

1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

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

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

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

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

Indicate the frequency of group meetings: Monthly or more

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

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

Specify "other" legal status:

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

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

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

Specify "other" process(es):

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

The CoC, Inc. Board is elected, receiving nominations from its members and the community-at-large. Board members include persons with business, finance, or philanthropic backgrounds and some formerly homeless. The Clearinghouse, is an advisory body to the CoC, Inc. They are appointed by the City, County and Homeless Coalition and elected by CoC Working Groups. The CoC utilizes an inclusive process for grant ranking. The CoC, Inc. does not supplant this process, but is the Lead Agency, fiscal agent, program monitor, and funding applicant. This structure continues the original national emphasis of the local continua to be an inclusive, open processes with new expectations to provide local oversight and fiscal management.

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

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

Specify "other" process(es):

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

Yes. The CoC incorporated as a 501(c)3 specifically to administer the CoC. By contract with the City and County the CoC, Inc. is responsible for the grant process, application development and submission; year round system support; oversight and monitoring of all CoC funded programs, and administration of ESG and S+C.

The CoC, Inc. was the HPRP grantee for the City and County. The CoC, Inc. subcontracted for all service and housing provisions, provides all back-office financial functionality, monitoring, and provides all grant reporting (QPR, etc.). Additional responsibilities would require designated administrative funding. Additional staffing, administrative/finance support, and legal contracting work would be required.

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

Instructions:

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

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Homeless Clearinghouse	With membership from the City, County, the Homeless Coalition, and Executive Directors of CoC-funded agencies, as well as one elected person from each of the CoC's Working Groups, the Homeless Clearinghouse leads and facilitates planning & information sharing between working groups, monitors the elements of the Consolidated Plan, serves as the process advisory committee to the CoC, Inc., and coordinates and oversees the CoC funding allocation process. In this last capacity, the Homeless Clearinghouse also establishes the criteria which will be used each year locally to identify community priorities, and line up proposals for inclusion in annual CoC application to HUD.	Quarterly
Family Shelter Partnership	With membership from all family and DV shelter executive directors, shelter directors	Monthly or more
Homeless Outreach Group	The Homeless Outreach Group (HOG) is attended by all Street Outreach Workers, Cincinnati Police Department, the Homeless Coalition, and emergency service agencies. HOG coordinates outreach efforts across the community; improves access	Monthly or more
HMIS Advisory Committee	The HMIS Advisory Committee is made up of persons with technical experience and/or experience using HMIS. This committee coordinates policy & procedures of CoC's HMIS system, authorizes aggregate data releases, oversees the implementation schedule and expansion uses of the system. This group also serves as the advisory committee to the Partnership Center, Ltd. (HMIS Lead Agency and vendor) and to the CoC, Inc. (HMIS Grantee).	Monthly or more
Large Group Scoring/CoC Community Planning Meeting	This annual meeting is open to all organizations providing housing/service to homeless,	Annually

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

Large Group Scoring is the last of a series of annual events that the CoC holds each year to establish the community priorities for inclusion in the CoC application to HUD. The series begins with the annual Homeless Think Tank, at which CoC staff receive input directly from homeless individuals and households regarding needed improvements to the homeless services system. Later, the CoC holds the CoC Scoring Revision Meeting, an open meeting with all CoC agencies to come to agreement on the criteria to be used for establishing community priorities. Finally, at Large Group Scoring, the community applies this established criteria to new and renewal applications for funding, to finalize the community's priority list.

1D. Continuum of Care (CoC) Member Organizations

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

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

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

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

Greater Cincinnati Oral Health Council	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Cincinnati/Hamilton County Continuum of Care fo...	Private Sector	Non-pro..	Primary Decision Making Group, Attend Consolidated Plan p...	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	Substan ce Abuse
Ohio Housing Finance Agency	Public Sector	Stat e g..	Committee/Sub-committee/Work Group	NONE
Prospect House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Abuse
Applied Information Resources	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
Carol Ann & Ralph V. Haile, Jr. Foundation	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
Cincinnati Business Committee	Private Sector	Busi ness es	Attend Consolidated Plan planning meetings during past 12...	NONE
City Link	Private Sector	Faith -b...	Committee/Sub-committee/Work Group	NONE
Craig Young Family Foundation	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
Crossroads Center	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Abuse
Crossroads Health Center	Private Sector	Hospita..	Committee/Sub-committee/Work Group	NONE
Ep3	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	Youth
Faith Community Alliance	Private Sector	Faith -b...	Attend Consolidated Plan planning meetings during past 12...	NONE
Federal Home Loan Bank of Cincinnati	Private Sector	Fun der ...	Committee/Sub-committee/Work Group	NONE
Model Group	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE

One City Foundation	Private Sector	Faith-b...	Committee/Sub-committee/Work Group	NONE
Jay Price	Individual	Othe r	Attend Consolidated Plan planning meetings during past 12...	NONE
The Kroger Company	Private Sector	Busi ness es	Committee/Sub-committee/Work Group	NONE
Metropolitan Area Religious Coalition	Private Sector	Faith-b...	Attend Consolidated Plan planning meetings during past 12...	NONE
TAPP House	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	Substan ce Abuse
Northern Kentucky Independent District Health D...	Private Sector	Non-pro..	Committee/Sub-committee/Work Group	HIV/AIDS

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

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

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

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

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

Were there any written complaints received by the CoC regarding any matter in the last 12 months? No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

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

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

Households WITH Children

Budget cuts cause the county welfare system to close -30 hotel beds they had previously rented for families with children who called Children's Services, -5 other family beds were lost due to normal bed changes.

