

2006 Exhibit 1: Continuum of Care (CoC) Application

Part I: CoC Organizational Structure

HUD-defined CoC Name:*	CoC Number*
Cincinnati/Hamilton County Continuum of Care	OH-500
*HUD-defined CoC names and numbers are available at: www.hud.gov/offices/adm/grants/fundsavail.cfm . If you do not have a HUD-defined CoC name and number, enter the name of your CoC and HUD will assign you a number.	

A: CoC Lead Organization Chart

CoC Lead Organization: City of Cincinnati		
CoC Contact Person: Michelle Budzek, CoC Facilitator		
Contact Person's Organization Name: The Partnership Center, Ltd.		
Street Address: 2260 Park Avenue, Suite 402		
City: Cincinnati	State:OH	Zip: 45206
Phone Number: 513-891-4016	Fax Number: 513-354-6688	
Email Address: mbudzek@partnershipcenter.net		

CoC-A

B: CoC Geography Chart

Using the Geographic Area Guide found on HUD's website at <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>. List the name and the six-digit geographic code number for every city and/or county participating within your CoC. Because the geography covered by your CoC will affect your pro rata need amount, it is important to be accurate. Leaving out a jurisdiction will reduce your pro rata need amount. For further clarification, please read the guidance in Section III.C.3.a of this NOFA regarding geographically overlapping CoC systems.

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

Geographic Area Name	6-digit Code

CoC-B

CoC Structure and Decision-Making Processes C: CoC Group Meetings Chart

CoC-Related Planning Groups		Meeting Frequency				Number of organizations/entities that are members of each CoC planning group
		Monthly or More	Quarterly	Biannually	Annually	
COC Primary Decision-Making Group (list only one group)						
Name:	Cincinnati/Hamilton Co. - Homeless Clearinghouse		x			12
Role:	Leads and facilitates planning & information sharing between working groups, coordinates CoC activities & resource allocation/ generation, monitors elements of the Consolidated Plan.					
Other CoC Committees, Sub-Committees, Workgroups, etc.						
Name:	Family Shelter Partnership (FSPP)	x				6
	Planning & coordination of housing/services/mainstream resources for homeless families in the shelter system. Includes full integration with TANF, FS, Medicaid, & Children's Services					
Name:	Homeless Individuals Task Force (HIT Force)	x				16
Role:	Planning & coordination of housing/services/mainstream resources for homeless individuals in the shelter system. Special focus: chronic homeless in shelters					
Name:	Homeless Think Tank				x	60
Role:	Provides an annual focus group for homeless persons from throughout the CoC to gather and share "what works/what does not" and provide input on trends & program design.					
Name:	Homeless Outreach Group (HOG)	x				9
Role:	Coordinate outreach efforts across the community; improve access to services/housing for street homeless. Conduct street surveys. Special focus: chronic homeless on the streets					
Name:	HMIS Advisory Committee	x				11
Role:	Coordinates policy & procedures of HMIS, authorizes aggregate data release, oversees implementation schedule and expansion uses.					
Name:	Large Group Scoring /CoC Planning Meeting				x	97
Role:	Inclusive process that creates priority setting process & enables community voting on process/scoring changes.					
Name:	Permanent Housing Group (PHG)	x				8
Role:	Facilitates communication among SHP-Permanent Housing providers, works to improve access to housing, and promotes best-practice methods for supportive housing.					
Name:	Shelter Plus Care Workgroup (SPC)	x				6
Role:	Facilitates improved access to SPC, shares best practice methods among SPC providers.					
Name:	SSI Workgroup		x			5
Role:	Provides oversight/monitoring of the SSI demonstration efforts and works to improve/streamline access to other appropriate mainstream resources (e.g. Medicaid).					
Name:	Substance Abuse Workgroup (SAG)	x				10
Role:	Facilitates system change initiatives within the SA and Homeless service system to improve access to appropriate treatment combined with housing/self-sufficiency outcomes.					

D: CoC Planning Process Organizations Chart

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2)	
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	Interagency Council on Homelessness and Housing (Governors Council)	OHIO		
	Bureau of Developmental Disabilities	OHIO		
	Ohio Department of Development	OHIO		
	Ohio Department of Mental Health	OHIO	SMI	
	Social Security Administration (state and local offices)	SW OHIO		
	LOCAL GOVERNMENT AGENCIES			
	City of Cincinnati – Budget/Evaluation Dept.	CITY OF CINCINNATI		
	City of Cincinnati – Department of Community Development and Planning	CITY OF CINCINNATI		
	Hamilton County – Community Development Department	HAMILTON COUNTY		
	Hamilton County Alcohol and Drug Addiction Services Board	HAMILTON COUNTY	SA	
	Hamilton County – Department of Job and Family Services (Income Maintenance & Children’s Services Division)			
	Hamilton County – Department of Job and Family Services – Mount Airy Shelter	HAMILTON COUNTY	SA	VETS
	Hamilton County Community Mental Health Board	HAMILTON COUNTY	SMI	
	PUBLIC HOUSING AGENCIES			
	Cincinnati Metropolitan Housing Authority	CITY OF CINCINNATI		
	SCHOOL SYSTEMS / UNIVERSITIES			
	LAW ENFORCEMENT / CORRECTIONS			
	City of Cincinnati – Police Department	CITY OF CINCINNATI		
	Hamilton County – Adult Parole Authority	HAMILTON COUNTY		
	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
	OTHER			

PRIVATE SECTOR	NON-PROFIT ORGANIZATIONS			
	AIDS Volunteers of Cincinnati	CITY OF CINCINNATI HAMILTON COUNTY	HIV	
	Alcoholism Council of the Greater Cincinnati Area	CITY OF CINCINNATI HAMILTON COUNTY	SA	
	Bethany House Services	CITY OF CINCINNATI HAMILTON COUNTY		
	Caracole, Inc.	CITY OF CINCINNATI HAMILTON COUNTY	HIV	SA
	Center for Independent Living Options	CITY OF CINCINNATI HAMILTON COUNTY		
	Center for Respite Care	CITY OF CINCINNATI HAMILTON COUNTY		
	Cincinnati Health Network	CITY OF CINCINNATI HAMILTON COUNTY		
	Drop Inn Center	CITY OF CINCINNATI HAMILTON COUNTY	SA	
	Excel Development Co., Inc.	CITY OF CINCINNATI HAMILTON COUNTY	SMI	
	First Step Home	CITY OF CINCINNATI HAMILTON COUNTY	SA	
	FreeStore/FoodBank	CITY OF CINCINNATI HAMILTON COUNTY		
	Greater Cincinnati Behavioral Health – PATH and Housing Programs	CITY OF CINCINNATI HAMILTON COUNTY	SMI	
	Health Foundation Fund	CITY OF CINCINNATI HAMILTON COUNTY		
	House of Hope	CITY OF CINCINNATI HAMILTON COUNTY	SA	
	Joseph House	CITY OF CINCINNATI HAMILTON COUNTY	VETS	SA
	Justice Watch	CITY OF CINCINNATI HAMILTON COUNTY		
	Lighthouse Youth Services	CITY OF CINCINNATI HAMILTON COUNTY	Y	
	Mental Health Access Point (MHAP)	CITY OF CINCINNATI HAMILTON COUNTY	SMI	
	Ohio Justice and Policy Center	CITY OF CINCINNATI HAMILTON COUNTY		
	Ohio Valley Goodwill Industries	CITY OF CINCINNATI HAMILTON COUNTY	VETS	
	Over the Rhine Community Housing	CITY OF CINCINNATI HAMILTON COUNTY		
	ReSTOC	CITY OF CINCINNATI HAMILTON COUNTY	SA	
	Salvation Army of Greater Cincinnati	CITY OF CINCINNATI HAMILTON COUNTY		
Talbert House	CITY OF CINCINNATI HAMILTON COUNTY	SA		

