

Exhibit 1: 2005 Continuum of Care

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**2005 Application Summary**

Place this page in the front of your application. This page does not count towards the page limitation.

Continuum of Care (CoC) Name: Cincinnati/Hamilton County Continuum of Care

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**Continuum of Care Geography**

Using the Geographic Area Guide found on HUD’s website at <http://www.hud.gov/grants/index.cfm>, list the name and the six-digit geographic code number for *each* city and/or county participating in your Continuum of Care. Because the geography covered by your system will affect your Need score, it is important to be accurate. Enter the name of *every listed* city and/or county that makes up the geography for your Continuum of Care system and its assigned code. Leaving out a jurisdiction could reduce your pro rata need amount. Before completing, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping Continuum of Care systems.

Geographic Area Name	6-digit Code	Geographic Area Name	6-digit Code
Cincinnati, Ohio	391062		
Hamilton County, Ohio	399061		

Reproduce this page to include additional names and codes.

## **Exhibit 1: 2005 Continuum of Care Narrative**

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### **1. Your community's *planning process* for developing a Continuum of Care strategy.**

#### **a. *Identify the lead entity for the CoC planning process.***

The lead entity for the Cincinnati/Hamilton County Continuum of Care (CoC) is The Partnership Center, Ltd. (PCL) who is responsible for all CoC process staffing. Staff responsibilities include: facilitation of the year-round planning, coordination and program implementation processes for homeless housing and services within the jurisdiction and facilitation of the annual grant application process to HUD and other collaborative grant initiatives. The lead facilitator (staff) of the CoC's process is Michelle Budzek, President of PCL. The City of Cincinnati assumes primary responsibility for funding/contracting with PCL to provide planning, implementation and oversight. Hamilton County provides a contract to PCL for the provision of training and technical assistance during the grant period.

#### **b. *Describe your community's CoC planning process***

The CoC is a *single, coordinated and inclusive process* for planning and management of the local (City of Cincinnati and Hamilton County) Continuum.

The coordinating body – The Homeless Clearinghouse is composed of representatives of each of the following bodies: The City of Cincinnati, Department of Community Development and Planning; Hamilton County, Community Development Department; the Greater Cincinnati Coalition for the Homeless; and a representative from each of the Working Groups of the CoC. The Clearinghouse is staffed by PCL with support from Evan Gay, PhD and meets quarterly for scheduled meetings, as well as on an as-needed basis. The Clearinghouse provides year-round coordination, planning, program development, funding, program/housing support, and technical assistance. The purpose of the Clearinghouse is to:

1. Plan and coordinate community influence on systemic decisions affecting the homeless.
2. Uphold the elements of the Consolidated Plans that affect homelessness.
3. Identify and support the utilization of all sources of funds and other resources used to improve the quality of life for homeless persons and/or to end homelessness.

The Working Groups of the CoC are active, inclusive entities designed to provide direct input in planning, implement planning initiatives, coordinate day-to-day activities of providers, reduce/eliminate duplicative efforts, actively promote best-practice methodologies, and implement access improvements for mainstream resources. These working groups provide the framework to ensure ongoing, active participation of the entire community including: veterans services, organizations representing persons with special needs or disabilities, faith-based and community-based organizations, state and local governmental agencies, PHA's, housing developers law enforcement, hospital and medical services, funders, local businesses and homeless/formerly homeless persons.

Working Group	Focus Area	Prime Activities
Family Shelter Partnership Program (FSPP)	Families in shelter	Coordinating quality case management Coordinating mainstream resources (TANF, FS, CHIP, Medicaid, Child Care, Child Protection)
Homeless Individuals Task Force (HIT Force)	Homeless single individuals & chronically homeless	Coordinating resources for single individuals Improving access to mainstream services (MH/SA) Implementing a Chronic Homeless Initiative (HIP)
Homeless Outreach Group (HOG)	Street Homeless & chronically homeless	Coordinating outreach efforts Increasing access to housing/services directly from the streets
HMIS Advisory Committee	HMIS Quality and Integrity	Implementing HMIS Policy/Procedure Development & Oversight
Permanent Housing Group	SHP Permanent Housing for the Disabled	Promoting best practice efforts in housing and case managing homeless persons with special needs (MH, SA, HIV/AIDS, dual disabilities, etc.)
Shelter Plus Care Work Group	Shelter Plus Care housing programs	Increasing community access to Shelter Plus Care housing
SSI Work Group	Access to Public Benefits	Facilitating access to and streamlining application processes for SSA and JFS benefits

To further ensure there are not duplicate efforts in coordination and planning for homeless housing and services the City of Cincinnati contracted with PCL beginning in 2004 to incorporate funding/administration of ESG, SPC and HOPWA.

In 2004, PCL convened the process for the Homeless/Special Needs Section of the Consolidated Plans of both the City and County through the CoC process. Thus ensuring one consistent and consolidated plan for all components of the CoC (prevention, outreach, intake and assessment, emergency shelter, transitional housing and permanent supportive housing was created and incorporated into both city and county governments.

The roles of the CoC and the Greater Cincinnati Coalition for the Homeless have been further clarified. The following is the identified role of the CoC in the community:

Planning/Coordination

- Maintain an “inclusive planning process”
- Facilitate Consolidated Planning and monitoring process (homeless section) for the City/County
- Facilitate processes to include the voice of homeless persons in planning
- Maintain and staff the community planning/coordination body: *Homeless Clearinghouse*.

Data Gathering/Sharing

- Coordinate the “homeless count(s)” as required by HUD or other community initiatives
- Provide data to local/state/federal governments and community providers to use
- Provide the linkage for HMIS data with counts, government reporting, etc.
- Maintain and staff the *HMIS Advisory Committee*

Funding Coordination and Development

- Facilitate annual CoC process and coordinate grant submission to HUD
- Facilitate annual City-ESG process and coordinate grant requirements with the City
- Monitor funding, as required by funding source(s)
- Providing ongoing technical assistance to funded agencies serving the homeless.
- Coordinate activities to support/develop community funding initiatives with HUD and other federal, state, and local resources

Quality improvement

- Facilitate training programs to improve quality (e.g. *Front Line Worker Training*)
- Serve on the Ohio Policy Academy Team linking C/H CoC to Ohio efforts
- Provide technical assistance in program design
- Facilitate efforts to improve quality within the homeless delivery system

Service Delivery System Intervention

- Facilitate/support initiatives that improve access to mainstream resources/services for the homeless
- Provide support for the creation of partnership initiatives/programs
- Provide support/coordination for partnership groups including: *FSPP, HIT, HOG, PHG*, etc. whose focus is:
  - Provision of direct service for a specific population of homeless persons
  - Network information
  - Information sharing among providers
  - Gaps identification (directed to CoC planning and/or GCCH advocacy)

*c. List the dates and main topics of your CoC planning meetings held since June 2004*

<b>Dates 6-1-04 to 5-30-05</b>	<b>Meeting Type and Topic</b>
	<b>COORDINATION</b>
2004:, July 9, Oct 15 2005: Jan 21, Apr 15	<i>Homeless Clearinghouse</i> – Leadership Group for the Cincinnati/Hamilton County CoC (Average attendance: 8) [Lead: PCL]

2005: Aug. 16, 23 Sept 8, 9, 23	<b>Consolidated Plan (Homeless Section) Strategic Planning</b> Strategic planning sessions and large group consensus building meetings to prepare the Homeless Section of Cincinnati and Hamilton County Consolidated Plan.
2005: April 8	<b>Homeless Think Tank Meeting</b> – The meeting purpose was twofold: 1) to provide basic education on the CoC process and “language” to homeless persons to help them participate in the Scoring meeting and 2) to begin the annual process with direct street input on needs, gaps and programs the homeless believe are important to the full Continuum (45 homeless persons attended the meeting – representative of all subpopulations of homeless). [Lead: GCCH & PCL] (Attendance: 45)
<b>WORKING GROUPS</b>	
2004: June 17, June 28, Aug 28, Sept 24, Oct 1, Nov 3, Dec 8, 13, 2005: Jan 7, Feb 15, Mar 15, 18, May 198	<b>Family Shelter Partnership Program (FSPP) – JFS Meetings</b> to provide on-going planning, coordination and quality oversight for mainstream resources acquisition (benefits, community link coordination, and children’s services supports) with JFS’s Income Maintenance and Children’s Services Division. (6 attendees average 5 organizations represented).
2004: June 29 2005: June 29, July. 21, Aug11	<b>FSPP – Exec. Directors Meetings</b> – Review progress of the year, determine evaluation criteria and select an independent evaluator, review program financial issues, and determine contract/grant renewals, new applications. (Average attendance: 6)
2004: June 16, July 21, Aug 11, 18, Oct 20, Nov 17 2005: Jan 19, Apr 28, May 26	<b>FSPP– Shelter Directors Monthly Meetings</b> – Coordination of the collaborative effort of the family shelters to continue their success. Meeting topics: ethical issues involving children’s services cases, program changes to incorporate children’s service case plans into shelter case plans, changes at JFS, utilization of the Transitional Housing Leasing Pool, developing criteria from an outside evaluation, streamlining operational issues, & coordinating HMIS usage and reviewing data input. (Average attendance: 6)
2004: Weekly June - Nov, Dec 6, 13, 20. 2005: Jan 3, 10, 17, 30, Feb 7, 14, 28, Mar 7, 14, 21, 28, Apr 4, 11, 18, 25, May 2, 16, 23,	<b>FSPP– Case Manager Weekly Meetings</b> – Case managers focus on sharing knowledge of community resources, review of coordinated programming and teaching and reinforcing the process of developing coordinated service plans focused on income/housing, education, trouble shooting, and HMIS input. (Average attendance: 15)

<p>2004: June 25, July 30, Sept 3, Oct 29, Dec 3. 2005: Jan 28, Feb 28, Mar 18, Apr 22, May 26.</p>	<p><b><i>Homeless Individuals Task Force (HIT Force)</i></b> – Focused efforts to coordinate services for single individuals, coordinate efforts to access mainstream services with mental health and substance abuse systems, coordinate the implementation of HMIS into the men’s/single’s shelters, and address issues affecting homeless individuals. (Average attendance: 10)</p>
<p>2004: Jun 16, Aug 18, Sept 21, Oct 20, Nov 17 2005: Jan 12, Feb 9, Mar 16, Apr 13, May 11.</p>	<p><b><i>HMIS – Advisory Committee</i></b> – Responsible for policy making for Cincinnati/Hamilton County Homeless Management Information System. Meets regularly to discuss the progress of HMIS implementation, road blocks that occur and team approach to best solve problems. This forum provides opportunity to review community feedback regarding HMIS. (Attendance: 15 members)</p>
<p>2004: Aug 6. 2005: Jan 13, Mar 18.</p>	<p><b><i>Homeless Front Line Worker Training Advisory Committee</i></b> – Reviews evaluations from most recent sessions, and makes recommendations for and discusses needed changes to the curriculum, scheduling of sessions and need for additional topics/sessions. (Attendance: 7 members)</p>
<p>2004: Jun 1, Jul 5, Oct 27, Dec 1. 2005: Jan 5, Mar 30, Apr 27, May 23.</p>	<p><b><i>Homeless Outreach Group (HOG)</i></b> – Focused on improving the street outreach system; coordinating efforts between provider agencies, Cincinnati Police, and service systems; planning joint outreach efforts; developing a CAGIS mapping system for homeless camps and outreach coordination, and conducting a quarterly street survey to ensure access by homeless persons. (Average attendance: 15 persons)</p>
<p>2004: July 13, Oct 13. 2005: Feb 15, May 10.</p>	<p><b><i>Permanent Housing Group (PHG)</i></b> – Focused on networking providers, facilitating best-practices, and plan for the impact of government program cuts on their work. (Average attendance: 12 persons, 6 agencies)</p>
<p>2004: Sept 13, Nov 18, Dec 8. 2005: Jan 20, Feb 17, Mar 17, Apr 20, May 2, 19, 24.</p>	<p><b><i>SSI Working Group</i></b> – Focused on coordinating efforts between FreeStore, Goodwill, JFS, Social Security Admin and Bureau of Dev. Disabilities to expedite access to SSI, Medicaid, and other JFS benefits. (Average attendance: 8 persons)</p>
<p>2004: Jun 3, Dec 16. 2005: Feb 22, Apr 20, May 17.</p>	<p><b><i>Shelter Plus Care Working Group</i></b>– On-going discussion focuses on maximizing the SPC program for the homeless, improving access to SPC, developing new SPC programs, implementing HMIS, and reviewing/conforming with new regulations/procedures. (Average attendance: 12 persons /6 organizations)</p>

	<b>TRAININGS</b>
2004: Jun 3, Jun 10. 2005: Mar 24, Mar 31, Apr 7, Apr 14, Apr 21, Apr 28.	<b><i>Homeless Front Line Worker Training-</i></b> This series of six workshops provides the community’s homeless front line workers with the tools to better serve their clients. Session topics include: Building a Case Management Foundation, Building a Case Management Plan, Mental Health, Substance Abuse, Street Outreach and Healthcare for the Homeless, and Understanding your CoC. [Lead: PCL] (Average attendance: 30)
Minimum of three provider meetings monthly.	<b><i>Technical Assistance, Program Design and Development -</i></b> The CoC facilitator meets regularly with individual agencies and groups of agencies to discuss specific issues, provide training and coordinate needs related to the CoC and the CoC funded programs. (Average attendance: 5)
2005: Oct. 19, Nov 2	<b><i>Rent Calculation Training</i></b> Training was designed to support all SHP and SPC programs to correctly complete rental calculations.
2004: Jun 15, Jun 17, Jul 2. 2005: Apr 11, Apr 15, Apr 18, Apr 25, May 6.	<b><i>Training –</i></b> CoC Training includes group sessions on grant start-ups, compliance, program design, CoC process training, and large group training (confidentiality, HMIS, etc.) (Attendance: up to 98 persons, 38 agencies represented)

**d. Describe which and how local, and/or state elected officials are involved in the process.**

Local – The City of Cincinnati and Hamilton County are both participants in the CoC process. They have assigned senior staff to serve on both the Homeless Clearinghouse and in oversight and coordination of the CoC. The homeless section of both governments Consolidated Plan is produced through the CoC. These plans require the approval of all of the elected officials of both jurisdictions (City Council Members and Mayor and County Commissioners), many of whom have taken individual initiative to follow up on specific items and/or secure additional information from the CoC Facilitator.

