacted by a major disaster, as declared by President Obama under Title IV of the Robert T. Stafford Act in the 12 months prior to the opening of the FY 2013 CoC Program Competition?	No

3C-16.1 If 'Yes', 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)

N/A

3D. Continuum of Care (CoC) Coordination with Strategic Plan Goals

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

In 2013, applications submitted to HUD for the Continuum of Care (CoC) Program will be evaluated in part based on the extent in which they further the achievement of HUD's goals as articulated in HUD's Strategic Plan and the Opening Doors: Federal Strategic Plan to Prevent and End Homelessness (FSP).

3D-1 Describe how the CoC is incorporating the goals of Opening Doors in local plans established to prevent and end homelessness and the extent in which the CoC is on target to meet these goals. (limit 1000 characters)

The CoC's efforts to end:
1) CH: CoC established a target of 1,000 units of PSH for CH through the Housing First Initiative in 2004. To date, 605 units have been developed; over 800 CH persons have been housed; 98% have remained in PH.
2) homelessness for veterans: veterans comprise @ 30% of the Housing First, PSH/CH clients. The CoC partners with the VA Homeless Outreach Coordinator to direct veterans identified at Central intake to the VA for resources. A CoC agency is managing an SSVF grant; there are 124 GPD beds in the CoC.
3) Homelessness for families, youth & children: implemented a) CA/I as a tool to allocate resources more effectively for at risk families, b) RRH based on a progressive engagement model; c) participated in Youth Count! 2012 and engaged the Jim Casey Youth Initiative to prevent homelessness.
4) All homelessness: Coordinating with other systems to prevent discharges to homelessness and support housing stability in the community

3D-2 Describe the CoC's current efforts, including the outreach plan, to end homelessness among households with dependent children. (limit 750 characters)

The CoC implemented Coordinated Assessment & Intake to make accessing emergency shelter services easier for families experiencing a housing crisis. 211 refers families to CA/I, located at a single site. Families are assessed, and if not able to be diverted, referred to appropriate shelter/services in the community with a Housing Exit Plan. In most cases, RRH is the Housing Exit Plan. Once the family is referred to RRH, RRH Housing Locators assist families to find housing, arrange for inspections and coordinate with shelter case managers to assist in relocating the family. Lack of income is not a barrier to accessing RRH. The CoC goal is to reduce shelter length of stay by 10% each year. Progress in meeting this goal is assessed quarterly.

**3D-3 Describe the CoC's current efforts to address the needs of victims of domestic violence, including their families. Response should include a description of services and safe housing from all funding sources that are available within the CoC to serve this population.
(limit 1000 characters)**

There is one 45 bed confidential location domestic violence shelter in the CoC area. If all the beds are full, or due to safety concerns, victims may be transported to Lake or Lorain County's DV shelter. The CoC DV shelter receives Emergency Shelter Grant funds, SHP funds, and VAWA dollars to support victim advocacy and outreach. State law provides that a % of Marriage and Divorce license/court costs go to support DV shelters. The CoC staff participates on the DV Shelter Advisory Board which allocates these dollars locally, and in the VAWA grant review process. Staff also participate on the DV agency Domestic Violence Services Collaboration Board. The DV agency is not required to enter data into HMIS, nor are DV clients required to go through CA/I. CA/I staff coordinate with DV staff to process housing plan strategies, including referrals to RRH, TH or PSH based on client eligibility.