Tender Mercies	CITY OF CINCINNATI HAMILTON COUNTY	SMI	
Tom Geiger Guest House	CITY OF CINCINNATI HAMILTON COUNTY	DV	
YWCA of Greater Cincinnati	CITY OF CINCINNATI HAMILTON COUNTY	DV	
FAITH-BASED ORGANIZATIONS			
City Ministries/City Gospel Mission	CITY OF CINCINNATI HAMILTON COUNTY		
Grace Place Catholic Worker House	CITY OF CINCINNATI HAMILTON COUNTY		
Interfaith Hospitality Network	CITY OF CINCINNATI HAMILTON COUNTY		
Mercy Franciscan at St. John's	CITY OF CINCINNATI HAMILTON COUNTY		
St. Francis/St. Joseph Catholic Worker House	CITY OF CINCINNATI HAMILTON COUNTY	SA	
FUNDERS / ADVOCACY GROUPS			
Greater Cincinnati Foundation	CITY OF CINCINNATI HAMILTON COUNTY		
Health Foundation of Greater Cincinnati	CITY OF CINCINNATI HAMILTON COUNTY		
United Way of Greater Cincinnati	CITY OF CINCINNATI HAMILTON COUNTY		
Greater Cincinnati Coalition for the Homeless			
BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
Downtown Cincinnati, Inc. – Block by Block (Brantley Services)	CITY OF CINCINNATI HAMILTON COUNTY		
Evan Gay, Ph.D.	CITY OF CINCINNATI HAMILTON COUNTY		
The Partnership Center, Ltd.	CITY OF CINCINNATI HAMILTON COUNTY		
HOSPITALS / MEDICAL REPRESENTATIVES			
Cincinnati Health Network	CITY OF CINCINNATI HAMILTON COUNTY		
Greater Cincinnati Oral Health Council	CITY OF CINCINNATI HAMILTON COUNTY		
Health Resource Center	CITY OF CINCINNATI HAMILTON COUNTY	SMI	
University Hospital – Mobile Crisis Unit	CITY OF CINCINNATI HAMILTON COUNTY	SMI	
Veterans Administration	CITY OF CINCINNATI HAMILTON COUNTY	VETS	
HOMELESS PERSONS			
Homeless Think Tank (61 homeless persons)		SMI	SA
OTHER			

*Subpopulations Key: Seriously Mentally Ill (SMI), Substance Abuse (SA), Veterans (VET), CoC-D HIV/AIDS (HIV), Domestic Violence (DV), and Youth (Y).

E: CoC Governing Process Chart

	Yes	No
<p>1. Does the CoC have a separate planning and decision-making body/entity that is broadly representative of the public and private homeless service sectors, including homeless client/consumer interests? If no, please explain. [Decision making process – inclusive, community wide Large Group Scoring Process; Leadership Body – Homeless Clearinghouse]</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>2. Is the primary decision-making entity composed of at least 65 percent representation by the private sector (including consumer interests)? If no, please explain.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>3. Is the primary decision-making entity membership selected in an open and democratic process by the CoC membership? If no, please explain. [Workgroups select representatives]</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>4. Is there a Chair and Co-Chair representing both the private and public sector at the same time, with staggered 2-year terms and the Chair position rotating between the private and public sectors? If no, please explain. [Chair – Susan Walsh, Hamilton County Community Development Department; Co-chair – Georgine Getty, Greater Cincinnati Coalition for the Homeless]</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>5. Has the CoC developed a Code of Conduct for the CoC decision-making entity and its Chair and Co-chair? If no, please explain. [Code of Conduct established for Large Group Scoring – i.e. decision making.]</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>6. The Chair and Co-Chair and all members of the CoC decision-making entity may not participate in decisions concerning awards of grants or provision of financial benefits to such member or the organization that such member represents. Have they recused themselves from considering projects in which they have an interest? If no, please explain.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>7. Does the CoC have a fiscal agent designated to receive funds from HUD? [Health Foundation Fund for HMIS, KD-HAPSA]</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>8. If your Continuum has not yet complied with <i>any</i> of the above broad standards for the CoC planning and decision-making process, please describe the extent to which your CoC will meet each guideline by the 2007 competition.</p> <p>CoC intends to develop its own 501(c) 3 organization to receive funds directly from HUD prior to the 2007 Competition.</p>		

CoC-E

F: CoC Project Review and Selection Chart

1. Open Solicitation	
a. Newspapers <input type="checkbox"/>	e. Outreach to Faith-Based Groups <input checked="" type="checkbox"/>
b. Letters to CoC Membership <input checked="" type="checkbox"/>	f. Announcements at CoC Meetings <input checked="" type="checkbox"/>
c. Responsive to Public Inquiries <input checked="" type="checkbox"/>	g. Announcements at Other Meetings <input checked="" type="checkbox"/>
d. Email CoC Membership/Listserv <input checked="" type="checkbox"/>	
2. Objective Rating Measures and Performance Assessment	
a. CoC Rating & Review Committee Exists <input checked="" type="checkbox"/>	j. Assess Spending (fast or slow) <input checked="" type="checkbox"/>
b. Review CoC Monitoring Findings <input checked="" type="checkbox"/>	k. Assess Cost Effectiveness <input checked="" type="checkbox"/>
c. Review HUD Monitoring Findings <input checked="" type="checkbox"/>	l. Assess Provider Organization Experience <input checked="" type="checkbox"/>
d. Review Independent Audit <input checked="" type="checkbox"/>	m. Assess Provider Organization Capacity <input checked="" type="checkbox"/>
e. Review HUD APR <input checked="" type="checkbox"/>	n. Evaluate Project Presentation <input checked="" type="checkbox"/>
f. Review Unexecuted Grants <input checked="" type="checkbox"/>	o. Review CoC Membership Involvement <input checked="" type="checkbox"/>
g. Site Visit(s) <input type="checkbox"/>	p. Review Match <input checked="" type="checkbox"/>
h. Survey Clients <input checked="" type="checkbox"/>	q. Review Leveraging <input checked="" type="checkbox"/>
i. Evaluate Project Readiness <input checked="" type="checkbox"/>	
3. Voting/Decision System	
a. Unbiased Panel / Review Committee (pre score) <input checked="" type="checkbox"/>	e. All CoC Present Can Vote <input checked="" type="checkbox"/>
b. Consumer Representative Has a Vote <input checked="" type="checkbox"/>	f. Consensus <input type="checkbox"/>
c. CoC Membership Required to Vote <input checked="" type="checkbox"/>	g. Abstain if conflict of interest <input checked="" type="checkbox"/>
d. One Vote per Organization <input type="checkbox"/>	

CoC-F

G: CoC Written Complaints Chart

Were there any written complaints received by the CoC regarding any CoC matter in the last 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, briefly describe the complaints and how they were resolved.	
<p>A written accusation was made to and about the CoC Facilitator. No written complaint was received by the CoC's designee. The Facilitator and Director of the Department of Community Development and Planning of the City of Cincinnati met with the agencies (Chairperson of the Board and Executive Director) – to receive a written and oral apology for the accusations made by the organization, further explained the process to those present, and answered all questions.</p>	

CoC-G

Part II: CoC Housing and Service Needs
H: CoC Services Inventory Chart

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
AIDS Volunteers of Cincinnati (FEMA Prevention/Ryan White and Street Outreach/CM Program)	X	X	X	X		X			X					x				
Alcoholism Council (HHRT Program)									x		x							
Bethany House Services (Lead agency for the Family Shelter Partnership Program)									x	x						x	x	x
Block by Block (Street Outreach/Panhandling Program)						x												
Catholic Social Service Bureau (FEMA Prevention)	x	x	x	x														
Center for Chemical Addiction Treatment (HHRT Program & Healthcare for the Homeless)											x							
Center for Independent Living Options (Street Outreach/CM Program)				x		x			x	x								x
Cinti/Ham. Cy. Community Action Comm. (FEMA Prevention Program)	x	x	x	x														
Cincinnati Health Network (Health Care for the Homeless)											x	x	x	x				
Crossroads (HHRT Program)											x							
Drop Inn Center (Lead agency for the Homeless Individuals Partnership Program)									x	x	x	x						x
FreeStore/FoodBank (FEMA Prevention Program/SSI Outreach Project/Payee Program)	x	x							x									x
First Step Home (HHRT Program)											x							
Greater Cincinnati Behavioral Health (PATH)						x			x	x		x						
Greater Cincinnati Oral Health Care													x					
Health Resource Center (HCH)												x	x					

