

Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2024 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2024 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2024 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

1A. Continuum of Care (CoC) Identification

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1A-1. CoC Name and Number: OH-503 - Columbus/Franklin County CoC

1A-2. Collaborative Applicant Name: Community Shelter Board

1A-3. CoC Designation: UFA

1A-4. HMIS Lead: Community Shelter Board

1B. Coordination and Engagement–Inclusive Structure and Participation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1B-1.	Inclusive Structure and Participation–Participation in Coordinated Entry.	
	NOFO Sections V.B.1.a.(1), V.B.1.e., V.B.1f., and V.B.1.p.	
	In the chart below for the period from May 1, 2023 to April 30, 2024:	
1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or	
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:	

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	Yes	Yes
2.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
3.	Disability Advocates	Yes	Yes	Yes
4.	Disability Service Organizations	Yes	Yes	Yes
5.	EMS/Crisis Response Team(s)	Yes	Yes	Yes
6.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
7.	Hospital(s)	Yes	Yes	Yes
8.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
9.	Law Enforcement	Yes	Yes	Yes
10.	Lesbian, Gay, Bisexual, Transgender (LGBTQ+) Advocates	Yes	Yes	Yes
11.	LGBTQ+ Service Organizations	Yes	Yes	Yes
12.	Local Government Staff/Officials	Yes	Yes	Yes
13.	Local Jail(s)	Yes	Yes	Yes
14.	Mental Health Service Organizations	Yes	Yes	Yes
15.	Mental Illness Advocates	Yes	Yes	Yes
16.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes

17.	Organizations led by and serving LGBTQ+ persons	Yes	Yes	Yes
18.	Organizations led by and serving people with disabilities	No	No	No
19.	Other homeless subpopulation advocates	Yes	Yes	Yes
20.	Public Housing Authorities	Yes	Yes	Yes
21.	School Administrators/Homeless Liaisons	Yes	Yes	Yes
22.	Street Outreach Team(s)	Yes	Yes	Yes
23.	Substance Abuse Advocates	Yes	Yes	Yes
24.	Substance Abuse Service Organizations	Yes	Yes	Yes
25.	Agencies Serving Survivors of Human Trafficking	Yes	Yes	Yes
26.	Victim Service Providers	Yes	Yes	Yes
27.	Domestic Violence Advocates	Yes	Yes	Yes
28.	Other Victim Service Organizations	Yes	Yes	Yes
29.	State Domestic Violence Coalition	No	No	No
30.	State Sexual Assault Coalition	No	No	No
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Homeless Organizations	Yes	Yes	Yes
33.	Youth Service Providers	Yes	Yes	Yes
	Other: (limit 50 characters)			
34.	Faith-Based Organizations	Yes	Yes	Yes
35.	Veterans Organizations	Yes	Yes	Yes

1B-1a.	Experience Promoting Racial Equity.	
	NOFO Section III.B.3.c.	

Describe in the field below your CoC's experience in effectively addressing the needs of underserved communities, particularly Black and Brown communities, who are substantially overrepresented in the homeless population.

(limit 2,500 characters)

The CoC works to eliminate racial and other disparities for persons of color to ensure efforts to prevent and end homelessness reflect the disproportionate rate at which different groups experience instability and homelessness, especially people of color; people with disabilities; and lesbian, gay, bisexual, transgender, and questioning youth. Our aim is for assistance to account for structural biases that perpetuate homelessness. Shannon Isom, named President and CEO of Community Shelter Board in 2023, is especially focused on social determinants, class, gender, and race; and how intersectionality exacerbates disparities in coordinating care, improving outcomes, and in readiness and response. CSB's Chief People + Culture Officer leads systemic efforts to directly address disparities through diversity, equity, and inclusion strategies informed by best practices. Likewise, strategically CSB ensures partners provide homelessness services with explicit consideration of race and equity. This is standardized through cultural competency trainings, adopted best practices in hiring, and reflective policies and procedures. Consistent evaluation of system housing data measures whether adopted interventions are equitable. CSB and partners review Systems Indicator Reports, monitoring outcomes for identifiable inequities while establishing system responses when data show inequitable housing outcomes.

In 2023-2024 CSB participated in HUD's HMIS Advanced Users cohort, with work focused on measuring equity in access and outcomes. CSB developed a framework to systemically measure equity in access and outcomes, with a goal of demonstrated efficacy. CSB updates system policies and procedures annually, actively seeking opportunities to eliminate barriers that result in racial bias, inequities and disparities.

This past year, CSB tested a Direct Cash Transfer pilot for families to also serve as an equity tool. The pilot will be expanded in FY25 Q2. CSB has expanded the Homelessness Prevention Network with partners connected to communities throughout the County; the partners have connections with diverse Access Points that refer underserved and at-risk households to prevention support. Last, CSB focused on embedding the voice and wisdom of people who have experienced homelessness directly into services. Members of the Citizen's Advisory Council and Youth Action Board attended Housing Problem Solving trainings and several have been certified to lead these system trainings.

1B-2.	Open Invitation for New Members.	
	NOFO Section V.B.1.a.(2)	
	Describe in the field below how your CoC:	
1.	communicated a transparent invitation process annually (e.g., communicated to the public on the CoC's website) to solicit new members to join the CoC;	
2.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and	
3.	invited organizations serving culturally specific communities experiencing homelessness in your CoC's geographic area to address equity (e.g., Black, Latino, Indigenous, LGBTQ+, and persons with disabilities).	

(limit 2,500 characters)

1) Each spring the CoC governing body issues a call for membership nominations via a website post and email to a broad array of stakeholders and community partners. When there is an unexpected vacancy, the CoC Chair requests nominations from CoC members. The CoC accepts nominations from any source, including self-nominations. The CoC Board reviews nominations and considers whether additional or different representation would improve the CoC's perspective and expertise. The CoC considers the CoC Board's recommendations during the June meeting, discusses any other suggestions, and votes to determine which individuals or organizations will be invited to join with a July 1 effective date. 2) The CoC is committed to accommodating the communication needs of individuals with disabilities. Calls for nominations and other announcements are emailed and published on the CoC's website. Meeting materials are distributed to members in PDF format via email and/or mailed as hard copies, depending on individual preference. Materials are shared visually and explained verbally during meetings. 3) The CoC adopted in 2022 a Diversity Equity Inclusion (DEI) Plan that sets the long-term goal for the composition of the CoC across a range of characteristics, including race, ethnicity, gender, age, LGBTQ+ identity, socio-economic status, disability, and lived experience in the homelessness system. The CoC is pursuing this goal with diligence. The CoC composition currently reflects the Franklin County population, the first goal of the DEI Plan. Franklin County is made up of 51% women and 22% Black/African Americans and the CoC membership identifies as 54% women and 8% transgender or a gender other than female or male, and 27% Black/African Americans. The 2024 self-reported equity survey showed 27% of members have experienced housing instability or homelessness, 46% have experienced mental health challenges, 15% have experienced substance use challenges, and 23% are survivors of domestic/intimate partner violence. In June 2024, the CoC established a DEI subcommittee and added three new members to the CoC –Ohio Domestic Violence Network, The P.E.E.R. Center (led by and serving people with disabilities), and Affordable Housing Alliance of Central Ohio. The CoC continues to seek members of other ethnicities for recruitment. Cultural humility and learning agility while aligning with organizations that represent underserved populations are the benchmarks.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section V.B.1.a.(3)	

	Describe in the field below how your CoC:
1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information;
3.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats; and
4.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

(limit 2,500 characters)

1) In 2024 our CoC started a new event called Pathways to Progress (P2P): Assessing the effectiveness of our work to address homelessness. The annual event provides a platform for reflection, sharing insights, and fostering dialogue among service providers, CoC members and other organizations that have knowledge or interest in homelessness to assess the effectiveness of our collective efforts in addressing homelessness and to strategize for continuous improvement in serving our community. The event was attended by 120 individuals and the feedback is used to update our strategic plan. A Place to Call Home, our strategic plan that articulates our community's vision for making sure everyone has a place to call home, includes goals tailored to all populations and aligned with broader community work. In 2023-2024, the CoC has expanded community outreach, further engaging with hospitals, government, grassroots entities, people with lived experience, volunteers serving unsheltered adults, mental health providers, and entities serving survivors of domestic violence, dating violence, sexual assault, and stalking. The Citizens Advisory Council and the Youth Action Board (YAB), comprised of individuals and youth with lived experience, respectively, meet monthly to advise the CoC, participate in feedback sessions, attend system trainings and meetings, and evaluate new partner projects. The YAB helps update the youth strategies. 2) During the P2P event CSB presented the current state of homelessness and programming, results and strategies in place to create a baseline understanding and facilitate development of new ideas. The presentations allowed for targeted discussion of goals and attendees provided input and new ideas and strategies to improve the system of care. 3) The CoC used a downtown location for the meeting, easily accessible to people with disabilities. Materials were projected in large font on the screen and microphones were used throughout the event. 4) CSB will incorporate the feedback into the strategic plan update. The updated plan will be presented to the CoC for approval. The group recommended improved advocacy at the local, regional, and federal levels and to form an advocacy committee to develop priority strategies. This led to the addition of a staff position at CSB with this specific role. Other recommendations were to activate around laws to protect people at a systemic level, improve the DV system, and to add more deeply affordable housing.

1B-4.	Public Notification for Proposals from Organizations Not Previously Awarded CoC Program Funding.	
	NOFO Section V.B.1.a.(4)	
	Describe in the field below how your CoC notified the public:	
1.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;	
2.	about how project applicants must submit their project applications—the process;	
3.	about how your CoC would determine which project applications it would submit to HUD for funding; and	
4.	ensured effective communication and access for persons with disabilities, including the availability of accessible electronic formats.	

(limit 2,500 characters)

1) Community Shelter Board (CSB), the UFA, solicits proposals for new projects for the CoC consideration annually. CSB sends the opportunity via email to a wide array of organizations, encouraging further distribution, including organizations that have not previously received CoC funding, and posts the call for proposals on the CoC and CSB websites. The notification includes instructions for the application and a deadline. The CoC advertises all NOFOs, along with schedules and instructions, through emails to a wide variety of constituents and asks for a broad distribution of the opportunities, and on the CoC website. The CoC welcomes participation from entities that have not received CoC funds previously and proactively seeks opportunities to involve new partners. This is stated explicitly in the call for proposals. In 2023 we included an application from an organization new to the CoC. In 2024 we are including a project application from an organization that has not previously received CoC funding. 2) The CoC emails and posts on the website instructions for submitting Concept Papers. Applications must be emailed to CSB. Staff provide technical assistance to ensure complete and accurate proposals are submitted. 3) The CoC determines which new projects to include in the application based on the CoC's written review and scoring process. New projects are required to submit Applications that detail the type of project, target population, percent of units dedicated to the homeless population, provision of supportive services, expected funding sources including housing subsidies and supportive services match funds, commitment to housing first, approach to equity, involvement of persons with lived experience and projected results. The CoC Board, Citizens Advisory Council (people with lived experience), and CoC review and evaluate the Applications based on community need using the system gaps analysis and applicants' capacity to operate the project, meet compliance standards and administer federal funds, and responses included in the application. The Applications are scored and prioritized. The final determination regarding the projects to be included in the competition occurs during the application process, based on available CoC Bonus funding. 4) The CoC accommodates the communication needs of people with disabilities. Public notices are posted in PDF format on CSB's and the CoC's website. Reasonable accommodations to the application process are made as needed.

1C. Coordination and Engagement

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section V.B.1.b.	
	In the chart below:	
1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or	
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.	

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with the Planning or Operations of Projects?
1.	Funding Collaboratives	Yes
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBTQ+ persons	Yes
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	
18.		

1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section V.B.1.b.	

In the chart below select yes or no to indicate whether your CoC:

1.	Consulted with ESG Program recipients in planning and allocating ESG Program funds?	Yes
2.	Provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area?	Yes
3.	Ensured local homelessness information is communicated and addressed in the Consolidated Plan updates?	Yes
4.	Coordinated with ESG recipients in evaluating and reporting performance of ESG Program recipients and subrecipients?	Yes

1C-3.	Ensuring Families are not Separated.	
	NOFO Section V.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported sexual orientation and gender identity:

1.	Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated?	Yes
2.	Conducted optional training for all CoC- and ESG-funded service providers to ensure family members are not separated?	Yes
3.	Worked with CoC and ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients?	Yes
4.	Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance?	Yes
5.	Sought assistance from HUD by submitting questions or requesting technical assistance to resolve noncompliance by service providers?	Yes

1C-4.	CoC Collaboration Related to Children and Youth—SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate the entities your CoC collaborates with:

1.	Youth Education Provider	Yes
2.	State Education Agency (SEA)	No
3.	Local Education Agency (LEA)	Yes
4.	School Districts	Yes

1C-4a.	Formal Partnerships with Youth Education Providers, SEAs, LEAs, School Districts.	
	NOFO Section V.B.1.d.	

Describe in the field below the formal partnerships your CoC has with at least one of the entities where you responded yes in question 1C-4.

(limit 2,500 characters)

The CoC collaborates with Columbus State Community College (CSCC) to assist youth experiencing or at risk of homelessness continue educational opportunities. Success-Bridge helps students at risk of dropping out of school because of housing instability by providing homelessness prevention resources. CSCC Success Bridge has a formal agreement with CSB, and data and outcomes are tracked in HMIS. CSCC has a voting representative on the CoC. The CoC collaborates with local high schools and GED providers on educational opportunities for youth.

Columbus City Schools Project Connect (the community's largest LEA) is connected to the CoC's family system operations workgroup to work with emergency shelter partners on school services and resources. Columbus City Schools actively participates on the CoC Youth Committee and youth case conferences when there are youth to refer to the programs. The CoC's Youth System Manager participates in LEA workgroups and forums. The CoC facilitated a streamlined referral process from agencies that provide shelter and housing services for families to Columbus City Schools Project Connect. This process ensures children remain in their school of origin or are immediately enrolled in the school serving the family's temporary address. Project Connect provides daily school transportation for children staying in emergency shelters. Project Connect is also part of the CoC's Homelessness Prevention Network (HPN) and is trained in housing problem-solving and refers at-risk families to the CoC for additional support. Columbus City Schools Project Connect has a formal MOU for the HPN and utilizes the referral tool for the network. Part of the onboarding to the HPN, Project Connect and CSB created a seamless process to ensure referrals meet the needs of the clients and families experiencing housing instability. Expansion of service providers in the HPN provided new referral pathways for families experiencing housing instability while their children are attending Columbus City Schools. Project Connect has a voting representative on the CoC.

In addition to Project Connect, through CSB, the CoC has representation on the strategic advisory council of Future Ready Five (FR5) and participates in these meetings. FR5 is an initiative to prepare kindergartners to pass the kindergarten readiness exam. Coordination with FR5 includes collaboration with shelters for access to books for children. FR5 partners are also connected to the HPN.

1C-4b.	Informing Individuals and Families Who Have Recently Begun Experiencing Homelessness about Eligibility for Educational Services.	
	NOFO Section V.B.1.d.	

Describe in the field below written policies and procedures your CoC uses to inform individuals and families who have recently begun experiencing homelessness of their eligibility for educational services.

(limit 2,500 characters)

Each program in the homeless system is required to ensure that children and youth have access to public education and receive assistance exercising their rights as protected by the McKinney-Vento Homeless Assistance Act of 1987. Community Shelter Board, the UFA, on behalf of the CoC, monitors all programs annually for evidence that program staff proactively ensure that program participants' rights are not violated regarding public education, including contact with the local Homeless Education Liaison. The relevant excerpt from the Policies and Procedures manual is: "Programs serving children must ensure that children and youth have access to public education and that their rights are protected in accordance with federal and state requirements. Collaboration opportunities with Columbus City Schools' Project Connect staff are available." The relevant monitoring standard language is: "Children and youth have access to public education and receive assistance exercising their rights as protected by the McKinney-Vento Homeless Assistance Act of 1987, as amended, Title VII, Subtitle B; 42 U.S.C. 11431. Heads of households are advised of their rights as they relate to the public education system." Each program must demonstrate consistent implementation of processes for advising heads of households of their rights upon entry into any homelessness program through policies and procedures and actual client files. Participant files for households with children must demonstrate collaboration with the Homeless Education Liaison to place children in public school, early childhood programs such as Head Start, Part C services in accordance with the Individuals with Disabilities Education Act, and/or other programs authorized under Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act. When a family with school-aged children enters emergency shelter, shelter staff informs Columbus City Schools Project Connect immediately and the child(ren) will continue to attend school at their school of origin, using the Project Connect busses that transport children to and from emergency shelters and their schools of origin every day. Decisions on shelter placement consider the school of origin and the services that Project Connect will provide. When families with children locate permanent housing, the program staff, in collaboration with the family, look for housing as close as possible to the school of origin so as not to disrupt children's education.

1C-4c.	Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section V.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

		MOU/MOA	Other Formal Agreement
1.	Birth to 3 years	Yes	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	Yes	No
4.	Early Head Start	Yes	No
5.	Federal Home Visiting Program--(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	Yes	No
7.	Healthy Start	No	No

8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.	Local Home Visiting Program - maternal and infant	Yes	No

1C-5.	Addressing Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking—Collaboration with Federally Funded Programs and Victim Service Providers.
	NOFO Section V.B.1.e.

In the chart below select yes or no for the organizations your CoC collaborates with:

	Organizations	
1.	State Domestic Violence Coalitions	Yes
2.	State Sexual Assault Coalitions	No
3.	Anti-trafficking Service Providers	Yes
	Other Organizations that Help this Population (limit 500 characters)	
4.	Center for Family Safety and Healing, Lutheran Social Services CHOICES, Sanctuary Night	Yes

1C-5a.	Collaborating with Federally Funded Programs and Victim Service Providers to Address Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC regularly collaborates with organizations that you selected yes to in Question 1C-5 to:

1.	update CoC-wide policies; and
2.	ensure all housing and services provided in the CoC's geographic area are trauma-informed and can meet the needs of survivors.

(limit 2,500 characters)

1) Annually the CoC reviews and updates system-wide policies to ensure changes each year regarding collaboration with VSPs and services for survivors of domestic violence, dating violence, sexual assault, and stalking are reflected. Last year we implemented a new DV Coordinated Entry (CE) with our HUD award and are working to expand the program this year. Community Shelter Board (CSB), the UFA, worked with the Center for Family Safety and Healing, the DV CE provider, and a VSP, to ensure policies and procedures used by Netcare, the Coordinated Point of Access (CPOA), incorporate trauma-informed language and approaches when an individual calls the hotline and identifies as fleeing or at risk of domestic violence, dating violence, sexual assault, or stalking. The DV CE is a member of the state DV coalition, Ohio Domestic Violence Network (ODVN), with a seat on their board, and consistently participates in their trainings and meetings. They are aligned with ODVN standards for trauma informed care and DV practice standards and consult with ODVN on local needs. Netcare utilizes this language when they conduct a safety conversation and provide a warm hand-off to CHOICES domestic violence shelter. Netcare has referral criteria for CHOICES for appropriate client pathways. The CoC has engaged HUD technical assistance to ensure the emergency transfer policy and process are aligned with HUD guidance.

2) The DV CE provides trauma informed care trainings in the community and train system partner staff to ensure the most comprehensive and trauma-informed implementation of safety conversations with survivors. The DV CE created an online on-demand training suite for system staff that addresses all aspects of family violence, including child abuse and neglect, teen dating abuse, domestic violence, and elder abuse. CSB launched a DV Coordination Workgroup that includes VSPs, the DV CE, CPOA, and the RRH DV providers. The Workgroup is addressing coordination of care and updates for all partners regarding shelter access, transitional housing/rapid rehousing/PSH referrals, and intake processes; system process mapping and housing pathways; and expanded training on trauma informed care and DV best practices consistent with the ODVN standard. The DV CE meets regularly with CHOICES to align safety services with DV sheltering. The DV CE is engaged with a DV expert on housing alignment for survivors through convening specific sub-groups to focus on assessment and coordinated entry.

1C-5b.	Implemented Safety Planning, Confidentiality Protocols in Your CoC's Coordinated Entry to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below how your CoC's coordinated entry addresses the needs of DV survivors by including:	
1.	safety planning protocols; and	
2.	confidentiality protocols.	

(limit 2,500 characters)

1) Individuals are screened for experiences of DV, dating violence, sexual assault, and stalking when they access the Coordinated Point of Access (CPOA) and/or engage with street outreach. Community Shelter Board (CSB), the UFA, partnered with the DV Coordinated Entry (CE) provider, the Center for Family Safety and Healing, to develop trauma-informed safety language and staff training. Households fleeing DV situations are referred to CHOICES, our local DV shelter, through a warm transfer. The DV System Coordination Group focuses on planning to ensure client safety and to streamline the process to connect clients to the DV RRH programs through the most efficient pathways, recognizing that timeliness is connected to safety. The CPOA ensures clients referred to emergency shelter are linked to the DV CE provider to develop safety plans. People who have experienced DV are prioritized for the specialized CoC-funded DV RRH or the new joint DV RRH/TH, dependent on capacity. The Unified Supportive Housing System (USHS), which manages PSH eligibility and referrals in our CoC, works with PSH providers on emergency transfers when necessary. Programs notify USHS when a priority transfer is required because of violence or a threat of violence and USHS quickly identifies alternative, safe housing. Survivors have options for either single site PSH with front desk and security or scattered site housing, based on need and preference. Every housing program in our system, including PSH, TH and RRH, is required to have emergency transfer plans and the CoC monitors programs annually to ensure this plan is implemented consistently and that all participants are informed of availability of emergency transfers. Technical assistance is engaged on emergency transfer and housing alignment for continuous improvement.

2) The DV CE, CHOICES, and DV TH programs do not utilize HMIS as the data system due to confidentiality measures and all locations are undisclosed. If a DV survivor is entering a non-VSP program, they can request that their information be anonymized to protect privacy. The wide array of DV resources in our CoC ensures the system maximizes client choice and assistance best meets the needs of participants in a safe and secure way. The DV Coordination Workgroup identifies additional processes to best connect clients to appropriate services and recognizes when client consent is essential, and releases of information must be in place for provider-to-provider data sharing.

1C-5c.	Coordinated Annual Training on Best Practices to Address the Needs of Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors.	
	NOFO Section V.B.1.e.	

In the chart below, indicate how your CoC facilitates training for project staff and coordinated entry staff that addresses best practices on safety planning and confidentiality protocols:

		Project Staff	Coordinated Entry Staff
1.	Training Occurs at least annually?	Yes	Yes
2.	Incorporates Trauma Informed best practices?	Yes	Yes
3.	Incorporates Survivor-Centered best practices?	Yes	Yes
4.	Identifies and assesses survivors' individual safety needs?	Yes	Yes
5.	Enhances and supports collaboration with DV organizations?	Yes	Yes

6.	Ensures survivors' rights, voices, and perspectives are incorporated?	Yes	Yes
	Other? (limit 500 characters)		
7.			

1C-5d.	Implemented VAWA-Required Written Emergency Transfer Plan Policies and Procedures for Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	
	Describe in the field below:	
1.	whether your CoC's written policies and procedures include an emergency transfer plan;	
2.	how your CoC informs all households seeking or receiving CoC Program assistance about their rights to an emergency transfer;	
3.	what your CoC requires households to do to request emergency transfers; and	
4.	what your CoC does in response to households requesting emergency transfers.	

(limit 2,500 characters)

1) The CoC's written policies and procedures include detailed emergency transfer plan (ETP) requirements to ensure that any survivor of domestic violence, dating violence, sexual assault, or stalking who feels unsafe can request a transfer to a different unit, regardless of the participant's sexual orientation, gender identity, mental health, family size/configuration, age, race, ethnicity, or perceived reliability. Community Shelter Board (CSB), the UFA, provides standardized forms and procedures and facilitates transfers. 2) Every housing program is required to have an ETP and provides a VAWA notice and information on the transfer process to participants at program entry. The VAWA notice is included as a lease addendum for all assisted units in the community, including units supported with CoC, ESG, HOPWA, and HOME funds. Each client file must include evidence that the notice and information was provided to participants. CSB monitors programs annually on behalf of the CoC to ensure plans are implemented consistently and that client files include documentation confirming each participant received information on their rights and the transfer process. If CSB determines that the project did not follow the required process, the provider must implement a quality improvement plan overseen by CSB. 3) Participants in need of an emergency transfer contact their case manager who, with their supervisor, implements the emergency transfer procedure. The participant completes a written request via Form HUD-5383. Programs use a trauma-informed, client-centered approach, requesting the minimum information necessary from the participant and all transfer-related information is kept confidential. In addition to the transfer, participants are offered referrals to VSPs for safety planning. 4) For PSH, programs notify the Unified Supportive Housing System (USHS)—which manages all PSH units—when a transfer is required and USHS quickly identifies alternative housing. Transfers can be internal within a PSH project if a vacancy is available and participant is amenable to an internal move or external, to a different PSH project. For an external transfer USHS prioritizes the participant, referring them to the first system vacancy. Prevention, RRH, and TH programs work with the participant to quickly identify alternative safe housing. CSB worked with a HUD designated TA to have all ETPs policies, procedures and processes reviewed and improved and we are now planning system training.

1C-5e.	Facilitating Safe Access to Housing and Services for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures households experiencing trauma or a lack of safety related to fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking have safe access to all of the housing and services available within your CoC's geographic area.

(limit 2,500 characters)

Program participants experiencing trauma or lack of safety related to fleeing or attempting to flee domestic violence (DV), dating violence, sexual assault, or stalking have access to the CoC's entire portfolio of homelessness prevention, emergency shelter, RRH, TH, and PSH programs, including CoC, ESG, HOME, HOPWA, and HHS-funded programs across the CoC's geographic area. The system's Coordinated Point of Access and the new DV Coordinated Entry (CE) program implemented last year provide access to system- and community-wide housing and services for survivors. Community Shelter Board (CSB), the UFA, provides access to homelessness prevention resources to victim service providers (VSPs) through a direct referral process so clients can easily connect to resources. VSPs and CHOICES, the local DV shelter, provide specialized resources and services to the system's Homelessness Prevention Network (HPN). The DV CE Provider has a full-time prevention specialist in the HPN. CHOICES has full access to the homeless system's housing options and now is implementing a new joint DV RRH/TH project. Street outreach providers refer unsheltered adults to the system's specialized DV RRH and DV RRH/TH programs. The system applies a streamlined DV RRH and TH referral process for clients residing at CHOICES or clients temporarily living in hotels who are linked with VSPs, CHOICES, or the Center for Family Safety and Healing (CE DV). CSB worked with the DV RRH programs to improve RRH access for eligible clients residing in the system's non-DV emergency shelters. The DV RRH programs have dedicated housing locators to increase the housing options available for survivors. VSP staff attend the annual training for the system-wide standardized assessment used to determine eligibility and prioritization for PSH and refer clients to the Unified Supportive Housing System, the CoCs coordinated system for managing PSH referrals. VSPs can also submit requests to the system's Direct Client Assistance program, which provides financial assistance for security deposits and rent for market rate housing. The DV CE provider is engaged in technical assistance to ensure housing alignment for survivors and that the CE for survivors is as efficient, trauma-informed and as streamlined as possible. There is focus on ensuring VSPs and non-VSPs have shared definitions, understanding and awareness toward the common goal of serving survivors. A sub-group focused on assessments is currently meeting.

1C-5f.	Identifying and Removing Barriers for Survivors of Domestic Violence, Dating Violence, Sexual Assault, and Stalking.	
	NOFO Section V.B.1.e.	

Describe in the field below how your CoC ensures survivors receive safe housing and services by:

1.	identifying barriers specific to survivors; and
----	---

2. working to remove those barriers.

(limit 2,500 characters)

1) CSB in partnership with the DV Coordinated Entry (CE) provider works with system programs and community partners to proactively identify barriers for survivors in accessing programs and services. CSB and the DV CE, on behalf of the CoC, review system policies and procedures (P&Ps) at least annually to identify opportunities to streamline processes and incorporate additional services for supporting survivors, using lessons learned from program staff, program participant feedback, recommendations from the Citizens Advisory Council (persons with lived experience, including survivors), new resources, and best practices. The DV CE provider secured technical assistance for additional help in updating P&Ps. 2) The DV System Coordination Workgroup – which includes representatives from homelessness prevention programs, emergency shelters, the DV shelter, RRH programs, PSH programs, coordinated entry providers, and community VSPs – meets monthly and provides opportunities for system and community partners to improve collaboration, share resources and information, and identify robust and efficient services pathways for this population. The group is working on process mapping and improved workflow between the different partners to benefit the clients served. The DV CE has also convened DV partners to meet monthly with a DV system expert to continue to improve coordination and housing alignment. The group identified the most common barriers for survivors and have developed a plan to address them through collaboration, sub-group focused on assessments and ensuring that all participants in the group are active and committed to improvement. The new DV Coordinated Entry (CE) program implemented last year has further improved the CoC's response to survivors by streamlining housing referrals and placement and facilitating survivors' access to safe, reliable services. The DV CE program provides policy development and trauma-informed training to the system's Coordinated Point of Access (CPOA); provides supportive services to survivors; collaborates with other victim service providers to improve outreach and services for survivors experiencing homelessness; and assists the CPOA in its response to DV crisis calls, including assessing immediate safety needs, accessing emergency DV shelter, and prioritizing survivors for housing. The need identified by the group is expansion of the DV CE to provide robust services and a new project application is included with this application.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender and Queer+--Anti-Discrimination Policy and Equal Access Trainings.	
	NOFO Section V.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBTQ+ individuals and families receive supportive services, shelter, and housing free from discrimination?	Yes
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	Yes
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access in Accordance With an Individual's Gender Identity in Community Planning and Development Programs (Gender Identity Final Rule)?	Yes

1C-6a.	Anti-Discrimination Policy--Updating Policies--Assisting Providers--Evaluating Compliance--Addressing Noncompliance.	
	NOFO Section V.B.1.f.	
	Describe in the field below:	
1.	how your CoC regularly collaborates with LGBTQ+ and other organizations to update its CoC-wide anti-discrimination policy, as necessary to ensure all housing and services provided in the CoC are trauma-informed and able to meet the needs of LGBTQ+ individuals and families;	
2.	how your CoC assisted housing and services providers in developing project-level anti-discrimination policies that are consistent with the CoC-wide anti-discrimination policy;	
3.	your CoC's process for evaluating compliance with your CoC's anti-discrimination policies; and	
4.	your CoC's process for addressing noncompliance with your CoC's anti-discrimination policies.	