Households WITHOUT Children

Beds lost: -1 Respite licensing configuration, -24 at Drop Inn Men's Dorm based on an administrative bed recount, -17 at Mt. Airy changed to TH, -4 at Salvation Army as they focused on families only. Beds gained: +5 additional for prostitutes at Off-the Streets; +4 additional at Drop Inn Women's Dorm due to administrative bed recount; +23 Quick Access based on recount by the MH Board.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

N/A Cincinnati/Hamilton County has no Safe Haven beds.

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

TH beds significantly increased! Two factors contributed to this: the Homeless to Homes strategic plan and the introduction of RRH component. [HPRP occurred after the e-HIC count but was added to the inventory prior to submission]

Households WITH Children - overall +252 beds

Beds lost: -11 overall; Beds gained: +17 due to general program changes; New 2008 CoC funding +218 including the new RRH demonstration; State HPRP funds created +30 new beds.

Households WITHOUT Children - overall +88 beds

Beds lost: -8 beds overall. Beds gained: +2 due to general program changes; New 2008 CoC funding +42 at Transitional Housing Leasing Pool and Tapp House, and City HPRP funds created +50 new beds.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

PSH units remained relatively stable. No new programs were brought on in 2009. One scattered-site program with 13 overall beds closed. The variation in unit configuration is based on natural turnover of subsidies and has a wider swing than some communities because of the number of scattered-site leasing subsidies that are included in the overall unit count. Units for households WITHOUT children decreased by 9 beds overall and for households WITH children increased by 45 beds. SPC was able to add 15 new units for chronically homeless.

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

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	e-HIC 2009 OH-500	11/11/2009

Attachment Details

Document Description: e-HIC 2009 OH-500

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

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: 01/29/2009
(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: Follow-up, Instructions, Updated prior housing inventory information, Other, Confirmation, HMIS
(select all that apply)

Must specify other:

A skilled staff person who is familiar with all housing programs in the community is assigned to conduct the housing inventory count.

Indicate the type of data or method(s) used to determine unmet need: HMIS data, Local studies or non-HMIS data sources, Housing inventory, National studies or data sources, Stakeholder discussion
(select all that apply)

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

The CoC went through an in-depth planning process in 2009 called Homeless to Homes. The result was a comprehensive plan for the City of Cincinnati and Hamilton County to ensure single homeless individuals have access to appropriate housing and comprehensive services which facilitate their movement from shelter to permanent housing. This data driven, research based process brought together local/national experts, local funders, stakeholders, service/housing providers, governments, business and faith-based organizations to set goals for shelters, transitional housing and permanent supportive housing.

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

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

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

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

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

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

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, with the exception of DV providers who have removed themselves now from HMIS participation due to VAWA. 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. Additionally the software produces CoC wide reports, AHAR data and all HPRP support.

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

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

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name The Partnership Center, Ltd.

Street Address 1 2134 Alpine Place

Street Address 2

City Cincinnati

State Ohio

Zip Code 45206

Format: xxxxx or xxxxx-xxxx

Organization Type For Profit

If "Other" please specify

Is this organization the HMIS Lead Agency in more than one CoC? No

2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix: Ms.

First Name Michelle

Middle Name/Initial

Last Name Budzek

Suffix

Telephone Number: 513-891-4016
(Format: 123-456-7890)

Extension 311

Fax Number: 513-618-5720
(Format: 123-456-7890)

E-mail Address: mbudzek@partnershipcenter.net

Confirm E-mail Address: mbudzek@partnershipcenter.net

2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of participation in a CoC's HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

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.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

* Emergency Shelter (ES) Beds	86%+
* Safe Haven (SH) Beds	Housing type does not exist in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

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

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

N/A

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

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

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 2009.

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	1%	1%
* Residence Prior to Program Entry	0%	1%
* Zip Code of Last Permanent Address	38%	3%
* Name	0%	0%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories; i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM) to be eligible to participate in AHAR 4.

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

Did the CoC or subset of CoC participate in AHAR 5? 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 agencies participating in the HMIS (limit 750 characters):

1) Error Alerts -appear on the home page at every log-in for missing elements or data errors. User Support reviews errors weekly, contact users, and works with them to correct problems. 2) Required APR fields are programmed as mandatory. 3) Exit Destination Helper allows users to enter the destination name and VESTA will translate this to the correct HMIS destination data. 4) On-site monitoring enables User Support to conduct a review of the program data for the program year via a data quality report, and then monitor/remediate including: data entry-lag times; homeless certification; universal data element collection; income and exit destinations; and generated error alerts. 5) Data is locked annually for all programs.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

Policies: 1)Intake/exit standards are set for all program. 2)ESG and SPC are billed monthly via HMIS. 3) HPRP financial assistance is requested through HMIS to receive payments. Procedures: 1)Real time data entry is trained on. 2)The Central Access Point (for family shelters, one individual shelter, and all prevention programs) completes intake via phone, forwards it through HMIS for agency completion as client enters. 3)The HMIS Homeless Certification system requires timely intakes/exits generating client and pressure between agencies for data accuracy. 4)PIT counts verifies HMIS with house counts. 5)Programs have a maximum number of clients & maximum length of stay programmed ; if parameters are exceeded error alerts are generated.

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

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:

- Data integration/data warehousing to generate unduplicated counts; Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement; Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management; Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system; Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Monthly
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 each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.

- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

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

* Unique user name and password	Annually
* 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	Quarterly

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: 09/03/2009

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:

- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients' PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency 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	Quarterly
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. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/29/2009

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			Unsheltered	Total
		Emergency	Transitional			
Number of Households	55	59	0			114
Number of Persons (adults and children)	169	190	0			359
		Households without Dependent Children				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
Number of Households	517	221	43			781
Number of Persons (adults and unaccompanied youth)	517	221	43			781
		All Households/ All Persons				
		Sheltered			Unsheltered	Total
		Emergency	Transitional			
Total Households	572	280	43			895
Total Persons	686	411	43			1,140

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 statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. 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.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	262	6	268
* Severely Mentally Ill	234		234
* Chronic Substance Abuse	410		410
* Veterans	139		139
* Persons with HIV/AIDS	19		19
* Victims of Domestic Violence	201		201
* Unaccompanied Youth (under 18)	6		6

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

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:

- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).

