
2007 Continuum of Care for the Homeless Exhibit 1

Part I: CoC Organizational Structure

HUD-Defined CoC Name:*	CoC Number*
Cincinnati/Hamilton County CoC	OH-500

A: CoC Lead Organization Chart

CoC Lead Organization: City of Cincinnati for the Homeless Clearinghouse		
CoC Contact Person: Michelle Budzek		
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) 324-8806	
Email Address: mbudzek@partnershipcenter.net		

B: CoC Geography Chart

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

Geographic Area Name	6-digit Code

CoC Structure and Decision-Making Processes

C: CoC Groups and Meetings Chart

CoC Planning Groups		Meeting Frequency (check only one column)				Enter the number of organizations/entities that are members of each CoC planning group listed on this chart.
		At Least Monthly	At Least Quarterly	At Least Biannually	Annually	
CO Primary Decision-Making Group (list only one group)						
Name:	Cincinnati/Hamilton Co. - Homeless Clearinghouse		x			14
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:	Benefit Access Group (BAG)		x			5
Role:	Provides oversight/monitoring of the SSI demonstration efforts and works to improve/streamline access to other appropriate mainstream resources for single individuals (e.g. Medicaid, Food Stamps, 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		43
Role:	Inclusive process that included 97 persons and 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:	Transitional Housing Workgroup		x		8
Role:	Facilitates communication among SHP Transitional Housing programs, works to improve knowledge of and access to TH and promotes best-practices in TH.				

D: CoC Planning Process Organizations Chart

	Specific Names of All CoC Organizations	Geographic Area Represented	Subpopulations Represented, if any* (no more than 2 per organization)	
PUBLIC SECTOR	STATE GOVERNMENT AGENCIES			
	Interagency Council on Homelessness and Housing (Governors Council)	CITY OF CINCINNATI HAMILTON COUNTY		
	Bureau of Disability Determination	CITY OF CINCINNATI HAMILTON COUNTY		
	Ohio Department of Development	CITY OF CINCINNATI HAMILTON COUNTY		
	Ohio Department of Mental Health	CITY OF CINCINNATI HAMILTON COUNTY	SMI	
	Social Security Administration (state and local offices)	CITY OF CINCINNATI HAMILTON COUNTY		
	LOCAL GOVERNMENT AGENCIES			
	City of Cincinnati – Budget/Evaluation Dept.	CITY OF CINCINNATI		
	City of Cincinnati – Department of Community Development and Planning	CITY OF CINCINNATI		
	City of Cincinnati – Health Department	CITY OF CINCINNATI		
	Hamilton County – Community Development Department	HAMILTON COUNTY		
	Hamilton County – Department of Job and Family Services (Income Maintenance & Children’s Services Division)	HAMILTON COUNTY		
	Hamilton County – Department of Job and Family Services – Mount Airy Shelter	HAMILTON COUNTY	VET	SA
	Hamilton County Mental Health and Recovery Services Board	HAMILTON COUNTY	SMI	SA
	PUBLIC HOUSING AGENCIES			
	Cincinnati Metropolitan Housing Authority	CITY OF CINCINNATI & HAMILTON COUNTY		
	SCHOOL SYSTEMS / UNIVERSITIES			
	Cincinnati Public Schools – Project Connect	CITY OF CINCINNATI	Y	
	LAW ENFORCEMENT / CORRECTIONS			
	City of Cincinnati – Police Department	CITY OF CINCINNATI		
Hamilton County – Adult Parole Authority	HAMILTON COUNTY			

	Hamilton County – Justice Center	HAMILTON COUNTY		
	Hamilton County – Municipal Court	HAMILTON COUNTY		
	LOCAL WORKFORCE INVESTMENT ACT (WIA) BOARDS			
	Hamilton County JFS	HAMILTON COUNTY		
	OTHER			
	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	VET	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	VET	
	Over the Rhine Community Housing	CITY OF CINCINNATI HAMILTON COUNTY	SA	
	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			
Cincinnati Interfaith Worker Center	CITY OF CINCINNATI HAMILTON COUNTY		
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		
Metropolitan Area Religious Coalition	CITY OF CINCINNATI HAMILTON COUNTY		
Salvation Army of Greater Cincinnati	CITY OF CINCINNATI HAMILTON COUNTY		
St. Francis/St. Joseph Catholic Worker House	CITY OF CINCINNATI HAMILTON COUNTY		
St. Vincent de Paul Society	CITY OF CINCINNATI HAMILTON COUNTY		
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	CITY OF CINCINNATI HAMILTON COUNTY		
BUSINESSES (BANKS, DEVELOPERS, BUSINESS ASSOCIATIONS, ETC.)			
Center City Development Corporation	CITY OF CINCINNATI HAMILTON COUNTY		
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		
PNC Bank	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 – Psychiatric Emergency/Mobile Crisis Unit	CITY OF CINCINNATI HAMILTON COUNTY	SMI	

Veterans Administration	CITY OF CINCINNATI HAMILTON COUNTY	VET	
HOMELESS / FORMERLY HOMELESS PERSONS			
Bob McGonagle (one of 60 persons attending the 07 Homeless Think Tank, attended Large Group Scoring)	CITY OF CINCINNATI HAMILTON COUNTY		
Paul Strunk, (homeless, one of 60 persons attending the 07 Homeless Think Tank, member of Youth Empowerment Project)	CITY OF CINCINNATI HAMILTON COUNTY		
OTHER			

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

E: CoC Governing Structure Chart

<p>1. Is the CoC's primary decision-making body a legally recognized organization (check one)?</p> <p><input type="checkbox"/> Yes, a 501(c)(3)</p> <p><input type="checkbox"/> Yes, a 501(c)(4)</p> <p><input type="checkbox"/> Yes, other – specify: _____</p> <p><input checked="" type="checkbox"/> No, not legally recognized</p>	
<p>2. If your CoC were provided with additional administrative funds from HUD, would the primary decision-making body, or an agent designated by it (e.g. a city or non-profit organization), be able to be responsible for activities such as applying for HUD funding and serving as the grantee, providing project oversight, and monitoring? Explain.</p> <p>The Cincinnati/Hamilton County CoC continues to utilize an inclusive process of primary decision making. That process has proven highly effective within the community and has generated high process scores with HUD, an exceedingly high community participation rate, high outcomes, and 100% HMIS participation. The CoC has elected to continue this methodology for decision making and has elected the "Homeless Clearinghouse" as the official guiding body of the process. This year the CoC has also incorporated and has submitted all required papers to the IRS to become a 501(c)3 non-profit. This new non-profit is not designed to supplant the inclusive decision making system of the Cincinnati/Hamilton County CoC but rather "codifies" the Homeless Clearinghouse within the incorporation papers of the non-profit as the body responsible for oversight of the allocation process and empowers the non-profit to serve as the fiscal agent for the CoC responsible for applying for funding, project oversight and monitoring. This structure blends the original national emphasis of the local continua to be strong, inclusive open processes with the need to provide local oversight and fiscal management without reliance on units of local government, but with their continued participation and support.</p>	
<p>3. What percentage of the decision-making body membership represents the private sector, including non-profit providers, homeless or formerly homeless persons, advocates and consumer interests, etc.?</p>	<p>86%</p>

4a. Indicate how the **members** of the primary decision-making body are selected (check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Elected | <input type="checkbox"/> Assigned/Volunteer |
| <input checked="" type="checkbox"/> Appointed | <input checked="" type="checkbox"/> Other – specify: homeless nominee/recommended person(s) |

4b. Briefly explain the selection process. (For example, if 5 members are appointed and 6 are elected, explain why this process was established and describe how it works.)