(1) Provider Organizations	(2) Prevention					(3) Outreach			(4) Supportive Services									
	Mortgage Assistance	Rental Assistance	Utilities Assistance	Counseling/Advocacy	Legal Assistance	Street Outreach	Mobile Clinic	Law Enforcement	Case Management	Life Skills	Alcohol & Drug Abuse	Mental Health Counseling	Healthcare	HIV/AIDS	Education	Employment	Child Care	Transportation
Interfaith Hospitality Network – (Homeless Transportation Program)																		x
Lighthouse Youth Services – (Street Outreach Program)						x			x	x	x		x					x
Joseph House (Landing Zone Lounge)						x												
Ohio Valley Goodwill Industries (Homeless Reintegration Project)										x				x	x			
Prospect House (HHRT Program)											x							
Mercy Franciscan at St. John’s (FEMA Program)	x	x	x	x					x						x	x		
Salvation Army of Greater Cincinnati (Homeless Child Care Program)	x	x	x	x					x	x							x	
Talbert House (HHRT Program)											x							
Terrace Guild (FEMA Program)	x	x																
Tender Mercies (Outreach)						x				x		x						
Tri-County Soul Ministries (FEMA Program)	x	x																
Valley Interfaith (FEMA Program)	x	x																
YWCA (Women’s Work Program)									x	x					x	x		

CoC-H

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory.

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds	Other Beds	
						A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	Overflow & Voucher
Current Inventory			Ind.	Fam.									
Bethany House	Bethany House	5		25	391062	M			25		25		4
Ctr. for Respite Care	Respite Center	5	15		391062	SMF				15	15		
City Gospel Mission	City Gospel Mission	P			391062	SM				36	36		
Drop Inn Center	Men's Dorm	5	204		391062	SM				204	204		50
Drop Inn Center	Women's Dorm	5	38		391062	SF				38	38		
HCCMHB	Quick Access	P			399061	SMF				30	30		
HCJFS	Child Svs/Armada	5		30	399061	M			30		30		15
Interfaith Hospitality Network	IHN	5		32	399061	M			32		32		
Lighthouse Youth Services	Lighthouse Shelter	5	20		391062	YMF				20	20		
Mercy Franciscan at St. Johns	St John Temp Hsg.	5		60	391062	M		6	60		60		
Mercy Franciscan at St. Johns	Anna Louise Inn	5		40	391062	M			40		40		
Mt. Airy Shelter	Mt. Airy Shelter	5	65		399061	SM				65	65		
Salvation Army	Salvation Army	5		20	391062	M			20		20		
St Francis/St Joseph Cath Wkr	Catholic Worker	5	16		391062	SM				16	16		
YWCA	Battered Women	5		65	391062	M	DV		65		65		10
M= SF AND FC	SUBTOTALS:		358	272	SUBTOT. CURRENT INVENTORY:			6	272	424	696		79

New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.							
None											
SUBTOTALS:			0	0	SUBTOTAL NEW INVENTORY:		0	0	0	0	0
Inventory Under Development		Anticipated Occupancy Date									
None											
SUBTOTAL INVENTORY UNDER DEVELOPMENT:							0	0	0	0	0
Unmet Need TOTALS:							0	0	0	0	0
1. Total Year-Round Individual ES Beds:			424	4. Total Year-Round Family Beds:			272				
2. Year-Round Individual ES Beds in HMIS:			358	5. Year-Round Family ES Beds in HMIS:			272				
3. HMIS Coverage Individual ES Beds:			84%	6. HMIS Coverage Family ES Beds:			100%				

CoC-I

I: CoC Housing Inventory Charts

Transitional Housing: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
			Ind.	Fam.		A	B	Family Units	Family Beds	Individ. Beds	
Current Inventory			Ind.	Fam.							
Bethany House	Bethany Place	5	5		391062	SF				5	5
Bethany House	Transitions	5		7	391062	FC		2	7		7
Caracole, Inc.	Recovery Comm.	5	11		391062	SMF	HIV			11	11
City Gospel Mission	TH	P			391062	SM				10	10
CAA	CAA-TH	P			399061	FC		5	20		20
Drop Inn Center	Live In Program	5	20		391062	SM				20	20
Drop Inn Center	DIC-TH	5	24		391062	SMF				24	24
Grace Place Catholic Worker	Grace Place	5		12	391062	FC			12		12
Lighthouse Youth Services	Reading	5	11		391062	YM				11	11
Lighthouse Youth Services	Scattered Site	5		25	391062	YF		10	25		25
Lighthouse Youth Services	Bramble	5	4		391062	YF		4		4	4
Joseph House	Joseph House	5	16		391062	SM	VET			16	16
Joseph House	Moses House	5	16		391062	SM	VET			16	16
Justice Watch	Garden Street	5	7		391062	SM				7	7
Ohio Valley Goodwill	Leasing Pool	5	20	60	391062	M		20	60	20	80
Ohio Valley Goodwill	Goodwill Dorm	5	24		391062	SM	VET			24	24
Salvation Army	SA Transitional	5		16	391062	FC			16		16
Tender Mercies	TM Transitional	5	16		391062	SMF				16	16
Tom Geiger	Geiger- original	5		18	391062	FC	DV	12	18		18
Tom Geiger	Geiger/Talbert	5		13	391062	FC	DV	6	13		13

Tom Geiger	Gertrude	5		36	391062	FC	DV	12	36		36
YWCA	YWCA- TH	5		30	391062	FC	DV	6	30		30
SUBTOTALS:			174	217	SUBTOT. CURRENT INVENTORY:			77	237	184	421
New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)				Ind.	Fam.						
ADAS Board	HHRT Program		5	18				18	5		23
SUBTOTALS:			5	18	SUBTOTAL NEW INVENTORY:			0	18	5	23
Inventory Under Development		Anticipated Occupancy Date									
SUBTOTAL INVENTORY UNDER DEVELOPMENT:											
UNMET NEED TOTALS:								20	60	20	80
1. Total Year-Round Individual TH Beds:			189	4. Total Year-Round Family Beds:			255				
2. Year-Round Individual TH Beds in HMIS:			179	5. Year-Round Family TH Beds in HMIS:			235				
3. HMIS Coverage Individual TH Beds:			95%	6. HMIS Coverage Family TH Beds:			92%				

CoC-I

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart

Provider Name	Facility Name	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Population		Year-Round			Total Year-Round Beds
						A	B	Family Units	Family Beds	Individual /CH Beds	
Current Inventory			Ind.	Fam.							
CILO	CILO Perm Housing	5	13	29	399061	M		12	29	13	42
City of Cincinnati	S+C Caracole	5	63	193	399061	M	HIV	50	193	63/3	256
City of Cincinnati	S+C Excel	5	242	67	399061	M		19	67	242/3	309
City of Cincinnati	S+C Lighthouse	5	47	36	399061	M		11	36	47/5	83
City of Cincinnati	S+C Talbert House	5	93	133	399061	M		38	133	93/30	226
First Step Home	FSH Permanent	5	6	22	391062	M			22	6	28
FreeStore/FoodBank	CPT/Scattered	5	20		391062	SMF				20/13	20
FreeStore/FoodBank	Scattered Site Hsg.	5	20		399061	SMF				20/20	20
House of Hope	HOH Permanent	5	8		391062	SMF				8/1	8
Oh V. Goodwill	Permanent Housing	5	16	6	391062	M		3	6	16/3	22
Oh V. Goodwill	Permanent Hsg II	5	17	5	391062	M		2	5	17/4	22
OTR Hsg. Network	Sharp Village	5	2	18	391062	M		9	18	2/2	20
OTR Hsg. Network	Spring Street	5	3	9	391062	M		3	9	3	12
ReSTOC	Buddy's Place	5	19		391062	SM				19/5	19
ReSTOC	Recovery Hotel	5	20		391062	SM				20/2	20
Tender Mercies	TM Permanent	5	132		391062	SMF				132/8	132
SUBTOTALS:			721	518	SUBTOT. CURRENT INVENTORY:			147	518	721/99	1239