State – The Governor of Ohio, Bob Taft, has seated the Interagency Council on Homelessness and Housing in Ohio. That council is chaired by the Lt. Governor and has representation from Ohio’s politically appointed Department Directors (Secretaries) from every major department. The Cincinnati/Hamilton County CoC Facilitator has a seat on both the Policy Team (the working group of the Council) and on the Council itself. The Council’s goal is to end homelessness in Ohio and address policy issues that contribute to or perpetuate homelessness.

e. List, using the format in HUD 40076 CoC - B:(1)

**Exhibit 1: Continuum of Care Planning Process Organizations**

Specific Names of CoC Organizations/Persons	Geographic Area Represented	Subpopulations Represented, if any* (SMI, SA, VETS, HIV/AIDS, DV, Y)	Level of Participation (activity and frequency) in Planning Process
<b>State agencies:</b>			
Ohio Interagency Council on Homelessness and Housing (Governor's Council)	State of Ohio	SMI, SA, VETS, HIV/AIDS, DV, Y	State/local coordination – 100% participation (Cincinnati co-chairs Chronic Homeless Subcommittee of Council)
Bureau of Developmental Disabilities	State of Ohio	SMI, SA, VETS, HIV/AIDS, DV, Y	Working Group Member: SSI Workgroup 100% participation (participation based on agenda requirements)
Social Security Administration	SW Ohio	SMI, SA, VETS, HIV/AIDS, DV, Y	Working Group Member: SSI Work Group 95% participation
<b>Local government agencies:</b>			
City of Cincinnati – Budget & Evaluation of Finance Dept.	City of Cincinnati	SMI, SA, VETS, HIV/AIDS, DV, Y	Consolidated Planning with CoC 100% participation
City of Cincinnati Department of Community Development and Planning ✓	City of Cincinnati	SMI, SA, VETS, HIV/AIDS, DV, Y	Working Group Member: Homeless Clearinghouse – 90% participation HMIS Advisory Committee – 30% participation Program Group: SPC – 90% participation
Hamilton County Community Development Department ✓	Hamilton County	SMI, SA, VETS, HIV/AIDS, DV, Y	Working Group Member: Homeless Clearinghouse – 100% participation HMIS Advisory Committee – 100% participation
Hamilton County Alcohol and Drug Addiction Services Board ✓	Hamilton County	SA,	Working Group: HMIS –90% participation Program Group Member: Homeless Housing Residential Treatment Group (Lead) – 100% participation
Hamilton County Department of Job and Family Services ✓	Hamilton County	SMI, SA, VETS, HIV/AIDS, DV, Y	Working Group Member: HMIS- High SSI Work Group- 90% participation FSPP – 100% participation
Hamilton County Community Mental Health Board	Hamilton County	MH	Cooperative Funder (PATH program)
<b>Public Housing Authorities</b>			
Hamilton Cy HA	Hamilton County	SMI, SA, VETS, HIV/AIDS, DV, Y	Working Group Member: Homeless Clearinghouse – 100% participation
CMHA	City of Cincinnati	SMI, SA, VETS, HIV/AIDS, DV, Y	Generally does not participate

Cincinnati/Hamilton County CoC

Exhibit 1

<b>Housing developers (Non-profit &amp; for-profit):</b>			
Excel Development Co., Inc. ✓	City of Cincinnati Hamilton County	SMI	Program Group Member: Shelter Plus Care- 100% participation
Over-the-Rhine Housing Network ✓	City of Cincinnati	SMI, SA, VETS, HIV/AIDS, DV, Y	Working Group Member: PHG- 10% participation
ReSTOC ✓	City of Cincinnati	SMI, SA, VETS, HIV/AIDS, DV, Y	Working Group Member: PHG- 10% participation
<b>Nonprofit organizations (including Faith-Based):</b>			
AIDS Volunteers of Cincinnati ✓	City of Cincinnati Hamilton County	HIV/AIDS	Working Group Member: HOG – 10% participation CoC Provider.
Alcoholism Council of the Greater Cincinnati Area	City of Cincinnati Hamilton County	SA	Program Group Member:: Substance Abuse & Mental Health Collaborative – 100% participation
Bethany House Services ✓	City of Cincinnati Hamilton County	SMI, SA, VETS, HIV/AIDS, DV, Y	Working Group CHAIR: FSPP– 100% participation HMIS Advisory Committee – 60% participation FLWT Planning Committee – 100% participation
Caracole, Inc. ✓	City of Cincinnati Hamilton County	HIV/AIDS	Working Group Member: HMIS Advisory Committee member – 100% participation Program Group CHAIR: SPC –100% participation
Center for Independent Living Options, Inc. ✓	City of Cincinnati Hamilton County	Physical/cognitive/ sensory disability	Working Group Member: Homeless Clearinghouse – 95% participation PHG – 100% participation HOG –90% participation
City Ministries / City Gospel Mission ✓	City of Cincinnati Hamilton County	SMI, SA, VETS, HIV/AIDS, DV, Y	Working Group Member: HIT Force – 20% participation CoC Provider.
Drop Inn Center ✓	City of Cincinnati Hamilton County	SA & ALL	Working Group CHAIR: HIT Force – 100% participation CoC Provider. Working Group Member: HMIS – 60% participation FLWT Planning Committee – 100% participation
First Step Home ✓	City of Cincinnati Hamilton County	SA	Working Group Member: PHG –100% participation

FreeStore/Food Bank, Inc. ✓	City of Cincinnati Hamilton County	SMI, SA, VETS, HIV/AIDS, DV, Y	Working Group CHAIR SSI Work Group – 100% participation Working Group Member: PHG – 100% participation HOG – 10% participation
Greater Cincinnati Behavioral Health Services – PATH ✓	City of Cincinnati Hamilton County	SMI	Working Group CHAIR: HOG– 100% participation
Greater Cincinnati Coalition for the Homeless ✓	City of Cincinnati Hamilton County	SMI, SA, VETS, HIV/AIDS, DV, Y	Working Group Member: Homeless Clearinghouse –100% participation HMIS Advisory Comm. –90% participation HOG –100% participation
Health Foundation Fund ✓	City of Cincinnati Hamilton County	SMI, SA	Working Group Member: HMIS Advisory Comm. (rep by PCL) – 100% participation
House of Hope ✓	City of Cincinnati Hamilton County	SA	Working Group Member: PHG – 50% participation
Interfaith Hospitality Network ✓	City of Cincinnati Hamilton County	SMI, SA, VETS, HIV/AIDS, DV, Y – family focused	Working Group Member: FSPP – 100% participation Homeless Clearinghouse – 95% participation
Joseph House ✓	City of Cincinnati Hamilton County	VETS	Working Group Member: HOG –90% participation
Justice Watch ✓	City of Cincinnati Hamilton County	SA/SMI	Generally does not participate
Lighthouse Youth Services ✓	City of Cincinnati Hamilton County	Y	Working Group Member: HIT Force –90% participation HOG – 90% participation SPC –100% participation
Mental Health Access Point (MHAP)	City of Cincinnati Hamilton County	SMI, SA, HIV/AIDS, Y	Working Group Member: HIT Force- 20% participation
Mercy Franciscan at St. John’s ✓	City of Cincinnati Hamilton County	SMI, SA, VETS, HIV/AIDS, DV, Y - family focused	Working Group Member: FSPP – 80% participation
Mt. Airy Shelter ✓	City of Cincinnati Hamilton County	SMI, SA, VETS, HIV/AIDS, DV, Y	Working Group Member: HIT Force –90% participation
Ohio Valley Goodwill Industries ✓	City of Cincinnati Hamilton County	VETS	Working Group CHAIR: HMIS Advisory Committee - 100% participation PHG 100% participation Working Group Member: HIT Force – 10% participation
Salvation Army ✓	City of Cincinnati Hamilton County	SMI, SA, VETS, HIV/AIDS, DV, Y – family focused	Working Group Member: FSPP – 60% participation HITForce- 30% participation CoC Provider.

Cincinnati/Hamilton County CoC

Exhibit 1

St. Francis/St. Joseph Catholic Worker House	City of Cincinnati Hamilton County	SMI, SA, VETS, HIV/AIDS, DV, Y	Working Group Member: HIT Force –50% participation
Talbert House ✓	City of Cincinnati Hamilton County	SA	Working Group Member: S+C provider–100% participation
Tender Mercies ✓	City of Cincinnati Hamilton County	SMI	Working Group Member: HIT Force –100% participation HOG –100% participation PHG – 50% participation SSI Work Group- 80% participation
Tom Geiger Guest House ✓	City of Cincinnati Hamilton County	SMI, SA, VETS, HIV/AIDS, DV, Y	Generally does not participate
YWCA of Greater Cincinnati ✓	City of Cincinnati Hamilton County	DV	Working Group Member: HMIS Advisory Comm.- 100% participation FSPP – 95% participation CoC Provider.
<b>Businesses/Business Associations:</b>			
Downtown Cincinnati, Inc. /Block by Block	City of Cincinnati	SMI, SA, VETS, HIV/AIDS, DV, Y	Working Group Member: HOG –20% participation
The Partnership Center, Ltd. ✓	City of Cincinnati Hamilton County	CoC Facilitator and CoC Staff Support	CoC Facilitator – 100% participation with all working and program groups.
Evan Gay, Ph.D., Organizational Psychologist ✓	City of Cincinnati Hamilton County	CoC Consultant	CoC Consultant – 100% participation in process planning and Homeless Clearinghouse
<b>Homeless/Formerly homeless persons:</b>			
Homeless/formerly homeless persons (40-50 persons annually)	City of Cincinnati Hamilton County	SMI, SA, VETS, HIV/AIDS, DV, Y	Working Groups: HOG– 20% participation Homeless Think Tank (40) – 100% participation Homeless Clearinghouse – 20% participation
<b>Other: Hospital/Medical:</b>			
Cincinnati Health Network ✓	City of Cincinnati Hamilton County	SMI, SA, VETS, HIV/AIDS, DV, Y	Health Care for the Homeless Coordinating body, high (100%) collaboration with the CoC
Greater Cincinnati Oral Health Council ✓	City of Cincinnati Hamilton County	SMI, SA, VETS, HIV/AIDS, DV, Y	Generally does not participate
Health Resource Center	City of Cincinnati Hamilton County	SMI, SA, VETS, HIV/AIDS, DV, Y	Working Group Member: HIT Force –20% participation HOG – 90% participation
University Hospital – Mobile Crisis Unit	City of Cincinnati Hamilton County	SMI, SA, VETS, HIV/AIDS, DV, Y	Working Group Member: HOG –10% participation
Veterans Administration	City of Cincinnati Hamilton County	VETS	HOG

<b>Other, Foundations &amp; Lenders</b>			
Greater Cincinnati United Way ✓	City of Cincinnati Hamilton County	SMI, SA, VETS, HIV/AIDS, DV, Y	Beginning to work cooperatively within the CoC
Health Foundation of Greater Cincinnati ✓	City of Cincinnati Hamilton County	SMI, SA	Working Group Member: FLWT Planning Committee – 100% participation
<b>Other, Law Enforcement:</b>			
City of Cincinnati Police Department ✓	City of Cincinnati		Working Group Member: HOG –60% participation

✓ indicates participation in CoC Funding Allocation Process - Large Group Scoring. Participation in this process is required for CoC certification for funding from the Ohio Department of Development and/or any other application requiring certification from the Continuum of Care.

Form HUD 40076 CoC-B

## **Exhibit 1: Continuum of Care Goals and System**

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### **1. Your community's CoC goals, strategy, and progress**

#### **a. Chronic Homelessness Goals/Strategy**

##### **(1) Past Performance.**

##### **(a) The specific actions that your community has taken over the past year towards ending chronic homelessness:**

The year brought a new emphasis and energy within the CoC toward ending chronic homelessness (CH) with very concrete and specific actions including:

1. Improving data collection: Programming has been completed on the Cincinnati HMIS system, VESTA, to incorporate data standards, definitions and APR reporting with the vast majority of CoC programs are currently entering data which will soon enable outcome tracking.
2. Improving data collection: The HMIS Team produced a support tool entitled *Chronic Homelessness Data in VESTA, Making sure our clients are counted!* to support user accuracy.
3. Improving services and outcomes: The Homeless Individual Partnership Program (HIPP) began in 2004. This program supports case managers to work with a low caseload (ratio 1:12) of exclusively CH persons and is designed to assist them in moving from the streets/shelters to permanent housing. In only nine months HIPP has worked with 87 clients. Of those clients HIPP has placed 33 in housing and continues to support them in maintaining that housing has increased the cash income of 57, and has 72 that have reached at least one goal on their Individual Service Plan.
4. Improving access to housing: The 2004 priority setting process for HUD funding approved a special SPC program designed exclusively for CH persons with 50 new units and the 2005 process followed with an application for an additional 23 units for CH. The second designed to directly de-concentrate the number of CH persons from Cincinnati's largest shelter, Drop Inn Center, by offering them a supportive housing environment that which will not mandate sobriety but will encourage it while providing other much needed supportive services.
5. Improving access to mainstream resources: Cincinnati has been awarded a national demonstration grant to facilitate SSI applications for homeless persons. In the past year that program has successfully received 37 SSI/SSD awards for benefits for chronically homeless individuals.

1. Data collection: Reformat VESTA to conform to the changing requirements of determination of CH (e.g. documented disability vs. documentable disability).
2. Improving access to housing: Add additional housing units targeting this population or develop relationships with scattered-site landlords that will accept clients with multiple issues and often criminal records.
3. Improving access to mainstream resources: Facilitate the acceptance of a common application for both Medicaid and SSI.

**(b) Describe any changes in the total number of chronic homeless persons reported in 2004 and 2005.**

**Individuals Chart**

Number of Chronic Homeless Individuals	
	Point in time count
2004	360
2005	352

**Beds Chart**

Number of permanent beds for house the chronically homeless			
	Permanent beds as of Jan	Permanent beds Net Change	End of Year TOTAL
2004	0		
2005	50	50	50

The total number of chronically homeless persons is a statistical calculation based on the percentage of homeless persons who self identified as chronically homeless in 2003. As the numbers in the shelters and on the streets change, so does the statistical calculation.

The goal of the Continuum is to use the HMIS system to track chronic homelessness and their outcomes. However, at the current time, the total number of chronically homeless being generated through HMIS is definitely an undercount based on the methodology used by the HMIS system in calculating chronic homelessness (i.e. data standards requirements, definitions, and APR requirements). A current national study is being conducted by PCL for HUD to try to remedy this problem and thus be able to generate a much more accurate statistical picture, both locally and nationally, through the HMIS systems.

However, what we do know about the chronically homeless that is not reflected in the above statistics is that the Homeless Individuals Partnership Program (HIPP), a program designed specifically to work intensively with only chronically homeless individuals from within all of the individual shelters, has had extremely positive results. In the nine months HIPP has been in operation the workers have engaged 87 clients. Of those, 33 have been placed into housing, 57 are receiving cash income and/or benefits; 83% of the clients have reached at least one of their personal goals in the Individual Service Plans, and over 120 different supportive services that have been accessed to support their various needs. Additionally, the FreeStore's national SSI Demonstration grant targeted to engage and enroll chronically homeless people with benefits has experience an 89% rate in positive benefits determination in a remarkable average of 66.9 day determination period.

## **(2) Current Chronic Homelessness Strategy.**

The Cincinnati/Hamilton County Continuum of Care is striving to end chronic homelessness. Articulation of the problem is the lack of housing combined with access to critical services for chronic conditions and income. CoC providers have also know that housing without meaningful and appropriate supportive services designed to stabilize, manage the crisis, and provide on-going housing and disability supports will not create a solution. The call by HUD, to formalize and mobilize these ideas into accomplishments by creating measurable goals and action steps, has facilitated the Continuum work within the system through process development and results oriented production.

We know that by increasing the demand we affect the need to increase the supply, thus producing change. Using this basic demand/supply theory, the CoC is working to increase the understanding and awareness of the demands of the chronically homeless and of their primary street and/or shelter case manager's to effectively increase the supply of affordable housing and appropriate supportive services targeted to address the needs of the chronically homeless within the community.

