

## Before Starting the Exhibit 1 Continuum of Care (CoC) Application

HUD strongly encourages ALL applicants to review the following information BEFORE beginning the 2010 Exhibit 1 Continuum of Care (CoC) Application.

Training resources are available online at: [www.hudhre.info/esnaps](http://www.hudhre.info/esnaps) &nbsp;- Training modules are available to help complete or update the Exhibit 1 application, including attaching required forms. &nbsp;- The HUD HRE Virtual Help Desk is available for submitting technical and policy questions. &nbsp;

### Things to Remember

- Review the 2010 Notice of Funding Availability for the Continuum of Care (CoC) Homeless Assistance Program in its entirety for specific application and program requirements.
- CoCs that applied in the 2009 competition and selected the bring forward option during CoC Registration must be careful to review each question in the Exhibit 1. Questions may have changed or been removed so the information brought forward may or may not be relevant. Not all questions will have information brought forward. For those questions, you must enter response manually. Be sure to review the application carefully. Verify and update as needed to ensure accuracy.
- New CoCs or CoCs that did not apply in 2009 will not have pre-populated information and must complete all Exhibit 1 forms.
- There are character limits for the narrative sections of the application and the amounts are listed accordingly. It is recommended that CoCs first write narrative responses in Microsoft Word and then cut and paste into e-snaps.

## 1A. Continuum of Care (CoC) Identification

### Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the HUD Virtual Help Desk at [www.hudhre.info](http://www.hudhre.info).

**CoC Name and Number (From CoC Registration):** OH-500 - Cincinnati/Hamilton County CoC

**CoC Lead Agency Name:** Cincinnati/Hamilton County Continuum of Care for the Homeless, Inc.

## 1B. Continuum of Care (CoC) Primary Decision-Making Group

### Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:

- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.

This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

**Name of primary decision-making group:** Cincinnati/Hamilton County CoC for the Homeless, Inc.

**Indicate the frequency of group meetings:** Monthly or more

**If less than bi-monthly, please explain (limit 500 characters):**

CoC, Inc. Board meets monthly, as Board members feel there would not be sufficient changes and issues to justify meeting more often than monthly.

**Indicate the legal status of the group:** 501(c)(3)

**Specify "other" legal status:**

**Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)** 100%

**\* Indicate the selection process of group members: (select all that apply)**

|                   |                                     |
|-------------------|-------------------------------------|
| <b>Elected:</b>   | <input checked="" type="checkbox"/> |
| <b>Assigned:</b>  | <input type="checkbox"/>            |
| <b>Volunteer:</b> | <input type="checkbox"/>            |

Appointed:

Other:

**Specify "other" process(es):**

**Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):**

CoC, Inc. manages planning & project monitoring, established the project review & selection process, & contracts with the HMIS Lead Agency. Members are elected & include persons who are formerly homeless, & with business, finance, social service, & philanthropic backgrounds.

The Homeless Clearinghouse (with members appointed by the City, County, advocacy, & Continuum Working Groups) is an advisory body tasked with managing the community process for setting priorities. CoC, Inc. does not supplant this process but is the Lead Agency, fiscal agent, monitor, & funding applicant. This structure blends HUDs original emphasis for Continuums to be inclusive open processes with new expectations for local oversight & fiscal management.

**\* Indicate the selection process of group leaders: (select all that apply):**

Elected:

Assigned:

Volunteer:

Appointed:

Other:

**Specify "other" process(es):**

**If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):**

Yes. CoC, Inc. became a 501(c)3 specifically to administer the Continuum process & serve as UFA as proposed in the HEARTH Act.

Under contract with the City & County, CoC, Inc. is already responsible for the process, application development & submission; system support; project oversight & monitoring, & administration of S+C, ESG, & HOPWA funds.

CoC, Inc. is also contracted by the City & County to administer HPRP funds. CoC, Inc. subcontracted for all service & housing provisions, but provides all back-office financial functionality, monitoring, & does all grant reporting (QPR, etc.).

Additional staffing, administrative/finance support, & legal contracting work would be required to take on more responsibility.

## 1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

**Instructions:**

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

### Committees and Frequency

| Name of Group              | Role of Group (limit 750 characters)  | Meeting Frequency |
|----------------------------|---|-------------------|
| Homeless Clearinghouse     | With members from the City, County, advocacy groups, HHS Health Care for the Homeless programs, Homeless Education Liaison, agency EDs, CoC, Inc. and various Continuum Working Groups, this group oversees project review and selection, coordinates Continuum priority setting and funding allocation, facilitates planning, gaps analysis, monitors elements of the Con Plan, & deals with community issues related to homelessness.   | Monthly or more   |
| Family Shelter Partnership | With membership from all family and DV shelter executive directors, shelter directors, front-line case managers, and CoC, Inc., the FSPP is responsible for planning and coordination of all intake, emergency shelter, and transitional and permanent housing services specifically for homeless families within the larger Continuum structure. The FSPP oversees shelter discharge planning, conducting the PIT count for families out of HMIS, gaps analysis, RRH for Families Demo services, coordination with HPRP-funded services for families, mainstream benefit providers (TANF, Foodstamps, Medicaid, etc.), the Dept of Education homeless liaison, local PHA, other housing providers, and wrap-around services for homeless families.         | Monthly or more   |
| Homeless Outreach Group    | The Homeless Outreach Group (HOG) plans & coordinates services to unsheltered homeless people, oversees the annual PIT count of unsheltered individuals, & analyzes housing gaps impacting the unsheltered population. HOG is attended by all Street Outreach Workers, as well as the Cincinnati Police Dept, Veterans Administration, advocacy groups, CoC, Inc., emergency shelter staff, & emergency service agencies. HOG improves & facilitates access to the following specifically for the unsheltered: emergency shelter services, substance abuse treatment services, mental health services, medical & dental care, & Veterans services. HOG also works to manage interactions between unsheltered homeless people & the criminal justice system. | Monthly or more   |

|  |   |                       |
|--|---|-----------------------|
| HMIS Advisory Committee                          | The HMIS Advisory Committee is made up of persons with technical experience and/or experience using HMIS. This committee coordinates policy & procedures of the Continuum's HMIS system, authorizes aggregate data releases, oversees the implementation schedule, expansion of the system, annual PIT count of sheltered households from HMIS, and HMIS related pieces of the Continuum's Exhibit 1. This group also serves as an advisory committee to the Partnership Center, Ltd. (HMIS Lead Agency and vendor) and to CoC, Inc. (HMIS Grantee).  | Monthly or more       |
| Large Group Scoring/CoC Priority Setting Meeting | This annual meeting is open to people from agencies serving the homeless, local government, & funders. LGS establishes the community priorities to be included in the Exhibit 1 of the Continuum application to HUD. Attendees (approx. 100-150) provide impartial gaps analysis & project review & selection by reviewing the following: information regarding the intent/focus of all programs; data regarding outcomes achieved for renewal programs; presentations from applicants. Attendees then score programs based on the previously approved scoring criteria, scores are totaled & averaged, & programs are ranked according to their average score. This ranking becomes the Continuum's priority list to be included in the Exhibit 1 by CoC, Inc. | annually (every year) |

**If any group meets less than quarterly, please explain (limit 750 characters):**

Large Group Scoring is the last of a series of annual events held to establish the community's priorities for inclusion in the Continuum's Exhibit 1. The first are the annual Homeless Think Tanks, at which CoC, Inc. staff receive input directly from those who are homeless regarding needed systemic improvements. Later CoC, Inc. holds the annual Continuum Scoring Revision Meeting, an open meeting with all agencies to review the Scoring Criteria proposed by the Homeless Clearinghouse, & come to agreement on the final criteria to be used for establishing community priorities. Finally, at Large Group Scoring, the community applies this established criteria to new & renewal applications for funding, finalizing the community's priority list.

## 1D. Continuum of Care (CoC) Member Organizations

**Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.**

| Organization Name                                  | Membership Type | Organization Type | Organization Role  | Subpopulations  |
|--|-----------------|-------------------|--|-----------------|
| Bureau of Disability Determination                 | Public Sector   | State g...        | Committee/Sub-committee/Work Group                           | NONE            |
| Hamilton County-Department of Jobs and Family S... | Public Sector   | Local g...        | Attend Consolidated Plan planning meetings during past 12... | Veterans, Su... |
| Hamilton County Mental Health and Recovery Serv... | Public Sector   | Local g...        | Attend Consolidated Plan planning meetings during past 12... | Seriously Me... |
| Project Connect/Cincinnati Public Schools          | Public Sector   | School ...        | Committee/Sub-committee/Work Group                           | Youth           |
| Stop AIDS  | Private Sector  | Non-pro..         | Committee/Sub-committee/Work Group                           | HIV/AIDS        |
| Alcoholism Council of the Greater Cincinnati Area  | Private Sector  | Non-pro..         | Committee/Sub-committee/Work Group                           | Substance Abuse |
| Caracole, Inc.                                     | Private Sector  | Non-pro..         | Attend Consolidated Plan planning meetings during past 12... | Substance Ab... |
| Drop Inn Center                                    | Private Sector  | Non-pro..         | Attend Consolidated Plan planning meetings during past 12... | Substance Abuse |
| Excel Development Co., Inc.                        | Private Sector  | Non-pro..         | Committee/Sub-committee/Work Group                           | Seriously Me... |
| First Step Home                                    | Private Sector  | Non-pro..         | Committee/Sub-committee/Work Group                           | Substance Abuse |
| Greater Cincinnati Behavioral Health Services      | Private Sector  | Non-pro..         | Committee/Sub-committee/Work Group                           | Seriously Me... |
| Joseph House                                       | Private Sector  | Non-pro..         | Committee/Sub-committee/Work Group                           | Veterans, Su... |
| Lighthouse Youth Services, Inc.                    | Private Sector  | Non-pro..         | Attend Consolidated Plan planning meetings during past 12... | Youth           |

|  |                |             |  |                 |
|--|----------------|-------------|--|-----------------|
| Mental Health Access Point                         | Private Sector | Non-pro..   | Committee/Sub-committee/Work Group                           | Seriously Me... |
| Ohio Valley Goodwill Industries, Inc.              | Private Sector | Non-pro..   | Committee/Sub-committee/Work Group                           | Veterans        |
| Over the Rhine Community Housing                   | Private Sector | Non-pro..   | Committee/Sub-committee/Work Group                           | Seriously Me... |
| Talbert House                                      | Private Sector | Non-pro..   | Committee/Sub-committee/Work Group                           | Substance Abuse |
| Tender Mercies, Inc.                               | Private Sector | Non-pro..   | Committee/Sub-committee/Work Group                           | Seriously Me... |
| Tom Geiger Guest House                             | Private Sector | Non-pro..   | Committee/Sub-committee/Work Group                           | Domestic Vio... |
| YWCA of Greater Cincinnati                         | Private Sector | Non-pro..   | Committee/Sub-committee/Work Group                           | Domestic Vio... |
| Veteran Administration                             | Public Sector  | Othe r      | Committee/Sub-committee/Work Group                           | Veterans        |
| Interagency Council on Homelessness and Afforda... | Public Sector  | Stat e g... | Attend Consolidated Plan focus groups/public forums durin... | NONE            |
| Social Security Administration (State and Local... | Public Sector  | Stat e g... | Committee/Sub-committee/Work Group                           | NONE            |
| City of Cincinnati-Budget/Evaluation Department    | Public Sector  | Loca l g... | Authoring agency for Consolidated Plan                       | NONE            |
| City of Cincinnati-Department of Community Deve... | Public Sector  | Loca l g... | Committee/Sub-committee/Work Group, Authoring agency for ... | NONE            |
| Hamilton County Health Department                  | Public Sector  | Loca l g... | Committee/Sub-committee/Work Group                           | NONE            |
| Hamilton County-Community Development Department   | Public Sector  | Loca l g... | Attend Consolidated Plan planning meetings during past 12... | NONE            |
| Hamilton County Jobs and Family Services (Incom... | Public Sector  | Loca l w... | Attend Consolidated Plan planning meetings during past 12... | NONE            |
| Cincinnati Metropolitan Housing Authority          | Public Sector  | Publi c ... | Committee/Sub-committee/Work Group                           | NONE            |
| City of Cincinnati-Police Department               | Public Sector  | Law enf...  | Committee/Sub-committee/Work Group                           | NONE            |
| Hamilton County-Adult Parole Authority             | Public Sector  | Law enf...  | Committee/Sub-committee/Work Group                           | NONE            |
| Hamilton County-Municipal Court                    | Public Sector  | Law enf...  | Committee/Sub-committee/Work Group                           | NONE            |
| Bethany House Services                             | Private Sector | Non-pro..   | Attend Consolidated Plan planning meetings during past 12... | NONE            |
| Center for Independent Living Options              | Private Sector | Non-pro..   | Committee/Sub-committee/Work Group                           | NONE            |