New Inventory in Place in 2005 (Feb. 1, 2005 – Jan. 31, 2006)			Ind.	Fam.							
CILO	CILO-PH new	5	20	35	391062	M		15	35	20	55
City of Cincinnati	SPC-GCHB	5	25		391062	SMF				25/25	25
SUBTOTALS:			45	35	SUBTOTAL NEW INVENTORY:			15	35	45/25	80
Inventory Under Development		Anticipated Occupancy Date									
City of Cincinnati	SPC -DIC	12-01-2006		391062	SMF					27/27	27
SUBTOTAL INVENTORY UNDER DEVELOPMENT:										27/27	27
Unmet Need TOTALS:								25	75	300/150	375
1. Total Year-Round Individual PH Beds:			766		4. Total Year-Round Family Beds:					553	
2. Year-Round Individual PH Beds in HMIS:			766		5. Year-Round Family PH Beds in HMIS:					553	
3. HMIS Coverage Individual PH Beds:			100%		6. HMIS Coverage Family PH Beds:					100%	

*Permanent Supportive Housing is: S+C, Section 8 SRO and SHP-Permanent Housing component. It also includes any permanent housing projects, such as public housing units, that have been dedicated exclusively to serving homeless persons.

CoC-I

J: CoC Housing Inventory Data Sources and Methods Chart

Complete the following charts based on data collection methods and reporting for the Housing Inventory Chart, including Unmet Need determination. The survey must be for a 24-hour point-in-time count during the last week of January 2006.

(1) Indicate date on which Housing Inventory count was completed: <u>01/25/06</u> (mm/dd/yyyy)	
(2) Identify the <i>primary</i> method used to complete the Housing Inventory Chart (check one):	
<input type="checkbox"/>	Housing inventory survey to providers – CoC distributed a housing inventory survey (via mail, fax, or e-mail) to homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input checked="" type="checkbox"/>	On-site or telephone housing inventory survey – CoC conducted a housing inventory survey (via phone or in-person) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
(3) Indicate the percentage of providers completing the housing inventory survey:	
<u>100</u> %	Emergency shelter providers
<u>100</u> %	Transitional housing providers
<u>100</u> %	Permanent Supportive Housing providers
(4) Indicate steps to ensure data accuracy for 2006 Housing Inventory Chart (check all that apply):	
<input type="checkbox"/>	Instructions – Provided written instructions for completing the housing inventory survey.
<input type="checkbox"/>	Training – Trained providers on completing the housing inventory survey.
<input checked="" type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2005 housing inventory to reflect 2006 inventory.
<input checked="" type="checkbox"/>	Follow-up – CoC followed-up with providers to ensure the maximum possible response rate and accuracy of the housing inventory survey.
<input checked="" type="checkbox"/>	Confirmation – Providers or other independent entity reviewed and confirmed information in 2006 Housing Inventory Chart after it was completed.
<input checked="" type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for Housing Inventory Chart.
<input type="checkbox"/>	Other – specify:
Unmet Need:	
(5) Indicate type of data that was used to determine unmet need (check all that apply):	
<input checked="" type="checkbox"/>	Sheltered count (point-in-time)
<input checked="" type="checkbox"/>	Unsheltered count (point-in-time)
<input checked="" type="checkbox"/>	Housing inventory (number of beds available)
<input checked="" type="checkbox"/>	Local studies or data sources – specify: (HMIS data)
<input checked="" type="checkbox"/>	National studies or data sources – specify: (National documentation on disability %)
<input checked="" type="checkbox"/>	Provider opinion through discussions or survey forms (Summit on Homeless Men; FSPP)
<input type="checkbox"/>	Other – specify:
(6) Indicate the <i>primary</i> method used to calculate or determine unmet need (check one):	
<input type="checkbox"/>	Stakeholder Discussion – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input type="checkbox"/>	Calculation – Used local point-in-time (PIT) count data and housing inv. to calculate unmet need
<input type="checkbox"/>	Applied statistics – Used local PIT enumeration data and applied national or other local statistics
<input type="checkbox"/>	HUD unmet need formula – Used HUD's unmet need formula*
<input checked="" type="checkbox"/>	Other – specify: Applied statistics method & HUD formula method
(7) If your CoC made adjustments to calculated unmet need, please explain how and why.	
N/A	

CoC Homeless Population and Subpopulations

K: CoC Point-in-Time Homeless Population and Subpopulations Chart

Indicate date of last point-in-time count: 01/24/2005

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households):	52	78	9	139
1. Number of Persons in Families with Children:	180	245	32	457
2. Number of Single Individuals and Persons in Households without Children:	486	234	167	887
(Add Lines Numbered 1 & 2) Total Persons:	666	479	199	1344
Part 2: Homeless Subpopulations				
	Sheltered		Unsheltered	Total
a. Chronically Homeless (For sheltered, list persons in emergency shelter <i>only</i>)	262		90	352
b. Severely Mentally Ill	280		*	280
c. Chronic Substance Abuse	765		*	765
d. Veterans	99		*	99
e. Persons with HIV/AIDS	34		*	34
f. Victims of Domestic Violence	230		*	230
g. Unaccompanied Youth (Under 18)	283		*	283
<p>If applicable, complete the following section to the extent that the information is available. Be sure to indicate the source of the information by checking the appropriate box:</p> <p>Data Source: <input checked="" type="checkbox"/> Point-in-time count OR <input type="checkbox"/> Estimate</p>				
Part 3: Hurricane Katrina Evacuees	Sheltered*		Unsheltered	Total
Total number of Katrina evacuees as of 4/30/06	288			288
Of this total, enter the number of evacuees homeless prior to Katrina	2			2

* Housed in cooperation with the CoC in the Katrina Temporary Housing Program, paid for by FEMA.

CoC K

L: CoC Homeless Population and Subpopulations Data Sources & Methods Chart

L-1: Sheltered Homeless Population and Subpopulations

(1) Check the <u>primary</u> method used to enumerate sheltered homeless persons in the CoC (check one):	
<input type="checkbox"/>	Point-in-Time (PIT) <u>no interview</u> – Providers did not interview sheltered clients during the point-in-time count
<input type="checkbox"/>	PIT <u>with interviews</u> – Providers interviewed each sheltered individual or household during the point-in-time count
<input type="checkbox"/>	PIT <u>plus sample of interviews</u> – Providers conducted a point-in-time count and interviewed a random sample of sheltered persons or households (for example, every 5th or 10th person)
<input type="checkbox"/>	PIT <u>plus extrapolation</u> – Information gathered from a sample of interviews with sheltered persons or households is extrapolated to the total sheltered population
<input type="checkbox"/>	Administrative Data – Providers used administrative data (case files, staff expertise) to complete client population and subpopulation data for sheltered homeless persons
<input checked="" type="checkbox"/>	HMIS – CoC used HMIS to complete the point-in-time sheltered count and subpopulation information
<input type="checkbox"/>	Other – please specify:
(2) Indicate steps taken to ensure data quality of the sheltered homeless enumeration (check all that apply):	
<input type="checkbox"/>	Instructions – Provided written instructions to providers for completing the sheltered point-in-time count
<input type="checkbox"/>	Training – Trained providers on completing the sheltered point-in-time count
<input type="checkbox"/>	Remind and Follow-up – Reminded providers about the count and followed up with providers to ensure the maximum possible response rate and accuracy
<input checked="" type="checkbox"/>	HMIS – Used HMIS to verify data collected from providers for the sheltered point-in-time count
<input checked="" type="checkbox"/>	Other – please specify: HMIS user training; CoC verification; HMIS policies/procedures
(3) How often will sheltered counts of sheltered homeless people take place in the future?	
<input type="checkbox"/>	Biennial (every two years)
<input checked="" type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input checked="" type="checkbox"/>	Other – please specify: As needed for planning and research
(4) Month and Year when next count of sheltered homeless persons will occur: <u>Jan, 2007</u>	
(5) Indicate the percentage of providers completing the populations and subpopulations survey:	
<u>100%</u>	Emergency shelter providers
<u>100%</u>	Transitional housing providers
<u>100%</u>	Permanent Supportive Housing providers

