

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.

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

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

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

Instructions:

The following questions pertain to the primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the CoC, including, but not limited to, the following types of activities: setting agendas for full Continuum of Care meetings, project monitoring, determining project priorities, and 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 Continuum of Care for the Homeless, Inc.

Indicate the frequency of group meetings: Quarterly

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: 100%
(e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests)

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

Elected:	<input checked="" type="checkbox"/>
Assigned:	<input type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

Briefly describe the selection process including why this process was established and how it works.

The Cincinnati/Hamilton County CoC for the Homeless, Inc.(CoC, Inc.) Lead Agency for the CoC. As a non-profit the CoC, Inc. Board is elected. According to the incorporation and by-laws a community based committee the Homeless Clearinghouse is an advisory body to the CoC, Inc. board. Its membership is appointed by the City, County and Homeless Coalition and elected by each of the CoCs Working Groups. The CoC, Inc. is the entity responsible for applying for funding, monitoring CoC programs, and providing final approval of the CoC application submission.

The Executive Director and staff of the CoC, Inc. are responsible for coordinating all agendas (Board, Clearinghouse and Working Groups), project monitoring, facilitation of the process to determine priorities. Final approval for the CoC, Inc. grant application is the responsibility of the CoC, Inc., under contract with the City of Cincinnati and Hamilton County.

The CoC continues to utilize an inclusive process of primary decision making, which has proven highly effective within the community. The process itself is believed to be the main reason the community has an exceedingly high community participation rate, high outcomes, and 100% HMIS participation rate.

In 2007 a Lead Agency was incorporated as a non-profit to oversee the CoC This new non-profit is not designed to supplant the traditionally inclusive decision making system of the Cincinnati/Hamilton County CoC but rather will serve as the Lead Agency and fiscal agent for the CoC, responsible for monitoring CoC programs, applying for funding, and providing final approval of the CoC application submission.

The CoC Board is advised by the Homeless Clearinghouse whose responsibility it is to oversee the inclusive community based process for priority setting, the same as it was before the corporation was formed. The Homeless Clearinghouse is made up of representatives of the CoC working groups, City and County officials, and the Homeless Coalition director and representative. The articles of incorporation of the CoC, Inc. codify the Homeless Clearinghouse as the body responsible for oversight of how the community determines project priorities for the allocation process. Input from the community supported this ongoing methodology for decision making and setting of community priorities, and therefore, the Homeless Clearinghouse continues to oversee priority setting and allocation processes.

In addition to the CoC Board and the Homeless Clearinghouse the Continuum has strong, active Working Groups that manage day-to-day issues, ensures planning is being enacted, promulgate best practices, and promote inclusive working relationships between agencies. Each Working Group is focused on a specific population of homeless persons (e.g. homeless families in shelter) or a specific housing sector (e.g. Shelter Plus Care providers).

This structure continues the original national emphasis of the local continua to be strong, inclusive open processes with the need to provide local oversight and fiscal management without reliance on units of local government (CoC, Inc.), but with their continued participation and support.

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

Elected:

Assigned:	<input checked="" type="checkbox"/>
Volunteer:	<input type="checkbox"/>
Appointed:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

Specify "other" process(es):

If HUD could provide administrative funds 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 the grantee, providing project oversight, and monitoring? Explain.

In preparation for new legislative changes, the CoC incorporated and received 501(c)3 non-profit status. The new non-profit was established to develop the local capacity for administration of all Continuum activities. Contracted staff services previously provided by the Partnership Center, Ltd. have been assumed by the new non-profit and their staff. Contracted funding from both the City of Cincinnati and Hamilton County to support the efforts of the CoC have also moved from the Partnership Center to the CoC, Inc. creating the basis of operating support for the entity.

By contractual agreement with the City and County the CoC, Inc. is responsible for the annual grant process, application development and submission; year-round support of the Continuum planning process and system including all working groups; oversight and monitoring of all CoC funded programs, contractual operation of HMIS and data review; and administration (draws, monitoring, allocation, etc.) for ESG and Shelter Plus Care.

Additional monitoring responsibilities, contracting, and financial oversight and/or administration would require administrative funding from HUD to the CoC. Though the staff has the training and expertise to administer the Continuum, additional staff oversight positions, administrative/finance support, and legal contracting work would be required.

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

List the name and role of each CoC planning committee. To add committees to this list, click on the icon and enter requested information.

Name	Meeting Frequency
Homeless Clearing...	Quarterly
Benefit Access Group	Quarterly
Family Shelter Pa...	Monthly or more
Homeless Individu...	Quarterly
Homeless Think Tank	Annually
Homeless Outreach...	Monthly or more
HMIS Advisory Com...	Monthly or more
Large Group Scori...	Annually
CoC Scoring Revis...	Annually
Permanent Housing...	Bi-monthly
Shelter Plus Care...	Monthly or more
Transitional Hous...	Bi-monthly

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homeless Clearinghouse

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Membership: City, County, and Homeless Coalition Representatives and one elected person from each of the CoC's Working Groups.

Purpose: Coordinates and oversees CoC funding allocation process, leads and facilitates planning & information sharing between working groups, monitors elements of the Consolidated Plan, and serves as the process advisory committee to the CoC, Inc.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Benefit Access Group

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Membership: All agencies involved in the SSI and SOAR initiative, SSA, and Hamilton County Job and Family Services.

Purpose: Provides oversight/monitoring of the SSI demonstration program efforts, participates in community-wide SSI initiative to coordinate and decrease duplication of applications on behalf of low-income individuals, and works to improve/streamline access to other appropriate mainstream resources for single individuals (e.g. Medicaid, Food Stamps, etc.)

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Family Shelter Partnership

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Membership: All family and DV shelter executive directors, shelter directors and case managers and Hamilton County Job and Family Services (Income and Children's Services Divisions)

Purpose: Planning & coordination of housing/services/mainstream resources for homeless families in the family shelter system. Includes full integration with TANF, FS, Medicaid, & Children's Services. In 2008, moved the family shelters to centralized intake system (CAP) and coordinates a statewide family prevention demonstration program.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homeless Individuals Task Force (HITForce)

Indicate the frequency of group meetings: Quarterly

Describe the role of this group:

Membership: All organizations sheltering homeless individuals.

Purpose: Planning & coordination of housing/services/mainstream resources for homeless individuals in the shelter system. Special focus: chronic homeless in shelters and addressing their needs.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homeless Think Tank

Indicate the frequency of group meetings: Annually

Describe the role of this group:

Membership: Open to homeless persons from throughout the CoC (Street, ES, TH, PH)(2008- 58 homeless participants)

Purpose: To obtain direct input from persons who use or have used the CoC system. Group serves as an annual focus group for the homeless to share thought and ideas on what works/what does not and provide input on gaps in the our homeless services system, trends & program design that is then sent to providers for program incorporation, design or improvement.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Homeless Outreach Group (HOG)

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Membership: All Street Outreach Workers, Cincinnati Police Department, Homeless Coalition, and emergency service agencies.