(limit 2,500 characters)

1) Community Shelter Board (CSB), the UFA, reviews at least annually and updates as needed the system-wide anti-discrimination policy on behalf of the CoC. CSB gathers feedback through the Citizens Advisory Council and Youth Action Board, comprised of persons with lived experience of homelessness; surveys conducted by direct service providers; and partner dialogue in ongoing system operation workgroups. Workgroups include representatives from LGBTQ+ and youth serving organizations to ensure the policy is trauma-informed and meets the needs of LGBTQ+ individuals and families. The CoC's governing body includes an organization that serves and advocates for LGBTQ+ people. 2) CSB provides technical assistance to partners in developing project-level anti-discrimination policies during start-up of new projects and via annual program monitoring. CSB focuses on YHDP projects to ensure transition-age youth don't experience discrimination. CSB as the system ombudsman takes seriously any concerns received from program participants or system partners, and all concerns alleging any type of discrimination are rigorously investigated. CSB always refers participants to provider's Client Rights Officers, problem-solves with the participant and provider to assess potential discrimination and resolves any identified issues. 3) CSB monitors project-level anti-discrimination policies and practices annually and investigates and resolves any concerns that allege discrimination. CSB compiles data reports regarding service restrictions by race and gender and analyzes any potential discriminatory practices within programs. CSB conducts mock calls quarterly with the Coordinated Point of Access (CPOA) to ensure all receive equal access to housing and services and non-discrimination requirements are met. System-level workgroups that meet regularly evaluate CoC-wide anti-discrimination policies and adjust guidance as needed. 4) CSB requires programs that are non-compliant during the annual monitoring process to implement a quality improvement plan for immediate correction of concerns, closely overseen by CSB. CSB immediately addresses disparities or concerns of discrimination noted in data reports regarding service restrictions with the provider. CSB addresses concerns identified in mock calls with CPOA and provides additional training and guidance to improve compliance. System workgroups ensure anti-discrimination practices are consistently implemented throughout the system.

1C-7.	Public Housing Agencies within Your CoC's Geographic Area--New Admissions--General/Limited Preference--Moving On Strategy.	
	NOFO Section V.B.1.g.	

You must upload the PHA Homeless Preference\PHA Moving On Preference attachment(s) to the 4B. Attachments Screen.

Enter information in the chart below for the two largest PHAs highlighted in gray on the current CoC-PHA Crosswalk Report or the two PHAs your CoC has a working relationship with--if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing or Housing Choice Voucher Program During FY 2023 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
Columbus Metropolitan Housing Authority	24%	Yes-HCV	Yes
Fairfield Metropolitan Housing Authority	0%	No	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section V.B.1.g.	

Describe in the field below:

1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference--if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

(limit 2,500 characters)

1) Columbus Metropolitan Housing Authority (CMHA), the CoC's PHA, is a member of the CoC's governing body and is a committed partner in our community's work to prevent and end homelessness. CMHA prioritizes individuals and families experiencing homelessness for housing in the Housing Choice Voucher (HCV) program. The admission preference for the homeless population is included in CMHA's Housing Choice Voucher Administrative Plan. The Administrative Plan includes a shorter look-back timeframe for background checks for the homeless population referred to permanent supportive housing (PSH) through the CoC's Coordinated Entry system of 1 year vs. 3 years for the general population. Currently CMHA has over 1,100 project-based vouchers allocated to PSH projects across the CoC. CMHA dedicated all Emergency Housing Vouchers to the CoC, creating a new PSH program dedicated to the chronic homeless population. CMHA and the CoC worked together to apply for mainstream vouchers and the Family Unification Program (FUP) voucher NOFO. CMHA closely collaborates with PSH projects to administer units in accordance with CoC and local standards and to develop new PSH projects. CMHA is a committed partner, ensuring that all new site-based PSH projects have access to HCV subsidies to successfully operate. 2) The CoC has not worked with the Fairfield Metropolitan Housing Authority. The CoC covers Columbus and Franklin County. Fairfield County is outside the geographic area of coverage of the CoC and covered by the Ohio Balance of State CoC.

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored–For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Housing Tax Credit (LIHTC) developments	Yes
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Include Units from PHA Administered Programs in Your CoC's Coordinated Entry.	
	NOFO Section V.B.1.g.	

In the chart below, indicate if your CoC includes units from the following PHA programs in your CoC's coordinated entry process:

1.	Emergency Housing Vouchers (EHV)	Yes
2.	Family Unification Program (FUP)	Yes
3.	Housing Choice Voucher (HCV)	Yes
4.	HUD-Veterans Affairs Supportive Housing (HUD-VASH)	Yes
5.	Mainstream Vouchers	Yes
6.	Non-Elderly Disabled (NED) Vouchers	No
7.	Public Housing	No
8.	Other Units from PHAs:	
	Elderly 55+	Yes

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
	NOFO Section V.B.1.g.	

1.	Did your CoC coordinate with a PHA(s) to submit a competitive joint application(s) for funding or jointly implement a competitive project serving individuals or families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other programs)?	Yes
		Program Funding Source
2.	Enter the type of competitive project your CoC coordinated with a PHA(s) to submit a joint application for or jointly implement.	Mainstream Vouchers and FUP

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including Emergency Housing Voucher (EHV).	
	NOFO Section V.B.1.g.	

	Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
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1D. Coordination and Engagement Cont'd

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1D-1.	Preventing People Transitioning from Public Systems from Experiencing Homelessness.	
	NOFO Section V.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the public systems listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1.	Prisons/Jails?	Yes
2.	Health Care Facilities?	Yes
3.	Residential Care Facilities?	Yes
4.	Foster Care?	Yes

1D-2.	Housing First—Lowering Barriers to Entry.	
	NOFO Section V.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition.	38
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe Haven, and Transitional Housing projects your CoC is applying for in FY 2024 CoC Program Competition that have adopted the Housing First approach.	38
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, SSO non-Coordinated Entry, Safe Haven, and Transitional Housing projects the CoC has ranked in its CoC Priority Listing in the FY 2024 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	100%

1D-2a.	Project Evaluation for Housing First Compliance.	
	NOFO Section V.B.1.i.	

You must upload the Housing First Evaluation attachment to the 4B. Attachments Screen.

Describe in the field below:

1.	how your CoC evaluates every project—where the applicant checks Housing First on their project application—to determine if they are using a Housing First approach;
2.	the list of factors and performance indicators your CoC uses during its evaluation;
3.	how your CoC regularly evaluates projects outside of your local CoC competition to ensure the projects are using a Housing First approach; and
4.	what your CoC has done to improve fidelity to Housing First.

(limit 2,500 characters)

1) CSB, the UFA, evaluates all projects to determine if they use a Housing First approach using the CoC's Housing First Screening Tool and the results of annual standardized program monitoring. Housing First requirements are embedded in the CoC application scoring and ranking procedures. The CoC requires new projects to commit to Housing First principles as part of the application and selection process. 2) The Housing First Screening Tool evaluates whether programs prioritize rapid placement and stabilization in permanent housing and use housing as a platform for services. Programs must quickly connect people with permanent housing and services without preconditions and based on participant choice. Annual monitoring evaluates whether projects quickly move people into housing and if participants are screened out for having too little or too much income; active or historical substance use; or a criminal record; or for surviving domestic violence, dating violence, sexual assault, stalking, and other traumas. CSB evaluates whether the project terminates participants for not participating in supportive services, loss of or failure to increase income, and activities not covered in a typical lease agreement. 3) CSB monitors programs annually using a standardized process that includes review of policies, procedures, client files, discussion with program staff, and site visits. Client files must include evidence that the project used an assessment tool to identify housing options and service needs without preconditions and that the participant was able to choose the services they needed to improve their health and well-being and remain stably housed. If a participant is involuntarily terminated, the project must clearly document the decision, and the participant must have the opportunity to appeal. 4) The CoC improves fidelity to Housing First by providing technical assistance (TA) to projects if during the annual monitoring process CSB determines that projects are not consistently or effectively implementing procedures on quick housing, housing stability, lack of pre-conditions, and client choice. CSB updated this past year its Housing First Screening Tool, and projects were required to complete the assessment pre-monitoring. The responses were reviewed during the visit and TA was provided as needed. CSB also takes seriously and immediately acts on any concerns raised by program participants, partner staff, and other stakeholders about Housing First principles.

1D-3.	Street Outreach—Data—Reaching People Least Likely to Request Assistance.	
	NOFO Section V.B.1.j.	
	Describe in the field below how your CoC tailored its street outreach to people experiencing homelessness who are least likely to request assistance.	

(limit 2,500 characters)

The CoC's outreach teams engage unsheltered people in the locations they reside and frequent. The outreach teams seek new locations where unsheltered people congregate and identify new encampments and people who do not otherwise request assistance. The cross-agency, multi-disciplinary teams collaborate with PATH, VA Outreach, Street Medicine, YHDP-funded CE, the Coordinated Point of Access, and other entities providing street outreach for coverage, engagement, assessment, housing search, and placement. The outreach teams are known in the community and work with the City, County, hospitals, businesses, law enforcement, civic organizations, drop-in centers and faith-based organizations to respond when unsheltered people are identified on streets, in camps, and in vehicles. The City's 311 center relays information provided by citizens about unsheltered people. The CoC's street outreach covers 100% of the geographic area. The outreach teams work with the community to avoid practices that criminalize homelessness. System-wide procedures standardize outreach activities. Outreach Specialists conduct outreach daily and repeat engagement attempts at least monthly with the goal of placement in housing or emergency shelter. The CoC has begun utilizing hotels as non-congregate shelter to address the need for safe shelter and engagement on housing plans with unsheltered people who may otherwise choose not to engage. This approach, alongside community-based winter shelters, provides safe shelter and housing options for couples and people with pets, key barriers addressed through this strategy. The outreach teams work with Street Medicine to identify the most vulnerable, and link them with services, based on participant choice. Communication with other systems (health care, faith-based, social service providers, community programs, and law enforcement) identify people who need help. Street outreach links with community volunteers and activists to engage clients who may be resistant to services. Interventions are provided regardless of race, color, national origin, religion, sex/sexual orientation and gender identity, age, familiar status, or disability. Specialists can access translators or sign language interpreters and have training on how to communicate with those with cognitive and physical disabilities. Community Shelter Board monitors for compliance with accessibility requirements and if non-compliance is found, the provider must immediately address the issue.

1D-4.	Strategies to Prevent Criminalization of Homelessness.	
	NOFO Section V.B.1.k.	

Select yes or no in the chart below to indicate your CoC's strategies to prevent the criminalization of homelessness in your CoC's geographic area:

Your CoC's Strategies	Engaged/Educated Legislators and Policymakers	Implemented Laws/Policies/Practices that Prevent Criminalization of Homelessness
1. Increase utilization of co-responder responses or social services-led responses over law enforcement responses to people experiencing homelessness?	Yes	Yes
2. Minimize use of law enforcement to enforce bans on public sleeping, public camping, or carrying out basic life functions in public places?	Yes	Yes

3.	Avoid imposing criminal sanctions, including fines, fees, and incarceration for public sleeping, public camping, and carrying out basic life functions in public places?	Yes	Yes
4.	Other:(limit 500 characters)		

1D-5.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC) or Longitudinal Data from HMIS.	
	NOFO Section V.B.1.i.	

		HIC Longitudinal HMIS Data	2023	2024
	Enter the total number of RRH beds available to serve all populations as reported in the HIC or the number of households served per longitudinal HMIS data, e.g., APR.	Longitudinal HMIS Data	219	299

1D-6.	Mainstream Benefits–CoC Annual Training of Project Staff.	
	NOFO Section V.B.1.m.	

Indicate in the chart below whether your CoC trains program staff annually on the following mainstream benefits available for program participants within your CoC's geographic area:

	Mainstream Benefits	CoC Provides Annual Training?
1.	Food Stamps	Yes
2.	SSI–Supplemental Security Income	Yes
3.	SSDI–Social Security Disability Insurance	Yes
4.	TANF–Temporary Assistance for Needy Families	Yes
5.	Substance Use Disorder Programs	Yes
6.	Employment Assistance Programs	Yes
7.	Other (limit 150 characters)	

1D-6a.	Information and Training on Mainstream Benefits and Other Assistance.	
	NOFO Section V.B.1.m	

Describe in the field below how your CoC:

1.	works with projects to collaborate with healthcare organizations, including those that provide substance use disorder treatment and mental health treatment, to assist program participants with receiving healthcare services, including Medicaid; and
2.	promotes SSI/SSDI Outreach, Access, and Recovery (SOAR) certification of program staff.

(limit 2,500 characters)

1) Community Shelter Board (CSB), the UFA, on behalf of the CoC, monitors all programs annually to ensure that system staff are trained and capable of helping program participants enroll in and utilize mainstream benefits. CSB reviews resources, best practices, and other assistance information during weekly system operations workgroup meetings with partner agencies and through email communications as updates become available. CSB works with organizations that provide mainstream benefits to present information on their programs during system meetings and educate project staff about how to best collaborate with healthcare organizations. CSB works with the Social Security Administration to provide at least annually a training on SSI, SSDI and Social Security. The Homeless Hotline, part of our CPOA, screens callers for health insurance to assess coverage gaps and Managed Care Organization (MCO) utilization by those referred to emergency shelter programs. CSB is collaborating with the local Alcohol, Drug, and Mental Health Board (ADAMH) and MCOs to best leverage Medicaid benefits on behalf of homeless program participants for substance abuse and mental health treatment. The majority of PSH providers sub-grant for the provision of supportive services with Medicaid billing agencies that are part of the ADAMH system. Up to 30% of supportive service funds used in PSH matriculate from Medicaid. Through a partnership with ADAMH, PSH clients who, due to their high vulnerability, exhaust all PSH options within the homelessness system, are referred to ADAMH specialized housing. CSB works closely with Veterans Administration to ensure that Veterans have access to health care resources. CSB convenes a monthly meeting with hospital systems to best coordinate ER discharges and linkage to care and this system-to-system partnership will be highlighted at the first annual Health Policy Institute statewide conference. This group has created a subgroup to focus on seniors and has improved communication on appropriate discharge planning from inpatient mental health programs. Through education with hospital partners, resources are provided that avoid inpatient discharge into homelessness. 2) CSB is promoting expanded opportunities for use of SOAR in the youth, single adults, veterans, and family systems. Since last year, additional projects have added SOAR certified staff. There is also increased focus on using this resource to support unsheltered community members.

ID-7.	Partnerships with Public Health Agencies—Collaborating to Respond to and Prevent the Spread of Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC effectively collaborates with state and local public health agencies to develop CoC-wide policies and procedures that:	
1.	respond to infectious disease outbreaks; and	
2.	prevent infectious disease outbreaks among people experiencing homelessness.	

(limit 2,500 characters)

1) CSB, on behalf of the CoC, has strengthened relationships with public health, FQHCs and hospitals which will improve responses to future public health emergencies. CSB and partners updated and expanded infectious disease policies and procedures based on lessons learned from COVID-19. These policies, adapted for use in congregate facilities, were reviewed by Columbus Public Health. CSB and subrecipients adopted new approaches and technologies for communication that will work in future crises, including quick setup of a planning and response team that includes public health agencies, learning collaboratives, tele-health options, and web resources. CSB is the HMIS Lead and developed procedures for tracking health screening and vaccination status. CSB also developed centralized methods for distributing food, PPE, and other essentials. CSB established an infectious disease testing and response flow during COVID-19. This response was praised by EMS, Fire, and Health Department and all are adaptable for future needs. 2) CSB collaborates with Columbus and Franklin County Public Health on preventing infectious disease outbreaks. CSB developed CDC- and HUD-aligned protocols for emergency shelters and housing programs to limit close contact between participants and staff in case of an outbreak. Public health agencies that participated in the CoC's planning process provided input into these protocols and they are replicable for future outbreaks. Protocols include masking, symptom and temperature screening, and pathways for testing, tracing, and treatment. To decrease the spread of infectious disease in congregate settings, CSB quickly secured and opened additional non-congregate facilities, some of which served as spaces for isolation and quarantine for those who were ill or exposed. CSB developed relationships with local FQHCs to provide medical care in these facilities, as advised by public health. The local public health agencies are part of our planning team and provide essential guidance on preventing and limiting the spread of an outbreak and updating our infectious disease toolkit for communications to providers and community in case of an outbreak. Heading into this winter, CSB already coordinated with public health to provide on-site programs at shelters and warming centers to focus on prevention of all infectious disease. In addition to COVID-19, the CoC has a plan in place to respond to confirmed MPox cases to prevent spreading or outbreaks.

ID-7a.	Collaboration With Public Health Agencies on Infectious Diseases.	
	NOFO Section V.B.1.n.	
	Describe in the field below how your CoC:	
1.	effectively shared information related to public health measures and homelessness; and	
2.	facilitated communication between public health agencies and homeless service providers to ensure street outreach providers and shelter and housing providers are equipped to prevent or limit infectious disease outbreaks among program participants.	

(limit 2,500 characters)

1) At the onset of COVID-19, the CoC, in collaboration with Columbus Public Health (CPH) and Franklin County Public Health (FCPH), started a COVID-19 Prevention and Response Group, a learning collaborative for providers, to identify public health best practices, areas of strength, and areas needing guidance. The group shared guidance on safety measures during meetings, on Community Shelter Board's (CSB), the UFA, website, and via email. In the height of the pandemic, a bi-weekly Homeless Response Network webinar series offered providers information on key public health topics. Shelter partners met to discuss trends, best practices and planning for the COVID-19 response. CSB continues to disseminate information from CPH and FCPH to providers during system workgroups. As the centralized isolation strategy ended, CPH provided guidance and approval for ongoing operations, and planning is in place for any future needs. CSB is active in the Community Health Improvement Plan with Franklin County and is leading work on developing emergency public health responses for unsheltered individuals related to emergencies. 2) Based on experience gained from operating under COVID-19 protocols, CSB gained expertise in communication between public health and system providers, including street outreach, emergency shelters, and housing providers, to prevent and limit infectious disease outbreaks. Setting up a planning and response team with CPH and FCPH to put in place prevention protocols will be the first step whenever there is a potential outbreak. Using guidance from CPH and FCPH, homeless service providers would receive updated toolkits to prevent an outbreak that would include hand-washing stations for unsheltered individuals; masking, symptom and temperature screening; and pathways for testing, tracing, and treatment. CPH- and FCPH-approved HMIS infectious disease screening questions for the CPOA and street outreach would be used immediately for the system's front door. CPH and FCPH would participate in system-wide virtual calls with system providers to answer questions and provide prevention information. To limit an outbreak, CSB would open non-congregate facilities for social distancing, isolation, and quarantine, with support from CPH, FCPH, and FQHCs. Street Outreach would link with public health and Street Medicine to engage unsheltered individuals on safety, screening, and treatment and the PATH team can directly provide vaccine access in encampments.

1D-8.	Coordinated Entry Standard Processes.	
	NOFO Section V.B.1.o.	

	Describe in the field below how your CoC's coordinated entry system:
1.	can serve everybody regardless of where they are located within your CoC's geographic area;
2.	uses a standardized assessment process to achieve fair, equitable, and equal access to housing and services within your CoC;
3.	collects personal information in a trauma-informed way; and
4.	is updated at least annually using feedback received from participating projects and households that participated in coordinated entry.

(limit 2,500 characters)

1) The coordinated entry system can serve everybody regardless of where they are located within the CoC's geographic area using a widely advertised local phone number (homeless hotline) with access to a live person 24/7/365. The CoC uses standardized systemwide assessment procedures that are tailored to each program type and used consistently as a household progresses through various programs, depending on household needs and preferences. 2) The homeless hotline conducts an assessment with all callers that determines shelter need. This assessment is conducted while the person is on the call and responses are tracked in HMIS. If the household has no other safe accommodations for the night, the hotline assigns a shelter bed based on available capacity. Shelter providers use the Housing Assistance Screening Tool (HAST) to assess housing needs and eligibility for each household. The HAST is embedded in the HMIS. The Street Outreach team proactively engages people at known camp locations and places where people experiencing homelessness congregate. Outreach specialists complete the HAST and/or Severity of Service Needs Assessment (SSNA) for all who choose to engage, depending on the household's needs and choices. Outreach specialists and shelter staff refer households to RRH, PSH, or specialized interventions for transition age youth, veterans, DV survivors, and pregnant women. Referrals are made through the HMIS. For PSH, the SSNA, which is also embedded in the HMIS, assesses the vulnerability of each household in the PSH pool for prioritization. 3) The CoC's DV CE provider is reviewing and providing updates to the HAST to ensure all providers engage households and collect personal information using trauma-informed best practices. 4) Each person who calls the homeless hotline is offered the opportunity to respond to an automated, confidential survey. Survey responses are analyzed quarterly to assess and implement improvements. The HAST and SSNA were developed in collaboration with the providers operating RRH and PSH and are reviewed at least annually in the system level operation workgroups for single adults, families, and housing programs. The Citizens Advisory Council and Youth Action Board, which are comprised of persons with lived experience, participate in feedback sessions on the CE system and their input is incorporated into ongoing reviews and adjustments. For example, we are working on implementing texting capabilities for the homeless hotline.

1D-8a.	Coordinated Entry–Program Participant-Centered Approach.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC's coordinated entry system:	
1.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;	
2.	prioritizes people most in need of assistance;	
3.	ensures people most in need of assistance receive permanent housing in a timely manner, consistent with their needs and preferences; and	
4.	takes steps to reduce burdens on people seeking assistance.	

(limit 2,500 characters)

1) Outreach programs collaborate with the City, County, businesses, civic organizations, health care, social service organizations, law enforcement and faith-based organizations to identify and engage unsheltered people who may not otherwise seek assistance. The Outreach program leads a Street to Housing Collaborative with community organizations and advocates who have relationships with many unsheltered people. Outreach specialists proactively reach out to unsheltered people regardless of race, color, national origin, religion, sex, age, familial status, or disability as they use word of mouth and identify those less likely to engage. 2) Standardized screening tools prioritize people in a housing crisis. The Coordinated Point of Access (CPOA) and Outreach prioritize for shelter those with no safe alternative. Outreach and shelters use the Housing Assistance Screening Tool (HAST) and Severity of Service Needs Assessment (SSNA) to prioritize households for RRH and PSH. The CoC prioritizes for RRH families with children, pregnant women, Veterans, youth, people with disabilities, survivors, and people with severe service needs. The Unified Supportive Housing System (USHS) continuously screens clients for PSH using HMIS data. USHS prioritizes chronically homeless households, then disabled households based on their vulnerability and length of time homeless. 3) Projects complete assessments within the first 5 days of a households' homeless episode and make referrals to housing programs. RRH clients look for housing with their case manager. USHS uses a monthly hotlist to identify clients who are eligible for PSH based on homeless time and disability, and then refer them to an appropriate PSH for eligibility assessment. Prompt assessments and use of HMIS data reduce the time it takes to link households to the right housing program for their needs and preferences. Case managers work with households to determine the appropriate housing environment. 4) To reduce the burden on people seeking assistance, PSH eligibility and application is centralized, and all standardized assessments are included in HMIS. Responses to the same questions autoflow system-wide and if the person returns to the system after an exit, the most recent responses are available in HMIS. Case managers confirm the validity of the responses rather than asking the same questions again. Providers store documentation in HMIS to eliminate burdensome and repetitive documentation collection processes.

1D-8b.	Coordinated Entry—Informing Program Participants about Their Rights and Remedies—Reporting Violations.	
	NOFO Section V.B.1.o.	
	Describe in the field below how your CoC through its coordinated entry:	
1.	affirmatively markets housing and services provided within the CoC's geographic area and ensures it reaches all persons experiencing homelessness;	
2.	informs program participants of their rights and remedies available under federal, state, and local fair housing and civil rights laws; and	
3.	reports any conditions or actions that impede fair housing choice for current or prospective program participants to the jurisdiction(s) responsible for certifying consistency with the Consolidated Plan.	

(limit 2,500 characters)

1) The Homeless Hotline, the local phone number people call to access emergency shelter is widely advertised in the community. The Columbus Coalition for the Homeless, the local homeless advocacy organization, disseminates a Street Card resource directory that includes the Homeless Hotline phone number. Community Shelter Board's (CSB), the UFA, website includes a wealth of information about all the housing and services available in the CoC's geographic area with links to all partners' websites with further detail on housing and services. CSB also markets services through social media and attends neighborhood meetings. Each program site has computer stations for participants to use and case managers work with households to access housing and services community-wide that best fit their needs and preferences. The street outreach provider visits unsheltered individuals and provides options and linkages for shelter, housing, and other services. Outreach teams collaborate with community partners to reach people of color, individuals with limited English proficiency, individuals with disabilities, and families with children. Each provider has on-site printed marketing materials, including large print and Braille materials, and access to language translation services, including sign language.

2) Each homeless system partner must post a written document outlining clients' rights in a visible and accessible location, read and otherwise made known to clients upon admission, with accommodation for literacy, disability, and language barriers. All clients receive a copy of the clients' rights document upon intake that identifies the agency's clients' rights officer and includes instructions for grievances and appeals. CSB monitors each provider annually and verifies that the clients' rights posting is available, and client files include evidence households received the rights document.

3) CSB is the ombudsman for the homelessness system and receives concerns from participants, project staff, and stakeholders. CSB staff records the concerns, gathers documentation, investigates, and assesses whether client rights were violated, puts remedies in place as needed, and establishes if there are conditions or actions that impede fair housing choice. CSB has access to legal counsel to provide support as needed. CSB would report any violations to the City of Columbus and Franklin County, the jurisdictions responsible for certifying consistency with the Consolidated Plan.

1D-9.	Advancing Racial Equity in Homelessness—Conducting Assessment.	
	NOFO Section V.B.1.p.	

1.	Has your CoC conducted a racial disparities assessment in the last 3 years?	Yes
2.	Enter the date your CoC conducted its latest assessment for racial disparities.	09/30/2024

1D-9a.	Using Data to Determine if Racial Disparities Exist in Your CoC's Provision or Outcomes of CoC Program-Funded Homeless Assistance.	
	NOFO Section V.B.1.p.	

Describe in the field below:

1.	the data your CoC used to analyze whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance; and
2.	how your CoC analyzed the data to determine whether any racial disparities are present in your CoC's provision or outcomes of CoC Program-funded homeless assistance.

(limit 2,500 characters)

1) CSB, the UFA, issues quarterly performance reports using HMIS data on all systems and programs within the CoC. Specialized dashboards report on programming across the system for various subpopulations served – single adults, families, veterans, pregnant women, and transition age youth. These dashboards report performance metrics and the demographic characteristics of the population served, including race, ethnicity, and gender. 2) We report on demographics at entry into various program types across the system and at exit from the system, to assess any disparities in outcomes. We specifically look at race and gender to analyze these disparities and contrast the race and gender of people who entered a program type with the race and gender of those who successfully exit the respective program type. CSB analyzes shelter restrictions collected in HMIS quarterly to make sure restrictions are unbiased. CSB analyzes the shelter restrictions to make sure there are no disparities in shelter access. Monthly CSB issues a hotlist report using HMIS data of individuals who have over 100 days of homelessness. Projects use this list to proactively invite potentially eligible households for PSH eligibility assessment in CoC funded programs. CSB analyzes the gender, race, and ethnicity of those on the hotlist and contrasts demographics with the demographics of the sheltered population to make sure there are no disparities in housing access. Analysis of the hotlist showed an overrepresentation of men compared to the homeless population. As the system ombudsman, CSB receives concerns from program participants and stakeholders and immediately investigates and acts on any reports of racial or other disparities in access, services or outcomes. CSB tracks and analyzes concerns to identify any trends in disparities. Similar to nationwide numbers, the rate of Black/African Americans served system-wide is substantially disproportionate compared to the population of the CoC's geographic area. However, analysis does not show race-based disparities in access or outcomes within the system or at the program level or CoC-funded program level. CSB participated in the HMIS Advanced Users Group with the "Measuring Equity in Access and Outcomes" project. On the surface, our analysis does not show racial disparities in access or outcomes, however, additional data and a more granular analysis for measuring equity in outcomes will allow for a more nuanced analysis.

1D-9b.	Implemented Strategies to Prevent or Eliminate Racial Disparities.	
	NOFO Section V.B.1.p	

Select yes or no in the chart below to indicate the strategies your CoC is using to prevent or eliminate racial disparities.

1.	Are your CoC's board and decisionmaking bodies representative of the population served in the CoC?	No
2.	Did your CoC identify steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC?	Yes
3.	Is your CoC expanding outreach in your CoC's geographic areas with higher concentrations of underrepresented groups?	Yes

4.	Does your CoC have communication, such as flyers, websites, or other materials, inclusive of underrepresented groups?	Yes
5.	Is your CoC training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness?	Yes
6.	Is your CoC establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector?	Yes
7.	Does your CoC have staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness?	Yes
8.	Is your CoC educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity?	Yes
9.	Did your CoC review its coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness?	Yes
10.	Is your CoC collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system?	Yes
11.	Is your CoC conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness?	Yes
Other:(limit 500 characters)		
12.	The CoC looks at HMIS data quarterly to analyze outcomes based on participant demographics with a focus on equitable outcomes. For example, when the COVID vaccine became available, a weekly report was developed to track vaccine uptake by race to maintain focus on equitable vaccine access for participants.	Yes

1D-9c.	Plan for Ongoing Evaluation of System-level Processes, Policies, and Procedures for Racial Equity.	
	NOFO Section V.B.1.p.	

Describe in the field below your CoC's plan for ongoing evaluation of system-level processes, policies, and procedures for racial equity.

