AGENDA
Columbus and Franklin County, Ohio
Continuum of Care Board Meeting
Tuesday, October 15, 2024
2:00pm – 4:45pm
In Person Meeting

Time	Item	Presenter	Action
2:00pm	**Welcome and Agenda Review**	Michael Wilkos	
2:05pm	**Administrative Issues** 〈 Approve minutes from May 21, 2024 meeting (A)	Michael Wilkos	✔
2:10pm	**FY24 CoC Application and Project Priority Listing** 〈 Review and approve new and renewal Project Prioritization, Scoring and Ranking Policy and Procedure (A) 〈 Review and recommend for CoC approval the 2024 CoC Project Priority Listing, review renewal project ranking, review new project ranking (A) 〈 Review and recommend for CoC approval the 2024 CoC Application (A)(R)	Lianna Barbu	✔ ✔ ✔
3:10pm	**Strategic Issues** 〈 DEI Strategy progress	Sherrice Sledge-Thomas	
3:20pm	**Community Assessment Presentation** 〈 Results from Focus Strategies and RAMA Consulting Community Assessment on Homelessness (A)	Shannon Isom	
4:20pm	**System & Community Framework Updates** 〈 Programming Updates 〈 FY24 Annual SPIR (A)	Steve Skovensky Asli Buldum	
4:45pm	**Adjourn**		

Next Meetings
〈 CoC – October 23, 2:30pm

(A) = Attachment (H) = Handout (P) = Previously Distributed (R) = Resolution

SUMMARY
Columbus and Franklin County, Ohio
Continuum of Care Board Meeting

Tuesday, October 15, 2024
2:00pm – 4:45pm

The full meeting packet is posted on the CoC website here. Enter your email address and the password CoC2018 into the login box. If you are unable to log in, please reach out to Liz Price (lprice@csb.org).

Administrative Issues
〈 Approve minutes from May 21, 2024 meeting.

FY24 CoC Application and Project Priority Listing
Decisions required – Review new and renewal project ranking procedures and recommend for full CoC decision; recommend approval of CoC application and project ranking.
〈 Our CoC can apply for $2,679,769 in bonus funding and $1,738,153 in DV bonus funding for new projects.
〈 Per the June 5, 2024 CoC resolution on new permanent housing, the CoC prioritized Homefull Expansion PSH (Hotel-Motel) and CHN Deer Hill Place PSH. Homefull decided they do not need CoC funding for supportive services and they are submitting the Expansion PSH project for consideration in the separate HUD CoC Builds funding opportunity for capital funds and OHFA tax credits. CHN is submitting the Deer Hill Place project for consideration in the FY24 CoC application (services funding) and the HUD CoC Builds funding opportunity for capital funding.
〈 In addition to CHN Deer Hill Place, partner agencies and CSB submitted three new project applications: one RRH project, one project to expand the CoC's coordinated entry by Netcare, and one project to expand the CoC's HMIS program.
〈 Partner agencies submitted two new DV project applications: one project to expand the DV coordinated entry and one RRH project for survivors, both by The Center for Family Safety and Healing.
〈 In total 6 new project applications.
〈 Partner agencies submitted 38 renewal project applications. CSB submitted renewal applications for HMIS, CoC Planning, and Unified Funding Agency projects. In total 41 renewal applications.
〈 CSB prepared the project ranking for CoC Board consideration based on the updated 2024 CoC Review, Score, and Ranking Procedures to be approved by the CoC Board.

DEI Strategy progress
Sherrice Sledge-Thomas will provide an update on the progress on the CoC's DEI Strategy.

Community Assessment
Shannon Isom will present the results of the Community Assessment on Homelessness.

System and Community Framework Updates

Steve Skovensky will provide program updates.

Asli Buldum will review the FY24 Annual System and Program Indicator Report.

MINUTES
Columbus and Franklin County, Ohio
Continuum of Care Board Meeting
Tuesday, May 21, 2024
1:00 – 3:00pm
In-person meeting

Attendees
<u>Continuum of Care (CoC) Board Members</u>: Sue Villilo, Shannon Isom, Michael Wilkos, Malcolm Turner, Scott Scharlach, Lark Mallory, Walter Dillard, Emerald Hernandez-Parra

<u>Community Shelter Board (CSB) staff</u>: Lianna Barbu, Steve Skovensky, Sherrice Sledge-Thomas, Gillian Gunawan

<u>Continuum of Care (CoC) Board Member (not in attendance)</u>: Emily Savors (The Columbus Foundation), Jonathan Welty (Ohio Capital Corporation for Housing)

Administrative Issues
<u>Approve minutes from April 10, 2024</u>
Michael asked for a motion to approve the minutes from the April 10, 2024 meeting. Scott Scharlach motioned, Lark Mallory seconded, and the CoC Board approved.

<u>CoC Board and CoC Membership Recommendations (A)(R)</u>
- ⟨ The group considered the diversity and engagement levels of potential new members, emphasizing the need for inclusivity.
- ⟨ The group discussed and proposed the replacement of the Faith-Based Organization seat with representation from the newly formed Faith-Based Committee to enhance representation and engagement within the faith-based community. The first Faith-Based Committee Roundtable will convene on June 6.
- ⟨ Michael proposed increasing the number of CoC meetings per year to 4 or more. He hopes to encourage member engagement and give members a sense of ownership.
- ⟨ Michael will work with CSB CoC staff to plan a late summer CoC Retreat.

Michael asked for a motion to approve the Resolution to Propose CoC Membership to the Continuum of Care, including the removal of the current Faith-Based Organization representative to be replaced with a nomination made by the Faith-Based Committee. Emerald Hernandez-Parra motioned, Lark seconded, and the CoC Board approved.

<u>Governance and Policy Statements and Annual Plan</u>
- o Updates to Governance and Policy statements included the addition of 4 seats to the CoC membership body, and the addition of a Vice Chair position on both the CoC Board and CoC.
- o Minor language updates were made to clarify the 11 seats of the CoC Board.
- o Minor amendments were made to sections related to the Homeless Management Information System (HMIS), including designating CSB's Data & Evaluation Director

as the Security Officer, as well as the section on the Citizens Advisory Council's (CAC) role in the review of PH development projects, and clarifying that the Homelessness Prevention Network (HPN) does not have a representative in the HMIS Administrators group.

Michael asked for a motion to approve the Resolution to Recommend Approval of the Governance Structure and the Annual Plan of the Continuum of Care. Lark motioned, Scott seconded, and the CoC Board approved.

Michael asked for a motion to approve the Resolution to Recommend Approval of the Election of the Continuum of Care Chair and Vice Chair; wherein the CoC Board recommends the re-election of Michael Wilkos as the Chair, and the election of Lark Mallory as the Vice Chair for a two-year term starting July 1, 2024. Emerald motioned, Sue Villilo seconded, the CoC Board approved.

Conflict of Interest Forms

Gillian reminded the CoC Board to complete their Conflict of Interest Disclosure form by July 1, 2024.

Strategic Issues

Program Evaluation Results
- ⟨ The program evaluation results indicated significant improvements in performance, with a notable increase in high-ranked programs. 77 programs were assessed; year-over-year, 12 more were ranked as "High," 4 more were ranked as "Medium," and only 4 were ranked as "Low." Two of the low-performers are not funded directly by CSB, and the other two serve the Transition Age Youth (TAY, ages 18-24) subpopulation.
- ⟨ Discussion highlighted the positive impact of staffing improvements on program performance and outcomes.
- ⟨ Scott asked why there were 25 lower performing programs in 2023. Lianna clarified that this was mostly due to staffing issues, which have since improved.