Purpose: To coordinate outreach efforts across the community; improve access to services/housing for street homeless. Conduct street counts and surveys.

Special focus: chronic homeless on the streets

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: HMIS Advisory Committee

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Membership: Persons with technical experience and/or experience using HMIS.

Purpose: Coordinates policy & procedures of CoC's HMIS system, authorizes aggregate data releases, oversees implementation schedule and expansion uses. Serves as the advisory committee to PCL (HMIS Lead Agency and vendor) and to the CoC, Inc. (HMIS Grantee).

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Large Group Scoring/CoC Community Planning Meeting

Indicate the frequency of group meetings: Annually

Describe the role of this group:

Membership: open to all organizations providing housing/service to homeless, homeless persons, advocacy groups, funders, city and county personnel.(2008-98 participants)

Purpose: Annual inclusive process that uses community voting criteria in relation to new and renewal programs (SHP, SPC, SRO, Samaritan, and RRH) to prioritize programs for including in the annual HUD COC priority list.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: CoC Scoring Revision Meeting

Indicate the frequency of group meetings: Annually

Describe the role of this group:

Membership: Open to all CoC funded agencies, city, county and homeless coalition.(2008- 27 participants)

Purpose: Annual (as needed) process at which scoring criteria that will be used by community to establish CoC priority list at Large Group Scoring meeting is discussed, and if appropriate revised. Scoring criteria includes: premeasured dimensions and dimensions measured through the group process at Large Group Scoring.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Permanent Housing Group

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Membership: All Coc SHP Permanent Supportive Housing providers.

Purposes: to facilitate communication among providers, work to improve access to housing, and promote best-practice methods for supportive housing.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Shelter Plus Care Work Group

Indicate the frequency of group meetings: Monthly or more

Describe the role of this group:

Membership: all CoC Shelter Plus Care - Permanent Supportive Housing providers. Purposes: to facilitate communication among providers, work to improve access to SPC housing, and promote best-practice methods for supportive housing.

Continuum of Care (CoC) Committees, Subcommittees and Work Groups Detail

Provide information on each established committee that is part of the CoC organizational structure and involved in the planning process.

Name of Committee/Sub-Committee/Work Group: Transitional Housing Group

Indicate the frequency of group meetings: Bi-monthly

Describe the role of this group:

Membership: all community Transitional Housing for the Homeless providers (SHP funded and non-funded)

Purpose: Facilitates communication Transitional Housing programs, works to improve knowledge of and access to TH and promotes best-practices in TH.

1D. Continuum of Care (CoC) Member Organizations

Identify all organizations involved in the CoC planning process. To add an organization to this list, 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 Job and Family Se...	Public Sector	Local g...	Committee/Sub-committee/Work Group	Substance Ab...
Hamilton County Mental Health and Recovery Serv...	Public Sector	Local g...	Committee/Sub-committee/Work Group	Seriously Me...
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..	Committee/Sub-committee/Work Group	Substance Ab...
Drop Inn Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	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	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Youth
Mental Health Access Point (MHAP)	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Seriously Me...
Ohio Valley Goodwill Industries	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Veterans

Cincinnati/Hamilton County CoC				COC_REG_v10_000064
Over the Rhine Community Housing	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
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	Private Sector	Hospita..	Committee/Sub-committee/Work Group	Veterans
Intragency Council on Homelessness and Afford...	Public Sector	State g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Social Security Administration (State and Local...	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
City of Cincinnati-Budget/Evaluation Department	Public Sector	Local g...	Authoring agency for Consolidated Plan	NONE
City of Cincinnati-Department of Community Deve...	Public Sector	Local g...	Committee/Sub-committee/Work Group, Authoring agency for ...	NONE
Hamilton County Health Department	Public Sector	Local g...	Committee/Sub-committee/Work Group	NONE
Hamilton County-Community Development Department	Public Sector	Local g...	Authoring agency for Consolidated Plan, Committee/Sub-com...	NONE
Hamilton County-Department of Job and Family Se...	Public Sector	Local w...	Committee/Sub-committee/Work Group	NONE
Cincinnati Metropolitan Housing Authority	Public Sector	Public ...	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..	Committee/Sub-committee/Work Group	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

Cincinnati/Hamilton County CoC			COC_REG_v10_000064	
Interact for Change	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...	Committee/Sub-committee/Work Group	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 de Paul 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...	Committee/Sub-committee/Work Group	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	Hospita..	Committee/Sub-committee/Work Group	NONE
House of Hope	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse

Cincinnati/Hamilton County CoC			COC_REG_v10_000064	
Cincinnati/Hamilton County Continuum of Care fo...	Private Sector	Non-pro..	Primary Decision Making Group	NONE
Cincinnati Union Bethel- Off the Streets	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
ACT	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	NONE
Center for Chemical Addictions Treatment	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse
Ohio Housing Finance Agency	Public Sector	State g...	Committee/Sub-committee/Work Group	NONE
Prospect House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substance Abuse

1E. Continuum of Care (CoC) Project Review and Selection Process

The CoC should solicit and select projects in a fair and impartial manner. For each of the following sections, select the appropriate items that indicate all of the methods and processes the CoC used in the past year to assess all new and renewal projects performance, effectiveness, and quality.

**Open Solicitation Methods:
(select all that apply)** b. Letters/Emails to CoC Membership, c. Responsive to Public Inquiries, d. Outreach to Faith-Based Groups, e. Announcements at CoC Meetings, f. Announcements at Other Meetings

**Rating and Performance Assessment Measure(s):
(select all that apply)** a. CoC Rating & Review Committee Exists, b. Review CoC Monitoring Findings, c. Review HUD Monitoring Findings, d. Review Independent Audit, e. Review HUD APR for Performance Results, f. Review Unexecuted Grants, g. Site Visit(s), h. Survey Clients, i. Evaluate Project Readiness, j. Assess Spending (fast or slow), k. Assess Cost Effectiveness, l. Assess Provider Organization Experience, m. Assess Provider Organization Capacity, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, p. Review Match, q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status

**Voting/Decision Method(s):
(select all that apply)** a. Unbiased Panel/Review Committee, b. Consumer Representative Has a Vote, c. All CoC Members Present Can Vote, f. Voting Members Abstain if Conflict of Interest

1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was an increase or reduction in the total number of beds in the 2008 electronic Housing Inventory Chart (e-HIC) as compared to the 2007 Housing Inventory Chart. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reasons for the change:

Emergency Shelter Beds increased by 13 beds overall from 2007 to the 2008 e-HIC. Ten of the increased number of beds came from adding a new shelter (privately funded) to serve prostitutes coming Off-the-Streets that file review and documentation proved to be all homeless, thus adding them to the inventory as a new shelter provider with 10 beds in January, 2008 at the time of the inventory and increasing to 15 beds later in 2008. The additional 3 beds came from a reconfiguration of the family shelter beds (for families and individuals) based on the opening of the Central Access Point and a reconfiguration of where singles and families would be sheltered.