**3D-4 Describe the CoC's current efforts to address homelessness for unaccompanied youth. Response should include a description of services and housing from all funding sources that are available within the CoC to address homelessness for this subpopulation. Indicate whether or not the resources are available for all youth or are specific to youth between the ages of 16-17 or 18-24.
(limit 1000 characters)**

The Sisters of Charity Foundation has provided funding to engage the Jim Casey Youth Opportunities Initiative on behalf of the CoC. The JCYOI process will conduct an environmental scan and identify strategies and activities to prevent/reduce youth (13-24) homelessness. Other CoC efforts: a) in 2013, the CoC designated a 26 bed shelter for unaccompanied youth, 18-24 to encourage youth to access safe shelter vs the streets. The shelter is supported by private funds, ESG, and State Trust fund; b) RHY Act funds homeless interventions for 13-17 year olds through Bellefaire JCB; c) CoC funded PSH supports Independence Place- A YWCA operated, 22 unit PSH project serving chronic and non-chronic disabled, homeless youth/families,18-24; d)Opportunity House is a 12 unit PH project targeting 18-24 year old homeless males; e) the CoC initiative to end CH is piloting a 22 unit, scattered site CH Youth PSH project managed by FrontLine Service.

**3D-5 Describe the efforts, including the outreach plan, to identify and engage persons who routinely sleep on the streets or in other places not meant for human habitation.
(limit 750 characters)**

The CoC has 4 primary outreach efforts that operate 365/days a year: 1) PATH workers- supported by mental health funding, PATH teams work early morning and in the evening visiting camps and places known to be used by homeless; PATH refers many persons to the PSH/CH units. 2) Care Alliance, the FQHC serving homeless persons likewise trolls streets, under bridges, and empty buildings to find street homeless. 3) Shelter Outreach – many street homeless spend some nights at the publicly funded shelters. Shelter staff attempt to engage them in PSH/CH housing and services. 4) The CoC funds a cold weather, weekend shelter for people who refuse 'traditional' shelter. Care Alliance staff go to this site to engage these chronic homeless persons.

3D-6 Describe the CoC's current efforts to combat homelessness among veterans, particularly those are ineligible for homeless assistance and housing through the Department of Veterans Affairs programs (i.e., HUD-VASH, SSVF and Grant Per Diem). Response should include a description of services and housing from all funding sources that exist to address homelessness among veterans.
(limit 1000 characters)

The CoC strategy to end veteran homelessness has focused on 1) building a strong relationship with the local VA Homeless Outreach Coordinator and Medical Center to bring as many VA resources as possible to the CoC; 2) identifying veterans who are in the shelter system and on the street, determining VA eligibility and linking them with the VA as quickly as possible; and 3) serving those veterans who do not qualify for VA assistance with CoC resources. Often, the most chronically homeless are men who served but were dishonorably discharged. Also, a significant number of honorably discharged vets refuse VA assistance. Although veterans account for about 16% of the CoC homeless population, they account for 30% of the PSH/CH participants. Most of these veterans accessed the PSH/C resource through a community outreach and referral process. The VA should consider how to reduce barriers to veterans in accessing VA assistance if they really want to end veteran homelessness.

3E. Reallocation

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

3E-1 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new permanent supportive housing projects dedicated to chronically homeless persons?	Yes
3E-2 Is the CoC reallocating funds from one or more eligible expiring grant(s) into one or more new rapid re-housing project for families?	Yes

3E-2.1 If the CoC is planning to reallocate funds to create one or more new rapid re-housing project for families, describe how the CoC is already addressing chronic homelessness through other means and why the need to create new rapid re-housing for families is of greater need than creating new permanent supportive housing for chronically homeless persons.
(limit 1000 characters)

The CoC has been implementing a plan to end CH for individuals since 2004. To date 605 units are in place with a 98% success rate. Additional new PSH/CH units are in the pipeline and the CoC has committed to redirecting 40% of the annual turnover rate of PSH subsidies to CH households. Significant amounts of CoC resources are being targeted to end chronic homelessness.
We believe that ending family homeless is an equally important goal. Rapid re-housing is a new tool to accomplish this objective. Funding for RRH was promised to CoCs through the Emergency Solutions Grant program but sequestration voided that commitment. Re-allocating funds to RRH for households with children not only increases resources to move families from shelter more quickly, it provides a mechanism for CoC's to re-align existing SHP grants, in this case, 4 transitional housing grants, and one SSO, with current HUD priorities, RRH.