Annual Funding Strategy
- ⟨ Lianna presented the FY25 CoC Comprehensive Budget.
  - o Sources of Funds are based on budgets submitted by partners to CSB. Overall, they have increased year-over-year. In FY25, there are $85.9 million in program funding: $29 million leveraged, $21 million from the Department of Housing and Urban Development, and $34 million from local funders. 40% of funding comes through CSB.
  - o Expenses total $85.9 million, some partners reported unbalanced budgets that are footnoted. Shelters and housing programs receive increased funding.
- ⟨ Lianna presented the FY25 Unit Cost Matrix. Year-over-year, costs have increased. The mean unit cost is $17,510; in 2023 it was about $15k; 5 years ago, it was about $12k.

Michael asked for a motion to approve the Resolution to Approve the Funding Strategy for FY25. Lark motioned, Emerald seconded, and the CoC Board approved.

Annual Funding Allocations
Michael asked for a motion to approve the Resolution to Approve the FY25 Funding Awards. Emerald motioned, Scott seconded, and the CoC Board approved.

Review of PH Concept Papers and funding for supportive services
Discussed below.

Strategy for 2024 Bonus Funding
⟨ The CoC is in a strange position with no new projects in the PH development pipeline. Two concept papers were submitted for the CoC's consideration, but both have been in the pipeline before. These projects are CHN Deer Hill and HFL 1289 Dublin-Granville Hotel conversion. These two projects alone will not be able to fully utilize the available CoC Bonus funding.
  o Lianna added that HFL 1289 Dublin-Granville is in the pipeline for the 3rd time, and that it recently received its certificate of occupancy, so the hotel can start leasing immediately. HFL plans to apply for OHFA tax credits to further rehabilitate the hotel.
  o Michael asked why there are no other projects in the pipeline. Lianna explained PH projects have been taking longer and longer to complete, and we cannot apply for projects that won't be operational for years in the future.
⟨ Lianna added that this year is the first time HUD is issuing a two-year Notice of Funding Opportunity (NOFO), which could restrict our ability to apply for new funds every year.
⟨ Lianna proposed the option of CSB applying for bonus funds as the Unified Funding Agency (UFA). If the award is received, CSB can find a subrecipient later. The goal is to maximize the amount of funding applied for.
⟨ Emerald asked if the funds could be used to purchase hotels. Lianna explained that while the funding is capital, it wouldn't be enough to purchase a hotel completely. These funds would be best leveraged for renewable projects, which capital projects are not. Instead, applying for non-capital projects would ensure the funds are renewed in perpetuity.
⟨ The CoC Board agreed that CSB should apply for the remaining CoC Bonus funds.
⟨ Lianna clarified that the CoC Board is not being asked to rank projects at this time.

Michael asked for a motion to approve the Resolution to Recommend New Projects Moved to the Project Plan Phase. Lark motioned, Emerald seconded, and the CoC Board approved.

Colonial Village
⟨ CSB has been working with Colonial Village residents for the past 5 months; CSB started with 550 households in 9 hotels, there are now 340 households in 8 hotels. The City of Columbus' assistance for these households will end June 30, 2024. CSB is

asking the CoC Board for suggestions and strategies on how to serve the remaining 340 households.

- o Michael noted that out of the 210 households that moved out since December 1, 2023, about half found apartments, while the other half exited due to other issues. This leaves 340 out of the original 550 households unable to find housing within six months, with only five weeks of city funding remaining.
- o Shannon added that 75 individuals from the hotels have moved into housing. However, within five weeks, around 1,000 people could be left without shelter if not absorbed into the system. If all goes well, maybe 125 people can be housed, leaving about 60% of those currently in hotels without housing options. She emphasized the urgency of the five-week deadline and the need for further support from Franklin County and accelerated housing efforts.
- 〈 The monthly cost of sheltering in hotels is about $750,000.
- 〈 Lianna mentioned a pilot program where case managers work one-on-one with households to find independent or shared housing. This program aims to accelerate housing placements and utilize shared housing and relocation to friends/family models for those unable to find individual units.
- 〈 Steve raised concerns about households' ability to lease due to lack of citizenship or documentation status. Lianna explained that shared housing allows one person to hold the lease, avoiding the need for all residents to be on the legal lease.
- 〈 Sue inquired about culturally specific providers, and Lianna confirmed that they are hiring Creole-speaking individuals to support both English and non-English speaking residents. Sue emphasized the importance of connecting to community resources.
- 〈 Shannon highlighted the need for the CoC to be aware of the impending crisis and stressed the importance of planning for similar situations in the future. The CoC needs to consider how to prevent more buildings from deteriorating and becoming unsustainable.

DEI Survey Results
Only 63.4% of CoC members responded.

CoC Action Plan Update
Skipped due to time.

System & Community Framework Updates
Skipped due to time.

Meeting adjourned.

Action Items
1. Michael will work with CSB CoC staff to plan a late summer CoC Retreat.
2. CSB will apply for the remaining available CoC Bonus funds in the FY2024 CoC Competition.

Columbus and Franklin County Continuum of Care (OH-503)
2024 – 2025 3 CoC Review, Score, and Ranking Procedures

Date CoC Competition Opened:	8/1/24 7/5/23
Date e-snaps Opened:	8/2/24 7/27/23
Date 2024 CoC Application due to HUD:	9/28/23 10/30/24
DV Annual Renewal Demand (DV ARD)	$2,794,511
YHDP Annual Renewal Demand (YHDP ARD)	$3,291,157
Columbus/Franklin County Annual Renewal Demand (ARD):	$22,331,407 $18,952,599
ARD less DV ARD and YHDP ARD:	$16,245,739

I.   2024 3 HUD Funding Available

Tier 1 (90 3% of ARD less YHDP)	$14,652,836
	$20,098,266
YHDP projects (not ranked)	$3,196,861 (not ranked)
	$3,291,157
Tier 2 (10 7% of ARD)	$2,233,141 $1,102,902
Bonus Funding	$2,679,769
	$1,326,682
DV Bonus Funding	$1,738,153
	$975,934
CoC Planning Funding	$1,116,570
	$947,630 (not ranked)
UFA Funding	$669,942 $568,578
(not ranked)	

II.   Columbus and Franklin County CoC Ranking process

The following Priority Guideline will be used, while also applying the scoring process detailed below. The CoC for Columbus and Franklin County decided it will not prioritize new projects over renewing projects for the following reasons:

1. Renewing projects have active clients that benefit from the housing and services provision. By putting at higher risk of defunding renewing projects, it is possible that a non-funded

project would be in a position of uprooting, and in a worst-case scenario unhousing, current active participants.

2. As a Unified Funding Agency, Community Shelter Board works with all subrecipients throughout the grant year to improve performance for a non-performing project and ultimately identifies a different subrecipient to take over the project if performance does not improve. These changes occur in a seamless fashion, in most cases without a need for a project reallocation and with no impact on the participants served. Because of the process described above, no new project would take priority over a well-functioning, active, existing project.

The CoC Board ~~will~~ proposes the ranking for all new and renewal projects. The CoC ~~will~~ reviews the proposal from the CoC Board and ~~will~~ gives final approval.