CoCs will 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%.

How frequently does the CoC conduct a point-in-time count? Annually

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/26/2010

Indicate the percentage of homeless service providers supplying population and subpopulation data that was 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:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:

- 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 emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
(Select all that apply):

Survey Providers:	
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

All data on homeless persons in shelter and transitional housing was generated exclusively through VESTA. VESTA is the community's HMIS with 100% participation of emergency shelter and transitional housing providers. A standalone version of VESTA is running on a server owned and maintained by our local DV provider generated data for victims of domestic violence served by local DV providers, in accordance with VAWA. Both the VESTA-HMIS and VESTA-DV are built to the same data standards, and are in compliance with HUD's Homeless Management Information System Data and Technical Standards. As all of the beds in all of the shelters and transitional housing programs are included in VESTA, using VESTA as the exclusive PIT counting method is highly accurate and reliable.

Data is pulled from VESTA-HMIS by the HMIS Lead Agency and the VESTA-DV system administrator for the point-in-time count. Providers are informed of the "count date" and reminded prior to the count to enter timely data by HMIS User Support. Following the data pull, the data from each program is verified with the program supervisor to ensure that it matches program documentation for that day.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

There was no change in the method used to pull the data.

Households WITH children:

The number of households with children both in shelter and in transitional housing remained relatively unchanged between 2008 and 2009. However the number of persons in families within the emergency shelter system has declined as it did between 2007 and 2008. The PIT from 2007 to 2009 document an 11.98% decline in the number of persons in families. This trend is not evident in transitional housing. No in depth analysis has been done on the number of persons in families that could offer a hypothesis for this trend.

Households WITHOUT children:

The number of single homeless individuals in shelter increased by 10% between 2008 and 2009. In that same period the street count decreased by 21%. This could be in part because the night of the street count in 2009 was very cold and snowy, causing homeless persons to come into shelters; an emergency cold shelter was also open that night. In 2008, it was a much nicer winter night without the cold shelter opened. However, when looking at trends in single persons sheltered between 2007 and 2009 there is a steady increase reflected in the numbers that is worth noting.

Chronic Homeless

The number of chronic homeless persons has remained stable between 2008 and 2009. No analysis has been completed on the number of chronically homeless persons who have left the system and the number of new persons entering.

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

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.

- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD's Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: [A Guide for Counting Sheltered Homeless People](http://www.hudhre.info/documents/counting_sheltered.pdf) at http://www.hudhre.info/documents/counting_sheltered.pdf.

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

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	
Non-HMIS client level information:	
None:	
Other:	

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

Data on homeless persons in shelter and transitional housing was generated through VESTA/HMIS, with 100% participation of emergency shelter and transitional housing providers, along with the standalone version of VESTA running on a server of our DV provider. Data is pulled from VESTA-HMIS by the HMIS Lead Agency and the VESTA-DV system administrator.

Chronic homelessness is based on our Chronic Homeless Initiative Program (CHIP). An indicator is recorded in HMIS that the person met the criteria for CH in a street outreach or emergency shelter program. A CHIP designation remains with the client even if they may not meet chronic homelessness criteria on subsequent intakes. [CHIP = an unaccompanied person PLUS length of homelessness exceeds 1 year OR the number of times homeless in the past 3 years exceeds 3 PLUS at least one of the following disabling conditions have a yes response: physical disability, developmental disability, HIV/AIDS, Mental health, and/or substance abuse & alcohol abuse, drug abuse or dually diagnosed.]

Severely Mentally Ill = Yes to Mental health problem

Chronic Substance Abuse = Yes to Alcohol abuse, Drug abuse, or Dually diagnosed under Substance abuse problem

Veterans = Yes to Veteran status

Persons with HIV/Aids = Yes to HIV/AIDS

Victim of Domestic Violence = Yes to Domestic violence

Unaccompanied Youth (under age 18) = DOB was between 1/29/2009 and 1/29/1991 and no other persons were present with this individual at intake.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

There was no change in the method used to pull the data.

Comparison notes include:

Chronic homelessness overall when the streets and shelters and combined has stable.

Severely mentally ill has increased dramatically since 2007. Between 2007 and 2008 it increased 22%, with a further increase between 2008 and 2009 of 7%, for a total of a 29% increase over 2 years. Community factors that may be the cause of this increase are: the inability to homeless people to access the mental health system for an assessment, the inability for persons who are not identified as serious enough cases to receive services, and the decline in mental health service funding which is expected to worsen over the coming year.

Chronic substance abusers actually declined between 2008 and 2009 by almost 5%. An increase in successful outcomes of our Homeless SA treatment/housing program may be at least a partial reason for the decline.

The number of Veterans has remained stable.

The number of persons with HIV/AIDS declined slightly.

The number of victims of domestic violence increased by 13% from 2008. The increase in DV is believed to be a direct result of the economy.

The number of unaccompanied youth significantly declined. However, the weather on the night of the count was the coldest and snowiest on record for the area. The decline in youth on the PIT appears to be a factor of the night of the count rather than an overall trend.

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

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:

- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

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

Instructions:	<input 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:

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 selected (limit 1000 characters):

The HMIS Data Base Administrator has developed a programmed script that runs periodically (but no less than quarterly) on the entire VESTA database. This script identified any records that may be duplicate entries. Records are then individually reviewed by the Administrator and merged together when they are determined to be the same person. The script is run and de-duplication conducted immediately prior to the PIT data pull.