Safe Haven Bed: No

Briefly describe the reasons for the change:

Transitional Housing: Yes

Briefly describe the reasons for the change:

The overall Transitional Housing count increased and beds netted an increase of 13 beds overall from 2007 to the 2008 e-HIC. One family program closed (Geiger/Talbert -13 beds) and is being reconfigured to PH. Two new transitional programs will open in 2008 (Mt. Airy TH +17 beds and Lighthouse Outreach +4). Two programs were determined to house homeless youth, funded dollars other than HUD and were added to the inventory after a review of persons served in the facilities (Lighthouse +25).

Because TH is funded by UNITS not by BEDS and the configuration is heavily scattered-sited the bed count for TH fluxes with the actual point in time inventories, though the units in funded programs remain stable. Several scattered-site, flexible, TH programs changed configuration of beds from family to singles or the reverse or added family members. Thus accounting for other variations in the numbers from the 2007 to 2008 e-HIC.

Permanent Housing: Yes

Briefly describe the reasons for the change, including changes in beds designated for chronically homeless persons:

The CoCs permanent supportive housing has to-date largely been filled with scattered-site subsidies the vast majority in SPC. In 2007 the SPC program had under lease or planned to lease the correct number of units per their grants the beds however flux with family configurations or one-bedrooms occupied by the disabled individual and a caretaker or significant other. With HMIS data and SPC history the bed count estimates were adjusted in 2007, accounting for a number of changes. Additionally one SHP program was able to lease additional units under their existing grant (FS/FB +10); one SHP program decreased 2 family beds (Goodwill II -2); one non-SHP funded PSH, the oldest in the site-based inventory, was vacated for renovation causing a temporary reduction in beds at the time of the inventory (Tender Mercies 28 beds) and a new SPC program for the chronically homeless became available (Excel/Talbert +25).

CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

1G. Continuum of Care (CoC) Housing Inventory Chart

Attachment

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	OH 500 eHIC	10/21/2008

Attachment Details

Document Description: OH 500 eHIC

1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Complete the following information based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The date on which the bed inventory was completed should be one day during the last ten days of January 2008.

Indicate the date on which the housing inventory count was completed: 01/28/2008
(mm/dd/yyyy)

Indicate the type of data or methods used to complete the housing inventory count: HMIS plus housing inventory survey
(select all that apply)

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: Updated prior housing inventory information, Follow-up, Confirmation, HMIS, Other
(select all that apply)

Must specify other:

HMIS onsite annual program monitoring conducted using PIT date to compare data accuracy.

Indicate the type of data or method(s) used to determine unmet need: HUD unmet need formula, Unsheltered count, Housing inventory, HMIS data
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used.

Reviewed sheltered and unsheltered counts, and used HMIS data to determine special needs, etc. Review of HUD unmet need formula, combined with local opinion and data review, then used locally-determined formula based on PIT data and housing inventory to calculate unmet need.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be as of the date this application is submitted.

Select the HMIS implementation type: Single CoC

Select the CoC(s) covered by the HMIS: OH-500 - Cincinnati/Hamilton County CoC
(select all that apply)

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? Yes

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? No

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

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the date on which HMIS data entry started (or will start): 07/01/2000
(format mm/dd/yyyy)

Indicate the challenges and barriers impacting the HMIS implementation: None
(select all the apply):

If "None" was selected, briefly describe why CoC had no challenges or how all barriers were overcome:

The CoC has 100% participation by all outreach programs, emergency shelters, transitional housing providers and permanent (SHP, SPC, SRO) housing providers - including all HUD funded and non-funded agencies. In addition all Health Care for the Homeless sites and TB Control utilize the system.

Reason barriers were overcome: 1) Inclusive CoC system enabled all providers to have a voice in the system selection and local policy/procedure; 2) Use of community based software that is flexible to respond to individual agency needs and uses beyond mandated HMIS data standards; 3) Incorporation of the "homeless certification" system within the software that enables documentation of homelessness electronically; 4) HMIS staff attention to detail, agency support, and customer responsiveness.

Briefly describe the CoC's plans to overcome challenges and barriers:

Inadequate resources inhibits the CoC's ability to do the data research it would like to do to make use of the data and keep the system at the forefront of the communities consciousness. Resources for special projects and HMIS updating continue to be provided by local foundations. Future challenges will be around the cost of coding for the implementation of new data standards and APR reporting.

Inability to integrate data from providers own legacy system means some provider are doing double data entry. Providers find using HMIS worthwhile, however, in part because of the "homeless certification" ability in VESTA. Overcome techniques include integration of other community reporting systems through HMIS/VESTA (e.g. IDIS reporting for ESG, HOPWA reporting, United Way reporting, etc.)

HMIS Attachment

Document Type	Required?	Document Description	Date Attached
HMIS Agreement	Yes	OH 500 HMIS Agree...	09/18/2008

Attachment Details

Document Description: OH 500 HMIS Agreement for VESTA

2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Organization.

Organization Name The Partnership Center, Ltd.
Street Address 1 2260 Park Avenue
Street Address 2 Suite 402
City Cincinnati
State Ohio
Zip Code 45206
Format: xxxxx or xxxxx-xxxx
Organization Type For Profit
If "Other" please specify

2C. Homeless Management Information System (HMIS)

Contact Person

Prefix: Ms
First Name: Michelle
Middle Name/Initial:
Last Name: Budzek
Suffix:
Telephone Number: 513-891-4016
(Format: 123-456-7890)
Extension: 11
Fax Number: 513-354-6688
(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:

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 each housing type, indicate the percentage of the CoC's total beds (bed coverage) in the HMIS.

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

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

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

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

Instructions:

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2008.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	1%
* Date of Birth	0%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	0%	0%
* Veteran Status	0%	1%
* Disabling Condition	0%	0%
* Residence Prior to Program Entry	0%	1%
* Zip Code of Last Permanent Address	57%	1%
* Name	0%	0%

Did the CoC or subset of the CoC participate in AHAR 3? Yes

Did the CoC or subset of the CoC participate in AHAR 4? Yes

How frequently does the CoC review the quality of client level data? Monthly

How frequently does the CoC review the quality of program level data? Monthly

Describe the process, extent of assistance, and tools used to improve data quality for participating agencies.