Tier 1 Prioritization/Ranking up to the Tier 1 amount:

1. New or reallocated projects renewing for the first time (held harmless because lack of performance history) and YHDP projects (as long as HUD is not requiring prioritizing these projects) do not receive a score and are prioritized first.
2. Renewal Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), Joint RRH/TH and Transitional Housing (TH) for youth (non-YHDP) using the scoring and rating criteria described below, in descending order of their score based on the total accumulated points, up to Tier 1 amount or closest amount.
3. New PSH through reallocation or bonus for 100% chronic homeless (CH) as ranked by the CoC through resolution, up to Tier 1 amount or closest amount.
4. New RRH through reallocation or bonus as ranked by the CoC through resolution, up to Tier 1 amount or closest amount.
5. New Supportive Services Only (SSO) for Coordinated Entry (CE) (non-YHDP), up to Tier 1 amount or closest amount.
6. Under Tier 1, for the 2nd to last project, if all else equal, the funding impact on the entire CoC will trigger the ranking position.
7. Under Tier 1, the HMIS renewal project will be ranked last but it will not trail Tier 1 and Tier 2.

Tier 2 Prioritization, if required:

1. Renewal PSH, RRH, Joint RRH/TH and TH for youth (non-YHDP) using the scoring and rating criteria described below, in descending order of their score based on the total accumulated points.
2. Any renewal project that did not follow the locally established competition guidelines will be ranked as the last renewal project in Tier 2.
3. New PSH through reallocation or bonus for 100% chronic homeless (CH) as ranked by the CoC through resolution and following the new project development process.
4. New RRH or Joint RRH/TH through reallocation or bonus as ranked by the CoC through resolution and following the new project development process.
5. New SSO for CE (non-YHDP) and following the new project development process.

III. **Columbus and Franklin County CoC Scoring/Rating Process for Renewal and New Projects**

Renewal Projects

Each of the projects **renewing CoC funding** will be awarded a score using the scoring process below:

Renewal projects	Points Available	Description
Program Performance scoring		The CoC emphasizes performance of funded programs. The latest program evaluation available (FY2024~~3~~) evaluates each project based on its performance for the period 7/1/2023~~2~~ – 12/31/2023~~2~~. Program Evaluation ratings are determined by measuring outputs and outcomes inclusive of:
High (meets 75% or more of measured outcomes and outputs by project type detailed in section IV)	10	
Medium (meets at least 50% but less than 75% of measured outcomes and outputs by project type detailed in section IV)	6	• Households Served~~,~~ • Successful Housing Outcomes based on destination at exit~~,~~ • Housing Stability~~,~~ • Occupancy Rate~~,~~
Low/Not rated (meets less than 50% of measured outcomes and outputs by project type detailed in section IV)	2	• Recidivism at 6 months~~,~~ • Change in Income~~,~~ • Income from Employment and non-Employment Sources~~,~~ • Cost Effectiveness and • ~~a~~Annual Program Review and Certification to confirm compliance with HUD and local regulations ~~,~~by project type, as detailed in section IV. The Program Performance Measurement and Program Performance Standards sections of this document detail the performance rating. For the Joint TH/RRH projects, the average of the separate project scores will be used for the combined project scoring.
Usage of HUD grant funds scoring		The CoC emphasizes effective utilization of funds. Programs are scored based on the total grant amount and the amount that was drawn down from HUD for the most recent closed grant cycle (6/30/2024~~3~~).
100% funds used	10	
80-99% funds used	8	
60-79% funds used	5	
40-59% funds used	2	
0-39% funds used	0	
Special barriers program scoring	**0**	The CoC is not assigning any additional points for a special barriers criteria. All projects in the CoC are serving the most vulnerable population. The vulnerability is determined based on standardized criteria system-wide and projects do serve the highest priority clients system-wide for each of the respective project types.
Maximum possible points	20	
Minimum possible points	2	

New Projects

Each of the **new projects** requesting CoC bonus or reallocated funding will be awarded a score using the scoring process below:

⟨ New project Concept Papers can be submitted throughout the year to CSB; CSB will conduct a threshold review and work with the applicant to get the project to where the project meets the general/threshold criteria and can be presented to the CoC Board for their review.

⟨ The Citizens Advisory Council will independently review, score and rank the new projects requesting CoC bonus or reallocated funding that are competitively awarded, and their score will be incorporated in the overall scoring of the projects.

⟨ During the May or September CoC Board meeting the new Concept Papers will be presented to the CoC Board, alongside the proposed scoring sheets; the CoC Board will score and rank new projects for approval by the CoC, using the scoring criteria below.

⟨ Prioritization will be done in descending order of the project scores, based on the total accumulated points.

⟨ If all else equal, the project that will be ready the earliest will receive priority.

New projects	Points Available	General Points	Project type specific Points	Performance Points	CAC Points
PSH projects	52	11	20	14	7
RRH projects	~~52~~48	11	~~20~~16	14	7
Joint RRH/TH projects	46	11	14	14	7
SSO non-CE projects	46	11	14	14	7
SSO CE projects	~~42~~38	11	10	1~~0~~4	7
HMIS projects	36	11	8	10	7

Columbus and Franklin County Continuum of Care (OH-503)
2024 – 2025 CoC Review, Score, and Ranking Procedures

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YHDP projects (not ranked)	$3,291,157
Tier 2 (10% of ARD)	$2,233,141
Bonus Funding	$2,679,769
DV Bonus Funding	$1,738,153
CoC Planning Funding	$1,116,570
UFA Funding	$669,942

II.   Columbus and Franklin County CoC Ranking process

The following Priority Guideline will be used, while also applying the scoring process detailed below. The CoC for Columbus and Franklin County decided it will not prioritize new projects over renewing projects for the following reasons:

1. Renewing projects have active clients that benefit from the housing and services provision. By putting at higher risk of defunding renewing projects, it is possible that a non-funded project would be in a position of uprooting, and in a worst-case scenario unhousing, current active participants.
2. As a Unified Funding Agency, Community Shelter Board works with all subrecipients throughout the grant year to improve performance for a non-performing project and ultimately identifies a different subrecipient to take over the project if performance does not improve. These changes occur in a seamless fashion, in most cases without a need for a project reallocation and with no impact on the participants served. Because of the process described above, no new project would take priority over a well-functioning, active, existing project.

The CoC Board proposes the ranking for all new and renewal projects. The CoC reviews the proposal from the CoC Board and gives final approval.

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5. New Supportive Services Only (SSO) for Coordinated Entry (CE) (non-YHDP), up to Tier 1 amount or closest amount.
6. Under Tier 1, for the 2nd to last project, if all else equal, the funding impact on the entire CoC will trigger the ranking position.
7. Under Tier 1, the HMIS renewal project will be ranked last but it will not trail Tier 1 and Tier 2.

Tier 2 Prioritization, if required:

1. Renewal PSH, RRH, Joint RRH/TH and TH for youth (non-YHDP) using the scoring and rating criteria described below, in descending order of their score based on the total accumulated points.
2. Any renewal project that did not follow the locally established competition guidelines will be ranked as the last renewal project in Tier 2.
3. New PSH through reallocation or bonus for 100% chronic homeless (CH) as ranked by the CoC through resolution and following the new project development process.
4. New RRH or Joint RRH/TH through reallocation or bonus as ranked by the CoC through resolution and following the new project development process.
5. New SSO for CE (non-YHDP) and following the new project development process.