By definition, "a paradigm shift" is a "change of patterns on a scale that causes a dramatically new way of doing business. It is a way of changing the thinking from one way to another." The demand/supply system of the CoC must be a paradigm shift throughout multiple systems to be effective. Homeless persons must understand their personal issues and rights and believe they can overcome homelessness. Front line street staff (outreach workers and emergency shelter providers) must understand that it is their job to assist the homeless people in their movement through the system by providing quality services, meaningful referrals, and supportive permanent housing. Then the systems themselves, including housing and service providers, community partners, and governments must recognize and respond to the changing patterns.

The creation of this new CoC demand/supply system and paradigm shift will occur over the next five years to respond to four broad goals: 1) ensure that information on chronically homeless is up-to-date, thereby documenting the need; 2) determine the number of service-enriched permanent housing units required to meet the need; 3) ensure high quality housing and services tailored to the needs of the chronically homeless are in place within the community and 4) create a paradigm shift within mainstream services and benefits systems to enable homeless persons to access and be responded to by the systems.

A significant example of the success of this approach was seen in 2003 as street homeless demanded access to housing and services last year and the CoC was able to respond. System doors opened to street homeless (CH persons) based on the increased demand by street homeless themselves and pressures placed through the media. An improved street outreach system was established (HOG) to respond to the needs and create new and better methods of engagement and access for street homeless. The Cincinnati Police and HOG formed a partnership for better understanding and service provision to street homeless.

In April, 2003 the community underwent a process to further identify services/housing required to End Chronic Homelessness. That process, Collaborative Effort on Chronic Homelessness identified a multi-tiered approach targeted to serve chronically homeless individuals of the Cincinnati/Hamilton County area and thus end chronic homelessness.

Key elements of the Collaborative Effort which are in various stages of development include:

1. Integration of the existing housing and service resources of the CoC and other mainstream service networks into a new service delivery system for chronically homeless individuals.
2. Utilization of existing community, state and federal resources that fill in the gaps in the system for the target population's needs.
3. Creation of a new paradigm for integrated service delivery featuring "best practice methods" and requirements for program design that incorporate low case loads, case planners who will stay with the individual from assessment to placement, and stabilization in permanent housing.
4. Creation of collaborations and partnerships at multiple levels that integrate "system change" and "improved systems access".
5. Blending and improving access mainstream services of the two major systems most often required for chronically homeless individuals – the Hamilton County Community Mental Health Board and the Hamilton County Alcohol Drug Addiction Services Board by incorporating change into their "front door" programs to facilitate access to care for the homeless.
6. Incorporation of new health care supports including increased services through Health Care for the Homeless and the new Respite Center to provide medical care and supportive case planning for those chronically homeless with primary, disabling physical issues/conditions.
7. Creation of a new permanent housing venue for a special population of the chronically homeless – those who are long-term substance abusers, by creating a "damp" house. This damp house, like permanent-housing safe havens, is to be designed to support long-term substance abusers efforts to move from the street/shelter to a permanent living situation. These house(s) allow them to be housed while intoxicated, while supporting the slow process of engagement into more sober living.

### **(3) Coordination.**

The CoC covers two jurisdictions – the City of Cincinnati and Hamilton County Ohio. These jurisdictions have worked together on developing a combined strategy since 1996. The goals and objectives to end chronic homelessness are identical in each of the jurisdictions Consolidated Plans that have been approved by the City Council and Mayor of the City of Cincinnati and the Hamilton County Commissioners.

**a. Chronic Homelessness Goals Chart (future-oriented goals/actions to be completed by Dec, 2006)**

<b>Goal: End Chronic Homelessness</b> <b>("What" are you trying to accomplish)</b>	<b>Action Steps</b> <b>("How" are you to go about accomplishing it)</b>	<b>Responsible Person/Organization</b> <b>("Who" is responsible for accomplishing it)</b>	<b>Target Dates</b> <b>(mo/yr will be accomplished)</b>
Goal 1: <b>Need:</b> Ensure that information regarding numbers, scope and needs of CH persons are up to date.	a. Establish a baseline to measure change in the number of CH over time b. Determine the number of permanent service-enriched permanent housing units required to meet the need	a. HOG→ Clearinghouse approval b. HIT Force → Clearinghouse approval	a. January, 2006 b. May, 2006
Goal 2: <b>Quantity:</b> Ensure a sufficient quantity of suitable housing is available to meet the needs of the CH.	a. Create specialized "niche housing" that attracts previously underserved CH. (e.g. Damp House, Safe Haven, etc.) b. Create new service-enriched permanent housing units or tenant based rental assistance to begin to meet the need documented in 1b.	a. DIC b. PHG Agencies →CoC approval	a. Dec, 2006 b. May, 2006
Goal 3: <b>Quality:</b> Ensure high quality housing & services are available to meet the needs of CH	a. Continue to increase the quality & quantity of Case Management services. b. Create new methods to ensure substance abuse & mental health treatment is sufficiently available to address the needs of CH.	a. HIPP b. ADAS SA Program→ Clearinghouse approval	a. May, 2006 b. July, 2005
Goal 4: <b>Access/Paradigm Shift:</b> Ensure CH efficiently & effectively obtains any/all mainstream resources & community systems or services they are eligible for.	a. Identification of system barriers.	a. HOG→ Clearinghouse approval	a. Sept., 2006

**b. Other Homeless Goals Chart**

<b>Goal: End Chronic Homelessness</b> <b>("What" are you trying to accomplish)</b>	<b>Action Steps</b> <b>("How" are you to go about accomplishing it)</b>	<b>Responsible Person/Organization</b> <b>("Who" is responsible for accomplishing it)</b>	<b>Target Dates</b> <b>(mo/yr will be accomplished)</b>
Goal 1: <b>Need:</b> Ensure that information regarding numbers, scope and needs of homeless persons are up to date.	a. Complete full community implementation of HMIS b. Conduct a regular audit of the validity of HMIS data. c. Based on data review determine the number of service-enriched permanent housing units required for persons other than CH. d. Continue the engagement of homeless persons in determination of need. e. Initiate a process to track recidivism for persons other than CH.	a. HMIS Advisory Comm. b. HMIS Program Staff c. Clearinghouse d. Workgroups e. FSPP	a. July, 2005 b. Jan.. 2006 c. May, 2006 d. April, 2006 e. Jan., 2006

Goal 2: <b>Quantity:</b> Ensure a sufficient quantity of suitable housing is available to meet the needs of the homeless.	a. Maintain the existing capacity level within the emergency shelter system. b. Maintain the existing level of TH beds and PH units. c. Increase the availability of affordable permanent housing options for homeless indiv/fam. other than CH.	a. Clearinghouse b. Clearinghouse c. Clearinghouse	a. Jan, 2006 b. Jan, 2006 c. Dec., 2006
Goal 3: <b>Quality:</b> Ensure high quality housing & services are available to meet the needs of all of the communities homeless.	a. Maintain all shelters and TH programs to "Minimum Standards" levels. b. Continue FLWT, updating the curriculum to meet quality standard needs. c. Support agency use of HMIS data in determination of program effectiveness & staff evaluations. d. Continue the "inclusive" community based CoC process.	a. GCCH b. FLWT Work Group c. HMIS Advisory Group d. PCL→ Clearinghouse	a. Sept, 2005 b. Jan, 2006 c. Jan, 2006 d. Apr, 2006
Goal 4: <b>Access/Paradigm Shift:</b> Ensure homeless persons efficiently & effectively obtain any/all mainstream resources & community systems or services they are eligible for.	a. Review/develop improvements to the system to access TH b. Review/develop improvements to the system to access SPC c. Implement the new Homeless Housing Residential Treatment Program.	a. Clearinghouse b. SPC Workgroup c. ADAS	a. May, 2006 b. Dec, 2005 c. July, 2005

Form HUD 40076 CoC-C

### **Exhibit 1: Continuum of Care – Discharge Planning Policy Chart**

Development and Implementation of Discharge Planning  
Indicate **Yes** or **No** in appropriate box

Publicly Funded System(s) of Care/Institution(s) in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Protocol Implemented
Foster Care	Yes	Yes	Yes	Yes
Health Care	Yes	Yes	Yes	Yes
Mental Health	Yes	Yes	Yes	Yes
Correctional	Yes	Yes	No	No

Form HUD 40076 CoC-D

### **Exhibit 1: Continuum of Care – Unexecuted Grants Chart**

#### **Unexecuted Grants Awarded Prior to the 2004 Continuum of Care Competition**

Project Number	Applicant Name	Project Name	Grant Amount
NONE	N/A	N/A	\$0
<b>Total</b>			\$0

Form HUD 40076 CoC-E

## Exhibit 1: Continuum of Care Service Activity Chart

### Fundamental Components in CoC System -- Service Activity Chart

#### Component: *Prevention*

Services in place: Please list by type (e.g., rental/mortgage assistance)

Homeless Prevention Programs are coordinated by the local FEMA Board and include emergency rent/mortgage/utility assistance etc. Emergency Assistance Centers (e.g. FreeStore/FoodBank, Mercy Franciscan at St. John's are the largest providers of prevention assistance. St. John's has administered two prevention programs targeted to prevent homelessness or homeless recurrence through an Ohio Department of Development- homeless support grant and local ESG funds through which they pay rental and mortgage assistance designed toward prevention; FreeStore programs such as Direct Rent, which manages welfare checks for families, and the Payee Program, which provides payeeship for SSI/SSA checks, ensures rent payments and are critical homeless prevention activities. The Community Action Agency administers the community's energy assistance prevention funds.

Service Providers:

The largest services providers who have direct funding for homeless prevention are: FreeStore/FoodBank, Mercy Franciscan at St. John's and the Community Action Agency. The United Way supports the following agencies to provide emergency assistance services: Cincinnati Union Bethel, the Salvation Army, Winton Place Youth Center, Catholic Social Service Bureau, and Santa Maria Community Center. They are augmented by multiple neighborhood-based pantries and faith-based centers that are often the site of first line prevention as staff work with at-risk families to prevent eviction and homelessness, by assisting with bills (rent, utilities), food, medical support, and household supplies.

#### Component: *Outreach*

Outreach in place:

CoC Outreach efforts are coordinated through the Homeless Outreach Group (HOG). Street outreach workers are expected to work in areas the homeless live outside of shelter (i.e. streets, parks, riverbanks, bridges, etc.) and make connections with them for on-going access. On a monthly basis all the outreach workers in the CoC meet to: ensure all areas of the community are covered and to plot out homeless camps and street dwelling on a CAGIS system to ensure access; coordinate service delivery, avoid duplication and seek specialized expertise for specific street homeless cases and provide for multi-disciplinary treatment team interventions; discuss needs/disciplines; and conduct a quarterly street survey to determine on-going needs and impact of efforts. The majority of the outreach effort has been focused on street work. We have accomplished the goal of moving outreach workers from engagement during a sheltered stay to direct work with the individual(s) on the streets. Multiple soup kitchens, emergency assistance centers, and health care centers for the homeless provide key points of outreach and access into the system as outreach workers frequent those sites.

Specific outreach activities or methods for engagement include:

- ✓ Direct street outreach/canvassing/engagement work
- ✓ Creation of gathering places for homeless (Landing Zone Lounge for Veterans, Anthony House for street youth)
- ✓ Domestic Violence Hotline, 24 hour coverage
- ✓ Incorporation of critical service provision by outreach programs (e.g. medical care accessed through outreach)

Service Providers:

- ✓ Joseph House and VA Homeless Outreach Team - Veterans
- ✓ Greater Cincinnati Behavioral Health's PATH Team and Tender Mercies – Persons who are seriously mentally ill and/or dual diagnosed.
- ✓ DCI's Block-by-Block Panhandlers Program - Panhandlers and/or persons with substance abuse issues
- ✓ AVOC (coordinated with Prevention Activities, Ryan White, and HOPWA) - Individuals with HIV/AIDS
- ✓ YWCA and Women Helping Women – Domestic Violence
- ✓ Lighthouse Youth Services (HUD and HHS Programs)– Youth Outreach
- ✓ CILO – Persons with physical, cognitive or sensory disabilities

Component: *Supportive Services*

Services in Place/ Service Providers:

**Case Management** - Case Management is provided to all residents of emergency shelter, transitional housing, and service-enriched permanent housing through the program services components of each of the facilities. All emergency shelters, transitional housing providers, and service-enriched housing providers identified in the Housing Inventory list have case management components to their program. It is site-based service that at a minimum includes on: crisis intervention, self-sufficiency planning, housing search/stability, life skills planning, and information/referral. The focus of case management in all CoC programs is threefold: 1) to obtain and/or maintain housing; 2) to increase skills and/or income; and 3) to increase self-determination. For special populations, case management also focuses on the individual's special needs, for example substance abuse (through licensed ADAS agencies) mental health (through the Mental Health Board's certified case management system), HIV (through the HIV Case Management Network operated through AVOC), and domestic violence (through the YWCA and their team of domestic violence experts) all of these have programs and access for the homeless and will blend with the homeless case plan to integrate for success. Specific case management integration for homeless families is provided by the Family Shelter Partnership Program which integrates homeless plans, income maintenance plans, and children's services plans with families. Specific case management for the chronically homeless is provided by the Homeless Individuals Partnership Program.

Cincinnati/Hamilton County CoC

Exhibit 1

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***Life Skills Training*** - Since 1996, at the beginning of the CoC planning, Life Skills training was viewed as a primary function of case management and was to be integrated into the housing system as part of the Case Management program of each agency. Depending on the specific population it serves, each agency designs appropriate life skills training programs either as part of its individual case management program or in group activity sessions such as parenting classes, budgeting classes, and homeless integration classes.

***Alcohol and Drug Abuse Treatment*** – A new specialized substance abuse treatment access program has been designed for implementation July 1, 2005 between the CoC and the ADAS Board. A front-door program at the Recovery Health Access Center will provide complete chemical addictions assessments to all homeless persons seeking entry into any level of treatment in the community, including detox, short and long term treatment, out-patient treatment, and recovery services. Within 48 hours of the individual receiving an assessment residential placement (if required) will be accessed by RHAC for the homeless individual with any one of the licensed substance abuse treatment providers in the community, under contract with ADAS to provide SA services for the homeless. As part of their contract with ADAS all treatment providers will include a specialized homeless case management program that focuses on self-sufficiency and housing placement issues in addition to the range of substance abuse treatment/case management that will be provided. Further, all homeless persons who have accessed treatment from this program will be provided with 90 days of follow-up support once they exit the program and move to housing. That follow-up will focus on relapse prevention as well as stabilization in housing. A number of housing programs have also been developed that combine substance abuse treatment services and housing for the homeless including: Shelter Plus Care program's inventory of beds for substance abusers is about 1/3 of the total SPC beds in the community and matches it with an equal amount of treatment services for substance abusers, a permanent housing program for women with families in treatment, and the new Samaritan Initiative which will work to engage long-term substance abusers who are chronically homeless and encourage treatment.

***Mental Health Treatment*** – The Hamilton County Community Mental Health Board is the primary coordinator and funder of mental health treatment services. All county-funded mental health services are accessed through the Mental Health Access Point (MHAP), where case management and other service provisions are arranged for and linkages made for the client. These services have an increased accessibility to the homeless through a coordinated effort of the PATH Outreach Program and a designated system for homeless case management that has reduced the waiting time for case management assignment for the homeless. Services include on-going case management, psychological treatment/services, med-somatic services, housing stabilization support, and payeeship. Transitional and permanent housing, combined with mental health treatment, are provided through Tender Mercies for the CoC. The Shelter Plus Care program allocates services and approximately 1/3 of its beds for persons with mental illnesses and combines the housing with on-going treatment services.