VESTA, our HMIS, is programmed so that many fields, including all of the fields used to generate the HUD APR, are required. It is not possible to create a client record that does not include the clients name, ethnicity, race, gender, and veteran status, even if the answer to the last is Unknown or Refused.

(As is apparent from the data above, Zip Code of Last Permanent Address is not a required field, although it is available to all programs, because it is not currently used for any reporting purposes. We also collect a County of Last Permanent Residence; because that field is used for reporting, it is required and we have system-wide rate of 0% missing values and 0.84% Unknown or Refused.)

VESTA creates error alerts when crucial elements such as SSN or Date of birth are missing, when APR fields such as Residence Prior to Program Entry are Unknown or Refused, or when the data appears to be inconsistent (e.g. the age of a parent is less than 10 years older than a child / stepchild / ward). Error alerts appear on the home page of VESTA and are shown to users every time they log in to VESTA. User support personnel review these error alerts on a weekly basis, contact users who are having difficulty, and actively work with them to correct problems with their data.

Both large and small-scale review of data quality is ongoing. As an example, a system-wide look at exit destination data as compared to HMIS data about clients actual whereabouts revealed widespread confusion around these fields. As a result, we programmed an Exit Destination Helper in VESTA; users can enter a clients actual destination and VESTA will translate this to the correct HMIS destination data. As an example, entering Booth Residence, the name of a local project-based Section 8, will generate a Destination tenure of Permanent, a Destination type of Room, apartment, or house that is rented, and a Subsidy type of Section 8. At the same time we rolled this out to users, we conducted a training session for all of our HMIS users called Outcomes Matter. The resulting improvement in data quality has been enormous.

In January 2008 the CoC, Inc. implemented an HMIS Data Quality and APR Review process, which monitors programs for the following:

- o Proper documentation of client eligibility
- o Targeting of services to the chronically homeless
- o Appropriate, accurate, and timely HMIS data entry
- o Achievement of outcomes related to increased income and housing placement/permanency.

At the close of each programs APR year, CoC staff visit the program to conduct a review. We examine a statistically significant number of randomly selected client files on-site, compare file information to what has been entered into VESTA, and work with users to resolve any inconsistencies. A data quality report identifies clients with APR-reportable data answered as Unknown or Refused; program staff are encouraged to research and update these responses if possible and appropriate. Once both the agency and the CoC feel that the data accurately represents the work done by that particular program, the data is locked so that further changes cannot be made (except with approval by the CoC). This process is designed to ensure that by the time the agency generates the final APR in VESTA for submission to HUD, the data has been thoroughly vetted for accuracy.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS.

In part because we have found the timely data tends to be more accurate, our policies and procedures require that all intake information for housing/shelter programs be entered within two business days of program entry, and that exit information be entered within one week of exit. For Services and Outreach programs, both the intake AND exit information must be entered within one week of service provision.

Each week, as part of routine data quality monitoring, a report is generated by CoC staff that shows the length of time between the date of intake/exit and the actual data entry. We contact users who are not entering their data in a timely manner to assist them with adherence to the guidelines.

As part of the annual HMIS Data Quality and APR Review process, we examine a statistically significant number of randomly selected client files and compare program entry and exit dates in those files with the data in VESTA. We also look at other documentation, including bed lists, to verify that the program entry and exit dates in VESTA are accurate.

Each program has specified in VESTA a maximum number of clients they expect to be able to serve at one time, in addition to a maximum expected length of stay (where relevant). When a given program exceeds their maximum capacity of active clients, or a given client exceeds the maximum length of stay, VESTA generates an error alert. These remind users to ensure that they have entered exit data for people no longer in their program. An error alert is also generated if a client active in one shelter / housing program enters a new shelter / housing program to remind the user at the first program to exit the client. Like all error alerts, these are reviewed by CoC staff, who follow up with users to resolve inconsistencies.

2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC uses each of the following items:

Data integration/data warehousing to generate unduplicated counts:	Never
Use of HMIS for point-in-time count of sheltered persons:	Annually
Use of HMIS for point-in-time count of unsheltered persons:	Annually
Use of HMIS for performance assessment:	Semi-annually
Use of HMIS for program management:	Monthly
Integration of HMIS data with mainstream system:	Monthly

2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following standards:

* Unique user name and password	Quarterly
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* Restrictions on access to HMIS via public forums	Monthly
* Compliance with HMIS Policy and Procedures manual	Monthly
* Validation of off-site storage of HMIS data	Annually

How often does the CoC assess compliance with HMIS Data and Technical Standards? Quarterly

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Monthly

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 06/05/2008

If 'No' indicate when development of manual will be completed:

2H. Homeless Management Information System (HMIS) Training

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the frequency in which the CoC or HMIS Lead offers each of the following training activities:

Privacy/Ethics training	Annually
Data Security training	Annually
Data Quality training	Monthly
Using HMIS data locally	Monthly
Using HMIS data for assessing program performance	Semi-annually
Basic computer skills training	Monthly
HMIS software training	Monthly

2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. HUD requires CoCs to conduct a point-in-time count at least every two years during the last 10 days of January - January 22nd to 31st - and requests that CoCs conduct a count annually if resources allow. The last required count was in January 2007. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January in 2007 or 2008, unless a waiver was received by HUD.

There are six (6) categories of homeless populations on this form. They are:

Households with Dependent Children - Sheltered Emergency
Households with Dependent Children - Sheltered Transitional
Households with Dependent Children - Unsheltered

Households without Dependent Children - Sheltered Emergency
Households without Dependent Children - Sheltered Transitional
Households without Dependent Children - Unsheltered

For each category, the number of households must be less than or equal to the number of persons. For example, in Households with Dependent Children - Sheltered Emergency, the number entered for ?Number of Households? must be less than or equal to the number entered for ?Number of Persons (adults with children).?

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the date of the last PIT count: 01/28/2008

For each homeless population category, the number of households must be less than or equal to the number of persons.

	Households with Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	55	63	0	118
Number of Persons (adults and children)	184	206	0	390
	Households without Dependent Children			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Number of Households	448	223	55	726
Number of Persons (adults and unaccompanied youth)	448	223	55	726
	All Households/ All Persons			
	Sheltered	Transitional	Unsheltered	Total
	Emergency			
Total Households	503	286	55	844

Cincinnati/Hamilton County CoC			COC_REG_v10_000064	
Total Persons	632	429	55	1,116

2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using data from a point-in-time count conducted during the last ten days of January 2007 or January 2008. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

Complete the following information for the most recent point-in-time (PIT) count conducted using statistically reliable, unduplicated counts or estimates of homeless persons. Completion of the "Unsheltered" column is optional for all subpopulations, except for Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	246	23	269
* Severely Mentally Ill	215	21	236
* Chronic Substance Abuse	431	23	454
* Veterans	140	2	142
* Persons with HIV/AIDS	23	0	23
* Victims of Domestic Violence	173	1	174
* Unaccompanied Youth (under 18)	22	0	22

2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

Separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Annually (every year); Biennially (every other year); Semi-annually (every six months)

How often will the CoC conduct a PIT count? Annually

Enter the date in which the CoC plans to conduct its next annual point-in-time count: 01/28/2009
(mm/dd/yyyy)

Indicate the percentage of providers supplying population and subpopulation data collected via survey, interview, and/or HMIS.