The Homeless Clearinghouse uses the following selection process:

The City of Cincinnati – Community Development Department, Hamilton County – Department of Community Development, and The Greater Cincinnati Coalition for the Homeless each have a seat appointed by the Director of the office (usually the director themselves with a designee for absence).

The CoC working groups annually elect a representative to the Clearinghouse at the first meeting of each calendar year.

Homeless/formerly homeless persons are nominated by providers to serve on the Clearinghouse and are generally supported by a representative from one of the working groups for transportation, etc.

Staffing for the Clearinghouse is provided by the Partnership Center.

5. Indicate how the **leaders** of the primary decision-making body are selected (check all that apply):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Elected | <input type="checkbox"/> Assigned/Volunteer |
| <input type="checkbox"/> Appointed | <input type="checkbox"/> Other – specify: _____ |

F: CoC Project Review and Selection Chart

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. Please mark all appropriate boxes to indicate all of the methods and processes the CoC used in the past year to assess project(s) performance, effectiveness, and quality, particularly with respect to the Project Priorities Chart (CoC-Q). This applies to new and renewal projects. Check all that apply:

1. Open Solicitation			
a. Newspapers	<input type="checkbox"/>	d. Outreach to Faith-Based Groups	<input checked="" type="checkbox"/>
b. Letters/Emails to CoC Membership	<input checked="" type="checkbox"/>	e. Announcements at CoC Meetings	<input checked="" type="checkbox"/>
c. Responsive to Public Inquiries	<input checked="" type="checkbox"/>	f. Announcements at Other Meetings	<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 for Performance Results	<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) (<i>HMIS Audit</i>)	<input checked="" type="checkbox"/>	p. Review Match	<input checked="" type="checkbox"/>
h. Survey Clients	<input checked="" type="checkbox"/>	q. Review All Leveraging Letters (to ensure that they meet HUD requirements)	<input checked="" type="checkbox"/>
i. Evaluate Project Readiness	<input checked="" type="checkbox"/>		
3. Voting/Decision System			
a. Unbiased Panel / Review Committee	<input checked="" type="checkbox"/>	d. One Vote per Organization	<input type="checkbox"/>
b. Consumer Representative Has a Vote	<input checked="" type="checkbox"/>	e. Consensus (general agreement)	<input type="checkbox"/>
c. All CoC Members Present Can Vote	<input checked="" type="checkbox"/>	f. Voting Members Abstain if Conflict of Interest	<input checked="" type="checkbox"/>

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.	

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				
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
City of Cincinnati – Police Department (HOG)																		
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	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/Payee Program)	x	x							x									x
First Step Home (HHRT Program)											x							
Greater Cincinnati Behavioral Health (PATH)						x			x	x		x						
Greater Cincinnati Coalition for the Homeless (HOG)						x		x										
Greater Cincinnati Oral Health Care (Health Care for the Homeless)													x					
Health Resource Center (Health Care for the Homeless)												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
Legal Aid Society of Greater Cincinnati					x													
Lighthouse Youth Services – (Street Outreach Program)						x			x	x	x		x					x
Joseph House (Landing Zone Lounge)						x					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																
Tri-County Soul Ministries (FEMA Program)	x	x																
Valley Interfaith (FEMA Program)	x	x																
YWCA (Women’s Work Program)									x	x					x	x		

CoC Housing Inventory and Unmet Needs

I: CoC Housing Inventory Charts

This section includes three housing inventory charts—for emergency shelter, transitional housing, and permanent housing. Note that the information in these charts should reflect a point-in-time count.

I: CoC Housing Inventory Charts

Emergency Shelter: Fundamental Components in CoC System – Housing Inventory Chart													
Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	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	
			Ind.	Fam.		A	B	Fam. Units	Fam. Beds	Indiv. Beds		Seasonal	O/V*
Current Inventory (Available for Occupancy on or before Jan. 31, 2006)			Ind.	Fam.									
Bethany House	Bethany House*	PA	2	23	391062	M		0	23	2	25	0	4
Ctr. for Respite Care	Respite Center*	PA	15	0	391062	SMF		0	0	15	15	0	0
City Gospel Mission	City Gospel Mission	PA	36	0	391062	SM		0	0	36	36	0	0
Drop Inn Center	Men's Dorm*	PA	204	0	391062	SM		0	0	204	204	0	50
Drop Inn Center	Women's Dorm*	PA	38	0	391062	SF		0	0	38	38	0	0
HCCMHB	Quick Access	PA	10	0	399061	SMF		0	0	10	10	0	0
HCJFS	Child Svs/Sycamore Arms	PA	0	30	399061	FC		0	30	0	30	0	15
Interfaith Hospitality Network	Interfaith Hospitality Network*	PA	0	32	399062	M		0	32	0	32	0	0
Lighthouse Youth Services	Youth Crisis Center*	PA	20	0	391062	YMF		0	0	20	20	0	0
Mercy Franciscan at St. Johns	St John's Temp. Housing*	PA	0	43	391062	FC		6	43	0	43	0	0
Mercy Franciscan at St. Johns	Anna Louise Inn*	PA	6	34	391062	M		0	34	6	40	0	0
Mt. Airy Shelter	Mt. Airy Shelter*	PA	65	0	399061	SM		0	0	65	65	0	0
Salvation Army	Salvation Army*	PA	1	19	391062	M		0	19	1	20	0	0
St Francis/St Joseph Catholic Worker Hs.	Catholic Worker	PA	16	0	391062	SM		0	0	16	16	0	0
YWCA**	Battered Women's Shelter*	PA	0	0	391062	M	DV	0	45	20	65	0	0
SUBTOTALS:			413	181	SUBTOTAL CURRENT INVENTORY:			6	226	433	659	0	69