|  |                |            |  |                 |
|--|----------------|------------|--|-----------------|
| Center for Respite Care                            | Private Sector | Non-pro..  | Committee/Sub-committee/Work Group                           | HIV/AIDS        |
| Freestore Foodbank                                 | Private Sector | Non-pro..  | Committee/Sub-committee/Work Group                           | NONE            |
| Justice Watch                                      | Private Sector | Non-pro..  | Committee/Sub-committee/Work Group                           | NONE            |
| Ohio Justice and Policy Center                     | Private Sector | Non-pro..  | Committee/Sub-committee/Work Group                           | NONE            |
| City Ministries/City Gospel Mission                | Private Sector | Faith-b... | Attend Consolidated Plan planning meetings during past 12... | NONE            |
| Grace Place Catholic Worker House                  | Private Sector | Faith-b... | Committee/Sub-committee/Work Group                           | NONE            |
| Interfaith Hospitality Network of Cincinnati       | Private Sector | Non-pro..  | Committee/Sub-committee/Work Group                           | NONE            |
| Mercy Franciscan at St. John's                     | Private Sector | Faith-b... | Committee/Sub-committee/Work Group                           | NONE            |
| Salvation Army of Greater Cincinnati               | Private Sector | Faith-b... | Committee/Sub-committee/Work Group                           | NONE            |
| St. Francis/St. Joseph Catholic Worker House       | Private Sector | Faith-b... | Committee/Sub-committee/Work Group                           | Substance Abuse |
| St. Vincent DePaul Society                         | Private Sector | Faith-b... | Committee/Sub-committee/Work Group                           | NONE            |
| Greater Cincinnati Foundation                      | Private Sector | Funder...  | Committee/Sub-committee/Work Group                           | NONE            |
| Health Foundation of Greater Cincinnati            | Private Sector | Funder...  | Committee/Sub-committee/Work Group                           | NONE            |
| United Way of Greater Cincinnati                   | Private Sector | Funder...  | Attend Consolidated Plan planning meetings during past 12... | NONE            |
| Greater Cincinnati Coalition for the Homeless      | Private Sector | Non-pro..  | Committee/Sub-committee/Work Group                           | NONE            |
| Downtown Cincinnati, Inc.-Block By Block (Brant... | Private Sector | Businesses | Committee/Sub-committee/Work Group                           | NONE            |
| The Partnership Center, LTD                        | Private Sector | Businesses | Committee/Sub-committee/Work Group                           | NONE            |
| PNC Bank   | Private Sector | Businesses | Committee/Sub-committee/Work Group                           | NONE            |
| Cincinnati Health Network                          | Private Sector | Hospita..  | Committee/Sub-committee/Work Group                           | NONE            |

|  |                |                    |  |                        |
|--|----------------|--------------------|--|------------------------|
| Greater Cincinnati Oral Health Council             | Private Sector | Hos<br>pita..<br>. | Committee/Sub-committee/Work Group                           | NONE                   |
| Cincinnati/Hamilton County Continuum of Care fo... | Private Sector | Non-<br>pro..<br>. | Primary Decision Making Group, Attend Consolidated Plan p... | NONE                   |
| Cincinnati Union Bethel-Off the Streets            | Private Sector | Non-<br>pro..<br>. | Committee/Sub-committee/Work Group                           | NONE                   |
| Center for Chemical Addictions Treatment           | Private Sector | Non-<br>pro..<br>. | Committee/Sub-committee/Work Group                           | Substan<br>ce<br>Abuse |
| Ohio Housing Finance Agency                        | Public Sector  | Stat<br>e g..<br>. | Committee/Sub-committee/Work Group                           | NONE                   |
| Prospect House                                     | Private Sector | Non-<br>pro..<br>. | Committee/Sub-committee/Work Group                           | Substan<br>ce<br>Abuse |
| Applied Information Resources                      | Private Sector | Fun<br>der<br>...  | Committee/Sub-committee/Work Group                           | NONE                   |
| Carol Ann & Ralph V. Haile, Jr. Foundation         | Private Sector | Fun<br>der<br>...  | Committee/Sub-committee/Work Group                           | NONE                   |
| Cincinnati Business Committee                      | Private Sector | Busi<br>ness<br>es | Attend Consolidated Plan planning meetings during past 12... | NONE                   |
| City Link  | Private Sector | Faith<br>-b..<br>. | Committee/Sub-committee/Work Group                           | NONE                   |
| Craig Young Family Foundation                      | Private Sector | Fun<br>der<br>...  | Committee/Sub-committee/Work Group                           | NONE                   |
| Crossroads Center                                  | Private Sector | Non-<br>pro..<br>. | Committee/Sub-committee/Work Group                           | Substan<br>ce<br>Abuse |
| Crossroads Health Center                           | Private Sector | Hos<br>pita..<br>. | Committee/Sub-committee/Work Group                           | NONE                   |
| Ep3  | Private Sector | Busi<br>ness<br>es | Committee/Sub-committee/Work Group                           | Youth                  |
| Faith Community Alliance                           | Private Sector | Faith<br>-b..<br>. | Attend Consolidated Plan planning meetings during past 12... | NONE                   |
| Federal Home Loan Bank of Cincinnati               | Private Sector | Fun<br>der<br>...  | Committee/Sub-committee/Work Group                           | NONE                   |
| Model Group  | Private Sector | Busi<br>ness<br>es | Committee/Sub-committee/Work Group                           | NONE                   |
| One City Foundation                                | Private Sector | Faith<br>-b..<br>. | Committee/Sub-committee/Work Group                           | NONE                   |
| Jay Price  | Individual     | Othe<br>r          | Attend Consolidated Plan planning meetings during past 12... | NONE                   |

|  |                |            |  |                 |
|--|----------------|------------|--|-----------------|
| The Kroger Company                                 | Private Sector | Businesses | Committee/Sub-committee/Work Group                           | NONE            |
| Metropolitan Area Religious Coalition              | Private Sector | Faith-b... | Attend Consolidated Plan planning meetings during past 12... | NONE            |
| TAPP House   | Private Sector | Non-pro..  | Committee/Sub-committee/Work Group                           | Substance Abuse |
| Northern Kentucky Independent District Health D... | Private Sector | Non-pro..  | Committee/Sub-committee/Work Group                           | HIV/AIDS        |
| Jewish Family Service                              | Private Sector | Faith-b... | Committee/Sub-committee/Work Group                           | NONE            |
| Santa Maria Community Services                     | Private Sector | Non-pro..  | Committee/Sub-committee/Work Group                           | NONE            |
| Cincinnati/Hamilton County Community Action Agency | Private Sector | Non-pro..  | Committee/Sub-committee/Work Group                           | NONE            |
| Faces without Places                               | Private Sector | Funder...  | Committee/Sub-committee/Work Group                           | Youth           |
| Legal Aid Society                                  | Private Sector | Non-pro..  | Committee/Sub-committee/Work Group                           | NONE            |

## 1D. Continuum of Care (CoC) Member Organizations Detail

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Bureau of Disability Determination

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** State government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
  - Type of membership; Public, private, or individual
  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented; No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Hamilton County-Department of Jobs and Family Services Mt. Airy Shelter

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Veterans, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Child Care, Healthcare, Transportation, Alcohol/Drug Abuse, Employment  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Hamilton County Mental Health and Recovery Services

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Mental health, Alcohol/Drug Abuse  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Project Connect/Cincinnati Public Schools

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** School systems/Universities  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Education, Transportation  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
  - Type of membership; Public, private, or individual
  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented; No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Stop AIDS

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** HIV/AIDS  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Healthcare, Rental Assistance, HIV/AIDS  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Alcoholism Council of the Greater Cincinnati Area

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Alcohol/Drug Abuse  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Caracole, Inc.

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Substance Abuse, HIV/AIDS  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Healthcare, Rental Assistance, Alcohol/Drug Abuse, HIV/AIDS  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Drop Inn Center

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Healthcare, Rental Assistance, Alcohol/Drug Abuse  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Excel Development Co., Inc.

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Rental Assistance  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** First Step Home

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Alcohol/Drug Abuse  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Greater Cincinnati Behavioral Health Services

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Street Outreach, Case Management, Mental health, Rental Assistance  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Joseph House

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Veterans, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Alcohol/Drug Abuse  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Lighthouse Youth Services, Inc.

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Street Outreach, Education, Life Skills, Transportation, Rental Assistance, Employment  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Mental Health Access Point

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Mental health  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Ohio Valley Goodwill Industries, Inc.

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Veterans  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Rental Assistance, Employment  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Over the Rhine Community Housing

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill, Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Rental Assistance, Alcohol/Drug Abuse  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Talbert House

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Mental health, Rental Assistance, Alcohol/Drug Abuse  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Tender Mercies, Inc.

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Seriously Mentally Ill  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Life Skills, Mental health  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Tom Geiger Guest House

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Domestic Violence  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** YWCA of Greater Cincinnati

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Domestic Violence  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Child Care, Legal Assistance  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Veteran Administration

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Other  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Veterans  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Healthcare, Mental health, Alcohol/Drug Abuse  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Interagency Council on Homelessness and Affordable Housing (Governors Council)

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** State government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan focus groups/public forums during past 12 months  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Social Security Administration (State and Local Offices)

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** State government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** City of Cincinnati-Budget/Evaluation Department

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Authoring agency for Consolidated Plan  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** City of Cincinnati-Department of Community Development

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group, Authoring agency for Consolidated Plan  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Hamilton County Health Department

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Healthcare  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Hamilton County-Community Development Department

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group, Authoring agency for Consolidated Plan  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
  - Type of membership; Public, private, or individual
  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented; No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Hamilton County Jobs and Family Services  
(Income Maintenance and Children Services Divisions)

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Local workforce investment act boards  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan planning meetings  
(select all that apply) during past 12 months, Committee/Sub-committee/Work Group

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Child Care, Healthcare,  
(select all that apply) Transportation, Alcohol/Drug Abuse, Employment

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
  - Type of membership; Public, private, or individual
  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented; No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Cincinnati Metropolitan Housing Authority

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Public housing agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Rental Assistance  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
  - Type of membership; Public, private, or individual
  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented; No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** City of Cincinnati-Police Department

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Law enforcement/corrections  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Law Enforcement  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Hamilton County-Adult Parole Authority

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Law enforcement/corrections  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Law Enforcement  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Hamilton County-Municipal Court

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** Law enforcement/corrections  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Law Enforcement  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Bethany House Services

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Child Care, Life Skills, Rental Assistance  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Center for Independent Living Options

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Rental Assistance  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Center for Respite Care

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** HIV/AIDS  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Utilities Assistance, Healthcare, Rental Assistance, HIV/AIDS  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Freestore Foodbank

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Transportation, Rental Assistance, Employment  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Justice Watch

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills, Legal Assistance, Employment  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Ohio Justice and Policy Center

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Counseling/Advocacy, Legal Assistance  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** City Ministries/City Gospel Mission

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Grace Place Catholic Worker House

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
  - Type of membership; Public, private, or individual
  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented; No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Interfaith Hospitality Network of Cincinnati

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Life Skills, Transportation  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Mercy Franciscan at St. John's

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Salvation Army of Greater Cincinnati

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** St. Francis/St. Joseph Catholic Worker House

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills, Alcohol/Drug Abuse, Employment  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** St. Vincent DePaul Society

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Utilities Assistance, Life Skills, Healthcare, Transportation, Rental Assistance  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
  - Type of membership; Public, private, or individual
  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented; No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Greater Cincinnati Foundation

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Funder advocacy group  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
  - Type of membership; Public, private, or individual
  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented; No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Health Foundation of Greater Cincinnati

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Funder advocacy group  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** United Way of Greater Cincinnati

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Funder advocacy group  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Greater Cincinnati Coalition for the Homeless

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Downtown Cincinnati, Inc.-Block By Block (Brantley Services)

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Businesses  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Street Outreach  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** The Partnership Center, LTD

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Businesses  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** PNC Bank

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Businesses  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Cincinnati Health Network

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Hospitals/med representatives  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Street Outreach, Prescription Assistance, Healthcare, Mobile Clinic, HIV/AIDS  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Greater Cincinnati Oral Health Council

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Hospitals/med representatives  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Healthcare  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Cincinnati/Hamilton County Continuum of Care for the Homeless, Inc.

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Primary Decision Making Group, Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
  - Type of membership; Public, private, or individual
  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented; No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Cincinnati Union Bethel-Off the Streets

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
  - Type of membership; Public, private, or individual
  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented; No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Center for Chemical Addictions Treatment

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Alcohol/Drug Abuse  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Ohio Housing Finance Agency

**Type of Membership:** Public Sector  
(public, private, or individual)

**Type of Organization:** State government agencies  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Prospect House

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Alcohol/Drug Abuse  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Applied Information Resources

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Funder advocacy group  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Carol Ann & Ralph V. Haile, Jr. Foundation

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Funder advocacy group  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Cincinnati Business Committee

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Businesses  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** City Link

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Life Skills  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Craig Young Family Foundation

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Funder advocacy group  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Crossroads Center

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Healthcare  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Crossroads Health Center

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Hospitals/med representatives  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Healthcare  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Ep3

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Businesses  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Faith Community Alliance

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Federal Home Loan Bank of Cincinnati

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Funder advocacy group  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Model Group

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Businesses  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** One City Foundation

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Counseling/Advocacy  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Jay Price

**Type of Membership:** Individual  
(public, private, or individual)

**Type of Organization:** Other  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** The Kroger Company

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Businesses  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Metropolitan Area Religious Coalition

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Attend Consolidated Plan planning meetings during past 12 months, Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Not Applicable  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

### Instructions:

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** TAPP House

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Substance Abuse  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Case Management, Life Skills, Transportation, Rental Assistance, Alcohol/Drug Abuse  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Northern Kentucky Independent District Health Department

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** HIV/AIDS  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Education, Healthcare, HIV/AIDS  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Jewish Family Service

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Faith-based organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Utilities Assistance, Rental Assistance  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Santa Maria Community Services

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Case Management, Utilities Assistance, Life Skills, Rental Assistance, Soup Kitchen/Food Pantry  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Cincinnati/Hamilton County Community Action Agency

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Counseling/Advocacy, Case Management, Utilities Assistance, Life Skills, Rental Assistance, Employment, Soup Kitchen/Food Pantry  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

- Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:
- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
  - Type of membership; Public, private, or individual
  - Type of organization
  - Organization role in the CoC planning process
  - Subpopulations represented; No more than 2 may be selected
  - Services provided, if applicable

**Name of organization or individual:** Faces without Places

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Funder advocacy group  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** Youth  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** No

**Services provided to homeless persons and families:** Education  
(select all that apply)

## 1D. Continuum of Care (CoC) Member Organizations Detail

**Instructions:**

Provide information about each CoC member organization, including individuals that are part of the CoC planning process. For each member organization, provide information on the following:

- Organization name; Enter the name of the organization or individual. If the individual is a victim of domestic violence, do not enter their actual name.
- Type of membership; Public, private, or individual
- Type of organization
- Organization role in the CoC planning process
- Subpopulations represented; No more than 2 may be selected
- Services provided, if applicable

**Name of organization or individual:** Legal Aid Society

**Type of Membership:** Private Sector  
(public, private, or individual)

**Type of Organization:** Non-profit organizations  
(Content depends on "Type of Membership" selection)

**Role(s) of the organization:** Committee/Sub-committee/Work Group  
(select all that apply)

**Subpopulation(s) represented by the organization:** NONE  
(No more than two subpopulations)

**Does the organization provide direct services to homeless people?** Yes

**Services provided to homeless persons and families:** Legal Assistance  
(select all that apply)

# 1E. Continuum of Care (CoC) Project Review and Selection Process

## Instructions:

The CoC solicitation of projects and the project selection process should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess the performance, effectiveness, and quality of all requested new and renewal project(s).