III.   **Columbus and Franklin County CoC Scoring/Rating Process for Renewal and New Projects**

Renewal Projects

Each of the projects **renewing CoC funding** will be awarded a score using the scoring process below:

Renewal projects	Points Available	Description
Program Performance scoring		The CoC emphasizes performance of funded programs. The latest program evaluation available (FY2024) evaluates each project based on its
High (meets 75% or more of measured outcomes and outputs	10	

by project type detailed in section IV)		performance for the period 7/1/2023 – 12/31/2023. Program Evaluation ratings are determined by measuring outputs and outcomes inclusive of:
Medium (meets at least 50% but less than 75% of measured outcomes and outputs by project type detailed in section IV)	6	- Households Served - Successful Housing Outcomes based on destination at exit
Low/Not rated (meets less than 50% of measured outcomes and outputs by project type detailed in section IV)	2	- Housing Stability - Occupancy Rate - Recidivism at 6 months - Change in Income - Income from Employment and non-Employment Sources - Cost Effectiveness and - Annual Program Review and Certification to confirm compliance with HUD and local regulations by project type, as detailed in section IV. The Program Performance Measurement and Program Performance Standards sections of this document detail the performance rating. For the Joint TH/RRH projects, the average of the separate project scores will be used for the combined project scoring.
Usage of HUD grant funds scoring		The CoC emphasizes effective utilization of funds. Programs are scored based on the total grant amount and the amount that was drawn down from HUD for the most recent closed grant cycle (6/30/2024).
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New Projects

Each of the **new projects** requesting CoC bonus or reallocated funding will be awarded a score using the scoring process below:

- ⟨ New project Concept Papers can be submitted throughout the year to CSB; CSB will conduct a threshold review and work with the applicant to get the project to where the project meets the general/threshold criteria and can be presented to the CoC Board for their review.

- ⟨ The Citizens Advisory Council will independently review, score and rank the new projects requesting CoC bonus or reallocated funding that are competitively awarded, and their score will be incorporated in the overall scoring of the projects.
- ⟨ During the May or September CoC Board meeting the new Concept Papers will be presented to the CoC Board, alongside the proposed scoring sheets; the CoC Board will score and rank new projects for approval by the CoC, using the scoring criteria below.
- ⟨ Prioritization will be done in descending order of the project scores, based on the total accumulated points.
- ⟨ If all else equal, the project that will be ready the earliest will receive priority.

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SSO non-CE projects	46	11	14	14	7
SSO CE projects	42	11	10	14	7

IV. Columbus and Franklin County CoC Program Performance Elements (updated for FY2025)

Each of the projects renewing their CoC funding will have their performance evaluated considering the metrics below, distinct based on the project type. Some youth-specific measures are still being benchmarked.

Emergency Shelter – Coordinated Access and Rapid Resolution

Ends	Measurement	*Annual Metrics*
Efficient number of households served	Households served (#)	Set based on system demand.
Access to resources to address immediate housing need	Successful diversion outcome (%)	At least 20% of single adults and 35% of families will be diverted to other community resources through phone diversion. At least 50% of families will be diverted to other community resources through face-to-face diversion.
	Average Wait-time (min)	Average wait-time on the phone during the 7 am – 11 pm timeframe not to

		exceed 5 min, as shown by homeless hotline standard reports.
Not re-enter the emergency shelter system	Diversion Recidivism (%)	Less than 20% of those diverted will enter shelter within 30 days of diversion.
Efficient and effective use of a pool of community resources	Pass program certification	Provide access to and coordination with community resources and services to prevent homelessness.
	Cost per household	Cost per household will be consistent with budget. Evaluated annually and presented to the CoC.

Supportive Housing

PSH – Permanent Supportive Housing;

Ends	Measurement	*Annual Metrics*
Efficient number of households served	Households served (#)	Set based on prior year(s) attainment and program capacity.
Access to resources/services to move to and stabilize housing	Housing Stability	At least 24 months for PSH.
	Housing Affordability at Exit (%) (PSH only)	At least 50% of successful households have their housing affordability ratio, measured as cost of housing (rent and utilities) divided by the household's income at exit, lower than 50%. (Monitored only.)
Basic needs met in a non-congregate environment	Successful housing outcomes (%)	At least 95% successful housing outcomes for PSH
	Successful housing outcomes (#)	Calculated based on the Successful housing outcomes % measurement.
	Successful housing exits (%) (PSH only)	At least 50% of exits are successful housing outcomes.
Not re-enter the emergency shelter system	Exit to Homelessness (%)	Less than 10% of those who exit housing will return to homelessness within 180 days of exit.
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.

Ends	Measurement	*Annual Metrics*
	Cost per unit	Cost per unit will be consistent with budget. Evaluated annually and presented to the CoC.
	Program Occupancy Rate (%)	Full occupancy, at least 95%.
	Turnover Rate (%) (PSH only)	An annual 20% turnover rate is desirable. (Monitored only.)
	Pass program certification	Provide access to resources and services to end homelessness.
CoC or HUD Standards	Negative Reason for leaving (%)	Less than 20% leave for non-compliance or disagreement with rules.
	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.
	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.

Rapid Re-housing Program

Ends	Measurement	*Annual Metrics*
Efficient number of households served	Households served (#)	Set based on program capacity, prior year(s) attainment and funds available.
	New households served (#)	Set based on program capacity, prior year(s) attainment and funds available.
	Program Occupancy rate (%)	At least 80% to ensure efficient use of available capacity. (Monitored only.)
	Average length of participation	Not to exceed: • 240 days for short-term programs • 300 days for medium-term programs
Access to resources/services to move to and stabilize housing	Usage of CSB Direct Client Assistance (%)	At least 60% for families and 50% for single adults exiting RRH programs.
	Average Engagement Time	Not to exceed 7 days, calculated from the date of program referral to program entry.

Ends	Measurement	*Annual Metrics*
	Average length of shelter stay	Not to exceed: • 34 days for families • 35 days for single adults (calculated from the date of program entry to shelter exit).
	Housing Affordability at Exit (%) (Family programs only)	At least 50% of successful households have their housing affordability ratio, measured as cost of housing (rent and utilities) divided by the household's income at exit, lower than 50%. (Monitored only).
	Increase in cash income, other than employment, from entry to exit or end of reporting period (%) (J2H and DV only)	At least 30% of adults will increase income from other sources than employment from entry to exit or end of reporting period.
	Increase in income from employment, from entry to exit or end of reporting period (%) (J2H and DV only)	At least 15% of adults will have increased employment income from entry to exit or end of reporting period.
Basic needs met in a non-congregate environment	Successful housing outcome (%)	At least 75% for families and 50% for single adults exiting the RRH programs.
	Successful housing outcome (#)	Calculated based on the Successful housing outcomes % measurement.
Not re-enter the emergency shelter system	Recidivism (%)	Less than 10% of those who obtain housing will return to homelessness within 180 days of program exit.
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.
	Pass program certification	Provide resources and services to end homelessness.

YOUTH: Emergency Shelter – Coordinated Access and Rapid Resolution

Ends	**Measurement**	*Annual Metrics*
Efficient number of households served	Households served (#)	Set based on prior year attainment and funds available.

	New households served (#)	Set based on prior year attainment and funds available.
	Average length of participation	Not to exceed 90 days.
Access to resources to address immediate housing need	Successful outcome (%)	At least 50% successful housing/shelter outcomes.
	Successful outcome (#)	Calculated based on the Successful outcomes % measurement.
	Average time to TAY program referrals	The average time to a successful referral not to exceed 20 days (calculated from CARR program entry to next step program referral).
Not re-enter the emergency shelter system	Recidivism (%)	Less than 10% of those who obtain housing will return to homelessness within 180 days of exit.
Efficient and effective use of a pool of community resources	Pass program certification	Provide access to and coordination with community resources and services to prevent homelessness.
	Cost per household	Cost per youth will be consistent with budget. Evaluated annually and presented to the CoC.