New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)				Ind.	Fam.										
N/A															
SUBTOTALS:				0	0	SUBTOTAL NEW INVENTORY:		0	0	0	0	0	0		
Inventory Under Development (Available for Occupancy after January 31, 2007)				Anticipated Occupancy Date											
N/A				N/A											
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	0	0	0	0		
Unmet Need								UNMET NEED TOTALS:		0	0	0	0	0	0
Total Year-Round Beds—Individuals					Total Year-Round Beds—Families										
1. Total Year-Round Individual Emergency Shelter (ES) Beds:		433			6. Total Year-Round Family Emergency Shelter (ES) Beds:				226						
2. Number of DV Year-Round Individual ES Beds:**		20			7. Number of DV Year-Round Family ES Beds:				45						
3. Subtotal, non-DV Year-Round Individual ES Beds (Line 1 minus Line 2):		413			8. Subtotal, non-DV Year-Round Family ES Beds (Line 6 minus Line 7):				181						
4. Total Year-Round Individual ES Beds in HMIS:		413			9. Total Year-Round Family ES Beds in HMIS				181						
5. HMIS Coverage—Individual ES Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):		100%			10. HMIS Coverage—Family ES Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):				100%						

*In the column labeled "O/V," enter the number of Overflow and Voucher Beds

**DV Shelter does not participate in HMIS, per VAWA, but is funded through ESG. It does participate in VESTA – a community based system designed to support clients access to housing and services and case management though maintenance of vigorous confidentiality protocols and procedures.

I: CoC Housing Inventory Charts

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

Provider Name	Facility Name* *Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.	HMIS Part. Code	Number of Year-Round Beds in HMIS		Geo Code <input type="checkbox"/>	Target Pop		Year-Round			Total Year-Round Beds
						A	B	Fam. Units	Fam. Beds	Indiv. Beds	
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.							
Bethany House	Bethany Place*	PA	5	0	391062	SF		0	0	5	5
Caracole, Inc.	Caracole House*	PA	10	0	391062	SMF	HIV	0	0	10	10
Caracole, Inc.	Recovery Community*	PA	11	0	391062	SMF	HIV	0	0	11	11
City Gospel Mission	Exodus	PA	10	0	391062	SM		0	0	10	10
Drop Inn Center	Recovery Program*	PA	20	0	391062	SM		0	0	20	20
Drop Inn Center	DIC-Transitional Housing*	PA	18	0	391062	SM		0	0	18	18
Grace Place Catholic Wkr.	Grace Place	PA	3	6	391062	M		0	6	3	9
Lighthouse Youth Services	Reading*	PA	12	0	391062	SM		0	0	12	12
Lighthouse Youth Services	Scattered Site*	PA	4	25	391062	M		10	25	4	29
Joseph House	Joseph House*	PA	11	0	391062	SM	VET	0	0	11	11
Joseph House	Moses House*	PA	16	0	391062	SM	VET	0	0	16	16
Justice Watch	Garden Street*	PA	7	0	391062	SM		0	0	7	7
MHRS	HHRT	PA	18	2	391062	M		0	2	18	20
Ohio Valley Goodwill	Leasing Pool*	PA	20	60	391062	M		15	60	20	80
Ohio Valley Goodwill	Goodwill Dorm	PA	24	0	391061	SM	VET	0	0	24	24
Salvation Army	SA Transitional*	PA	0	14	391062	FC		5	14	0	14
Tender Mercies	TM Transitional*	PA	16	0	391062	SMF		0	0	16	16
Tom Geiger**	Geiger- original*	PA	0	0	391062	M	DV	6	15	6	21
Tom Geiger	Geiger/Talbert	PA	0	13	391062	FC		6	13	0	13
Tom Geiger**	Gertrude*	PA	0	0	391062	FC	DV	12	30	0	30

YWCA**	YWCA- TH*	PA	0	18	391062	FC	DV	6	18	0	18				
SUBTOTALS:			205	138	SUBTOTAL CURRENT INVENTORY:			60	183	211	394				
New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)				Ind.	Fam.										
None			0	0				0	0	0	0				
SUBTOTALS:			0	0	SUBTOTAL NEW INVENTORY:			0	0	0	0				
Inventory Under Development (Available for Occupancy after January 31, 2007)				Anticipated Occupancy Date											
None								0	0	0	0				
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	0	0				
Unmet Need								UNMET NEED TOTALS:				20	60	20	80
Total Year-Round Beds—Individuals						Total Year-Round Beds—Families									
1. Total Year-Round Individual Transitional Housing Beds:			211			6. Total Year-Round Family Transitional Housing Beds:			183						
2. Number of DV Year-Round Individual TH Beds:			6			7. Number of DV Year-Round Family TH Beds:			45						
3. Subtotal, non-DV Year-Round Individual TH Beds (Line 1 minus Line 2):			205			8. Subtotal, non-DV Year-Round Family TH Beds (Line 6 minus Line 7):			138						
4. Total Year-Round Individual TH Beds in HMIS:			205			9. Total Year-Round Family TH Beds in HMIS			138						
5. HMIS Coverage—Individual TH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):			100 %			10. HMIS Coverage—Family TH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):			100 %						

**DV TH casemanagement provider does not participate in HMIS, per VAWA. It does participate in VESTA – a community based system designed to support clients access to housing and services and case management though maintenance of vigorous confidentiality protocols and procedures.

I: CoC Housing Inventory Charts

Permanent Supportive Housing*: Fundamental Components in CoC System – Housing Inventory Chart											
Provider Name	Facility Name <small>*Place an asterisk after the facility name if it receives HUD McKinney-Vento dollars.</small>	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	Fam. Units	Fam. Beds	Indiv./CH Beds	
Current Inventory (Available for Occupancy on or before January 31, 2006)			Ind.	Fam.							
CILO	CILO*		20	36	391062			15	36	20	56
City of Cincinnati	S+C Caracole*	PA	191	81	391062	M	HIV	23	81	191/3	272
City of Cincinnati	S+C GCBH*	PA	25	0	391062	SMF		0	0	25/14	25
City of Cincinnati	S+C Excel*	PA	242	68	391062	M		19	68	242/57	310
City of Cincinnati	S+C Lighthouse*	PA	47	36	391062	M		11	36	47/3	83
City of Cincinnati	S+C Talbert House*	PA	93	134	391062	M		38	134	93/23	227
First Step Home	FSH Permanent*	PA	3	10	391062	M		4	10	3	13
FreeStore/FoodBank	CPT/Scattered*	PA	20	0	391062	SMF		0	0	20/7	20
FreeStore/FoodBank	Scattered Site Housing*	PA	20	0	391062	SMF		0	0	20/20	20
House of Hope	HOH Permanent*	PA	8	0	391062	SMF		0	0	8/1	8
Oh V. Goodwill	Permanent Housing*	PA	32	18	391062	M		6	18	32/5	50
Oh V. Goodwill	Permanent Housing II*	PA	32	20	391062	M		8	20	32/17	52
OTR Community Housing	Sharp Village*	PA	11	0	391062	SMF		0	0	11/4	11
OTR Community Housing	Spring Street	PA	3	9	391062	M		3	9	3	12
OTR Community Housing	Buddy's Place	PA	19	0	391062	SM		0	0	19/3	19
OTR Community Housing	Recovery Hotel*	PA	20	0	391062	SM		0	0	20/4	20
Tender Mercies	TM Permanent*	PA	132	0	391062	SMF		0	0	132/19	132
SUBTOTALS:			918	412	SUBTOTAL CURRENT INVENTORY:			127	412	918/180	1,357