(limit 2,500 characters)

Our Guiding Principles include ensuring equity in outcomes. The CoC's strategic plan to address homelessness specifically includes the following crosscutting goal focused on promoting equity throughout our system of care: "Ensure that families and individuals disproportionately represented among people who experience homelessness have access to responsive, equitable assistance to offset structural barriers and biases". We believe that our collective efforts to prevent and end homelessness should reflect the disproportionate rate at which different groups experience housing instability and homelessness, especially people of color; people with disabilities; and lesbian, gay, bisexual, transgender, and questioning youth. The CoC established its DEI Committee in 2024 to support the CoC's efforts to identify and make recommendations to resolve racial disparities in the system. One of the committee's goals is to create an Equity Framework and Outcomes for the system at large and at the CoC level, including policies and procedures. The equity framework will include: 1. Policies and procedures for racial equity for the homelessness system and the CoC; 2. Processes that will ensure racial disparities are prevented in the provision or outcomes of assistance; 3. The plan to evaluate the system level processes, policies and procedures; 4. Review of the Data Framework and Action Plan for the evaluation of disparities in access and outcomes; and 5. Plan for the consistent review of the data reported by Community Shelter Board (CSB), the UFA, following the Data Framework and Action Plan. The DEI Committee will report on its work at each meeting of the CoC Board and CoC. CSB has also established a quarterly dashboard that includes tracking of the rate of black and multi-racial families in shelter where the mother is the head of household. The current rate is at 65% (while the African American population is approximately 24% in Franklin County); the goal is to highlight the need to address this disparity with the CSB's Board, the CoC, system partners, and the community, and work with other systems to get further upstream to lower this rate. Homelessness prevention is focused on connecting with communities of color part of the upstream work for prevention in the community. Data regarding prevention services, demographics, and subsequent shelter entries will be analyzed for impact towards addressing this major disparity.

1D-9d.	Plan for Using Data to Track Progress on Preventing or Eliminating Racial Disparities.	
	NOFO Section V.B.1.p.	
	Describe in the field below:	
1.	the measures your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance; and	
2.	the tools your CoC plans to use to continuously track progress on preventing or eliminating racial disparities in the provision or outcomes of homeless assistance.	

(limit 2,500 characters)

1) The CoC analyzes demographics of those who access homelessness prevention, emergency shelter, street outreach, transitional housing, RRH, and PSH programs. We look at the same demographics for those who achieve a successful housing outcome. Community Shelter Board (CSB), issues reports and analyzes disparities quarterly. We consider a disparate impact on outcomes if we have more than a 5-percentage point variance on a specific demographic. For example, a recent report shows that 60% of single adults accessing RRH are Black. At exit from RRH programs, the rate of Black single adults compared to all the single adults achieving a successful housing outcome was 65%. In this example a disparate impact in outcomes was not identified. We plan to add average length of stay and recidivism to the measures analyzed. A Data Framework and Action Plan for the evaluation of disparities is in the works to look more in-depth at data and address intersectionality. Analyzing data through an intersectional lens helps avoid oversimplification of complex social issues by considering the interplay between various factors and how these factors interact. A system that appears perfectly equal (based on examination of demographics) may contain significant disparities within cohorts or intersectional groups, or otherwise be racially exclusive in access - for example, small sample groups. Instead of using descriptive statistics alone to identify disparities and assess equity, we will include the analysis and interpretation of data as part of a greater plan for identifying inequities in the system. Asking "who is missing?" and holistically assessing equity requires an examination of the individuals who may not be included in HMIS. Administrative data may be biased toward individuals who access services regularly, potentially excluding those who choose not to engage. People with lived experience have valuable expertise and can also provide insight into data gaps. Creating cohorts can help identify trends and patterns that may be obscured when analyzing the entire dataset, and will be useful in evaluation, interpretation, and action. Longitudinal analysis - tracking the specific groups over time and observing changes within those groups will be valuable for understanding trends, identifying outliers, and assessing the impact of interventions. 2) We use HMIS data for this work through quarterly System Indicator Reports developed by CSB.

1D-10.	Involving Individuals with Lived Experience of Homelessness in Service Delivery and Decisionmaking—CoC's Outreach Efforts.	
	NOFO Section V.B.1.q.	

Describe in the field below your CoC's outreach efforts (e.g., social media announcements, targeted outreach) to engage those with lived experience of homelessness in leadership roles and decisionmaking processes.

(limit 2,500 characters)

The CoC highly values the talents and wisdom of people with lived experience of homelessness (PWLE) and works to provide opportunities to utilize this experience and grow the opportunities for PWLE to have voice within the crisis response system. Community Shelter Board (CSB), the UFA, convenes the Citizen's Advisory Council (CAC) and Youth Action Board (YAB), groups comprised of PWLE. CSB has been active in recruiting and growing the YAB at both PSH and TH sites and further embedding youth voice into programming. YAB members are involved in peer-to-peer recruiting through activities such as speaking at statewide conferences and local events. CSB's Youth System Manager provided targeted outreach at the family shelter, to involve TAY families in the YAB. There is also targeted outreach for the YAB at PSH sites for unaccompanied youth and TAY families. The CAC has developed its own logo and updated their recruitment flyer, and members are active in ongoing outreach and expansion. Word of mouth from CAC members is a key technique for engaging new voices. The CAC looks for community activities to be involved in and members participate in new provider and program selections, in the CoC Supplemental NOFO workgroup, new application scoring and ranking, review of the CoC Plan, and housing problem solving training.

CSB is also engaging street outreach and community volunteers to get input and involvement from adults experiencing unsheltered homelessness. CSB utilizes the USICH 7 Principles of Addressing Community Encampments and focuses on engaging with encampment residents on solutions. Three unsheltered community members participated in the planning of an encampment move into a motel used as non-congregate shelter.

Partners within the CoC have or are actively looking for PWLE for their board memberships, and CSB staff is working with members on helping them apply for these leadership roles, updating their resumes and writing bios. CSB held a board and leadership training that was advertised system-wide through targeted outreach at program sites as a recruitment tool for PWLE to engage in leadership roles and decision-making processes, and as an expansion tool for the CAC. The 4-session training was tailored to PWLE, included asset-mapping and was led by expert trainers from the Ohio Association of Nonprofit Organizations. CAC and YAB members are compensated for their time in meetings, planning, event participation, and decision making as part of the CoC.

1D-10a.	Active CoC Participation of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

You must upload the Lived Experience Support Letter attachment to the 4B. Attachments Screen.

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the four categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Routinely included in the decisionmaking processes related to addressing homelessness.	10	3
2.	Participate on CoC committees, subcommittees, or workgroups.	7	1
3.	Included in the development or revision of your CoC's local competition rating factors.	10	3

4.	Included in the development or revision of your CoC's coordinated entry process.	3	1
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1D-10b.	Professional Development and Employment Opportunities for Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

Describe in the field below how your CoC or CoC membership organizations provide professional development and employment opportunities to individuals with lived experience of homelessness.

(limit 2,500 characters)

Some partners have employment programs that provide workforce development services for PWLE who are currently active in emergency shelter or PSH programs. A PSH provider offers referral and employment opportunities in an intra-agency cleaning program that provides workforce development and next-step placement. Another provider offers workforce development training and daily employment options for clients in shelter or PSH and has a full-time position in which a PWLE has been hired. Another provider that also has behavioral healthcare services has a prominent peer support program that is successful in employing PWLE as well as engaging clients in treatment and ongoing housing stabilization. The largest shelter program in the CoC provides daily and ongoing options for clients in the program to volunteer, engage in professional development opportunities, build out their resume, and focus on employment opportunities. The shelter hired PWLE into their program after moving into stable housing. Mount Carmel, the street outreach provider employs PWLE of homelessness and recovery from addiction in their outreach and Street Medicine programs and they serve as peer-to-peer mentors for clients who are experiencing homelessness. They provide housing stabilization services and are an ongoing source of support for clients transitioning into housing. Multiple partners in the CoC work with Community Health Workers (CHW) in their programs and often CHWs have lived experience of homelessness. Their experience provides peer-to-peer engagements while also providing CHWs with professional development opportunities. A new Community Information Exchange formed a Resident Experience Council and employs PWLE to design a community platform to make it easier for social services organizations to help people in need of assistance. Youth Action Board members have spoken on a panel at a statewide conference for two consecutive years. Several Citizens Advisory Council members attended housing problem solving training and are working on Health Sciences certification. They have been trained to conduct Housing Problem Solving trainings and are actively engaged in helping community members navigate crisis services.

The CoC provided a large-scale board and leadership training for PWLE to promote PWLE in leadership roles. The 4-session training was tailored to PWLE, included asset-mapping and was led by expert trainers from the Ohio Association of Nonprofit Organizations.

1D-10c.	Routinely Gathering Feedback and Addressing Challenges of Individuals with Lived Experience of Homelessness.	
	NOFO Section V.B.1.q.	

	Describe in the field below:
1.	how your CoC gathers feedback from people experiencing homelessness;
2.	how often your CoC gathers feedback from people experiencing homelessness;
3.	how your CoC gathers feedback from people who received assistance through the CoC Program or ESG Program;
4.	how often your CoC gathers feedback from people who have received assistance through the CoC Program or ESG Program; and
5.	steps your CoC has taken to address challenges raised by people with lived experience of homelessness.

(limit 2,500 characters)

1) The CoC uses a variety of methods to gather feedback from people experiencing homelessness. The most recent feedback in June 2024 was gathered by a 3rd party engaged by Community Shelter Board (CSB), through focus groups, part of a Community Assessment on Homelessness. Providers are required to conduct surveys of program participants and to provide the results to CSB. Providers conducted focus groups on street outreach services, youth and pregnancy-specific programs, and households receiving prevention resources. Providers regularly host town-hall style meetings in shelter and PSH locations to obtain client feedback and perspectives. 2) Providers gather feedback from people experiencing homelessness at least semi-annually. 3) There are no differences in how the CoC gathers feedback from people who receive assistance through a CoC or ESG program. 4) Providers gather feedback from people who receive assistance through the CoC or ESG program at least semi-annually. 5) Providers are expected to analyze and address the suggestions and concerns raised in surveys and focus groups. CSB reviews survey results and focus group feedback and follows up with providers as needed, often resulting in identification of a barrier or challenge that a program participant faced that can be mitigated or eliminated for future participants. Programs have processes in place to empower clients to address their concerns with the Client Rights Officers. The Officer provides clients with an alternative beyond a traditional grievance process. When providers receive feedback or concerns at a town hall meeting, these are often addressed in the moment or leadership will follow-up and determine the appropriate next step. Often, it is determined that there are accommodations that can be made to support a client in accessing the services that are needed or most appropriate. CSB serves as the system's ombudsmen and receives concerns from clients and takes seriously the role of investigation and follow-up on these concerns. CSB partners with the provider to address the challenges of people with lived experience of homelessness (PWLE). A pilot for people experiencing unsheltered homelessness and winter warming center efforts are two initiatives based on client feedback. These facilities can accommodate couples and people with pets that traditional shelters do not accommodate. The goal is to have accessible CE, services and housing options based on suggestions and feedback from PWLE.

1D-11.	Increasing Affordable Housing Supply.	
	NOFO Section V.B.1.s.	
	Describe in the field below at least two steps your CoC has taken in the past 12 months to engage city, county, or state governments that represent your CoC's geographic area regarding the following:	
1.	reforming zoning and land use policies to permit more housing development; and	
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2. reducing regulatory barriers to housing development.

(limit 2,500 characters)

1) On July 29, 2024, the City of Columbus City Council passed a new zoning code called "Zone In". The zoning code has not been changed in 70 years. The purpose of the new zoning code is to match the growth of the city with more housing. "Zone In" is going to make the city more equitable and sustainable as well as create more housing. a) Community Shelter Board (CSB), the UFA, on behalf of the CoC, commented on the zoning code prior to its issuance asking for flexibility related to the categorization of hotels/motels that CSB wishes to convert to non-congregate shelter and affordable housing. b) CSB and CoC leadership attended numerous meetings the City of Columbus held and CSB leadership spoke at the City of Columbus Council meeting in support of the new zoning code that makes it easier to develop affordable housing in our community. The new zoning code development started two years ago with the City of Columbus issuing its new Housing Strategy to tackle Columbus' housing shortage and ensure housing affordability for current and future residents, with the goals to double the number of units built over the next 15 years, make residential construction easier, diversify housing types and developers, support renters, increase current affordable housing stock, fund new affordable housing, have inclusive housing policies, and take a regional approach. The strategy is supported with a \$200M affordable housing bond package.

2) a) CSB worked with the City of Columbus on the conversion of hotels to permanent supportive housing and reducing regulatory barriers on licensing and permitting. b) CSB submitted two rounds of comments to the Ohio Housing Finance Agency to ensure language was present in the Qualified Allocation Plan to safeguard the ability to prioritize and preserve permanent supportive housing (PSH) for tax credit purposes and remove barriers for developers of PSH.

1E. Project Capacity, Review, and Ranking–Local Competition

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

1E-1.	Web Posting of Advance Public Notice of Your CoC's Local Competition Deadline, Scoring and Rating Criteria.	
	NOFO Section V.B.2.a. and 2.g.	

1.	Enter the date your CoC published its submission deadline and scoring and rating criteria for New Project applicants to submit their project applications for your CoC's local competition.	08/12/2024
2.	Enter the date your CoC published its submission deadline and scoring and rating criteria for Renewal Project applicants to submit their project applications for your CoC's local competition.	08/12/2024

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. We use the response to this question and the response in Question 1E-2a along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., 2.d., and 2.e.	

You must upload the Local Competition Scoring Tool attachment to the 4B. Attachments Screen.

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Provided points for projects that addressed specific severe barriers to housing and services.	No
5.	Used data from comparable databases to score projects submitted by victim service providers.	No

6.	Provided points for projects based on the degree the projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and has taken or will take steps to eliminate the identified barriers.	No
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1E-2a.	Scored Project Forms for One Project from Your CoC's Local Competition. We use the response to this question and Question 1E-2. along with the required attachments from both questions as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria below.	
	NOFO Section V.B.2.a., 2.b., 2.c., and 2.d.	

You must upload the Scored Forms for One Project attachment to the 4B. Attachments Screen.

Complete the chart below to provide details of your CoC's local competition:

1.	What were the maximum number of points available for the renewal project form(s)?	20
2.	How many renewal projects did your CoC submit?	39
3.	What renewal project type did most applicants use?	PH-PSH

1E-2b.	Addressing Severe Barriers in the Local Project Review and Ranking Process.	
	NOFO Section V.B.2.d.	

Describe in the field below:

1.	how your CoC analyzed data regarding each project that has successfully housed program participants in permanent housing;
2.	how your CoC analyzed data regarding how long it takes to house people in permanent housing;
3.	how your CoC considered the specific severity of needs and vulnerabilities experienced by program participants preventing rapid placement in permanent housing or the ability to maintain permanent housing when your CoC ranked and selected projects; and
4.	the severe barriers your CoC considered.

(limit 2,500 characters)

1) Data on clients served is collected using the HMIS and performance measurements are calculated by Community Shelter Board (CSB), the UFA and HMIS Lead, using this data. The collection of standardized performance measurements and expected achievements differ by program type and population served. CSB determines compliance with CoC standards for each project during the annual Program Review and Certification monitoring process. CSB assesses over 100 standards for compliance and determines a rating at the conclusion of the monitoring. CSB combines the performance measures and the compliance status into one performance rating for each project. CSB assesses utilization of CoC funds through subrecipient invoices, summarized in a worksheet showing the allocated funds, invoiced funds, and any leftover funds. 2) For PSH, the Unified Supportive Housing System that manages access to PSH system-wide tracks all individuals from the point of referral to PSH to the point of housing. All tracking is done through HMIS, with the ability to drill down and calculate step-by-step average times to housing. For RRH, an HMIS-based custom report calculates the average shelter stay after engagement showing the time to housing for participants enrolled in RRH. 3) All programs prioritize families with children, pregnant women, Veterans, youth, people with severe service needs, and people with disabilities as identified by HMIS data, case conferencing, by-name active lists, and standardized system-wide tools that screen people for chronic homelessness, homeless time, criminal history, prior evictions, disabling conditions, current and past substance abuse, low or no income, and history of domestic violence and victimization. Since all programs in the system adhere to these prioritization and assessment guidelines, the CoC cannot differentiate the projects' scoring based on vulnerability criteria. All projects use the same assessments, same scoring and are required to serve those with the most severe service needs. 4) The CoC prioritizes projects based on objective, performance-based criteria because all projects provide housing and services to the hardest to serve populations with severe barriers. Projects that most effectively serve the population receive higher performance ratings, which improves the programs scoring and ranking. All projects included in the CoC application adhere to the same project-type based, system-wide standardized prioritization and assessment requirements.

1E-3.	Advancing Racial Equity through Participation of Over-Represented Populations in the Local Competition Review and Ranking Process.	
	NOFO Section V.B.2.e.	

Describe in the field below:

1.	how your CoC used input from persons of different races and ethnicities, particularly those over-represented in the local homelessness population, to determine the rating factors used to review project applications;
2.	how your CoC included persons of different races and ethnicities, particularly those over-represented in the local homelessness population in the review, selection, and ranking process; and
3.	how your CoC rated and ranked projects based on the degree that proposed projects identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population, and steps the projects took or will take to eliminate the identified barriers.

(limit 2,500 characters)

1) All the rating factors used to review project applications are objective criteria based on program performance, complying with standards and utilization of CoC funds. No changes were made to the rating factors based on input received from persons of different races because of the objectivity of the factors used in scoring. The performance measures for each project type and the associated outcomes, which make up most of the projects' performance scoring, are assessed annually and feedback is sought from each provider. 2) Local review and ranking processes are approved by the CoC, whose members include people of color and representatives with lived experience from the Citizens Advisory Council (CAC) and Youth Action Board. The CoC Board and the CoC reviewed and approved the projects ranking, both renewal and new projects. The CAC individually reviewed and ranked all new projects submitted for consideration to the CoC. The CAC membership has majority representation from the Black/African American racial group. 3) All CoC projects prioritize the most vulnerable populations and the race and ethnicity of participants in CoC funded projects mirrors the race and ethnicity of people experiencing homelessness. All CoC funded projects are PH-PSH type projects except projects that serve special populations. All the PSH projects serve hard to serve, vulnerable, severe service needs population and all the referrals to PSH are managed in a consolidated manner by the Unified Supportive Housing System that always prioritizes for referral the most highly vulnerable person from the Unified Supportive Housing System PSH pool. There is no distinction in the vulnerability of the population served by PSH projects. The CoC assesses and reports on any racial disparities across all programs quarterly. Data shows that a disproportionately high percentage of African Americans utilize the homeless crisis response system. This analysis also shows that by prioritizing the most vulnerable with the longest time homeless, we are housing a commensurate number of those disproportionately affected by racism and although there are disparities in who becomes homeless, our data does not reflect disparities in outcomes in our homelessness programs. All projects promote racial equity where individuals and families of different races are over-represented. The non-PSH projects are DV and YHDP projects that have their own coordinated entry project with the role to eliminate barriers to access.

1E-4.	Reallocation—Reviewing Performance of Existing Projects.	
	NOFO Section V.B.2.f.	

Describe in the field below:

1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any low performing or less needed projects through the process described in element 1 of this question during your CoC's local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year; and
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable.

(limit 2,500 characters)

1) Per the CoC's written process, reallocation can occur when a subrecipient is no longer interested in continuing a project, no longer needs CoC funding, or underperforms on performance outcomes, project capacity, drawdowns, and/or compliance. The CoC identifies low performing projects through review of quarterly and annual performance reports produced by Community Shelter Board (CSB), the UFA. Projects rated as Low performers or experiencing long-standing and/or serious program issues and/or systemic concerns undergo a Quality Improvement Intervention process that includes enhanced oversight and technical assistance. This process often corrects performance and compliance issues. The CoC identifies projects for which there is less need through an annual needs assessment and ongoing coordination with system and community partners. As a UFA, CSB conducts CoC-approved reallocations as needed throughout the year instead of waiting for the annual competition. The CoC helps partners improve capacity and correct deficiencies before reallocating funds. 2) The CoC did not identify any low performing or less needed projects this year through the above process. 3) The CoC did not reallocate any projects through the local competition this year. 4) There was no need to use the formal reallocation process this year. During the last grant term, CSB changed the subrecipient of a rapid rehousing project due to low performance. Because of its UFA status CSB was able to make this change during the grant term as the project was still needed in the community.

1E-4a.	Reallocation Between FY 2019 and FY 2024.	
	NOFO Section V.B.2.f.	

	Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2019 and FY 2024?	No
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1E-5.	Projects Rejected/Reduced—Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Rejected-Reduced attachment to the 4B. Attachments Screen.	

1.	Did your CoC reject any project application(s) submitted for funding during its local competition?	No
2.	Did your CoC reduce funding for any project application(s) submitted for funding during its local competition?	No
3.	Did your CoC inform applicants why your CoC rejected or reduced their project application(s) submitted for funding during its local competition?	
4.	If you selected Yes for element 1 or element 2 of this question, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	

1E-5a.	Projects Accepted—Notification Outside of e-snaps.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of Projects Accepted attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps. If you notified applicants on various dates, enter the latest date of any notification. For example, if you notified applicants on 06/26/2024, 06/27/2024, and 06/28/2024, then you must enter 06/28/2024.	10/15/2024
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1E-5b.	Local Competition Selection Results for All Projects.	
	NOFO Section V.B.2.g.	
	You must upload the Local Competition Selection Results attachment to the 4B. Attachments Screen.	

	Does your attachment include: 1. Project Names; 2. Project Scores; 3. Project Status—Accepted, Rejected, Reduced Reallocated, Fully Reallocated; 4. Project Rank; 5. Amount Requested from HUD; and 6. Reallocated Funds +/-.	Yes
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1E-5c.	Web Posting of CoC-Approved Consolidated Application 2 Days Before CoC Program Competition Application Submission Deadline.	
	NOFO Section V.B.2.g. and 24 CFR 578.95.	
	You must upload the Web Posting—CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC posted the CoC-approved Consolidated Application on the CoC's website or partner's website—which included: 1. the CoC Application; and 2. Priority Listings for Reallocation forms and all New, Renewal, and Replacement Project Listings.	10/23/2024
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1E-5d.	Notification to Community Members and Key Stakeholders by Email that the CoC-Approved Consolidated Application is Posted on Website.	
	NOFO Section V.B.2.g.	
	You must upload the Notification of CoC-Approved Consolidated Application attachment to the 4B. Attachments Screen.	

	Enter the date your CoC notified community members and key stakeholders that the CoC-approved Consolidated Application was posted on your CoC's website or partner's website.	10/23/2024
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2A. Homeless Management Information System (HMIS) Implementation

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

	Enter the name of the HMIS Vendor your CoC is currently using.	Bitfocus
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section V.B.3.a.	

	Enter the date your CoC submitted its 2024 HIC data into HDX.	05/10/2024
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2A-4.	Comparable Databases for DV Providers—CoC and HMIS Lead Supporting Data Collection and Data Submission by Victim Service Providers.	
	NOFO Section V.B.3.b.	

In the field below:

1.	describe actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC collect data in HMIS comparable databases; and
2.	state whether DV housing and service providers in your CoC are using a HUD-compliant comparable database—compliant with the FY 2024 HMIS Data Standards.

(limit 2,500 characters)

1) A new CoC-funded VSP began implementing a DV Coordinated Entry (CE) project last year. Community Shelter Board (CSB), the HMIS Lead, worked closely with the DV CE provider to implement the HMIS comparable database. CSB and the DV CE provider met every other week to discuss HMIS data collection, data quality, and reporting requirements. DV CE staff attend the HMIS Administrator meetings, and received training, necessary documentation that applies for data collection and reporting for a CE project, and HMIS policies and procedures they needed to follow. The comparable database is live and CSB staff continue to ensure that it complies with HMIS standards and requirements. Another new CoC-funded VSP began implementing a Joint DV RRH/TH project with the start of the current grant term. CSB and the joint DV RRH/TH provider started to meet 6 months prior to the project start date to prepare for the implementation and setup of the comparable HMIS. The HMIS is now set up and ready for the new project. 2) The CoC funded DV housing and service providers in the CoC are using HUD-compliant comparable databases compliant with the 2022 HMIS Data Standards. The DV CE provider is using Penelope, a home-grown database that was updated to include the required data elements and reporting was created to meet HUD requirements. CSB staff confirmed compliance. The DV Joint RRH/TH provider is using Social Solutions/Apricot as their HMIS comparable database.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section V.B.3.c. and V.B.7.	

Using the 2024 HDX Competition Report we issued your CoC, enter data in the chart below by project type:

Project Type	Adjusted Total Year-Round, Current Non-VSP Beds [Column F of HDX Report]	Adjusted Total Year-Round, Current VSP Beds [Column K of HDX Report]	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS Comparable Database [Column M of HDX Report]	HMIS and Comparable Database Coverage Rate [Column O of HDX Report]
1. Emergency Shelter (ES) beds	1,173	0	1,173	100.00%
2. Safe Haven (SH) beds	0	0	0	0.00%
3. Transitional Housing (TH) beds	128	0	128	100.00%
4. Rapid Re-Housing (RRH) beds	443	0	443	100.00%
5. Permanent Supportive Housing (PSH) beds	3,593	0	3,546	98.69%
6. Other Permanent Housing (OPH) beds	0	0	0	0.00%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section V.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
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2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.
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(limit 2,500 characters)

N/A

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section V.B.3.d.	
	You must upload your CoC's FY 2024 HDX Competition Report to the 4B. Attachments Screen.	

Did your CoC submit at least two usable LSA data files to HUD in HDX 2.0 by January 24, 2024, 11:59 p.m. EST?	Yes
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2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2B-1.	PIT Count Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC conducted its 2024 PIT count.	01/25/2024
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2B-2.	PIT Count Data—HDX Submission Date.	
	NOFO Section V.B.4.a	

	Enter the date your CoC submitted its 2024 PIT count data in HDX.	05/10/2024
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2B-3.	PIT Count—Effectively Counting Youth in Your CoC's Most Recent Unsheltered PIT Count.	
	NOFO Section V.B.4.b.	

	Describe in the field below how your CoC:
1.	engaged unaccompanied youth and youth serving organizations in your CoC's most recent PIT count planning process;
2.	worked with unaccompanied youth and youth serving organizations to select locations where homeless youth are most likely to be identified during your CoC's most recent PIT count planning process; and
3.	included youth experiencing homelessness as counters during your CoC's most recent unsheltered PIT count.

(limit 2,500 characters)

1) Staff from our local youth outreach organization (Huckleberry House) and local youth drop-in center (Huckleberry House YOP Shop) participated in planning meetings for the 2024 PIT Count. They helped recruit youth volunteers, identify and map locations where youth stay as counting sites, develop strategies to engage youth who are least likely to want to be counted, and found creative outreach approaches, like use of food trucks and counting during non-traditional hours. Youth were engaged in planning a major event on the day of the PIT Count, with Huckleberry House and Youth Action Board (YAB, comprised of youth with lived experience) members providing insight and feedback on youth activities. 2) Different outreach efforts are vital as the landscape has changed since the pandemic. We had intentional strategies to choose counting locations where youth experiencing homelessness might gather on the day of the PIT Count, informed by youth experience. Youth helped identify and map locations where youth stay and work to create "come be counted" locations for youth who would likely not be engaged during the early morning or school counts. Star House, a drop-in center for youth experiencing homelessness, was a critical location for youth representation during the PIT Count. A specific youth count was conducted at a local library in the evening, and youth were engaged at local drop-in centers such as The Open Shelter, Jordan's Crossing and other temporary warming centers. Columbus City Schools Project Connect – a program that helps families experiencing homelessness keep children in their home school – administered surveys to any literally homeless youth identified in school on the day of the count. The event at Huckleberry House was designed around youth interest and feedback. In addition to the PIT survey, there was music, food, haircuts, harm reduction information, and other resources. Because transportation is a youth-identified barrier, Huckleberry House used a bus to transport youth to the event from a nearby drop-in center. This event, driven by youth interest and implemented for PIT, was conducted for the second straight year. 3) We had an intentional focus to engage youth volunteers through Huckleberry House and Star House youth providers to administer PIT surveys during the count. YAB members had the opportunity to volunteer in the annual PIT Count and participated in both the land and site counts.

2B-4.	PIT Count–Methodology Change–CoC Merger Bonus Points.	
	NOFO Section V.B.5.a and V.B.7.c.	

	In the field below:
1.	describe any changes your CoC made to your sheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
2.	describe any changes your CoC made to your unsheltered PIT count implementation, including methodology or data quality changes between 2023 and 2024, if applicable;
3.	describe whether your CoC's PIT count was affected by people displaced either from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in your CoCs' geographic; and
4.	describe how the changes affected your CoC's PIT count results; or
5.	state "Not Applicable" if there were no changes or if you did not conduct an unsheltered PIT count in 2024.

(limit 2,500 characters)

1) There were no changes made to the sheltered PIT count methodology or data quality. 2) There were no changes made to the unsheltered PIT count methodology or data quality. 3) The CoC's PIT count was not affected by people displaced from a natural disaster or seeking short-term shelter or housing assistance who recently arrived in the area. 4) Not applicable. 5) Not applicable.