Cincinnati/Hamilton County CoC

Exhibit 1

Section 1: Page 12B of 30

***HIV/AIDS Treatment and Services*** – HIV Case management is provided through the Cincinnati HIV Case Management Network. Treatment and services are coordinated through this network and homeless persons have access to a range of HIV/AIDS services directly or through the Homeless HIV/AIDS Outreach/Case Manager. All HIV/AIDS services in the community are coordinated through the Greater Cincinnati AIDS Consortium (GCAC), and all funding sources for supportive services and housing are integrated through GCAC, including: HOPWA, Ryan White, and Prevention. Specialized medical treatment for HIV/AIDS is provided through the Infectious Disease Clinic at Holmes Hospital and through the VA Hospital. Additionally, the CoC has provided a case management position for persons with HIV/AIDS through AIDS Volunteers of Cincinnati. The CoC also funds transitional living at Caracole's Recovery community for homeless persons with HIV who are also diagnosed with substance abuse issues and is able to acquire beds at Caracole House for persons requiring longer term transitional housing and HIV/AIDS services. The Shelter Plus Care program allocates approximately 1/3 of the S+C beds and matches it with an equal amount of services for persons with HIV/AIDS.

***Education*** – Adult education is provided by using a variety of community-based services. These services range from literacy training and GED classes to grant programs at our Technical College, which Goodwill has leveraged. Education for youth is coordinated through Cincinnati Public School's Project Connect – the homeless children's program supported by the McKinney Homeless Children and Youth Act - that assist children in accessing a free and appropriate public education. Project Connect, at local shelter and transitional housing sites, also provides additional youth education in after-school programming, homework help, and summer enrichment.

***Child Care*** - The Salvation Army has developed a homeless childcare program to serve the children in emergency shelters and transitional housing facilities at four childcare sites. These sites integrate homeless children with others in the community and provide age-appropriate developmental activities to the preschoolers and after-school care. This program is dedicated to assisting with childcare while parents work on self-sufficiency planning and housing search. The Salvation Army then assists the families in securing vouchers for on-going care through JFS childcare vouchers and assists in future placements as families secure housing.

***Employment Assistance*** – Employment programs have been developed through the CoC to address specific employment assistance for the homeless. These programs include: an intensive Homeless Reintegration program that provides job support, training, placement, and coaching through Goodwill Services and primarily serves single individuals; and a program targeted to victims of domestic violence called the Women's Work Program is housed directly on-site at the domestic violence shelter. Goodwill also administers a Veterans Administration Training Program that targets homeless veterans for training. Additionally, the Family Shelter

Partnership Program is in its fifth year of working cooperatively with Hamilton County Job and Family Services. This program provides one integrated case plan for families receiving TANF, and develops a single coordinated case plan that leverages community training and job support programs into specific plans for homeless families – thereby planning for them to transition from welfare to work.

**Transportation** - A specialized homeless transportation program was designed through the CoC and provides transportation for homeless families. The system moves the children to childcare and parents to work sites, housing search and/or appointments for self-sufficiency activities. In addition to this specialized program, all CoC programs provide bus tokens or transportation by staff for homeless persons to access programs, activities, and housing search. Much of the bus token funding is raised privately by the agencies providing the tokens.

**Medical/Dental Care** - Cincinnati has long been funded with a Health Care for the Homeless grant that provides direct medical care for homeless persons from the streets and throughout the housing continuum. This grant, administered by the Cincinnati Health Network, provides for a homeless medical van that moves from site to site providing primary medical services. Additionally, the CoC through SHP has supported a homeless dental clinic through the Greater Cincinnati Oral Health Council that provides dental care for homeless persons.

**Service Access** - Services are accessed through the Continuum of Care outreach, shelter, transitional, and permanent housing systems. Residents of facilities have first placement opportunity into the services of the CoC and into services which have established partnerships with the CoC to create specialized services for the homeless. The CoC has a long-standing homeless certification system that enables homeless persons to carry documentation of their homelessness provided by an outreach worker or shelter and access specialized services throughout the Continuum. The new HMIS system has built in a “homeless certification system” allowing homeless persons to access services at various CoC providers directly, with or without a referral, thus increasing the accessibility of service programs to the homeless themselves and reducing the waiting time and paper work shuffle. The CoC e-newsletter and Front Line Worker Training has improved provider knowledge about the availability of programs.

Form HUD 40076 CoC-F

## Exhibit 1: Continuum of Care Housing Activity Charts

<b>EMERGENCY SHELTER</b>													
Provider Name	Facility Name	HMI S		Geo Code	Target Pop.		2005 Year-Round Units/Beds				2005 Other Beds		
		Part. Code	Number of Year-Round Beds		A	B	Family Units	Family Beds	Individual Beds	Total Year-Round	Seasonal	Overflow/Voucher	
<b>Current Inventory</b>			Ind.	Fam									
Bethany House	Bethany House	A		25	391062	FC			25		25		4
Cinti Health Network/HRC	Respite Center	A	15		391062	SMF				15	15		
City Gospel Mission	City Gospel Mission	N			391062	SM				36	36		
Drop Inn Center	Men's Dorm	A	204		391062	SM				204	204		50
Drop Inn Center	Women's Dorm	A	38		391062	SF				38	38		
Friars Club	Friars Club	N			391062	FC			15		15		
Ham Cty Comm MH Board	Quick Access	N			399061	SMF				37	37		
Ham Cty Job & Family Services	Child Svs/Armada	A		30	399061	M*			30		30		15
Interfaith Hospitality Network	IHN	A		32	399061	M*			32		32		
Lighthouse Youth Services	Lighthouse Shelter	A	20		391062	YMF				20	20		
Mercy Franciscan at St. Johns	St John Temp Hous	A		60	391062	M*		6	60		60		
Mercy Franciscan at St. Johns	Anna Louise Inn	A		40	391062	M*			40		40		
Mt. Airy Shelter	Mt. Airy Shelter	A	65		399061	SM				65	65		
Salvation Army	Salvation Army	A		20	391062	M*			20	0	20		
St Francis/St Joseph Cath Wkr	Catholic Worker	A	16		391062	SM				16	16		
YWCA	Battered Women	A		65	391062	M*	DV		65		65		10
<b>TOTALS</b>			358	272		<b>TOTALS</b>		6	287	431	718		79

\* Shelters labeled M\* are family shelters which also accept single women when space is available. Total bed count is allocated to FC.

Emergency Shelter Activity Chart Continued:

Under Development		Anticipated Occupancy Date									
NONE											
						<b>TOTALS</b>					
<b>Unmet Need</b>						<b>TOTALS</b>		0	0	0	50
1. Total Year-Round Individual ES Beds		431				4. Total Year-Round Family ES Beds		287			
2. Year-Round Individual ES Beds in HMIS		358				5. Family ES Beds in HMIS		272			
3. HMIS Coverage Individual ES Beds		83%				6. HMIS Coverage Family ES Beds		95%			
(Divide line 2 by line 1 and multiply by 100. Round to whole number.)						(Divide line 5 by line 4 and multiply by 100. Round to whole number.)					

Form HUD 40076 CoC-G page 1

<b>Transitional Housing</b>											
		HMIS				Target Pop		2005 Year-Round Units/Beds			
Provider Name	Facility Name	Part. Code	#Yr. Round		Geo Code	A	B	Family Units	Family Beds	Individual Beds	Total Year-Round Beds
<b>Current Inventory</b>			Ind	Fam							
Bethany House	Bethany Place	A	5		391062	SF				5	5
Bethany House	Transitions	A		7	391062	FC		2	7		7
Caracole, Inc.	Recovery Comm.	A	11		391062	SMF	AIDS			11	11
City Gospel Mission	Transitional Housing	N			391062	SM				10	10
CAA	Transitional Housing	N			399061	FC		5	20		20
Drop Inn Center	Live In Program	A	20		391062	SM				20	20
Drop Inn Center	Full Circle Program	A	16		391062	SF				16	16
Drop Inn Center	Nanny Hinkston	A	23		391062	SMF				23	23
First Step Home	Foulton (Turner)	N			391062	FC			21		21
Grace Place Catholic Worker	Grace Place	A		12	391062	FC			12		12
House of Hope	HOH Transitional	N			391062	SMF				27	27
Lighthouse Youth Services	Reading	A	11		391062	YM				11	11
Lighthouse Youth Services	Scattered Site	A		25	391062	YF		10	25		25
Lighthouse Youth Services	Bramble	A	4		391062	YF		4		4	4
Joseph House	Joseph House	N			391062	SM	VET			16	16
Joseph House	Moses House	N			391062	SM	VET			16	16
Justice Watch	Garden Street	A	7		391062	SM				7	7
Ohio Valley Goodwill	Leasing Pool	A	20	60	391062	M		20	60	20	80
Ohio Valley Goodwill	Goodwill Dorm	A	24		391062	SM	VET			24	24
Salvation Army	SA Transitional	A		16	391062	FC			16		16
Tender Mercies	TM Transitional	A	16		391062	SMF				16	16

Transitional Housing Activity Chart Continued

Tom Geiger	Geiger- original	A		18	391062	FC	DV	12	18		18
Tom Geiger	Geiger/Talbert	A		13	391062	FC	DV	6	13		13
Tom Geiger	Gertrude	A		36	391062	FC	DV	12	36		36
YWCA	YWCA- Transitional	A		30	391062	FC	DV	6	30		30
	<b>TOTALS</b>			157	217		<b>TOTALS</b>	77	258	226	484
<b>Under Development</b>			<b>Anticipated Occupancy Date</b>								
NONE											
							<b>TOTALS</b>				
<b>Unmet Need</b>							<b>TOTALS</b>	8	26	23	48
1. Total Year Round Individual TH Beds			226			4. Total Year Round Family TH Beds			258		
2. Individual TH Beds in HMIS			157			5. Family TH Beds in HMIS			217		
3. HMIS Coverage Individual TH Beds			69%			6. HMIS Coverage Family TH Beds			84%		
(Divide line 2 by line 1 and multiply by 100. Round to whole number)						(Divide line 5 by line 4 and multiply by 100. Round to whole number)					

<b>Permanent Supportive Housing</b>											
		HMIS				Target Pop		2005 Year-Round Units/Beds			
Provider Name	Facility Name	Part. Code	#Yr. Round		Geo Code	A	B	Family Units	Family Beds	Individual /CH Beds	Total Yr-Round Beds
<b>Current Inventory</b>			Ind	Fam							
CILO	CILO Perm Housing	A	12	32	399061	M		13	32	12	44
City of Cincinnati	S+C Caracole	A	47	226	399061	M	AIDS	48	226	47	273
City of Cincinnati	S+C Excel	N			399061	M		22	92	192	284
City of Cincinnati	S+C Lighthouse	A	47	48	399061	M		11	48	47	95
City of Cincinnati	S+C Talbert House	A	60	202	399061	M		42	202	60	262
First Step Home	FSH Permanent	N			391062	M			22	6	28
FreeStore/FoodBank	Central Pkwy Towers	N			391062	SMF				20	20
FreeStore/FoodBank	Scattered Site Housing	N			399061	SMF				20	20
House of Hope	HOH Permanent	A	8		391062	SMF				8	8
Ohio Valley Goodwill	Permanent Housing	A	45	21	391062	M		7	21	45	66
OTR Housing Network	Sharp Village	A	4	18	391062	M		7	18	4	22
OTR Housing Network	Spring Street	A	3	7	391062	M		3	7	3	10
ReSTOC	Buddy's Place	A	19		391062	SM				19	19
ReSTOC	Recovery Hotel	A	20		391062	SM				20	20
Tender Mercies	TM Permanent	A	132		391062	SMF				132	132
	<b>TOTALS</b>		400	554		<b>TOTALS</b>		153	668	635/32	1303

Permanent Housing Activity Chart Continued

<b>Under Development</b>		<b>Anticipated Occupancy Date</b>									
City of Cincinnati	S+C Excel	Jul-05			399061	M				25	25
City of Cincinnati	S+C GCBHS	Jul-05			399061	M				25	25
										50/50	50
<b>Unmet Need</b>						<b>TOTALS</b>		50	220	870/195	1090
1. Total Year Round Individual PSH Beds			635			4. Total Year Round Family PSH Beds					668
2. Individual PSH Beds in HMIS			400			5. Family PSH Beds in HMIS					554
3. HMIS Coverage Individual PSH Beds			63%			6. HMIS Coverage Family PSH Beds					83%
(Divide line 2 by line 1 and multiply by 100. Round to whole number)						(Divide line 5 by line 4 and multiply by 100. Round to whole number)					

## **Exhibit 1: Continuum of Care Participation in Energy Star Chart**

Are you aware of the Energy Star Initiative?  Yes  No

Have you notified CoC members of this initiative?  Yes  No

Percentage of CoC (housing) projects on Priority Chart to use Energy Star appliances: 60%

Form HUD 40076 CoC-H page 1

## **Exhibit 1: Continuum of Care Homeless Population & Subpopulations Chart**

<b>Part 1: Homeless Population</b>	<b>Sheltered</b>		<b>Unsheltered</b>	<b>Total</b>
	<b>Emergency</b>	<b>Transitional</b>		
<b>Example:</b>	<b>75 (A)</b>	<b>125 (A)</b>	<b>105 (N)</b>	<b>305</b>
1. Homeless Individuals	486 (A)	234 (A)	167 (A&N)	887
2. Homeless Families with Children	52 (A)	78 (A)	9 (N)	139
2a. Persons in Homeless Families with Children	180 (A)	245(A)	32 (N)	457
<b>Total (lines 1 + 2a only)</b>	<b>666 (A)</b>	<b>479 (A)</b>	<b>199 (A&amp;N)</b>	<b>1344</b>
<b>Part 2: Homeless Subpopulations</b>	<b>Sheltered</b>		<b>Unsheltered</b>	<b>Total</b>
1. Chronically Homeless	262 (S)		90 (S)	352
2. Severely Mentally Ill	280 (A)			
3. Chronic Substance Abuse	765 (A)			
4. Veterans	99 (A)			
5. Persons with HIV/AIDS	34 (A)			
6. Victims of Domestic Violence	230 (A)			
7. Youth (Under 18 years of age)	283 (A)			

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## **Exhibit 1: Continuum of Care Information Collection Methods Instructions**

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### **1. Housing Activity Chart:**

#### **a Method and data source used:**

The Housing Activity Inventory Charts are completed by the Continuum of Care Facilitator in cooperation with the organizations listed on the charts. The update was based on the actual inventory on the same day as the point-in-time survey was conducted – January 24, 2005. Site-based programs (emergency shelters and transitional housing facilities) generally have a fixed number of beds and do not change over time. A verification approach via email and telephone survey is used. The number of beds within scattered site programs (transitional and permanent) is determined by the grant allocations supporting those beds, based on fair market rent or the rental amount used in the grant application. Therefore the numbers in scattered-site programs may be softer and actually allow for an increase in persons served, depending on funds available. An annual review of the number of beds/units a facility currently has within the system, any beds planned and any new facilities brought on line is conducted. Numbers in the charts are adjusted accordingly. All beds, dedicated to homeless persons, funded or unfunded by McKinney-Vento sources are included in the inventory. All agencies/housing providers (100%) participated in the inventory update.