New Inventory in Place in 2006 (Available for Occupancy Feb. 1, 2006 – Jan. 31, 2007)				Ind.	Fam.								
SUBTOTALS:				0	0	SUBTOTAL NEW INVENTORY:		0	0	0	0		
Inventory Under Development (Available for Occupancy after January 31, 2007)				Anticipated Occupancy Date		March, 2008							
City of Cincinnati	S+C Drop Inn Center*			May, 2007	391062	SMF	SA	0	0	27/27	27		
Samaritan Initiative	OTR Community Housing			March, 2008	391062	SMF	SA	0	0	15/15	15		
SUBTOTAL INVENTORY UNDER DEVELOPMENT:								0	0	42/42	42		
Unmet Need								UNMET NEED TOTALS:		50	125	300/100	425
Total Year-Round Beds—Individuals				Total Year-Round Beds—Families									
1. Total Year-Round Individual Permanent Housing Beds:		918		6. Total Year-Round Family Permanent Housing Beds:		412							
2. Number of DV Year-Round Individual PH Beds:		0		7. Number of DV Year-Round Family PH Beds:		0							
3. Subtotal, non-DV Year-Round Individual PH Beds (Line 1 minus Line 2):		918		8. Subtotal, non-DV Year-Round Family PH Beds (Line 6 minus Line 7):		412							
4. Total Year-Round Individual PH Beds in HMIS:		918		9. Total Year-Round Family PH Beds in HMIS		412							
5. HMIS Coverage—Individual PH Beds (Divide Line 4 by Line 3 and multiply by 100. Round to a whole number):		100 %		10. HMIS Coverage—Family PH Beds (Divide Line 9 by Line 8 and multiply by 100. Round to a whole number):		100%							

J: CoC Housing Inventory Data Sources and Methods Chart

(1) Indicate date on which Housing Inventory count was completed: 01/25/2007	
(2) Identify the method used to complete the Housing Inventory Chart (check one):	
<input type="checkbox"/>	Housing inventory survey – CoC conducted a housing inventory survey (via mail, fax, e-mail, web-based, phone or on-site) of homeless programs/providers to update current bed inventories, target populations for programs, beds under development, etc.
<input checked="" type="checkbox"/>	HMIS – Used HMIS data to complete the Housing Inventory Chart
<input type="checkbox"/>	HMIS plus housing inventory – Used HMIS data supplemented by a survey of providers NOT participating in the HMIS
(3) Indicate the percentage of providers completing the housing inventory survey:	
100%	Emergency shelter providers
100%	Transitional housing providers
100%	Permanent supportive housing providers
(4) Indicate steps to ensure data accuracy for 2007 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 type="checkbox"/>	Updated prior housing inventory information – Providers submitted updated 2006 housing inventory to reflect 2007 inventory.
<input 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 2007 Housing Inventory Chart after it was completed.
<input checked="" type="checkbox"/>	HMIS – Compared HMIS and housing inventory survey data to check for consistency.
<input checked="" type="checkbox"/>	Other – specify: HMIS On-site, annual program audits conducted using pit date for audit
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 type="checkbox"/>	Local studies or data sources – specify:
<input type="checkbox"/>	National studies or data sources – specify:
<input type="checkbox"/>	Provider opinion through discussions or survey forms
<input checked="" type="checkbox"/>	Other – specify: Review of HUD unmet need formula, combined with local opinion and data review
(6a) Indicate the method(s) used to calculate or determine unmet need (check all that apply):	
<input type="checkbox"/>	Stakeholder discussion – CoC stakeholders met and reviewed data to determine CoC's unmet need
<input checked="" type="checkbox"/>	Locally-determined formula – Used locally-determined formula based on local point-in-time (PIT) count data and housing inventory 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 type="checkbox"/>	Other – specify: Con Plan policy decision incorporating stakeholders not to increase shelter beds.
(6b) If more than one method was used in 6a, please describe how these methods were used.	
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: 1/25/2007				
Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
1. Number of Households with Dependent Children:	55	40	0	95
1a. Total Number of Persons in these Households (adults and children)	192	134	0	326
2. Number of Households without Dependent Children**	452	208	59	719
2a. Total Number of Persons in these Households	452	209	59	720
Total Persons (Add Lines 1a and 2a):	644	343	59	1046
Part 2: Homeless Subpopulations (below)	Sheltered		Unsheltered*	Total
a. Chronically Homeless	204		22	226
b. Severely Mentally Ill	166		21	187
c. Chronic Substance Abuse	317		28	345
d. Veterans	127		2	129
e. Persons with HIV/AIDS	27		1	28
f. Victims of Domestic Violence	142		3	145
g. Unaccompanied Youth (Under 18)	13		0	13

*Of the 59 persons counted on the street, the night of the point-in-time county, 46 persons (82%) provided identification which matched their records in HMIS. Data for the unsheltered subpopulation column is HMIS data from the records of those 46 persons.

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

L-1: Sheltered Homeless Population and Subpopulations

(1a) Check method(s) used to count sheltered homeless persons in the CoC (check all that apply):	
<input type="checkbox"/>	Survey – Providers count the total number of clients residing in their programs during the PIT count.
<input checked="" type="checkbox"/>	HMIS – CoC used HMIS to complete the PIT sheltered count and subpopulation information.
<input type="checkbox"/>	Other – specify:
(1b) If multiple methods are checked, briefly describe how data collected using the methods were combined to produce the count.	
N/A	
(2a) Check the method(s) used to gather the subpopulation information on sheltered homeless persons reported in Part 2: Homeless Subpopulations (check all that apply):	
<input type="checkbox"/>	Point-in-time (PIT) interviews with each adult and unaccompanied youth – All sheltered adults and unaccompanied youth were interviewed to gather subpopulation information.
<input type="checkbox"/>	Sample of PIT interviews plus extrapolation – A sample of sheltered adults and unaccompanied youth were interviewed to gather subpopulation information, and extrapolation techniques were applied to produce the total sheltered homeless population.
<input type="checkbox"/>	Non-HMIS client-level information - Providers used individual client records (e.g., case management files) to provide subpopulation data for each adult and unaccompanied youth.
<input type="checkbox"/>	Provider expertise – Providers estimated the percentage of clients belonging to each subpopulation based on their knowledge of their client population as a whole.
<input checked="" type="checkbox"/>	HMIS – CoC used HMIS to gather subpopulation information on sheltered homeless persons.
<input type="checkbox"/>	Other –specify:
(2b) If multiple methods are checked, briefly describe how the methods were combined to produce the subpopulation information.	
N/A	
(3) Indicate CoC’s steps to ensure data quality of the sheltered count (check all that apply):	
<input type="checkbox"/>	Instructions – Provided written instructions to providers for completing the sheltered PIT count.
<input type="checkbox"/>	Training – Trained providers on completing the sheltered PIT count.
<input checked="" 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 PIT count.
<input checked="" type="checkbox"/>	Other –specify: HMIS annual on-site audit – PIT date used as audit date for data verification.
(4) How often will sheltered counts of sheltered homeless people take place in the future?	
<input checked="" type="checkbox"/>	Biennial (every two years) - As the “official HUD count”
<input checked="" type="checkbox"/>	Annual – As part of the annual CoC/HMIS annual report
<input type="checkbox"/>	Semi-annual
<input checked="" type="checkbox"/>	Other – specify: HMIS count data is produced on a regular basis to meet community needs.
(5) Month and Year when next count of sheltered homeless persons will occur: 01/2009	
(6) Indicate the percentage of providers providing populations and subpopulations data collected via survey, interview and/or HMIS:	
100%	Emergency shelter providers
100%	Transitional housing providers