In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

**Open Solicitation Methods:** (select all that apply) f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

**Rating and Performance Assessment Measure(s):** (select all that apply) b. Review CoC Monitoring Findings, g. Site Visit(s), k. Assess Cost Effectiveness, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), c. Review HUD Monitoring Findings, r. Review HMIS participation status, d. Review Independent Audit, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, h. Survey Clients, o. Review CoC Membership Involvement, f. Review Unexecuted Grants, a. CoC Rating & Review Committee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

**Voting/Decision-Making Method(s):** (select all that apply) c. All CoC Members Present Can Vote, a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

**Were there any written complaints received by the CoC regarding any matter in the last 12 months?** No

**If yes, briefly describe complaint and how it was resolved (limit 750 characters):**

## **1F. Continuum of Care (CoC) Housing Inventory Count--Change in Beds Available**

**For each housing type, indicate if there was a change (increase or reduction) in the total number of beds counted in the 2010 Housing Inventory Count (HIC) as compared to the 2009 HIC. If there was a change, please describe the reasons in the space provided for each housing type. If the housing type does not exist in your CoC, please select ¿Not Applicable¿ and indicate that in the text box for that housing type.**

**Emergency Shelter:** Yes

**Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):**

System-wide, the number of Emergency Shelter beds increased from 633 in 2009 to 643 in 2010.

Households without children - increased from 428 to 438 due to the Off the Streets Program, which serves single homeless women who have been involved in prostitution added 8 beds due to increased need, and the Mental Health and Recovery Services Board Quick Access program added 2 beds due to increased need specifically for severely mentally ill individuals.

**Safe Haven:** Not Applicable

**Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):**

N/A Cincinnati/Hamilton County has no Safe Haven beds.

**Transitional Housing:** Yes

**Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):**

TH beds increased significantly, from 403 beds in 2009 to 672 in 2010, an increase of 269 beds.

A major part of this increase was the beginning of the RRH for Families Demonstration TH program, which was awarded to our Continuum as part of the 2008 application. This program alone added 180 beds to our Continuum's TH inventory.

An additional 78 TH beds were added due to the implementation of a new TH program at Ohio Valley Goodwill Industries (48 beds) and TAPP House (30 beds).

Additional variation is based on natural turnover of scattered-site TH subsidies and has a wider variation than in some communities because of the large number of scattered-site leasing subsidies that are included in our Continuum's overall unit count.

**Permanent Housing:** Yes

**Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):**

The number of PSH beds available in the community increased from 1354 to 1450, an increase of 96 units. This increase is due in part to the addition of 52 scattered-site PSH units in a program operated by Ohio Valley Goodwill Industries, and 25 site-based units for the Chronically Homeless to be operated by Over-the-Rhine Community Housing. The additional variation is based on natural turnover of subsidies and has a wider swing than some communities because of the number of scattered-site leasing subsidies that are included in the CoCs overall unit count.

**CoC certifies that all beds for homeless persons were included in the Housing Inventory Count (HIC) as reported on the Homelessness Data Exchange (HDX), regardless of HMIS participation and HUD funding:** Yes

## **1G. Continuum of Care (CoC) Housing Inventory Count - Data Sources and Methods**

**Instructions:**

Complete the following items based on data collection methods and reporting for the Housing Inventory Count (HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2010. CoCs were expected to report HIC data on the Homelessness Data Exchange (HDX).

**Indicate the type of data sources or methods used to complete the housing inventory count: (select all that apply)**      HMIS plus housing inventory survey

**Indicate the steps taken to ensure the accuracy of the data collected and included in the housing inventory count: (select all that apply)**      Follow-up, Instructions, Updated prior housing inventory information, Other, Confirmation, HMIS

**Must specify other:**

A skilled staff person, from the HMIS Lead Agency, who is familiar with all housing programs in the community and with the HMIS housing data is assigned to conduct the housing inventory count.

**Indicate the type of data or method(s) used to determine unmet need: (select all that apply):**      Unsheltered count, HMIS data, Local studies or non-HMIS data sources, Housing inventory, National studies or data sources, Stakeholder discussion

**Specify "other" data types:**

**If more than one method was selected, describe how these methods were used together (limit 750 characters):**

Unmet need has been calculated utilizing HMIS data in the context of local planning. A data driven initiative, Homeless to Homes, has included a strategic look at current inventory, current usage, and unmet need and created targeted goals based on the needs for single homeless individuals. The Family Shelter Partnership furthered the effort by simultaneously and strategically looking at the needs, data, recidivism rates, and inventory to develop a plan for families including the new RRH for Families Demo. This information combined with national studies creates the base input method for CoC and HMIS staff to determine unmet need.

## 2A. Homeless Management Information System (HMIS) Implementation

### Intructions:

All CoCs are expected to have a functioning Homeless Management Information System (HMIS). An HMIS is a computerized data collection application that facilitates the collection of information on homeless individuals and families using residential or other homeless services and stores that data in an electronic format. CoCs should complete this section in conjunction with the lead agency responsible for the HMIS. All information should reflect the status of HMIS implementation as of the date of application submission.

For additional instructions, refer to the ¿Exhibit 1 Detailed Instructions¿ which can be accessed on the left-hand menu bar.

- Select the HMIS implementation coverage area:** Single CoC
- Select the CoC(s) covered by the HMIS: (select all that apply)** OH-500 - Cincinnati/Hamilton County CoC
- Is the HMIS Lead Agency the same as the CoC Lead Agency?** No
- Does the CoC Lead Agency have a written agreement with the HMIS Lead Agency?** Yes
- Has the CoC selected an HMIS software product?** Yes
- If "No" select reason:**
- If "Yes" list the name of the product:** VESTA
- What is the name of the HMIS software company?** The Partnership Center, Ltd.
- Does the CoC plan to change HMIS software within the next 18 months?** No
- Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy)** 07/01/2000
- Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply):** Inadequate staffing
- If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).**
- If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).**

HMIS has 100% participation: outreach, shelters, TH, PSH - including all HUD funded and non-funded agencies; Health Care for the Homeless; PATH; Homeless Children and Youth and HPRP program all utilize HMIS. Staffing levels for maintaining data quality and supporting the data analyst requirement (AHAR, Pulse, etc.) are the challenge. At the current time there are: 57,429 active records requiring unduplication when new ones are added; 412 active users requiring on-going user support and training (20% annual turnover rate); and data reporting that includes new APRs (user training and support). The current numbers of programs using HMIS, the number of users, the increased emphasis on HMIS as the system for all homeless programs, the cross-agency integration of programs and the national increased attention to data has proven to be extremely difficult for the current HMIS level of staffing.) An expansion grant has been approved for inclusion in this 2010 grant application.

## 2B. Homeless Management Information System (HMIS) Lead Agency

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

**Organization Name** The Partnership Center, Ltd.

**Street Address 1** 2134 Alpine Place

**Street Address 2**

**City** Cincinnati

**State** Ohio

**Zip Code** 45206

**Format:** xxxxx or xxxxx-xxxx

**Organization Type** For Profit

**If "Other" please specify**

**Is this organization the HMIS Lead Agency in more than one CoC?** No

## **2C. Homeless Management Information System (HMIS) Contact Person**

**Enter the name and contact information for the primary contact person at the HMIS Lead Agency.**

**Prefix:** Ms.

**First Name** Michelle

**Middle Name/Initial**

**Last Name** Budzek

**Suffix**

**Telephone Number:** 513-891-4016  
**(Format: 123-456-7890)**

**Extension** 311

**Fax Number:** 513-618-5720  
**(Format: 123-456-7890)**

**E-mail Address:** mbudzek@partnershipcenter.net

**Confirm E-mail Address:** mbudzek@partnershipcenter.net

## 2D. Homeless Management Information System (HMIS) Bed Coverage

**Instructions:**

HMIS bed coverage measures the level of provider participation in a CoC's HMIS. Participation in HMIS is defined as the collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data on an at least annual basis.

HMIS bed coverage is calculated by dividing the total number of year-round beds located in HMIS-participating programs by the total number of year-round beds in the Continuum of Care (CoC), after excluding beds in domestic violence (DV) programs. HMIS bed coverage rates must be calculated separately for emergency shelters, transitional housing, and permanent supportive housing.

The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

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

|                                  |                                    |
|----------------------------------|------------------------------------|
| * Emergency Shelter (ES) Beds    | 86%+                               |
| * Safe Haven (SH) Beds           | Housing type does not exist in CoC |
| * Transitional Housing (TH) Beds | 86%+                               |
| * Permanent Housing (PH) Beds    | 86%+                               |

**How often does the CoC review or assess its HMIS bed coverage?** At least Quarterly

**If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:**

N/A

## 2E. Homeless Management Information System (HMIS) Data Quality

**Instructions:**

HMIS data quality refers to the extent that data recorded in an HMIS accurately reflects the extent of homelessness and homeless services in a local area. In order for the HMIS to present accurate and consistent information on homelessness, it is critical that an HMIS have the best possible representation of reality as it relates to homeless people and the programs that serve them. Specifically, it should be a CoCs goal to record the most accurate, consistent and timely information in order to draw reasonable conclusions about the extent of homelessness and the impact of homeless services in its local area. Answer the questions below related to the steps the CoC takes to ensure the quality of its data. In addition, CoCs will indicate their participation in the Annual Homelessness Assessment Report (AHAR) for 2009 and 2010 as well as whether or not they plan to contribute data to the Homelessness Pulse project in 2010.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2010.**

| Universal Data Element               | Records with no values (%) | Records where value is refused or unknown (%) |
|--------------------------------------|----------------------------|---|
| * Social Security Number             | 0%                         | 3%  |
| * Date of Birth                      | 0%                         | 0%  |
| * Ethnicity                          | 0%                         | 0%  |
| * Race                               | 0%                         | 0%  |
| * Gender                             | 0%                         | 0%  |
| * Veteran Status                     | 0%                         | 0%  |
| * Disabling Condition                | 0%                         | 2%  |
| * Residence Prior to Program Entry   | 0%                         | 0%  |
| * Zip Code of Last Permanent Address | 4%                         | 0%  |
| * Name                               | 0%                         | 0%  |

**How frequently does the CoC review the quality of client level data?** At least Monthly

**How frequently does the CoC review the quality of program level data?** At least Monthly

**Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):**

1) Error Alerts -appear on the home page at every log-in for missing elements or data errors. User Support reviews errors weekly, contact users, and works with them to correct problems. 2) Required APR fields are programmed as mandatory. 3) Exit Destination Helper allows users to enter the destination name and VESTA will translate this to the correct HMIS destination data. 4) On-site monitoring enables User Support to conduct a review of the program data for the program year via a data quality report, and then monitor/remediate including: data entry-lag times; homeless certification; universal data element collection; income and exit destinations; and generated error alerts. 5) Data is locked annually for all programs.

**Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):**

Policies: 1)Intake/exit standards are set for all program. 2)ESG and SPC are billed monthly via HMIS. 3) HPRP financial assistance is requested through HMIS to receive payments. Procedures: 1)Real time data entry is trained on. 2)The Central Access Point (for family shelters, one individual shelter, and all prevention programs) completes intake via phone, forwards it through HMIS for agency completion as client enters. 3)The HMIS Homeless Certification system requires timely intakes/exits generating client and pressure between agencies for data accuracy. 4)PIT counts verifies HMIS with house counts. 5)Programs have a maximum number of clients & maximum length of stay programmed if parameters are exceeded error alerts are generated.

**Indicate which reports the CoC or subset of the CoC submitted usable data: (Select all that apply)** 2009 AHAR, 2009 AHAR Supplemental Report on Homeless Veterans

**Indicate which reports the CoC or subset of the CoC plans to submit usable data: (Select all that apply)** 2010 AHAR Supplemental Report on Homeless Veterans, 2010 AHAR

**Does your CoC plan to contribute data to the Homelessness Pulse project in 2010?** Yes

## 2F. Homeless Management Information System (HMIS) Data Usage

### Instructions:

CoCs can use HMIS data for a variety of applications. These include, but are not limited to, using HMIS data to understand the characteristics and service needs of homeless people, to analyze how homeless people use services, and to evaluate program effectiveness and outcomes.

In this section, CoCs will indicate the frequency in which it engages in the following.