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

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:

- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see *A Guide to Counting Unsheltered Homeless People* at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

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

Public places count:

Public places count with interviews:

Service-based count:

HMIS:

Other:

If Other, specify:

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

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Complete Coverage and Known Locations

If Other, specify:

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

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:

- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see [A Guide for Counting Unsheltered Homeless People](http://www.hudhre.info/documents/counting_unsheltered.pdf) at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count. (select all that apply)

Training:	X
HMIS:	X
De-duplication techniques:	X
Other:	X

If Other, specify:

The Homeless Outreach Group (HOG) is responsible for tracking and mapping the whereabouts of all known homeless persons on the streets. This group composed of outreach workers, police, and emergency responders meets monthly and conducts quarterly street surveys. Prior to the count, location data is shared, plotted, and coordinated among all street outreach workers, with HMIS data and also police data to determine all known locations in advance of the PIT count. Then the count is conducted and data used to ensure maximum number of persons are counted.

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

Street count information is checked with HMIS to verify that those persons had not logged into shelters that night and to determine other information about them for the HUD reports. Street count workers identify each individual as possible counted either by first name/last four digits of their social security number; 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 to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

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 Countys family shelters. CAP screens families for homelessness and the immediacy of their need for emergency shelter. CAP also begins the process of entering data into HMIS, and logs all calls requesting emergency shelter for a family. This data is currently being used to identify trends among homeless families as well as gaps in services and shelter available. CAP priorities sheltering unsheltered families vs. families calling from "doubled-up" situations where they are at high risk of becoming homeless to ensure families with children are not unsheltered. All community street outreach efforts are coordinated through the Homeless Outreach Group (HOG). All HOG attendees have been trained on the purpose and functioning of the CAP line so that all homeless families can be quickly placed into emergency shelter. Through HOG, street outreach workers also coordinate their efforts to ensure people sleeping on the street are encountered and offered all appropriate services as quickly as possible. No households with dependent children were identified on the street the night of the count.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

The Homeless Outreach Group (HOG) meets monthly to coordinate street outreach efforts across the community and 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 system within HMIS to enroll street persons in HMIS who are not enrolled in the outreach worker's specific program program. Monthly "street pop" 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 yeilded less than 4% of the total homeless - a figure Cincinnati Outreach teams have worked diligently to reduce to that level. The stated goal of the CoC and of HOG is that every homeless person will have a worker who knows their name. This goal has proven, time and time again to be in place and achieved by the HOG group.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

The PIT count for unsheltered persons appears to be 21% lower than in 2008. However, we believe that that number may not be a true indicator of decline based on the following reasons:

1. For the first time on the night of a Cincinnati/Hamilton County PIT Homeless Count, weather conditions led to the City of Cincinnati's Cold Shelter, operated by the Cincinnati Recreation Commission, to be open on the night of the PIT count, providing an additional emergency shelter option not available for previous PIT counts.
2. In the 48 hours before the PIT Street Count, Cincinnati received 8 inches of snow and the low temperature was 19 degrees. Thus some of the chronic street population did take advantage of the cold shelter that night and go inside.

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

The Homeless to Homes Comprehensive Plan was completed in March, 2009. Beginning in July, an Implementation Committee was seated to prioritize the recommendations in the plan and identify the first tier of action items - which will be presented to City Council November 24, 2009; a significant increase in PSH beds for the chronically homeless is being rated as a high priority. The recommendation within the plan to bring a new national PSH site-based developer will be a high priority to facilitate the creation of new PSH. These two items will definitely mean an increase in beds for the CH.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

The previously mentioned new Homeless to Homes Comprehensive Plan outlines a series of recommendations to be implemented over the course of the next 5 years, with some recommendations being put in place for a minimum of 5 years. All of these recommendations would increase the amount of PSH available to both chronically & non-chronically homeless individuals. These recommendations are: 1) Development of a minimum of 125 site-based Permanent Supportive Housing units & 79 scattered-site PSH units per year for a minimum of 5 years; 2) The set aside of \$1.5 million of City HUD/HOME dollars for transitional housing & PSH per year for a minimum of 5 years; 3) Create & use a Tax Credit Equity Fund for use with the Low Income Housing Tax Credit program with the assistance of the local business community; 4) Increase the amount of project-based Section 8 housing allocated for use as PSH.

How many permanent housing beds do you currently have in place for chronically homeless persons? 171

How many permanent housing beds do you plan to create in the next 12-months? 15

How many permanent housing beds do you plan to create in the next 5-years? 100

How many permanent housing beds do you plan to create in the next 10-years? 200

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC exceeded the threshold by 8% for a total of 85%. These steps will be taken this year to maintain/increase that percentage: 1) Implement a new SAMHSA grant intended to provide intensive case management & services to CH people in PSH; 2) Expand system-wide a training for case managers designed to support clients movement to the most appropriate (not just the first available) housing program, based on client special needs & characteristics; 3) The Permanent Housing Group & Shelter Plus Care work groups will continue to share best practices, also with all new SHP & Shelter Plus Care grantees/sponsors, to share key learnings & knowledge of established best practices; 4) The PSH Development Committee will be convened (expanding on the successes of the PSH/TH Subcommittee of the Homeless to Homes initiative) to work to develop additional PSH resources & programs, identify specific needs in regard to PSH, ensuring that new PSH programs will fill a specific gap in the community.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC long-term plan to maintain or increase the 85% current outcome includes: 1) Improve outcome reports to show trend data corresponding with length of stay; 2) Share outcomes data publicly & among like PSH programs, identifying highest performing local programs & practices, then replicating such practices between PSH programs; 3) Further incorporate outcomes & recidivism data into the scoring process used to set local priorities, resulting in the PSH programs with the best outcomes being renewed, & providing additional incentive for lower performing programs to implement best practices.