L-2: Unsheltered Homeless Population and Subpopulations*

(1) Check the CoC's method(s) used to count unsheltered homeless persons (check all that apply):	
<input checked="" type="checkbox"/>	Public places count – CoC conducted a point-in-time (PIT) count <u>without</u> client interviews.
<input type="checkbox"/>	Public places count with interviews – CoC conducted a PIT count and interviewed unsheltered homeless persons encountered during the public places count: <input type="checkbox"/> ALL persons were interviewed OR <input type="checkbox"/> Sample of persons were interviewed
<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 include in the point-in-time 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 checked="" type="checkbox"/>	HMIS – Used HMIS for the count of unsheltered homeless people or for subpopulation information.
<input checked="" type="checkbox"/>	Other – specify: The Homeless Outreach Group is responsible for tracking and mapping the whereabouts of all homeless persons. Prior to the count that data is plotted and coordinated with HMIS data and police data and then the count is conducted to ensure maximum # of persons are counted.
(2) Indicate the level of coverage of the PIT 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 in areas where unsheltered homeless people are known to congregate or live.
<input checked="" type="checkbox"/>	Combination – CoC combined complete coverage with known locations by conducting counts for every block <u>in a portion of the jurisdiction</u> (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.
<input type="checkbox"/>	Used service-based or probability sampling (coverage is not applicable)
<input type="checkbox"/>	Other –specify:
(3) Indicate community partners involved in PIT 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"/>	Homeless and/or formerly homeless persons
<input checked="" type="checkbox"/>	Other – specify: Greater Cincinnati Coalition for the Homeless (advocacy group)
(4) Indicate CoC's steps to ensure data quality of the unsheltered count (check all that apply):	
<input checked="" type="checkbox"/>	Training – Conducted training(s) for PIT enumerators.
<input checked="" type="checkbox"/>	HMIS – Used HMIS to check for duplicate information.
<input checked="" type="checkbox"/>	Other – specify: Conducted “unduplication” meeting to review all data post-count
(5) How often will CoC conduct PIT counts of unsheltered homeless people in the future?	
<input checked="" type="checkbox"/>	Biennial (every two years) As required by HUD, for official HUD count.
<input type="checkbox"/>	Annual
<input type="checkbox"/>	Semi-annual
<input checked="" type="checkbox"/>	Quarterly HOG conducts quarterly street surveys
<input checked="" type="checkbox"/>	Other – specify: Regular HMIS Counts produced on topical PIT indicators
(6) Month and Year when next PIT count of unsheltered homeless persons will occur: January, 2009	

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"/>	

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

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

*Find HUD-defined CoC names & numbers at: <http://www.hud.gov/offices/adm/grants/fundsavail.cfm>

M-3: HMIS Implementation Status

HMIS Data Entry Start Date for your CoC OR Anticipated Date Entry Start Date for your CoC (mm/yyyy) 07/2000	If no data entry date, indicate reason: <input type="checkbox"/> New CoC in 2007 <input type="checkbox"/> Still in planning/software selection process <input type="checkbox"/> Initial implementation
--	--

Briefly describe significant challenges/barriers the CoC has experienced in:

1. HMIS implementation:

No significant challenges/barriers. CoC has reached 100% implementation using VESTA as the HMIS system including all outreach, emergency shelters, transitional housing, supportive permanent housing, unfunded faith-based, supportive services only, and health-care for the homeless.

2. HMIS Data and Technical Standards Final Notice requirements:

Data standards are implemented. Fine tuning to VESTA is underway to make the user-interface friendlier, to increase data-accuracy while compliant with the standards.

M-4: CoC Client Records

Calendar Year	Number of Client Records Entered in HMIS / Analytical Database (Duplicated) for CoC	Number of Unduplicated Clients Entered in HMIS / Analytical Database for CoC
2004	8,223	8,223
2005	9,395	9,395
2006	9,527	9,527

Please provide a brief explanation of the reason(s) for any decreases in the number of records (duplicated or unduplicated) from year to year. N/A

M-5: Data Collection/Completeness and Coverage

(a) Indicate the percentage of unduplicated client records with null or missing values on the date that the point-in-time count was conducted.

Universal Data Element	% Null/Missing Values	Universal Data Element	% Null/Missing Values
Name	0%	Gender	0%
Social Security Number	.82%	Veteran Status	0%
Date of Birth	0%	Disabling Condition	20.3%
Ethnicity	0%	Residence Prior to Program Entry	0%
Race	0%	Zip Code of Last Permanent Address	53.61%

Briefly describe how the CoC ensures that valid program entry and exit dates are being recorded in the HMIS for persons served.

- 1) The HMIS staff conducts annual audits of each program utilizing VESTA as part of the HMIS. As part of the annual audit, participant files are randomly selected. Intake/exit dates are compared between paper files/house logs and HMIS data entry.
- 2) The VESTA system generates a “homeless certificate” as a widely utilized, well liked, and standard feature within the system. A key piece of the homeless certification system is the intake/exit date for each client. These certificates are the only way the CoC accepts certification of homelessness within HUD files for audit. Thus there is a very high level of accuracy and peer-accountability between agencies of the certification process and of the intake/exit data being correct in order for the certification process to actually work for the client and for the agencies’ benefit.

(b) Indicate current OR anticipated HMIS bed coverage of 75% for each housing type.

	75% bed coverage	Anticipate 75% bed coverage	Date anticipate achieving
Emergency Shelter	<input type="checkbox"/> Y/N	Y/N	Actually achieved: 06/2003
Transitional Housing	<input type="checkbox"/> Y/N	Y/N	Actually achieved: 01/2004
Permanent Supportive Housing	<input type="checkbox"/> Y/N	Y/N	Actually achieved: 12/2004

(c) If CoC has not yet achieved or does not anticipate achieving 75% bed coverage for all beds (including DV beds), please explain why. N/A

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

For each item listed below, place an “X” in the appropriate box to indicate your response: Yes (Y), No (N) or Planned/In Progress (P). Check *only one column* per item.