3E-3 If the CoC responded 'Yes' to either of the questions above, has the recipient of the eligible renewing project being reallocated been notified?	Yes

3F. Reallocation - Grant(s) Eliminated

CoCs planning to reallocate into new permanent supportive housing projects for chronically homeless individuals may do so by reducing one or more expiring eligible renewal projects. CoCs that are eliminating projects entirely must identify those projects.

Amount Available for New Project: (Sum of All Eliminated Projects)				
$699,271				
Eliminated Project Name	**Grant Number Eliminated**	**Component Type**	**Annual Renewal Amount**	**Type of Reallocation**
Transitonal Housing	OH0067L5E021205	TH	$122,528	Regular
West Side catholi...	OH0042L5E021205	TH	$120,901	Regular
West Side Catholi...	OH0043L5E021205	TH	$97,182	Regular
West Side Catholi...	OH0041L5E021205	TH	$127,923	Regular
Supportive Housin...	OH0332L5E0212-3	SSO	$19,339	Regular
Hope & Glory	OH0048L5E021205	TH	$211,398	Regular

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name:	Transitonal Housing
Grant Number of Eliminated Project:	OH0067L5E021205
Eliminated Project Component Type:	TH
Eliminated Project Annual Renewal Amount:	$122,528

3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)

This grant was initially awarded when the applicant operated 60 units of transitional housing for single women. Over the past 18 months, the applicant has transitioned the TH units to PSH through two separate funding sources. Only 5 units of TH remained in the project. It was not appropriate to renew the project given that the so few units were still providing TH. Instead, the CoC recommended that the TH funding be eliminated and reallocated to support 5 units of PSH for CH at the project site.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name:	West Side catholic Center Aftercare
Grant Number of Eliminated Project:	OH0042L5E021205
Eliminated Project Component Type:	TH
Eliminated Project Annual Renewal Amount:	$120,901

3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)

This TH project was eliminated in order to provide funds to reallocate for a RRH project for Households with Children. The applicant currently operates a transition in place model using this and three other grants. Combining all four grants intone new Reallocation for RRH for households with children meets CoC needs and FSP objectives

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name:	West Side Catholic Center Enhanced
Grant Number of Eliminated Project:	OH0043L5E021205
Eliminated Project Component Type:	TH
Eliminated Project Annual Renewal Amount:	$97,182

3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)

This TH project was eliminated in order to provide funds to reallocate for a RRH project for Households with Children. The applicant currently operates a transition in place model using this and three other grants. Combining all four grants into one new Reallocation for RRH for households with children meets CoC needs and FSP objectives.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name:	West Side Catholic Expanded
Grant Number of Eliminated Project:	OH0041L5E021205

Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: $127,923

3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)

This TH project was eliminated in order to provide funds to reallocate for a RRH project for Households with Children. The applicant currently operates a transition in place model using this and three other grants. Combining all four grants intone new Reallocation for RRH for households with children meets CoC needs and FSP objectives.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Supportive Housing Demonstration Project

Grant Number of Eliminated Project: OH0332L5E0212-3

Eliminated Project Component Type: SSO

Eliminated Project Annual Renewal Amount: $19,339

3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)

This SSO project was eliminated in order to provide funds to reallocate for a RRH project for Households with Children. The applicant currently operates a transition in place model using this and three other grants. Combining all four grants into one new Reallocation for RRH for households with children meets CoC needs and FSP objectives.

3F. Reallocation - Grant(s) Eliminated Details

3F-1 Complete each of the fields below for each grant that is being eliminated during the FY2013 reallocation process. CoCs should refer to the final HUD approved FY2013 Grant Inventory Worksheet to ensure all information entered here is accurate.