#### **b. Definitions used:**

**Emergency Shelter** – Emergency Shelter is defined as a temporary place for homeless persons to reside. A stay is normally less than 90 days and averages 30 to 45 days. Emergency shelter provides a safe, decent alternative to the streets. Emergency Shelters may be designed on a drop-in basis, where no intake is required and the goal is simply to provide an alternative to the streets for homeless persons, or it may be designed with intake and assessment requirements to assure the appropriate target population is in the right facility. All Emergency Shelters in Cincinnati must meet the *Minimum Shelter Standards* and are bi-annually inspected for compliance.

**Transitional Housing** - Transitional housing is defined as housing for homeless persons (individuals or families) that is necessary to facilitate the movement of homeless persons from the streets or emergency shelters to permanent housing. Appropriate on-site supportive services necessary to facilitate that movement must be included to be considered transitional housing. Persons in residence must, at a minimum, receive services designed to support future self-sufficiency and housing search/acquisition. In addition, some transitional housing facilities are specific-population based (e.g. substance abusers, veterans, families), and in such cases should also provide for the special needs of their resident populations (e.g. substance abuse services, veterans support groups, family education). Transitional housing is time-limited for up to 24 months. Transitional housing may be provided in one structure or in multiple scattered sites. Cincinnati and Hamilton County do not consider facilities that provide general detoxification or half-way houses for substance abuse, juvenile detention facilities, or half-way houses for parolees as homeless transitional housing facilities. These facilities do not appear in the CoC inventory nor are their residents counted in regular homeless counts. To receive ESG assistance, any Transitional Housing facility must also meet the *Minimum Shelter Standards* and are bi-annually inspected for compliance.

## **2. Unmet housing needs:**

The following rationale was used to determine unmet need/gap

- Similar to the 1999 Consolidated Planning process, the 2004 Consolidated Plan for both Cincinnati and Hamilton County continues the “emphasis on transitional and service-enriched permanent housing development within the Continuum of Care”, as opposed to the development of new emergency shelter beds. While no new shelter facilities need to be created, all existing shelter beds need to be maintained. Even where the count could support a small increase in the number of beds, the conclusion was to focus attention on access and use of the current beds, and provide quicker turnover into the transitional and permanent beds, rather than to create more shelter beds. Shelter attention should be given to improving quality services for those shelter residents and maintaining existing beds. Thus, consistent with previous planning, studies, and reports, the Emergency Shelter category continued as a low priority. This low priority indicator does not document an overabundance of beds or services but recognizes that the resources of HUD, including CoC funding, need to be prioritized so that it will move persons from the emergency end to the transitional or permanent end of the Continuum, thus freeing up more shelter beds and services for persons actually in crisis. In consideration of this long-held philosophy, the emergency shelter bed unmet need/gap appear as zero.
- The 2005 Housing Analysis, and anecdotal reports from both homeless persons and providers, indicates that given a choice between transitional housing and service-enriched permanent housing the homeless consumer is consistently choosing permanent housing, and generally preferring scattered-site options to site-based options. In consideration of this apparent trend, we chose to show the need for less transitional beds and more service-enriched permanent beds in the unmet need/gap section in response to consumer preference. The numbers in the unmet need/gap are estimates of need that were derived from calculations based on need (sheltered + street) and available usage and capacity on the night of the count.

## **3. Part 1 and 2 Homeless Population and Subpopulations Chart**

### **a. Sheltered persons:**

Point in time data for the Homeless Population Chart was taken on January 24, 2005. All persons residing within an emergency shelter or transitional housing program listed in the housing inventory were counted that night. Persons were counted either as single individuals or families with children.

On January 24, 2005, the following activities occurred to collect these data:

- Data for all persons sheltered in facilities currently entering data into HMIS were collected from HMIS. [HMIS standards require data to be entered within 24 hours of intake. All facilities were informed in advance that data would be pulled for the night of January 24<sup>th</sup> after January 27<sup>th</sup> for the count and to inform the CoC Facilitator if for any reason their data entry for that night was delayed.]
- Data for all emergency shelters, transitional housing facilities, and service enriched permanent housing facilities listed in the Housing Activity Chart and not yet entering data into HMIS, were collected via an email/phone survey system. 100% participation was achieved.

The CoC will continue to do an annual count of persons who are sheltered using HMIS data. We expect to have 100% shelter and transitional housing program participation by January of 2006. Thus, the sheltered persons count will be able to be done on an annual basis using HMIS data.

**b. Unsheltered persons:**

A street count was also conducted on the night of January 24, 2005 by the Homeless Outreach Group (HOG). The HOG uses the methodology that has proven successful in the past, has been found by HUD to be an exemplary methodology, and combined with documented best practices used the following procedure:

- 1) Outreach workers, the week prior to the count, verified and mapped known “camps” of homeless persons to be sure all areas known to house homeless persons were surveyed.
  - 2) The HOG met with Cincinnati Police to identify any additional areas/locations that should be surveyed.
  - 3) On the night of January 24, professional outreach workers and homeless advocates joined with homeless/formerly homeless persons to serve as the enumerators for the street count. All enumerators went out for the street count in pairs.
  - 4) Enumerators were instructed to count all homeless persons sleeping in places other than in a shelter facility that evening, but who were not “doubled-up”. Enumerators were instructed to ask the homeless where they were going to sleep that night - “on the streets” or “in abandoned buildings”. Enumerators asked for the individual’s first name and last four digits of their social security number as a unique identifier. Should the individual decline to give their name, or be found sleeping or otherwise unapproachable, documentation of characteristics and location found was noted. (Only a marginal number of respondents were anonymously identified by characteristics.) Additionally, enumerators documented the time they found each individual.
  - 5) Territories within the city and county where homeless persons were known to gather and sleep were divided among the enumerators, with instructions regarding the generation of unique identifiers.
  - 6) Enumerators began their count at 5:00 p.m. at the soup kitchens and continued to move through the streets and underpasses, within the city limits and outside the city into the county until midnight. Because the count occurred on the same night as the shelter count, duplication between street and shelter was marginal, if at all.
- The three key Outreach Programs (which had provided the professional staff for the street count) were asked to provide, from their active caseloads, the same unique identifier of any person on their caseload who they believed was not counted on the night of the count.
  - The January 24, 2005 Point-in-Time street count information was provided to the CoC facilitator who then worked to be sure none of the street persons were counted in shelters using the HMIS data from the same night as the count. Through this effort, 25 individuals were unduplicated in order to arrive at the final count number.

This process for the CoC housing count has been utilized by the Cincinnati/Hamilton County CoC since 1996. The street count was conducted in a similar fashion for the past four street counts. Both processes have proven to be extremely effective, with 100% participation rate from all involved. The pairing of professionals with homeless/formerly homeless persons furthers the ability to conduct the count and obtain identifying data. This methodology enables persons to move more expeditiously through the community, and staff cars enable enumerators to move beyond just a central city location. Participation of the homeless and formerly homeless as enumerators has increased opportunities to count homeless persons in hidden camps.

The HOG Working Group of the CoC conducts quarterly street surveys. Each survey has had a different focal point for study, but uses the same basic methodology as the street count identified above. The HOG has used these data in determining unmet needs and identifying trends in street homelessness. In January, 2007 a point-in-time count using the methodology outlined above will be coordinated by the CoC Facilitator between the HOG Work Group survey and the point-in-time sheltered count.

# Exhibit 1: Continuum of Care Homeless Management Information System (HMIS)

## 1. HMIS implementation

### a. Phases of HMIS Implementation

Planning Start Date (mm/yyyy): 12/1999

If not yet planning, please select a reason:

- New CoC in 2005
- Lack of funding for planning
- Other \_\_\_\_\_

Data Collection Start Date: 7/ 2000

Date the CoC achieved or anticipates achieving 75% bed coverage in:

	Date Achieved (mm/yyyy)	Date Anticipated (mm/yyyy)
Emergency Shelter	01/2004	
Transitional Housing	12/2004	
Permanent Supportive Housing (McKinney-Vento funded units)	5/2005	
	Number of Programs	Percent of Total Programs
Street outreach programs participating in HMIS	5	63%
Other non-housing programs participating in HMIS	8	80%

### b. Describe in a brief narrative the progress of the HMIS implementation since July 2004, including the engagement and participation of special populations such as domestic violence providers.

Prior to July 2004 Cincinnati-Hamilton County CoC had received a commitment from 100% of all CoC funded emergency shelters, transitional housing programs, including domestic violence, substance abuse treatment and HIV/AIDS providers, and Permanent Supportive Housing programs to participate in HMIS. By January 2005 the actual enrollment of agencies, with data being entered for all clients in each program was: 88% for shelter beds, 77% of transitional housing beds, and 73% of permanent housing beds.

Since July 2004 our HMIS implementation has focused on permanent housing providers, street outreach programs, and services only providers, as well as, non McKinney-Vento

funded programs. We have successfully implemented HMIS in over 63% of our street outreach programs and 80% of our services only programs. We have begun working closely with our faith based service providers who have agreed to fully participate in HMIS. We have also begun work with our Mental Health funded emergency housing program and expect to achieve 100% participation community wide by the end of the year.

Programs currently entering information into VESTA, our local HMIS system, include the following special populations:

- domestic violence
- HIV/AIDS
- substance abuse
- mental health
- physical and developmental disabilities
- homeless healthcare programs
- veterans
- youth

**c. Describe any challenges and /or barriers the CoC have experienced implementing the HMIS since July 2004.**

Release of the data standards in July 2004, after more than 75% of our emergency housing programs and more than 50% of our transitional housing programs were actively entering client data, has created costly challenges to the progress of our implementation, as it requires expensive modification of our software, altering data collection methods, and re-training users.

Additionally, the data standards are not consistent with current reporting requirements. The required modifications to the data elements result in additional and costly efforts to also modify current reports – not just the APR but all of the other reports that utilize data in the HMIS system – to handle both data entered before the data standards were announced and data entered post-modification. Each future revision to the reporting format will involve modification to the software, training support staff and HMIS implementation staff, and training users.

Efforts to maintain data quality has been a significant challenge. Training, support and processes vary across multiple program types and varying user aptitude for technology. Although implementation and initial training have been very successful, obtaining and maintaining quality data in the system have been difficult. These issues continue to require re-training of current users and additional data validation activities.

Finally, Caracole, Inc. formerly the lead agency in HMIS implementation and the developer of VESTA, our HMIS application, discontinued support of their technology program in order to return their full focus to their housing programs. The high risk and high cost of continuous

but unfunded modifications to the software played a significant role in this decision. The software development assets and responsibilities, existing Caracole technology staff, HMIS support teams, and the HMIS support responsibilities were transitioned to the Partnership Center, Ltd. in February 2005.

**2. Describe in a brief narrative current and/or future strategies to implement the HMIS Data & Technical Standards (participation, data elements, privacy security) and the CoC's strategy to monitor and enforce compliance.**

The Cincinnati/Hamilton County HMIS project is closely monitored by the Cincinnati/Hamilton County HMIS Advisory Committee, which consists of representatives including: Individual Shelters, Family Shelters, Transitional Housing, Permanent Housing, City, County, CoC, Special Populations (HIV/AIDS, Domestic Violence, Veterans, Ex-offenders), HMIS lead organization, Homeless Coalition, and Project Partners. This committee serves to establish local HMIS policy, monitor effectiveness and strategize solutions for compliance issues. The HMIS Advisory Committee plays a significant role in strategies and successes listed below.

**Participation**

Based on the Priority Participation in HMIS chart included in the Data and Technical Standards, all of the level one priority programs are currently entering data into HMIS or are actively involved in the implementation process. 100% of our level 2 priority programs are currently entering data into HMIS. There are no organization or special interest groups that are refusing to participate. Implementation of the level three priority groups, homeless prevention programs, is expected after our current implementation efforts are completed. The Cincinnati-Hamilton County CoC's implementation process is monitored by our HMIS committee.

**Data elements**

The Cincinnati-Hamilton County CoC is continuing to work with the VESTA development team to implement the Data and Technical Standards. The strategy is to proactively address training and data quality concerns during this implementation period. Effectiveness and compliance will be monitored and enforced through the following:

- On-going data quality checks by system administrators and system generated user error alerts are used to monitor data entry. System administrators and user support staff notify users and/or program directors of data quality concerns as needed. User feedback and training sessions, targeting program training and on-going help desk user support are also used to enforce data collection standards.
- The Cincinnati-Hamilton County CoC HMIS Advisory Committee monitors compliance and quality issues.
- User training manuals, policy documentation, and glossary of terms are used to offer clarity regarding field definitions and policies regarding data collection.

## **Privacy**

The Cincinnati/Hamilton County CoC meet the baseline and/or additional privacy protections as indicated in the Data and Technical Standards. Privacy and policy standards were developed by the HMIS Advisory Committee through a collaborative process. Each agency director agrees in writing to participate, adhere to, and enforce the policies and procedures as approved by the HMIS Advisory Committee. Each system user is trained on the HMIS policies and procedures, as well as privacy best practices. Each user commits in writing to uphold the policies and procedures as approved by the HMIS Committee.

The Partnership Center, Ltd., the lead HMIS agency, conducts a site monitoring visit to HMIS participating agencies for compliance to policies and procedures and reports findings back to the agency director and the HMIS Advisory Committee.

## **Security**

The Cincinnati/Hamilton County CoC meets all but one of the baseline and/or additional security protections as indicated in the Data and Technical Standards including: a) physical access to systems with access to HMIS data; b) disaster protection and recovery; c) system monitoring; d) electronic data transmission; and e) electronic data storage. Each of these security aspects are performed and/or closely monitored by The Partnership Center, Ltd staff and monitored by the HMIS Advisory Committee.

Regarding user authentication, VESTA currently requires a 6 – 9 digit password which includes both letters and numbers. HMIS staff is working with the development team to change the system requirements to a minimum of eight characters which includes both letters and numbers. Changes to the HMIS system are monitored by the HMIS Advisory Committee.

### **3. Counting Procedures**

#### **a. Describe in a brief narrative the CoC's methodology to generate an unduplicated count of homeless persons (e.g. in emergency shelters, transitional housing programs and living on the street).**

The VESTA HMIS application uses a system wide search feature to reduce duplication of client records; a system user cannot create a new record without first completing a system search. To search the system, the user must know either the client's social security number or both their last name and date of birth. If a client consents to share basic demographic information and their information matches the search criteria the search results display additional demographic detail about the client. This will ensure the user that the search result is an accurate match for the client (the user can compare age, race and gender information with the appearance of their client) and will link to the client record.

If a client has refused to consent to sharing basic information (such as name, SSN, and DOB) their information will not reveal a record in the case of a system wide search. To address non-consenting clients and erroneous data entry (incomplete or inaccurate data entry of name

and DOB or SSN), The VESTA “Unduplicator” feature generates a list of potentially duplicate client records by comparing social security number, last name and date of birth. Once the record has been confirmed as a duplication by HMIS administrative staff, the duplicate client records can be merged into one client record.

**b. List the total number of duplicated and unduplicated client records entered during 2004 by all providers within the CoC**

Total Duplicated Client Records Entered in 2004: 83,351

Total Unduplicated Client Records Entered in 2004: 5,959

**For questions 4 and 5, please provide information on the HMIS implementation as a whole. If your CoC is part of a multi-CoC implementation, the lead organization may be from outside of the CoC defined in Exhibit One.**

4. HMIS Lead Organization Information:

Organization Name: The Partnership Center, Ltd.  
 Contact Person: Kim Manning  
 Phone: 513-891-4016 x 35  
 Email: kmanning@partnershipcenter.net

5. List the HUD-defined CoC name and number for each CoC in the HMIS implementation. If the CoC is part of a multi-CoC implementation, this information should be provided by the HMIS lead organization. (HUD-defined CoC names and numbers are available at [www.hud.gov](http://www.hud.gov)).