Emergency Shelter providers 100%

Transitional housing providers: 100%

2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

Survey Providers:

Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.

HMIS:

The CoC used HMIS to complete the point-in-time sheltered count.

Extrapolation:

The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at most emergency shelters and transitional housing programs.

For additional instructions, refer to the detailed instructions available on the left 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: (Extrapolation attachment is required)	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

HMIS Monitoring -- during annual monitoring, the PIT date is the date selected for HMIS data review; HMIS data checked against paper data.

Describe how the sheltered population data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered count.

Sheltered data was collected through HMIS, unsheltered through street counts verified with HMIS. Providers are informed of the "count date", reminded, and then followed up with to ensure a timely data entry response rate and accuracy prior to PIT data being pulled from VESTA HMIS system.

Comparison: No methodology change.

Note 1 - Emergency Shelter data remained relatively stable in reporting.

Note 2 - The street count slightly declined, but was also relatively stable.

Note 3 - The number of units in TH rose because TH units not formerly identified as serving homeless persons were clarified as serving homeless, and therefore those units were added to HMIS, the inventory, and the PIT count.

2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

HMIS:

Only HMIS used for subpopulation data on sheltered persons (no extrapolation for missing data).

HMIS plus extrapolation:

Extrapolation to account for missing HMIS data and HUD's extrapolation tool completed.

Sample of PIT interviews plus extrapolation:

Interviews conducted with a random or stratified sample of sheltered adults and unaccompanied youth and appropriate HUD extrapolation tool completed.

Interviews:

Interviews conducted with every person staying in an emergency shelter or transitional housing program on the night of the point-in-time count.

Non-HMIS client level information:

Providers used individual client records to provide subpopulation data for each sheltered adult and unaccompanied youth for the night of the point-in-time count.

Other:

CoC used a combination of methods.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons (select all that apply):

HMIS	<input checked="" type="checkbox"/>
HMIS plus extrapolation:	<input type="checkbox"/>
Sample of PIT interviews plus extrapolation: (PIT attachment is required)	<input type="checkbox"/>
Sample Strategy:	<input type="checkbox"/>
Provider Expertise:	<input type="checkbox"/>
Non-HMIS client level information:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

Describe how the sheltered subpopulation data was collected and the count produced. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the sheltered subpopulation counts, particularly the chronically homeless count.

Sheltered data was collected through HMIS, unsheltered through street counts verified with HMIS. Subpopulations were determined using SNEEDS data in HMIS, combined with the definition of chronic homelessness from HUD (which VESTA is programmed to calculate) and in a few cases by outreach worker (counters) identification.

Comparison: No methodology change.

Note 1 - The Drop In Center shelter, Cincinnati's mass shelter, had a change in data administration in late 2007, prior to the most recent PIT count. Data was consolidated within VESTA. Previously intakes were done every 30 days and scan cards expired. When a new intake was done errors occurred between intake data. In 2007, data was consolidated into one record without expiring scan cards or intakes. Consolidation resulted in an exponentially increased number of special needs being reported. The result is that many more individuals were appropriately recognized as being chronically homeless.

2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the steps used to ensure the data quality of the sheltered persons count:
(select all that apply)**

Instructions:	<input checked="" type="checkbox"/>
Training:	<input checked="" type="checkbox"/>
Remind/Follow-up	<input checked="" type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Non-HMIS de-duplication techniques:	<input type="checkbox"/>
None:	<input type="checkbox"/>
Other:	<input checked="" type="checkbox"/>

If Other, specify:

1. HMIS annual on site monitoring - PIT date used as date for verification.
2. Data Quality is monitored for each individual HMIS user on a weekly basis. 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.

Describe the non-HMIS de-duplication techniques (if Non-HMIS de-duplication was selected):

20. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

Public places count:

Count conducted based on observation of unsheltered persons without interviews

Public places count with interviews:

Interviewed either all unsheltered persons encountered during public places count or a sample

Service-based count:

Counted homeless persons using non-shelter services based on interviews.

HMIS:

HMIS used to collect, analyze or report data on unsheltered persons.

For additional instructions, refer to the detailed instructions available on the left menu bar.

**Indicate the method(s) used to count unsheltered homeless persons:
(select all that apply)**

Public places count:	<input checked="" type="checkbox"/>
Public places count with interviews:	<input type="checkbox"/>
Service-based count:	<input type="checkbox"/>
HMIS:	<input checked="" type="checkbox"/>
Other:	<input type="checkbox"/>

If Other, specify:

2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Complete coverage:

Every part of a specified geography (e.g. entire city, downtown area, etc.) is covered by enumerators.

Known locations:

Counting in areas where unsheltered homeless people are known to congregate or live.

Combination:

Conducting counts for every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other portions of the jurisdiction where unsheltered persons are known to live.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the level of coverage of the PIT count of unsheltered homeless people: Complete Coverage and Known Locations

If Other, specify:

2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons 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. 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 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 to reduce duplication.

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 counted either by first name/last four digits of their social security number; street name if known; 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, including outreach plan, to reduce the number of unsheltered homeless households with dependent children.

In 2008, the CoC 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 County's 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.

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 the night of the count.

Describe the CoCs efforts to identify and engage persons routinely sleeping on the streets and other places not meant for human habitation. Additionally, comparing your most recent point-in-time count to the last biennial/annual count, describe any factors that may have resulted in an increase, decline or no change in the unsheltered population (especially the chronically homeless and families with children).

The Homeless Outreach Group (HOG) meets monthly to coordinate street outreach efforts across the community and ensure 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 methodology within HMIS to identify street homeless persons who are not enrolled in the workers particular program. Monthly those cases are reviewed as a part of the HOG meeting and assigned a worker. The street count declined slightly from 2007. Important to note is that the comprehensive street count yielded only 4% of the total homeless, most chronic (none in families with children) - a figure Cincinnati Outreach teams have worked diligently to reduce to that level.

Attachment Details

Document Description:

Attachment Details

Document Description:

3A. Continuum of Care (CoC) 10-Year Plan, Objectives and Action Steps

Click on the icon and add requested information for each of the national objectives.