Eliminated Project Name: Hope & Glory

Grant Number of Eliminated Project: OH0048L5E021205

Eliminated Project Component Type: TH

Eliminated Project Annual Renewal Amount: $211,398

3F-2 Describe how the CoC determined that this project should be eliminated.
(limit 750 characters)

This TH project had been underperforming and been flagged through the FY 2012 Review and Ranking project as targeted to be transferred to a new provider. With the impact of sequestration reducing local CoC funding by $1.26 million, the CoC Review & Ranking committee recommended eliminating the TH grant, however, including the funding in Tier 2 of the application as a new Reallocation project for RRH for households with families, hoping that based on the CoC score and funding availability, it might be approved.

3G. Reallocation - Grant(s) Reduced

CoCs that choose to reallocate funds into new rapid rehousing or new permanent supportive housing for chronically homeless persons may do so by reducing the grant amount for one or more eligible expiring renewal projects.

Amount Available for New Project (Sum of All Reduced Projects)					
Reduced Project Name	**Reduced Grant Number**	**Annual Renewal Amount**	**Amount Retained**	**Amount available for new project**	**Reallocation Type**
This list contains no items					

3H. Reallocation - New Project(s)

CoCs must identify the new project(s) it plans to create and provide the requested information for each project.

Sum of All New Reallocated Project Requests
(Must be less than or equal to total amount(s) eliminated and/or reduced)

$638,929				
Current Priority #	**New Project Name**	**Component Type**	**Transferred Amount**	**Reallocation Type**
19	Permanent Su...	PH	$62,339	Regular
20	WSCC RRH for...	PH	$365,335	Regular
36	WSCC RRH for...	PH	$211,255	Regular

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing):	19
Proposed New Project Name:	Permanent Supportive Housing/CH
Component Type:	PH
Amount Requested for New Project:	$62,339

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing):	20
Proposed New Project Name:	WSCC RRH for 32 Families
Component Type:	PH
Amount Requested for New Project:	$365,335

3H. Reallocation - New Project(s) Details

3H-1 Complete each of the fields below for each new project created through reallocation in the FY2013 CoC Program Competition. CoCs can only reallocate funds to new permanent housing—either permanent supportive housing for the chronically homeless or rapid re-housing for homeless households with children.

FY2013 Rank (from Project Listing): 36

Proposed New Project Name: WSCC RRH for 20 Families

Component Type: PH

Amount Requested for New Project: $211,255

3I. Reallocation: Balance Summary

3I-1 Below is the summary of the information entered on forms 3D-3H. and the last field, "Remaining Reallocation Balance" should equal "0." If there is a balance remaining, this means that more funds are being eliminated or reduced than the new project(s) requested. CoCs cannot create a new reallocated project for an amount that is greater than the total amount of reallocated funds available for new projects.

Reallocation Chart: Reallocation Balance Summary

Reallocated funds available for new project(s):	$699,271
Amount requested for new project(s):	$638,929
Remaining Reallocation Balance:	$60,342

4A. Continuum of Care (CoC) Project Performance

Instructions

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

4A-1 How does the CoC monitor the performance of its recipients on HUD-established performance goals? (limit 1000 characters)

The CoC utilizes APR project data to monitor recipient performance. Review and discussion occur regularly at the following times: 1) Bi-monthly meetings co-chaired by OHS staff and Coordinated Assessment staff with the a) family shelter providers and b) the Men's TH providers. Prior to the meeting, reports are generated from HMIS that track referrals, length of stay, and outcomes. Meetings are opportunities to check data quality, identify concerns, and plan for better outcomes. 2) Review & Ranking process occurs annually. The APR provides the basis for a scoring matrix based on HUD's performance goals. A low project score triggers a site visit and further review by the committee; a plan of correction with specific benchmarks and time frames may be provided. 3) Aggregated APR data is provided to the COC Advisory Board and reviewed at the bi-monthly Board meetings

4A-2 How does the CoC assist project recipients to reach HUD-established performance goals? (limit 1000 characters)