YOUTH and DV - Supportive Housing

PSH – Permanent Supportive Housing; TH = Transitional Housing;

Ends	Measurement	*Annual Metrics*
Efficient number of households served	Households served (#)	Set based on prior year(s) attainment and program capacity.
Access to resources/services to move to and stabilize housing	Housing Stability	At least 24 months for PSH. Not to exceed 18 months for TH.
	Housing Affordability at Exit (%) (PSH only)	At least 50% of successful youth have their housing affordability ratio, measured as cost of housing (rent and utilities) divided by the household's income at exit, lower than 50%. (Monitored only.)
	Usage of CSB Direct Client Assistance (%) (TH only)	% of youth that receive CSB DCA will be consistent with prior performance and/or program design.

Ends	Measurement	*Annual Metrics*
Basic needs met in a non-congregate environment	Successful housing outcomes (%)	At least 95% successful housing outcomes for PSH and 75% successful housing outcomes for TH.
	Successful housing outcomes (#)	Calculated based on the Successful housing outcomes % measurement.
	Successful housing exits (%) (PSH only)	At least 50% of exits are successful housing outcomes.
Not re-enter the emergency shelter system	Exit to Homelessness (%)	Less than 10% of those who exit housing will return to homelessness within 180 days of exit.
Efficient and effective use of a pool of community resources	Cost per household	Cost per youth will be consistent with budget. Evaluated annually and presented to the CoC.
	Cost per unit	Cost per unit will be consistent with budget. Evaluated annually and presented to the CoC.
	Average Engagement Time (TH only)	For TH, the engagement time from shelter or CARR Team referral to program entry not to exceed 20 days.
	Program Occupancy Rate (%)	Full occupancy, at least 95%.
	Turnover Rate (%) (PSH only)	An annual 20% turnover rate is desirable. (Monitored only.)
	Pass program certification	Provide access to resources and services to end homelessness.
CoC or HUD Standards	Negative Reason for leaving (%)	Less than 20% leave for non-compliance or disagreement with rules.
	Increase in cash income, other than employment, from entry to exit or end of reporting period (%)	At least 30% of youth adults will increase income from other sources than employment from entry to exit or end of reporting period.
	Increase in income from employment, from entry to exit or end of reporting period (%)	At least 15% of youth adults will have increased employment income from entry to exit or end of reporting period.
	Income growth	At least 30% of youth adults increase their income from entry to exit or end of reporting period. (Monitored only)

Ends	Measurement	*Annual Metrics*
	Improved physical health status	At least 30% of youth self-report improved physical health from entry to exit or end of reporting period.
	Improved substance use status	At least 30% of youth self-report decreased substance use from entry to exit or end of reporting period.
	Improved mental health status	At least 30% of youth self-report improved mental health from entry to exit or end of reporting period.
	Education goal met	At least 30% of youth self-report meeting their education goal from entry to exit or end of reporting period.
	Employment goal met	At least 30% of youth self-report meeting their employment goal from entry to exit or end of reporting period.

YOUTH and DV - Rapid Re-housing Program

Ends	Measurement	*Annual Metrics*
Efficient number of households served	Households served (#)	Set based on program capacity, prior year(s) attainment and funds available.
	New households served (#)	Set based on program capacity, prior year(s) attainment and funds available.
	Program Occupancy rate (%)	At least 90% to ensure efficient use of available capacity. (Monitored only.)
	Average length of participation	Not to exceed 300 days.
Access to resources/services to move to and stabilize housing	Usage of CSB Direct Client Assistance (%)	% of youth that receive CSB DCA will be consistent with prior performance and/or program design.
	Average length of shelter stay	Not to exceed 35 days (calculated from the date of program entry to shelter exit).
	Average Engagement Time	The engagement time from shelter, transitional housing or CARR Team referral to program entry not to exceed 20 days.

Ends	Measurement	*Annual Metrics*
	Increase in cash income, other than employment, from entry to exit or end of reporting period (%) (J2H only)	At least 30% of youth adults will increase income from other sources than employment from entry to exit or end of reporting period.
	Increase in income from employment, from entry to exit or end of reporting period (%) (J2H only)	At least 15% of youth adults will have increased employment income from entry to exit or end of reporting period.
	Income growth	At least 30% of youth increase their income from entry to exit or end of reporting period. (Monitored only)
Basic needs met in a non-congregate environment	Successful housing outcome (%)	At least 65% successful housing outcomes for youth exiting the RRH program.
	Successful housing outcome (#)	Calculated based on the Successful housing outcomes % measurement.
Not re-enter the emergency shelter system	Recidivism (%)	Less than 10% of those who obtain housing will return to homelessness within 180 days of program exit.
Efficient and effective use of a pool of community resources	Cost per household	Cost per youth will be consistent with budget. Evaluated annually and presented to the CoC.
	Pass program certification	Provide resources and services to end homelessness.
CoC or HUD Standards	Improved physical health status	At least 25% of youth self-report improved physical health from entry to exit or end of reporting period.
	Improved substance use status	At least 25% of youth self-report decreased substance use from entry to exit or end of reporting period.
	Improved mental health status	At least 25% of youth self-report improved mental health from entry to exit or end of reporting period.
	Education goal met	At least 25% of youth self-report meeting their education goal from entry to exit or end of reporting period.
	Employment goal met	At least 25% of youth self-report meeting their employment goal from entry to exit or end of reporting period.

V.   Program Performance Measurement

Program performance outcome goals are compared with actual performance to determine consistency with CSB, CoC, or HUD standards. For outcome definitions and methodologies, please see the Appendix of the Annual Program Evaluation or the Program Methodology document posted on www.csb.org.

Each performance goal is assessed as achieved (Yes), not achieved (No), or not applicable (N/A). *Achieved Goal* is defined as 90% or better of a numerical goal or within 5 percentage points of a percentage goal, except where a lesser or greater value than this variance also indicates an achieved goal (e.g. Average Length of Stay goal was met if actual achievement is 105% or less of goal). HUD performance goals do not allow for this variance, they are fixed goals. *Not Applicable* is assigned when a performance goal was not assigned; the reason for this is explained in the footnote for the respective program.

Each program is assigned a performance rating[1] of High, Medium, or Low as determined by overall program achievement of performance outcomes for the evaluation period. Ratings are based on the following:

Rating	Achievement of Program Outcome Measure [2]
High	*achieve at least 75% of the measured outcomes and at least one of the successful housing outcomes (either number or percentage outcome)*
Medium	*achieve at least 50% but less than 75% of the measured outcomes*
Low	*achieve less than 50% of the measured outcomes*

All programs rated as "Low" performers are considered enhanced-risk. Programs of concern may be considered enhanced-risk. Enhanced-risk programs and/or those experiencing long-standing and serious program issues and/or systemic agency concerns enter into a Quality Improvement (QI) Plan with CSB. The QI Plan is tailored to the partner agency and focused on the steps required to become compliant and/or improve performance. The QI Plan process is based on one-on-one dialogues between CSB and the partner agency and considers agency plans and progress on addressing program issues. Partner agencies with enhanced-risk programs will enter into a conditional contract with CSB for the remainder of the current fiscal year. Specific conditions will be determined by the areas of concern leading to the non-compliant status.