HUD-Defined CoC Name	CoC Number	HUD-Defined CoC Name	CoC Number
Cincinnati/Hamilton Cy.	OH-500		

Form HUD 40076 CoC-J

## Exhibit 1: Continuum of Care – Project Priorities Chart

Applicant	Project Sponsor	Project Name	Priority #	Requested Project Amount	Term	Program and Component Type*				
						SHP new	SHP re-new	S+C new	S+C re-new	SRO new
City of Cincinnati	Shelterhouse Volunteer Group	DIC Samaritan Initiative	1	805,140	5 yrs.			TRA		
Lighthouse Youth Services, Inc.	Lighthouse Youth Services, Inc.	Transitional Housing - Reading	2	353,172	3 yrs.		TH			
Shelterhouse Volunteer Group	Shelterhouse Volunteer Group	Homeless Individuals Partnership Pgm (HIPP)	3	741,189	3 yrs.		SSO			
Tender Mercies, Inc.	Tender Mercies, Inc.	TM Permanent Housing	4	898,473	3 yrs.		PH			
Center for Independent Living Options, Inc.	Center for Independent Living Options, Inc.	Services for Persons with Disabilities	5	167,187	3 yrs.		SSO			
Caracole, Inc.	Caracole, Inc.	Caracole Recovery Community	6	480,000	3 yrs.		TH			
Ohio Valley Goodwill Industries	Ohio Valley Goodwill Industries	Transitional Housing Leasing Pool	7	564,523	2 yrs.		TH			
The Salvation Army	The Salvation Army	Child Care for Homeless Children	8	551,320	2 yrs.		SSO			
Hamilton County Department of Jobs and Family Services	Hamilton County Department of Jobs and Family Services	Mt. Airy Case Management	9	244,418	2 yrs.		SSO			
Shelterhouse Volunteer Group	Shelterhouse Volunteer Group	DIC Transitional Housing	10	46,977	1 yr.		TH			
Shelterhouse Volunteer Group	Shelterhouse Volunteer Group	DIC Supportive Services	11	197,505	2 yrs.		SSO			
Tom Geiger Guest House, Inc.	Tom Geiger Guest House, Inc.	Tom Geiger Guest House	12	151,760	2 yrs.		TH			

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Tom Geiger Guest House, Inc.	Tom Geiger Guest House, Inc.	Tom Geiger Guest House Expansion (Gertrude)	13	105,000	2 yrs.		TH			
Joseph House	Joseph House	Joseph/Moses House	14	215,320	2 yrs.		TH			
FreeStore/Food Bank, Inc.	FreeStore/Food Bank, Inc.	SSI/Jobs Program	15	180,878	2 yrs.		SSO			
AIDS Volunteers of Cincinnati, Inc.	AIDS Volunteers of Cincinnati, Inc.	Specialized Case Management	16	56,700	2 yrs.		SSO			
FreeStore/Food Bank, Inc.	FreeStore/Food Bank, Inc.	FS/FB Permanent Housing	17	168,467	1 yr.		PH			
Over-the-Rhine Housing Network	Over-the-Rhine Housing Network	East Clifton Homes (Sharp Village)	18	112,074	2 yrs.		PH			
First Step Home	First Step Home	FSH Permanent Housing	19	161,471	1 yr.		PH			
Justice Watch	Justice Watch	Garden Street Transitional Housing	20	122,414	2 yrs.		TH			
City of Cincinnati	Caracole, Inc.; Excel Development Corp.; Lighthouse Youth Serv.; Talbert House	SPC Combined 1995-1998 Renewal	21	2,578,944	1 yr.					TRA
City of Cincinnati	Caracole, Inc.; Excel Development Corp.; Talbert House	SPC 1999 Renewal	22	607,800	1 yr.					TRA
<b>Amount:</b>			<b>** Total Requested</b>		<b>\$9,510,733</b>					

## **Exhibit 1: Continuum of Care Pro Rata Need (PRN) Reallocation Chart and Instructions (only for eligible Hold Harmless Continuums)**

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Cincinnati/Hamilton County CoC is not a Hold Harmless Continuum, thus form 40076CoC-K has been deleted.

## **Exhibit 1: Continuum of Care Priorities Narrative**

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- a. **The sources you use to determine whether projects up for renewal are performing satisfactorily and effectively addressing the need(s) for which they were designed**

**(Check all that apply):**

Audit\*\*    APR    Site Visit    Monitoring Visit    Client Satisfaction\*\*

\*\* The CoC has created a self-evaluation process that the agency completes prior to renewal and is published for community review prior to scoring. Agencies are asked to respond with statistical information, financial information, and client satisfaction information.

- b. **Describe how each new project proposed for funding will fill a gap in your community's Continuum of Care system.**

Priority #1 – DIC Samaritan Initiative (Bonus Program)

Applicant: City of Cincinnati, OH

Sponsor: Shelterhouse Volunteer Group (dba Drop Inn Center)

HUD Program: Shelter Plus Care

GAP: Housing for chronically homeless, long term substance abusers

The Cincinnati/Hamilton County CoC has proposed one new project for funding in the 2005 CoC application process, Priority Number 1 – the Drop Inn Center's Samaritan Initiative. The DIC Samaritan Initiative encompasses multiple years of planning to address the needs of the chronically homeless. The Collaborative Effort on Chronic Homelessness process, which the community underwent two years ago, united service providers and key system administrators (mental health, substance abuse, and welfare) to create a systemic approach methodology. The Collaborative Effort was designed to make operational the goals of the Plan to End Chronic Homelessness addressing the needs of the chronically homeless within the community and identified a priority for creating housing that was not abstinence based, but rather would work to engage individuals and work with them to support new methods of stabilization including but not limited to substance abuse treatment. Through the creation of the Homeless Individuals Partnership Program (HIPP) the chronically homeless within shelters and moving between the streets and shelters have been identified and are being engaged. The new DIC Samaritan Initiative will enable the hardest to house CH to move from the shelter/streets into a "housing first" model that will continue to support them in their movement from homelessness at whatever level they are comfortable. The project has been designed to: 1) target only chronically homeless individuals; and 2) target persons who have been in residence at the Drop Inn Center

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Exhibit 1

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(the city's largest emergency shelter) for a long period of time and are generally dual-diagnosed. The DIC Samaritan Initiative will allow these persons to move from the shelter into a site-based, SPC program with tenant-based assistance (TRA), in accordance with the SPC regulations that enable a "grantee to require participants to live in a particular structure for the first year of assistance. Then, should the individual be able to live on their own at a later date the individual can take the subsidy and move to a scattered-site housing unit. By combining the services of the HIPP team and site-basing them at the housing the community believes we will effectively solve two issues related to the needs of the CH within our community: 1) creation of a safe and supportive place for CH persons to reside on a long-term basis; 2) de-concentration of the longest-term users of the largest emergency shelter.

**c. Demonstrate how the project selection and priority placement processes for all projects were conducted fairly and impartially. In doing so:**

**(1) Specify your open solicitation efforts for projects:**

- The Partnership Center, Ltd. (PCL) serves as a year-round point of contact for homeless groups seeking funding and/or inclusion in the CoC process and maintains an extensive mailing list.
- Both the City and County Community Development staff encouraged participation and applications during their year-round activities and other funding processes.
- The local Cincinnati HUD office and the Field Office in Columbus both on a year-round basis make referrals of parties interested in the CoC to the local CoC facilitator to be included in the process. Both offices include the CoC in their training opportunities and identify PCL as the contact.
- Written notification of the open process and timeline was electronically sent to 205 individuals from organizations seeking funding in the past, those expressing interest at any time throughout the year, and those known to be providing CoC services within both the City of Cincinnati and Hamilton County. Notification of the timeline and the process also occurred at the Greater Cincinnati Coalition for the Homeless meetings.
- Free, extensive individual and group Technical Assistance is provided to all interested organizations and/or potential applicants to encourage quality project submission and ensure all applicants understand the process and the HUD program requirements.

**(2) Identify the objective rating measures applied to the projects;**

The CoC Priority selection process uses scoring criteria and publishes a Community Evaluation Process for rating and ranking both new and renewing programs. In 1996, representatives of the entire homeless/housing provider community, funders, and the community met to generate a list of potential scoring dimensions, consolidate that list, and then determine the relative weighing for the remaining factors. The process resulted in the creation of the Scoring Criteria, each with a weighted value. The criteria were modified slightly in 1998 to improve usability and to better coordinate with HUD's Common Factors for Awards. These scoring criteria were found user friendly and have proven to be highly successful. In 1997, the CoC established a "quality cut-off" score of 65 points to be used in the Priority Ranking system to insure a level of quality within the Continuum system. A quality/fairness check occurred in 1999, 2002, and 2003.

In 1999, with the first renewals being eligible for application, a system was developed to evaluate and score renewable programs and an evaluation tool was designed for CoC use. Recognizing that renewals played a different role in the continuum (i.e. they are programs in place, with tangible results, which filled a previous gap and without them a new or larger gap would be created), a different methodology of scoring would be required. The instrument provided a standard set of questions or criteria for all organizations to use to evaluate their programs. The results are reported back to the community in both written form, through a community report available for review prior to establishing program priorities, and in oral form at the Large Group Scoring Meeting. A renewal scoring tool for use within the CoC ranking process to consider renewals differently from new programs and provide them with the opportunity for 10 additional points based on the results of their evaluation and community report was developed. These additional points enabled renewals to receive a preference within the ranking system while maintaining quality standards that precluded a poorly performing program from being renewed.

In the 2003 process, 33 organizations attended a Process Planning Meeting to discuss the scoring process for the CoC. Facilitators identified that for the first time the CoC would exceed the pro-rata need share if all renewals were funded. Discussion about quality vs. quantity and new programs vs. existing programs occurred. A new policy was unanimously approved by the group that allowed all programs (new and old) to be ranked utilizing the existing new and renewal scoring tools. Programs that scored 65 points or better would continue to be included in the ranking. Programs that scored in the top 2/3 of the priority ranking list would be allowed to renew or apply for new programs for the full three-year SHP, or five-year SPC terms. Programs that scored in the bottom 1/3 of the priority ranking list would only be allowed to apply for a two-year term. Additionally, it was unanimously determined that if a program scored in the bottom 1/3 of the list its term would be reduced to a one-year term and may be excluded from a third renewal. In this way, the CoC believes it allows maximum opportunity for good, performing projects to be renewed and will continue to make available its resources for the best projects within the community (new and renewal). In 2004 because the renewal requests, which scored above 65 points far exceeded the funds available two year terms were extended up the pro-rata list farther than the 2/3 cut off, by unanimous consent of all applicants.

**The Process to determine eligibility for NEW projects includes the following steps:**

1. Local Capacity Review: All new applicants (other than states, units of local government) were required to submit to the process facilitator, in advance of or at the Large Group Scoring, the following certifications:
  - ✓ IRS Section 501(c)3 ruling letter proving tax exempt status AND
  - ✓ ONE of the following capacity indicators:
    - a) Documentation indicating that the organization is a certified United Way Agency; OR
    - b) The opinion letter from the organization's previous year's annual audit; OR
    - c) A certification from a designated official of the organization of private non-profit status detailing HUD's requirements AND
  - ✓ A letter of intent to participate in the HMIS system.

2. A general orientation training program was held on April 11, 2005, and a training program specifically designed for new applications was held on April 11, 2005. Though optional, this training enabled applicants and potential applicants to understand the process, scoring criteria, and HUD requirements for SHP/SPC programs.
3. Each agency that expressed interest in applying for funding was invited to make a presentation at the Large Group Scoring Meeting on May 6, 2005, for scoring by the community using the New Project Scoring Criteria.
4. Those programs scoring 65 points or better are listed in ranking order based on the average score received during the meeting and included in Exhibit 1 of the 2005 Continuum of Care application. For new permanent housing projects – the top scoring permanent housing project closest to the annual bonus amount is moved into the #1 ranking position.

**NEW programs** were scored to the following criteria and were eligible for up to **100 points** as follows:

- *Capacity - 20 points maximum*  
Does the applicant have access to the staffing and administrative resources necessary to successfully implement the planned activities and manage the grant properly?
- *Need/extent of the program -- Targeting an identified gap - 20 points maximum*  
Does the applicant's proposed program fill in the gap in a high priority area of the Continuum of Care?
- *Soundness of Approach - 20 points maximum*  
Has the applicant described adequately what is planned to address the problem? Does the proposed program/housing make sense? Is it feasible? Is it likely to produce positive results related to the problem?
- *Comprehensiveness and Coordination - 15 points maximum*  
Has the applicant demonstrated that the proposed program/housing activity is related to other activities/strategies taking place in the community and will it work in coordination with other providers/programs/housing?
- *Leveraging Resources - 15 points maximum*  
Has the applicant demonstrated that it has gathered resources over and above the money requested from HUD?
- *Cost Effectiveness/Cost Benefit/Feasibility - 10 points maximum*  
Does the project seem to be a cost effective use of the funds available?

**The Process to determine eligibility for RENEWALS includes the following steps:**

1. Each agency identified by the CoC and the HUD field office as eligible for renewal was provided a Renewal Application Form to complete and submit to the CoC facilitator by March 1, 2005, indicating the agency's intention to renew its program. (All eligible agencies submitted the request for renewal on time.)
2. Each agency that intended to renew its SHP grant in the upcoming process was required to complete the renewal evaluation process by April 15, 2005. (Those evaluations were published for community review at [www.partnershipcenter.net](http://www.partnershipcenter.net).)

3. Special training for renewal programs was available on April 18, 2005. Though optional, this training enabled renewal programs to be updated on the process, scoring criteria, and HUD requirements for renewal.
4. Each agency that completed a self-evaluation was invited to make a presentation at the Large Group Scoring Meeting on May 6, 2005, for scoring by the community using the Renewal Project Scoring Criteria.
5. Those programs scoring 65 points or better are listed in ranking order based on the average score received during the meeting and included in Exhibit 1 of the 2005 Continuum of Care application.

**RENEWAL** programs were scored by the following criteria and were eligible for up to **110 points** as follows:

- *Capacity - 20 points maximum*  
Has the organization demonstrated that it has the staffing and administrative resources necessary to manage the grant properly?
- *Need/extent of the program -- Targeting an identified gap - 20 points maximum*  
Does the program/housing fill the critical need area of the Continuum of Care?
- *Soundness of Approach - 20 points maximum*  
Has the applicant adequately described what has been done to address the problem? Does the program/housing make sense? Is it feasible? Has it produced positive results related to the problem?
- *Comprehensiveness and Coordination - 15 points maximum*  
Has the applicant demonstrated that the proposed program/housing activity is related to other activities/strategies taking place in the community and will continue to work in coordination with other providers/programs/housing?
- *Leveraging Resources - 15 points maximum*  
Has the applicant demonstrated that it has gathered resources over and above the money requested from HUD?
- *Program Evaluation - 10 points maximum*  
Has the applicant taken a comprehensive and critical look at the program, assessed what was learned, and made appropriate program adjustments? [Written agency evaluations were widely distributed on all renewal programs prior to scoring and were available the day of scoring for all persons interested.]
- *Cost Effectiveness/Cost Benefit/Feasibility - 10 points maximum*  
Does the project seem to be a cost effective use of the funds available?