Implementing Coordinated Assessment/Intake (CA/I) has provided a mechanism for improving services to clients and aligning CoC resources to meet HUD established performance goals. By requiring all CoC providers to only accept referrals from CA/I the CoC assures that clients are literally homeless. Referrals to ES and TH from CA/I include a Housing Plan that should begin to be executed within 7 days so shelter length of stay can be shortened. Bi-monthly meetings coordinated by CA/I and the Office of Homeless Services with the Men's providers and the Family providers, track provider follow through on the RRH process. Monthly review of HMIS leaver data as compared to new intakes flags households returning to shelter and permit the CoC to confer with providers about case management practices

4A-3 How does the CoC assist recipients that are underperforming to increase capacity? (limit 1000 characters)

The CoC recognizes that changing from a shelter based response to homelessness to a housing response based system requires re-training of agency leadership, Board members and line staff. Over the past three years, with private foundation support, the CoC has sponsored numerous training forums that featured best practices, presented by leaders in the field. Local foundations have provided funding for agency directors and line staff to attend the NAEH Conferences in July and February to meet peers and learn from other communities. OHS staff has made countless presentations to provider Boards and committees to discuss the HEARTH Act and its impact on the agency's organization. Several local foundations have funded specific "capacity" building request from agencies upgrading their abilities to perform within the new paradigm.

4A-4 What steps has the CoC taken to reduce the length of time individuals and families remain homeless?
(limit 1000 characters)

On a quarterly basis, the CoC includes length of stay data in a "County Stat" presentation to the County Executive. HMIS data is used to run a report that identifies the # of days between entry and exit, and then calculates the average. The data is analyzed separately for singles and families. The OHS had set a goal of reducing the ALOS by 10% from FY 2012 to FY 2013. This goal has not been met. The strategy for families was to provide RRH through a progressive engagement model. This model provides RRH to all families (security deposit + two months rent). The majority of families do not require additional assistance, regardless of their income level. Families that require additional assistance are assisted. In order for RRH to work rapidly, shelter providers must fully cooperate with the process, including beginning the referral process as soon as a family enters shelter. The CoC is monitoring the time frames for each step of the process to improve the work flow and shorten LOS.

4A-5 What steps has the CoC taken to reduce returns to homelessness of individuals and families in the CoC's geography?
(limit 1000 characters)

Preventing returns to homelessness begins with the assessment at the front door. Through the initial assessment by Coordinated Assessment /Intake (CA/I), individuals and families with higher barriers to housing stability are identified. The housing plan that is recommended should direct each household to a specific CoC resource that will enable them to attain and maintain permanent housing. For first time homeless families, whether there is income or not, RRH would be the exit plan. For a family or individual that has had previous homeless episodes, unstable housing, low income, possible disability, short term TH would be appropriate. For a household that presents with multiple homeless episodes, severe disability, and frequent crisis services, PSH for CH may be appropriate. Once a referral is made, the CoC expects the provider to assure a positive, permanent housing outcome. Communication with CA/I to re-assess a referral is encouraged to support the success of the client/agency.

4A-6 What specific outreach procedures has the CoC developed to assist homeless service providers in the outreach efforts to engage homeless individuals and families?
(limit 1000 characters)

The CoC's outreach plan involves three specific agencies funded from various sources, to outreach to street homeless to engage them in shelter, housing, and services. FrontLine Service receives PATH funding to have street outreach to homeless, mentally ill persons 365 days/year. Teams go out in the early morning and in the evening. They are on call during the day. Care Alliance, the FQHC serving homeless persons, employs one outreach staff who visits homeless camps, empty buildings, and outdoor areas known to be used by the homeless. Care Alliance staff will transport persons to shelter when they are willing to go. FrontLine Service receives SHP funding to provide outreach to long term homeless who use the shelter system on a sporadic basis. The goal is to help people move into PSH after years of shelter and street living, with undiagnosed mental health and physical health disabilities. 211- First Call for Help provides shelter access information to anyone calling seeking shelter.