2C. System Performance

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

2C-1.	Reducing the Number of First Time Homeless—Risk Factors Your CoC Uses.	
	NOFO Section V.B.5.b.	
	In the field below:	
1.	describe how your CoC determined the risk factors to identify persons experiencing homelessness for the first time;	
2.	describe your CoC's strategies to address individuals and families at risk of becoming homeless; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time	

(limit 2,500 characters)

1) The CoC conducts an annual evaluation of self-reported factors contributing to homelessness to inform and target prevention efforts for persons at risk of becoming homeless for the first time. Reasons for households' homeless crises are captured in HMIS and reported annually, allowing us to identify and analyze risk factors. Monthly system meetings and case conferences add qualitative data on barriers clients face and risk factors most common and pervasive. The workgroup also tracks trends. The CoC determined higher rents and lack of deeply affordable housing are the primary risk factors for homelessness, which is consistent with a 2015 collaboration with Abt Associates that identified causes of homelessness and housing instability in our community. 2) Reducing the number of first-time homeless is a prioritized goal in the CoC's strategic plan. Prevention resources are prioritized for the most vulnerable populations in our community. Families at risk of becoming homeless that contact the coordinated point of access are connected to prevention resources to help avoid entering shelter. At-risk pregnant women can access specialized prevention services. At-risk Veterans can access SSVF prevention resources. Families involved with child protective services can access a prevention program funded by Franklin County Children Services. Community Shelter Board (CSB), the UFA, operates the Homelessness Prevention Network (HPN) that formalizes collaborations with social service agencies that serve as access points and/or homelessness prevention service providers. CSB trains and certifies HPN partners in housing stabilization and housing problem solving. HPN partners provide prioritized access to services for households at highest risk for homelessness as determined by a standardized risk typology and screening protocol and prioritized for ERA funds access. Access points are dispersed in the community and intervene to prevent a household from becoming homeless. These community-based access points identify and assist households before they need to call the homeless hotline. If households require additional help, access points refer them to homeless prevention service providers for case management and financial assistance for housing stabilization. With support from the City of Columbus and ERA funds, the HPN has expanded significantly to provide added homelessness prevention supports and more access points in the community. 3) CSB is responsible for this strategy.

2C-1a.	Impact of Displaced Persons on Number of First Time Homeless.	
	NOFO Section V.B.5.b	

Was your CoC's Number of First Time Homeless [metric 5.2] affected by the number of persons seeking short-term shelter or housing assistance displaced due to:

1.	natural disasters?	No
2.	having recently arrived in your CoC's geographic area?	No

2C-2.	Reducing Length of Time Homeless—CoC's Strategy.	
	NOFO Section V.B.5.c.	

In the field below:

1.	describe your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
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2.	describe how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

(limit 2,500 characters)

1) Reducing length of time homeless is a key goal in the CoC's strategic plan. Shelters screen for referral to RRH programs. We work to decrease referral time to RRH by reducing the times between shelter entry and screening; screening and RRH referral; and we expedite engagement after RRH referral with a Housing First focus. We prioritize for RRH families with children, pregnant women, Veterans, youth, people with disabilities, those fleeing domestic violence, and long homeless time. We determine whether it is most appropriate to provide support through RRH or PSH. A dedicated team focuses on housing chronic homeless individuals. RRH case managers help households develop housing plans, engage landlords, remove barriers, link to employment, and promote stability. We implemented a landlord recruitment and retention initiative, including marketing, outreach, increased financial incentives, and risk mitigation funds, to improve access to rental units in a tight housing market. We support efforts to increase availability of safe, affordable rental housing. We aggressively pursue resources and opportunities to increase the supply of RRH and PSH units and expand re-housing assistance. We implemented Padmission, a centralized tool to collect affordable housing units available to the system. We are partnering with the PHA to maximize the vouchers we can access. We are embedding legal help in shelters to reduce clients' barriers to housing and expedite housing. Despite these efforts the length of time homeless is increasing due to rapid population growth causing an affordable housing crisis. A Direct Cash Transfer program is being implemented in family shelters to test quick shelter exit for families to safe housing. The strategy may contribute to a reduction in the length of time homeless for the family shelters.

2) We use HMIS for weekly "by name lists" and monthly hotlist reports to review households with the longest homeless time for RRH and PSH referrals. The by name list is embedded in the HMIS, and RRH referrals are made through HMIS using scored pools. We use a standardized system-wide needs assessment and case conferencing to engage those with the longest homeless time. The hotlist is used by the Unified Supportive Housing System, who fills all PSH units according to HUD Notice CPD-16-11 and uses a standardized invitation and application process for those prioritized for PSH based on the hotlist.

3) Community Shelter Board is responsible for this strategy.

2C-3.	Successful Permanent Housing Placement or Retention –CoC's Strategy.	
	NOFO Section V.B.5.d.	
	In the field below:	
1.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations;	
2.	describe your CoC's strategy to increase the rate that individuals and persons in families residing in permanent housing projects retain their permanent housing or exit to permanent housing destinations; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to increase the rate that individuals and families exit to or retain permanent housing.	

(limit 2,500 characters)

1) Increasing the rate of positive housing exits is a key goal in the CoC's strategic plan. Shelters and RRH programs collaborate to quickly house people, link them to resources, and provide aftercare to ensure stability. We work to increase capacity of RRH programs to maximize the number of people they can serve and improve the referral process. Shelters screen people after entry and refer to RRH those who are prioritized for assistance: families with children, pregnant women, Veterans, youth, people with disabilities, those fleeing domestic violence, and long homeless time as these populations are less likely to successfully exit without tailored support. Care is taken to ensure appropriate referral to RRH or PSH as primary need. A dedicated team works with chronically homeless adults. Case managers help households develop housing plans, find landlords, remove barriers, secure housing, and promote stability through linkage to income supports and services. TH programs stabilize DV and youth households prior to permanent placement to increase success at exit. RRH, TH, and shelter providers use financial assistance to pay security deposits and additional rent. The assistance is flexible and offered based on needs and landlord requirements. A system-wide landlord recruitment and retention initiative provides outreach, financial incentives, and risk mitigation funds, to improve access to units, expand shared living options, and identify strategic landlord partners. We actively support community efforts to increase affordable housing to enhance participants' ability to obtain and retain stable housing. As a result of these efforts, the success rate is slightly increasing. 2) Housing stability for persons in permanent housing is already very high at 96%. PSH providers engage with residents frequently to identify anyone who may become precariously housed and take action to re-stabilize them. PSH residents access a variety of services, including linkage to employment, benefits, and income supports. At least annually, PSH providers assess residents' readiness and willingness to move to independent housing. Residents are not exited from PSH until they feel confident that they can retain housing stability without PSH assistance. An eviction prevention strategy that has financial incentives tied to it is being implemented this year in site-based PSH to decrease the negative exits of PSH tenants. 3) CSB is responsible for this strategy.

2C-4.	Reducing Returns to Homelessness—CoC's Strategy.	
	NOFO Section V.B.5.e.	
	In the field below:	
1.	describe your CoC's strategy to identify individuals and families who return to homelessness;	
2.	describe your CoC's strategy to reduce the rate that individuals and families return to homelessness; and	
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.	

(limit 2,500 characters)

1) Community Shelter Board (CSB), the UFA, tracks returns in HMIS and issues reports at program and system levels, including recidivism rates. CSB examines programs with rates outside the norm to identify factors contributing to higher or lower rates. Collaboration between emergency shelter and RRH programs via regular case conferencing and system workgroup meetings helps inform the CoC of factors that impact returns to homelessness. A Housing Assistance Screening Tool is used to refer to RRH and if a household previously experienced homelessness, the provider can adjust next-step assistance. CSB is working with the coordinated point of access to use a different intervention for the frequent callers, a new approach to support. 2) Reducing the rate of return to homeless is a prioritized goal in the CoC's strategic plan. This year, the CoC increased the goal for the length of time households should participate in RRH to 8 months so that increased stability can be achieved prior to services and financial assistance termination, reducing the risk of recidivism. RRH case managers help households develop housing plans and address barriers. They provide aftercare and resources and create plans for responding to future crises, through partnerships in the community that support housing stability, with Job and Family Services, Office on Aging, and peer support organizations. Households contact a case manager if they encounter a housing crisis after services end to problem-solve. PSH programs link participants to community-based supports to improve access to resources and increase resiliency to future setbacks. Linkages may include employment services, education, mental/emotional/physical health services, benefits, Veterans resources, youth services, and childcare and parenting resources. All RRH and PSH programs have robust eviction prevention procedures. An eviction prevention strategy that has financial incentives tied to it is being implemented in site-based PSH to decrease the negative exits of PSH tenants. The rate of recidivism in our community is high because we are prioritizing RRH and PSH assistance for those with the highest barriers as this is the most vulnerable population being served and most likely to lose housing. In addition, Columbus is leading the country in increasing rents and low vacancy rates. The expansion of our Homelessness Prevention Network will help reduce recidivism of previously homeless households. 3) CSB oversees the strategy.

2C-5.	Increasing Employment Cash Income—CoC's Strategy.	
	NOFO Section V.B.5.f.	
	In the field below:	
1.	describe your CoC's strategy to access employment cash sources;	
2.	describe how your CoC works with mainstream employment organizations to help individuals and families experiencing homelessness increase their employment cash income; and	
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.	

(limit 2,500 characters)

1) Participants in CoC programs receive help with job searches, applications, resume writing, transportation, uniforms, and professional attire. An increasing number of programs have employment specialists on site to provide individualized support, make connections with employers, and provide appropriate job coaching. Providers use gift cards to address barriers such as childcare and transportation among other needs. Several CoC programs have successful employment and work equity programs that include training, workshops, and collaboration with employers. Partners have worked with local employers to host job fairs and the CoC has identified private employers willing to hire people with histories of criminal background, addiction, and homelessness. One example is the Right Track Program that consists of classroom experience followed by a paid training position within a PSH provider's housing facilities. Another provider has a workforce development program and has hired a PSH resident. The CoC improved integration with the Workforce Development Board of Central Ohio through a previous employment pilot program that expedited the Ohio Means Jobs (OMJ) referral and acceptance process for families in shelter. The relationship created in the pilot is now an opportunity for families to be referred to OMJ when appropriate. 2) Increased access to employment is a prioritized goal in the CoC's strategic plan. We are improving integration with mainstream workforce development and access to employment through a previous pilot in family emergency shelters. We work with the Workforce Development Board of Central Ohio and other community-based employment services such as Columbus Works and Goodwill to integrate workforce specialists, including job coaching, within our CoC programs. We support community efforts to increase employment income for low-wage earners and reduce pay disparities. CoC programs encourage participants to include earned income growth in individualized housing stabilization plans. For participants who are underemployed or lack consistent employment, programs help identify higher-paying and more regular work. Linkage to GED, education, skill and career development programs are available to help participants access higher-paying jobs. CSB has connected with The Rise Center, the services arm of the local PHA, to offer employment services and support at two specific PSH sites as an initial pilot to determine outcomes. 3) CSB oversees this strategy.

2C-5a.	Increasing Non-employment Cash Income—CoC's Strategy	
	NOFO Section V.B.5.f.	
	In the field below:	
	1. describe your CoC's strategy to access non-employment cash income; and	
	2. provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.	

(limit 2,500 characters)

1) Increased access to benefits is a prioritized goal in the CoC's strategic plan. Programs encourage participants to take advantage of all non-employment cash income benefits for which they are eligible, including SSI, SSDI, and TANF. Community Shelter Board (CSB), the UFA, provides training for providers on SNAP, TANF, and Medicaid to encourage greater applications for benefits for individuals in the crisis response system. CSB regularly disseminates to partners resources and best practices for linking participants to benefits. Case managers help participants complete applications. The Coordinated Point of Access screens callers for health insurance to help assess coverage gaps. CSB is working with the Alcohol, Drug, and Mental Health Board, Managed Care Organizations, and system partners to more effectively leverage Medicaid and other health care resources. CSB participates in the Health Policy Institute of Ohio's statewide workgroup to expand Medicaid services for Health-Related Social Needs such as housing and food. The Social Security Administration provides annual training for partners on Social Security resources such as SSI and SSDI. The CoC has SOAR-trained staff who help participants apply for SSI and SSDI benefits and we are working to further expand the use of SOAR system-wide for clients to access benefits, including increasing the number of SOAR certified staff. Franklin County Department of Job and Family Services (JFS) regularly have staff onsite at our CoC's two family shelters to expedite access to benefits and we are working with them to bring their mobile unit to shelters. These benefits support RRH efforts. CSB is working with JFS to have an onsite presence in all shelters. Program staff refer participants to JFS for benefits assistance not available onsite. All Veterans are screened for access to non-employment cash income through a refined coordinated entry system specifically designed for Veterans in partnership with the VA. Those in need of and eligible for both VA and non-VA benefits are linked through this process. Annual assessments of PSH clients assess non-employment cash income and individualized housing stabilization plans include goals for increasing these income sources, based on the individual's need and eligibility. Case managers regularly review and update these goals with program participants 2) CSB oversees this strategy.

3A. Coordination with Housing and Healthcare

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3A-1.	New PH-PSH/PH-RRH Project–Leveraging Housing Resources.	
	NOFO Section V.B.6.a.	
	You must upload the Housing Leveraging Commitment attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-2.	New PH-PSH/PH-RRH Project–Leveraging Healthcare Resources.	
	NOFO Section V.B.6.b.	
	You must upload the Healthcare Formal Agreements attachment to the 4B. Attachments Screen.	

	Is your CoC applying for a new PH-PSH or PH-RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-3.	Leveraging Housing/Healthcare Resources–List of Projects.	
	NOFO Sections V.B.6.a. and V.B.6.b.	

If you selected yes to questions 3A-1. or 3A-2., use the list feature icon to enter information about each project application you intend for HUD to evaluate to determine if they meet the criteria.

Project Name	Project Type	Rank Number	Leverage Type
CHN 2024 Deer Hil...	PH-PSH	35	Both

3A-3. List of Projects.

1. What is the name of the new project? CHN 2024 Deer Hill Place

2. Enter the Unique Entity Identifier (UEI): VG6JK25MNMC7

3. Select the new project type: PH-PSH

4. Enter the rank number of the project on your CoC's Priority Listing: 35

5. Select the type of leverage: Both

3B. New Projects With Rehabilitation/New Construction Costs

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3B-1.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
--	----

3B-2.	Rehabilitation/New Construction Costs–New Projects.	
	NOFO Section V.B.1.r.	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

(limit 2,500 characters)

N/A

3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serve Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

	Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Cost Effectiveness of Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section V.F.	

You must upload the Project List for Other Federal Statutes attachment to the 4B. Attachments Screen.

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,500 characters)

N/A

4A. DV Bonus Project Applicants for New DV Bonus Funding

HUD publishes resources on the HUD.gov website at CoC Program Competition to assist you in completing the CoC Application. Resources include:

- Notice of Funding Opportunity (NOFO) Continuum of Care Competition and Noncompetitive Award of Youth Homeless Demonstration Program Renewal and Replacement Grants;
- 24 CFR part 578;
- FY 2024 CoC Application Navigational Guide;
- Section 3 Resources;
- PHA Crosswalk; and
- Frequently Asked Questions

4A-1.	New DV Bonus Project Applicants.	
	NOFO Section I.B.3.j.	

	Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
--	--	-----

4A-1a.	DV Bonus Project Types.	
	NOFO Section I.B.3.j.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2024 Priority Listing.

	Project Type	
1.	SSO Coordinated Entry	Yes
2.	PH-RRH or Joint TH and PH-RRH Component	Yes

4A-2.	Information About the Project Applicant for the New Support Services Only Coordinated Entry (SSO-CE) DV Bonus Project.	
	NOFO Section I.B.3.j.(3)	

Enter in the chart below information about the project applicant that applied for the new SSO-CE DV Bonus project:

1.	Applicant Name	The Research Institute at Nationwide Children's Hospital
2.	Project Name	RI-NCH 2024 DV SSO-CE Expansion

4A-2a.	Addressing Coordinated Entry Inadequacies through the New SSO-CE DV Bonus Project.	
	NOFO Section I.B.3.j.(3)(c)	
	Describe in the field below:	
	1. the inadequacies of your CoC's current Coordinated Entry that limits its ability to better meet the needs of survivors of domestic violence, dating violence, sexual assault, or stalking; and	
	2. how the proposed project addresses inadequacies identified in element 1 of this question.	

(limit 2,500 characters)

1) The current HUD CoC-funded coordinated entry (CE) system for survivors of domestic violence, dating violence, sexual assault, and stalking has improved our community's ability to respond more effectively to those fleeing domestic violence, dating violence, sexual assault, and stalking by integrating trauma-informed procedures to better address safety into the CE process; helping callers find alternative accommodations when the local DV emergency shelter is full, which is common; streamlining referrals to victim service providers; and providing supportive services. The DV CE provider also provides training, consultation, and technical assistance to the homelessness crisis response system. Despite these improvements, our system lacks sufficient case management capacity to provide specialized, high-quality DV services to everyone who needs them. Our system would also benefit from more structured and trauma-informed coordination on survivors' specific needs across the system – including CE, shelter, housing, and services – and more comprehensive and detailed data collection and analysis.

2) This expansion would allow our system to expand supportive services for survivors by adding case managers and limiting caseloads to 25 program participants. Effective supportive services for survivors must be timely and cases are often complicated, requiring extended engagement to ensure safety, find appropriate housing, stabilize households, and establish appropriate ongoing services, based on participant need and choice. The expansion would also enable the DV CE provider to further refine the DV CE strategy, mapping out how a survivor experiences the homelessness crisis response system and identifying opportunities to improve the timeliness and effectiveness of assistance. This effort would include looking at system design, access points, assessment tools, and referral parameters; improving management of prioritization and coordination of the by-name waitlist; supporting partners' implementation of VAWA requirements, including emergency transfers; improving referral pathways for survivors sheltered in hotels due to lack of shelter capacity; providing additional technical assistance and training to system staff; and implementing routine data review and analysis to assess and improve trauma-informed responses for survivors accessing the crisis response system.

4A-2b.	Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New SSO-CE DV Bonus Project.	
	NOFO Section I.B.3.j.(3)(d)	
	Describe in the field below how the new project will involve survivors:	
	1. with a range of lived expertise; and	

- | | |
|----|---|
| 2. | in policy and program development throughout the project's operation. |
|----|---|

(limit 2,500 characters)

1) Survivor engagement in victim service programs is a bedrock principle of the anti-violence movement. The Center for Family Safety and Healing (TCFSH) – which operates the coordinated entry (CE) for survivors of domestic violence, dating violence, sexual assault, and stalking – established a Family Advisory Council that includes people with a range of lived experience. The Council includes a subcommittee that draws from our domestic violence program to involve a diverse group of survivors in policy and program development. TCFSH is working with the Ohio Domestic Violence network and the Sexual Assault Resource Network of Central Ohio to identify survivors involved in their programs willing to work with the Family Advisory Council members to further diversify the range of lived expertise available to help improve the experience of survivors in the crisis response system.

2) TCFSH continues to work with the Family Advisory Council, the technical assistance provider Technical Assistance Collaboration (TAC), and partner agencies in the DV system to identify and address gaps in the homelessness crisis response system services for survivors. Integration of persons with lived experience in the system development improves efforts to maintain an equitable CE system and a comprehensive trauma-informed process for survivors experiencing housing instability. TCFSH consistently brings together partners and survivors to inform strategic planning and develop shared agreements between organizations that implement supportive services and housing programs and how they translate into policy and processes. TCFSH, TAC, and partner agencies are preparing a survey for survivors to identify system policies and procedures that work well and where system policies and procedures need to be improved to better serve survivors. Survivors will also participate in analyzing the results of the survey and developing improved practices to address identified opportunities for improvement. They will be also involved in reviewing the updated policies and procedures that reflect the changes in practice and process improvements. The survey will be repeated after the implementation of these changes to evaluate and assess the impact of the changes and for continuous improvement purposes.

4A-3.	Data Assessing Need for New DV Bonus Housing Projects in Your CoC's Geographic Area.	
	NOFO Section I.B.3.j.(1)(c) and I.B.3.j.(3)(c)	

1.	Enter the number of survivors that need housing or services:	1,564
2.	Enter the number of survivors your CoC is currently serving:	267
3.	Unmet Need:	1,297

4A-3a.	How Your CoC Calculated Local Need for New DV Bonus Housing Projects.	
	NOFO Section I.B.3.j.(1)(c)	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-3 element 1 and element 2; and
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2.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

(limit 2,500 characters)

1) LSS CHOICES serves DV survivors in the local DV emergency shelter. It provided shelter and case management services to 461 households in FY23 - CHOICES provided unidentified data to CSB to analyze it and will assume that with no change in capacity, the same number of households will be served in the current and upcoming FY. Each of these survivors was determined to be in need of housing services. During the 2024 annual CoC Point in Time Count in the non-DV system, 14% of sheltered households, 63% of transitional housing households and 17% of unsheltered households reported histories of DV. Applying the respective rates to the total number of households served in the non-DV system in FY24 per program type (6,388, 133, 734 respectively), we are assessing that an additional 1,103 DV survivor households are served in the non-DV system and need specialized DV housing services (894, 84 and 125 per program type, respectively). Thus, the total need for DV housing is for 1,564 survivor households. In FY24, the CoC's DV RRH program operated by YMCA served 209 households, and the new joint DV RRH/TH program operated by LSS CHOICES that is starting this current FY is projected to serve 58 additional households for a total number served projected with RRH housing services of 267 DV survivors. Therefore, the CoC's Unmet Need is for 1,297 survivor households who need housing services.

2) The data sources used to determine the need, and the number of survivors served are the LSS CHOICES Social Solutions Apricot database (an HMIS-comparable database) and the CoC's HMIS data.

3) The primary barrier is funding. The CoC is unable to meet the need because it lacks sufficient funding targeting DV survivors to expeditiously and seamlessly move survivors into housing. In addition, the number of affordable housing units in the CoC is inadequate to meet the need.

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects—only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.

Applicant Name
Research Institut...

Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-3b.	Information About Unique Project Applicant Requesting New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)	

Enter information in the chart below on the project applicant that applied for one or more New DV Bonus housing projects included on your CoC's FY 2024 Priority Listing for New Projects:

1.	Applicant Name	Research Institute at Nationwide Children's Hospital
2.	Rate of Housing Placement of DV Survivors–Percentage	52%
3.	Rate of Housing Retention of DV Survivors–Percentage	40%

4A-3b.1.	Applicant's Housing Placement and Retention Data Explanation.	
	NOFO Section I.B.3.j.(1)(d)	

For the rate of housing placement and rate of housing retention of DV survivors reported in question 4B-3b., describe in the field below:

1.	how the project applicant calculated the rate of housing placement;
2.	whether the rate for housing placement accounts for exits to safe housing destinations;
3.	how the project applicant calculated the rate of housing retention; and
4.	the data source (e.g., comparable databases, other administrative data, external data source, HMIS for non-DV projects).

(limit 1,500 characters)

- 1) The Center for Family Safety and Healing (TCFSH) used housing outcome data from housing counseling and case management services records to calculate the rate of housing placement. In FY2023, TCFSH provided housing services to 196 households. Of those households, they successfully housed approximately 102 households or 52%.
- 2) The rate accounts for exits to safe housing destinations: family, friends, relocation, new housing unit.
- 3) In FY 2024, TCFSH follow-up data from housing case records indicated that of the 102 survivors housed in FY 2023, approximately 40% of the households continued to be safely housed. The 12-month housing retention rate was calculated at 40%.
- 4) The data source was TCFSH's internal housing consultation request system.

4A-3c.	Applicant's Experience Housing DV Survivors.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were quickly moved into safe affordable housing;
----	---

2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan;
3.	determined survivors' supportive services needs;
4.	connected survivors to supportive services; and
5.	moved survivors from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends.

(limit 2,500 characters)

1) The Center for Family Safety and Healing (TCFSH) has a tiered intake response to survivors with an immediate housing need. Care pathways have been developed that incorporate the community's current housing providers' intake and service requirements to move survivors as quickly and as effectively as possible through their housing crisis and towards stable housing.

2) TCFSH uses the system's standardized Housing Assistance and Screening Tool (HAST) to prioritize survivors and assess their housing and services needs and preferences. The HAST is scored, and the highest scored survivors are prioritized first through the coordinated entry system. Survivors receive additional points on the HAST due to their experiences that increases their prioritization compared to the general population. If eligible for RRH, the survivor is referred to the DV RRH pool. If PSH need is determined, TCFSH works with the survivor to complete the necessary paperwork and refer them to the Unified Supportive Housing System for PSH.

3) TCFSH completes an initial assessment to determine immediate safety and service needs and preferences (housing, legal, mental health, transportation, etc.). Supportive services needs are further assessed once the survivor is connected to their case manager, who helps them develop a survivor-centered, trauma-informed service plan that defines goals and strategies tailored to each household's needs and preferences. The case manager assists clients with resumes, to apply for housing vouchers, if needed, and search for employment. Referrals to counseling services, legal aid or other services occur as needed.

4) Supportive services plans include referrals to community partners for services not provided by TCFSH and address clients basic needs including nutrition, physical health, and mental health. Legal Aid provides legal advocacy; the Furniture Bank provides furnishings and Goodwill provides disability assistance. TCFSH housing case managers remain aligned with survivors until they are no longer needed to stabilize them in housing and address DV safety goals.

5) The move occurs once the household can afford housing on their own. Services to prepare the household for the move include financial management and work readiness training so that clients gain skills and confidence to establish their financial independence. Clients must achieve outcome indicators in living skills, work readiness skills, and financial literacy as part of their exit to housing.

4A-3d.	Applicant's Experience in Ensuring DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below examples of how the project applicant ensured the safety and confidentiality of DV survivors experiencing homelessness by:	
1.	taking steps to ensure privacy/confidentiality during the intake and interview process to minimize potential coercion of survivors;	
2.	making determinations and placements into safe housing;	

3.	keeping survivors' information and locations confidential;
4.	training staff on safety and confidentiality policies and practices; and
5.	taking security measures for units (congregate or scattered site), that support survivors' physical safety and location confidentiality.

(limit 2,500 characters)

1) Throughout the intake process, safety is defined by the survivor. The Center for Family Safety and Healing (TCFSH) uses a survivor-driven, trauma-informed mobile advocacy approach. We meet survivors at locations of their choice and communicate using the method of their choice. Names, contacts, and personal details are kept confidential. Interviews are held privately in a location of the survivor's choice, not in common areas of shelters or housing facilities. TCFSH collaborates with community partners to apply a "No Wrong Door" approach to services. All client data is secured, and only approved personnel can access it, to protect its integrity and confidentiality.

2) Case managers work with survivors to understand their needs and preferences and assess risk. Survivors can access any type of housing in the CoC, from scattered site RRH and PSH to single site PSH in secure buildings. Any participant can request an emergency transfer if they believe their safety is at risk. Projects have emergency transfer procedures to expeditiously identify alternative housing and relocate survivors.

3) All DV shelter, hotel, and housing placements are kept strictly confidential. Case managers arrange for transportation. TCFSH, as a VSP, does not participate in the community's HMIS and uses Penelope, a secure home-grown system, as the HMIS comparable database. No information is released regarding a client's use of services without informed written consent. Any non-VSP project can enter survivors into the HMIS anonymously to protect their identity. Paper records are locked with limited staff access.

4) TCFSH trains its own and system staff to ensure comprehensive and trauma-informed safety conversations with survivors. TCFSH created an online on-demand DV training for system staff. TCFSH coordinates with the Ohio Domestic Violence Network, which provides extensive training resources.

5) For survivors in PSH, our CoC has multiple single-site PSH options with secure entry. For scattered sites PSH or RRH, the survivor chooses the location of the housing that makes them feel safe. For any housing type, the case manager works with the survivor to develop a detailed safety plan that may include physical security and alarms, emergency contacts, transportation options, maintaining confidentiality, and financial resources. The case manager makes sure the survivor understands their right to an emergency transfer if they feel unsafe and how to initiate a transfer.

4A-3d.1.	Applicant's Experience in Evaluating Its Ability to Ensure DV Survivors' Safety.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served in the project, including any areas identified for improvement throughout the project's operation.

(limit 2,500 characters)

The Center for Family Safety and Healing (TCFSH) has a strong program evaluation department and engages in numerous quality improvement strategies. For example, the Adult Services Advocacy program at TCFSH helps survivors of domestic violence with urgent safety needs, serving a population that is extremely vulnerable. In 2022, 77% of survivors seen in the Advocacy program had research-based factors that indicated they were at high risk for homicide by their abusers. Victims reach TCFSH services via a centralized intake unit, and previously had no clinical pathways for immediate triage and response. Based on the evaluation results, care pathways were developed to establish responsiveness to these referrals and to ensure that required safety resources and supports were available for this extremely vulnerable population. TCFSH ensures survivor safety begins with their physical safety. Safety planning commences with the first contact. A safety plan is maintained at all times and revisited and revised as client's circumstances change. TCFSH uses industry-accepted standards to adhere to the strictest ethical standards to safeguard all personal information and data collected. These include password protected computers, locked file cabinets and timely destruction of hard copy identifying information as well as respecting confidentiality in written reports. TCFSH uses Penelope as its comparable HMIS data system to increase security of confidential files. Case files are maintained in two ways. Original hard copy case files, and electronic case files maintained in Penelope. Case files are maintained primarily by case management staff. Penelope allows TCFSH to ensure that files are always up to date with complete and accurate information.

4A-3e.	Applicant's Experience in Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	
	Describe in the field below the project applicant's experience in:	
1.	prioritizing placement and stabilization of survivors;	
2.	placing survivors in permanent housing;	
3.	placing and stabilizing survivors consistent with their preferences; and	
4.	placing and stabilizing survivors consistent with their stated needs.	

(limit 2,500 characters)

- 1) The Center for Family Safety and Healing (TCFSH) uses the Domestic Violence Housing First (DVHF) approach, which focuses on getting survivors into stable housing as quickly as possible. Case managers utilize a trauma-informed, victim-centered intake assessment that focuses on the client's wants, needs, and barriers. The client identifies what goals they want to work on. Trauma-informed interventions assume that people, especially women, have experienced past trauma and that the trauma is impacting people psychologically and physiologically, that clients' behaviors may be related to trauma. Staff avoid retraumatizing by not asking clients to re-tell their story.
- 2) Case managers prioritize safety and quick housing placement. Survivors have access to the entire CoC portfolio of housing, from market-rate housing to assisted scattered sites housing to scattered and single site PSH. TCFSH uses the system's standardized Housing Assistance Screening Tool (HAST) to identify appropriate and available housing options and place survivors in permanent housing with no preconditions.
- 3) Case managers discuss survivor preferences during the intake and HAST process. TCFSH is working with system partners to make the HAST more trauma-informed and survivor-centered. To stabilize survivors in housing, TCFSH provides supportive services and connects survivors to other community partners based on their preferences.
- 4) Case managers discuss survivor needs – especially safety needs – during the intake. To stabilize survivors in housing, TCFSH provides supportive services and connects survivors to other community partners depending on their needs, including safety planning. TCFSH has the experience to address the social determinants that influence poor health and safety outcomes and have invested significant efforts to help staff identify and respond to those identified needs. Services are voluntary, accessible, and flexible so that clients can benefit when needed and congruent with their immediate and long-term goals. In the past 5 years we have greatly increased our ability to provide concrete supports to families to address food insecurity, transportation barriers, specific safety risks and unstable housing. We work with families to ensure transportation to access needed services, and our programs entails safety planning, access to resources, adjunctive case management, and help addressing landlord-tenant issues, including referral for legal services.