In the 2003 Process Planning Meeting, 49 persons from 33 organizations attended to again ratify and affirm the scoring process for the CoC and to evaluate the process scoring system. The participants unanimously voted to maintain the present system. Participants identified the current scoring and priority setting system as fair, concise, unbiased, and providing a true picture of community need, input, and priority.

**(3) Demonstrate that participants on the review panel or committee are unbiased.**

The Cincinnati/Hamilton County CoC operates an inclusive, community based process for determination of both community priorities and needs and scoring grant applications. Funders from multiple other venues have witnessed the process and found it to be so fair and productive that several replications to the process have occurred.

No participant in scoring is able to vote on his or her own project, any project he or she have an associated financial interest in or any project of an organization he or she sits on the board of. Additionally, no homeless/formerly homeless consumer may vote on any project of which he or she has been a residents.

**(4) Explain the voting system/decision making process used.**

The Cincinnati/Hamilton County CoC scoring method has been utilized since the inception of the CoC process in 1996. It is widely recognized both within Cincinnati and across the country as a highly effective, *inclusive methodology* for decision making. Multiple other funders, state and national have come to experience the process and have looked to replicate all or part of it in other venues. HUD has called it a “most outstanding example of a continuum plan” and recognized it with a Best Practice Award. The process used for voting on projects for the priority ranking order is:

1. An open invitation was extended in 2005 to over 65 organizations to participate in the Large Group Scoring Process. Over 100 persons attended, representing funded and unfunded homeless housing and service providers, neighborhood groups, community-based foundations, faith based providers, and other funders (foundations and the United Way), city and county government representatives, and representatives of systems that provide mainstream services/benefits to the homeless.
2. Organizations interested in applying for new projects or renewing existing ones were provided with technical assistance and group training specifically designed to help them “showcase” their project and understand the local CoC process. Most groups utilized the technical assistance support, receiving assistance in program development/design. Seventeen programs, requesting new or renewed SHP funding, made program/project presentations, and the SPC renewal presented their information for inclusion, not ranking.
3. All organizations were given the opportunity to make an oral presentation about their program (targeting the scoring criteria points) and provide the large group with a written handout. Many also chose to use a Power Point presentation. Renewal programs had their quantified results distributed to the attendees.
4. All persons attending were allowed to score projects except those projects in which they had a financial interest. Financial interest is defined as: 1) is employed by the agency/organization requesting funds; 2) has a partnership relationship with the organization requesting funds AND will receive funding as part of the programs budget; 3) is on the governing board of the organization requesting funds and/or its funded partner organizations; and 4) is in residence at the program requesting funds. Facilitators and staff monitored the scoring process to ensure that no person who was determined not eligible to vote on a program was voting on that program. One hundred persons from 37 different organizations and trained homeless/formerly homeless were in attendance and participated in scoring.

5. An independent evaluator accepted all scoring results and calculated the average (mean) score to determine the project's final score and ranking order. Of the 20 programs that were scored, 20 received scores of 65 points or better, making them eligible for inclusion in the 2005 Continuum application. The projects average score was used to establish their position on the priority chart.
6. Subsequently, one renewal applicant could not submit, in a timely fashion either Exhibit 2 or produce a balanced APR, by the submission deadlines. The CoC Facilitator consulted the Homeless Clearinghouse and HUD for input and instructions. The result of the incomplete application was that the renewal program was moved from the 19<sup>th</sup> position to the 20<sup>th</sup> position on the Priorities Chart and has fallen below the pro-rata need share line. Written electronic communication was provided to the Homeless Clearinghouse and to the Applicant by the CoC Facilitator of this move and included clarity that this could make them ineligible for funding should all applicants above them have correct and complete submissions and be funded. Prior to grant submission a board member of the organization in question contacted the CoC Facilitator and acknowledged the situation and expressed his satisfaction that the process was conducted fairly and in consideration of the community as a whole.
7. Additionally, the Shelter Plus Care program (with two renewal grants) made a presentation accounting for their housing and service activity for the grant terms. SPC was not ranked for priority but for inclusion in the Priority list and was placed at the end of the list, per HUD requirements.
8. The highest ranked new permanent-housing project, according to the process rules was moved to the #1 position in accordance with the community's intent to maximize resources and promote permanent housing.

The Cincinnati/Hamilton County community has consistently recognized the CoC Priority Selection Process for the Homeless and all potential and applicant organizations as a fair, inclusive process. Several other local funding allocation processes have been modeled after the CoC process because it has produced such positive results and has been recognized for its fairness, inclusiveness, and success. The following process standards ensure fairness and equity:

- Independent consultants, with extensive experience, are retained by the City of Cincinnati and Hamilton County to facilitate the process. These consultants combined expertise in homeless/housing provider/advocacy and organizational development/process facilitation.
- All potential applicants were offered technical assistance in the form of training classes and/or individual technical support.
- Capacity criteria, scoring criteria, and a quality cut-off score were established in an open process and developed through consensus.
- All projects eligible for funding under the CoC for the Homeless were considered in the priority ranking process. All were provided equal time for oral presentations. All were scored in a peer scoring process.
- All proposed SHP projects were from non-profit applicants that had certified their capacity criteria. Equal consideration and scoring was applied to all.
- Facilitators monitored voting to ensure fairness.

(5) **Hold Harmless** -- N/A

(6) **If written complaints concerning the process were received during the last 12 months.** As of the printing of Exhibit One, June, 2005, **NO** written complaints were received during the past 12 months, or at any time, about the Cincinnati/Hamilton County CoC process.

Form HUD 40076 CoC-K page 4

## **Exhibit 1: Continuum of Care Supplemental Resources**

### **Enrollment and Participation in Mainstream Programs**

(1) **Check those mainstream programs for which your COC systematically helps homeless persons identify, apply for and follow-up to receive benefit under:**

SSI     SSDI     TANF     Medicaid     Food Stamps  
 SCHIP     WIA     Veterans Health Care

(2) **Which policies are currently in place in your CoC to help clients secure these mainstream benefits for which they are eligible? Check those policies implemented by a majority of your CoC's homeless assistance providers:**

A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.

The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.

CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.

A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.

The COC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.

CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.

A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.

A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.

Other (Please describe in 1-2 sentences.)

The CoC has established strong working relationships and a designated homeless worker within each of the following: SSA, Bureau of Developmental Disabilities (reviews/approves SSA claims), and the Hamilton County Department of Job and Family Services. This designated worker system, combined with systemic change and streamlined application have dramatically improved both access to resources and the turn around time for eligibility determination.

Other (Please describe in 1-2 sentences.)

The Shelter Solutions program was created by Hamilton County Department of Job and Family Services and the Family Shelter Partnership Program to enable a homeless family entitled to TANF benefits not to be sanctioned during or immediately post-shelter for non-work, but instead to consider as work housing search and shelter case planning.

Form HUD 40076 CoC-L

## **Exhibit 1: CoC Project Performance - Housing and Services**

### **A. Housing**

#### **1. Permanent Housing**

Check here  if there are no applicable permanent housing renewal projects.

Check here  to indicate that all permanent housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

a. What is the number of participants who <b>exited</b> the permanent housing project(s) during the operating year (from APR Question 12(a))?	<b>171</b>
b. What is the number of participants who did not leave the project(s) during the operating year?	<b>548</b>
c. Of those who <b>exited</b> how many stayed longer than <b>6 months</b> in the permanent housing?	<b>136</b>
d. Of those who <b>did not leave</b> how many stayed longer than <b>6 months</b> in permanent housing?	<b>441</b>
E. Of the total number of participants in the permanent housing project (s) what percentage stayed longer than 6 months (both those who left and those who stayed_	<b>80.3%</b>

#### **2. Transitional Housing.**

Check here  if there are no applicable transitional housing renewal projects.

Check here  to indicate that all transitional housing renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses. [all TH above the pro-rata need line]

a. What is the number of participants who left transitional housing project(s) during the operating year? (Include all persons who left, including those who left to an unknown destination)	<b>167</b>
b. What is the number of participants who left transitional housing project(s) and <b>moved to permanent housing</b> ?	<b>120</b>
c. Of the number of participants who left transitional housing, what percentage moved to permanent housing?	<b>72%</b>

## B. Supportive Services

Check here  if there are no applicable renewal projects.

Check here  to indicate that all non-HMIS renewal projects on the Priority Chart which submitted an APR are included in calculating the below responses.

[except for renewing child care grant which was not required to submit this data in their APR, and TH below pro-rata need line]

<b>1</b> Number of Adults Who Left (Use the same number in each cell)	<b>2</b> Income Source	<b>3</b> Number of Exiting Adults with Each Source of Income	<b>4</b> % with Income at Exit (Col 3 ÷ Col 1 x 100)
<b>Example: 105</b>	<b>a. SSI</b>	<b>40</b>	<b>38.1%</b>
<b>105</b>	<b>b. SSDI</b>	<b>35</b>	<b>33.3%</b>
<b>105</b>	<b>c. Social Security</b>	<b>25</b>	<b>23.8%</b>
1286	a. SSI	201	15.6%
1286	b. SSDI	120	9.3%
1286	c. Social Security	20	1.6%
1286	d. General Public Assistance	14	1.1%
1286	e. TANF	22	1.7%
1286	f. SCHIP	1	.1%
1286	g. Veterans Benefits	79	6.1%
1286	h. Employment Income	239	18.6%
1286	i. Unemployment Benefits	4	.3%
1286	j. Veterans Health Care*	15	1.2%
1286	k. Medicaid	140	10.9%
1286	l. Food Stamps	138	10.7%
1286	m. Other (please specify)**	26	2.0%
1286	n. No Financial Resources	594	46.2%***

### Notes:

\* Item not collected on the old APR's. Some of the respondents completed, as allowed the older APR.

\*\* Other – in most cases equals child support

\*\*\* It should be noted that these statistics are collected on those who exited housing and service programs. When the statistics are tracked to the reasons for exit a majority of the lower financial resources can be tied to persons who “disappeared, exited without completion of the program, were jailed, etc. When statistical information on income sources is obtained from persons who did not exit the largest of the programs (permanent housing) the statistics are much more favorable.

Form HUD 40076 CoC-M

## Exhibit 1: Continuum of Care Supplemental Resources Project Leveraging Chart

Project Priority Number	Name of Project	Type of Contribution	Source or Provider	*Value of Written Commitment
1	<b>City of Cincinnati - DIC Samaritan Initiative</b>	Required Services Match	Shelterhouse Volunteer Group, dba Drop Inn Center	805,140
2	<b>Lighthouse Youth Services (LYS) TH - Reading</b>	Cash Match	LYS - client rents	16,500
	LYS - TH-Reading	Cash Match	United Way	87,639
	LYS - TH-Reading	Cash Leverage	LYS - United Way	50,904
	LYS - TH-Reading	Cash Leverage	LYS - US Dept of HHS	600,000
	LYS - TH-Reading	Cash Leverage	LYS - City of Cincinnati Emergency Shelter Grant	44,100
	LYS - TH-Reading	Cash Leverage	LYS - Ohio Dept of Development, Supportive Housing	286,200
	LYS - TH-Reading	Cash Leverage	LYS - City of Cincinnati General Fund	75,000
	LYS - TH-Reading	Psychiatric services	Health Resource Center	50,400
	LYS - TH-Reading	Support & group mentoring services	Genesis Men's Program	72,000
	LYS - TH-Reading	Violence & substance abuse prevention education	UMADAOP	6,000
	LYS - TH-Reading	Educational services	PACE	136,800
	LYS - TH-Reading	Building	LYS	58,458
	LYS - TH-Reading	Office supplies, furniture, personal care products	Community Resource Center	82,584
	LYS - TH-Reading	Support services	Mercy Health Partners	45,360
	LYS - TH-Reading	Food, products & services	FreeStore FoodBank	93,600
	LYS - TH-Reading	Educational services	Project Connect	5,274
	LYS - TH-Reading	Housing services	Ohio Valley Goodwill Industries	96,000

	LYS - TH-Reading	Counseling	Family Service	164,160
	LYS - TH-Reading	Outreach services, food, counseling, support, & emergency shelter	LYS - Youth Outreach Program	66,000
	LYS - TH-Reading	Moving expenses, staff assistance, furnishings, household supplies	LYS - Independent Living Program	73,500
	LYS - TH-Reading	Holiday Christmas gifts	LYS	19,884
	LYS - TH-Reading	Volunteer hours-students	LYS	42,240
	LYS - TH-Reading	Volunteer hours	LYS	58,800
	LYS - TH-Reading	Education	Central Community Health board of Hamilton County, Inc.	48,000
<b>3</b>	<b>Shelterhouse Volunteer Group, dba Drop Inn Center (DIC) Homeless Individuals Partnership Program</b>	Cash Match	Drop Inn Center	178,662
	DIC - Homeless Individuals Partnership Program	Shelter & medical care	Center for Respite Care, Inc.	1,583,705
	DIC - Homeless Individuals Partnership Program	Communication system	Hamilton Co. Job & Family Services	3,000
	DIC - Homeless Individuals Partnership Program	Health exams	City of Cincinnati Health Department	240,000
	DIC - Homeless Individuals Partnership Program	Meals	Drop Inn Center	591,300
	DIC - Homeless Individuals Partnership Program	Communication system	Drop Inn Center	12,000
	DIC - Homeless Individuals Partnership Program	Shelter nights	Drop Inn Center	963,819
	DIC - Homeless Individuals Partnership Program	Shelter nights	Hamilton Co. - Mt. Airy Shelter	588,015
<b>4</b>	<b>Tender Mercies (TM) - Permanent Housing</b>	Cash Match	Tender Mercies/ United Way	175,000
	TM - Permanent Housing	Cash Match	Tender Mercies/ Special Events	114,191

	TM - Permanent Housing	Cash Match	Tender Mercies/ Special Events	410,809
	TM - Permanent Housing	Cash Leverage	Tender Mercies/ Cash Donations	450,000
	TM - Permanent Housing	Cash Leverage	Tender Mercies/ Catholics United for the Poor	48,000
	TM - Permanent Housing	Cash Leverage	Tender Mercies/ Endowment Campaign	780,000
	TM - Permanent Housing	Cash Leverage	Tender Mercies/ Interest & Management Fees	162,300
	TM - Permanent Housing	Cash Leverage/Rent	FreeStore FoodBank	252,000
	TM - Permanent Housing	Volunteer hours	Tender Mercies	507,750
	TM - Permanent Housing	Mental health services	Hamilton County Community Mental Health Board	648,000
	TM - Permanent Housing	Food, products & services	Tender Mercies	6,600
	TM - Permanent Housing	Detox & short-term residential services	Center for Chemical Addictions Treatment	147,300
	TM - Permanent Housing	Psychiatric services	Health Resource Center	128,310
	TM - Permanent Housing	Dental services	Oral Health Council	67,800
	TM - Permanent Housing	Employment, housing, & training services	Ohio Valley Goodwill Industries	600,000
	TM - Permanent Housing	Volunteer professional services	Tender Mercies	76,420
	TM - Permanent Housing	Donated goods	Tender Mercies	237,783
	TM - Permanent Housing	Donated audit fee discount	Tender Mercies/ Giffin, Dyer & Associates	2,730
<b>5</b>	<b>Center for Independent Living Options (CILO) - Services for Persons with Disabilities</b>	Cash Match	CILO/US Dept of Education, Rehabilitation Services Administration	48,750
	CILO - Services for Persons with Disabilities	Emergency shelter services	Bethany House Services, Inc.	151,200
	CILO - Services for Persons with Disabilities	Section 8 rental assistance	CMHA	216,000