	Y	N	P
1. Training Provided:			
Basic computer training		X	
HMIS software training	X		
Privacy / Ethics training	X		
Security Training	X		
System Administrator training	X		
2. CoC Process/Role:			
Is the CoC able to aggregate all data to a central location at least annually?	X		
Does the CoC monitor compliance with HMIS Data & Technical Standards Final Notice?	X		
3. Security—Participating agencies have:			
Unique username and password access?	X		
Secure location?	X		
Locking screen savers?	X		
Virus protection with auto update?	X		
Individual or network firewalls?	X		
Restrictions on access to HMIS via public forums (e.g. PKI digital certificates or IP filtering)?	X		
4. Security—Agency responsible for centralized HMIS data collection and storage has:			
Procedures for off-site storage of HMIS data?	X		
Disaster recovery plan that has been <u>tested</u> ?	X		
5. Privacy Requirements:			
If your state has additional confidentiality provisions, have they been implemented? <input checked="" type="checkbox"/> Check here if there are no additional state confidentiality provisions.			
Is there a “Purpose for data collection” sign at each intake desk for all participating agencies?	X		
Has each participating agency adopted a written privacy policy, including the uses and disclosures of client information?	X		
Does each participating agency have a privacy policy posted on its website (if applicable)?	X		
6. Data Quality—CoC has process to review and improve:			
Client level data quality (i.e. missing birth dates etc.)?	X		
Program level data quality (i.e. data not entered by agency in over 14 days)?	X		
CoC bed coverage (i.e. percent of beds)?	X		
7. Unduplication of Client Records—the CoC:			
Uses only HMIS data to generate unduplicated count?	X		
Uses data integration or data warehouse to generate unduplicated count?		X	
8. OPTIONAL: Uses of HMIS Data—CoC uses HMIS data for:			
Point-in-Time Count	X		
Project/Program performance monitoring	X		
Program purposes (e.g. case management, bed management, program eligibility screening)	X		
Statewide data aggregation (e.g. data warehouse)		X	

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

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	2007 Local Action Steps How are you going to do it? List action steps to be completed within the next 12 months.	Lead Person List name and title or organization of one person responsible for accomplishing each action step.	Baseline (Current Level)	Numeric Achievement in 12 months	Numeric Achievement in 5 years	Numeric Achievement in 10 years
1. Create new PH beds for chronically homeless persons.	1. Complete the 2006 Samaritan Initiative Housing Program.	Mary Burke, OTR Community Hsg.	180 Beds	+15 Beds	+ 50 Beds	+ 100 Beds
	2. Continue work with Ohio Interagency Council to begin a statewide supportive housing program focused on increased units and funding for operations/services.	Michelle Budzek, CoC Facilitator				
2. Increase percentage of homeless persons staying in PH over 6 months to at least 71%.	1. Implement a semi-annual review of HMIS data with PH outcomes with both the PH and SPC workgroups.	Kevin Finn, CoC Director	85%	87%	90%	90%
	2. Implement a recidivism project analyzing PH exit data to recidivism data to determine if programmatic/service changes can be implemented to increase length of stay.	Kevin Finn, CoC Director				
3. Increase percentage of homeless persons moving from TH to PH to at least 61.5%.	1. Formalize the TH Workgroup as a Working Group within the CoC, ensuring all TH providers membership.	Kevin Finn, CoC Director	69%	70%	75%	80%
	2. Identify and address specific benchmarks necessary for residents to move from TH to PH.	Kevin Finn, CoC Director				
4. Increase percentage of homeless persons employed at exit to at least 18%.	1. Implement a new WIA program for homeless individuals in TH designed to increase employment.	Bill Darnell, Mt. Airy Shelter, ED	18%	19%	25%	30%
	2. Refine Shelter Solutions, TANF – welfare reform initiative to increase work participation rates for all OWF residents of Family Shelters.	Laura Osborn-Coffey, FSPP Coordinator				
5. Ensure that the CoC has a functional HMIS	1. Improve data accuracy through updated data collection monitoring and training activities.	Michelle Budzek, CoC Facilitator	100% Bed	100% Bed	100% Bed	100% Bed

system.	2. Improve software interface for housing on exit to simplify choices, improving data entry, while maintaining data standards and APR reporting.	Molly McEvelley, HMIS DB Mgr.	Cover- age	Cover -age	Cover- age	Cover- age
	3. Evaluate methods of implementation of a new ISP without violation of client confidentiality.	John Briggs, HMIS Committee Chair				

Barriers: If your CoC will not meet one or more of the above objectives, briefly describe why not (use less than two paragraphs).

Other CoC Objectives in 2007						
1.						
2.						

O: CoC Discharge Planning Policy Chart

Publicly Funded Institution(s) or System(s) of Care in CoC Geographic Area	None	Initial Discussion	Protocol in Development	Formal Protocol Finalized	Formal Protocol Implemented
Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

Local: Locally a protocol does exist for discharge of homeless persons 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, 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 continues 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:

- 180 days prior to release, all offenders are provided release preparation classes that address job searching, resume writing, interviewing skills, job retention, community resources, goal setting and substance abuse, mental health and medical issues.
- 90-120 days prior to release, case managers assist offenders in determining potential housing options for release to the community. Housing options are entered in the reentry plan.
- 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.
- 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:

Local jail overcrowding has focused discussions on services and issues relating to recidivism within the jail system and the use of the jail by homeless persons. This discussion has for the first time opened the door to conversations linking jail and housing outcomes and the beginnings of discussions of protocol development on a local level.

*Please note that "corrections" category refers to local jails and state or federal prisons.

P: CoC Coordination Chart

1. 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"/>
2. Jurisdictional 10-year Plan Coordination		
a. Is there one or more formal jurisdictional 10-year Plan(s) being developed and/or being implemented within your CoC geography that are separate from the CoC 10-year plan? (If No, you may skip to Question 3a.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Do 10-year Plan conveners, authors and other stakeholders participate in CoC general planning meetings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Have 10-year Plan participants taken steps to align their planning process with the local CoC plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Were CoC strategic plan goals used in the development of the 10-year Plan(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Provide the number of jurisdictions within your CoC geography that have formally implemented a 10-year plan(s).	2	
3. Public Housing Agency Coordination		
a. Do CoC members meet with CoC area PHAs to improve coordination with and access to mainstream housing resources? [The Continuum has attempted to meet with and coordinate efforts with PHA. While the County had a PHA that effort was very successful. Once the county PHA was merged with CMHA the efforts stalled. CMHA has removed its homeless priority, does not coordinate its planning process with the Continuum, and does not participate in Continuum meetings. Post-Katrina, CMHA was unwilling to accept KD-HAP transfers. Members of the CoC have worked with the Affordable Housing Group in the City to engage CMHA in that effort to a limited success.]	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CoC 2007 Funding Priorities