4A-3f.	Applicant's Experience in Trauma-Informed, Survivor-Centered Approaches.	
	NOFO Section I.B.3.j.(1)(d)	

Describe in the field below examples of the project applicant's experience using trauma-informed, victim-centered approaches to meet needs of DV survivors by:

1.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures survivors and staff interactions are based on equality, and minimize power differentials;
2.	providing survivors access to information on trauma, e.g., training staff on providing survivors with information on the effects of trauma;
3.	emphasizing survivors' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans worked towards survivor-defined goals and aspirations;
4.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
5.	providing a variety of opportunities for survivors' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and

- | | |
|----|---|
| 6. | offering support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services. |
|----|---|

(limit 5,000 characters)

- 1) At the Center for Family Safety and Healing (TCFSH) an environment of agency and mutual respect is maintained via regular training and continuing education. Survivors are treated with respect, and their needs and preferences are prioritized. TCFSH prohibits mandated use of mediation or counseling for couples as a systemic response to domestic violence; any requirement that victims report sexual assault, stalking or domestic violence or forcing victims to participate in criminal proceedings; practices that impose restrictive and/or mandatory conditions to receive services; or procedures that would penalize or impose sanctions for failure to testify against the abuser and/or the perpetrator.
- 2) All staff receive regular training on the effects of trauma so they can support survivors by providing up-to-date information on the effects of trauma and services to address trauma. No services are contingent on the survivor's decision for police or legal intervention.
- 3) Trauma-informed services emphasize survivors' strengths. Case managers collaborate with survivors to develop plans that include strength-based goals and are tailored to each individual survivor's aspirations.
- 4) TCFSH conducts regular cultural competency training and routinely assesses the organization's inclusivity through surveys and workgroups. Staff have access to and know how to use language translation services – including sign language and Braille materials – to ensure effective communication with survivors. Staff receive non-discrimination training upon hire and refresher training annually.
- 5) TCFSH organizes optional mentorship and peer group opportunities for survivors to connect and support each other. TCFSH provides an optional Financial Empowerment program. The program gives survivors the knowledge and support needed to build a path to financial independence and improve safety. Program goals are to enhance knowledge of financial abuse and fundamentals of economic stability, enhance financial safety planning, and to help establish financial independence.
- 6) TCFSH connects survivors to community organizations and Nationwide Children's Hospital for parenting and childcare resources. Nationwide Children's Hospital Lawyers for Kids (LFK) program helps staff and survivors address legal issues. LFK is knowledgeable about benefits eligibility and works closely with staff and clients to ensure that these resources are maximized. Legal Aid helps survivors obtain court representation when needed.

4A-3g.	Applicant's Experience Meeting Service Needs of DV Survivors.	
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NOFO Section I.B.3.j.(1)(d)

Describe in the field below examples of supportive services the project provided to domestic violence survivors while quickly moving them into permanent housing and addressing their safety needs.

(limit 5,000 characters)

This survivor was referred to The Center for Family Safety and Healing (TCFSH) from our local domestic violence shelter program, where she had been hoteled due to no capacity in their shelter. The survivor, with three children under the age of 4, also presented with substantial mental health concerns. Her safety risks included severe physical abuse, as well as financial and technology abuse, that restricted her autonomy and ability to safely leave her abusive relationship. She and her children lived in the hotel for a total of 4 weeks, and funding for these costs were covered with TCFSH funds, local churches, and the community shelter. This survivor received safety planning to address her safety risk factors, and domestic advocacy support to assist in keeping her medical and mental health appointments. Transportation and food cards were provided by TCFSH. The housing advocate assisted her in obtaining section 8 housing and TCFSH provided her with the security deposit and first month's rent. This family had an open child welfare case, and our DV advocate, with the survivor's consent and participation, worked closely with them to ensure the children's safety and to obtain public benefits. This case continues as an open advocacy case, and the family is in their third month living independently in their new housing unit.

A fleeing domestic violence survivor with two young children was identified through our intake department where she received a lethality assessment. Given the high lethality factors present she was immediately referred to our domestic violence advocacy program and supportive housing services. The survivor was quickly provided with housing consultation, and it was determined there was a need for relocation to a neighboring county familiar to the client. TCFSH provided her with immediate concrete supports (food, hygiene and clothing supplies). The survivor stayed with a friend while a safe living unit was identified, and the housing advocate worked with the survivor to identify a suitable living unit that met her personal, financial and safety needs. During that time, which was approximately 3 weeks, safety planning was developed with a domestic violence advocate including psychoeducation on abuser tactics of coercive control, and an individual plan to address financial and technology safety, as well as home safety strategies. She was provided a deposit and first month's rent for the housing unit, and relocation expenses. Once settled, TCFSH provided the survivor with new local resources that could address longer term DV service needs.

Recent published research (Sullivan et al 2023, Journal of Interpersonal Violence 2023, Vol. 38(5-6) 4790–4813) affirms the positive impact on survivor safety and housing stability when services are approached from a Domestic Violence Housing First Model (DVHF). The DVHF model helps survivors quickly find safe and stable housing, including using individualized advocacy and/or flexible funding to help survivors attain their goals. Key components of DVHF include survivor-driven, trauma-informed, mobile advocacy; community engagement; and flexible financial assistance. TCFSH domestic violence advocacy and housing services are grounded in these principles. Staff can access TCFSH-provided concrete supports for survivors and can connect survivors to other community resources. Our community has a “no wrong door” approach to housing services, and our staff are poised in our intake department and throughout the system (court, child welfare, healthcare, law enforcement) to respond to referrals and provide services.

4A-3h.	Applicant's Plan for Placing and Stabilizing Survivors in Permanent Housing Using Trauma-Informed, Survivor-Centered Approaches in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

	Describe in the field below how the project(s) will:
1.	prioritize placement and stabilization of program participants;
2.	place program participants in permanent housing;
3.	place and stabilize program participants consistent with their preferences; and
4.	place and stabilize program participants consistent with their stated needs.

(limit 2,500 characters)

1) The Center for Family Safety and Healing (TCFSH) will use the Domestic Violence Housing First (DVHF) approach, which focuses on getting survivors into stable housing first, with no preconditions, as quickly as possible, and then providing the necessary support services. 2) Safety planning commences with the first contact. A safety plan is maintained at all times and revised as client's circumstances change. The HAST assessment will determine the needs and strengths of the survivor. It will be used to develop a housing search and placement plan and a program service plan. The move to permanent housing will occur directly from the emergency shelters or unsheltered location. The Case manager will assist with housing search and relocation assistance, with safety considerations. 3) Case managers will discuss survivor housing preferences during intake. Through a combination of evidence-based strategies and practices, TCFSH is committed to empowering households while nurturing a culture of dignity and collaboration. Our approach will involve working closely with each survivor to co-create personalized rehousing plans with regular feedback and communication. And instead of focusing solely on deficits or challenges, the Case manager will highlight the strengths and skills that clients bring to the table. To stabilize survivors in housing, TCFSH will provide supportive services and connect survivors to other community partners for services TCFSH does not provide, depending on the survivor's preferences. Services include landlord/tenant mediation, employment resources, transportation, training, case management focused on maintaining housing stability; services that address physical health, substance abuse, mental health, behavioral health, medical resources, and trauma, as needed and desired by program participants. The intensity and duration of financial assistance and services will depend on the program participant's needs and preferences. 4) Case managers will discuss survivor needs – especially safety needs – during the intake. To stabilize survivors in housing, TCFSH will provide supportive services and connect survivors to other community partners depending on the survivor's needs, including safety planning. TCFSH will address the social determinants that influence poor health and safety outcomes for survivors. Services will be voluntary, accessible, and flexible so that clients can benefit when needed and congruent with their immediate and long-term goals.

4A-3i.	Applicant's Plan for Administering Trauma-Informed, Survivor-Centered Practices in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(e)	

Describe in the field below examples of how the new project(s) will:

1.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant and staff interactions are based on equality, and minimize power differentials;
2.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on the effects of trauma;
3.	emphasize program participants' strengths—for example, strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans work towards survivor-defined goals and aspirations;
4.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination, language access, improving services to be culturally responsive, accessible, and trauma-informed;
5.	provide a variety of opportunities for program participants' connections, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
6.	offer support for survivor parenting, e.g., trauma-informed parenting classes, childcare, connections to legal services.

(limit 5,000 characters)

- 1) The Center for Family Safety and Healing (TCFSH) will maintain an environment of agency and mutual respect via regular training and continuing education. Survivors will be treated with respect, and their needs and preferences prioritized. Through a combination of evidence-based strategies and practices, TCFSH is committed to empowering individuals and families while nurturing a culture of dignity and collaboration. Our approach will involve working closely with each individual or family to co-create personalized rehousing plans with regular feedback and communication. And instead of focusing solely on deficits or challenges, our case management and housing specialist will highlight the strengths and skills that clients bring to the table.
- 2) All staff will receive regular training on the effects of trauma so they can support survivors by providing up-to-date information on the effects of trauma and services to address trauma. TCFSH staff will receive regular training on how to provide trauma-informed discussions and make referrals. Service provision will not be contingent on the survivor's decision for police or legal intervention. Confidential client information will not be released without client consent.
- 3) Trauma-informed services will emphasize survivors' strengths. Case managers will collaborate with survivors to develop plans that include strength-based goals and are tailored to each individual survivor's aspirations, with the understanding of the impact of trauma on survivors and the variability of individual responses. Motivational interviewing techniques are incorporated into our housing case management and housing counseling services. Policies and protocols are designed to promote safety; they do not attempt to control participant behavior. Confidentiality is also critical to survivor-centered care.
- 4) TCFSH will conduct regular cultural competency training and routinely assess the organization's inclusivity through surveys and workgroups. Staff have access to and know how to use language translation services – including sign language, large print, and Braille materials – to ensure effective communication with survivors. The project will center on cultural responsiveness and inclusivity. Key elements of the project design include a diverse and multilingual project staff; continual access to translation and interpretation services, whenever needed; regular training on equal access and nondiscrimination; and established partnerships with culturally and ethnically based community advocacy groups.
- 5) The project will provide a variety of opportunities for connection for program participants to promote independent living and sustainability. TCFSH will organize optional mentorship and peer group opportunities for survivors to connect and support each other. TCFSH will sustain the optional Financial Empowerment program for survivors. The program gives survivors the knowledge and support needed to build a path to financial independence and improve safety. Program goals are to enhance knowledge of financial abuse and fundamentals of economic stability, enhance financial safety planning, and to help establish financial independence. Identification of mental health and substance abuse issues include assessment of immediate need and referral for appropriate services, without denying access to housing services. Case managers are trained to reinforce current helpful treatment including medication-assisted treatment and peer and family support, and to assist the client in receiving the supports necessary to engage in needed interventions (transportation, advocacy, and case management support).
- 6) The project will offer support for survivor parenting. Case managers trained in Trauma Informed Care will offer de-escalation and short-term interventions for parents experiencing mental health crises resulting from recent traumatic experiences. Working through the lens of both trauma informed care and a

strengths-based perspective, the Case managers will help parents recognize their strengths to develop coping techniques. TCFSH will connect survivors to community organizations and Nationwide Children's Hospital for parenting and childcare resources. Nationwide Children's Hospital Lawyers for Kids (LFK) program will help staff and survivors address legal issues. LFK is especially knowledgeable about benefits eligibility and works closely with our staff and clients to ensure that these resources are maximized. Legal Aid will help survivors obtain court representation when needed.

4A-3j.	Applicant's Plan for Involving Survivors in Policy and Program Development, Operations, and Evaluation in the New DV Bonus Housing Project(s).	
	NOFO Section I.B.3.j.(1)(f)	
	Describe in the field below how the new project will involve survivors:	
1.	with a range of lived expertise; and	
2.	in policy and program development throughout the project's operation.	

(limit 2,500 characters)

1) The Center for Family Safety and Healing (TCFSH) acknowledges the hard work that it takes to meaningfully incorporate input from individuals with a range of lived experience. We have recently mobilized a client-based Family Advisory Council to help us improve our services. The Council includes a subcommittee that draws from our domestic violence programs to involve a diverse group of survivors in policy and program development. Our new project participants will be invited to participate in this subcommittee. 2) We have had good success with conducting time-limited focus groups with project participants and will continue to utilize this strategy for gaining input on policy and program development from our clients throughout the project's operation. We routinely gather client satisfaction feedback, which provides information on whether our clients receive the type and quality of program services they were seeking. The client satisfaction survey results will be brought to the Family Advisory Council and its subcommittee for an opportunity to discuss the results and seek ways to improve the project and its services. We also hired some individuals with lived experience as peer support staff who can better relate and respond to the clients we serve and can provide valuable input into policy and program development. Integration of persons with lived experience in the program development improves efforts to maintain an equitable program and a comprehensive trauma-informed process for survivors experiencing housing instability. TCFSH consistently brings together partners and survivors to inform strategic planning and develop shared agreements between organizations that implement supportive services and housing programs and how they translate into policy, processes and program improvements.

4B. Attachments Screen For All Application Questions

We have provided the following guidance to help you successfully upload attachments and get maximum points:

1.	You must include a Document Description for each attachment you upload; if you do not, the Submission Summary screen will display a red X indicating the submission is incomplete.		
2.	You must upload an attachment for each document listed where 'Required?' is 'Yes'.		
3.	We prefer that you use PDF files, though other file types are supported—please only use zip files if necessary. Converting electronic files to PDF, rather than printing documents and scanning them, often produces higher quality images. Many systems allow you to create PDF files as a Print option. If you are unfamiliar with this process, you should consult your IT Support or search for information on Google or YouTube.		
4.	Attachments must match the questions they are associated with.		
5.	Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.		
6.	If you cannot read the attachment, it is likely we cannot read it either.		
	. We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).		
	. We must be able to read everything you want us to consider in any attachment.		
7.	After you upload each attachment, use the Download feature to access and check the attachment to ensure it matches the required Document Type and to ensure it contains all pages you intend to include.		
8.	Only use the "Other" attachment option to meet an attachment requirement that is not otherwise listed in these detailed instructions.		
Document Type	Required?	Document Description	Date Attached
1C-7. PHA Homeless Preference	No	OH-503 1C-7 PHA H...	10/25/2024
1C-7. PHA Moving On Preference	No	OH-503 1C-7 PHA M...	10/25/2024
1D-10a. Lived Experience Support Letter	Yes	OH-503 1D-10a. Li...	10/08/2024
1D-2a. Housing First Evaluation	Yes	OH-503 1D-2a Hous...	10/03/2024
1E-2. Local Competition Scoring Tool	Yes	OH-503 1E-2. Loca...	10/25/2024
1E-2a. Scored Forms for One Project	Yes	OH-503 1E-2a Scor...	10/03/2024
1E-5. Notification of Projects Rejected-Reduced	Yes	OH-503 1E-5 Notif...	10/16/2024
1E-5a. Notification of Projects Accepted	Yes	OH-503 1E-5a. Not...	10/15/2024
1E-5b. Local Competition Selection Results	Yes	OH-503 1E-5b. Loc...	10/16/2024
1E-5c. Web Posting—CoC-Approved Consolidated Application	Yes	OH-503 1E-5c. Web...	10/23/2024
1E-5d. Notification of CoC-Approved Consolidated Application	Yes	OH-503 1E-5d. Not...	10/23/2024

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report	Yes	OH-503 2A-6 HUD's...	10/03/2024
3A-1a. Housing Leveraging Commitments	No	OH-503 3A-1a Hous...	10/03/2024
3A-2a. Healthcare Formal Agreements	No	OH-503 3A-2a Heal...	10/03/2024
3C-2. Project List for Other Federal Statutes	No		
Other	No		

Attachment Details

Document Description: OH-503 1C-7 PHA Homeless Preference

Attachment Details

Document Description: OH-503 1C-7 PHA Moving On Preference

Attachment Details

Document Description: OH-503 1D-10a. Lived Experience Support Letter

Attachment Details

Document Description: OH-503 1D-2a Housing First Evaluation

Attachment Details

Document Description: OH-503 1E-2. Local Competition Scoring Tool

Attachment Details

Document Description: OH-503 1E-2a Scored Forms for One Project

Attachment Details

Document Description: OH-503 1E-5 Notification of Projects Rejected-Reduced

Attachment Details

Document Description: OH-503 1E-5a. Notification of Projects Accepted

Attachment Details

Document Description: OH-503 1E-5b. Local Competition Selection Results

Attachment Details

Document Description: OH-503 1E-5c. Web Posting–CoC-Approved Consolidated Application

Attachment Details

Document Description: OH-503 1E-5d. Notification of CoC-Approved Consolidated Application

Attachment Details

Document Description: OH-503 2A-6 HUD's HDX Competition Report

Attachment Details

Document Description: OH-503 3A-1a Housing Leveraging Commitments

Attachment Details

Document Description: OH-503 3A-2a Healthcare Formal Agreements

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

Ensure that the Project Priority List is complete prior to submitting.

Page	Last Updated
1A. CoC Identification	09/13/2024
1B. Inclusive Structure	10/06/2024
1C. Coordination and Engagement	10/07/2024
1D. Coordination and Engagement Cont'd	10/16/2024
1E. Project Review/Ranking	Please Complete
2A. HMIS Implementation	10/06/2024
2B. Point-in-Time (PIT) Count	10/06/2024
2C. System Performance	10/06/2024
3A. Coordination with Housing and Healthcare	10/06/2024
3B. Rehabilitation/New Construction Costs	10/06/2024
3C. Serving Homeless Under Other Federal Statutes	10/06/2024

4A. DV Bonus Project Applicants	10/07/2024
4B. Attachments Screen	10/25/2024
Submission Summary	No Input Required

PHA Homeless Preference

In response to question 1C-7., please see the following document(s).





**COLUMBUS METROPOLITAN
HOUSING AUTHORITY**
COMMUNITY. COMMITMENT. COLLABORATION.

880 East 11th Avenue
Columbus, Ohio 43211
P: 614-421-6000
cmhanet.com

September 13, 2024

Shannon Isom
President & CEO
Community Shelter Board
355 E Campus View Blvd Suite 250
Columbus, OH 43235

Dear Shannon Isom:

The Columbus Metropolitan Housing Authority (CMHA) is a committed partner in the Columbus and Franklin County Continuum of Care and the work to end homelessness in our community. The local goal is to open one new permanent supportive housing project every year and so far, with the support of the Housing Choice Voucher (HCV) program, this goal has been met.

CMHA prioritizes homeless individuals and families for housing in the HCV program. The admission preference for homeless population is included in CMHA's Housing Choice Voucher Administrative Plan.

CMHA has 3,411 project-based vouchers (PBV) allocated to permanent supportive housing (PSH) projects across Columbus and Franklin County. When clients complete program goals and no longer need the breadth of supportive services they had under PSH, CMHA issues a free-standing voucher to the client so they can find a new affordable housing solution. The PSH development is then able to provide another homeless individual or family with access to stable housing.

CMHA is committed to utilizing project-based vouchers for new permanent supportive housing programs based on available HCV capacity. The Housing Opportunity Through Modernization Act (HOTMA) of 2016 increased the PBV cap and ensures an increase in the number of PBV vouchers available for use in housing the homeless population.

Thank you,

Justin C. Davis
Vice President
Housing Choice Voucher Program

COLUMBUS METROPOLITAN HOUSING AUTHORITY

CHAPTER 5: ADMISSION PREFERENCES

To fulfill its mission of providing rental housing subsidies to persons and families in need of assistance, CMHA has established several Admission Preferences for the issuance of Housing Choice Vouchers. These Preferences represent CMHA's policy determinations as to which HCV and PH program applicants should receive priority in the receipt of rental housing assistance.

This chapter describes the HUD and CMHA Admission Preferences that will be used to determine local priorities in the issuance of Housing Choice Vouchers.

Applicants will also be required to meet the HUD and CMHA eligibility requirements that are described in Chapter 3. HCV Application and Wait List Policies and Procedures are described in Chapter 4.

1. HUD MANDATED TARGETING (24 CFR § 982.201(b)(2))

A. HUD requires that no less than 75% of the families admitted to CMHA's HCV programs during any calendar year be Extremely Low-Income families earning or receiving income less than 30% of the Columbus area median income as adjusted for family size. (Once admitted to the HCV program, incomes are permitted – and encouraged – to rise.) Furthermore, no family may be admitted to the HCV program if its earnings and/or total income exceed 80% of the area median income as adjusted for family size. (These limits may be found on the CMHA Website (www.cmhanet.com)). Applicants added to a Wait List whose total family income exceed the 30% limit may face a delay in receipt of a Voucher if CMHA is unable to meet the 75% test at a particular point in time; however, they will remain on the Wait List.

B. HUD, from time to time, provides Vouchers to CMHA for targeted populations (e.g., residents displaced by demolition of public housing units or for the non-elderly disabled). Issuance of these vouchers must be to the targeted population and are not subject to the wait list criteria of the HCV program. Accordingly, CMHA's local Admission Preferences are not applicable.

2. CMHA ADMISSION PREFERENCES

CMHA has established the following Local Admission Preferences that will be used to select applicants to be placed on a Wait List and be issued a Housing Choice Voucher:

A. Under 30% of Area Median Income (HUD 75% Program requirement)

B. Family Composition Preference

1. Families with two or more persons.
2. Families that include a person with disabilities.
3. A household headed by a disabled or elderly person (62 years or older).

4. Single persons who are age 62 or older, displaced, homeless or is a person with disabilities.

C. Families residing in or who have been hired to work in the eight county Columbus Metropolitan Area (Franklin, Union, Delaware, Madison, Pickaway, Licking, Union and Fairfield).

D. An active-duty military or veteran's preference pursuant to the Ohio Revised Code.

E. Families not receiving any permanent rental assistance. Rental assistance is defined as any type of federal, state, or local housing rental assistance payment that is currently received by the family. Examples include, but are not necessarily limited to, HOPWA, HOME, Section 202 rental assistance, Ohio Department of Alcohol and Drug Addiction Services and/or Mental Health rental assistance, Housing Choice Voucher Project-Based, or Public Housing Programs. Rental Assistance does not include any type of rental assistance that is categorized as temporary or transitional in nature.

F. Referrals from social service and housing organizations providing supportive services to participants in CMHA's Project-Based Voucher Program.

G. Referrals from local supportive service organizations that have agreements with CMHA to provide supportive services to homeless, displaced and/or disabled persons and families and other at-risk populations, including referrals from Columbus Community Shelter Board agencies and the Franklin County ADAMH Board.

H. CMHA public housing families who elect to permanently relocate because of a Rental Assistance Demonstration (RAD) conversion at their development that requires relocation.

3. ASSIGNMENT OF ADMISSION PREFERENCE POINTS

As Preliminary Applications are submitted and placed in the Lottery Pool, Admission Preference Points will be assigned without verification on a provisional basis. At the time Full Applications are submitted, all information will be reviewed and verified and a final assignment of Admission Preference Points that govern Wait List priorities will be made.

Applicants will receive points for each Preference for which they qualify, and the points will be added to determine a ranking number. Points will be assigned as follows (indexing corresponds to the information immediately above):

A. HUD Mandated Preference - Under 30% of AMI adjusted for family size 3 Points

B. Family Composition Preference - Applicants are only entitled to points from one of these subcategories for a maximum of 11 points:

1. Families with two or more persons. 11 Points
2. Families that include a person with disabilities. 11 Points

3. Household headed by a disabled or elderly person (62 or older). 11 Points
4. Single persons who are age 62 or older, displaced, homeless or a person with disabilities. 11 Points

C. Metropolitan Area Resident 1 Point

D. Veteran Preference per Ohio Revised Code 1 Point

E. Families not receiving any permanent rental assistance 5 Points

F. Project-Based Voucher Program referrals 30 Points

G. Supportive Service Provider referrals 30 Points

H. RAD relocation of CMHA public housing families 30 Points

I. Non-Elderly Disabled (NED) Eligible 30 Points

J. Mainstream Eligible 30 Points

K. Family Unification Program 30 Points

L. Emergency Housing Vouchers 30 Points

M. CMHA Acquisitions and Dispositions 30 Points

N. CMHA Partnerships 30 Points

Footnotes to F through N

- Applicants receiving 30 points under admission preferences F, G, H, I, J, K, L, M and N above will not be placed in the lottery pool (see chapter 4) but will be added to the existing wait list as priority preference placements.
- Category F, project-based voucher program referrals, are CMHA contractual obligations and are limited to the number of project-based vouchers under HAP contract.
- Category G, supportive service provider referrals, are CMHA obligations based upon agreements with sponsor organizations and any limitations are subject to the discretion of the President and CEO.
- Category M, an executed Purchase and Sale agreement between CMHA and another entity is a qualifying event to determine if a property is being acquired or disposed of.
- Category N, CMHA will allocate vouchers for CMHA partnerships that are connected to housing homeless households or other agreed upon special populations. CMHA in conjunction with partners may develop housing initiatives that receive a

PHA Moving On Preference

In response to question 1C-7., please see the following document(s).





**COLUMBUS METROPOLITAN
HOUSING AUTHORITY**
COMMUNITY. COMMITMENT. COLLABORATION.

880 East 11th Avenue
Columbus, Ohio 43211
P: 614-421-6000
cmhanet.com

September 13, 2024

Shannon Isom
President & CEO
Community Shelter Board
355 E Campus View Blvd Suite 250
Columbus, OH 43235

Dear Shannon Isom:

The Columbus Metropolitan Housing Authority (CMHA) is a committed partner in the Columbus and Franklin County Continuum of Care and the work to end homelessness in our community. The local goal is to open one new permanent supportive housing project every year and so far, with the support of the Housing Choice Voucher (HCV) program, this goal has been met.

CMHA prioritizes homeless individuals and families for housing in the HCV program. The admission preference for homeless population is included in CMHA's Housing Choice Voucher Administrative Plan.

CMHA has 3,411 project-based vouchers (PBV) allocated to permanent supportive housing (PSH) projects across Columbus and Franklin County. When clients complete program goals and no longer need the breadth of supportive services they had under PSH, CMHA issues a free-standing voucher to the client so they can find a new affordable housing solution. The PSH development is then able to provide another homeless individual or family with access to stable housing.

CMHA is committed to utilizing project-based vouchers for new permanent supportive housing programs based on available HCV capacity. The Housing Opportunity Through Modernization Act (HOTMA) of 2016 increased the PBV cap and ensures an increase in the number of PBV vouchers available for use in housing the homeless population.

Thank you,

Justin C. Davis
Vice President
Housing Choice Voucher Program

local preference. These housing initiatives are targeted for specifically named households and may be based on CMHA and partner priorities or HUD targeted funding. In addition, these housing initiatives may include a defined number of Housing Choice Vouchers that will be allocated to households meeting specific described criteria.

4. SPECIAL PROGRAM CONVERSION TO TENANT-BASED VOUCHERS

From time to time, CMHA participates in special voucher programs sponsored by HUD and various other entities. Examples include but are not limited to the Family Unification Program; the Mainstream Voucher Program; the Veterans Assistance Housing Program; and the Foster Youth Initiative program. Based on the nature of the program, the possibility exists that funding sources may end, the term of the program may expire, or a person may age out of one of the programs. To prevent participants in such HUD and other programs from becoming homeless because of the termination of such a program as described above, any such participant at risk of becoming homeless as described shall be entitled to the issuance of a tenant-based voucher, should such participant meet the income and other qualifications for the tenant-based Housing Choice Voucher program.

Letter Signed by Working Group

In response to question 1D-10a., please see the following document(s).



**Columbus and Franklin County, Ohio
Citizens Advisory Council**

**Resolution for Approval of the Continuum of Care (CoC) Plan for Serving
Individuals and Families Experiencing Homelessness with Severe Service Needs**

October 7, 2024

WHEREAS, the Citizens Advisory Council is a Community Shelter Board-sponsored group with membership comprised of individuals with lived experience of homelessness; this group meets monthly and has two seats on the CoC governing body and one seat on the CoC Board;

WHEREAS, the Citizens Advisory Council members met on October 7, 2024, received presentations on the new projects to be developed, and provided feedback and suggestions for improvement;

WHEREAS, the Citizens Advisory Council members acknowledge that the new projects included in the CoC competition prioritize serving households experiencing homelessness with severe service needs and recommends inclusion of all projects in the CoC competition;

WHEREAS, the Citizens Advisory Council members scored the projects included in the CoC competition in the following manner:

Project	Score
CHN Deer Hill Place	6
CSB RRH	6
Netcare SSO-CE	5
CSB HMIS Expansion	6
RI-NCH DV RRH	6
RI-NCH DV SSO Expansion	6

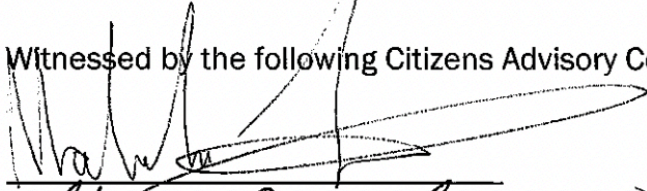
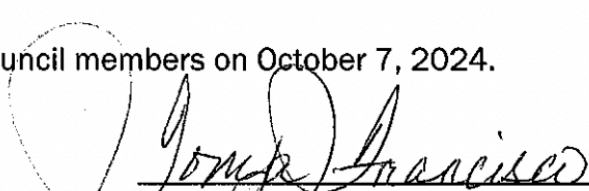

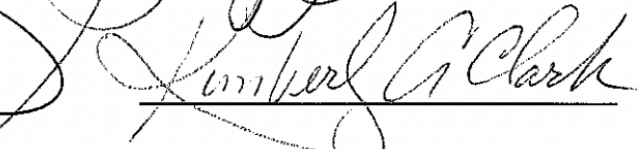
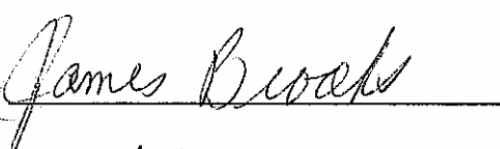
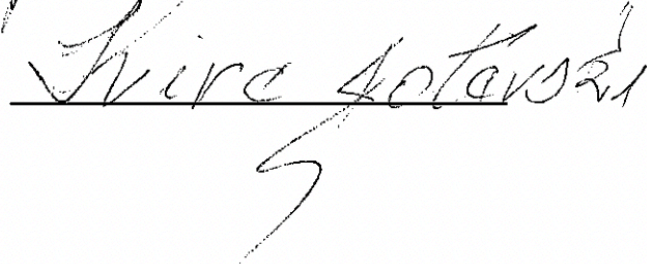
WHEREAS, the Citizens Advisory Council members support the priorities of the Columbus and Franklin County CoC in serving households experiencing homelessness with severe service needs as demonstrated by having all PSH units dedicated to households that meet the chronic homeless definition and have a disability, with the longest history of homelessness and the most severe service needs given first priority in all PSH projects in the system;

WHEREAS, the Citizens Advisory Council members support coordinated point of access expansion for people experiencing homelessness; rapid re-housing and expanded coordinated entry projects for survivors of domestic violence, dating violence, sexual assault, and stalking; and improved HMIS operations.