Objective
Create new PH beds for chronically homeless persons
Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%
Increase percentage of homeless persons moving from TH to PH to at least 63.5%
Increase percentage of homeless persons employed at exit to at least 19%
Decrease the number of homeless households with children

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Create new PH beds for chronically homeless persons

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Complete renovation and open 2006 Samaritan Initiative project by February, 2009	Mary Burke, Over-the-Rhine Community Housing
Action Step 2	Complete occupancy of 2007 Samaritan Initiative S+C program begun in May, 2008	Jackie Robinson, Excel Development
Action Step 3	Complete work with Ohio Interagency Council on Homelessness and Affordable Housing to increase state funding for Permanent Supportive Housing for the homeless	Kevin Finn, Cincinnati/Hamilton County CoC for the Homeless, Inc.

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	131
Numeric Achievement in 12 months	156
Numeric Achievement in 5 years	230
Numeric Achievement in 10 years	330

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons staying in PH over 6 months to at least 71.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Complete first year of new HMIS/APR Monitorings, emphasizing PH outcomes, identifying & targeting interventions toward lower-performing programs	Kevin Finn, Cincinnati/Hamilton County CoC for the Homeless, Inc.
Action Step 2	Continue semi-annual Pemanent Housing & S+C Work Group reviews of HMIS data housing & income outcomes	Kevin Finn, Cincinnati/Hamilton County CoC for the Homeless, Inc.
Action Step 3	Incorporate review of recidivism statistics into HMIS/APR Monitoring program upon approval of HMIS Advisory Committee	Kevin Finn, Cincinnati/Hamilton County CoC for the Homeless, Inc.

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	83
Numeric Achievement in 12 months	85
Numeric Achievement in 5 years	87
Numeric Achievement in 10 years	90

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons moving from TH to PH to at least 63.5%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Expand FSPP with Rapid Re-housing program providing housing to homeless families	Laura Osborn-Coffey, FSPP Coordinator
Action Step 2	Implement new TH program focused on housing homeless Veterans	Charlie Blythe, Goodwill Industries
Action Step 3	Identify and address specific benchmarks necessary for residents to move from TH to PH	Kevin Finn, Cincinnati/Hamilton County CoC

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	71
Numeric Achievement in 12 months	73
Numeric Achievement in 5 years	75
Numeric Achievement in 10 years	78

CoC 10-Year Plan, Objectives and Action Steps Detail

Instructions:

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Increase percentage of homeless persons employed at exit to at least 19%

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing

2008 Local Action Steps

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Finalize program arrangements and coordinated case plan with county JFS to improve work participation rates	Laura Osborn-Coffey, FSPP Coordinator
Action Step 2	The Transitional Housing Group will review employment outcomes quarterly	Russell Winters, Tender Mercies
Action Step 3	The Transitional Housing Group will develop two new partnerships for employment	Russell Winters, Tender Mercies

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	28
Numeric Achievement in 12 months	30
Numeric Achievement in 5 years	33
Numeric Achievement in 10 years	35

CoC 10-Year Plan, Objectives and Action Steps Detail**Instructions:**

Provide local action steps and measurable achievements for attaining each of the five national HUD objectives listed, as part of the goal to end chronic homelessness and help to move families and individuals into permanent housing.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Select Objective: Decrease the number of homeless households with children

Objectives to End Chronic Homelessness and Move Families and Individuals to Permanent Housing**2008 Local Action Steps**

List local action steps for attaining this objective within the next 12 months. Also, in the "Lead Person" column, identify the title of one person responsible for accomplishing each action step and the organization which they represent.

		Lead Person
Action Step 1	Bethany House Services will apply for and implement Rapid Rehousing Initiative program to expand already existing rapid rehousing activities	Laura Osborn-Coffey, FSPP Coordinator

Cincinnati/Hamilton County CoC		COC_REG_v10_000064
Action Step 2	Stabilize the Family Homelessness Prevention Program from pilot status to permanent funding	Michelle Budzek, Interagency Council on Homelessness and Affordable Housing
Action Step 3	Increase the number of permanent supportive housing units occupied by homeless families	Kathy Miller, Permanent Housing Group Chairperson

Proposed Numeric Achievements

	%/Beds/Households
Baseline (Current Level)	118
Numeric Achievement in 12 months	112
Numeric Achievement in 5 years	100
Numeric Achievement in 10 years	85

3B. Continuum of Care (CoC) Discharge Planning Protocols: Level of Development

Instructions:

Pursuant to the McKinney-Vento Act, to the maximum extent practicable, persons discharged from publicly funded institutions or systems of care should not be discharged into homelessness. For each system of care, the CoC should indicate the level of development for its discharge planning policy.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge Protocol: Formal Protocol Implemented
Health Care Discharge Protocol: Formal Protocol Implemented
Mental Health Discharge Protocol: Formal Protocol Implemented
Corrections Discharge Protocol: Formal Protocol Implemented

3C. Continuum of Care (CoC) Discharge Planning Protocols: Narratives

For each system of care describe the discharge planning protocol. For additional instructions, refer to the detailed instructions available on the left menu bar.

Foster Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Each public childrens service agency (PCSA) shall provide appropriate services and support to former foster care recipients to prevent homelessness. The services and supports are to compliment the young adults own efforts and shall be available until the young adults twenty-first birthday. Independent living services available to young adults aged eighteen to twenty-one include: daily living skills, assistance in obtaining a diploma or GED, entering post secondary education or training, career exploration, vocational training, job placement and retention, financial, housing, employment, education and self-esteem counseling, drug and alcohol abuse prevention and treatment.

An agency may use up to 30% of its federal IL allocation for room and board for the emancipated youth up to age 21, which includes assistance with rent, deposit, utilities, or utility deposits.

Each countys protocol may be different as Ohio is a state supervised, county administered state. If a child is 16 years or older and is likely to remain in care the agency must have a written independent living plan to achieve self-sufficiency developed within thirty days of the completion of an assessment.

The plan should be based upon the assessment and include input from the youth, the youths case manager, the caregiver, and significant others in the youths life. The independent living plan should be reviewed at least every ninety days thereafter until the agencys custody is terminated.

Health Care Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

The Ohio General Assembly has enacted laws governing the transfer and discharge of residents in nursing homes (NHs) and residential care facilities (RCFs) [Ohio Revised Code (ORC) section 3721.16], adult care facilities (ACFs) [ORC section 3722.14], and community alternative homes (CAH)[ORC section 3724.10]. As the licensing agency for these facilities, the Department of Health promulgated Chapter 3701-16 of the Ohio Administrative Code (OAC) that further expounds on the transfer and discharge rights of NH and RCF residents and OAC rules 3701-20-24 (ACF) and 3701-16, 23 (CAH). The Department ensures that these provider types follow the appropriate regulations regarding transfer, discharge, or both, by reviewing documentation that the facility has initiated discharge planning and that alternatives have been explored and exhausted prior to discharge.