What percentage of homeless persons in permanent housing have remained for at least six months? 85

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 86

In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 88

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months? 90

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC is currently exceeds the threshold by 11% (76% total). Over the next 12 months the CoC will have implemented the new RRH programs (the demonstration for families and 2 HPRP funded RRHs programs). These programs have case management and support components and are combined with scattered-site approaches. The household stabilizes in their unit during the RRH period and then as the subsidy ends they remain permanently housed in the same unit, a method Cincinnati has documented as highly successful. Additionally system-wide training for case managers will be offered by the CoC & designed to ensure clients are referred to the most appropriate (not just the first available) housing program based on client special needs & characteristics. By making correct placements between TH and PSH it is believed that the likelihood of movement from TH to market rate or subsidized housing will be maintained and potentially increase.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Over the long-term the CoC believes that a continued focus on scattered-site transitional housing, which is designed to end in a permanent housing placement, is the best approach to assisting persons to successfully obtain and ultimately maintain permanent housing. Long-term housing subsidies would make the success in obtaining permanent housing much more of an option. To that end new programs like HUD/VASH have the potential of increasing the community success and thus increasing connectedness with the Veterans Administration is part of the long-term plan. A variety of after-TH supports are being considered to encourage persons to maintain their housing on much longer terms than 6 months and the increase in prevention program options increases the likelihood of stability further.

What percentage of homeless persons in transitional housing have moved to permanent housing? 76

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing? 77

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 78

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing? 80

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC does not believe, under the current economic conditions (10% unemployment) that the employment rate will increase. The CoC was at a 28% baseline only one year ago and has managed in the current environment to raise that rate to 30%. However, current attempts to move towards employment from TANF across the county have severely declined. The CoC will continue to work with JFS around TANF, participate in the Ohio Interagency Council as it searches for sustainable options, and search through stimulus and WIA options, etc. to find every way possible to increase the rate.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

Long term the CoC believes that the employment rate for the homeless can be increased as the economy increases. New creative endeavors to move the unskilled, unemployed to employment will need to be developed in order to address this need. In the past year Ohio has consistently documented the loss of low-skilled and manufacturing jobs. Retraining and retooling of the homeless employment system will need to occur, post recovery, to encourage employment for under skilled and/or unemployed homeless persons. As the economy turns options for employment programs for TANF clients should increase and the CoC will maintain its relationship between the Family Shelter Partnership and JFS to make every effort to pick back up as soon as possible. Opportunities for single individuals through WIA, the VA and other local jobs programs will be pursued as the programs open back up for training and placement.

What percentage of persons are employed at program exit? 30

In 12-months, what percentage of persons will be employed at program exit? 30

In 5-years, what percentage of persons will be employed at program exit? 33

In 10-years, what percentage of persons will be employed at program exit? 35

3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

The CoC is actively working to decrease the number of homeless households with children in shelters and the length of stay in emergency shelters through the Family Shelter Partnership Program. This program and its companion RRH programs are increasing the level of case management and housing options for families, and decreasing the length of stay in shelter. When combined with a focus on recidivism the expectation for success is high. Through the Central Access Point families are screened for the severity of their situations and as the placement in shelters are made the severity index begins the track for the individual family and more clearly identifies needs up front. When combined with the new Assessment schema built in HMIS and utilized across the entire family shelter system the level of case management and assessment will also increase.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

Long term efforts will focus on prevention and recidivism. The 2 prevention programs that the community is undertaking (a state demonstration and a local HPRP program) will be critically evaluated for success in diverting families from homelessness. National evaluators and local HMIS data have been combined to analyze results and make programmatic adjustments to increase success. The United Way has partnered in HPRP and is transforming their emergency assistance accordingly. Tracking is underway through HMIS monitor families enrolled in prevention and see if they do not enter the homeless system. This learning will translate into a modification of prevention strategies utilizing ESG, FEMA and other funding in the future. Alongside prevention making sure that families leaving shelter do not return is critical. The Family Shelter Partnership has undergone 2 recidivism evaluations and subsequent reprogramming over the past 10 years and is expected to continue that work.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)? 114

In 12-months, what will be the total number of homeless households with children? 114

**In 5-years, what will be the total number of
homeless households with children?** 105

**In 10-years, what will be the total number of
homeless households with children?** 100

3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly-funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs. In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs). Response should address the following:

- ¿ What? Describe the policies that have been developed or are in the process of being developed.
- ¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
- ¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

Through the Interagency Council the CoC has clarified state policy on foster care is each Public Childrens Service Agency shall provide appropriate services and support to former foster care recipients until their 21st birthday. Independent living services available include: daily living skills; education assistance including diploma, GED, post secondary education, career exploration, or vocational training; job placement and retention; preventative health care; financial, housing, employment, self-esteem counseling; and drug/alcohol abuse prevention/treatment. They may use up to 30% of their federal allocation for emancipated youth up to age 21, including assistance with rent, deposit, utilities, or utility deposits. Every 16 year old foster child must have a life-skills assessment and then a written independent living plan to achieve self-sufficiency. The plan is to be reviewed at least every 90 days until custody is terminated.

A review of the protocol at the local CoC level found that the HCJFS (the local PCSA) has assessments completed on all foster teens as prescribed above at age 16 or as they come into custody using a tool which provides for not only the assessments but the follow-up planning. The After Care Worker is responsible for devising an individual plan for each emancipated youth, including housing plans. Lighthouse Youth Services, a CoC youth outreach and housing provider has transitional housing designed especially for kids aging out of foster care.

Health Care:

Through the Interagency Council the CoC has clarified state policy on health care. The Ohio General Assembly has enacted laws on the transfer and discharge of residents in nursing homes, residential care, adult care, and community alternative homes. As the licensing agency, the Department of Health promulgated administrative code on these issues. The Department ensures that providers follow the appropriate regulations regarding transfer and/or discharge, by reviewing documentation that the facility has initiated discharge planning and that alternatives have been explored and exhausted prior to discharge. Ohio does not license hospitals. ODH as the State Agency for Medicare, surveys hospitals for compliance with Medicare regulations related to resident discharge rights and discharge planning, 42 CFR 482.43; 482.13 which establish hearing rights for premature discharge and requirements for planning for patients needs after discharge.