	CILO - Services for Persons with Disabilities	Employment training	Ohio Valley Goodwill Industries	60,000
	CILO - Services for Persons with Disabilities	Emergency shelter	Hamilton Co. Job & Family Services	98,301
	CILO - Services for Persons with Disabilities	Emergency shelter	YWCA	78,000
	CILO - Services for Persons with Disabilities	Direct Rent Representative Payee services	FreeStore FoodBank	90,000
	CILO - Services for Persons with Disabilities	Emergency Food & personal hygiene items	FreeStore FoodBank	27,000
	CILO - Services for Persons with Disabilities	Emergency shelter	Mercy Health Partners	33,750
	CILO - Services for Persons with Disabilities	Emergency shelter	Interfaith Hospitality Network	108,000
	CILO - Services for Persons with Disabilities	Supportive services	CILO	97,500
	CILO - Services for Persons with Disabilities	Emergency shelter	Drop Inn Center	40,500
<b>6</b>	<b>Caracole, Inc. - Recovery Community</b>	Cash Match	Caracole, Inc.	266,375
	Caracole, Inc. - Recovery Community	Cash leverage	Caracole, Inc.	532,000
	Caracole, Inc. - Recovery Community	Goods & services	Caracole, Inc.	469,000
	Caracole, Inc. - Recovery Community	Employment training, permanent housing services	Goodwill Industries	90,000
	Caracole, Inc. - Recovery Community	Chemical dependency treatment	Center for Chemical Addictions Treatment	295,000
	Caracole, Inc. - Recovery Community	Medical treatment & pharmaceutical therapy	The University Hospital	864,000
	Caracole, Inc. - Recovery Community	Case management	AIDS Volunteers of Cincinnati	150,000
<b>7</b>	<b>Ohio Valley Goodwill Industries (OVGI) TH Leasing Pool</b>	Cash Match	Cash Match	14,884

	OVGI - TH Leasing Pool	Employment & job-seeking services	Ohio Valley Goodwill Industries	500,000
	OVGI - TH Leasing Pool	Housing services	Caracole, Inc.	36,000
	OVGI - TH Leasing Pool	Case management services	Greater Cincinnati Coalition for the Homeless	866,667
	OVGI - TH Leasing Pool	Outreach, advocacy, counseling, referrals & medical/mental health services	Department of Veterans Affairs	1,800,000
<b>8</b>	<b>Salvation Army - Child Care</b>	Cash Match	The Salvation Army	176,462
	Salvation Army - Child Care	Building-West Side Child Development Center	The Salvation Army	2,333,627
	Salvation Army - Child Care	Transportation	Interfaith Hospitality Network	51,120
	Salvation Army - Child Care	Case management services	Greater Cincinnati Coalition for the Homeless	306,600
	Salvation Army - Child Care	Emergency shelter, food, clothing, & personal care supplies	Greater Cincinnati Coalition for the Homeless	2,044,000
<b>9</b>	<b>Hamilton County Mt. Airy Case Management</b>	Cash Match	Hamilton Co. Job & Family Services	140,000
	Hamilton County-Mt. Airy Case Management	Substance abuse services	Alcoholism Council of the Cincinnati Area	423,000
	Hamilton County-Mt. Airy Case Management	Employment training, permanent housing services	Ohio Valey Goodwill Industries	90,000
	Hamilton County-Mt. Airy Case Management	Medical foot care, shoes and socks	Medical Volunteers of Cincinnati	28,000
	Hamilton County-Mt. Airy Case Management	Supportive services	Center for Independent Living Options	80,000
	Hamilton County-Mt. Airy Case Management	Clinical, outreach, service coordination for veterans	Department of Veterans Affairs	483,779

<b>10</b>	<b>Shelterhouse Volunteer Group, dba Drop Inn Center (DIC) - Transitional Housing</b>	Cash Match		
			Drop Inn Center	13,112
	DIC - Transitional Housing	Supportive services	Ohio Valley Goodwill Industries	21,000
	DIC - Transitional Housing	Meals	Drop Inn Center	15,300
	DIC - Transitional Housing	Substance abuse services	Drop Inn Center	31,500
	DIC - Transitional Housing	Volunteer hours	Drop Inn Center	12,480
	DIC - Transitional Housing	Fair Market Value	Drop Inn Center	35,280
	DIC - Transitional Housing	Furniture, house wares, office supplies	Drop Inn Center	4,000
	DIC - Transitional Housing	Supportive services	Drop Inn Center	20,000
	DIC - Transitional Housing	Aftercare services	Drop Inn Center	6,240
	DIC - Transitional Housing	Relapse Track Treatment	Drop Inn Center	2,250
	DIC - Transitional Housing	Health exams	City of Cincinnati Health Department	371
<b>11</b>	<b>Shelterhouse Volunteer Group, dba Drop Inn Center (DIC) - Support Services</b>	Cash Match	Drop Inn Center/ODOD	47,026
	DIC - Support Services	Cash leverage	Drop Inn Center/ODOD	150,974
	DIC - Support Services	Supportive services	Lighthouse Youth Services	54,720
	DIC - Support Services	Emergency food	Drop Inn Center	78,000
	DIC - Support Services	Shelter nights	Drop Inn Center	245,089
	DIC - Support Services	Supportive services	Caracole, Inc.	46,667
	DIC - Support Services	Dental services	Oral Health Council	56,080
	DIC - Support Services	Health exams	City of Cincinnati Health Department	160,000
	DIC - Support Services	Case Management & supportive services	Center for Independent Living Options	97,500
<b>12</b>	<b>Tom Geiger Guest House (TGGH) - Geiger</b>	Cash Match	YWCA	18,218
	TGGH - Geiger	Cash Match	GE Evendale Employee's Community Service Fund	23,888

TGGH - Geiger	Legal assessment, info, referral, & representation	Legal AID Society of Greater Cincinnati	61,880
TGGH - Geiger	Lawn & grounds upkeep	Jack Combs	4,327
TGGH - Geiger	Building maintenance	St. Thomas More Church - R.O.C.	7,333
TGGH - Geiger	Graphic Design Services	Newberry Smith Design	6,500
TGGH - Geiger	Education Consultation, transportation, & school supplies	Project Connect	18,445
TGGH - Geiger	Emergency food services	Mercy Health Partners	2,520
TGGH - Geiger	Household goods	Holland Communications	2,016
TGGH - Geiger	Food services	Walnut Hills Food Pantry	23,040
TGGH - Geiger	Meals & groceries	Over-the-Rhine Kitchen	55,174
TGGH - Geiger	Computers	Summit Investment Partners	367
TGGH - Geiger	LAN setup & maintenance	Babu Sonti, PhD	4,167
TGGH - Geiger	Volunteer Hours	TGGH	4,560
TGGH - Geiger	Volunteer Hours	Doug Franz	2,745
TGGH - Geiger	Volunteer Hours	Dr. Ernst Rolfes	1,040
TGGH - Geiger	Volunteer Hours	TGGH	4,560
TGGH - Geiger	Supportive services	YWCA	198,928
TGGH - Geiger	Dental services	Oral Health Council	20,841
TGGH - Geiger	Volunteer Hours	GE Transportation	2,000
TGGH - Geiger	Employment & training services	Ohio Valley Goodwill Industries	30,000
TGGH - Geiger	Volunteer maintenance hours	John P. Ryan	4,160
TGGH - Geiger	After school services	Glad House	50,000
TGGH - Geiger	Security, patrol & alarm response	1st Choice Security, Inc.	10,969
TGGH - Geiger	Volunteer - annual fund raising services	Margaret Collins	3,000

<b>13</b>	<b>Tom Geiger Guest House (TGGH) - Gertrude</b>	Cash Match	Tom Geiger Guest House	33,334
	TGGH - Gertrude	Volunteer hours	TGGH	4,560
	TGGH - Gertrude	Security, patrol & alarm response	1st Choice Security, Inc.	5,484
	TGGH - Gertrude	After school services	Glad House	50,000
	TGGH - Gertrude	Volunteer maintenance hours	John P. Ryan	4,160
	TGGH - Gertrude	Employment & training services	Ohio Valley Goodwill Industries	30,000
	TGGH - Gertrude	Dental services	Oral Health Council	20,841
	TGGH - Gertrude	Supportive services	YWCA	198,928
	TGGH - Gertrude	Volunteer hours	TGGH	4,560
	TGGH - Gertrude	Volunteer Admin hours	Dr. Ernst Rolfes	1,040
	TGGH - Gertrude	Volunteer Develop hours	TGGH	720
	TGGH - Gertrude	Meals	OTR Kitchen	84,482
	TGGH - Gertrude	Food services	Walnut Hills Food Pantry	23,040
	TGGH - Gertrude	Household goods	Holland Communications	2,016
	TGGH - Gertrude	Emergency food services	Mercy Health Partners	2,520
	TGGH - Gertrude	Educational consultation, transportation, school supplies	Project Connect	18,459
	TGGH - Gertrude	Lawn & grounds upkeep	Jack Combs	4,327
	TGGH - Gertrude	Legal assessment, info, referral, & representation	Legal AID Society of Greater Cincinnati	61,880
<b>14</b>	<b>Joseph House, Inc. - Joseph/Moses</b>	Cash Match	Joseph House, Inc.	147,356
	Joseph House, Inc. - Joseph/Moses	Primary, mental health & specialty services	Department of Veteran Affairs	1,066,667
<b>15</b>	<b>FreeStore/FoodBank (FS/FB) - SSI/Jobs</b>	Cash Match	FreeStore/FoodBank	36,176
	(FS/FB) - SSI/Jobs	ID documentation & birth certificate services	FreeStore/FoodBank	6,662

	(FS/FB) - SSI/Jobs	Case management & psychiatric services	FreeStore/FoodBank	464,688
	(FS/FB) - SSI/Jobs	Case management	Drop Inn Center	123,510
	(FS/FB) - SSI/Jobs	Protective payeeship	FreeStore/FoodBank	7,200
	(FS/FB) - SSI/Jobs	Direct rent payment services	FreeStore/FoodBank	5,760
	(FS/FB) - SSI/Jobs	Food, personal hygiene products, bus tokens, clothing	FreeStore/FoodBank	52,716
	(FS/FB) - SSI/Jobs	Clinical triage, assessments, information, education, referrals & placement	Alcoholism Council of the Cincinnati Area	2,536
	(FS/FB) - SSI/Jobs	Emergency assistance	Salvation Army	330
	(FS/FB) - SSI/Jobs	Case Management & supportive services	Center for Independent Living Options	32,500
	(FS/FB) - SSI/Jobs	Diagnostic assessments, medical somatic & transitional case management services	Access Point	133,333
	(FS/FB) - SSI/Jobs	Emergency shelter services & meals	Drop Inn Center	45,000
	(FS/FB) - SSI/Jobs	Housing & support services	Tender Mercies	200,000
	(FS/FB) - SSI/Jobs	Psychiatric services	Health Resource Center	162,720
	(FS/FB) - SSI/Jobs	Shelter & medical care	Center for Respite Care, Inc.	167,514
	(FS/FB) - SSI/Jobs	Employment training & permanent housing services	Ohio Valley Goodwill Industries	30,000
<b>16</b>	<b>AIDS Volunteers of Cincinnati (AVOC) - Specialized Case Management</b>	Cash Match	AIDS Volunteers of Cincinnati	10,000
	AVOC - Specialized Case Management	Cash Match	AIDS Volunteers of Cincinnati	34,800
	AVOC - Specialized Case Management	Cash Match	AIDS Volunteers of Cincinnati	20,254

	AVOC - Specialized Case Management	Housing resources, housing & chemical dependency recovery assistance	Caracole, Inc.	100,000
<b>17</b>	<b>FreeStore/FoodBank (FS/FB) - Housing Placement</b>	Cash Match	FreeStore/FoodBank	28,000
	(FS/FB) - Housing Placement	Cash Leverage	FreeStore/FoodBank	205,333
	(FS/FB) - Housing Placement	Housing services	Cincinnati Union Bethel	74,000
	(FS/FB) - Housing Placement	Emergency shelter	Drop Inn Center	11,250
	(FS/FB) - Housing Placement	Financial literacy training	Smart Money	875
	(FS/FB) - Housing Placement	Employment services	Jobs Plus	20,000
	(FS/FB) - Housing Placement	Mental health training	Tender Mercies	2,500
	(FS/FB) - Housing Placement	Furniture, clothing	St. Vincent de Paul	12,500
	(FS/FB) - Housing Placement	Employment, training, permanent housing services	Ohio Valley Goodwill	15,000
	(FS/FB) - Housing Placement	Psychiatric services	Health Resource Center	18,080
	(FS/FB) - Housing Placement	Supportive services	Center for Independent Living Options	19,500
	(FS/FB) - Housing Placement	Counseling services	The Salvation Army	1,680
	(FS/FB) - Housing Placement	Cash leverage	FreeStore/FoodBank City of Cincinnati	18,333
	(FS/FB) - Housing Placement	Cash leverage	FreeStore/FoodBank United Way	100,000
	(FS/FB) - Housing Placement	Employment, protective payee, & direct rent payment services	FreeStore/FoodBank	21,000
	(FS/FB) - Housing Placement	Food, personal hygiene products, bus tokens, picture ID's, birth certificates, police checks, apartment kits.	FreeStore/FoodBank	36,425
<b>18</b>	<b>Over-the-Rhine Housing Network (OTR) - Sharp Village</b>	Cash Match	OTR Housing Network	50,562
	OTR - Sharp Village	Resident development services	OTR Housing Network	3,333

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Exhibit 1

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	OTR - Sharp Village	Office supplies & equipment	OTR Housing Network	13,602
	OTR - Sharp Village	Recovery services	Drop Inn Center	50,467
	OTR - Sharp Village	Supportive services	Rape Crisis & Abuse Center	10,000
	OTR - Sharp Village	Referral & assistance with food, clothing & personal care items	Mercy Health Partners	26,000
	OTR - Sharp Village	Training & job placement	Ohio Valley Goodwill Industries	40,000
	OTR - Sharp Village	Referrals, inpatient & outpatient treatment	Center for Chemical Addictions Treatment	28,560
	OTR - Sharp Village	HIV testing, case management & prevention education	AVOC	8,500
	OTR - Sharp Village	Dental services	Greater Cincinnati Oral Health Council	19,353
	OTR - Sharp Village	Referrals & "relapse tract"	First Step Home	15,000
	OTR - Sharp Village	Emergency supplies & furniture	Drop Inn Center	4,000
<b>19</b>	<b>First Step Home (FSH) - Permanent Housing</b>	Cash Match	First Step Home	17,250
	FSH - Permanent Housing	After school summer program	Glad House	295,533
	FSH - Permanent Housing	Medical & dental care	City of Cincinnati Health Department	130,000
	FSH - Permanent Housing	Outpatient therapy, medication-assisted treatment, HIV early prevention & intervention services	Central Community Health board of Hamilton County, Inc.	94,700
	FSH - Permanent Housing	Detox & short-term residential services	Center for Chemical Addictions Treatment	119,200
	FSH - Permanent Housing	Household goods	NFL Alumni, Inc.	40,000