Although Ohio does not license hospitals, ODH as the State Survey Agency for Medicare, surveys hospitals for compliance with Medicare certification regulations related to resident discharge rights 42 CFR 482.13 and discharge planning, 42 CFR 482.43 which establish hearing rights for premature discharge and requirements for planning for patients needs after discharge.

Mental Health Discharge

For Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

It is the policy of ODMH that homeless shelters are not appropriate living arrangements for persons with mental illness. Patients being discharged from ODMH Behavioral Health Organizations/Hospitals are not to be discharged to a shelter or to the street.

Community Support Network (CSN) programs are required to have appropriately approved emergency housing plans in place in the event their clients undergo unexpected residential change. These entities, in conjunction with the responsible or contracting Board or agency, must exhaust all reasonable efforts to locate suitable housing options for patients being discharged. Patients in ODMH BHOs shall not be discharged to homeless shelters and clients in an ODMH CSN program shall not be removed or relocated from community housing options to homeless shelters unless the responsible board or contract agency has been involved in the decision making process and it is the expressed wish of the affected person and other placement options have been offered to the affected person and refused. When a discharge or relocation to a homeless shelter occurs under these guidelines, the reasons shall be thoroughly documented in the persons chart and reviewed via the BHOs quality improvement process. Persons may not be discharged or relocated to homeless shelters for the convenience of staff, as a punitive measure, or for expediency. ODMH BHO policies shall be consistent with this directive.

Corrections Discharge

For Formal Protocol Implemented, provide a summary of the formal and specific protocol, plan, process or policy that has been agreed upon.

Must attach protocol copy. Go to 3D.Discharge Planning Attachments page

Ohio Department of Rehabilitation and Correction policy is to not discharge persons to the streets or a shelter. Reentry planning will address an offenders needs, linkages to the community and appropriate supervision activities subsequent to release.

Prior to release, case managers will: assist in determining potential housing options for release, 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.

It is the policy of the Ohio Department of Youth Services to return all youth to their home if possible. Alternatives include placement with extended family, foster care, independent living etc.

Transition/release planning for all youth begins within 60 days of admission to an ODYS facility and continues for the duration of commitment. For those youth who are committed to ODYS until a date equal to or near their 21st birthday, transition/release planning requires a formal case staffing process to begin one year prior to release.

3D. Continuum of Care (CoC) Discharge Planning Protocol: Attachments

Document Type	Required?	Document Description	Date Attached
Foster Care Discharge Protocol	No	OH 500 Foster Car...	10/01/2008
Mental Health Discharge Protocol	No	OH 500 Mental Hea...	09/24/2008
Corrections Discharge Protocol	No	OH 500 Ohio Dept ...	09/16/2008
Health Care Discharge Protocol	No	OH 500 Ohio Healt...	09/16/2008

Attachment Details

Document Description: OH 500 Foster Care Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: OH 500 Mental Health Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: OH 500 Ohio Dept of Rehab & Correction Discharge Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

Attachment Details

Document Description: OH 500 Ohio Health Care Discharge Protocol

Please Note: Any CoC that selected "Formal Protocol Finalized" or "Formal Protocol Implemented" must attach a copy of the protocol for the applicable system of care in order to receive full credit.

3E. Continuum of Care (CoC) Coordination

CoCs should coordinate, as appropriate, with any existing strategic planning groups to assess the local homeless system and identify shortcomings and unmet needs. Answer the following questions regarding coordination in the CoC.

Does the CoC's Consolidated Plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the Consolidated 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 within the Jurisdiction.

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 including specific activities or performance measure requirements. Further each goal has two objective sections: 1) objectives to meet the goal for all homeless persons inclusive, but not limited those who are chronically homeless , and 2) objectives to meet the goal for chronically homeless individuals.

Within the CoC's geographic area, is one or more jurisdictional 10-year plan(s) being developed or implemented (separate from the CoC 10-year plan)? No

Does the 10-year plan include the CoC strategic plan goals to address homelessness and chronic homelessness? Yes

If yes, briefly list a few of the goals included in the 10-year plan(s):

The 10 year plan and the Consolidated Plan are one and the same in Cincinnati and Hamilton County, per agreement between the Mayor of Cincinnati and Interagency Council on Homelessness Director Phil Mangono. See above for summary of goals.

3F. Hold Harmless Need (HHN) Reallocation

Instructions:

CoC's that are in Hold Harmless Need status may choose to eliminate or reduce one or more of their SHP grants eligible for renewal in the 2008 CoC competition. CoC's may reallocate the funds made available through this process to create new permanent housing projects or HMIS. Reallocation projects may be SHP (1, 2, or 3 years), SPC (5 years) or Section 8 SRO (10 years). CoC's that are in Preliminary Pro Rate Need (PPRN) status are not eligible to reallocate projects. Reallocated funds cannot be used for Samaritan Housing project(s).

Refer to the NOFA for additional guidance on reallocating projects.

Is the CoC reallocating funds from one or more expiring renewal grant(s) to one or more new project(s)? No

CoC's that are in Preliminary Pro Rata Need (PPRN) status are not eligible to reallocate projects.

4A. Continuum of Care (CoC) 2007 Achievements

Instructions:

For the five HUD national objectives in the 2007 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Chart N of the 2007 CoC application in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the numeric achievement that you CoC attained within the past 12 months that is directly related to the relevant national objective.

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new PH beds for CH	103	Beds	156	B e d s
Increase percentage of homeless persons staying in PH over 6 months to at least 71%	80	%	83	%
Increase percentage of homeless persons moving from TH to PH to at least 61.5%	70	%	71	%
Increase percentage of homeless persons employed at exit to at least 18%	19	%	28	%
Ensure that the CoC has a functional HMIS system	100	%	100	%

4B. Continuum of Care (CoC) Chronic Homeless Progress

Complete the following fields using data from the last point-in-time (PIT) count and housing inventory count. For additional instructions, refer to the detailed instructions available on the left menu bar.

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

Year	Number of CH Persons	Number of PH beds for the CH
2006	216	99
2007	204	103
2008	269	131

Indicate the number of new PH beds in place and made available for occupancy for the chronically homeless between February 1, 2007 and January 31, 2008

Identify the amount of funds from each funding source for the development and operations costs of the new CH beds created between February 1, 2007 and January 31, 2008.

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

4C. Continuum of Care (CoC) Housing Performance

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients move to and stabilize in permanent housing.

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	278
b. Number of participants who did not leave the project(s)	879
c. Number of participants who exited after staying 6 months or longer	236
d. Number of participants who did not exit after staying 6 months or longer	719
e. Number of participants who did not leave and were enrolled for 5 months or less	181
TOTAL PH (%)	83
Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	451
b. Number of participants who moved to PH	318
TOTAL TH (%)	71

4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Using data from the most recently submitted APRs for each of the projects within the CoC, provide information about the CoCs progress in reducing homelessness by helping clients access mainstream services and gain employment.