- Integrating or warehousing data to generate unduplicated counts
- Point-in-time count of sheltered persons
- Point-in-time count of unsheltered persons
- Measuring the performance of participating housing and service providers
- Using data for program management
- Integration of HMIS data with data from mainstream resources

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Indicate the frequency in which the CoC uses HMIS data for each of the following:**

|  |                    |
|--|--------------------|
| <b>Integrating or warehousing data to generate unduplicated counts:</b>          | At least Quarterly |
| <b>Point-in-time count of sheltered persons:</b>                                 | At least Annually  |
| <b>Point-in-time count of unsheltered persons:</b>                               | At least Annually  |
| <b>Measuring the performance of participating housing and service providers:</b> | At least Monthly   |
| <b>Using data for program management:</b>  | At least Monthly   |
| <b>Integration of HMIS data with data from mainstream resources:</b>             | At least Monthly   |

## 2G. Homeless Management Information System (HMIS) Data and Technical Standards

**Instructions:**

In order to enable communities across the country to collect homeless services data consistent with a baseline set of privacy and security protections, HUD has published HMIS Data and Technical Standards. The standards ensure that every HMIS captures the information necessary to fulfill HUD reporting requirements while protecting the privacy and informational security of all homeless individuals.

Each CoC is responsible for ensuring compliance with the HMIS Data and Technical Standards. CoCs may do this by completing compliance assessments on a regular basis and through the development of an HMIS Policy and Procedures manual. In the questions below, CoCs are asked to indicate the frequency in which they complete compliance assessment.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**For each of the following HMIS privacy and security standards, indicate the frequency in which the CoC and/or HMIS Lead Agency complete a compliance assessment:**

|   |                    |
|---|--------------------|
| * Unique user name and password                     | At least Annually  |
| * Secure location for equipment                     | At least Annually  |
| * Locking screen savers                             | At least Annually  |
| * Virus protection with auto update                 | At least Annually  |
| * Individual or network firewalls                   | At least Annually  |
| * Restrictions on access to HMIS via public forums  | At least Monthly   |
| * Compliance with HMIS Policy and Procedures manual | At least Monthly   |
| * Validation of off-site storage of HMIS data       | At least Quarterly |

**How often does the CoC Lead Agency assess compliance with the HMIS Data and Technical Standards?** At least Quarterly

**How often does the CoC Lead Agency aggregate data to a central location (HMIS database or analytical database)?** At least Monthly

**Does the CoC have an HMIS Policy and Procedures manual?** Yes

**If 'Yes' indicate date of last review or update by CoC:** 11/04/2010

**If 'No' indicate when development of manual will be completed (mm/dd/yyyy):**

## 2H. Homeless Management Information System (HMIS) Training

**Instructions:**

Providing regular training opportunities for homeless assistance providers that are participating in a local HMIS is a way that CoCs can ensure compliance with the HMIS Data and Technical Standards. In the section below, CoCs will indicate how frequently they provide certain types of training to HMIS participating providers.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:**

|   |                    |
|---|--------------------|
| * Privacy/Ethics training                           | At least Annually  |
| * Data Security training                            | At least Annually  |
| * Data Quality training                             | At least Monthly   |
| * Using Data Locally                                | At least Monthly   |
| * Using HMIS data for assessing program performance | At least Quarterly |
| * Basic computer skills training                    | At least Monthly   |
| * HMIS software training                            | At least Monthly   |

## 2I. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

### Instructions:

Although CoCs are only required to conduct a one-day point-in-time count every two years, HUD strongly encourages CoCs to conduct a point-in-time count annually, if resources allow. The purpose of the point-in-time count is to further understand the number and characteristics of people sleeping in shelters, on the streets, or in other locations not meant for human habitation.

Below, CoCs will indicate how frequently they will conduct a point-in-time count and what percentage of their homeless service providers participate. CoCs are also asked to describe whether or not there were differences between the most recent point-in-time count and the one prior. CoCs should indicate in the narrative which years they are comparing.

**How frequently does the CoC conduct a point-in-time count?** annually (every year)

**Enter the date in which the CoC plans to conduct its next point-in-time count:** 01/26/2011  
(mm/dd/yyyy)

**Indicate the percentage of homeless service providers supplying population and subpopulation data for the point-in-time count that was collected via survey, interview, and/or HMIS.**

**Emergency Shelter:** 100%  
**Transitional Housing:** 100%

**Comparing the most recent point-in-time count to the previous point-in-time count, describe any factors that may have resulted in an increase, decrease, or no change in both the sheltered and unsheltered population counts (limit 1500 characters).**

The PIT documented a reduction in all areas, except the street count. Sheltered: households with children were down 17; persons in households with children down 61; and persons in households without children down 71. Unsheltered: The street count increased by 32 persons. The overall decrease is believed to be the result of HPRP emphasis on Prevention and RRH, the family shelters focus on recidivism prevention, and the individuals shelters focus on housing placement. The street count increase is believed to be based on the increased focus by the individuals shelters on the creation of an outcome oriented system - that is potentially moving persons not yet able to engage from the shelters to the streets. Plans for an engagement focused TH and safe shelter beds should assist to decrease the street count in the future.

## 2J. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulations: Methods

### Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on *guessimates*. CoCs may use one or more methods to count sheltered homeless persons. This form asks CoCs to identify and describe which method(s) they use to conduct their point-in-time counts. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

**Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:  
(Select all that apply):**

|                   |                                     |
|-------------------|-------------------------------------|
| Survey Providers: | <input type="checkbox"/>            |
| HMIS:             | <input checked="" type="checkbox"/> |
| Extrapolation:    | <input type="checkbox"/>            |
| Other:            | <input type="checkbox"/>            |

**If Other, specify:**

**Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless population during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data (limit 1500 characters).**

All data on homeless persons in shelter and transitional housing was generated exclusively through VESTA. VESTA is the community's HMIS with 100% participation of emergency shelter and transitional housing providers. A stand-alone version of VESTA, running on a server owned and maintained by our local DV provider, generated data for victims of domestic violence served, in accordance with VAWA. Both the VESTA-HMIS and VESTA-DV are built to the same data standards, and are in compliance with HUD's Homeless Management Information System Data and Technical Standards. As all of the beds in all of the shelters and transitional housing programs are included in VESTA, using VESTA as the exclusive PIT counting method is highly accurate and reliable.

Data is pulled from VESTA-HMIS by the HMIS Lead Agency and the VESTA-DV system administrator for the point-in-time count. Providers are informed of the "count date" and reminded prior to the count to enter timely data by HMIS User Support. Following the data pull, the data from each program is verified with the program supervisor to ensure that it matches program documentation for that day.

## 2K. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Collection

### Instructions:

CoCs are required to produce data on seven subpopulations. These subpopulations are the chronically homeless, severely mentally ill, chronic substance abuse, veterans, persons with HIV/AIDS, victims of domestic violence, and unaccompanied youth (under 18). Subpopulation is required for sheltered homeless persons and optional for unsheltered homeless persons, with the exception of chronically homeless persons. Sheltered chronically homeless people are those living in emergency shelters only.

In the 2010 CoC NOFA, the definition of Chronically Homeless Person has been expanded to include families with at least one adult member who has a disabling condition. The family must meet all the other standards for chronic homelessness in Section 4.d. of the 2010 NOFA, Definitions and Concepts. Because the definition of chronically homeless at the time of either the 2009 or 2010 point-in-time count was still limited to individuals, CoCs are only reporting on that data on this section of the Exhibit 1.

CoCs may use a variety of methods to collect subpopulation information on sheltered homeless persons and may employ more than one in order to produce the most accurate data. This form asks CoCs to identify and describe which method(s) they use to gather subpopulation information for sheltered populations during the most recent point-in-time count. The description should demonstrate how the method(s) was used to produce an accurate count.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

**Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):**

|   |   |                                     |
|---|---|-------------------------------------|
|   | <b>HMIS</b>                               | <input checked="" type="checkbox"/> |
|   | <b>HMIS plus extrapolation:</b>           | <input type="checkbox"/>            |
| <b>Sample of PIT interviews plus extrapolation:</b> |   | <input type="checkbox"/>            |
|   | <b>Sample strategy:</b>                   | <input type="checkbox"/>            |
|   | <b>Provider expertise:</b>                | <input type="checkbox"/>            |
|   | <b>Interviews:</b>                        | <input type="checkbox"/>            |
|   | <b>Non-HMIS client level information:</b> | <input type="checkbox"/>            |
|   | <b>None:</b>                              | <input type="checkbox"/>            |
|   | <b>Other:</b>                             | <input type="checkbox"/>            |

**If Other, specify:**

**Describe the methods used by the CoC, as indicated above, to collect data on the sheltered homeless subpopulations during the most recent point-in-time count. Response should indicate how the method(s) selected above were used in order to produce accurate data on all of the sheltered subpopulations (Limit 1500 characters).**

Data on homeless persons in shelter and transitional housing was generated through VESTA/HMIS, with 100% participation of emergency shelter and transitional housing providers, along with the standalone version of VESTA running on a server of our DV provider. Data is pulled from VESTA-HMIS by the HMIS Lead Agency and the VESTA-DV system administrator.

Chronic homelessness is based on our Chronic Homeless Initiative Program (CHIP). An indicator is recorded in HMIS that the person met the criteria for CH in a street outreach or emergency shelter program. A CHIP designation remains with the client even if they may not meet chronic homelessness criteria on subsequent intakes. [CHIP = an unaccompanied person PLUS length of homelessness exceeds 1 year OR the number of times homeless in the past 3 years exceeds 3 PLUS at least one of the following disabling conditions have a yes response: physical disability, developmental disability, HIV/AIDS, Mental health, and/or substance abuse, alcohol abuse, drug abuse or dually diagnosed.]

Severely Mentally Ill = Yes to Mental health problem

Chronic Substance Abuse = Yes to Alcohol abuse, Drug abuse, or Dually diagnosed under Substance abuse problem

Veterans = Yes to Veteran status

Persons with HIV/Aids = Yes to HIV/AIDS

Victim of Domestic Violence = Yes to Domestic violence

Unaccompanied Youth (under age 18) = DOB was between 1/29/2009 and 1/29/1991 and no other persons were present with this individual at intake.

## 2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

### Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the sheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Indicate the steps taken by the CoC to ensure the quality of the data collected for the sheltered population count: (select all that apply)**

|  |                                     |
|--|-------------------------------------|
| <b>Instructions:</b>                       | <input type="checkbox"/>            |
| <b>Training:</b>                           | <input checked="" type="checkbox"/> |
| <b>Remind/Follow-up</b>                    | <input checked="" type="checkbox"/> |
| <b>HMIS:</b>                               | <input checked="" type="checkbox"/> |
| <b>Non-HMIS de-duplication techniques:</b> | <input type="checkbox"/>            |
| <b>None:</b>                               | <input type="checkbox"/>            |
| <b>Other:</b>                              | <input checked="" type="checkbox"/> |

### If Other, specify:

Data Quality is monitored for each individual HMIS user on a weekly basis. Error alerts point out data quality errors to users. User support follows up with users to make corrections/changes to ensure data quality. This is a year-round Data Quality activity, which also happens during the PIT count.

**If selected, describe the non-HMIS de-duplication techniques used by the CoC to ensure the data quality of the sheltered persons count (limit 1000 characters).**

## 2M. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

### Instructions:

Accuracy of the data reported in point-in-time counts is vital. Data produced from these counts must be based on reliable methods and not on *guesstimates*. CoCs may use one or more methods to count unsheltered homeless persons. This form asks CoCs to identify which method(s) they use to conduct their point-in-time counts.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

**Indicate the method(s) used to count unsheltered homeless persons:  
(select all that apply)**

|   |                                     |
|---|-------------------------------------|
| <b>Public places count:</b>                 | <input checked="" type="checkbox"/> |
| <b>Public places count with interviews:</b> | <input type="checkbox"/>            |
| <b>Service-based count:</b>                 | <input type="checkbox"/>            |
| <b>HMIS:</b>                                | <input checked="" type="checkbox"/> |
| <b>Other:</b>                               | <input type="checkbox"/>            |

**If Other, specify:**

## 2N. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

### Instructions:

CoCs may employ numerous approaches when counting unsheltered homeless people. CoCs first need to determine where they will look to count this population. They may canvass an entire area or only those locations where homeless persons are known to sleep for example. This form asks CoCs to indicate the level of coverage they incorporate when conducting their unsheltered count.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

**Indicate where the CoC located the unsheltered homeless persons (level of coverage) that were counted in the last point-in-time count:** A Combination of Locations

**If Other, specify:**

## 20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

### Instructions:

The data collected during point-in-time counts is vital for both CoCs and HUD. Communities need accurate data to determine the size and scope of homelessness at the local level, plan services and programs to appropriately address local needs, and measure progress in addressing homelessness. HUD needs accurate data to understand the extent and nature of homelessness throughout the country, provide Congress and OMB with information on services provided, gaps in service, and performance, and to inform funding decisions. Therefore, it is vital that the quality of data reported is high. CoCs may undertake one or more actions to improve the quality of the unsheltered population data. This form asks CoCs to identify the steps they take to ensure data quality.

All CoCs should be engaging in activities to reduce the occurrence of counting unsheltered persons more than once during a point-in-time count. These strategies are known as de-duplication techniques. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters. On this form, CoCs are asked to describe their de-duplication techniques. Finally, CoCs are asked to describe their outreach efforts to identify and engage homeless individuals and families.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Indicate the steps taken by the CoC to ensure the quality of the data collected for the unsheltered population count: (select all that apply)**

|                            |                                     |
|----------------------------|-------------------------------------|
| Training:                  | <input checked="" type="checkbox"/> |
| HMIS:                      | <input checked="" type="checkbox"/> |
| De-duplication techniques: | <input checked="" type="checkbox"/> |
| Other:                     | <input checked="" type="checkbox"/> |

**If Other, specify:**

The Homeless Outreach Group (HOG) is responsible for tracking and mapping the whereabouts of all known homeless persons on the streets. This group composed of outreach workers, police, and emergency responders meets monthly and conducts quarterly street surveys. Prior to the count, location data is shared, plotted, and coordinated among all street outreach workers, with HMIS data and also police data to determine all known locations in advance of the PIT count. Then the count is conducted and data used to ensure maximum number of persons are counted.