CoC-L-1

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the primary method used to enumerate unsheltered homeless persons in the CoC:	
<input type="checkbox"/>	Public places count – CoC conducted a point-in-time count <u>without</u> client interviews
<input checked="" type="checkbox"/>	Public places count with interviews – CoC conducted a point-in-time count and interviewed every unsheltered homeless person encountered during the public places count
<input type="checkbox"/>	Sample of interviews – CoC conducted a point-in-time count and interviewed a random sample of unsheltered persons
<input type="checkbox"/>	Extrapolation – CoC conducted a point-in-time count and the information gathered from a sample of interviews was extrapolated to total population of unsheltered homeless people counted
<input type="checkbox"/>	Public places count using probability sampling – High and low probabilities assigned to designated geographic areas based on the number of homeless people expected to be found in each area. The CoC selected a statistically valid sample of each type of area to enumerate on the night of the count and extrapolated results to estimate the entire homeless population.
<input type="checkbox"/>	Service-based count – Interviewed people using non-shelter services, such as soup kitchens and drop-in centers, and counted those that self-identified as unsheltered homeless persons
<input type="checkbox"/>	HMIS – Used HMIS to complete the enumeration of unsheltered homeless people
<input type="checkbox"/>	Other – please specify:
(2) Indicate the level of coverage of the point-in-time count of unsheltered homeless people:	
<input type="checkbox"/>	Complete coverage – The CoC counted every block of the jurisdiction
<input type="checkbox"/>	Known locations – The CoC counted areas where unsheltered homeless people are known to congregate or live
<input checked="" type="checkbox"/>	Combination – CoC counted central areas using complete coverage and also visited known locations
<input type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
(3) Indicate community partners involved in point-in-time unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Outreach teams
<input checked="" type="checkbox"/>	Law Enforcement
<input checked="" type="checkbox"/>	Service Providers
<input checked="" type="checkbox"/>	Community volunteers
<input checked="" type="checkbox"/>	Other – please specify: homeless/formerly homeless persons
(4) Indicate steps taken to ensure the data quality of the unsheltered homeless count (check all that apply):	
<input checked="" type="checkbox"/>	Training – Conducted a training for point-in-time enumerators
<input checked="" type="checkbox"/>	HMIS – Used HMIS to check for duplicate information
<input checked="" type="checkbox"/>	Other – specify: debrief/unduplication meeting with all counters post count
(5) How often will counts of unsheltered homeless people take place in the future?	
<input checked="" type="checkbox"/>	Biennial (every two years)
<input type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input type="checkbox"/>	Quarterly
<input type="checkbox"/>	Other – please specify:
(6) Month and Year when next count of unsheltered homeless persons will occur: Jan, 2007	

CoC-L-2

CoC Homeless Management Information System (HMIS)

M: CoC HMIS Charts

M-1: HMIS Lead Organization Information

Organization Name: The Partnership Center, Ltd.	Contact Person: Michelle Budzek
Phone: 513-891-4016	Email: mbudzek@partnershipcenter.net
Organization Type: State/local government <input type="checkbox"/> Non-profit/homeless provider <input type="checkbox"/> Other <input checked="" type="checkbox"/>	

CoC-M-1

M-2: List HUD-defined CoC Name(s) and Number(s) for every CoC included in HMIS

Implementation:

HUD-Defined CoC Name*	CoC #	HUD-Defined CoC Name*	CoC #
Cincinnati/Hamilton Co. CoC	OH-500		

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC (mm/yyyy)	or	Anticipated Data Entry Start Date for your CoC (mm/yyyy)	If no current or anticipated data entry date, indicate reason: <input type="checkbox"/> New CoC in 2006 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Still in initial implementation process
07/2000			

CoC-M-3

M-4: Client Records**

Calendar Year	Total Client Records Entered in HMIS / Analytical Database (Duplicated)	Total Unduplicated Client Records Entered in HMIS / Analytical Database
2004	83,351	5,959
2005	74,186	7,276

CoC-M-4

M-5: HMIS Participation

a) HMIS participation by program type and funding source (please review instructions)

Program Type	Total number of agencies	Number of agencies participating in HMIS <u>receiving</u> HUD McKinney-Vento funds	Number of agencies participating in HMIS <u>not</u> receiving HUD McKinney-Vento funds
Street Outreach	7	5	0
Emergency Shelter	12	9	0
Transitional Housing	14	11	0
Permanent Supportive Housing	12	12	0
TOTALS:	45	37	0

b) Definition of bed coverage in HMIS (please review instructions)

Program Type	Date achieved or anticipate achieving 75% bed coverage (mm/yyyy)
Emergency Shelter (all beds)	06/2003
Transitional Housing (all beds)	01/2004
Permanent Supportive Housing (McKinney-Vento funded beds only)	12/2004

Challenges and Barriers: Briefly describe any significant challenges/barriers the CoC has experienced in:

1. HMIS implementation. None – other than the funds granted for HMIS do NOT cover the cost.
2. HMIS Data and Technical Standards Final Notice requirements None

M-6: Training, Data Quality and Implementation of HMIS Data & Technical Standards

1. Training Provided (check all that apply)	YES	NO
Basic computer training	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HMIS software training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Privacy / Ethics training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Security Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
System Administrator training	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. CoC Process/Role		
Is there a plan for aggregating all data to a central location, at least annually?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there a plan to monitor compliance with HMIS Data & Technical Standards Final Notice?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Data Collection Entered into the HMIS		
Do all participating agencies submit universal data elements for all homeless persons served?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Do all agencies required to complete a HUD APR, except agencies meeting the definition of domestic violence provider, submit program level data elements to HMIS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Security: Participating agencies have:		
Unique username and password access?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secure location?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Locking screen savers?	<input type="checkbox"/>	<input type="checkbox"/>
Virus protection with auto update?	<input type="checkbox"/>	<input type="checkbox"/>
Individual or network firewalls?	<input type="checkbox"/>	<input type="checkbox"/>
Restricted access for HMIS accessed via public forums (e.g. PKI digital certificates or IP filtering)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Security: Agency responsible for centralized HMIS data collection and storage has:		
Procedures for off-site storage of HMIS data?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disaster recovery plan that has been <u>tested</u> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Privacy Requirements		
Have additional State confidentiality provisions been implemented?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is there a "Purpose for data collection" sign at each intake desk for all participating agencies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does each participating agency have a written privacy policy, including the uses and disclosures of information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does each participating agency have a privacy policy posted on its website (if applicable)? N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Data Quality: CoC has protocols for:		
Client level data quality (i.e. missing birth dates etc.)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Program level data quality (i.e. data not entered by agency in over 14 days)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Assessing CoC bed coverage (i.e. % of beds)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Unduplication of Client Records: CoC process:		
Uses data in the HMIS exclusively to generate unduplicated count?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Uses data integration or data warehouse to generate unduplicated count?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CoC-M-6