If the partner agency and/or CSB find that the QI Plan process is not working, either may refer the concerns or issues to the CoC Board. The partner agency will be given an opportunity to present its case to the CoC Board, at the CoC Board's request.

If the partner agency is not in agreement with the CoC Board's decision, the partner agency can appeal to the CoC. The CoC will review the CoC Board's decision and make the final determination on partner agency appeals. The CoC will be the final decision maker regarding any programs that should be removed from HUD funding based on the CoC Board recommendation.

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[1] In some instances, the program was too new to evaluate; therefore, a performance rating was not assigned.
[2] If serious and persistent program non-performance issues existed prior to evaluation, then the program was assigned a lower rating than what its program achievement of performance outcomes would otherwise warrant.

#	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		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		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		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		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		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		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		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		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		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		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		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		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		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		Accepted
15	CHN Marsh Brook	OH0630U5E032305	$254,000	$6,159,579	28%	$254,921	$254,921	$0	100.0%	10	10	Medium	10	6	20	16		Accepted
16	CHN Parsons	OH0093U5E032316	$331,658	$6,491,237	29%	$288,613	$288,613	$0	100.0%	10	10	Medium	10	6	20	16		Accepted
17	CHN Safe Haven	OH0097U5E032316	$188,951	$6,680,188	30%	$203,258	$203,258	$0	100.0%	10	10	High	10	10	20	20		Accepted
18	CHN Southpoint	OH0281U5E032315	$213,546	$6,893,734	31%	$215,360	$215,360	$0	100.0%	10	10	High	10	10	20	20		Accepted
19	CHN Terrace	OH0092U5E032316	$135,549	$7,029,283	31%	$206,955	$206,955	$0	100.0%	10	10	HIgh	10	10	20	20		Accepted
20	CHN Wilson	OH0101U5E032316	$66,279	$7,095,562	32%	$39,183	$39,183	$0	100.0%	10	10	Medium	10	6	20	16		Accepted
21	Equitas TRA	OH0080U5E032316	$1,025,343	$8,120,905	36%	$890,084	$890,084	$0	100.0%	10	10	High	10	10	20	20		Accepted
22	HFF RRH J2H	OH0074U5E032312	$355,997	$8,476,902	38%	$194,038	$194,038	$0	100.0%	10	10	N/A	10	N/A	20	20		Accepted
23	Homefull Isaiah	OH0075U5E032313	$2,450,660	$10,927,562	49%	$2,178,192	$2,178,192	$0	100.0%	10	10	High	10	10	20	20		Accepted
24	Homefull Leasing	OH0312U5E032312	$1,967,688	$12,895,250	58%	$1,868,612	$1,868,612	$0	100.0%	10	10	Medium	10	6	20	16		Accepted
25	Homefull SRA	OH0083U5E032316	$1,276,437	$14,171,687	63%	$1,399,906	$1,399,906	$0	100.0%	10	10	High	10	10	20	20		Accepted
26	Homefull TRA	OH0084U5E032316	$3,222,108	$17,393,795	78%	$2,841,241	$2,841,241	$0	100.0%	10	10	Medium	10	6	20	16		Accepted
27	Homefull TRA Mainstream/EHV	OH0076U5E032316	$867,351	$18,261,146	82%	$560,140	$560,140	$0	100.0%	10	10	Medium	10	6	20	16		Accepted
28	Huckleberry House TLP	OH0099U5E032316	$232,135	$18,493,281	83%	$304,763	$304,763	$0	100.0%	10	10	Medium	10	6	20	16		Accepted
29	Maryhaven Chantry	OH0090U5E032316	$183,196	$18,676,477	84%	$183,196	$183,196	$0	100.0%	10	10	High	10	10	20	20		Accepted
30	NCR Buckingham	OH0394U5E032313	$172,375	$18,848,852	84%	$172,701	$172,701	$0	100.0%	10	10	High	10	10	20	20		Accepted
31	NCR Grant	OH0085U5E032316	$172,376	$19,021,228	85%	$172,375	$172,375	$0	100.0%	10	10	High	10	10	20	20		Accepted
32	NCR Third	OH0372U5E032312	$172,375	$19,193,603	86%	$177,762	$177,762	$0	100.0%	10	10	High	10	10	20	20		Accepted
33	NCR Van Buren Village	OH0470U5E032307	$64,200	$19,257,803	86%	$66,904	$66,904	$0	100.0%	10	10	High	10	10	20	20		Accepted
34	RI-NCH DV SSO-CE	OH0729U5E032301	$195,057	$19,452,860	87%	$297,909	$297,594	$315	99.9%	10	10	N/A	10	N/A	20	20		Accepted
35	VOA Family PSH	OH0094U5E032316	$626,653	$20,079,513	90%	$620,633	$620,633	$0	100.0%	10	10	High	10	10	20	20		Accepted
36	YMCA DV RRH	OH0617U5E032305	$1,592,806	$21,672,319	97%	$638,997	$638,997	$0	100.0%	10	10	Medium	10	6	20	16		Accepted
37	YMCA Touchstone	OH0445U5E032311	$237,170	$21,909,489	98%	$285,049	$285,049	$0	100.0%	10	10	N/A	N/A	N/A	20	20		Accepted
38	YWCA WINGS	OH0102U5E032316	$257,848	$22,167,337	99%	$538,193	$538,193	$0	100.0%	10	10	Medium	10	6	20	16		Accepted
39	CSB HMIS	OH0087U5E032316	$164,070	$22,331,407	100%	$306,042	$306,042	$0	100.0%	N/A	N/A	N/A	N/A	N/A	N/A	N/A		Accepted
1	CHN Deer Hill Place	new	$543,803												52	48		Accepted
2	CSB RRH	new	$1,855,966												48	43		Accepted
3	Netcare SSO-CE	new	$180,000												38	34		Accepted
4	CSB HMIS Expansion	new	$100,000												36	35		Accepted
1	RI-NCH DV CE Expansion	new	$993,393												38	37		Accepted
2	RI-NCH DV RRH	new	$733,457												48	43		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	$2,233,141	10%						
YHDP	$3,291,157		Total 2024 application	$28,524,538				
Bonus	$2,679,769		Total available	$28,535,841				
DV Bonus	$1,738,153							
CoC Plan and UFA	$1,786,512							

Project Name:	Deer Hill Place			
Organization Name:	Community Housing Network			
Project Type:	PSH			

CoC Funding requested		543,803	over 2 years (271,902/year)
Amount of other public funding (federal, state, city, county)			
Amount of private funding		164,726	30% Concord (2 years)
Total Project Cost		708,529	MH/AOD match

Scoring		Available	Awarded	Performance Points Ratio
	General Points	11	11	
	PH points	20	17	
	Joint Points	0	0	
	SSO CE Points	0	0	
	SSO non-CE Points	0	0	
	Performance Points	14	14	27%
	CAC Points (if competitive application)	7	6	
	Total Points Awarded	52	48	

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:

Project is applying for CoC Build! Capital funds instead of OHFA 9% tax credits!