**Describe the techniques used by the CoC to reduce the occurrence of counting unsheltered homeless persons more than once during the most recent point-in-time count (limit 1500 characters):**

Street count information is checked with HMIS to verify that those persons had not logged into shelters that night and to determine other information about them for the HUD reports. Street count workers identify each individual as possible counted either by first name/last four digits of their social security number or "street name"; location and/or other identifying information. Following the count workers gather to determine if any two workers counted the same person and those persons are unduplicated.

**Describe the CoCs efforts to reduce the number of unsheltered homeless households with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):**

In 2008, CoC, Inc. along with Bethany House Services (lead agency of the Family Shelter Partnership) began operating the Central Access Point (CAP) line, which provides centralized intake for all of Cincinnati & Hamilton Countys family shelters. CAP screens families for homelessness and the immediacy of their need for emergency shelter. CAP also begins the process of entering data into HMIS, and logs all calls requesting emergency shelter for a family. This data is currently being used to identify trends among homeless families as well as gaps in services and shelter available. CAP prioritizes sheltering unsheltered families vs. families calling from "doubled-up" situations to ensure families with children are not left unsheltered. All community street outreach efforts are coordinated through the Homeless Outreach Group (HOG). All HOG attendees have been trained on the purpose and functioning of the CAP line so that all homeless families can be quickly placed into emergency shelter. Through HOG, street outreach workers also coordinate their efforts to ensure people sleeping on the street are encountered and offered all appropriate services as quickly as possible. No households with dependent children were identified on the street on the night of our last 3 PIT counts.

**Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):**

The Homeless Outreach Group (HOG) meets monthly to coordinate street outreach efforts across the community and ensures that all people on the street have been engaged and offered services, as well as to improve access to services and housing for street homeless. HMIS/VESTA in cooperation with HOG has created a special "street pops program" a system within HMIS to enroll street persons in HMIS who are not enrolled in the outreach worker's specific program. Monthly "street pop" cases are reviewed as a part of the HOG meeting and assigned a worker. Important to note is that the comprehensive street count yielded approximately 4% of the total homeless - a figure Cincinnati Outreach teams have worked diligently to reduce to that level. The stated goal of the Continuum and of HOG is that every homeless person will have a worker who knows their name. This goal has proven, time and time again to be in place and achieved by the HOG group proving to be a positive engagement goal.

## **3A. Continuum of Care (CoC) Strategic Planning Objectives**

### **Objective 1: Create new permanent housing beds for chronically homeless persons.**

#### **Instructions:**

Ending chronic homelessness continues to be a HUD priority. CoCs can do this by creating new permanent housing beds that are specifically designated for this population. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

On this section, CoCs are to describe their short-term and long-term plans for creating new permanent housing beds for chronically homeless persons that meet the definition in the 2010 CoC NOFA. In addition, CoCs will indicate the current number of permanent housing beds designated for chronically homeless persons. This number should match the number of beds reported in the 2010 Housing Inventory Count (HIC) and entered onto the Homeless Data Exchange (HDX). CoCs will then enter number of permanent housing beds they expect to have in place in 12-months, 5-years, and 10-years. These future estimates should be based on the definition of chronically homeless in the 2010 CoC NOFA.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

#### **Describe the CoCs short-term (12-month) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).**

The CoC's plan to increase CH/PSH beds includes coordinating Continuum & other local & federal funds to increase PSH. The Homeless to Homes Plan being implemented plans 1020 new PSH units & specifically targets some to CH. Both site-based & scattered-site approaches to PSH are included in the plan. Specifics on increasing CH beds short term: 1) a new SAMHSA grant is being combined with SPC to provide services to CH in PSH (GCBHS, OTRCH); 2) In 2010 tax credits awarded to a new 43 unit PSH program for homeless women, many CH (OTRCH); 3) Two PSH tax credit applications filed in 10/2010, targeting homeless substance abusers & individuals with MH issues, many of whom are CH (NCR, Talbert House); 4) In 2010, CoC grant funding is requested for 35 new units PSH, which will increase the amount of PSH available to both CH & non-CH individuals (CRC); 5) CoC, Inc. is implementing a new PSH for families program, awarded as part of the 2009 CoC grant, will also target CH families (SArmy).

#### **Describe the CoCs long-term (10-year) plan to create new permanent housing beds for persons that meet HUD's definition of chronically homeless (limit 1000 characters).**

The Homeless to Homes plan recommends increasing community capacity to develop PSH by bringing a national PSH developer here. To this end, CoC, Inc. has been working with National Church Residences, who submitted a tax credit application for a 100 unit project in Cincinnati which will include units for the CH. The HTH plan outlines additional PSH-related recommendations that CoC, Inc. and indicated organizations are implementing: 1) Develop a minimum of 125 site-based PSH units & 79 scattered-site PSH units per year for at least of 5 years (NCR, OTRCH, Tender Mercies, others); 2) Set aside of \$1.5 million of City HUD/HOME dollars for both TH & PSH per year for at least 5 years (City of Cinti); 3) Create & use a Tax Credit Equity Fund for use with the Low Income Housing Tax Credit program (Cincinnati Business Committee, Cincinnati Center City Development Corporation [3CDC]); 4) Increase the amount of project-based Section 8 housing allocated for PSH. (Cinti Metropolitan Housing Auth)

**How many permanent housing beds do you currently have in place for chronically homeless persons?** 188

**In 12-months, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 200

**In 5-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 225

**In 10-years, how many permanent housing beds designated for the chronically homeless do you plan to have in place and available for occupancy?** 300

### **3A. Continuum of Care (CoC) Strategic Planning Objectives**

**Objective 2: Increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or more.**

**Instructions:**

Increasing the self-sufficiency and stability of permanent housing program participants is an important outcome measurement of HUD's homeless assistance programs. Each SHP-PH and S+C project is expected to report the percentage of participants remaining in permanent housing for more than six months on its Annual Progress Report (APR). CoCs then use this data from all of its permanent housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of participants remaining in all of its CoC funded permanent housing projects (SHP-PH or S+C) to at least 77 percent. In addition, CoCs will indicate the current percentage of participants remaining in these projects, as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded permanent housing projects (SHP-PH or S+C) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

**Describe the CoCs short-term (12-month) plan to increase the percentage of participants remaining in CoC funded permanent housing projects for at least six months to 77 percent or higher (limit 1000 characters).**

The plan is to continue to exceed HUD expectations (currently 92%, up from 85% in 2009). The following will increase the percentage: 1) Establish a community-wide HMIS-based measurement and standard for recidivism to be incorporated into the community's outcome measurement and project prioritization process in the future. Linking low recidivism to ongoing funding will provide an incentive for Continuum-funded programs to keep clients in program housing longer and ensure that stability has been achieved prior to program exit. (CoC, Inc, HMIS Lead Agency, and Homeless Clearinghouse); 2) Complete implementation of a new SAMHSA grant intended to provide intensive case management & services to CH substance abusers in PSH- 35 of 60 units now occupied (GCBHC & OTRCH); 3) Complete a system-wide training of all front-line case managers designed to support client movement to the most appropriate, not first available, housing program, based on client special needs and disability (CoC, Inc).

**Describe the CoCs long-term (10-year) plan to increase the percentage of participants remaining in CoC funded permanent housing for at least six months to 77 percent or higher (limit 1000 characters).**

The plan is to continue to exceed HUD expectations by: 1) Planning and development of new site-based PSH capacity. Current PSH capacity is 91% scattered-site units. Outcomes will be enhanced by diversifying the PSH inventory while targeting clients, particularly those who are chronically homeless, who could benefit from site-based housing with added structure, security, and on-site staffing (CoC, Inc, NCR); 2) CoC, Inc. will begin sharing program outcome data publicly and among like PSH programs, identifying highest performing programs & practices, then replicating best practices between PSH programs (CoC, Inc); 3) CoC, Inc. will further incorporate outcomes & recidivism data into the scoring process used to set local priorities, resulting in the PSH programs with the best outcomes being renewed, & providing additional incentive for lower performing programs to implement best practices (CoC, Inc, Homeless Clearinghouse).

**What is the current percentage of participants remaining in CoC funded permanent housing projects for at least six months?** 92

**In 12-months, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 93

**In 5-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 94

**In 10-years, what percentage of participants will have remained in CoC funded permanent housing projects for at least six months?** 95

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

**Objective 3: Increase the percentage of participants in CoC funded transitional housing that move into permanent housing to 65 percent or more.**

**Instructions:**

The ultimate objective of transitional housing is to help homeless families and individuals obtain permanent housing and self-sufficiency. Each SHP-TH project is expected to report the percentage of participants moving to permanent housing on its Annual Progress Report (APR). CoCs then use this data from all of its CoC funded transitional housing projects to report on the overall CoC performance on form 4C. Continuum of Care (CoC) Housing Performance.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of transitional housing participants moving from its SHP-TH projects into permanent housing to at least 65 percent. In addition, CoCs will indicate the current percentage of SHP-TH project participants moving into permanent housing as indicated on form 4C, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded transitional housing projects (SHP-TH) for which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

**Describe the CoCs short-term (12-month) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).**

Our Continuum currently exceeds this threshold by 11% (76%).  
The following will increase this percentage in the next 12 months: 1) Locating affordable PH can be a significant hurdle preventing families from exiting homelessness. CoC, Inc. is working with our local PHA & the Family Shelter Partnership to apply for Family Unification Program Housing Choice Vouchers which will enable families to exit Continuum-funded TH into PH; 2) In 2010, CoC, Inc. has been working with Barb Poppe of the USICH & the Veterans Administration to increase the movement of homeless Veterans out of local Continuum-funded TH programs & onto HUD/VASH PH subsidies; this work is ongoing; 3) In 2010, CoC, Inc. and Bethany House implemented a new SHP-funded RRH for Families Demonstration program, which pairs case management & support components with scattered-site TH subsidies to maximize the number of households moving into PH. This programs outcomes are yet to be reported by APR.

**Describe the CoCs long-term (10-year) plan to increase the percentage of participants in CoC funded transitional housing projects that move to permanent housing to 65 percent or more (limit 1000 characters).**

Our Continuum currently exceeds this threshold by 11% (76%).  
 The following will increase this percentage long-term: 1) The Homeless to Homes Plan, which CoC, Inc. is implementing on behalf of the City of Cincinnati, recommends 1020 new PSH units, almost doubling the current capacity in the community, & giving TH residents many more options for obtaining PH; 2) CoC, Inc. is working in collaboration with the Cincinnati Metropolitan Housing Authority to apply for Family Unification Program Housing Choice Vouchers, which will enable parents to exit TH into PH for years to come; 3) CoC, Inc. will continue to work with the USICH & the VA to increase the movement of homeless Veterans out of Continuum-funded TH & onto HUD/VASH PH subsidies.

- What is the current percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 76
- In 12-months, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 77
- In 5-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 78
- In 10-years, what percentage of participants in CoC funded transitional housing projects will have moved to permanent housing?** 80

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

#### Objective 4: Increase percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more.

##### Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Each CoC funded project (excluding HMIS dedicated projects only) is expected to report the percentage of participants employed at exit on its Annual Progress Report (APR). CoCs then use this data from all of its non-HMIS projects to report on the overall CoC performance on form 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information.

On this section, CoCs are to describe short-term and long-term plans for increasing the percentage of all CoC funded program participants that are employed at exit to at least 20 percent. In addition, CoCs will indicate the current percentage of project participants that are employed at exit, as reported on 4D, as well as the expected percentage in 12-months, 5-years, and 10-years. CoCs that do not have any CoC funded non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, or S+C TRA/SRA/PRA/SRO) which an APR was required, should indicate this in both of the narratives below and enter 0 in the first numeric field below.

For additional instructions, refer to the Exhibit 1 Detailed Instructions which can be accessed on the left-hand menu bar.

#### Describe the CoCs short-term (12-month) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

Our Continuum exceeds HUD expectations on this measure with a 25% employment rate. Receipt rates of all other income sources and benefits reported in this application increased or remained stable; only the employment rate declined, from 30% to 25%.

CoC, Inc. does not believe that under the current economic conditions the employment rate will increase in the next 12 months. The continuum was at a 28% baseline only two years ago which rose to 30% last year, only to decline to 25%.

Our plan is to meet HUD expectations by working with local funders through the HTH Funding Group to secure non-HUD funding for employment services to first be aligned with RRH programs, and then later expanded to serve those in other Continuum-funded programs.

CoC, Inc. will continue work with JFS to increase TANF income, participate in the Ohio Interagency Council as it searches for sustainable options, and work with stimulus and WIA options, etc. to find every opportunity to increase this percentage.

#### Describe the CoCs long-term (10-year) plan to increase the percentage of participants in all CoC funded projects that are employed at program exit to 20 percent or more (limit 1000 characters).

Long term CoC, Inc. believes that the employment rate for the homeless can be increased as the economy improves. CoC, Inc. is working with local funders through the HTH Funding Group to secure non-HUD funding for employment services to be aligned with HPRP-funded RRH programs and Continuum-funded housing programs as well.

As the economy turns, options for employment programs for TANF clients should increase and CoC, Inc. will maintain the relationship between the Family Shelter Partnership and Job and Family Services to make every effort to increase employment. Opportunities for single individuals through WIA, the VA and other local jobs programs will be pursued for training and placement.