Part III: CoC Strategic Planning

N: CoC 10-Year Plan, Objectives, and Action Steps Chart

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	Local Action Steps (How are you going to do it? List action steps to be completed within the next 12 months.)	Measurable Achievement in 12 months	Measurable Achievement in 5 years	Measurable Achievement in 10 years	Lead Person (Who is responsible for accomplishing CoC Objectives?)
<i>EXAMPLE: 1. Create new PH beds for chronically homeless persons.</i>	<i>1. Expand New Hope Housing project with 5 new TRA S+C beds for chronically homeless persons</i>	<i>5 beds</i>	<i>20 beds</i>	<i>50 beds</i>	<i>Carol Smith: Chair, CoC Housing Committee</i>
1. Create new PH beds for chronically homeless persons.	Expand capacity of CoC to house CH with increased SPC capacity.	18 beds	30 beds	60 beds	Linda Seiter, Chair – SPC Group
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	Permanent housing “length of stay” as tracked in HMIS is currently at 82.7%. Action – to sustain or increase current levels.	83%	84%	85%	Linda Seiter, Chair – SPC Group
3. Increase percentage of homeless persons moving from TH to PH to 61%.	Transitional housing moving to PH as tracked in HMIS is currently at 64.7% Action – to sustain or increase current levels.	65%	68%	70%	Patricia Brodrick, Chair – Permanent Housing Group
4. Increase percentage of homeless persons becoming employed by 11%.	Current intake/exit employment levels by category as tracked in HMIS are: ES – 365/548 (4.82% increase); TH 110/205 (18.74% increase); and PH 40/60 9.26% increase). An 11% overall average increase. Action – to sustain or increase current levels.	11%	12%	15%	Alice Skirtz, CM Supervisor – Family Shelter Partnership
5. Ensure that the CoC has a functional HMIS system.	The Cincinnati HMIS System is fully functional with a 96% participation rate and a commitment to participate from the remaining 4%.	100% + Health Care for the Homeless	100% + Data Warehouse	100% +	Michelle Budzek, CoC Facilitator
Other CoC Objectives in 2006					
1. Completion of items identified in U: CoC Achievements Chart	See Achievements Chart – for full action steps.	Con Plan	Con Plan	Con Plan	Michelle Budzek CoC Facilitator

CoC-N

O: CoC Discharge Planning Policy Chart

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	Initial Discussion	Protocol in Development	Formal Protocol Finalized*	Formal Protocol Implemented*
Foster Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Health Care	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Corrections	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Foster Care:

State: The Ohio Dept. of Job and Family Service requires a life skills assessment to be completed on all youth in custody at age 16. Within 30 days of the completed assessment a life skills plan is completed which includes: strengths, limitations, and resources. This plan is reviewed every 90 days until custody is terminated. Youth that have emancipated from care can also request services and support from a Public Children's Service Agency (PCSA). The PCSA is required to evaluate the strengths and needs of the youth and develop a plan which outlines the responsibilities of the youth and of the PCSA. The PCSA may assist the youth with services including room and board.

Local: A review of the state protocol at the local level (Cincinnati/Hamilton County) through the Hamilton County Department of Job and Family Service (HCJFS) indicates that assessments are completed on all foster teens as prescribed above at age 16 or as they come into custody, using the Daniel Memorial Assessing and Contracting with Youth tool which provides for not only the assessments but the follow-up planning. The HCJFS After Care Worker is responsible for devising an individual plan for each emancipated youth, including housing plans. HCJFS is the PCSA responsible for the implementation of the policy at the local level.

Health Care:

State: The State of Ohio does not have a discharge protocol for health care. Discussions are currently underway.

Local: Locally a protocol does exist for homeless discharge from hospitals. The hospitals within Cincinnati and Hamilton County have joined together to fund the CoC's Center for Respite Care which was specifically designed for homeless individuals who were treated in the hospital and need additional medical supports. The protocol developed and utilized throughout the hospitals in the area for admission to Respite requires the hospital to : a) have the hospital social worker provide referral information to Respite; b) Respite admissions staff evaluates patient data to determine if respite care is appropriate; c) hospital staff provides relevant medical background documentation (history, diagnosis, medical notes, discharge summary and treatment plan); d) hospital discharges to Respite with a 30 day supply of all prescribed medications and transports the patient to Respite. Respite, has on staff, a trained Front Line Homeless Worker who then works with the patient to secure income and housing.

Mental Health:

State: Housing is a fundamental element of a community support program of the Ohio Department of Mental Health. It is the policy of ODMH that homeless shelters are not appropriate living arrangements for persons with mental illness. Patients being discharged from ODMH Behavioral Health Organizations/Hospitals are not to be discharged to a shelter or to the street. Community Support Network (CSN) programs are required to have emergency housing plans in place in the event their clients undergo unexpected residential change. This emergency housing plan must be approved by the relevant ODMH BHO Chief Executive Office, the contracting Board for the CSN program, and the BHO CSN Coordinator. ODMH BHO and CSN programs, in conjunction with the responsible or contracting Board or agency, shall exhaust all reasonable efforts to locate suitable housing options for patients being discharged. Patients in ODMH BHOs shall not be discharged to homeless shelters and clients in an ODMH CSN program shall not be removed or relocated from community housing options to homeless shelters unless the responsible board or contract agency has been involved in the decision making process and it is the expressed wish of the affected person and other placement options have been offered to the affected person and refused. When a discharge or relocation to a homeless shelter occurs under these guidelines, the reasons shall be thoroughly documented in the person's chart and reviewed via the BHO's quality improvement process. Persons may not be discharged or relocated to homeless shelters for the convenience of staff, as a punitive measure, or for expediency. ODMH BHO policies shall be consistent with this directive.

Local: The Hamilton County Mental Health Board is in compliance with this directive. Locally, a system of "quick access" beds, within apartments has been developed to support the above policy and protocol. The Quick Access beds are shown on the Housing Inventory, as a method of tracking persons and ensuring discharge to shelters does not occur.

Corrections:

State: It is the policy of the Ohio Department of Rehabilitation and Corrections (ODRC) to not discharge persons to the streets or to a shelter. ODRC provides a holistic and systematic approach to prepare an offender for a successful reentry into the community, beginning at the offender's admission into the department, and continue until his or her final release from supervision. Reentry planning will address an offender's programming needs, linkages to the community and appropriate community supervision activities subsequent to release. Protocol includes:

- At 180 days prior to release, offenders are offered release preparation classes that address areas such as job searching, resume writing, interviewing skills, job retention, community resources, goal setting and substance abuse, mental health and medical issues.
- Within 90-120 days prior to release, case managers will assist offenders in determining potential housing options for release to the community. Potential housing options will be entered onto the offender's reentry plan.
- Within 90 days of release, case managers will review with offenders documentation requirements. The case manager will assist the offender in acquiring those documents needed for the purpose of identification and obtaining employment. Such documents may include, but are not limited to a Social Security replacement card, birth certificate, and Veteran's Discharge Status form.
- If applicable, appropriate community linkages will be made for offenders with substance abuse issues, mental health diagnoses and medical concerns. Currently there are several pilot projects going on in the State of Ohio to increase an offender's ability to access Medicaid and Social Security more quickly and to be linked with mental health services and housing upon discharge.

- At 30 days prior to release, the case manager will finalize housing plans and the need for any other documentation for purposes of identification. The case manager will also discuss transportation plans and secure transportation if necessary. All plans for final release will be documented in the offender’s reentry plan.

Local: In November, 2005 Talbert House was awarded a \$600,000 annual grant for three years from the U.S. Department of Labor’s Prisoner Re-entry Initiative. The program furthers the state policy/protocol for workforce stabilization in an effort to maintain housing at the local level. The program offers 200 adult non-violent ex-offenders in Hamilton County a full array of services to help them successfully return to the community, including job training, case management, and social support and mentoring. Talbert House was the only agency in Ohio to receive these funds.