Locally, the CoC has worked through the Interagency Council on Money Follows the Person (discharge planning) and has supported the implementation and hospital funding for the Center for Respite Care a medical shelter for homeless individuals who were hospitalized so as not to be discharged to the streets.

Mental Health:

Through the Interagency Council the CoC has clarified state policy on mental health. The CoC has worked with the Ohio Department of Mental Health and the local board to ensure that their policy that homeless shelters are not appropriate living arrangements for persons with mental illness is enacted locally. Persons discharged from ODMH Behavioral Health Organizations/Hospitals are not to be discharged to a shelter or to the street. Community Support Network (CSN) programs are required to (and locally do) have appropriately approved emergency housing plans for clients who undergo unexpected residential change. These entities, in conjunction with the local Board, must exhaust all reasonable efforts to locate suitable housing options for patients being discharged. Patients in ODMH BHOs shall not be discharged to shelters and clients in an ODMH CSN program shall not be removed or relocated from community housing options to shelters unless the responsible board or contract agency has been involved in the decision making process, it is the expressed wish of the affected person, and other placement options have been offered and refused. When a discharge or relocation to a shelter occurs under these guidelines, the reasons shall be thoroughly documented in the person's chart and reviewed via the BHOs quality improvement process. Persons may not be discharged or relocated to shelters for the convenience of staff, as a punitive measure, or for expediency.

Corrections:

Through the Interagency Council the CoC has clarified state policy on corrections discharge. The Ohio Department of Rehabilitation and Correction policy is to not discharge persons to the streets or a shelter. Reentry planning is to address an offender's needs, linkages to the community and appropriate supervision activities subsequent to release. Prior to release, case managers will: assist in determining potential housing options, review with offenders the need for appropriate documents, assist the offender in acquiring those documents, make appropriate community linkages for offenders with substance abuse, mental health diagnoses and medical concerns. Case managers will finalize housing and transportation plans and secure transportation if needed. All plans for final release will be documented in the offender's reentry plan. Offenders are offered release preparation classes to address job searching and retention, resume writing, interviewing skills, community resources, and substance abuse, mental health and medical issues. The CoC has worked with the Department to make sure this plan is implemented and that shelters do not receive ex-offenders in placement from prison. Locally also the CoC has worked with the jail to begin discussions on a "diversion to housing" program for persons who are homeless upon arrest and who have committed non-violent offenses.

3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness? Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

The 2010-2014 Con Plan goals on homelessness were presented Oct. 27, 2009 and match the Strategic Plan.
 Goal 1: Need -- Ensure that information regarding the numbers, scope, and needs of homeless persons are up to date.
 Goal 2: Quantity Ensure a sufficient quantity of suitable housing is available to meet the needs of the homeless population in Cincinnati/Hamilton County.
 Goal 3: Quality Ensure high quality housing and services are available to meet the needs of homeless persons 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, include specific activities , and/or performance measure requirements. Each goal has two objective sections: 1) for all homeless persons inclusive, but not limited those who are chronically homeless, and 2) for chronically homeless individuals.

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

The CoC designed, implemented and is administering HPRP for the City and County. The substantial amendments, say The City of Cincinnati and Hamilton County plan for and administer homeless housing and services in a combined effort with the CoC (OH-500). AARA/HPRP will be blended into the current activities of the Continuum . All HPRP funding will be contracted to the CoC, Inc. to administer.

The amendment further identifies the following programmatic components for HPRP: The Prevention program was designed by the CoC as collaboration with the United Way of Greater Cincinnati (UW) and will use the UW funded Emergency Assistance centers plus a faith-based center as the Prevention Providers. The UW current funding within the agencies will be used for staffing while HPRP funds will provide direct financial assistance. The CoC will use HMIS (VESTA system) to acquire all data and pay all bills, in a consolidated administrative effort.

The RRH program was designed so a qualified United Way and CoC agency which provides comprehensive direct services to single homeless individuals was identified by both entities as the RRH provider. The CoC, Inc. will contract with the provider for the case management and benefits services components and all financial assistance from HPRP funds will be requested through HMIS and paid by the CoC, Inc.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

The Continuum of Care is working with both the City of Cincinnati and Hamilton County to coordinate new HUD funding into the community and to ensure that the needs of the homeless are considered in the allocation process. CDBG-R has been the most flexible source of funding to do this with. To that end the City has allocated \$300,000 for emergency shelter acquisition/renovation in accordance with the CoCs strategic plan Homeless to Homes which calls for the de-concentration of persons within mass shelter facilities. The creation of this pool of resources is believed to kick off the new plan to move persons from the streets to permanent housing. Likewise the county is providing \$136,790 of CDBG-R funds for the continued operations of Mt. Airy shelter after the CoC appealed to the City and County to use any funds possible to keep Mt. Airy from closing due to budget cuts. Additionally services which were no longer able to be covered from general fund allocations of the city due to the enormity of the city deficit were included in CDBG-R. These included funding for the YWCA (DV shelter and abuse and homeless protection program) \$86,918, Stop AIDS (community based HIV/AIDS service center) and Cincinnati Union Bethel (both for Anna Louise Inn \$40,012 a PSH program and Off-the-Streets \$40,263 an emergency shelter for prostitutes.) NSP funding in both the city and county has been more limited in its ability to be used by the CoC due to the regulations on NSP funding to stabilize communities struggling with foreclosure and abandonment. However, efforts by both the City and County for demolition of dangerous property and development of affordable housing (both uses of NSP funding) will have a long-term benefit to the homeless of the community.