THEREFORE, be it resolved that the Citizens Advisory Council recommends inclusion of all the projects listed above in the CoC competition;

THEREFORE, be it resolved that the Citizens Advisory Council supports the priorities of the Columbus and Franklin County CoC in serving households experiencing homelessness with severe service needs as shown above.

Witnessed by the following Citizens Advisory Council members on October 7, 2024.

 _____ Sharon Hill Simpson	 _____ Tomp Francisco
 _____ Kimberl A Clark	 _____ Kimberl A Clark
 _____ James Brooks	_____ _____
 _____ Mike Kotowski	_____ _____

OH-503 Columbus and Franklin County Continuum of Care

1D-2a. Housing First Evaluation

Title	Maryhaven Commons at Chantry	08/01/2024
	by Ryan Pickut in Housing First Assessment Tool	id. 47133641
	jgulley@maryhaven.com	

Original Submission	08/01/2024
Score	88

Overview

This tool aims to assess and document how closely a housing and service provider adheres to the recommended best practice standards of the Housing First model, in the context of the broader work to implement a Housing First orientation at the system-level. This tool specifically evaluates program-level fidelity to Housing First, which directly impacts a system's fidelity to Housing First. This tool is adapted from HUD's Housing First Assessment Tool and is a required attachment for the Continuum of Care Application. Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues. Additionally, Housing First is based on the understanding that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life. For more information: <https://endhomelessness.org/resource/housing-first/>

Standards and Program Types The standards have been arranged into the following categories: Access & Input, Leases, Services & Housing, and Program-Specific. Some of the categories are not applicable for all program types, and those standards do not need to be completed. Please complete one form per program type. For example, if your agency has both a Joint and an RRH program, fill out one for each because they are different program types. Coordinated Entry - Access & Input; Program-specific Street Outreach - Access & Input; Program-specific Emergency Shelter - Access & Input; Services & Housing; Program-specific Transitional Housing - Access & Input, Services & Housing; Leases, Program-specific Rapid Re-Housing - Access & Input, Services & Housing; Leases, Program-specific Joint Transitional/Rapid Re-Housing - Access & Input, Services & Housing; Leases, Program-specific Permanent Supportive Housing - Access & Input, Services & Housing; Leases, Program-specific Self-Assessment of Housing First

The assessor (your agency) will determine a "score" for each standard, which will identify gaps in your agency's implementation of Housing First. The options are "Always," "Somewhat," and "Not at all" in reference to the frequency that the defined standard is implemented. To show that a program is in full compliance with each standard, the assessor would mark "Always." Document Uploads Do NOT upload the same policies and form templates submitted through the PR&C Documentation form. Please be sure to redact client PPI and refer to clients using their HMIS ID.

Agency and Program Name	Maryhaven Commons at Chantry
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Person Submitting on Behalf of the Agency (Assessor)	Jennifer Gulley
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Program Type	Transitional Housing, Rapid Re-Housing, Joint TH-RRH, and/or Permanent Supportive Housing
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Access & Input	For each standard, select “Not at all” or “Sometimes” or “Always”. “Always” indicates that the program is in full compliance. There are 7 Access standards and 2 Input standards. Access - accessibility of program and housing services Input - client input regarding program and housing services Scoring: For each standard, there is one scoring criteria: “Document It” means that there is written documentation that supports the program’s compliance with each standard. Please upload documents that demonstrate the implementation of Housing First strategies, please do not duplicate uploads of policy standards. Written documentation could include examples of successful or unsuccessful retention plans, behavioral or engagement contracts, client appeals, facilitated housing problem-solving and linkages and resources provided, etc.
Access 1: Programs are appropriately low-barrier	Definition: Admission to programs is not contingent on pre-requisites such as abstinence of substances, minimum income requirements, health or mental health history, medication adherence, age, criminal justice history (except Tier 3 sex offenders or those with active warrants), financial history, completion of treatment, participation in services, “housing readiness,” history or occurrence of victimization, survivor of sexual assault or an affiliated person of such a survivor or other unnecessary conditions unless required by law or funding source.
Access 1: Score	Always
Access 1: Score: Score	3
Access 1: Upload	ACCESS_1.pdf
Access 1: Comments (Optional)	Zero income form
Access 2: Programs do not deny assistance for unnecessary reasons	Definition: Procedures and oversight demonstrate that staff do everything possible to avoid denying assistance or rejecting an individual or family for the reasons listed in Access Standard #1.
Access 2: Score	Always
Access 2: Score: Score	3
Access 2: Upload	PSH_Access2.pdf
Access 2: Comments (Optional)	Comments on USHS discussing client's health needs.

Access 3: Access regardless of sexual orientation, gender identity, or marital status	Definition: Equal access is provided in accordance with the 2012 and 2016 Equal Access Rules, meaning that any program funded by HUD must ensure equal access for persons regardless of one's sexual orientation or marital status, and in accordance with one's gender identity. Adult only households, regardless of marital status, should have equal access to programs. Please see Equal Access Rules here: https://www.hudexchange.info/resource/1991/equal-access-to-housing-final-rule/
Access 3: Score	Always
Access 3: Score: Score	3
Access 3: Upload ACCESS_3.pdf	
Access 3: Comments (Optional)	Part of intake interview showing that unmarried couple moving into unit together.
Access 4: Admission process is expedited with speed and efficiency	Definition: Programs have expedited admission processes, to the greatest extent possible, including helping participants obtain required documentation, as well as processes to admit participants regardless of the status of their eligibility documentation whenever applicable.
Access 4: Score	Always
Access 4: Score: Score	3
Access 4: Upload ACCESS_4.pdf	
Access 4: Comments (Optional)	Tenant record showing interview date and move-in date less than 30 days apart.
Access 5: Intake processes are person-centered and flexible	Definition: Intake and assessment procedures are focused on the individual's or family's strengths, needs, and preferences. Programs do not require specific appointment times, but have flexible intake schedules that ensure access to all households. Assessments are focused on identifying household strengths, resources, as well as identifying barriers to housing that can inform the basis of a housing plan as soon as a person is enrolled in the program.
Access 5: Score	Always
Access 5: Score: Score	3
Access 5: Upload New_Interview_Packet_22.doc	

Access 5: Comments Page 4 of interview packet identifies client strengths and potential needs.
(Optional)

Access 6: The provider/program accepts referrals directly through Coordinated Entry

Definition: Programs actively participate in the Homeless Hotline and/or DV CE as part of streamlined community-wide system access and triage. Referrals from Coordinated Entry are rarely rejected, and only if there is a history of public alerts related to health and safety, the participant does not want to be in the program, there are legally valid grounds (such as restrictions regarding sex offenders) or some other exceptional circumstance that is well documented. For example: documentation of a justifiable rejected referral, Netcare referral entry, case notes, etc.

Access 6: Score Not at all

Access 6: Score: Score 1

Access 6: Upload

Access 6: Comments The program does not receive referrals through Coordinated Entry.
(Optional)

Access 7: Exits to homelessness are avoided

Definition: Programs that can no longer serve particular households ensure that those individuals and families have access to other housing and services as desired, and do not become disconnected from services and housing. Households encounter these exits under certain circumstances, such as if they demonstrate violent or harassing behaviors, which are described within agencies' regulation-adherent policies. For example: exit appeal process, discussion with client rights officer, post-exit plan, housing retention plan, transition plan to another program, connecting household to outreach, etc.

Access 7: Score Always

Access 7: Score: Score 3

Access 7: Upload

[PSH_Access7.pdf](#)

Access 7: Comments Housing retention plan
(Optional)

Input 1: Participant education is ongoing

Definition: Program participants receive ongoing education on Housing First principles as well as other service models employed in the program. In the beginning of and throughout tenancy, participants are informed about their full rights and responsibilities as lease holders, including the potential causes for eviction.

Input 1: Score Always

Input 1: Score: Score 3

Input 1: Upload

Right-and-Duties-of-Tenants-in-Franklin-County-12.21.pdf

Input 1: Comments
(Optional)

Input 2: Programs create regular, formal opportunities for participants to offer input. Definition: Input is welcomed regarding the program's policies, processes, procedures, and practices. Opportunities include involvement in: quality assurance and evaluation processes, town hall meetings, a participant leadership/advisory board, processes to formally communicate with landlords, planning social gatherings, integrating peer specialists and peer-facilitated support groups to compliment professional services.

Input 2: Score Always

Input 2: Score: Score 3

Input 2: Upload

[Input_1_Client_Communication_Form_2023-06.pdf](#)

Input 2: Comments (Optional) Regular resident meetings, client communication forms, satisfaction surveys

Leases For each standard, select "Not at all" or "Sometimes" or "Always". "Always" indicates that the program is in full compliance. There are 7 Leases standards. Scoring: For each standard, there is one scoring criteria: "Document It" means that there is written documentation that supports the program's compliance with each standard. Please upload documents that demonstrate the implementation of Housing First strategies, please do not duplicate uploads of policy standards. Written documentation could include examples of successful or unsuccessful retention plans, behavioral or engagement contracts, client appeals, facilitated housing problem-solving and linkages and resources provided, etc.

Leases 1: Housing is considered permanent (not applicable for Transitional Housing) Definition: Housing is not time-limited (though rent assistance may be) and leases are automatically renewable upon expiration, except with prior notice by either party.

Leases 1: Score Always

Leases 1: Score: Score 3

Leases 1: Upload

[Leases_1.pdf](#)

Leases 1: Comments (Optional) Page 2 of lease

Leases 2: Participant choice is fundamental	Definition: A participant has, at minimum, choices in deciding the location and type of housing based on preferences from a range of housing types and among multiple units, as available and as practical. In project-based settings, participants should be offered choice of units within a particular building, or within the portfolio of single site properties. In programs that use shared housing, i.e. housing with unrelated roommates, participants should be offered choice of roommates, as available and as practical. Additionally, as applicable, participants are able to choose their roommates when sharing a room or unit.
Leases 2: Score	Always
Leases 2: Score: Score	3
Leases 2: Upload	
Leases 2: Comments (Optional)	Participants are referred to a specific unit within the PSH project. Participants have the right to turn down the unit they were referred to. If another unit is available and has not already received a referral, a participant can view and request the other unit.
Leases 3: Leases are the same for participants as for other tenants	Definition: Leases do not have any provisions that would not be found in leases held by any other tenant in the property or building and is renewable per the participants' and owner's choice. People experiencing homelessness who receive help moving into permanent housing should have leases that confer the full rights, responsibilities, and legal protections under Federal, state, and local housing laws. For transitional housing, there may be limitations on length of stay, but a lease/occupancy agreement should look like a lease that a person would have in the normal rental market.
Leases 3: Score	Always
Leases 3: Score: Score	3
Leases 3: Upload	
	Leases3.pdf
Leases 3: Comments (Optional)	Copy of 1st 10 pages of the standard NCR lease agreement
Leases 4: Participants receive education about their lease or occupancy agreement terms	Definition: Participants are also given access to legal assistance and encouraged to exercise their full legal rights and responsibilities. Landlords and providers abide by their legally-defined roles and responsibilities.
Leases 4: Score	Always
Leases 4: Score: Score	3

Leases 4: Upload

[Right-and-Duties-of-Tenants-in-Franklin-County-12.21.pdf](#)

Leases 4: Comments (Optional)

Leases 5: Measures are used to prevent eviction	Definition: Property or building management, with services support, incorporates a culture of eviction avoidance, reinforced through practices and policies that prevent lease violations and evictions among participants, and evict participants only when they are a threat to self or others. Clear eviction appeal processes and due process is provided for all participants. Lease bifurcation is allowed so that a tenant or lawful occupant who is a victim of a criminal act of physical violence committed against them by another tenant or lawful occupant is not evicted, removed or penalized if the other is evicted.
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Leases 5: Score	Always
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Leases 5: Score: Score	3
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Leases 5: Upload

[Leases_5.pdf](#)

Leases 5: Comments (Optional)	Case notes showing meeting between case manager and property manager discussing retention plan and then meeting between those entities and the client.
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Leases 6: Providing stable housing is a priority	Definition: Providers engage in a continued effort to hold housing for participants, even if they leave their housing for short periods due to treatment, illness, or any other temporary stay outside of the unit.
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Leases 6: Score	Always
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Leases 6: Score: Score	3
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Leases 6: Upload

[Leases_6.pdf](#)

Leases 6: Comments (Optional)	Case notes showing client vacant from property for 2 months due to hospital stay.
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Leases 7: Rent payment policies respond to tenants' needs (as applicable)	Definition: While tenants are accountable to the rental agreement, adjustments may be needed on a case by case basis. As necessary, participants are given special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.
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Leases 7: Score	Always
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Leases 7: Score: 3
Score

Leases 7: Upload

[PSH_Lease7.pdf](#)

Leases 7: Comments Example of payment plan
(Optional)

Services & Housing For each standard, select “Not at all” or “Sometimes” or “Always”. “Always” indicates that the program is in full compliance. There are 7 Services and 4 Housing standards. Scoring: For each standard, there is one scoring criteria: “Document It” means that there is written documentation that supports the program’s compliance with each standard. Please upload documents that demonstrate the implementation of Housing First strategies, please do not duplicate uploads of policy standards. Written documentation could include examples of successful or unsuccessful retention plans, behavioral or engagement contracts, client appeals, facilitated housing problem-solving and linkages and resources provided, etc.

Services 1: Definition: Participants are able to choose from an array of services.
Programs promote Services offered are housing focused and include the following areas of
participant choice in support: employment and income, childhood and education, community
services connection, and stabilization to maintain housing. These should be provided
by linking to community-based services.

Services 1: Score Always

Services 1: Score: 3
Score

Services 1: Upload

Services 1: Participants are always provided choice in what services they want to
Comments (Optional) receive. No services are mandatory. No evidence to upload.

Services 2: Person Definition: Person-centered Planning is a guiding principle of the service
Centered Planning is planning process
a guiding principle of
the service planning
process

Services 2: Score Always

Services 2: Score: 3
Score

Services 2: Upload

[PSH_SERVICES2.pdf](#)

Services 2: IHSP
Comments (Optional)

Services 3: Service support is as permanent as the housing	Definition: Service connections are permanently available and accessible for participants in Permanent Supportive Housing. Rapid Re-Housing programs should, at a minimum, be prepared to offer services for up to 6 months after the rental assistance ends. In emergency shelter and transitional housing, services are available as long as the participant resides in the unit or bed – and up to 6 months following exit from transitional housing.
Services 3: Score	Always
Services 3: Score: Score	3
Services 3: Upload PSH_Services3.pdf	
Services 3: Comments (Optional)	Case notes showing engagement and services provided over the course of 1 year.
Services 4: Services are continued despite change in housing status or placement	Definition: Wherever possible, participants continue to be offered services even if they lose their housing unit or bed (for congregate programs), or if they are placed in a short-term inpatient treatment. Ideally, the service relationship should continue, despite a service hiatus during some institutional stays.
Services 4: Score	Always
Services 4: Score: Score	3
Services 4: Upload	
Services 4: Comments (Optional)	See upload for Leases 6
Services 5: Participant engagement is a core component of service delivery	Definition: Staff provide effective services by developing relationships with participants that provide immediate needs and safety, develop trust and common ground, making warm hand-offs to other mainstream service providers, and clearly explain staff roles. Engagement is regular and relationships are developed over time.
Services 5: Score	Always
Services 5: Score: Score	3
Services 5: Upload Services_5.pdf	
Services 5: Comments (Optional)	Case notes

Services 6: Services are culturally appropriate with translation services available	Definition: Program staff are sensitive to and support the cultural aspects of diverse households. Wherever possible, staff demographics reflect the participant population they serve in order to provide appropriate, culturally-specific services. Translation services are provided when needed to ensure full comprehension of the program. Programs that serve families with children should have family-friendly rules that allow for different schedules based on work and school hours and have services that allow parents to participate in activities without having to constantly supervise their children themselves (i.e. can use the bathroom or take a shower without their children being in the bathroom with them).
Services 6: Score	Always
Services 6: Score: Score	3
Services 6: Upload	
EC_Services_6_Audio_Video_Interpreting_Services.pdf	
Services 6: Comments (Optional)	
Services 7: Staff are trained in clinical and non-clinical strategies (including harm reduction, motivational interviewing, trauma-informed approaches, strength-based)	Definition: Services support a participant's ability to obtain and retain housing regardless of changes in behavior. Services are informed by a harm-reduction philosophy, such as recognizing that substance use and addiction are a part of some participants' lives. Participants are engaged in non-judgmental communication regarding their behavior and are offered education regarding how to avoid risky behaviors and engage in safer practices.
Services 7: Score	Always
Services 7: Score: Score	3
Services 7: Upload	
Services_7_MANDATORY_LEARNING_DEVELOPMENT_COURSES_AT_MARYHAVEN.pdf	
Services 7: Comments (Optional)	
Housing 1: Housing is not dependent on participation in services	Definition: Participation in permanent and temporary housing settings, as well as crisis settings such as emergency shelter, is not contingent on participating in supportive services or demonstration of progress made on a service plan. Services must be offered by staff, but are voluntary for participants. Staff must be educated on voluntary disability-related supportive services.
Housing 1: Score	Always

Housing 1: Score: 3
Score

Housing 1: Upload

[Housing_1.pdf](#)

Housing 1: Case notes showing client agreeing to then declining SUD treatment
Comments (Optional)

Housing 2: Definition: Participants are only terminated from the program for violations
Substance use is not in the lease or occupancy agreements, as applicable. Occupancy
a reason for agreements or an addendum to the lease do not include conditions around
termination substance use or participation in services. If the program is a recovery
housing model focused on people who are in early recovery from drugs or
alcohol (as outlined in HUD's Recovery Housing Brief), different standards
related to use and subsequent offer of treatment may apply. See HUD's
Recovery Housing brief here:
<https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/>

Housing 2: Score Always

Housing 2: Score: 3
Score

Housing 2: Upload

[Housing_2.pdf](#)

Housing 2: Case notes showing a positive drug test but also showing continued
Comments (Optional) engagement and housing.

Housing 3: The rules Definition: Program staff have realistic expectations and policies. Rules
and regulations of and regulations are designed to support safe and stable communities and
the program are centered on should never interfere with a life in the community. Participants have
participants' rights access to the program at all hours (except for nightly in and out shelter)
and accommodation is made for service animals.

Housing 3: Score Always

Housing 3: Score: 3
Score

Housing 3: Upload

[Housing_3.pdf](#)

Housing 3: NCR community rules
Comments (Optional)

Housing 4: Participants have the option to transfer to another program	Definition: In accordance with the Violence Against Women Act, transfers should be accommodated for tenants who reasonably believe that they are threatened with imminent harm from further violence if the tenant remains in the same unit. Whenever possible, transfers occur before a participant experiences homelessness.
Housing 4: Score	Always
Housing 4: Score: Score	3
Housing 4: Upload Housing_4.pdf	
Housing 4: Comments (Optional)	VAWA transfer
Program-Specific	For each standard, select “Not at all” or “Sometimes” or “Always”. “Always” indicates that the program is in full compliance. There are 2 to 4 program-specific standards, depending on program type. Scoring: For each standard, there is one scoring criteria: “Document It” means that there is written documentation that supports the program’s compliance with each standard. Please upload documents that demonstrate the implementation of Housing First strategies, please do not duplicate uploads of policy standards. Written documentation could include examples of successful or unsuccessful retention plans, behavioral or engagement contracts, client appeals, facilitated housing problem-solving and linkages and resources provided, etc.
Program Type	Permanent Supportive Housing
Program 1: Quick access to PSH assistance	Definition: A Permanent Supportive Housing program ensures quick linkage to a unit and wrap around services, based on participant needs, preferences, and resource availability.
Program 1: Score	Always
Program 1: Score: Score	3
Program 1: Upload	
Program 1: Comments (Optional)	See Access 4 upload.
Program 2: PSH is focused on ending homelessness for those with the most severe barriers to maintaining housing	Definition: Participants and staff understand that a primary goal of permanent supportive housing is to end homelessness for people with the most severe service needs and help participants stay housed, regardless of other perceived barriers.
Program 2: Score	Always

Program 2: Score: 3
Score

Program 2: Upload

Program 2: See Access 2 upload.
Comments (Optional)

Program 3: Property Management duties are separate and distinct from services/case management

Definition: In order to provide clear roles of staff for participants in terms of lease and rules enforcement as well as tenant advocacy, property management and service provider staff should be separate roles. However, they should work together on a regular basis through regular communications and meetings regarding Participants to address tenancy issues in order to preserve tenancy.

Program 3: Score Always

Program 3: Score: 3
Score

Program 3: Upload

[Program_3_CAC_BM_Meeting_-_2024-03-12T14-24-24.741Z.pdf](#)

Program 3: Blended Management Meeting Minutes
Comments (Optional)

Population-Specific

For each standard, select “Not at all” or “Sometimes” or “Always”. “Always” indicates that the program is in full compliance. There are 3 to 4 population-specific standards, depending on population: Youth and Young Adults, People in Recovery, and Domestic Violence Survivors. No standards will show if you selected “N/A” Scoring: For each standard, there is one scoring criteria: “Document It” means that there is written documentation that supports the program’s compliance with each standard. Please upload documents that demonstrate the implementation of Housing First strategies, please do not duplicate uploads of policy standards. Written documentation could include examples of successful or unsuccessful retention plans, behavioral or engagement contracts, client appeals, facilitated housing problem-solving and linkages and resources provided, etc.

Population Served N/A

Local Competition Scoring Tool

In response to question 1E-2, please see the following document.

1. Max points available and Max points available for objective criteria column = maximum points available for each **project**, highlighted below.
2. Max points available and Max points available for objective criteria column = maximum points available for **objective criteria**, highlighted below. Combination of Usage Points Available + Max points available for system performance columns (all points available and actual points awarded are based on objective criteria).
3. Max points available for system performance column = maximum points available for **system performance**, highlighted below.
4. Maximum points available for projects that address specific **severe barriers** to housing and services = no points are awarded because all CoC projects provide housing and services to the hardest to serve, most vulnerable populations. All projects in the CoC adhere to the same system-wide standardized prioritization and assessment requirements that prioritize the most vulnerable. All projects serve people with severe barriers to housing and services.
5. Data from comparable databases used to score projects submitted by victim service providers = this was the first year the DV Coordinated Entry provider operated their project. In accordance with the CoC's Scoring and Ranking P&Ps, the project is held harmless from a performance perspective, the **project is too new to be rated and the data from the comparable database was not used.**



Local Competition Scoring Tool

#	Project Name	Grant Number	Most recent closed HUD Grant Amount	Amount Expended Per CSB Records	Balance	% of HUD Grant Amount Spent	Usage Points Available	HUD Funding Usage Points Awarded	FY2024 Program Evaluation Rating	Max points available for system performance	Performance Points Awarded	Max points available and Max points available for objective criteria	Total Points Usage Points + Performance Points Awarded
1	YHDP CHN Youth PSH	OH0693U5E032302	\$134,058	\$134,058	\$0	100.0%	10	10	Medium	10	6	20	16
2	YHDP NCR Youth PSH	OH0779U5E032302	\$101,560	\$101,560	\$0	100.0%	10	10	Low	10	2	20	12
3	YHDP HFF RRH	OH0695U5E032302	\$1,077,063	\$1,077,063	\$0	100.0%	10	10	Low	10	2	20	12
4	YHDP HFF Transition to Home	OH0694U5E032302	\$1,599,765	\$1,599,765	\$0	100.0%	10	10	Medium	10	6	20	16
5	YHDP Huckleberry House TAY CARR	OH0692U5E032302	\$284,414	\$284,414	\$0	100.0%	10	10	Medium	10	6	20	16
6	CHN Knoll View Place	OH0759U5E032300	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
7	CHN Poplar Fen Place	OH0728U5E032200	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
8	LSS CHOICES Joint TH-RRH	OH0761U5E032300	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9	NCR Berwyn East	OH0727U5E032301	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
10	YMCA McKinley Manor	OH0760U5E032300	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
11	CHN Briggsdale	OH0078U5E032316	\$237,105	\$237,105	\$0	100.0%	10	10	High	10	10	20	20
12	CHN East Fifth	OH0088U5E032316	\$267,853	\$267,853	\$0	100.0%	10	10	High	10	10	20	20
13	CHN Family Homes	OH0082U5E032316	\$6,423	\$6,423	\$0	100.0%	10	10	High	10	10	20	20
14	CHN Inglewood	OH0410U5E032311	\$103,548	\$103,548	\$0	100.0%	10	10	High	10	10	20	20
15	CHN Safe Haven	OH0097U5E032316	\$203,258	\$203,258	\$0	100.0%	10	10	High	10	10	20	20
16	CHN Southpoint	OH0281U5E032315	\$215,360	\$215,360	\$0	100.0%	10	10	High	10	10	20	20
17	CHN Terrace	OH0092U5E032316	\$206,955	\$206,955	\$0	100.0%	10	10	Hlgh	10	10	20	20
18	Equitas TRA	OH0080U5E032316	\$890,084	\$890,084	\$0	100.0%	10	10	High	10	10	20	20
19	HFF RRH J2H	OH0074U5E032312	\$194,038	\$194,038	\$0	100.0%	10	10	N/A	10	N/A	20	20
20	Homefull Isaiah	OH0075U5E032313	\$2,178,192	\$2,178,192	\$0	100.0%	10	10	High	10	10	20	20
21	Homefull SRA	OH0083U5E032316	\$1,399,906	\$1,399,906	\$0	100.0%	10	10	High	10	10	20	20
22	Maryhaven Chantry	OH0090U5E032316	\$183,196	\$183,196	\$0	100.0%	10	10	High	10	10	20	20
23	NCR Buckingham	OH0394U5E032313	\$172,701	\$172,701	\$0	100.0%	10	10	High	10	10	20	20
24	NCR Grant	OH0085U5E032316	\$172,375	\$172,375	\$0	100.0%	10	10	High	10	10	20	20
25	NCR Third	OH0372U5E032312	\$177,762	\$177,762	\$0	100.0%	10	10	High	10	10	20	20
26	NCR Van Buren Village	OH0470U5E032307	\$66,904	\$66,904	\$0	100.0%	10	10	High	10	10	20	20
27	RI-NCH DV SSO-CE	OH0729U5E032301	\$297,909	\$297,594	\$315	99.9%	10	10	N/A	10	N/A	20	20
28	VOA Family PSH	OH0094U5E032316	\$620,633	\$620,633	\$0	100.0%	10	10	High	10	10	20	20
29	YMCA Touchstone	OH0445U5E032311	\$285,049	\$285,049	\$0	100.0%	10	10	N/A	N/A	N/A	20	20
30	CHN Marsh Brook	OH0630U5E032305	\$254,921	\$254,921	\$0	100.0%	10	10	Medium	10	6	20	16
31	CHN Parsons	OH0093U5E032316	\$288,613	\$288,613	\$0	100.0%	10	10	Medium	10	6	20	16
32	CHN Wilson	OH0101U5E032316	\$39,183	\$39,183	\$0	100.0%	10	10	Medium	10	6	20	16
33	Homefull Leasing	OH0312U5E032312	\$1,868,612	\$1,868,612	\$0	100.0%	10	10	Medium	10	6	20	16
34	Homefull TRA	OH0084U5E032316	\$2,841,241	\$2,841,241	\$0	100.0%	10	10	Medium	10	6	20	16
35	Huckleberry House TLP	OH0099U5E032316	\$304,763	\$304,763	\$0	100.0%	10	10	Medium	10	6	20	16
36	YWCA WINGS	OH0102U5E032316	\$538,193	\$538,193	\$0	100.0%	10	10	Medium	10	6	20	16
37	CSB HMIS	OH0087U5E032316	\$306,042	\$306,042	\$0	100.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
38	Homefull TRA Mainstream/EHV	OH0076U5E032316	\$560,140	\$560,140	\$0	100.0%	10	10	Medium	10	6	20	16
39	YMCA DV RRH	OH0617U5E032305	\$638,997	\$638,997	\$0	100.0%	10	10	Medium	10	6	20	16
1	CHN Deer Hill Place	new										52	48
2	CSB RRH	new										48	43
3	CSB HMIS Expansion	new										36	35
4	Netcare SSO-CE	new										38	34
1	RI-NCH DV RRH	new										48	43
2	RI-NCH DV CE Expansion	new										38	37