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

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	2
Cost per household served in-line with historical information of like-projects	2	2
Successful Housing Outcomes Rate meets the CSB/CoC established performance benchmark for project type (Replace with Successful Diversion Rate for SSO - CE)	2	2
Recidivism Rate meets the CSB/CoC established performance benchmark for project type	2	2
Project Occupancy Rate meets the CSB/CoC established performance benchmark for project type	2	2
Average Length of Participation/Housing Stability meets the CSB/CoC established performance benchmark for project type	2	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	2
Total Points Available/Awarded	**14**	**14**

PH 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	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	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	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	2
Applicant has prior experience developing and/or managing the type of housing proposed	2	2
The majority of the units proposed in the project are dedicated to the population experiencing homelessness	2	2
Applicant identified sources of capital funding that will cover the development cost, if applicable	2	1
Applicant applied and received or is in the process of applying for OHFA tax credits, if applicable	2	0
Applicant secured rental subsidies from other sources than CoC funding	2	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	2
Total Points Available/Awarded	**20**	**17**

			# Served	Cost per HHD
Project Name:	RRH			
Organization Name:	Community Shelter Board			
Project Type:	RRH			
CoC Funding requested		1,855,966	80	23,200
Amount of other public funding (federal, state, city, county)		468,759		
Amount of private funding		-		
Total Project Cost		2,324,725		29,059

Scoring		Available	Awarded	Performance Points Ratio
	General Points	11	11	
	PH points	16	12	
	Joint Points			
	SSO CE Points			
	SSO non-CE Points			
	Performance Points	14	14	29%
	CAC Points (if competitive application)	7	6	
	Total Points Awarded	**48**	**43**	

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:

If funding awarded, CSB will identify a service provider to implement the project.

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

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	2
Cost per household served in-line with historical information of like-projects	2	2
Successful Housing Outcomes Rate meets the CSB/CoC established performance benchmark for project type (Replace with Successful Diversion Rate for SSO - CE)	2	2
Recidivism Rate meets the CSB/CoC established performance benchmark for project type	2	2
Project Occupancy Rate meets the CSB/CoC established performance benchmark for project type	2	2
Average Length of Participation/Housing Stability meets the CSB/CoC established performance benchmark for project type	2	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	2
Total Points Available/Awarded	**14**	**14**

PH 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	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	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	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	2
Applicant has prior experience developing and/or managing the type of housing proposed	2	0
The majority of the units proposed in the project are dedicated to the population experiencing homelessness	2	2
Applicant identified sources of capital funding that will cover the development cost, if applicable		
Applicant applied and received or is in the process of applying for OHFA tax credits, if applicable		
Applicant secured rental subsidies from other sources than CoC funding	2	0
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	2
Total Points Available/Awarded	**16**	**12**

Project Name:	SSO-CE			
Organization Name:	Netcare			
Project Type:	SSO-CE			

CoC Funding requested		180,000	
Amount of other public funding (federal, state, city, county)		-	
Amount of private funding		45,000	
Total Project Cost		225,000	

Scoring		Available	Awarded	Performance Points Ratio
	General Points	11	11	
	PH points			
	Joint Points			
	SSO CE Points	10	10	
	SSO non-CE Points			
	Performance Points	10	8	21%
	CAC Points (if competitive application)	7	5	
	Total Points Awarded	**38**	**34**	

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:

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

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	2
Cost per household served in-line with historical information of like-projects	2	2
Successful Housing Outcomes Rate meets the CSB/CoC established performance benchmark for project type (Replace with Successful Diversion Rate for SSO - CE)	2	1
Recidivism Rate meets the CSB/CoC established performance benchmark for project type	2	1
Project Occupancy Rate meets the CSB/CoC established performance benchmark for project type		
Average Length of Participation/Housing Stability meets the CSB/CoC established performance benchmark for project type	2	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		
Total Points Available/Awarded	**10**	**8**

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	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	2
There is a standardized assessment process	2	2
Ensures program participants are directed to appropriate housing and services that fit their needs.	2	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	2
Total Points Available/Awarded	**10**	**10**

Project Name:	HMIS Expansion			
Organization Name:	Community Shelter Board			
Project Type:	HMIS			

CoC Funding requested	100,000		
Amount of other public funding (federal, state, city, county)	-		
Amount of private funding	25,000		
Total Project Cost	125,000		

Scoring		Available	Awarded	Performance Points Ratio
	General Points	11	11	
	PH points			
	Joint Points			
	SSO CE Points			
	SSO non-CE/HMIS Points	8	8	
	Performance Points	10	10	28%
	CAC Points (if competitive application)	7	6	
	Total Points Awarded	**36**	**35**	

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:

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

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	2
Cost of expansion per FTE or licenes in-line with historical information of like-projects or industry-standards	2	2
Additional capacity provided by the expansion that will improve reporting capacity for the partner agencies	2	2
Additional capacity provided by the expansion that will improve technical assistance capacity for the partner agencies	2	2
Additional capacity provided by the expansion that will improve the HMIS capabilites for the partner agencies	2	2
Total Points Available/Awarded	**10**	**10**

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SSO non-CE Specific	Points Available	Points Awarded
The proposed project will expand fundctionality of the implementation in a meaningful way	2	2
Cost of expansion is in-line with added staffing and/or license addition	2	2
The project proposed will participate in coordinated entry	2	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	2
Total Points Available/Awarded	**8**	**8**

Project Name:	DV CE Expansion			
Organization Name:	The Center for Family Safety and Healing			
Project Type:	SSO-CE			

	Amount
CoC Funding requested	993,393
Amount of other public funding (federal, state, city, county)	-
Amount of private funding	250,025
Total Project Cost	1,243,418

Scoring		Available	Awarded	Performance Points Ratio
	General Points	11	11	
	PH points			
	Joint Points			
	SSO CE Points	10	10	
	SSO non-CE Points			
	Performance Points	10	10	26%
	CAC Points (if competitive application)	7	6	
	Total Points Awarded	38	37	

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:

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

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	2
Cost per household served in-line with historical information of like-projects	2	2
Successful Housing Outcomes Rate meets the CSB/CoC established performance benchmark for project type (Replace with Successful Diversion Rate for SSO - CE)	2	2
Recidivism Rate meets the CSB/CoC established performance benchmark for project type	2	2
Project Occupancy Rate meets the CSB/CoC established performance benchmark for project type		
Average Length of Participation/Housing Stability meets the CSB/CoC established performance benchmark for project type	2	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		
Total Points Available/Awarded	**10**	**10**

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	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	2
There is a standardized assessment process	2	2
Ensures program participants are directed to appropriate housing and services that fit their needs.	2	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	2
Total Points Available/Awarded	**10**	**10**

			# Served	Cost per HHD
Project Name:	DV RRH			
Organization Name:	The Center for Family Safety and Healing			
Project Type:	RRH			

		# Served	Cost per HHD
CoC Funding requested	733,457	15	48,897
Amount of other public funding (federal, state, city, county)	188,891		
Amount of private funding	-		
Total Project Cost	922,348		61,490

Scoring		Available	Awarded	Performance Points Ratio
	General Points	11	11	
	PH points	16	12	
	Joint Points			
	SSO CE Points			
	SSO non-CE Points			
	Performance Points	14	14	29%
	CAC Points (if competitive application)	7	6	
	Total Points Awarded	**48**	**43**	

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:

2024 CoC Review, Score, and Ranking Tool

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

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	2
Cost per household served in-line with historical information of like-projects	2	2
Successful Housing Outcomes Rate meets the CSB/CoC established performance benchmark for project type (Replace with Successful Diversion Rate for SSO - CE)	2	2
Recidivism Rate meets the CSB/CoC established performance benchmark for project type	2	2
Project Occupancy Rate meets the CSB/CoC established performance benchmark for project type	2	2
Average Length of Participation/Housing Stability meets the CSB/CoC established performance benchmark for project type	2	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	2
Total Points Available/Awarded	**14**	**14**

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PH 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	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	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	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	2
Applicant has prior experience developing and/or managing the type of housing proposed	2	0
The majority of the units proposed in the project are dedicated to the population experiencing homelessness	2	2
Applicant identified sources of capital funding that will cover the development cost, if applicable		
Applicant applied and received or is in the process of applying for OHFA tax credits, if applicable		
Applicant secured rental subsidies from other sources than CoC funding	2	0
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	2
Total Points Available/Awarded	**16**	**12**

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 Third	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	$2,233,141	10%					
YHDP	$3,291,157		Total 2024 application	$28,524,538			
Bonus	$2,679,769		Total available	$28,535,841			
DV Bonus	$1,738,153						
CoC Plan and UFA	$1,786,512						

Tier 2				
Project Name	ARA	Expended	% Spent	Score
Homefull TRA Mainstream/EHV	$867,351	$560,140	65%	32.2
YMCA DV RRH	$1,592,806	$638,997	40%	10.2

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:

- 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

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:

- 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

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.			