The CoC includes the VA and Veteran service providers in its planning efforts. Locally, CMHA in partnership with the Cincinnati Veterans Affairs Medical Center (CVAMC) has recently been awarded \$430,189 to support 70 vouchers and two new social workers under the HUD/VASH initiative. CMHA will provide housing assistance through its Housing Choice Voucher Program which allows participants to rent privately owned housing. The VA will screen homeless veterans to determine their eligibility, and provide eligible homeless veterans clinical and supportive services through the Cincinnati VAMC HUD/VASH Program.

4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	156	Beds	171	B e d s
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	85	%	85	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	73	%	76	%
Increase percentage of homeless persons employed at exit to at least 19%	30	%	30	%
Decrease the number of homeless households with children.	112	Households	114	H o u s e h o l d s

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

The CH beds, permanent housing, transitional housing, and employment objectives were met or exceeded. The primary obstacle in meeting the family objectives set in 2008 was the economic downturn and increased community unemployment rates (10%). The number of households with children seeking shelter has also risen in the face of the foreclosure crisis and when combined with domestic violence (a crime with serious upswings during times of economic distress). It is remarkable that the households in shelter were as stable as indicated and within 2 families of the goal; only because of a Family Prevention Pilot program was it as stable as it was. It is a testament to the active work of the CoC housing and service providers that the goals were achieved as indicated.

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

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year's Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	226	103
2008	269	156
2009	268	171

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009. 15

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	\$0	\$0	\$0	\$0	\$0
Operations	\$0	\$0	\$0	\$0	\$0
Total	\$0	\$0	\$0	\$0	\$0

If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

New permanent housing beds were all scattered-site, no development or operations costs associated.

The number of CH persons did not increase, rather remained relatively stable (-1).

The number of PSH for CH went from 156 in 2008 to 171 in 2009 (per e-hic documentation) an increase of 15 beds.

4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	289
b. Number of participants who did not leave the project(s)	957
c. Number of participants who exited after staying 6 months or longer	253
d. Number of participants who did not exit after staying 6 months or longer	811
e. Number of participants who did not exit and were enrolled for less than 6 months	147
TOTAL PH (%)	85

Instructions:

HUD will be assessing the percentage of all transitional housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	511
b. Number of participants who moved to PH	386
TOTAL TH (%)	76

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

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 2,030

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	295	15	%
SSDI	131	6	%
Social Security	4	0	%
General Public Assistance	46	2	%
TANF	413	20	%
SCHIP	45	2	%
Veterans Benefits	22	1	%
Employment Income	607	30	%
Unemployment Benefits	18	1	%
Veterans Health Care	75	4	%
Medicaid	916	45	%
Food Stamps	1,274	63	%
Other (Please specify below)	148	7	%
child support, work study, severance pay, inheritance, general assistance, disability assistance, family, volunteer/training/work assignment			
No Financial Resources	353	17	%

The percentage values will be calculated by the system when you click the "save" button.

**Does CoC have projects for which an APR Yes
 should have been submitted?**

4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: <http://www.energystar.gov>

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs? Yes

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

At the end of the grant year HMIS user support provides a site visit to each program completing an APR. Prior to the visit the APR is generated from HMIS and analysed alongside monitoring tool reports also generated from HMIS. Inconsistent data input and user errors are corrected during monitoring. Following the monitoring the APR fields are locked in HMIS. The APR is then generated by the agency and submitted to both HUD and the CoC. At the CoC the APR is plotted on a spreadsheet designed to show grant progress on goals (housing and income) and progress in relation to the rest of the community. The CoC addresses any individual issues with the agency about mainstream benefits/services that are available to their clients and where performance is not within the expected norms for the program.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs? Yes

If "Yes", indicate all meeting dates in the past 12 months.

Benefit Access Group/SSI Initiative
12/3/2008, 1/7/2009, 2/4/2009, 3/4/2009, 4/1/2009, 5/6/2009, 6/3/2009, 7/1/2009, 8/5/2009, 9/2/2009, 10/7/2009, 11/4/2009.
Family Shelter Partnership
12/17/2008, 1/21/2009, 2/18/2009, 3/18/2009, 4/15/2009, 5/20/2009, 6/17/2009, 7/15/2009, 8/19/2009, 9/16/2009, 10/21/2009, 11/18/2009.

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 use HMIS as a way to screen for mainstream benefit eligibility? Yes

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

Within the family shelter partnership and the Hamilton County Dept. of Job and Family Services HMIS is used to screen for benefit eligibility. At intake cases are flagged by shelters for eligibility review. A designated Income Maintenance Specialist at JFS daily reviews all those indicated through HMIS as eligible, and additionally reviews all other new cases to determine if any eligibility was missed. Then she works with the clients to enroll in benefits and records her activity back in HMIS.

Additionally VESTA (not as an HMIS) is a coordinated system for SSI application throughout Hamilton County. Applicants are screened through VESTA for active submissions created elsewhere. The system is tracking all SSI applications by service provider agencies to track outcomes and avoid duplicate applications.

Has the CoC participated in SOAR training? Yes

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

CoC Executive Director is one of the people in State of Ohio trained to implement the SOAR methodology in Ohio. Completed SOAR train-the-trainer event December 5-8, 2005. Two others from Mental Health Access Point within CoC trained May 2009. Presented SOAR trainings in Ohio in April 2006, June 2006, December 2006, April 2007, August 2009. CoC Executive Director presented on SOAR Initiative at CoC Forum in Denver in September 2006.