**What is the current percentage of participants in all CoC funded projects that are employed at program exit?** 25

**In 12-months, what percentage of participants in all CoC funded projects will be employed at program exit?** 25

**In 5-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 30

**In 10-years, what percentage of participants in all CoC funded projects will be employed at program exit?** 40

## **3A. Continuum of Care (CoC) Strategic Planning Objectives**

### **Objective 5: Decrease the number of homeless households with children.**

#### **Instructions:**

Ending homelessness among households with children, particularly for those households living on the streets or other places not meant for human habitation, is an important HUD priority. CoCs can accomplish this goal by creating new beds and/or providing additional supportive services for this population.

On this section, CoCs are to describe short-term and long-term plans for decreasing the number of homeless households with children, particularly those households that are living on the streets or other places not meant for human habitation. In addition, CoCs will indicate the current total number of households with children that was reported on their most recent point-in-time count. CoCs will also enter the total number of homeless households with children that they expect to be able to report in 12-months, 5-years, and 10-years.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

#### **Describe the CoCs short-term (12-month) plan to decrease the number of homeless households with children. (limit 1000 characters)**

Our Continuum reduced the number of homeless households with children from 114 in 2009, to 97 in 2010. The plan is to continue to exceed HUD expectations by emphasizing both homelessness prevention and reduced recidivism. In our Continuum, at-risk households contact one service, the Central Access Point (CAP), and are screened for immediacy of homelessness and the severity of their situations/recidivism. Since July 2009, CAP has had the ability to refer households as appropriate to either HPRP-funded prevention services or into emergency shelter. CoC, Inc. is working, through the Family Shelter Partnership, which includes the RRH for Families Demo program, to increase the level of case management in shelter and to develop new housing options for homeless families, while also decreasing lengths of stay in shelter. To this end, a new PSH program for families will open in early-2011 (Salvation Army), & a new TH program for families is a part of this application (IHNGC).

#### **Describe the CoCs long-term (10-year) plan to decrease the number of homeless households with children. (limit 1000 characters)**

Long term efforts will continue to focus on prevention & recidivism. CoC, Inc.'s HPRP prevention program has had success preventing family homelessness. 100% of HPRP funds & services are tracked in HMIS; data is being used to analyze results, make program adjustments & increase success. The United Way is a partner in HPRP & is transforming the emergency assistance system according to key learnings from HPRP. HMIS tracks if families enrolled in prevention later become homeless; such info will be used to modify prevention strategies utilizing future ESG & FEMA/EFSP funding. CoC, Inc. and the Homeless Education Liaison will identify families at risk of homelessness prior to going to shelter, & develop a plan for CAP & PC to share information & prevent homelessness. The Family Shelter Partnership & CoC, Inc. will establish benchmarks of program recidivism, as described in the HEARTH Act, to be used in program evaluation & consideration for ongoing Continuum funding.

**What is the current total number of homeless households with children, as reported on the most recent point-in-time count?** 97

**In 12-months, what will be the total number of homeless households with children?** 95

**In 5-years, what will be the total number of homeless households with children?** 90

**In 10-years, what will be the total number of homeless households with children?** 80

### **3B. Continuum of Care (CoC) Discharge Planning**

#### **Instructions:**

The McKinney-Vento Act requires that State and local governments have policies and protocols in place to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should demonstrate how they are coordinating with and/or assisting in State or local discharge planning efforts to ensure that discharged persons are not released directly onto the streets, homeless shelters, or into other McKinney-Vento homeless assistance programs (SHP, S+C, or SRO). For each system of care, CoCs are to address the following:

**What:** Describe the efforts that the CoC has taken to ensure that persons are not routinely discharged into homelessness. For foster care, CoCs should be specifically addressing the discharge of youth aging out of foster care. If there is a State mandate that requires publicly funded institutions to ensure appropriate housing placement, which does not include homelessness, please indicate this in the applicable narrative.

**Where:** Indicate where persons routinely go upon discharge. Response should identify alternative housing options that are available for discharged persons other than the streets, shelters, and/or McKinney-Vento homeless assistance programs.

**Who:** Identify stakeholders and/or collaborating agencies that are responsible for ensuring that persons being discharged from a system of care are not routinely discharged into homelessness.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**For each system of care identified below, describe the CoC's efforts in coordinating with and/or assisting in the development of local discharge planning policies that ensure persons are not routinely discharged into homelessness, including the streets, shelters, or other McKinney-Vento homeless assistance housing programs. Please review all instructions to ensure that each narrative is fully responsive. (limit 1500 characters)**

#### **Foster Care (Youth Aging Out):**

Through the Interagency Council Ohio Continuums have clarified state policy on foster care is each Public Childrens Service Agency shall provide appropriate services and support to former foster care recipients until their 21st birthday. Independent living services available include: daily living skills; education assistance including diploma, GED, post secondary education, career exploration, or vocational training; job placement and retention; preventative health care; financial, housing, employment, self-esteem counseling; and drug/alcohol abuse prevention/treatment. They may use up to 30% of their federal allocation for emancipated youth up to age 21, including assistance with rent, deposit, utilities, or utility deposits. Every 16 year old foster child must have a life-skills assessment and then a written independent living plan to achieve self-sufficiency. The plan is to be reviewed at least every 90 days until custody is terminated.

#### **Health Care:**

Through the Interagency Council Ohio Continuums have clarified state policy on health care. The Ohio General Assembly has enacted laws on the transfer and discharge of residents in nursing homes, residential care, adult care, and community alternative homes. As the licensing agency, the Department of Health promulgated administrative code on these issues. The Department ensures that providers follow the appropriate regulations regarding transfer and/or discharge, by reviewing documentation that the facility has initiated discharge planning and that alternatives have been explored and exhausted prior to discharge. Ohio does not license hospitals. ODH as the State Agency for Medicare, surveys hospitals for compliance with Medicare regulations related to resident discharge rights and discharge planning, 42 CFR 482.43; 482.13 which establish hearing rights for premature discharge and requirements for planning for patients needs after discharge.

Locally, the CoC has worked through the Interagency Council on Money Follows the Person (discharge planning) and has supported the implementation and hospital funding for the Center for Respite Care a medical shelter for homeless individuals who were hospitalized so as not to be discharged to the streets.

**Mental Health:**

Through the Interagency Council Ohio Continuums have clarified state policy on mental health. The CoC has worked with the Ohio Department of Mental Health and the local board to ensure that their policy that homeless shelters are not appropriate living arrangements for persons with mental illness is enacted locally. Persons 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 (and locally do) have appropriately approved emergency housing plans for clients who undergo unexpected residential change. These entities, in conjunction with the local Board, must exhaust all reasonable efforts to locate suitable housing options for patients being discharged. Patients in ODMH BHOs shall not be discharged to shelters and clients in an ODMH CSN program shall not be removed or relocated from community housing options to 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 and refused. When a discharge or relocation to a shelter occurs under these guidelines, the reasons shall be thoroughly documented in the persons chart and reviewed via the BHOs quality improvement process. Persons may not be discharged or relocated to shelters for the convenience of staff, as a punitive measure, or for expediency.

**Corrections:**

Through the Interagency Council Ohio Continuums have clarified state policy on corrections discharge. The Ohio Department of Rehabilitation and Corrections policy is to not discharge persons to the streets or a shelter. Reentry planning is to address an offender's needs, linkages to the community and appropriate supervision activities subsequent to release. Prior to release, case managers will: assist in determining potential housing options, review with offenders the need for appropriate documents, assist the offender in acquiring those documents, make appropriate community linkages for offenders with substance abuse, mental health diagnoses and medical concerns. Case managers will finalize housing and transportation plans and secure transportation if needed. All plans for final release will be documented in the offenders reentry plan. Offenders are offered release preparation classes to address job searching and retention, resume writing, interviewing skills, community resources, and substance abuse, mental health and medical issues. The CoC, Inc. has worked with the Department to make sure this plan is implemented and that shelters do not receive ex-offenders in placement from prison. Locally also the CoC, Inc. has worked with the jail to begin discussions on a "diversion to housing" program for persons who are homeless upon arrest and who have committed non-violent offenses.

### 3C. Continuum of Care (CoC) Coordination

**Instructions:**

A CoC should regularly assess its local homeless assistance system and identify shortcomings and unmet needs. One way in which a CoC can improve itself is through long-term strategic planning. CoCs are encouraged to establish specific goals and then implement short-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources and priorities, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet local needs.

For additional instructions, refer to the [Exhibit 1 Detailed Instructions](#) which can be accessed on the left-hand menu bar.

**Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?** Yes

**If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:**

The 2010-2014 Con Plan goals on homelessness were presented Oct. 27, 2009 and match the Strategic Plan.  
Goal 1: Need- Ensure that information regarding the numbers, scope, and needs of homeless persons are up to date.  
Goal 2: Quantity- Ensure a sufficient quantity of suitable housing is available to meet the needs of the homeless population in Cincinnati/Hamilton County.  
Goal 3: Quality- Ensure high quality housing and services are available to meet the needs of homeless persons.  
Goal 4: Access/Paradigm Shift- Ensure homeless persons efficiently and effectively obtain any and all mainstream resources and community systems or services that they are eligible for. Each goal has specific identified objectives, include specific activities and/or performance measure requirements. Each goal has two objective sections: 1) for all homeless persons inclusive, but not limited those who are chronically homeless, and 2) for chronically homeless individuals.

**Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2009 Action Plan (1500 character limit):**

The CoC, Inc. designed and implemented the local HPRP programs, and is administering all HPRP funding in a fashion similar to how CoC, Inc. administers all homeless housing and services for the City of Cincinnati and Hamilton County. HPRP funding has been blended into the current activities of the Continuum, and all HPRP funding has been contracted to the CoC, Inc. to administer.

Local HPRP programs are structured as follows:

The Prevention program was designed by the CoC, Inc. in collaboration with the United Way of Greater Cincinnati (UW) and uses UW-funded Emergency Assistance centers plus a faith-based center as the Prevention Providers. UW & foundation funding pay for case management staffing, maximizing the use of HPRP funds for direct financial assistance. The CoC, Inc. uses the HMIS system (VESTA©) to acquire all data and pay all bills in a consolidated administrative effort.

The RRH program uses a qualified United Way and Continuum-funded agency (Freestore FoodBank) to provide comprehensive case management and direct services to single homeless individuals (as families are served through the RRH for Families Demo program). The CoC, Inc. contracts with the provider for the case management and benefits services components, while all financial assistance from HPRP funds is requested through HMIS and paid directly by the CoC, Inc.

**Describe how the CoC is participating in or coordinating with any of the following: Neighborhood Stabilization Program (NSP) initiative, HUD VASH, or other HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?**

The CoC, Inc. is working with both the City of Cincinnati and Hamilton County to coordinate funding in the community, and to ensure that the needs of the homeless are considered in the allocation process. In this way, the following funding has been allocated to projects related to serving the homeless:

CDBG-R: These funds have proven to be very useful to the CoC, Inc. in meeting the needs of homeless people locally. All of the following, as called for in the CoC, Inc.'s Homeless to Homes Plan, have been accomplished with CDBG-R funds-

-The City of Cincinnati has allocated \$300,000 toward to emergency shelter-based initiatives: 1) Acquisition/renovation of a new emergency shelter for homeless young-adults (age 18-24), thereby de-concentrating youth from within mass shelter facilities; 2) Improvements within emergency shelter facilities, with these funds to be allocated in a process overseen by the CoC, Inc.

-In an effort to maintain current shelter capacity, Hamilton County is providing \$136,790 of CDBG-R funds for the continued operations of Mt. Airy shelter after the CoC, Inc. appealed to the City and County to use any funds possible to keep Mt. Airy from closing due to budget cuts.

-Additionally services which were no longer able to be covered from general fund allocations of the city due to the enormity of the city deficit were included in CDBG-R. These included funding for the YWCA (DV shelter and abuse and homeless protection program) \$86,918, Stop AIDS (community based HIV/AIDS service center) and Cincinnati Union Bethel (both for Anna Louise Inn \$40,012 a PSH program and Off-the-Streets \$40,263 an emergency shelter for prostitutes.)

NSP: These funds have been more limited in terms of their ability to be used by CoC, Inc. However, efforts by both the City and County for demolition of dangerous property and development of affordable housing (both uses of NSP funding) will have a long-term benefit to the homeless of the community.

HUD/VASH: The CoC, Inc. includes the VA and Veteran service providers in its planning efforts, and since 7/2010 the CoC, Inc. has been working with Barb Poppe at the USICH, local VA leadership, and our local PHA to improve access to HUD/VASH subsidies for Veterans who are currently being served on the street, in shelters, and Continuum-funded TH programs.

**Indicate if the CoC has established policies that require homeless assistance providers to ensure all children are enrolled in school and connected to appropriate services within the community?** Yes

**If yes, please describe the established policies that are in currently in place.**

Our Continuum has long partnered with Project Connect (PC), the Homeless Education Liaison for Cincinnati and Hamilton County, to ensure that homeless families are quickly identified and informed of their eligibility for education services. When a family enters shelter, PC is notified and the family engaged by PC staff. In addition, the CoC, Inc.s central intake service (CAP) has the ability to place families into any local family shelter facility, so when possible families will be placed into facilities close to the child's school of origin, minimizing disruption of the child's education. PC staff ensure that client educational rights are not restricted in any way. In addition, each facility has a designated staff person/case manager who works closely with PC staff to make sure that children in sheltered households are enrolled in school and connected to the appropriate services within the community, including early childhood programs such as Head Start.