CoC-O

P: CoC Coordination Chart

Consolidated Plan Coordination	YES	NO
a. Do Con Plan planners, authors and other Con Plan stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Do CoC members participate in Con Plan planning meetings, focus groups, or public forums?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Were CoC strategic plan goals addressing homelessness and chronic homelessness used in the development of the Con Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Jurisdictional 10-year Plan Coordination		
a. Are there separate formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography? (If No, you may skip to the next section of this chart.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).		
Policy Academy* Coordination	YES	NO
a. Do CoC members participate in State Policy Academy meetings, focus groups, public forums, or listservs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Were CoC strategic plan goals adopted by the CoC as a result of communication/coordination with the State Policy Academy Team?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Has the CoC or any of its projects received state funding as a result of its coordination with the State Policy Academy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coordination with State Education Agencies		
a. Did the CoC provide the state education agency with a list of emergency and transitional housing facilities located within the CoC boundaries that serve families with school-age children or school-age unaccompanied youth under the age of 18?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CoC-P

CoC 2006 Funding Priorities

Q: CoC Project Priorities Chart

HUD-defined CoC Name: Cincinnati/Hamilton County CoC						CoC #:OH-500			
(1) SF-424 Applicant Name	(2) Project Sponsor Name	(3) Project Name	(4) Priority	(5) Requested Project Amount ***	(6) Term	(7) Program and Component Type**			
						SHP New	SHP Renewal	S+C New	SRO New
Over-the-Rhine Community Housing	Over-the-Rhine Community Housing	Samaritan Initiative PH/CH	1	842,860	3	x			
Tender Mercies, Inc.	Tender Mercies, Inc.	Tender Mercies Transitional Housing	2	175,889	3		x		
Young Women's Christian Association of Greater Cincinnati, Inc.	Young Women's Christian Association of Greater Cincinnati, Inc.	Women's Work Project	3	322,638	3		x		
Shelterhouse Volunteer Group, Inc.	Shelterhouse Volunteer Group, Inc.	DIC Transitional Housing	4	140,931	3		x		
Greater Cincinnati Oral Health Council	Greater Cincinnati Oral Health Council	Oral Health for the Homeless	5	539,294	3		x		
Lighthouse Youth Services, Inc.	Lighthouse Youth Services, Inc.	Lighthouse TH (Josephine/Bram ble)	6	441,075	3		x		
Ohio Valley Goodwill Industries, Inc.	Ohio Valley Goodwill Industries, Inc.	Permanent Housing for Persons with Disabilities	7	516,000	3		x		
Bethany House Services, Inc.	Bethany House Services, Inc.	Family Shelter Partnership Program	8	949,614	3		x		
FreeStore/Food Bank, Inc.	FreeStore/Food Bank, Inc.	FSFB Housing Placement Pgm.	9	505,397	3		x		
Center for Respite Care, Inc.	Center for Respite Care, Inc.	Respite PH	10	485,760	3	x			

Bethany House Services, Inc.	Bethany House Services, Inc.	Bethany Place	11	78,523	3		x		
Ohio Valley Goodwill Industries	Ohio Valley Goodwill Industries	Homeless Reintegration	12	357,926	3		x		
Justice Watch, Inc.	Justice Watch, Inc.	Garden St. Transitional Housing	13	183,621	3		x		
Health Foundation Fund	Health Foundation Fund	HMIS	14	857,103	3		x		
(8) Subtotal: Requested Amount for CoC Competitive Projects:***				\$6,396,631					
(9) Shelter Plus Care Renewals:****					S+C Component Type**				
City of Cincinnati	Caracole, Excel, Lighthouse, Talbert	SPC Consolidated Renewal of OHC50-0021	15	3,219,756	3	TRA			
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$3,219,756					
(11) Total CoC Requested Amount:				\$9,616,387					

CoC-Q

S: CoC Project Leveraging Summary Chart

All written commitment in hand at the time of application are included in this leveraging chart.

Name of Continuum	Total Value of Written Commitment
Cincinnati/Hamilton County CoC	\$46,839,140

CoC-S

T: CoC Current Funding and Renewal Projections Chart

Congress has asked HUD to provide estimates of expected renewal amounts over the next five years. Please complete the chart below to help HUD arrive at the most accurate estimate possible. For further instructions in filling out this chart, see the Instructions section.

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:												
Type of Housing	All SHP Funds Requested (Current Year)		Renewal Projections									
	2006		2007		2008		2009		2010		2011	
Transitional Housing (TH)	1,020,039		1,574,028		833,172		1,156,672		2,313,343		2,868,791	
Safe Havens-TH												
Permanent Housing (PH)	2,350,017		2,242,082		3,427,599		2,704,459		1,726,858		2,026,349	
Safe Havens-PH												
SSO	2,169,472		1,746,178		1,301,517		1,415,457		1,236,387		381,448	
HMIS	857,103						285,700		285,700		285,700	
Totals	6,396,631		5,562,288		5,562,288		5,562,288		5,562,288		5,562,288	
Shelter Plus Care (S+C) Projects:												
Number of Bedrooms	All S+C Funds Requested (Current Year)		Renewal Projections									
	2006		2007		2008		2009		2010		2011	
	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
0	6	30,744	26	133,224	26	133,224	26	133,224	26	133,224	26	133,224
1	377	2,289,144	395	2,398,440	413	2,507,736	463	2,811,336	490	2,975,280	490	2,975,280
2	70	550,200	71	558,060	76	597,360	76	597,360	76	597,360	76	597,360
3	27	284,148	27	284,148	28	294,672	28	294,672	28	294,672	28	294,672
4	6	65,520	6	65,520	6	65,520	6	65,520	6	65,520	6	65,520
5	0	0	0	0	0	0	0	0	0	0	0	0
Totals	486	3,219,756	525	3,439,392	549	3,598,512	599	3,902,112	626	4,066,056	626	4,066,056

Part IV: CoC Performance

U: CoC Achievements Chart

Enter the goals and action steps that you that you listed on your 2005 CoC application and briefly describe measurable achievements in the past 12 months. The information provided in the first two columns should be the same as provided in the 2005 CoC application. Add rows as needed.

Goals	Action Steps	Measurable Achievements
Chronic Homelessness Goals		
1. Need: 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	Created training on HMIS to secure accurate data. Baseline to be established in 2006. Held Summit on Homeless Individuals to identify scope/needs.
	B. Determine the number of permanent service-enriched permanent housing units required to meet the need	To be accomplished based on 1.A
2. Quantity: 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.)	New Samaritan Project, proposed in 2006 application creates one such permanent housing facility – 15 units.
	B. Create new service-enriched permanent housing units or tenant based rental assistance to begin to meet the need documented in 1b.	A new SHP-PH project was proposed by Center for Respite Care in 2006 adding 20 units to the housing inventory in 2007.
3. Quality: Ensure high quality housing & services are available to meet the needs of CH	A. Continue to increase the quality & quantity of Case Management services.	Continued Front-Line-Worker (FLW) Training. Certified an additional 21 FLW. Added a FLW Supervisor Training Program.
	B. Create new methods to ensure substance abuse & mental health treatment is sufficiently available to address the needs of CH.	SA- New Homeless Housing Residential Treatment Program was begun, 2005. The program creates a new access and assessment point for all homeless, places in appropriate treatment levels, and ensures housing and follow-up upon discharge. MH – To do

<p>4 . Access/Paradigm Shift: Ensure CH efficiently & effectively obtain any/all mainstream resources & community systems or services they are eligible for.</p>	<p>A. Identification of system barriers.</p>	<p>Medicaid barrier for single individuals identified. Inconsistent medical documentation between SSA and ODJFS lead to denial of Medicaid for many individuals. CoC addressed the issue with the Interagency Council on Housing & Homelessness and initiated statewide change.</p>
<p>Other Homelessness Goals</p>		
<p>1. Need: Ensure that information regarding numbers, scope and needs of homeless persons are up to date.</p>	<p>A. Complete full community implementation of HMIS.</p>	<p>Substantial progress made 96% of all shelter, TH & PH beds on system. All others committed. Additionally outreach and all services only are on or committed.</p>
	<p>B. Conduct a regular audit of the validity of HMIS data.</p>	<p>Protocol to be developed.</p>
	<p>C. Based on data review determine the number of service-enriched PH units required for persons other than CH.</p>	<p>Tentative numbers reported in this application, further review and community input needs to be sought.</p>
	<p>D. Continue the engagement of homeless persons in determination of need.</p>	<p>Homeless Think Tank continued in 2006. Sixty homeless persons attended and provided input on needs. Summary information shared with all providers.</p>
	<p>E. Initiate a process to track recidivism for persons other than CH.</p>	<p>FSP working with a process for families. Summit on Men began looking at recidivism for individuals.</p>
<p>2. Quantity: Ensure a sufficient quantity of suitable housing is available to meet the needs of the homeless</p>	<p>A. Maintain the existing capacity level within the emergency shelter system.</p>	<p>Capacity maintained.</p>
	<p>B. Maintain the existing level of TH beds and PH units.</p>	<p>Capacity maintained.</p>
	<p>C. Increase the availability of affordable permanent housing options for homeless indiv/fam. other than CH.</p>	<p>One new permanent housing program was proposed by Respite Center for individuals who may or may not be CH.</p>