Total Number of Exiting Adults: 2,748

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)
SSI	385	14 %
SSDI	218	8 %
Social Security	16	1 %
General Public Assistance	29	1 %
TANF	344	13 %
SCHIP	40	1 %
Veterans Benefits	48	2 %
Employment Income	776	28 %
Unemployment Benefits	9	0 %
Veterans Health Care	310	11 %
Medicaid	959	35 %
Food Stamps	1,391	51 %
Other (Please specify below)	173	6 %
Child support, work study, severance pay, inheritance, general assistance, disability assistance		
No Financial Resources	524	19 %

The percentage values are automatically calculated by the system when you click the "save" button.

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

Does the CoC systematically analyze the APRs for its projects to assess and improve access to mainstream programs? Yes

If 'Yes', describe the process and the frequency that it occurs.

New in 2008, an annual review of APR's is done at the close of each grant year but prior to submission of the document to HUD. As part of this process HMIS monitoring is conducted to ensure data accuracy and quality in advance of generating APR's. All outcomes are plotted by CoC staff onto housing and mainstream resource charts. Programs that do not meet the target standards meet with the CoC Director to discuss methods of improving housing outcomes and mainstream resources enrollment, and begin action steps.

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.

Benefit Access Group - 11/13/2007, 11/30/2007, 12/17/2007, 3/13/2008.
Family Shelter Partnership Directors Meeting - 9/19/2007, 10/17/2007, 11/21/2008, 12/19/2007, 1/16/2008, 2/20/2008, 3/19/2008, 4/16/2008, 5/21/2008, 6/18/2008, 7/16/2008, 8/20/2008, 9/17/2008.

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

Does the CoC uses HMIS to screen for benefit eligibility? No

If "Yes", indicate for which mainstream programs HMIS completes screening.

Ohio Benefit Bank is an option available for benefit eligibility screening used throughout Cincinnati, Hamilton County, and Ohio.

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

CoC Executive Director is one of two people in State of Ohio trained to implement the SOAR methodology in Ohio. Completed SOAR train-the-trainer event December 5-8, 2005. Presented SOAR trainings in Ohio in April 2006, June 2006, December 2006, April 2007.

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
1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:	100%
Family Shelters have dedicated IM worker at JFS, FreeStore/FoodBank SSI/SSDI program takes referrals from all of CoC, Food Stamp & Medicaid outreach at FS/FB, Ohio Benefit Bank available throughout CoC	
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%
3. Homeless assistance providers use a single application form for four or more mainstream programs: 3.a Indicate for which mainstream programs the form applies:	100%
TANF/OWF, Medicaid, Food Stamps, Child Care	
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
FSPD dedicated IM worker makes application at the same time screening occurs for all families eligible for any mainstream benefit. All coordination of families in shelters eligible for benefits are accessed through HMIS by the dedicated IM worker directly and coordinated with the shelters for appointments. The IM worker records directly into HMIS when benefit access is achieved. The SSI/Jobs program coordinates all homeless SSI applications using SOAR methods and tracking to ensure benefits are received. Additionally, HMIS has a messaging system to notify clients if benefits have been awarded and need to be picked up by consumers.	

Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction)).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

<p>*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"?</p> <p>A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.</p>	Yes
<p>2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?</p>	Yes
<p>3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a) sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan?</p> <p>(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.</p>	Yes
<p>4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?</p>	No
<p>*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria?</p> <p>If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.</p>	No
<p>6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?</p>	

Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through graduated regulatory requirements applicable as different levels of work are performed in existing buildings?</p> <p>Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html)</p>	Yes
<p>*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification.</p> <p>In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?</p>	Yes
<p>Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.</p>	
<p>*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?</p>	Yes
<p>*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?</p>	Yes
<p>*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)</p>	No
<p>*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?</p>	No

Part A - Page 3

<p>*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing?</p> <p>(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)</p>	No
<p>*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits?</p> <p>Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?</p>	Yes
<p>*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?</p>	No
<p>*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?</p>	No
<p>*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?</p>	No
<p>*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?</p>	No
<p>*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?</p>	No

Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however 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 rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
FSPF Rapid Re-Hou...	2008-10-16 21:51:...	3 Years	Bethany House Ser...	1,678,310	New Project	SHP	TH	R16
Scattered Site Tr...	2008-10-15 16:42:...	3 Years	Ohio Valley Goodw...	878,736	New Project	SHP	TH	F7
Transitiona l Hous...	2008-10-16 11:39:...	3 Years	Ohio Valley Goodw...	828,786	Renewal Project	SHP	TH	F8
Reading Transiti...	2008-10-15 10:29:...	3 Years	Lighthouse Youth ...	353,172	Renewal Project	SHP	TH	F2
Tender Mercies SRA	2008-10-16 21:34:...	5 Years	City of Cincinnati	425,700	New Project	S+C	SRA	F11
Odeon Permanent S...	2008-10-16 21:14:...	5 Years	City of Cincinnati	782,580	New Project	S+C	SRA	S1
Lighthouse TRA	2008-10-17 11:22:...	5 Years	City of Cincinnati	324,480	New Project	S+C	TRA	F12
Drop Inn Center S...	2008-10-16 11:46:...	3 Years	Shelterhou se Volu...	266,250	Renewal Project	SHP	SSO	F9
Services for Pers...	2008-10-15 14:39:...	3 Years	Center for Indepe...	167,187	Renewal Project	SHP	SSO	F6
Recovery Hotel SRA	2008-10-16 21:53:...	1 Year	City of Cincinnati	113,520	Renewal Project	S+C	SRA	U15
Consolidat ed Rene...	2008-10-16 20:56:...	1 Year	City of Cincinnati	3,850,056	Renewal Project	S+C	TRA	U13
CILO Permanent Ho...	2008-10-15 14:35:...	3 Years	Center for Indepe...	882,921	Renewal Project	SHP	PH	F4
Caracole Recovery..	2008-10-15 10:41:...	3 Years	Caracole, Inc.	479,999	Renewal Project	SHP	TH	F3

Cincinnati/Hamilton County CoC							COC_REG_v10_000064	
Initial Renewal 2...	2008-10- 17 11:25:...	1 Year	City of Cincinnati	316,320	Renewal Project	S+C	TRA	U14
Homeless Individu...	2008-10- 16 20:41:...	2 Years	Shelterhou se Volu...	494,126	Renewal Project	SHP	SSO	F10
TAPP House Scatte...	2008-10- 15 13:56:...	3 Years	TAPP House/TC, Inc.	493,541	New Project	SHP	TH	F5

Budget Summary

FPRN	\$5,594,898
Rapid Re-Housing	\$1,678,310
Samaritan Housing	\$782,580
SPC Renewal	\$4,279,896
Rejected	\$0