**Describe the CoC's efforts to collaborate with local education agencies to assist in the identification of homeless families and inform them of their eligibility for McKinney-Vento education services. (limit 1500 characters)**

The local system for meeting the educational needs of homeless families has evolved considerably in recent years due to 2 factors: While Continuum-funded TH programs and local family shelters have had a policy of identifying and connecting families to Project Connect (PC), the local educational liaison, upon intake, this process of identifying eligible households was enhanced by the Central Access Point (CAP), which has been the CoC, Inc.s central intake for homeless families since 3/2008. The start of CAP gave the CoC, Inc. the ability to identify households which qualify for Dept of Education homeless liaison services BEFORE they actually entered an emergency shelter facility, giving PC a head-start on engaging with and meeting the needs of the family. In 7/2009, this new advantage was expanded exponentially when CAPs intake functions were broadened to become the entry point for accessing HPRP funds for homelessness prevention. Since, the number of households contacting CAP for various prevention and shelter services has more than quadrupled, leading to an even larger number of households eligible for educational services being identified. The CoC, Inc., PC, and Family Shelter Partnership are still working to design the most efficient system for using these new resources and advantages to maximum benefit for homeless families.

**Describe how the CoC has, and will continue, to consider the educational needs of children when families are placed in emergency or transitional shelter. (limit 1500 characters)**

Systems for meeting the educational needs of homeless families will continue to provide the same high level of service described, but the CoC, Inc. will expand connections to McKinney-Vento education services, in part in response to changes made by the HEARTH Act.

The CoC, Inc. Executive Director has met with the Superintendent of Cincinnati Public Schools (CPS), CPS Legal Council, the CPS Ombudsman, and Project Connect (Homeless Education Liaison) to plan new collaborations. Issues addressed have included: 1) Streamlining identification of families that qualify for educational services; 2) Better serving homeless families by utilizing the HEARTH Act allowance for a portion of Continuum funding may be used to serve families that meet other government eligibility criteria; 3) Expanded Homeless Education Liaison input in the Continuum homeless services system. To this last point, the local Homeless Education Liaison has recently been given a seat on the CoC, Inc.s Homeless Clearinghouse committee. The purpose of the Homeless Clearinghouse is to oversee the Continuum funding process, priority setting, and funding allocation, as well as to serve as a mechanism for community input on systemic issues effecting homelessness. Having Project Connects voice on this committee will enhance the Continuums ability to effect changes that are positive in regards to meeting the educational needs of both sheltered and at-risk families.

**Describe the CoC's current efforts to combat homelessness among veterans. Narrative should identify organizations that are currently serving this population, how this effort is consistent with CoC strategic plan goals, and how the CoC plans to address this issue in the future.(limit 1500 characters)**

Since 1996, significant Continuum resources have been targeted toward homeless Vets, resulting in 12.8% of local homeless adults having been Vets in 2009, below the national average.

The Talbert House Mt. Airy Shelter & Joseph House & Ohio Valley Goodwill Industries TH programs house many homeless Vets. All of these programs are funded collaboratively with Continuum & VA Grant Per Diem funds.

One local Con Plan goal is to, ¿ensure homeless persons efficiently & effectively obtain any & all mainstream resources & community systems or services that they are eligible for¿. Therefore, CoC, Inc. is working to improve access to HUD/VASH subsidies which are underutilized locally.

One obstacle to improved Veterans services is lack of VA participation in HMIS, which creates a disconnect between VA & other programs, and stops movement of Vets from TH to HUD/VASH subsidies. This issue has also led to difficulty in serving Vets with HPRP funds which are required to be tracked in HMIS. The results are that HUD/VASH subsidies go unused according to our local PHA, or are given to Vets who are not on the streets, in shelter, or TH. Also, Vets are left without access to HPRP funds for needed housing deposits, etc.

The CoC, Inc. Executive Director has been working with the local VA, the VA Health System of Ohio VISN 10 Network Homeless Coor., & USICH on this issue.

### 3D. Hold Harmless Need (HHN) Reallocation

**Instructions:**

Continuum of Care (CoC) Hold Harmless Need (HHN) Reallocation is a process whereby an eligible CoC may reallocate funds in whole or in part from SHP renewal projects to create one or more new permanent housing projects and/or a new dedicated HMIS project. A CoC is eligible to use the HHN Reallocation process if it's Final Pro Rata Need (FPRN) is based on it's HHN amount or if it is a newly approved merged CoC that used the Hold Harmless Merger process during the 2010 CoC Registration process.

The HHN Reallocation process allows eligible CoCs to fund new permanent housing or dedicated HMIS projects by transferring all or part of funds from existing SHP grants that are eligible for renewal in 2010 into a new project. New reallocated permanent housing projects may be for SHP (one, two, or three years), S+C (five or ten years), and Section 8 Moderate Rehabilitation (ten years). New reallocated HMIS projects may be for one, two or three years.

A CoC whose FPRN is based on its Preliminary Pro Rata Need (PPRN) is not eligible to reallocate existing projects through this process and should therefore always select "No" to the questions below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

**Does the CoC want to reallocate funds from one or more expiring SHP grant(s) into one or more new permanent housing or dedicated HMIS project(s)?** No

**Is the CoCs Final Pro Rata Need (FPRN) based on either its Hold Harmless Need (HHN) amount or the Hold Harmless Merger process?** No

CoCs who are in PPRN status are not eligible to reallocate projects through the HHN reallocation process.

## 4A. Continuum of Care (CoC) 2009 Achievements

**Instructions:**

In 2009, CoCs were asked to propose numeric achievements for each of HUD's five national objectives related to ending chronic homelessness and moving families and individuals to permanent housing. In 2010, CoCs will report on their actual accomplishments versus what was proposed in the previous application.

In the column labeled '2009 Proposed Numeric Achievement', enter the number of beds, percentage, or number of households that was entered in the 2009 application for the applicable objective. In the column labeled 'Actual Numeric Achievement', enter the actual number of beds/percentage/number of households that the CoC has reached to date for each objective.

CoCs will also indicate whether or not they submitted an Exhibit 1 in 2009. If a CoC did not submit an Exhibit 1 in 2009, they should enter 'No' to the question below. Finally, CoCs that did not fully meet the proposed numeric achievement for any of the objectives should indicate the reason in the space provided below.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

| Objective  | 2009 Proposed Numeric Achievement: |            | Actual Numeric Achievement |            |
|--|------------------------------------|------------|----------------------------|------------|
| Create new permanent housing beds for the chronically homeless.  | 171                                | Beds       | 188                        | Beds       |
| Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 77%.            | 86                                 | %          | 92                         | %          |
| Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65%. | 77                                 | %          | 76                         | %          |
| Increase percentage of homeless persons employed at exit to at least 20%   | 30                                 | %          | 25                         | %          |
| Decrease the number of homeless households with children.  | 114                                | Households | 97                         | Households |

**Did CoC submit an Exhibit 1 application in 2009?** Yes

**If the CoC was unable to reach its 2009 proposed numeric achievement for any of the national objectives, provide a detailed explanation.**

The CH beds, TH, PH, and reduction in the number of households with children objectives exceeded HUD expectations.

Our Continuum is exceeding HUDs expectation of 65% of TH residents moving to PH, but did not exceed the CoC, Inc. s own stated goal of reaching 77% in 2010; the actual achievement was 76%. The fact that this outcome measure did not further improve from 2009 to 2010 was largely due to poor outcomes at one, large TH program. CoC, Inc. staff have engaged with staff at that program over the past few months to identify programmatic issues and make improvements, but these enhancements have not yet been reflected in an APR submitted to HUD, and therefore not in the Continuums overall score on the TH measure.

Our Continuum is exceeding HUDs expectation of 20% employment with 25%, but did not meet our own stated goal of 30%. The primary obstacle in meeting the employment objective set in 2009 was the economic downturn and increased community unemployment rates (currently 9.6%).

## 4B. Continuum of Care (CoC) Chronic Homeless Progress

**Instructions:**

HUD must track each CoCs progress toward ending chronic homelessness. In the 2010 NOFA, a chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition or a family with at least one adult member who has a disabling condition who has either been continuously homeless for at least a year OR has had at least four episodes of homelessness in the past three (3) years.

This section asks each CoC to track changes year to year in the number of chronically homeless persons as well the number of beds available for this population. CoCs will complete this section using data reported for the 2008, 2009, and 2010 (if applicable) Point-In-Time counts as well as data collected and reported on for the Housing Inventory Counts (HIC) for those same years. For each year, indicate the total unduplicated point-in-time count of the chronically homeless as reported in that year. For 2008 and 2009, this number should match the number indicated on form 2J of the respective year’s Exhibit 1. For 2010, this number should match the number entered on the Homeless Data Exchange (HDX).

Next, enter the total number permanent housing beds that were designated for the chronically homeless in 2008 and 2009, as well as the number of beds that are currently in place. For 2010, this number of beds should match the number of beds reported in the 2010 HIC and entered onto the Homeless Data Exchange (HDX). CoCs should include beds designated for this population from all funding sources.

For additional instructions, refer to the ‘Exhibit 1 Detailed Instructions’ which can be accessed on the left-hand menu bar.

**Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2008, 2009, and 2010.**

| Year | Number of CH Persons | Number of PH beds for the CH |
|------|----------------------|------------------------------|
| 2008 | 269                  | 156                          |
| 2009 | 268                  | 171                          |
| 2010 | 273                  | 188                          |

**Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2009 and January 31, 2010.** 17

**Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2009 and January 31, 2010.**

| Cost Type   | HUD McKinney-Vento | Other Federal | State | Local | Private |
|-------------|--------------------|---------------|-------|-------|---------|
| Development | \$0                | \$0           | \$0   | \$0   | \$0     |
| Operations  | \$0                | \$0           | \$0   | \$0   | \$0     |
| Total       | \$0                | \$0           | \$0   | \$0   | \$0     |

**If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):**

New PSH beds all scattered-site; no development or operations costs. The number of CH PSH units rose from 171 in 2009 to 188 in 2010, +17 beds. While total number of homeless people decreased, the number of CH persons increased slightly, but has been stable (+5 since 2009, +4 since 2008). The CoC, Inc. has added resources for CH persons with substance abuse issues. Since January 2010 new scattered-site Shelter Plus Care CH beds have been put into place which target CH chronic public inebriates. Services for these units are funded with SAMHSA dollars, & are provided by the largest local behavioral health services organization. As these beds were not in place in 1/2010, these additional CH units are not reflected in the numbers above.

## 4C. Continuum of Care (CoC) Housing Performance

**Instructions:**

All CoC funded non-HMIS projects are required to submit an Annual Progress Report (APR) within 90 days of a given operating year. To demonstrate performance on participants remaining in permanent housing for more than six months, CoCs must use data on all permanent housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using data entered for Question 12(a) and 12(b) for the most recently submitted APR for all permanent housing projects (SHP-PH or S+C TRA/SRA/SRO/PRA) within the CoC that should have submitted one. Enter totals in field's a-e. The *Total PH %* will be auto-calculated after selecting *Save*. Please note, the percentage is calculated as c. +d. divided by a. +b. multiplied by 100. The last field (e.) is excluded from the calculation.

CoCs that do not have any SHP-PH or S+C projects for which an APR was required should select *No* to the question below. This only applies to CoCs that do not have any CoC funded permanent housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

**Does the CoC have any permanent housing projects (SHP-PH or S+C) for which an APR was required to be submitted?** Yes

| Participants in Permanent Housing (PH)  |           |
|---|-----------|
| a. Number of participants who exited permanent housing project(s)                   | 277       |
| b. Number of participants who did not leave the project(s)                          | 992       |
| c. Number of participants who exited after staying 6 months or longer               | 276       |
| d. Number of participants who did not exit after staying 6 months or longer         | 886       |
| e. Number of participants who did not exit and were enrolled for less than 6 months | 106       |
| <b>TOTAL PH (%)</b>   | <b>92</b> |

**Instructions:**

HUD will also assess CoC performance in moving participants in SHP transitional housing programs into permanent housing. To demonstrate performance, CoCs must use data on all transitional housing projects that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 14 on the most recently submitted APR for all transitional housing projects (SHP-TH) within the CoC that should have submitted one. Once amounts have been entered into a & b, select 'Save.' The 'Total TH %' will be auto-calculated. Please note, the percentage is calculated as b. divided by a., multiplied by 100. CoCs that do not have any SHP-TH projects for which an APR was required should select 'No' to the question below. This only applies to CoCs that do not have any CoC funded transitional housing projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the 'Exhibit 1 Detailed Instructions' which can be accessed on the left-hand menu bar.

**Does CoC have any transitional housing projects (SHP-TH) for which an APR was required to be submitted?** Yes

|   |     |
|---|-----|
| <b>Participants in Transitional Housing (TH)</b>  |     |
| <b>a. Number of participants who exited TH project(s), including unknown destination</b>            | 559 |
| <b>b. Number of SHP transitional housing participants that moved to permanent housing upon exit</b> | 426 |
| <b>TOTAL TH (%)</b>   | 76  |

## 4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

**Instructions:**

HUD will assess CoC performance in assisting program participants with accessing mainstream services to increase income and improve outcomes such as health, education, safety, and/or economic outcomes of homeless persons. To demonstrate performance, CoCs must use data on all non-HMIS projects (SHP-PH, SHP-TH, SHP-SH, SHP-SSO, S+C TRA/SRA/PRA/SRO) that should have submitted an APR for the most recent operating year. Projects that did not submit an APR on time must also be included in this calculation.

Complete the table below using cumulative data entered for Question 11 on the most recently submitted APR for all non-HMIS projects within the CoC that should have submitted one. Each CoC shall first indicate the total number of exiting adults. Next, enter the total number of adults that exited CoC non-HMIS project with each source of income. Once amounts have been entered, select *Save* and the percentages will be auto-calculated. CoCs that do not have any non-HMIS projects for which an APR was required should select *No* to the question below. This only applies to CoCs that do not have any CoC funded non-HMIS projects currently operating within their CoC that should have submitted an APR.