Q: CoC Project Priorities Chart

HUD-defined CoC Name:*Cincinnati/Hamilton County CoC						CoC #:OH-500			
(1) SF-424 Applicant Name (Please Remove Examples)	(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
<input checked="" type="checkbox"/> ** City of Cincinnati	Excel Development Company and Talbert House	2007 Samaritan SPC	1	842,880	5			TBA	
Tender Mercies, Inc.	Tender Mercies, Inc.	TM Permanent Housing	2	898,473	3		PH		
Shelterhouse Volunteer Group	Shelterhouse Volunteer Group	DIC Recovery Program	3	279,000	3		TH		
Joseph House, Inc.	Joseph House, Inc.	Joseph/Moses House	4	322,980	3		TH		
Tom Geiger Guest House, Inc.	Tom Geiger Guest House, Inc.	Tom Geiger Guest House Expansion	5	157,500	3		TH		
YWCA of Greater Cincinnati	YWCA of Greater Cincinnati	Domestic Violence Transitional Housing	6	438,204	3		TH		
Joseph House, Inc.	Joseph House, Inc.	Joseph House/ Moses 2 and 3	7	231,147	3		TH		
Over-the-Rhine Community Housing,	Over-the-Rhine Community Housing	East Clifton Homes	8	168,111	3		PH		
Lighthouse Youth Services, Inc.	Lighthouse Youth Services, Inc.	Street Outreach Transitional Housing	9	63,616	2	TH			
Hamilton County	Hamilton County – Department of Job and Family Services	Mt. Airy Transitional Housing	10	330,000	2	TH			
FreeStore/FoodBank, Inc.	FreeStore/FoodBank, Inc.	SSI/Jobs	11	180,878	2		SSO		
The Salvation Army	The Salvation Army of Cincinnati	Over the Rhine Transitional Housing	12	59,288	2		TH		
Hamilton County	Hamilton County-Mental Health and Recovery Services Board	Homeless Housing Residential Treatment Program	13	793,334	2		SSO		
FreeStore/FoodBank, Inc.	FreeStore/FoodBank, Inc.	FSFB Permanent Housing	14	340,898	2		PH		
Lighthouse Youth Services, Inc.	Lighthouse Youth Services, Inc.	Street Outreach	15	202,380	2		SSO		

Tom Geiger Guest House, Inc.	Tom Geiger Guest House, Inc.	Tom Geiger Guest House	16	151,760	2		TH		
Ohio Valley Goodwill Industries, Inc.	Ohio Valley Goodwill Industries, Inc.	Transitional Housing Leasing Pool	17	276,262	1		TH		
Ohio Valley Goodwill Industries, Inc.	Ohio Valley Goodwill Industries, Inc.	Scattered Site Permanent Housing II	18	189,324	1		PH		
Shelterhouse Volunteer Group	Shelterhouse Volunteer Group	DIC Support Services	19	88,750	1		SSO		
Center for Independent Living Options, Inc.	Center for Independent Living Options, Inc.	CILO Permanent Housing	20	294,307	1		PH		
Interfaith Hospitality Network of Greater Cincinnati	Interfaith Hospitality Network of Greater Cincinnati	Homeless Transportation	21	161,757	3		SSO		
(8) Subtotal: Requested Amount for CoC Competitive Projects:				\$6,470,849					
(9) Shelter Plus Care Renewals:							S+C Component Type		
City of Cincinnati	Caracole House; Excel Development Corporation, Inc.; Lighthouse Youth Services, Inc.; Talbert House, Inc.	2007 RENEWAL	22	3,319,344	1		TBA		
City of Cincinnati	Excel Development	2002 RENEWAL	23	226,728	1		TBA		
(10) Subtotal: Requested Amount for S+C Renewal Projects:				\$3,546,072					
(11) Total CoC Requested Amount (line 8 + line 10):				\$10,016,921					

R: CoC Pro Rata Need (PRN) Reallocation Chart

1a. Will your CoC be using the PRN reallocation process? Yes No

S: CoC Project Leveraging Summary Chart

Name of Continuum	Total Value of Written Commitment
Cincinnati/Hamilton County CoC	\$34,855,302

T: CoC Current Funding and Renewal Projections

Supportive Housing Program (SHP) Projects:

Type of Housing	All SHP Funds Requested (Current Year)	Renewal Projections				
	2007	2008	2009	2010	2011	2012
Transitional Housing (TH)	2,308,857	1,249,465	1,496,990	1,704,193	1,854,129	892,326
Safe Havens-TH						
Permanent Housing (PH)	1,891,113	3,380,478	2,574,542	3,475,419	1,785,530	3,499,429
Safe Havens-PH						
SSO	1,427,099	997,126	1,269,837	161,757	1,701,710	949,614
HMIS			285,700	285,700	285,700	285,700
Totals	5,627,069	5,627,069	5,627,069	5,627,069	5,627,069	5,627,069

Shelter Plus Care (S+C) Projects:

Number of S+C Bedrooms	All S+C Funds Requested (Current Year)		Renewal Projections									
	2007		2008		2009		2010		2011		2012	
	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$	Units	\$
SRO			20	104,640	20	104,640	20	104,640	20	104,640	20	104,640
0	8	41,856	8	41,856	8	41,856	8	41,856	8	41,856	13	68,016
1	403	2,495,376	421	2,606,832	471	2,916,432	498	3,083,616	498	3,083,616	521	3,226,032
2	65	521,040	69	553,104	69	553,104	69	553,104	69	553,104	69	553,104
3	33	354,024	34	364,752	34	364,752	34	364,752	34	364,752	34	364,752
4	12	133,776	12	133,776	12	133,776	12	133,776	12	133,776	12	133,776
5	0	0	0	0	0	0	0	0	0	0	0	0
Totals	521	3,546,072	564	3,804,960	614	4,114,560	641	4,281,744	641	4,281,744	669	4,450,320

Part IV: CoC Performance

U: CoC Achievements Chart

2006 Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing	12-month Measurable Achievement Proposed in 2006 (from Chart N of your 2006 CoC application)	Accomplishments (Enter the numeric achievement attained during past 12 months)
1. Create new PH beds for chronically homeless persons.	1. Begin DIC-Samaritan Initiative SPC/25 certificates	1. Began implementation of new SPC Samaritan program (25 certificates)
2. Increase percentage of homeless persons staying in PH over 6 months to 71%.	2. Track data as all PH providers come onto HMIS to assure levels are maintained at or exceed the 2005 level of 82.5% - target for 2006 was set at 83%.	2. Exceeded goal - 85% of homeless persons stayed in PH over 6 months
3. Increase percentage of homeless persons moving from TH to PH to 61.5%.	3. Track data throughout all TH providers to assure levels are maintained at or exceed the 2005 level of 64.7% - target for 2006 was set at 68%.	3. Exceeded goal – 69% of persons moved from TH to PH.
4. Increase percentage of homeless persons becoming employed by 11%.	4. Track data by all ES, TH and PH providers through HMIS to document employment levels are sustained or increased at the 11% level. (conversion 18% total employment)	4. Converted to HUD’s new employment measurement system. Counted all clients who exited ES, TH, and PH with income – 18.49%
5. Ensure that the CoC has a functional HMIS system.	5a. HMIS participation rate of 100% in 2006 5b. 100% Health Care for the Homeless participation.	5a. 100% attained! 5b. 100% attained!
Briefly explain the reasons for not meeting one or more of your proposed measurable achievements. N/A		

OPTIONAL: If desired, you may use this space to describe your CoC's most significant accomplishments over the past 12 months.