4B. Section 3 Employment Policy

Instructions

*** TBD ****

4B-1 Are any new proposed project applications requesting $200,000 or more in funding? Yes

4B-1.1 If yes, which activities will the project(s) undertake to ensure employment and other economic opportunities are directed to low or very low income persons? (limit 1000 characters)

The CoC is submitting 2 new projects that exceed $200,000. Both projects are reallocating funds to Rapid Re-Housing for households with children. Eligibility for RRH is based on meeting HUD's definition of literally homeless and being very low income. HUD defines very low income as less than 30% of AMI. That resources of the project are directed to low or very persons is a program requirement which will be verified in the client file according to HUD guidelines. RRH is a time limited rental assistance subsidy. Being able to maintain housing stability will require the family head of household to get income. Whenever possible, employment income will be the goal.
The projects' case management staff will assess the head of household's barriers to employment and develop an employment strategy that is achievable within the RRH assistance time frame.

4B-2 Are any of the projects within the CoC requesting funds for housing rehabilitation or new constructions? No

4B-2.1 If yes, which activities will the project undertake to ensure employment and other economic opportunities are directed to low or very low income persons:

4C. Accessing Mainstream Resources

Instructions:

For guidance on completing this form, please reference the FY 2013 CoC Application Detailed Instructions and the FY 2013 CoC Program NOFA. Please submit technical question to the OneCPD Ask A Question at https://www.onecpd.info/ask-a-question/.

4C-1 Does the CoC systematically provide information about mainstream resources and training on how to identify eligibility and program changes for mainstream programs to provider staff? Yes

4C-2 Indicate the percentage of homeless assistance providers that are implementing the following activities:

*** Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.**	100%
*** Homeless assistance providers use a single application form for four or more mainstream programs.**	0%
*** Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.**	100%

4C-3 Does the CoC make SOAR training available for all recipients and subrecipients at least annually? Yes

4C-3.1 If yes, indicate the most recent training date: 03/20/2013

**4C-4 Describe how the CoC is preparing for implementation of the Affordable Care Act (ACA) in the state in which the CoC is located. Response should address the extent in which project recipients and subrecipients will participate in enrollment and outreach activities to ensure eligible households are able to take advantage of new healthcare options.
(limit 1000 characters)**

In the CoC's state of Ohio, the Medicaid office has designated "Navigators" to assist persons in enrolling for healthcare. The two largest public shelters that serve men (365/night) and women (180/night) have contacted the Navigator service providers to come to the shelter sites and enroll individuals. Prior to the Navigators arriving, shelter staff were organized to find clients and bring them for enrollment. A gift card drawing was provided to give incentives to families to enroll. Also, the Navigators went to each PSH/CH project site to enroll residents. Service Coordinators at the PSH sites identified residents who needed to be enrolled and outreached to them to get them signed up. The publicly funded men's TH program, NorthPoint, also provided space for the Navigators and incentives to clients to enroll. Over 300 persons were enrolled through these efforts.

4C-5 What specific steps is the CoC taking to work with recipients to identify other sources of funding for supportive services in order to reduce the amount of CoC Program funds being used to pay for supportive service costs?
(limit 1000 characters)

FrontLine Service, a CoC funded agency and the service coordinator at the 7 PSH/CH sites, received a "Cooperative Agreements to Benefit Homeless Individuals" (CABHI) grant from SAMHSA in 2012. The primary goal of the CABHI program is to ensure that the most vulnerable, chronically homeless persons access permanent housing with treatment and recovery supports through mainstream funding sources. CABHI requires recipients to develop integrated behavioral health and primary care services that are provided through mainstream funding resources. This model will reduce the CoC program funds called on to pay for support services. ACA enrollment is a key strategy. Ohio JFS is requiring mental health, recovery services, and physical health providers to form alliances that will enable consumers to access all needed services through one agency contact. This Medical Home model will provide coordinated care to homeless persons, expedite service delivery and reduce costs to the Medicaid system.