For additional instructions, refer to the *Exhibit 1 Detailed Instructions* which can be accessed on the left-hand menu bar.

**Total Number of Exiting Adults: 2,106**

| Mainstream Program   | Number of Exiting Adults | Exit Percentage (Auto-calculated) |   |
|--|--------------------------|-----------------------------------|---|
| SSI  | 327                      | 16                                | % |
| SSDI   | 154                      | 7                                 | % |
| Social Security  | 11                       | 1                                 | % |
| General Public Assistance  | 49                       | 2                                 | % |
| TANF   | 494                      | 23                                | % |
| SCHIP  | 39                       | 2                                 | % |
| Veterans Benefits  | 32                       | 2                                 | % |
| Employment Income  | 533                      | 25                                | % |
| Unemployment Benefits  | 34                       | 2                                 | % |
| Veterans Health Care   | 286                      | 14                                | % |
| Medicaid   | 1,021                    | 48                                | % |
| Food Stamps  | 1,394                    | 66                                | % |
| Other (Please specify below)   | 132                      | 6                                 | % |
| child support, work study, severance pay, inheritance, general assistance, disability assistance, family, volunteer/training/work assignment |                          |                                   |   |
| No Financial Resources   | 277                      | 13                                | % |

**The percentage values will be calculated by the system when you click the "save" button.**

**Does the CoC have any non-HMIS projects for which an APR was required to be submitted?** Yes

## 4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

### Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or 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; or 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. The "Section 3 clause" can be found at 24 CFR Part 135.

**Has the CoC notified its members of the Energy Star Initiative?** Yes

**Are any projects within the CoC requesting funds for housing rehabilitation or new construction?** No

## **4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs**

**It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.**

**Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?** Yes

**If 'Yes', describe the process and the frequency that it occurs.**

At the end of the grant year HMIS user support provides a site visit to each program completing an APR. Prior to the visit the APR is generated from HMIS and analyzed alongside monitoring tool reports also generated from HMIS. Inconsistent data input and user errors are corrected during monitoring. Following the monitoring the APR fields are locked in HMIS. The APR is then generated by the agency and submitted to both HUD and CoC, Inc. At CoC, Inc. the APR is plotted on a spreadsheet designed to show grant progress on goals (housing and income) and progress in relation to the other programs in the community. CoC, Inc. addresses any individual issues with the agency about mainstream benefits/services that are available to their clients and where performance is not within the expected norms for the program.

**Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?** Yes

**If "Yes", indicate all meeting dates in the past 12 months.**

2009:  
November 16, 18, 23, 30  
December 7, 14, 21  
2010:  
January 4, 11, 18, 20, 25  
February 1, 8, 15, 17, 22  
March 1, 8, 15, 22, 29, 31  
April 5, 12, 19, 21, 26  
May 3, 10, 17, 19, 24, 31  
June 7, 14, 15, 16, 21, 28  
July 12, 19, 21, 26  
August 2, 9, 10, 16, 18, 23, 30  
September 6, 13, 20, 27, 29  
October 4, 11, 18, 20, 25  
November 1, 8, 15

**Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?** Yes

**Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs?** Yes

**If yes, identify these staff members** Both

**Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff.** Yes

**If "Yes", specify the frequency of the training.** quarterly (once each quarter)

**Does the CoC use HMIS as a way to screen for mainstream benefit eligibility?** Yes

**If "Yes", indicate for which mainstream programs HMIS completes screening.**

Within the family shelter partnership and the Hamilton County Dept. of Job and Family Services HMIS is used to screen for benefit eligibility. At intake cases are flagged by shelters for eligibility review. A designated Income Maintenance Specialist at JFS daily reviews all those indicated through HMIS as eligible, and additionally reviews all other new cases to determine if any eligibility was missed. Then she works with the clients to enroll in benefits and records her activity back in HMIS.

Additionally VESTA (not as an HMIS) is a coordinated system for SSI application throughout Hamilton County. Applicants are screened through VESTA for active submissions created elsewhere. The system is tracking all SSI applications by service provider agencies to track outcomes and avoid duplicate applications.

**Has the CoC participated in SOAR training?** Yes

**If "Yes", indicate training date(s).**

CoC Executive Director is one of the people in State of Ohio trained to implement the SOAR methodology in Ohio. Completed SOAR train-the-trainer event December 5-8, 2005. Two others from Mental Health Access Point within CoC trained May 2009. Presented SOAR trainings in Ohio in April 2006, June 2006, December 2006, April 2007, August 2009. CoC Executive Director presented on SOAR Initiative at CoC Forum in Denver in September 2006.

## 4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

**Indicate the percentage of homeless assistance providers that are implementing the following activities:**

| Activity   | Percentage |
|--|------------|
| <b>1. Case managers systematically assist clients in completing applications for mainstream benefits.</b><br><b>1a. Describe how service is generally provided:</b>  | 100%       |
| <p>Families - The family shelters and JFS have a designated worker that works with all families in shelter to check all benefit eligibility and enroll in mainstream benefits (TANF, FS, Medicaid, etc.). CoC, Inc. encourages all homeless families to come through this system. Singles and other families receive case management, an assessment, and develop an ISP including "increasing skills and income". Our Continuum has a dedicated SOAR project for homeless persons.</p> |            |
| <b>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</b>   | 80%        |
| <b>3. Homeless assistance providers use a single application form for four or more mainstream programs:</b><br><b>3.a Indicate for which mainstream programs the form applies:</b>   | 100%       |
| <p>The single application form used by JFS for all benefits includes: TANF, FS, Medicaid &amp; Child Care. Also many agencies use the Ohio Benefit Bank which screens and provides electronic applications for: TANF, Food Stamps, Medical, Child Care Subsidy, Earned Income Credits, Student benefits, and separately SSI</p>  |            |
| <b>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</b>  | 80%        |
| <b>4a. Describe the follow-up process:</b>   |            |
| <p>CoC, Inc. encourages the use of an electronic ISP within HMIS/VESTA that may move with the client to their new program. One of the goal areas in the ISP is "increasing skills/resources". This section has an "in progress" and "completed" field which encourages systematic follow up.</p>   |            |

## Continuum of Care (CoC) Project Listing

**Instructions:**

IMPORTANT: Prior to starting on the CoC Project Listing, CoCs should carefully review the CoC Project Listing Instructions and the CoC Project Listing training module, both of which are available at [www.hudhre.info/esnaps](http://www.hudhre.info/esnaps).

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process will take longer based upon the number of projects that need to be located. The CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To review a project, click on the next to each project to view project details.

**EX1\_Project\_List\_Status\_field** List Updated Successfully

| Project Name          | Date Submitted       | Grant Term | Applicant Name        | Budget Amount | Proj Type       | Prog Type | Comp Type | Rank |
|-----------------------|----------------------|------------|-----------------------|---------------|-----------------|-----------|-----------|------|
| Mt. Airy Transiti...  | 2010-10-19 14:11:... | 1 Year     | Talbert House         | 165,000       | Renewal Project | SHP       | TH        | F    |
| Lighthouse Street...  | 2010-11-04 10:14:... | 1 Year     | Lighthouse Youth ...  | 100,601       | Renewal Project | SHP       | SSO       | F    |
| East Clifton Homes    | 2010-11-12 15:04:... | 1 Year     | Over the Rhine Co...  | 56,037        | Renewal Project | SHP       | PH        | F    |
| YWCA Women's Tran...  | 2010-11-03 12:38:... | 2 Years    | YWCA of Greater C...  | 423,315       | New Project     | SHP       | TH        | F6   |
| 2010 Initial Rene...  | 2010-11-12 12:08:... | 1 Year     | City of Cincinnati    | 266,712       | Renewal Project | S+C       | TRA       | U    |
| Lighthouse Transi...  | 2010-11-04 10:25:... | 1 Year     | Lighthouse Youth ...  | 147,025       | Renewal Project | SHP       | TH        | F    |
| Respite Permanent ... | 2010-11-08 09:53:... | 1 Year     | Center for Respit...  | 159,420       | Renewal Project | SHP       | PH        | F    |
| 2010 Recovery Hot...  | 2010-11-12 12:15:... | 1 Year     | City of Cincinnati    | 113,520       | Renewal Project | S+C       | SRA       | U    |
| 2010 Consolidat ed... | 2010-11-12 12:12:... | 1 Year     | City of Cincinnati    | 4,907,376     | Renewal Project | S+C       | TRA       | U    |
| 2010 Tender Merc...   | 2010-11-12 12:03:... | 5 Years    | City of Cincinnati    | 425,700       | New Project     | S+C       | SRA       | F3   |
| Homeless Individu...  | 2010-11-11 10:10:... | 1 Year     | Shelterhou se Volu... | 247,062       | Renewal Project | SHP       | SSO       | F    |
| HMIS 2010 Renewal     | 2010-11-12 13:31:... | 1 Year     | Cincinnati/ Hamilt... | 285,701       | Renewal Project | SHP       | HMIS      | F    |

|                       |                      |         |                       |         |                 |     |      |    |
|-----------------------|----------------------|---------|-----------------------|---------|-----------------|-----|------|----|
| Permanent Housing...  | 2010-11-02 07:44:... | 1 Year  | Ohio Valley Goodw...  | 172,001 | Renewal Project | SHP | PH   | F  |
| MOSES 2&3             | 2010-11-11 14:44:... | 1 Year  | JOSEPH HOUSE, INC     | 77,049  | Renewal Project | SHP | TH   | F  |
| Respite Permanent ... | 2010-11-08 10:05:... | 2 Years | Center for Respit...  | 314,386 | New Project     | SHP | PH   | F4 |
| Tender Mercies Tr...  | 2010-11-02 11:38:... | 1 Year  | Tender Mercies, Inc.  | 58,630  | Renewal Project | SHP | TH   | F  |
| 2010 SPC SRA Part...  | 2010-11-12 12:30:... | 5 Years | City of Cincinnati    | 828,240 | New Project     | S+C | SRA  | P1 |
| SSI/Jobs              | 2010-11-12 18:07:... | 1 Year  | Freestore/ Foodban... | 72,886  | Renewal Project | SHP | SSO  | F  |
| 2010 SPC SRA Part 2   | 2010-11-12 12:39:... | 5 Years | City of Cincinnati    | 407,760 | New Project     | S+C | SRA  | F2 |
| Transitiona l Livi... | 2010-11-12 10:26:... | 2 Years | Lighthouse Youth ...  | 363,258 | New Project     | SHP | TH   | F5 |
| Tender Mercies Pe...  | 2010-11-02 11:30:... | 1 Year  | Tender Mercies, Inc.  | 299,491 | Renewal Project | SHP | PH   | F  |
| HMIS 2010 EXPANSI ON  | 2010-11-12 13:17:... | 1 Year  | Cincinnati/ Hamilt... | 95,645  | New Project     | SHP | HMIS | F8 |
| Bethany Place         | 2010-11-02 15:40:... | 1 Year  | Bethany House Ser...  | 26,174  | Renewal Project | SHP | TH   | F  |
| Drop Inn Center (...) | 2010-11-11 10:04:... | 1 Year  | Shelterhou se Volu... | 93,000  | Renewal Project | SHP | TH   | F  |
| Family Shelter Pa...  | 2010-11-02 18:35:... | 1 Year  | Bethany House Ser...  | 316,538 | Renewal Project | SHP | SSO  | F  |
| YWCA Domestic Vio...  | 2010-11-03 12:31:... | 1 Year  | YWCA of Greater C...  | 146,067 | Renewal Project | SHP | TH   | F  |
| Tom Geiger Guest ...  | 2010-10-18 17:03:... | 1 Year  | Tom Geiger Guest ...  | 52,500  | Renewal Project | SHP | TH   | F  |
| Street Outreach T...  | 2010-11-04 10:30:... | 1 Year  | Lighthouse Youth ...  | 31,808  | Renewal Project | SHP | TH   | F  |
| Permanent Housing     | 2010-11-03 16:59:... | 1 Year  | Freestore/ Foodban... | 170,449 | Renewal Project | SHP | PH   | F  |

|                             |                         |         |                             |         |                    |     |     |    |
|-----------------------------|-------------------------|---------|-----------------------------|---------|--------------------|-----|-----|----|
| IHNGC<br>Transitiona<br>... | 2010-11-02<br>15:29:... | 2 Years | Interfaith<br>Hospit...     | 529,494 | New<br>Project     | SHP | TH  | F7 |
| Oral<br>Healthcare<br>f...  | 2010-11-02<br>10:26:... | 1 Year  | CincySmil<br>es<br>Found... | 179,765 | Renewal<br>Project | SHP | SSO | F  |
| Transitiona<br>l Hous...    | 2010-11-11<br>09:45:... | 1 Year  | The<br>Salvation<br>Arm...  | 29,644  | Renewal<br>Project | SHP | TH  | F  |
| JOSEPH/<br>MOSES<br>HOUSE   | 2010-11-11<br>09:35:... | 1 Year  | JOSEPH<br>HOUSE,<br>INC     | 107,660 | Renewal<br>Project | SHP | TH  | F  |

## Budget Summary

|                                |             |
|--------------------------------|-------------|
| <b>FPRN</b>                    | \$5,554,066 |
| <b>Permanent Housing Bonus</b> | \$828,240   |
| <b>SPC Renewal</b>             | \$5,287,608 |
| <b>Rejected</b>                | \$0         |

## Attachments

| Document Type   | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| Certification of Consistency with the Consolidated Plan | Yes       | OH 500 Combined C... | 11/11/2010    |

## Attachment Details

**Document Description:** OH 500 Combined Cincinnati Hamilton County  
Con Plan Cert 2010