CoC Local Competition Scoring Tool

New Projects

New projects	Max Points Available & Points for Objective Criteria	General Points	Project type specific Points	Max Points Available for Performance	CAC (PWLE) Points
PSH projects	52	11	20	14	7
RRH projects	48	11	16	14	7
Joint RRH/TH projects	46	11	14	14	7
SSO non-CE projects	46	11	14	14	7
SSO CE projects	38	11	10	10	7
HMIS projects	36	11	8	10	7

Project Name:			Max Points Available/Objective Criteria Points				
			PSH projects	52			
Organization Name:			RRH projects	48			
			Joint projects	46			
Project Type:			SSO non-CE projects	46			
			SSO CE projects	38			
			HMIS projects	36			
CoC Funding requested			# of units proposed				
Amount of other public funding (federal, state, city, county)			# of homeless units				
Amount of private funding							
Total Project Cost		-	Cost per unit	#DIV/0!			
Scoring	Max Points Available per Scored Category Type	General Points Awarded	Project Type Points Awarded	Performance Points Awarded	CAC/ PWLE Points Awarded	Perf. Points Ratio	Total Points Awarded
General Points	11						
PSH Project	20	0	0	0		0%	0
RRH Project	16	0	0	0		0%	0
Joint Project	14	0	0	0		0%	0
SSO non-CE Project	14	0	0	0		0%	0
SSO CE Project	10	0	0	0		0%	0
HMIS Project	8	0	0	0		0%	0
Performance Points	14						
Performance Points (CE, HMIS)	10						
CAC (PWLE) Points	7						
At least 20% percent of total points based on system performance criteria for the project application							
At least 33% of total points based on objective criteria for the project application							
Please add any comments you have in the section below:							

Columbus and Franklin County Continuum of Care (OH-503)
2024 CoC Review, Score, and Ranking Tool - General Points

10/25/2024

Project Outline	Points Available	Points Awarded
Coordinated Entry Participation	1	
Housing First and/or Low Barrier Implementation	1	
All proposed program participants will be eligible for the program component type selected.	1	
Documented, secured minimum match	1	
Project has reasonable costs, as defined locally and proposed activities are eligible and consistent with program requirements	1	
Project is financially feasible	1	
Applicant is active CoC participant	1	
Application is complete and data are consistent; project narrative is fully responsive to the question being asked and meets all criteria for that question as required by the NOFO	1	
Data provided in the application are consistent	1	
Required attachments correspond to the list of attachments in e-snaps that must contain accurate and complete information and are correctly dated.	1	
Acceptable organizational audit/financial review	1	
Total Points Available/Awarded	11	0

Columbus and Franklin County Continuum of Care (OH-503)
2024 CoC Review, Score, and Ranking Tool - Performance Points

10/25/2024

Performance Specific - Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.	Points Available	Points Awarded
Efficient Number of Households Served (households served in-line with staffing and project need)	2	
Cost per household served in-line with historical information of like-projects	2	
Successful Housing Outcomes Rate meets the CSB/CoC established performance benchmark for project type (Replace with Successful Diversion Rate for SSO - CE)	2	
Recidivism Rate meets the CSB/CoC established performance benchmark for project type	2	
Project Occupancy Rate meets the CSB/CoC established performance benchmark for project type	2	
Average Length of Participation/Housing Stability meets the CSB/CoC established performance benchmark for project type	2	
Increase in Income Rate meets the CSB/CoC established performance benchmark for project type or project proposes and describes an achievable income-related measure	2	
Total Points Available/Awarded	14	0

Performance Specific - Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.	Points Available	Points Awarded
Efficient Number of Households Served (households served in-line with staffing and project need)	2	
Cost per household served in-line with historical information of like-projects	2	
Successful Housing Outcomes Rate meets the CSB/CoC established performance benchmark for project type (Replace with Successful Diversion Rate for SSO - CE)	2	
Recidivism Rate meets the CSB/CoC established performance benchmark for project type	2	
Average Length of Participation/Housing Stability meets the CSB/CoC established performance benchmark for project type	2	
Total Points Available/Awarded	10	0

Performance Specific - Establish performance measures for housing and income that are objective, measurable, trackable, and meet or exceed any established HUD, HEARTH or CoC benchmarks.	Points Available	Points Awarded
Efficient use of Funding for the Expansion	2	
Cost of expansion per FTE or license in-line with historical information of like-projects or industry-standards	2	
Additional capacity provided by the expansion that will improve reporting capacity for the partner agencies	2	
Additional capacity provided by the expansion that will improve technical assistance capacity for the partner agencies	2	
Additional capacity provided by the expansion that will improve the HMIS capabilities for the partner agencies	2	
Total Points Available/Awarded	10	0

PSH Specific	Points Available	Points Awarded
The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants.	2	
The type of supportive services that will be offered to program participants will ensure successful retention in or help to obtain permanent housing, including all supportive services regardless of funding source	2	
The proposed project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply and which meet the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).	2	
Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, housing that meets accessibility related needs, additional assistance to ensure retention of permanent housing)	2	
Applicant has prior experience developing and/or managing the type of housing proposed	2	
The majority of the units proposed in the project are dedicated to the population experiencing homelessness	2	
Applicant identified sources of capital funding that will cover the development cost, if applicable	2	
Applicant applied and received or is in the process of applying for OHFA tax credits, if applicable	2	
Applicant secured rental subsidies from other sources than CoC funding	2	
Applicant identified sources of services funding that complement any CoC request for supportive services, in an amount not less than 25% of the needed funding, inclusive of match from healthcare providers	2	
Total Points Available/Awarded	20	0

RRH Specific	Points Available	Points Awarded
The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants.	2	
The type of supportive services that will be offered to program participants will ensure successful retention in or help to obtain permanent housing, including all supportive services regardless of funding source	2	
The proposed project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social, and employment programs for which they are eligible to apply and which meet the needs of program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).	2	
Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, housing that meets accessibility related needs, additional assistance to ensure retention of permanent housing)	2	
Applicant has prior experience developing and/or managing the type of housing proposed	2	
The majority of the units proposed in the project are dedicated to the population experiencing homelessness	2	
Applicant secured rental subsidies from other sources than CoC funding	2	
Applicant identified sources of services funding that complement any CoC request for supportive services, in an amount not less than 25% of the needed funding, inclusive of match from healthcare providers	2	
Total Points Available/Awarded	16	0

Joint TH-RRH Specific	Points Available	Points Awarded
The type of housing proposed, including the number and configuration of units, will fit the needs of the program participants (e.g., ensuring a range of bedroom sizes to assist various family sizes.)	1	
The proposed project will provide enough rapid rehousing assistance to ensure that at any given time a program participant may move from transitional housing to permanent housing. This may be demonstrated by identifying a budget that has twice as many resources for the rapid rehousing portion of the project than the TH portion, by having twice as many PH-RRH units at a point in time as TH units, or by demonstrating that the budget and units are appropriate for the population being served by the project	2	
The proposed project demonstrates that participants will be quickly housed in transitional or RRH housing of their choice	2	
The type of supportive services that will be offered to program participants will ensure successful retention or help to obtain permanent housing, including all supportive services regardless of funding source	1	
The proposed project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social services, and employment programs for which they are eligible to apply and which meet the needs of the program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).	2	
Program participants are assisted to obtain and remain in permanent housing in a manner that fits their needs (e.g., provides the participant with some type of transportation to access needed services, safety planning, case management, housing that meets accessibility related needs, additional assistance to ensure retention of permanent housing).	2	
Project leverages housing resources with housing units not funded through the CoC or ESG programs.	2	
Applicant identified sources of services funding that complement any CoC request for supportive services, in an amount not less than 25% of the needed funding, inclusive of match from healthcare providers	2	
Total Points Available/Awarded	14	0

Columbus and Franklin County Continuum of Care (OH-503)
2024 CoC Review, Score, and Ranking Tool - Project Type

10/25/2024

SSO non-CE Specific	Points Available	Points Awarded
The proposed project has a strategy for providing supportive services to those with the highest service needs, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services	2	
Program participants are assisted to obtain and maintain permanent housing in a manner that fits their needs.	2	
The proposed project has a specific plan for ensuring program participants will be individually assisted to obtain the benefits of mainstream health, social services, and employment programs for which they are eligible to apply and which meet the needs of the program participants (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education).	2	
The project proposed will participate in coordinated entry	2	
Demonstrate understanding of the needs of the clients to be served	2	
Demonstrate type and scale of the supportive services, regardless of funding source, meet the needs of the clients to be served.	2	
Applicant identified sources of services funding that complement any CoC request for supportive services, in an amount not less than 25% of the needed funding, inclusive of match from healthcare providers	2	
Total Points Available/Awarded	14	0

Columbus and Franklin County Continuum of Care (OH-503)
2024 CoC Review, Score, and Ranking Tool - Project Type

10/25/2024

SSO CE Specific	Points Available	Points Awarded
The centralized or coordinated assessment system is easily available/reachable for all persons within the CoC's geographic area who are seeking homeless assistance. The system must also be accessible for persons with disabilities within the CoC's geographic area	2	
There is a strategy for advertising that is designed specifically to reach homeless persons with the highest barriers within the CoC's geographic area.	2	
There is a standardized assessment process	2	
Ensures program participants are directed to appropriate housing and services that fit their needs.	2	
Applicant identified sources of services funding that complement any CoC request for supportive services, in an amount not less than 25% of the needed funding, inclusive of match from healthcare providers	2	
Total Points Available/Awarded	10	0

Columbus and Franklin County Continuum of Care (OH-503)
2024 CoC Review, Score, and Ranking Tool - Project Type

10/25/2024

	Points Available	Points Awarded
HMIS		
The proposed project will expand functionality of the implementation in a meaningful way	2	
Cost of expansion is in-line with added staffing and/or license addition	2	
The project proposed will participate in coordinated entry	2	
Applicant identified sources of services funding that complement any CoC request for supportive services, in an amount not less than 25% of the needed funding, inclusive of match from healthcare providers	2	
Total Points Available/Awarded	8	0

OH-503 Columbus and Franklin County Continuum of Care

1E-2a. Scored Forms for One Project

2024 RENEWAL/EXPANSION SCORING SHEET - PSH/TH (non-YHDP)

Organization Name: Community Housing NetworkProject Name: BriggsdaleGrant Number: OH0078U5E032316**THRESHOLD REQUIREMENTS**

Compliant with A (Organizational) and D (Financial) Standards	Yes
Participates in Coordinated Entry	Yes
Operates a Housing First Program	Yes
Submitted a complete and accurate project application	Yes
Project has reasonable costs per SHO	Yes
Project is financially feasible	Yes
Active CoC participant	Yes
Acceptable Organizational Financial Indicators	Yes

ELIGIBLE FOR RATING	Yes
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PERFORMANCE EVALUATION OUTCOMES

Ends	Measurement	Annual Metrics	Semi-annual Goal	Semi-annual Actual	Achieved?
Efficient number of households served	Households served (#)	Set based on prior year(s) attainment and program capacity.	72	69	Yes
Access to resources/services to move to and stabilize housing Basic needs met in a non-congregate environment	Housing Stability	At least standard below or greater if prior year(s) achievement was greater <ul style="list-style-type: none"> At least 12 months for PSH (goal to be set not to exceed 24 months, actual attainment may be greater than goal) Up to 4 months for TH 	24	54	Yes
	Successful housing outcomes (%)	At least 90% successful housing outcomes for PSH and 77% successful housing outcomes for TH	90	97	Yes
	Successful housing outcomes (#)	Calculated based on the successful housing outcomes % measurement	65	66	Yes
	Successful housing exits (%) (PSH only)	At least 50% of exits are successful housing outcomes.	50	50	Yes
Not re-enter the emergency shelter system	Exit to Homelessness (%)	<10% of those who exit housing will return to homelessness within 180 days of exit.	<10	2	Yes
Efficient and effective use of a pool of community resources	Cost per household	Cost per household will be consistent with budget. Evaluated annually and presented to the CoC.	Consistent	Consistent	Yes
	Cost per unit	Cost per unit will be consistent with budget. Evaluated annually and presented to the CoC.	Consistent	Consistent	
	Pass program certification	Provide access to resources and services to end homelessness.	Pass certification	Compliant with conditions	
	Program Occupancy Rate (%)	Full occupancy (>95%).	95	98	Yes
CoC or HUD Standards	Negative Reason for leaving (%)	Less than 20% leave for non-compliance or disagreement with rules	20	25	Yes
	Increase in cash income, other than employment, from entry to exit or end of reporting period (%)	At least 30% of adults will increase income from other sources than employment from entry to exit or end of reporting period.	30	57	Yes
	Increase in income from employment, from entry to exit or end of reporting period (%)	At least 15% of adults will have increased employment income from entry to exit or end of reporting period.	15	2	No

Count # of rated performance items in the table above that were achieved

If >75% achieved, High rating, if 50-75% achieved, Medium rating, less than 50% achieved, Low rating

Assign rating level based on above

Assign 10 points for High rating, 6 points for Medium rating and 2 point for Low rating

Number of goals achieved:	10
% of goals achieved:	91%
Rating:	High
Score:	10

out of 10

USAGE OF HUD GRANT FUNDS

Most recent closed HUD Grant Amount	\$	237,105	amount of granted funding
Amount Expended	\$	237,105	amount of draws
Calculate rate of expenditure			% of HUD Grant Amount Spent
If more than 99.4%, 10 points; 80 - 99.4%, 8 points; 60-80%, 5 points; 40-60%, 2 points; <40%, 0 points			Score: 10

out of 10

TOTAL SCORE

20 out of 20

Notification of Projects Rejected-Reduced

In response to question 1E-5, No projects were rejected or reduced.

The project that shows as rejected was done at HUD's recommendation – the same project was redone and resubmitted due to a technical issue with the initial project.



OH-503 Columbus and Franklin County Continuum of Care

1E-5a. Notification of Projects Accepted



Heather Notter <heather.notter@gmail.com>

Notification of projects accepted for the FY24 Continuum of Care Application - scoring and ranking

1 message

Lianna Barbu <lbarbu@csb.org>

Tue, Oct 15, 2024 at 5:57 PM

To: Alexander Murphy <amurphy@chninc.org>, Amanda Frankl <afrankl@ymcacolumbus.org>, Amber Jacott <ajacott@ymcacolumbus.org>, Andrew Snouffer <asnouffer@homeforfamilies.org>, Bart Henning <BHenning@maryhaven.com>, Beth Fetzer-Rice <bfetzerrice@homeforfamilies.org>, Bianca Barton <bbarton@ymcacolumbus.org>, Dawn Lane <DLane@nationalchurchresidences.org>, De Andree Nekoranec <deandree.nekoranec@ymcacolumbus.org>, "High, Candy" <candyh@homefull.org>, Jennifer Gulley <jgulley@maryhaven.com>, Joan Russinovich <joan.russinovich@voaohin.org>, Judy Peterson <jpeterson@ymcacolumbus.org>, Kelsey Strausbaugh <KelseyStrausbaugh@equitashealth.com>, Kyra Crockett Hodge <kcrockett@huck-house.org>, LaRaun Clayton <laraun.clayton@voaohin.org>, Larry Murnane <LMurnane@nationalchurchresidences.org>, "Lauren Wilson - LSS Faith Mission (LWilson@lssnetworkofhope.org)" <LWilson@lssnetworkofhope.org>, Lynda Leclerc <lleclerc@huck-house.org>, Maria Houston <mnhouston@lssnetworkofhope.org>, "mzimmerman@nationalchurchresidences.org" <mzimmerman@nationalchurchresidences.org>, Mary Price <mprice@chninc.org>, "Meghann Cicola, MSW, LSW, She/Her/Hers" <meghanncicola@equitashealth.com>, Melissa Humbert-Washington <mhumbertwashington@homeforfamilies.org>, Michael Gildea <Michael.Gildea@voaohin.org>, "Nancy Cunningham (nancy.cunningham@nationwidechildrens.org)" <nancy.cunningham@nationwidechildrens.org>, Nick Winslow <nicholas.winslow@ymcacolumbus.org>, Paige Zilincik <Paige.Zilincik@nationwidechildrens.org>, Pam Mahaney <Pamela.Mahaney@mchs.com>, Roxann Payne <rpayne@mchs.com>, Ryan Cassell <rcassell@chninc.org>, Scott Jackson <scott.jackson@voaohin.org>, Terri Davis <tdavis@maryhaven.com>, Thelma Young <tdyoung@huck-house.org>, "Nolan, Theresa" <theresan@homefull.org>, Tina Patterson <Tinap@homefull.org>, Tom Kmetz <tom.kmetz@voaohin.org>, Trudy Elder <trudye@homefull.org>, Tyler Benack <tylerbenack@equitashealth.com>, Valerie Henthorn <vhenthorn@ymcacolumbus.org>, "wspinner@nationalchurchresidences.org" <wspinner@nationalchurchresidences.org>, "cwirick@netcareaccess.org" <cwirick@netcareaccess.org>, "Brian Stroh, M.D." <bstroh@netcareaccess.org>, "Weathers, Katherine" <Katherine.Weathers@familysafetyandhealing.org>, Sonya Thesing <sthesing@huck-house.org>, Erin Steele <esteele@netcareaccess.org>

Cc: Liz Price <lprice@csb.org>, "Heather Notter (heather.notter@gmail.com)" <heather.notter@gmail.com>

Good afternoon,

Thank you for submitting Project Applications for the FY24 CoC competition. The CoC Board met on October 15, 2024 to review the FY24 CoC Application and rank renewal and new Project Applications according to the attached 2024 CoC Scoring Ranking and Prioritization Procedures. Please see attached the CoC Board's recommendations for the ranked position of the project applications, including project scores and funding amounts. The CoC Board accepted all projects submitted, renewal and new. No project was rejected. YHDP, CoC planning, and UFA projects were accepted and not ranked, per HUD's guidance. The full CoC will meet on October 23 to review and approve the full CoC application.

The ranking is posted on the CoC website here:

- [Columbus & Franklin County, Ohio Continuum of Care \(columbusfranklincountycoc.org\)](https://columbusfranklincountycoc.org)

Please let us know if you have any questions.

Thank you

Lianna Barbu (she/her)

(614) 787-7062

2 attachments



FY24 Scoring and Ranking P&P.pdf

567K



Notification of Projects Accepted.pdf

33K

2024 CoC Application - Scoring and Ranking

#	Project Name	Grant Number	Total ARA	Cumulative	%	Most recent closed HUD Grant Amount	Amount Expended Per CSB Records	Balance	% of HUD Grant Amount Spent	Usage Points Available	HUD Funding Usage Points Awarded	FY2024 Program Evaluation Rating	Max points available for system performance	Performance Points Awarded	Max points available and Max points available for objective criteria	Total Points Usage Points + Performance Points Awarded	Project Ranking	Project accepted/rejected			
1	YHDP CHN Youth PSH	OH0693U5E032302	\$134,058	\$134,058	1%	\$134,058	\$134,058	\$0	100.0%	10	10	Medium	10	6	20	16	N/A	Accepted			
2	YHDP NCR Youth PSH	OH0779U5E032302	\$212,283	\$346,341	2%	\$101,560	\$101,560	\$0	100.0%	10	10	Low	10	2	20	12	N/A	Accepted			
3	YHDP HFF RRH	OH0695U5E032302	\$976,447	\$1,322,788	6%	\$1,077,063	\$1,077,063	\$0	100.0%	10	10	Low	10	2	20	12	N/A	Accepted			
4	YHDP HFF Transition to Home	OH0694U5E032302	\$1,744,369	\$3,067,157	14%	\$1,599,765	\$1,599,765	\$0	100.0%	10	10	Medium	10	6	20	16	N/A	Accepted			
5	YHDP Huckleberry House TAY CARR	OH0692U5E032302	\$224,000	\$3,291,157	15%	\$284,414	\$284,414	\$0	100.0%	10	10	Medium	10	6	20	16	N/A	Accepted			
6	CHN Knoll View Place	OH0759U5E032300	\$262,551	\$3,553,708	16%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	1	Accepted			
7	CHN Poplar Fen Place	OH0728U5E032200	\$252,064	\$3,805,772	17%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	2	Accepted			
8	LSS CHOICES Joint TH-RRH	OH0761U5E032300	\$1,006,648	\$4,812,420	22%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	3	Accepted			
9	NCR Berwyn East	OH0727U5E032301	\$338,633	\$5,151,053	23%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	4	Accepted			
10	YMCA McKinley Manor	OH0760U5E032300	\$262,450	\$5,413,503	24%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	5	Accepted			
11	CHN Briggsdale	OH0078U5E032316	\$185,605	\$5,599,108	25%	\$237,105	\$237,105	\$0	100.0%	10	10	High	10	10	20	20	6	Accepted			
12	CHN East Fifth	OH0088U5E032316	\$232,914	\$5,832,022	26%	\$267,853	\$267,853	\$0	100.0%	10	10	High	10	10	20	20	7	Accepted			
13	CHN Family Homes	OH0082U5E032316	\$13,310	\$5,845,332	26%	\$6,423	\$6,423	\$0	100.0%	10	10	High	10	10	20	20	8	Accepted			
14	CHN Inglewood	OH0410U5E032311	\$60,247	\$5,905,579	26%	\$103,548	\$103,548	\$0	100.0%	10	10	High	10	10	20	20	9	Accepted			
15	CHN Safe Haven	OH0097U5E032316	\$188,951	\$6,094,530	27%	\$203,258	\$203,258	\$0	100.0%	10	10	High	10	10	20	20	10	Accepted			
16	CHN Southpoint	OH0281U5E032315	\$213,546	\$6,308,076	28%	\$215,360	\$215,360	\$0	100.0%	10	10	High	10	10	20	20	11	Accepted			
17	CHN Terrace	OH0092U5E032316	\$135,549	\$6,443,625	29%	\$206,955	\$206,955	\$0	100.0%	10	10	High	10	10	20	20	12	Accepted			
18	Equitas TRA	OH0080U5E032316	\$1,025,343	\$7,468,968	33%	\$890,084	\$890,084	\$0	100.0%	10	10	High	10	10	20	20	13	Accepted			
19	HFF RRH J2H	OH0074U5E032312	\$355,997	\$7,824,965	35%	\$194,038	\$194,038	\$0	100.0%	10	10	N/A	10	N/A	20	20	14	Accepted			
20	Homefull Isaiah	OH0075U5E032313	\$2,450,660	\$10,275,625	46%	\$2,178,192	\$2,178,192	\$0	100.0%	10	10	High	10	10	20	20	15	Accepted			
21	Homefull SRA	OH0083U5E032316	\$1,276,437	\$11,552,062	52%	\$1,399,906	\$1,399,906	\$0	100.0%	10	10	High	10	10	20	20	16	Accepted			
22	Maryhaven Chantry	OH0090U5E032316	\$183,196	\$11,735,258	53%	\$183,196	\$183,196	\$0	100.0%	10	10	High	10	10	20	20	17	Accepted			
23	NCR Buckingham	OH0394U5E032313	\$172,375	\$11,907,633	53%	\$172,701	\$172,701	\$0	100.0%	10	10	High	10	10	20	20	18	Accepted			
24	NCR Grant	OH0085U5E032316	\$172,376	\$12,080,009	54%	\$172,375	\$172,375	\$0	100.0%	10	10	High	10	10	20	20	19	Accepted			
25	NCR Thrid	OH0372U5E032312	\$172,375	\$12,252,384	55%	\$177,762	\$177,762	\$0	100.0%	10	10	High	10	10	20	20	20	Accepted			
26	NCR Van Buren Village	OH0470U5E032307	\$64,200	\$12,316,584	55%	\$66,904	\$66,904	\$0	100.0%	10	10	High	10	10	20	20	21	Accepted			
27	RI-NCH DV SSO-CE	OH0729U5E032301	\$195,057	\$12,511,641	56%	\$297,909	\$297,594	\$315	99.9%	10	10	N/A	10	N/A	20	20	22	Accepted			
28	VOA Family PSH	OH0094U5E032316	\$626,653	\$13,138,294	59%	\$620,633	\$620,633	\$0	100.0%	10	10	High	10	10	20	20	23	Accepted			
29	YMCA Touchstone	OH0445U5E032311	\$237,170	\$13,375,464	60%	\$285,049	\$285,049	\$0	100.0%	10	10	N/A	N/A	N/A	20	20	24	Accepted			
30	CHN Marsh Brook	OH0630U5E032305	\$254,000	\$13,629,464	61%	\$254,921	\$254,921	\$0	100.0%	10	10	Medium	10	6	20	16	25	Accepted			
31	CHN Parsons	OH0093U5E032316	\$331,658	\$13,961,122	63%	\$288,613	\$288,613	\$0	100.0%	10	10	Medium	10	6	20	16	26	Accepted			
32	CHN Wilson	OH0101U5E032316	\$66,279	\$14,027,401	63%	\$39,183	\$39,183	\$0	100.0%	10	10	Medium	10	6	20	16	27	Accepted			
33	Homefull Leasing	OH0312U5E032312	\$1,967,688	\$15,995,089	72%	\$1,868,612	\$1,868,612	\$0	100.0%	10	10	Medium	10	6	20	16	28	Accepted			
34	Homefull TRA	OH0084U5E032316	\$3,222,108	\$19,217,197	86%	\$2,841,241	\$2,841,241	\$0	100.0%	10	10	Medium	10	6	20	16	29	Accepted			
35	Huckleberry House TLP	OH0099U5E032316	\$232,135	\$19,449,332	87%	\$304,763	\$304,763	\$0	100.0%	10	10	Medium	10	6	20	16	30	Accepted			
36	YWCA WINGS	OH0102U5E032316	\$257,848	\$19,707,180	88%	\$538,193	\$538,193	\$0	100.0%	10	10	Medium	10	6	20	16	31	Accepted			
37	CSB HMIS	OH0087U5E032316	\$164,070	\$19,871,250	89%	\$306,042	\$306,042	\$0	100.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	32	Accepted			
38	Homefull TRA Mainstream/EHV	OH0076U5E032316	\$867,351	\$20,738,601	93%	\$560,140	\$560,140	\$0	100.0%	10	10	Medium	10	6	20	16	33	Accepted			
39	YMCA DV RRH	OH0617U5E032305	\$1,592,806	\$22,331,407	100%	\$638,997	\$638,997	\$0	100.0%	10	10	Medium	10	6	20	16	34	Accepted			
1	CHN Deer Hill Place	new	\$543,803												52	48	35	Accepted			
2	CSB RRH	new	\$1,855,966												48	43	36	Accepted			
3	CSB HMIS Expansion	new	\$100,000												36	35	37	Accepted			
4	Netcare SSO-CE	new	\$180,000												38	34	38	Accepted			
1	RI-NCH DV RRH	new	\$733,457												48	43	39	Accepted			
2	RI-NCH DV CE Expansion	new	\$993,393												38	37	40	Accepted			
40	CoC Planning		\$1,116,570		5%	\$550,333	\$550,333	\$0	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Accepted			
41	CoC UFA		\$669,942		3%	\$550,333	\$550,333	\$0	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Accepted			
	ARD		\$22,331,407		FY24	\$19,817,483	\$19,817,168	\$315													
	Tier 1		\$20,098,266	90%						Tier 2											
	Tier 2		\$2,233,141	10%						Project Name					ARA	Expended	% Spent	Score			
	YHDP		\$3,291,157		Total 2024 application					\$28,524,538	Homefull TRA Mainstream/EHV					\$867,351	\$560,140	65%	32.2		
	Bonus		\$2,679,769		Total available					\$28,535,841	YMCA DV RRH					\$1,592,806	\$638,997	40%	10.2		
	DV Bonus		\$1,738,153																		
	CoC Plan and UFA		\$1,786,512																		

Columbus & Franklin County Ohio Continuum of Care

Meetings HUD Application Members Board Members Login

2024

- [FY24 Notification of Projects Accepted](#)
- [FY24 CoC Scoring and Ranking Process](#)
- [FY24 CoC Application Schedule](#)
- [CoC Reallocation Process](#)
- [FY24 CoC Project Application Guidance - Renewal \(YHDP\)](#)
- [FY24 CoC Project Application Guidance - Renewal \(non-YHDP\)](#)
- [FY24 CoC Project Application Guidance - New](#)

2023 +

2022 +

2022 SUPPLEMENTAL NOFO APPLICANT MATERIALS +

2022 SUPPLEMENTAL NOFO Q&A +

2021 +



Local Competiton Selection Results

In response to question 1E-5b, please see the following document(s).