4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
<p>1. Case managers systematically assist clients in completing applications for mainstream benefits. 1a. Describe how service is generally provided:</p>	100%
<p>Families - The family shelters and JFS have a designated worker that works with all families in shelter to check all benefit eligibility and enroll in mainstream benefits (TANF, FS, Medicaid, etc.). The CoC encourages all homeless families to come through this system. Singles and other families have CM entering the program conduct an assessment and develop an ISP which includes "increasing skills and income". The CoC has a dedicated SOAR project for homeless persons.</p>	
<p>2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.</p>	80%
<p>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:</p>	100%
<p>The single application form used by JFS for all benefits includes: TANF, FS, Medicaid & Child Care. In addition many agencies use the Ohio Benefit Bank which screens and provides electronic applications for: TANF, Food Stamps, Medical, Child Care Subsidy, Earned Income Credits, Student benefits, and seperately SSI</p>	
<p>4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.</p>	80%
<p>4a. Describe the follow-up process:</p>	
<p>The CoC encourages the use of an electronic ISP within HMIS/VESTA that may move with the client to their new program. One of the goal areas in the ISP is "increasing skills/resources". This section has an "in progress" and "completed" field which encourages systematic follow up.</p>	

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>	<p>Yes</p>
<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>	<p>Yes</p>
<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>	<p>Yes</p>
<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>	<p>Yes</p>
<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>	<p>Yes</p>
<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>	<p>No</p>

Part A - Page 2

<p>*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?</p>	<p>No</p>
<p>*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated 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>	<p>No</p>
<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>	<p>Yes</p>
<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>	<p>Yes</p>
<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>	<p>Yes</p>
<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>	<p>No</p>
<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>	<p>No</p>

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>	Yes
<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
Permanent Housing...	2009-10-25 13:49:...	1 Year	Ohio Valley Goodw...	172,001	Renewal Project	SHP	PH	F
Bethany Place	2009-10-26 21:47:...	1 Year	Bethany House Ser...	26,174	Renewal Project	SHP	TH	F
Respite Permanent ...	2009-10-28 22:18:...	1 Year	Center for Respit...	161,920	Renewal Project	SHP	PH	F
Oral Healthcare f...	2009-10-28 11:40:...	1 Year	CincySmil es Found...	179,765	Renewal Project	SHP	SSO	F
2009 Talbert SPC ...	2009-11-20 14:28:...	5 Years	City of Cincinnati	237,720	New Project	S+C	TRA	F7
2009 Initial Rene...	2009-11-20 13:56:...	1 Year	Cincinnati/ Hamilt...	748,908	Renewal Project	S+C	TRA	U
Permanent Housing...	2009-11-01 18:36:...	1 Year	Freestore/ Foodban...	168,467	Renewal Project	SHP	PH	F
2009 Recovery Hot...	2009-10-28 14:05:...	1 Year	City of Cincinnati	114,720	Renewal Project	S+C	SRA	U
2009 OTRCH Paths ...	2009-11-19 15:29:...	5 Years	City of Cincinnati	339,600	New Project	S+C	TRA	F2
Family Shetler Pa...	2009-10-30 22:09:...	1 Year	Bethany House Ser...	316,538	Renewal Project	SHP	SSO	F
Lighthouse Street...	2009-10-29 10:43:...	1 Year	Lighthouse Youth ...	101,191	Renewal Project	SHP	SSO	F
SSI/JOBS	2009-11-01 17:00:...	1 Year	Freestore/ Foodban...	90,440	Renewal Project	SHP	SSO	F
Street Outreach T...	2009-10-29 11:09:...	1 Year	Lighthouse Youth ...	31,808	Renewal Project	SHP	TH	F

Transitional Housing	2009-10-30 17:01:...	1 Year	The Salvation Arm...	29,645	Renewal Project	SHP	TH	F
Drop Inn Center T...	2009-10-30 22:35:...	1 Year	Shelterhouse Volu...	46,977	Renewal Project	SHP	TH	F
FreeStore Transit...	2009-11-19 11:04:...	2 Years	Freestore/Foodban...	441,409	New Project	SHP	TH	F4
Mt. Airy Transiti...	2009-10-27 22:43:...	1 Year	Hamilton County J...	165,000	Renewal Project	SHP	TH	F
Tom Geiger Guest ...	2009-10-27 21:53:...	1 Year	Tom Geiger Guest ...	75,880	Renewal Project	SHP	TH	F
Lighthouse Transi...	2009-10-29 11:48:...	1 Year	Lighthouse Youth ...	147,025	Renewal Project	SHP	TH	F
2009 Consolidated...	2009-11-20 14:34:...	1 Year	City of Cincinnati	4,209,648	Renewal Project	S+C	TRA	U
Goodwill Housing ...	2009-11-19 14:20:...	2 Years	Ohio Valley Goodw...	706,923	New Project	SHP	PH	F6
FamilyTransitional...	2009-11-22 14:13:...	2 Years	Bethany House Ser...	658,761	New Project	SHP	TH	F3
HMIS	2009-11-20 14:33:...	1 Year	Cincinnati/Hamilt...	285,701	Renewal Project	SHP	HMIS	F
FSFB Permanent Ho...	2009-11-01 18:10:...	1 Year	Freestore/Foodban...	170,449	Renewal Project	SHP	PH	F
Tender Mercies Tr...	2009-10-25 15:10:...	1 Year	Tender Mercies, Inc.	58,630	Renewal Project	SHP	TH	F
garden street tra...	2009-10-29 20:39:...	1 Year	Justice Watch Inc.	61,207	Renewal Project	SHP	TH	F
2009 OTRCH Paths ...	2009-11-19 18:09:...	5 Years	City of Cincinnati	838,440	New Project	S+C	TRA	P1
Permanent Housing...	2009-11-19 13:53:...	2 Years	The Salvation Army	525,000	New Project	SHP	PH	F5
Homeless Housing ...	2009-10-30 22:53:...	1 Year	Hamilton County M...	396,667	Renewal Project	SHP	SSO	F

Budget Summary

FPRN	\$5,594,898
Permanent Housing Bonus	\$838,440
SPC Renewal	\$5,073,276
Rejected	\$0

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	OH 500 2009 Consi...	11/22/2009

Attachment Details

Document Description: OH 500 2009 Consistency with Con Plan Certs