<p>3. Quality: Ensure high quality housing & services are available to meet the needs of all of the communities homeless.</p>	<p>A. Maintain all shelters and TH programs to “Minimum Standards” levels.</p>	<p>All funded shelters and TH programs passed Minimum Standards in 2005.</p>
	<p>B. Continue FLWT, updating the curriculum to meet quality standard needs.</p>	<p>Continued Front-Line-Worker (FLW) Training. Certified an additional 21 FLW. Added a FLW Supervisor Training Program.</p>
	<p>C. Support agency use of HMIS data in determination of program effectiveness & staff evaluations.</p>	<p>HMIS APR outcome measurement data was incorporated into renewal scoring in 2006 as a partial measure of program effectiveness.</p>
	<p>D. Continue the “inclusive” community based CoC process.</p>	<p>CoC continues to operate an inclusive system.</p>
<p>4. Access/Paradigm Shift: Ensure homeless persons efficiently & effectively obtain any/all mainstream resources & community systems or services they are eligible for.</p>	<p>A. Review/develop improvements to the system to access TH</p>	<p>No progress on goal.</p>
	<p>B. Review/develop improvements to the system to access SPC</p>	<p>SPC providers began a working group in 2006 to identify and address system access issues.</p>
	<p>C. Implement the new Homeless Housing Residential Treatment Program.</p>	<p>Program implemented in 2005 serving in excess of 100 persons to date.</p>

CoC-U

V: CoC Chronic Homeless (CH) Progress Chart

Year	(1) Number of CH Persons	(2) Number of PH beds for the CH	(3) New PH beds for the CH between Feb. 1, 2005 – Jan. 31, 2006	(4) Identify the cost of the <u>new</u> CH beds from each funding source			
				Public			Private
				Federal	State	Local	
2004	360	0					
2005	352	50					
2006	352	99	25	\$1,057,170	\$169,470	\$387,360	\$
(5) Briefly describe the reason(s) for any changes in the total number of the chronically homeless between 2005 and 2006 (use less than one-half page).							
Point in time count completed in 2005. No change noted, per instructions, as no 2006 count was conducted.							

CoC-V

W: CoC Housing Performance Chart

1. Participants in Permanent Housing		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR
<input checked="" type="checkbox"/>	<u>All</u> PH renewal projects with APRs submitted are included in calculating the responses below	Data
a.	Number of participants who exited PH project(s)—APR Question 12(a)	61
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	31
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	27
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	21
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b. multiplied by 100 = e.)	52%
2. Participants in Transitional Housing (TH)		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR
<input checked="" type="checkbox"/>	<u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	Data
a.	Number of participants who exited TH project(s)—including unknown destination	71
b.	Number of participants who moved to PH	50
c.	Percent of participants in TH projects who moved to PH (b. divided by a. multiplied by 100 = c.)	70%

CoC-W

X: Mainstream Programs and Employment Project Performance Chart

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	All non-HMIS renewal projects on the CoC Priorities Chart that submitted an APR are included in calculating the responses below.

(1) Number of Adults Who Left (Use same number in each cell)	(2) Income Source	(3) Number of Exiting Adults with Each Source of Income	(4) Percent with Income at Exit (Col 3÷Col 1 x 100)
853	a. SSI	129	15.1%
853	b. SSDI	32	3.8%
853	c. Social Security	15	1.8%
853	d. General Public Assistance	3	0.4%
853	e. TANF	214	25.1%
853	f. SCHIP	3	0.4%
853	g. Veterans Benefits	6	0.7%
853	h. Employment Income	188	22.0%
853	i. Unemployment Benefits	5	0.6%
853	j. Veterans Health Care	37	4.3%
853	k. Medicaid	430	50.4%
853	l. Food Stamps	455	53.3%
853	m. Other (please specify)	133	15.6%
853	n. No Financial Resources	156	18.3%

CoC-X

Y: Enrollment and Participation in Mainstream Programs Chart

Check those activities implemented by a majority of your CoC's homeless assistance providers (check all that apply):	
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have case managers systematically assist clients in completing applications for mainstream benefit programs.
<input checked="" type="checkbox"/>	The CoC systematically analyzes its projects' APRs to assess and improve access to mainstream programs.
<input checked="" type="checkbox"/>	The CoC contains a specific planning committee to improve CoC-wide participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers use a single application form for four or more of the above mainstream programs.
<input checked="" type="checkbox"/>	The CoC systematically provides outreach and intake staff specific, ongoing training on how to identify eligibility and program changes for mainstream programs.
<input checked="" type="checkbox"/>	The CoC has specialized staff whose only responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments.
<input checked="" type="checkbox"/>	A majority of homeless assistance providers have staff systematically follow-up to ensure that mainstream benefits are received.
<input checked="" type="checkbox"/>	The CoC coordinates with the State Interagency Council(s) on Homelessness to reduce or remove barriers to accessing mainstream services.

CoC-Y

Z: Unexecuted Grants Awarded Prior to the 2005 CoC Competition Chart

Provide a list of all HUD McKinney-Vento Act awards made prior to the 2005 competition that are not yet under contract (i.e., signed grant agreement or executed ACC).

Project Number	Applicant Name	Project Name	Grant Amount
None			
		Total:	0

CoC-Z

AA: CoC Participation in Energy Star Chart

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to promote energy efficiency, and are specifically encouraged to purchase and use Energy Star labeled products. For information on the Energy Star initiative go to: http://www.energystar.gov .
Have you notified CoC members of the Energy Star initiative? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: <u>100%</u>

AB: Section 3 Employment Policy Chart

	YES	NO
1. Is any project in your CoC requesting HUD funds for housing rehabilitation or new construction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. If you answered yes to Question 1: Is the project requesting \$200,000 or more?	<input type="checkbox"/>	<input type="checkbox"/>
<p>3. If you answered yes to Question 2: What activities will the project undertake to ensure that employment and other economic opportunities are directed to low- and very low-income persons, per the Housing and Urban Development Act of 1968 (known as “Section 3”)?</p> <p>Check all that apply:</p> <p><input type="checkbox"/> The project will have a preference policy for hiring low- and very low-income persons residing in the service area or neighborhood where the project is located, and for hiring Youthbuild participants/graduates.</p> <p><input type="checkbox"/> The project will advertise at social service agencies, employment and training centers, community centers, or other organizations that have frequent contact with low- and very low-income individuals, as well as local newspapers, shopping centers, radio, etc.</p> <p><input type="checkbox"/> The project will notify any area Youthbuild programs of job opportunities.</p> <p><input type="checkbox"/> If the project will be awarding competitive contracts of more than \$100,000, it will establish a preference policy for “Section 3 business concerns”* that provide economic opportunities and will include the “Section 3 clause”** in all solicitations and contracts.</p>		
<p>*A “Section 3 business concern” is one in which: 51% or more of the owners are section 3 residents of the area of service; <u>or</u> at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; <u>or</u> evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided.</p> <p>**The “Section 3 clause” can be found at 24 CFR Part 135.</p>		