Final Project Scores and Ranking - Competition Results

Subgrantee and Project Name	Grant Number	Project Score	Project Status accepted/ rejected/ Reduced Reallocated/ Fully Reallocated	Project Rank	Amount Requested from HUD
YHDP CHN Youth PSH	OH0693U5E032302	16	Accepted	N/A	\$134,058
YHDP NCR Youth PSH	OH0779U5E032302	12	Accepted	N/A	\$212,283
YHDP HFF RRH	OH0695U5E032302	12	Accepted	N/A	\$976,447
YHDP HFF Transition to Home	OH0694U5E032302	16	Accepted	N/A	\$1,744,369
YHDP Huckleberry House TAY CARR	OH0692U5E032302	16	Accepted	N/A	\$224,000
CHN Knoll View Place	OH0759U5E032300	N/A	Accepted	1	\$262,551
CHN Poplar Fen Place	OH0728U5E032200	N/A	Accepted	2	\$252,064
LSS CHOICES Joint TH-RRH	OH0761U5E032300	N/A	Accepted	3	\$1,006,648
NCR Berwyn East	OH0727U5E032301	N/A	Accepted	4	\$338,633
YMCA McKinley Manor	OH0760U5E032300	N/A	Accepted	5	\$262,450
CHN Briggsdale	OH0078U5E032316	20	Accepted	6	\$185,605
CHN East Fifth	OH0088U5E032316	20	Accepted	7	\$232,914
CHN Family Homes	OH0082U5E032316	20	Accepted	8	\$13,310
CHN Inglewood	OH0410U5E032311	20	Accepted	9	\$60,247
CHN Safe Haven	OH0097U5E032316	20	Accepted	10	\$188,951
CHN Southpoint	OH0281U5E032315	20	Accepted	11	\$213,546
CHN Terrace	OH0092U5E032316	20	Accepted	12	\$135,549
Equitas TRA	OH0080U5E032316	20	Accepted	13	\$1,025,343
HFF RRH J2H	OH0074U5E032312	20	Accepted	14	\$355,997
Homefull Isaiah	OH0075U5E032313	20	Accepted	15	\$2,450,660
Homefull SRA	OH0083U5E032316	20	Accepted	16	\$1,276,437
Maryhaven Chantry	OH0090U5E032316	20	Accepted	17	\$183,196
NCR Buckingham	OH0394U5E032313	20	Accepted	18	\$172,375
NCR Grant	OH0085U5E032316	20	Accepted	19	\$172,376
NCR Third	OH0372U5E032312	20	Accepted	20	\$172,375
NCR Van Buren Village	OH0470U5E032307	20	Accepted	21	\$64,200
RI-NCH DV SSO-CE	OH0729U5E032301	20	Accepted	22	\$195,057
VOA Family PSH	OH0094U5E032316	20	Accepted	23	\$626,653
YMCA Touchstone	OH0445U5E032311	20	Accepted	24	\$237,170
CHN Marsh Brook	OH0630U5E032305	16	Accepted	25	\$254,000
CHN Parsons	OH0093U5E032316	16	Accepted	26	\$331,658
CHN Wilson	OH0101U5E032316	16	Accepted	27	\$66,279
Homefull Leasing	OH0312U5E032312	16	Accepted	28	\$1,967,688
Homefull TRA	OH0084U5E032316	16	Accepted	29	\$3,222,108
Huckleberry House TLP	OH0099U5E032316	16	Accepted	30	\$232,135
YWCA WINGS	OH0102U5E032316	16	Accepted	31	\$257,848
CSB HMIS	OH0087U5E032316	N/A	Accepted	32	\$164,070
Homefull TRA Mainstream/EHV	OH0076U5E032316	16	Accepted	33	\$867,351
YMCA DV RRH	OH0617U5E032305	16	Accepted	34	\$1,592,806
CHN Deer Hill Place	new	48	Accepted	35	\$543,803
CSB RRH	new	43	Accepted	36	\$1,855,966
CSB HMIS Expansion	new	35	Accepted	37	\$100,000
Netcare SSO-CE	new	34	Accepted	38	\$180,000
RI-NCH DV RRH	new	43	Accepted	39	\$733,457
RI-NCH DV CE Expansion	new	37	Accepted	40	\$993,393
CoC Planning		N/A	Accepted	N/A	\$1,116,570
CoC UFA		N/A	Accepted	N/A	\$669,942
				Total	\$ 28,524,538

Projects not scored are exempted because they are too new to be scored or an HMIS only, COC Planning or UFA project.

OH-503 Columbus and Franklin County Continuum of Care

1E-5c. Web Posting–CoC-Approved Consolidated Application

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Funding Opportunity for Programs Serving Survivors of Domestic Violence

Application Schedule

2024

- 2023+

- 2022+



Notification of CoC-Approved Consolidated Application

In response to question 1E-5d, please see the following document(s).



Lianna Barbu

From: Lianna Barbu
Sent: Wednesday, October 23, 2024 9:53 PM
To: amarker@buildwithmarker.com; amcline@franklincountyohio.gov; KNAstedu@columbus.gov; bfetzerrice@homeforfamilies.org; sonya.higginbotham@wthg.com; Buck.Bramlish@franklincountyohio.gov; Tia.Bythewood@franklincountyohio.gov; Chanda.Wingo@franklincountyohio.gov; cclarke@homeforfamilies.org; dpolkbla@cscce.edu; dmayer@columbuslegalaid.org; ELHernandezParra@columbus.gov; esavors@columbusfoundation.org; flyons@columbus.k12.oh.us; frank.beel@mha.ohio.gov; hannah@sanctuarynight.com; Jeff.Pattison@fcbdd.org; SNJindal@columbus.gov; jwelly@occh.org; KelseyStrausbaugh@equitashealth.com; kscott@wdbco.org; Le-Ann.Harris@ohiohealth.com; KKinade@columbuspolice.org; malcolm.turner19741974@gmail.com; mdjohnson1@columbus.gov; mnhouston@lssnetworkofhope.org; michael.wilkos@uwcentralohio.org; wymern@nationwide.com; braceletfive@gmail.com; rpayne@mchs.com; sscharlach@cmhanet.com; sheilaprillerman1953@gmail.com; srwakely@fccs.us; Sonya.Higginbotham@worthingtonindustries.com; Shannon Isom; terri.power@csh.org; tnross@columbus.gov; tmruther@fccs.us; svillilo@adamhfranklin.org; vivian.turner@jfs.ohio.gov; beth.lonn@ymcacolumbus.org; WalterDillard@franklincountyohio.gov; Sarah Douglas; steve@hztrust.org; nancy@sanctuarynight.com; dmayer@lasco.org; Marquan.Mccarrel@mha.ohio.gov; White, Katie; 'Courtney Elrod (Courtney.Elrod2@va.gov)'; 'Jim Rose'; 'Christopher Maitland (CLMaitland@columbus.gov)'; 'Walter Dillard'; 'Kier Scott'; 'Juliet Dorris-Williams'; 'Carlie J. Boos Esq. (carlie@ahaco.org)'; 'dpolkbla@cscce.edu'; 'le-ann.harris@ohiohealth.com'; 'Lt. Kyle Kinade'; maryo@odvn.org; 'Makaylah Downour' nancy.cunningham@nationwidechildrens.org; cbuenconsejo@creativehousing.org; Courtney.Elrod2@va.gov; Katherine.Weathers@familysafetyandhealing.org; stevetotzke@outlook.com; Erika Gable; Asli Buldum; Natalie Zimmerman; Twila Wellmaker; Angelic M. Arana; Steve Skovensky; Steven Gladman; Graves, Melissa; Christina Blair; Heather Notter (heather.notter@gmail.com); Liz Price; Sherrice Sledge-Thomas; Thaddeus Billman
Cc:
Subject: CoC Consolidated Application and Priority Listings

Good evening,

The Columbus and Franklin County Continuum of Care (OH-503) 2024 Consolidated Application and Priority Listings, as approved by the CoC on 10/23/24, are now posted on the CoC's website at the links below.

[- Columbus & Franklin County, Ohio Continuum of Care](#)

2024

- [FY24 Final version of OH-503 FY24 CoC Consolidated Application](#)
- [FY24 Final version of OH-503 FY24 CoC Priority Listings](#)

Please let me know if you have any questions. Many thanks to all those that helped with the application process and those that attended today's CoC meeting.

Lianna Barbu (she/her)
(614) 787-7062

Lianna Barbu

From: Lianna Barbu
Sent: Wednesday, October 23, 2024 9:56 PM
To: Alexander Murphy; Amanda Frankl; Amber Jacott; Andrew Snouffer; Bart Henning; Beth Fetzer-Rice; Bianca Barton; Dawn Lane; De Andree Nekoranec; High, Candy; Jennifer Gulley; Joan Russinovich; Judy Peterson; Kelsey Strausbaugh; Kyra Crockett Hodge; LaRaun Clayton ; Larry Murnane; Lauren Wilson - LSS Faith Mission (LWilson@lssnetworkofhope.org); Lynda Leclerc; Maria Houston; mzimmerman@nationalchurchresidences.org; Mary Price; Meghann Cicola, MSW, LSW, She/Her/Hers; Melissa Humbert-Washington; Michael Gildea; Nancy Cunningham (nancy.cunningham@nationwidechildrens.org); Nick Winslow; Paige Zilincik; Pam Mahaney; Roxann Payne; Ryan Cassell; Scott Jackson; Terri Davis; Thelma Young; Nolan, Theresa; Tina Patterson; Tom Kmetz; Trudy Elder; Tyler Benack; Valerie Henthorn; wspinner@nationalchurchresidences.org; cwirick@netcareaccess.org; Brian Stroh, M.D.; Weathers, Katherine; Sonya Thesing; 'Erin Steele'
Cc: Liz Price; Heather Notter (heather.notter@gmail.com)
Subject: CoC Consolidated Application and Priority Listings

Good evening,

The Columbus and Franklin County Continuum of Care (OH-503) 2024 Consolidated Application and Priority Listings, as approved by the CoC on 10/23/24, are now posted on the CoC's website at the links below.

[- Columbus & Franklin County, Ohio Continuum of Care](#)

2024

- [FY24 Final version of OH-503 FY24 CoC Consolidated Application](#)
- [FY24 Final version of OH-503 FY24 CoC Priority Listings](#)

Please let me know if you have any questions. Many thanks for your help with the Project Applications and to those that attended today's CoC meeting.

Lianna Barbu (she/her)
(614) 787-7062

OH-503 Columbus and Franklin County Continuum of Care

2A-6. HUD's Homeless Data Exchange (HDX) Competition Report

2024 HDX Competition Report

This workbook contains summary information about your CoC's data as it was entered into HDX 1.0 and HDX 2.0 for your use as part of the 2024 Competition.

To Print this Workbook:

This document has been configured as printable with preset print areas of relevant sections. To print it, go to "File", then "Print", then select "Print Entire Workbook" or "Print Active Sheets" depending on your needs.

To Save This Workbook as a PDF:

Click the "File" Tab, then click "Save As" or "Save a Copy", then click "Browse" or "More Options" then select "PDF", click "Options", select "Entire Workbook", press "OK", and click "Save". These instructions may change depending on your version of Microsoft Excel.

On Accessibility, Navigability, and Printability:

This workbook attempts to maximize accessibility, navigability, printability, and ease of use. Merged cells have been avoided. All tables and text boxes have been given names. Extraneous rows and columns outside printed ranges have been hidden. Formulas may include references to hidden rows and columns or data tables. For ease of use, these referenced sources have been hidden but can be unhidden by any user at any time. Raw data sources contained in this workbook are named according to the module and fiscal year from which they originate - e.g. "HIC_2024" is the Housing Inventory Count raw data from Fiscal Year 2024.

For Questions:

If you have questions, please reach out to HUD via the "Ask a Question" page, <https://www.hudexchange.info/program-support/my-question/> and choose "HDX" as the topic.

2024 HDX Competition Report

2024 Competition Report - Summary

OH-503 - Columbus/Franklin County CoC

HDX Data Submission Participation Information

Government FY and HDX Module Abbreviation	Met Module Deadline*	Data From	Data Collection Period in HDX 2.0
2023 LSA	Yes	Government FY 2023 (10/1/22 - 9/30/23).	November 2023 to January of 2024
2023 SPM	Yes	Government FY 2023 (10/1/22 - 9/30/23).**	February 2024 to March 2024
2024 HIC	Yes	Government FY 2024. Exact HIC and PIT dates will vary by CoC. For most CoCs, it will be last Wednesday in January of 2024.	March 2024 to May 2024
2024 PIT	Yes	Government FY 2024. Exact HIC and PIT dates will vary by CoC. For most CoCs, it will be last Wednesday in January of 2024.	March 2024 to May 2024

1) FY = Fiscal Year
2) *This considers all extensions where they were provided.
2) **"Met Deadline" in this context refers to FY23 SPM submissions. Resubmissions from FY 2022 (10/1/21 - 9/30/22) were also accepted during the data collection period, but these previous year's submissions are voluntarily and are not required.

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

OH-503 - Columbus/Franklin County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

LSA Usability Status 2023

Category	EST AO	EST AC	EST CO	RRH AO	RRH AC	RRH CO	PSH AO	PSH AC	PSH CO
Fully Usable	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Partially Usable									
Not Usable									

EST

Category	2021	2022	2023
Total Sheltered Count	7,546	7,944	8,108
AO	5,085	4,826	4,915
AC	2,226	2,938	2,955
CO	278	259	300

RRH

Category	2021	2022	2023
Total Sheltered Count	3,916	3,517	3,598
AO	1,740	1,347	1,344
AC	2,180	2,175	2,258
CO	0	0	0

2024 HDX Competition Report

2024 Competition Report - LSA Summary & Usability Status

OH-503 - Columbus/Franklin County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

PSH

Category	2021	2022	2023
Total Sheltered Count	3,175	3,473	3,879
AO	2,400	2,529	2,724
AC	775	941	1,154
CO	0	0	0

- 1) Glossary: EST = Emergency Shelter, Save Haven, & Transitional Housing; RRH = Rapid Re-housing; PSH = Permanent Supportive Housing; AO = Persons in Households without Children; AC = Persons in Households with at least one Adult and one Child; CO=Persons in Households with only Children
- 2) Because people have multiple stays in shelter over the course of a year and stay in different household configurations, a single person can be counted in more than one household type. Therefore, the sum of the number of people by household type may be greater than the unique count of people.
- 3) Total Sheltered count only includes those served in HMIS participating projects reported by your CoC.
- 4) For CoCs that experienced mergers during any of these reporting periods, historical data will include only the original CoCs.

2024 Competition Report - SPM Data

OH-503 - Columbus/Franklin County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than the look back stop date or client's date of birth, whichever is later.

Metric 1.1: Change in the average and median length of time persons are homeless in ES and SH projects.

Metric 1.2: Change in the average and median length of time persons are homeless in ES, SH, and TH projects.

a. This measure is of the client’s entry, exit, and bed night dates strictly as entered in the HMIS system.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, and SH	7,826	79.6	46.0
1.2 Persons in ES-EE, ES-NbN, SH, and TH	8,031	85.4	48.0

2024 HDX Competition Report

2024 Competition Report - SPM Data

OH-503 - Columbus/Franklin County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

b. This measure is based on data element 3.917

This measure includes data from each client’s Living Situation (Data Standards element 3.917) response as well as time spent in permanent housing projects between Project Start and Housing Move-In. This information is added to the client’s entry date, effectively extending the client’s entry date backward in time. This “adjusted entry date” is then used in the calculations just as if it were the client’s actual entry date.

Metric	Universe (Persons)	Average LOT Homeless (bed nights)	Median LOT Homeless (bed nights)
1.1 Persons in ES-EE, ES-NbN, SH, and PH (prior to “housing move in”)	8,365	372.6	156.0
1.2 Persons in ES-EE, ES-NbN, SH, TH, and PH (prior to “housing move in”)	8,564	380.2	160.0

2024 HDX Competition Report

2024 Competition Report - SPM Data

OH-503 - Columbus/Franklin County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 2: Returns to Homelessness for Persons who Exit to Permanent Housing (PH) Destinations

This measures clients who exited SO, ES, TH, SH or PH to a permanent housing destination in the date range two years prior to the report date range. Of those clients, the measure reports on how many of them returned to homelessness as indicated in the HMIS for up to two years after their initial exit.

	Total # of Persons Exited to a PH Destination (2 Yrs Prior)	Returns to Homelessness in Less than 6 Months (0 - 180 days)	Returns to Homelessness from 6 to 12 Months (181 - 365 days)	Returns to Homelessness from 13 to 24 Months (366 - 730 days)	Number of Returns in 2 Years				
Metric	Count	Count	% of Returns	Count	% of Returns4	Count	% of Returns6	Count	% of Returns8
Exit was from SO	99	5	5.1%	3	3.0%	12	12.1%	20	20.2%
Exit was from ES	1,641	237	14.4%	108	6.6%	209	12.7%	554	33.8%
Exit was from TH	109	15	13.8%	6	5.5%	10	9.2%	31	28.4%
Exit was from SH	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Exit was from PH	1,226	106	8.7%	80	6.5%	133	10.9%	319	26.0%
TOTAL Returns to Homelessness	3,075	363	11.8%	197	6.4%	364	11.8%	924	30.1%

2024 HDX Competition Report

2024 Competition Report - SPM Data

OH-503 - Columbus/Franklin County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

Please refer to PIT section for relevant data.

Metric 3.2 – Change in Annual Counts

This measures the change in annual counts of sheltered homeless persons in HMIS.

Metric	Value
Universe: Unduplicated Total sheltered homeless persons	8,214
Emergency Shelter Total	8,005
Safe Haven Total	0
Transitional Housing Total	253

2024 Competition Report - SPM Data

OH-503 - Columbus/Franklin County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

This measure is divided into six tables capturing employment and non-employment income changes for system leavers and stayers. The project types reported in these metrics are the same for each metric, but the type of income and universe of clients differs. In addition, the projects reported within these tables are limited to CoC-funded projects.

Metric 4.1 – Change in earned income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	1,555
Number of adults with increased earned income	95
Percentage of adults who increased earned income	6.1%

2024 HDX Competition Report

2024 Competition Report - SPM Data

OH-503 - Columbus/Franklin County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 4.2 – Change in non-employment cash income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	1,555
Number of adults with increased non-employment cash income	622
Percentage of adults who increased non-employment cash income	40.0%

Metric 4.3 – Change in total income for adult system stayers during the reporting period

Metric	Value
Universe: Number of adults (system stayers)	1,555
Number of adults with increased total income	690
Percentage of adults who increased total income	44.4%

Metric 4.4 – Change in earned income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	546
Number of adults who exited with increased earned income	58
Percentage of adults who increased earned income	10.6%

2024 HDX Competition Report

2024 Competition Report - SPM Data

OH-503 - Columbus/Franklin County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 4.5 – Change in non-employment cash income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	546
Number of adults who exited with increased non-employment cash income	137
Percentage of adults who increased non-employment cash income	25.1%

Metric 4.6 – Change in total income for adult system leavers

Metric	Value
Universe: Number of adults who exited (system leavers)	546
Number of adults who exited with increased total income	190
Percentage of adults who increased total income	34.8%

2024 Competition Report - SPM Data

OH-503 - Columbus/Franklin County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 5: Number of Persons who Become Homeless for the First Time

This measures the number of people entering the homeless system through ES, SH, or TH (Metric 5.1) or ES, SH, TH, or PH (Metric 5.2) and determines whether they have any prior enrollments in the HMIS over the past two years. Those with no prior enrollments are considered to be experiencing homelessness for the first time.

Metric 5.1 – Change in the number of persons entering ES, SH, and TH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES-EE, ES-NbN, SH or TH during the reporting period.	7,304
Of persons above, count those who were in ES-EE, ES-NbN, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2,345
Of persons above, count those who did not have entries in ES-EE, ES-NbN, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	4,959

2024 HDX Competition Report

2024 Competition Report - SPM Data

OH-503 - Columbus/Franklin County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 5.2 – Change in the number of persons entering ES, SH, TH, and PH projects with no prior enrollments in HMIS

Metric	Value
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	8,284
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	2,852
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	5,432

2024 Competition Report - SPM Data

OH-503 - Columbus/Franklin County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD’s Homeless Definition in CoC Program-funded Projects

Measure 6 is not applicable to CoCs in this reporting period.

Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

This measures positive movement out of the homeless system and is divided into three tables: movement off the streets from Street Outreach (Metric 7a.1); movement into permanent housing situations from ES, SH, TH, and RRH (Metric 7b.1); and retention or exits to permanent housing situations from PH (other than PH-RRH).

Metric 7a.1 – Change in SO exits to temp. destinations, some institutional destinations, and permanent housing destinations

Metric	Value
Universe: Persons who exit Street Outreach	430
Of persons above, those who exited to temporary & some institutional destinations	55
Of the persons above, those who exited to permanent housing destinations	80
% Successful exits	31.4%

2024 HDX Competition Report

2024 Competition Report - SPM Data

OH-503 - Columbus/Franklin County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Metric 7b.1 – Change in ES, SH, TH, and PH-RRH exits to permanent housing destinations

Metric	Value
Universe: Persons in ES-EE, ES-NbN, SH, TH and PH-RRH who exited, plus persons in other PH projects who exited without moving into housing	6,370
Of the persons above, those who exited to permanent housing destinations	1,661
% Successful exits	26.1%

Metric 7b.2 – Change in PH exits to permanent housing destinations or retention of permanent housing

Metric	Value
Universe: Persons in all PH projects except PH-RRH who exited after moving into housing, or who moved into housing and remained in the PH project	3,653
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	3,503
% Successful exits/retention	95.9%

2024 HDX Competition Report

2024 Competition Report - SPM Data

OH-503 - Columbus/Franklin County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

System Performance Measures Data Quality

Data coverage and quality will allow HUD to better interpret your SPM submissions.

Metric	All ES, SH	All TH	All PSH, OPH	All RRH	All Street Outreach
Unduplicated Persons Served (HMIS)	8,005	253	3,890	3,601	649
Total Leavers (HMIS)	6,791	178	501	2,185	431
Destination of Don't Know, Refused, or Missing (HMIS)	308	12	55	73	42
Destination Error Rate (Calculated)	4.5%	6.7%	11.0%	3.3%	9.7%

2024 HDX Competition Report

2024 Competition Report - SPM Notes

OH-503 - Columbus/Franklin County CoC

FY 2023 Reporting Year: 10/1/2022 - 9/30/2023

Notes For Each SPM Measure

Note: Cells may need to be resized to accomodate notes with lot

Measure		Notes
Measure 1	No notes.	
Measure 2	No notes.	
Measure 3	No notes.	
Measure 4	No notes.	
Measure 5	No notes.	
Measure 6	No Notes. Measure 6 was not applicable to CoCs in this reporting period.	
Measure 7	No notes.	
Data Quality	No notes.	

2024 HDX Competition Report

2024 Competition Report - HIC Summary

OH-503 - Columbus/Franklin County CoC

For HIC conducted in January/February of 2024

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current Beds in HMIS or Comparable Database	Total Year-Round, Current, Non-VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster*	Adjusted Total Year-Round, Current, Non-VSP Beds	Adjusted HMIS Bed Coverage Rate for Year-Round, Current Beds
ES	1,173	1,173	1,173	0	1,173	100.0%
SH	0	0	0	0	0	NA
TH	128	128	128	0	128	100.0%
RRH	443	443	443	0	443	100.0%
PSH	3,593	3,546	3,593	0	3,593	98.7%
OPH	0	0	0	0	0	NA
Total	5,337	5,290	5,337	0	5,337	99.1%

2024 HDX Competition Report

2024 Competition Report

OH-503 - Columbus/Franklin C

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, VSP Beds in an HMIS-Comparable Database	Total Year-Round, Current, VSP Beds	Removed From Denominator: OPH EHV [†] Beds or Beds Affected by Natural Disaster**	Adjusted Total Year-Round Current, VSP Beds	HMIS Comparable Bed Coverage Rate for VSP Beds
ES	1,173	0	0	0	0	NA
SH	0	0	0	0	0	NA
TH	128	0	0	0	0	NA
RRH	443	0	0	0	0	NA
PSH	3,593	0	0	0	0	NA
OPH	0	0	0	0	0	NA
Total	5,337	0	0	0	0	NA

2024 HDX Competition Report

2024 Competition Report

OH-503 - Columbus/Franklin C

For HIC conducted in January/

HMIS Bed Coverage Rates

Project Type	Total Year-Round, Current Beds	Total Year-Round, Current, HMIS Beds and VSP Beds in an HMIS-Comparable Database	Adjusted Total Year-Round, Current, Non-VSP and VSP Beds	HMIS and Comparable Database Coverage Rate
ES	1,173	1,173	1,173	100.00%
SH	0	0	0	NA
TH	128	128	128	100.00%
RRH	443	443	443	100.00%
PSH	3,593	3,546	3,593	98.69%
OPH	0	0	0	NA
Total	5,337	5,290	5,337	99.12%

2024 HDX Competition Report

2024 Competition Report - HIC Summary

OH-503 - Columbus/Franklin County CoC

For HIC conducted in January/February of 2024

Rapid Re-housing Beds Dedicated to All Persons

Metric	2020	2021	2022	2023	2024
RRH beds available to serve all pops. on the HIC	637	748	370	545	443

- 1) † EHV = Emergency Housing Voucher
- 2) *This column includes Current, Year-Round, Natural Disaster beds not associated with a VSP that are not HMIS-participating. For OPH Beds, this includes beds that are Current, Non-HMIS, and EHV-funded.
- 3) **This column includes Current, Year-Round, Natural Disaster beds associated with a VSP that are not HMIS-participating or HMIS-comparable database participating. For OPH Beds, this includes beds that are Current, VSP, Non-HMIS, and EHV-funded.
- 4) Data included in these tables reflect what was entered into HDX 2.0.
- 5) In the HIC, "Year-Round Beds" is the sum of "Beds HH w/o Children", "Beds HH w/ Children", and "Beds HH w/ only Children". This does not include Overflow ("O/V Beds") or Seasonal Beds ("Total Seasonal Beds").
- 6) In the HIC, "Current" beds are beds with an "Inventory Type" of "C" and not beds that are Under Development ("Inventory Type" of "U").
- 7) For historical data: Aggregated data from CoCs that merged are not displayed if HIC data were created separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2024 HDX Competition Report

2024 Competition Report - PIT Summary

OH-503 - Columbus/Franklin County CoC

For PIT conducted in January/February of 2024

Submission Information

Date of PIT Count	Received HUD Waiver
1/25/2024	Not Applicable

Total Population PIT Count Data

Category	2019	2020	2021	2022	2023	2024
PIT Count Type	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered-Only Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count	Sheltered and Unsheltered Count
Emergency Shelter Total	1,447	1,466	1,210	1,426	1,688	1,748
Safe Haven Total	0	0	0	0	0	0
Transitional Housing Total	78	137	155	144	151	118
Total Sheltered Count	1,525	1,603	1,365	1,570	1,839	1,866
Total Unsheltered Count	382	433	0	342	498	514
Total Sheltered and Unsheltered Count*	1,907	2,036	1,365	1,912	2,337	2,380

1) *Data included in this table reflect what was entered into HDX 1.0 and 2.0. This may differ from what was included in federal reports if the PIT count type was either sheltered only or partial unsheltered count.

2) Aggregated data from CoCs that merged is not displayed if PIT data were entered separately - that is, only data from the CoC into which the merge occurred are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

2024 HDX Competition Report

2024 Competition Report - PIT Summary

OH-503 - Columbus/Franklin County CoC

For PIT conducted in January/February of 2024

OH-503 Columbus and Franklin County Continuum of Care

3A-1a. Housing Leveraging Commitments



**COLUMBUS METROPOLITAN
HOUSING AUTHORITY**
COMMUNITY. COMMITMENT. COLLABORATION.

880 East 11th Avenue
Columbus, Ohio 43211
P: 614-421-6000
cmhanet.com

September 18, 2024

Shannon Isom
President & CEO
Community Shelter Board
355 E Campus View Blvd Suite 250 Columbus, OH 43235

RE: CoC Application

Dear Shannon Isom:

The Columbus Metropolitan Housing Authority (CMHA) is a committed partner in the Columbus and Franklin County Continuum of Care and the work to end homelessness in our community. The local goal is to open one new permanent supportive housing project every year and so far, with the support of the Housing Choice Voucher (HCV) program, this goal has been met.

For the 2024 Continuum of Care Application Bonus funding, the following new permanent supportive housing projects are prioritized and have an HCV commitment from CMHA.

Project Name	# of HCV subsidies for the PSH units	Anticipated date of delivery
CHN – Deer Hill Place	48	Spring 2026

This project is a new single site development, and the units will be available for program participants as soon as the buildings complete construction activities.

Thank you,

Scott Ammarell
Chief Program Officer
Housing Choice Voucher Program

OH-503 Columbus and Franklin County Continuum of Care

3A-2a. Healthcare Formal Agreements



September 4, 2024

CHN Deer Hill Place

Concord Counseling Services

Re: Substance Abuse/Recovery Services Leverage for 2024 Notice of Funding Opportunity (NOFO)

Dear CHN,

On behalf of Concord Counseling Services, we are pleased to commit **\$59,837.60 per year** in substance abuse/recovery services to support **CHN Deer Hill Place** that is being submitted to HUD as part of the 2024 Continuum of Care Notice of Funding Opportunity (NOFO). Additional details about the commitment can be found below.

- Funding Source(s) Information: Medicaid
- Funding Source(s) Activities: Medically necessary Medicaid eligible services to qualified project participants.
- The value of providing access to substance abuse/recovery services for all program participants in the project who would qualify and choose these services is estimated at \$59,837.60 per year, a total of **\$119,675.20 for July 1, 2025 – June 30, 2027**.
- Substance abuse/recovery services Dates: estimated to start: 7/1/2025 for a period of two years and renew annually. Note the start date of the funding commitment is flexible dependent on the project start date.
- Project eligibility for program participants will be based on the CoC program fair housing requirements and will not be restricted by our organization.

We appreciate the opportunity to work with the Continuum of Care to leverage the CoC's dollars to provide much needed access to substance abuse/recovery services to people experiencing homelessness in Columbus and Franklin County, Ohio.

Sincerely,

Chuck Vranekovic
Chief Financial Officer
Concord Counseling Services
700 Brookside Blvd
Westerville OH 43081



September 4, 2024

CHN Deer Hill Place

Concord Counseling Services

Re: Healthcare Leverage for 2024 Notice of Funding Opportunity (NOFO)

Dear CHN,

On behalf of Concord Counseling Services, we are pleased to commit **\$22,525.40 per year** in healthcare services to support **CHN Deer Hill Place** that is being submitted to HUD as part of the 2024 Continuum of Care Notice of Funding Opportunity (NOFO). Additional details about the commitment can be found below.

- Funding Source(s) Information: Non-obligated eligible match and leverage support
- Funding Source(s) Activities: Medical Case Management, MH & SUD therapy services, Psychiatric services, Nursing services, Clinical Supervision, service/treatment referrals
- Healthcare Commitment Dates: estimated to start: 7/1/2025 for a period of two years and renew annually. Total commitment for the two-year period is **\$45,050.80 for July 1, 2025 – June 30, 2027**. Note the start date of the funding commitment is flexible dependent on the project start date.
- Project eligibility for program participants will be based on the CoC program fair housing requirements and will not be restricted by our organization.

We appreciate the opportunity to work with the Continuum of Care to leverage the CoC's dollars to provide much needed healthcare services to people experiencing homelessness in Columbus and Franklin County, Ohio.

Sincerely,

Chuck Vranekovic
Chief Financial Officer
Concord Counseling Services
700 Brooksedge Blvd
Westerville OH 43081