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	Certification of ...	01/29/2014
CoC Governance Agreement	No	OHS Advisory Boar...	01/31/2014
CoC-HMIS Governance Agreement	No	HMIS Policies and...	01/30/2014
CoC Rating and Review Document	No	2013 Renewal Appl...	01/31/2014
CoCs Process for Making Cuts	No	2013 NOFA Process...	01/31/2014
FY2013 Chronic Homeless Project Prioritization List	No	2013 Chronic Home...	01/31/2014
FY2013 HUD-approved Grant Inventory Worksheet	Yes	FY2013 GIW	01/29/2014
FY2013 Rank (from Project Listing)	No	2013 Project Rank...	01/31/2014
Other	No	R&R Scoring Sprea...	01/31/2014
Other	No	OHS Webpage Cleve...	01/31/2014
Other	No	HMIS Privacy, Sec...	01/31/2014
Projects to Serve Persons Defined as Homeless under Category 3	No		
Public Solicitation	No	CoC Renewal Appli...	01/31/2014

Attachment Details

Document Description: Certification of Consistency City of Cleveland and Cuyahoga County

Attachment Details

Document Description: OHS Advisory Board Bylaws-Cleveland/Cuyahoga County

Attachment Details

Document Description: HMIS Policies and Procedures Manual-Cleveland/Cuyahoga County

Attachment Details

Document Description: 2013 Renewal Application Process-Cleveland/Cuyahoga County

Attachment Details

Document Description: 2013 NOFA Process-Cleveland/Cuyahoga County

Attachment Details

Document Description: 2013 Chronic Homeless Project Prioritization-Cleveland/Cuyahoga County

Attachment Details

Document Description: FY2013 GIW

Attachment Details

Document Description: 2013 Project Rankings-Cleveland/Cuyahoga County

Attachment Details

Document Description: R&R Scoring Spreadsheet-Cleveland/Cuyahoga County

Attachment Details

Document Description: OHS Webpage Cleveland/Cuyahoga County

Attachment Details

Document Description: HMIS Privacy, Security and Data Quality Plans-Cleveland/Cuyahoga County

Attachment Details

Document Description:

Attachment Details

Document Description: CoC Renewal Application Process-Cleveland/Cuyahoga County

Submission Summary

Page	Last Updated
1A. Identification	No Input Required
1B. CoC Operations	01/22/2014
1C. Committees	01/31/2014
1D. Project Review	01/31/2014
1E. Housing Inventory	01/22/2014
2A. HMIS Implementation	01/31/2014
2B. HMIS Funding Sources	01/22/2014
2C. HMIS Beds	01/24/2014
2D. HMIS Data Quality	01/31/2014
2E. HMIS Data Usage	01/24/2014
2F. HMIS Policies and Procedures	01/31/2014
2G. Sheltered PIT	01/31/2014
2H. Sheltered Data - Methods	01/28/2014
2I. Sheltered Data - Collection	01/28/2014
2J. Sheltered Data - Quality	01/30/2014
2K. Unsheltered PIT	01/31/2014
2L. Unsheltered Data - Methods	01/29/2014
2M. Unsheltered Data - Coverage	01/28/2014
2N. Unsheltered Data - Quality	01/29/2014
Objective 1	01/31/2014
Objective 2	01/31/2014
Objective 3	01/31/2014
Objective 4	01/31/2014
Objective 5	01/31/2014
3B. CoC Discharge Planning: Foster Care	01/31/2014
3B. CoC Discharge Planning: Health Care	01/31/2014

3B. CoC Discharge Planning: Mental Health	01/31/2014
3B. CoC Discharge Planning: Corrections	01/31/2014
3C. CoC Coordination	01/31/2014
3D. Strategic Plan Goals	01/31/2014
3E. Reallocation	01/31/2014
3F. Grant(s) Eliminated	01/31/2014
3G. Grant(s) Reduced	No Input Required
3H. New Project(s)	01/31/2014
3I. Balance Summary	No Input Required
4A. Project Performance	01/31/2014
4B. Employment Policy	01/31/2014
4C. Resources	01/31/2014
Attachments	01/31/2014
Submission Summary	No Input Required