- The CoC achieved 100% participation in HMIS, including all emergency shelters, transitional housing, supportive permanent housing beds shown on the housing inventory, all outreach programs, all SHP funded services only programs, and all Health Care for the Homeless funded programs.
- The point-in-time counts, when compared to the point-in-time counts of 2005, show a significant decrease in the number of homeless persons. Likewise HMIS data indicates a drop in the number of chronic homeless persons. Statistical data indicates outcome success in decreased counts.
- The CoC completed planning and filed papers to incorporate in the State of Ohio. Papers were additionally filed with IRS for the organization to become a 501 (c) 3.
- The CoC developed and began implementation of the Chronic Homeless Identification Project within HMIS designed to provide a tracking mechanism for chronic homelessness.
- The CoC revised scoring methodology for renewal grants to include housing and income outcomes and HMIS produced corresponding outcome reports and dashboard reports for providers to use as measurement tools.
- The Family Shelter Partnership Program (FSPP) continued to work with Job and Family Services to improve the “Shelter Solutions” program designed to coordinate TANF benefits and work requirements under the new welfare reform regulations. Additionally, the CoC facilitator worked on the state level to improve the system statewide and use the best-practices learned through the FSPP on a statewide basis, through the Ohio Interagency Council.
- The SSI demonstration programs, both funded through the CoC and those funded directly through SSA, continue to provide the best outcomes in the state with an average 80 day determination and a 70% approval. This program and its’ corresponding “dedicated worker” model was integrated into the State’s SOAR initiative and rolled out through the Interagency Council throughout Ohio.
- The Homeless Individuals Partnership Program began working with the Hamilton County Jail to develop new methods of engaging homeless persons while in jail to facilitate assessments and connections to services/housing upon exit.

V: CoC Chronic Homeless (CH) Progress Chart

1. Enter the total number of chronically homeless persons in your CoC and the total number of permanent housing beds designated for the chronically homeless in your CoC for each year.

<u>Year</u>	<u>Number of CH Persons</u>	<u>Number of PH beds for the CH</u>
<u>2005</u>	217	50
<u>2006</u>	216	99
<u>2007</u>	204	180

Utilized new methodology within HMIS to identify and “tag” chronic homeless individuals. Persons identified in this chart are all Chronically Homeless Identified Project (CHIP) clients identified through HMIS. HMIS utilizes the HUD definition of CH to identify and mark a CH individual. No matter where/when that individual shows up again in the system – they are still identified as a CHIP client making the count, short and long-term of CH more accurate.

Briefly describe the reason(s) for any increases in the total number of chronically homeless persons between 2006 and 2007: N/A

2. Indicate the number of **new** PH beds in place and made available for occupancy for the chronically homeless between February 1, 2006 and January 31, 2007:

_____0_____

3. Identify the amount of funds from each funding source for the development and operations costs of the **new** CH beds created between February 1, 2006 and January 31, 2007. N/A

Cost Type	Public/Government				Private
	HUD McKinney-Vento	Other Federal	State	Local	
Development	\$	\$	\$	\$	\$
Operations	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$

W: CoC Housing Performance Chart

1. Participants in Permanent Housing (PH)		
HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP projects include both SHP-PH and SHP-Safe Haven PH renewals. Complete the following chart using data based on the <u>most recently submitted</u> APR for Question 12(a) and 12(b) for PH projects included on your CoC Priority Chart:		
<input type="checkbox"/>	No applicable PH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> PH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited PH project(s)—APR Question 12(a)	200
b.	Number of participants who did not leave the project(s)—APR Question 12(b)	550
c.	Number who exited after staying 7 months or longer in PH—APR Question 12(a)	169
d.	Number who did not leave after staying 7 months or longer in PH—APR question 12(b)	414
e.	Percentage of all participants in PH projects staying 7 months or longer (c. + d. divided by a. + b., multiplied by 100 = e.)	77.7%
2. Participants in Transitional Housing (TH)		
HUD will be assessing the percentage of all TH clients who moved to a permanent housing situation. TH projects include SHP-TH and SHP-Safe Haven/TH <i>not</i> identified as permanent housing. Complete the following chart using data based on the <u>most recently submitted</u> APR Question 14 for TH renewal projects included on your CoC Priorities Chart.		
<input type="checkbox"/>	No applicable TH renewals are on the CoC Project Priorities Chart	APR Data
<input checked="" type="checkbox"/>	<u>All</u> TH renewal projects with APRs submitted are included in calculating the responses below	
a.	Number of participants who exited TH project(s)—including unknown destination	382
b.	Number of participants who moved to PH	260
c.	Percent of participants in TH projects who moved to PH (b. divided by a., multiplied by 100 = c.)	68.1%

X: Mainstream Programs and Employment Project Performance Chart

<input type="checkbox"/>	No applicable renewal projects for the Mainstream Programs and Employment Chart are included in the CoC Priorities Chart.
<input checked="" type="checkbox"/>	All renewal projects on the CoC Priorities Chart that are not exempted from reporting in the 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)
964	a. SSI	166	17.2%
964	b. SSDI	80	8.3%
964	c. Social Security	16	1.7%
964	d. General Public Assistance	0	0.0%
964	e. TANF	100	10.4%
964	f. SCHIP*	6	0.6%
964	g. Veterans Benefits	17	1.8%
964	h. Employment Income	290	30.1%
964	i. Unemployment Benefits	5	0.5%
964	j. Veterans Health Care	53	5.5%
964	k. Medicaid	355	36.8%
964	l. Food Stamps	450	46.7%
964	m. Other (e.g. child support)	94	9.8%
964	n. No Financial Resources	227	23.5%

*SCHIP is difficult to distinguish from Medicaid in Ohio and is often reported in Medicaid numbers.

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 has an active planning committee that meets at least three times a year 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 or any of its projects has specialized staff whose primary 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, employment training, or jobs.
<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.

Z: Unexecuted Grants Awarded Prior to the 2006 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:	N/A

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? Yes No

Percentage of CoC projects on CoC Priority Chart using Energy Star appliances: ___100_ %

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”)? 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><input type="checkbox"/> The project has hired low- or very low-income persons.</p>		