<div align="center"> </div>

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 polices 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 |

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.l.	

		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	472	595

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 infections 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 infections 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 programing 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 disproportionally 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 Shetler 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

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

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.	Yes

	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

	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 disproportionally affected by racism and although there are disparities in who becomes homelessness, 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 |

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

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

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

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

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

2A-2.	HMIS Implementation Coverage Area.	
	Not Scored–For Information Only	

	Select from dropdown menu your CoC's HMIS coverage area.	Single CoC

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

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

2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

(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

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

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

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;	

	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

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

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

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	

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 4O% of the households continued to be safety 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 confidentially 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.	
	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...	10/03/2024
1C-7. PHA Moving On Preference	No	OH-503 1C-7 PHA M...	10/03/2024
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...	10/08/2024
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...	10/03/2024
1E-5a. Notification of Projects Accepted	Yes		
1E-5b. Local Competition Selection Results	Yes	OH-503 1E-5b. Loc...	10/08/2024
1E-5c. Web Posting–CoC-Approved Consolidated Application	Yes		
1E-5d. Notification of CoC-Approved Consolidated Application	Yes		

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:

Attachment Details

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

Attachment Details

Document Description:

Attachment Details

Document Description:

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	10/07/2024
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	Please Complete
Submission Summary	No Input Required

OH-503 Columbus and Franklin County Continuum of Care

1C-7. PHA Homeless Preference

Columbus Metropolitan Housing Authority uses a General Preference

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**

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.

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.

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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.

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    B. Family Composition Preference

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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.

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K. Family Unification Program 30 Points

L. Emergency Housing Vouchers 30 Points

M. CMHA Acquisitions and Dispositions 30 Points

N. CMHA Partnerships 30 Points

<u>**Footnotes to F through N**</u>

- **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 no more than 50 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 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.

OH-503 Columbus and Franklin County Continuum of Care

1C-7. PHA Moving On Preference

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. <mark>Single persons who are age 62 or older, displaced, homeless or a person with disabilities. 11 Points</mark>

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

<mark>**G. Supportive Service Provider referrals** 30 Points</mark>

H. RAD relocation of CMHA public housing families 30 Points

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

J. Mainstream Eligible 30 Points

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COLUMBUS METROPOLITAN HOUSING AUTHORITY

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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:

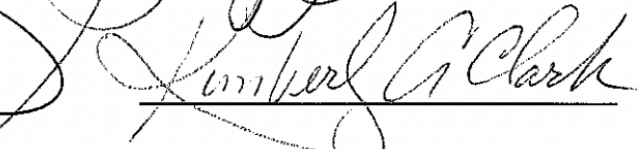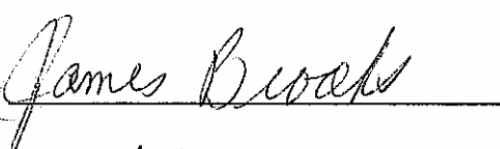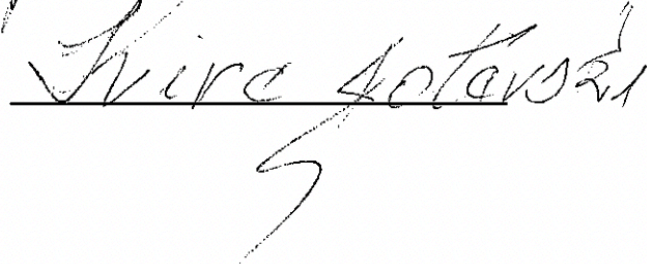| Project	Score
CHN Deer Hill Place	6
CSB RRH	6
Netcare SSO-CE	5
CSB HMIS Expansion	6
RI-NCH DV RRH	6
RI-NCH DV SSO Expansion	6
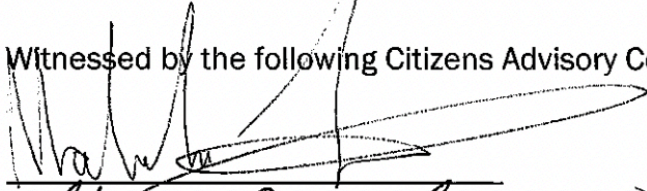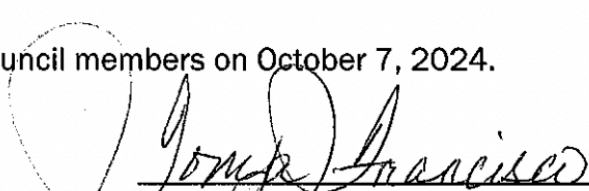
WHEREAS, the Citizens Advisory Council members support the priorities of the Columbus and Franklin County CoC in serving households experiencing homelessness with severe service needs as demonstrated by having all PSH units dedicated to households that meet the chronic homeless definition and have a 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   Kimberly A Clark

_____   _____
James Brooks

_____   _____

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 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
Person Submitting on Behalf of the Agency (Assessor)	Jennifer Gulley
Program Type	Transitional Housing, Rapid Re-Housing, Joint TH-RRH, and/or Permanent Supportive Housing

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 (Optional)	Page 4 of interview packet identifies client strengths and potential needs.
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 (Optional)	The program does not receive referrals through Coordinated Entry.
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 (Optional)	Housing retention plan
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.
Leases 5: Score	Always
Leases 5: Score: Score	3
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.
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.
Leases 6: Score	Always
Leases 6: Score: Score	3
Leases 6: Upload	**Leases_6.pdf**
Leases 6: Comments (Optional)	Case notes showing client vacant from property for 2 months due to hospital stay.
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.
Leases 7: Score	Always

Leases 7: Score: Score	3
Leases 7: Upload PSH_Lease7.pdf	
Leases 7: Comments (Optional)	Example of payment plan
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: Programs promote participant choice in services	Definition: Participants are able to choose from an array of services. Services offered are housing focused and include the following areas of support: employment and income, childhood and education, community connection, and stabilization to maintain housing. These should be provided by linking to community-based services.
Services 1: Score	Always
Services 1: Score: Score	3
Services 1: Upload	
Services 1: Comments (Optional)	Participants are always provided choice in what services they want to receive. No services are mandatory. No evidence to upload.
Services 2: Person Centered Planning is a guiding principle of the service planning process	Definition: Person-centered Planning is a guiding principle of the service planning process
Services 2: Score	Always
Services 2: Score: Score	3
Services 2: Upload PSH_SERVICES2.pdf	
Services 2: Comments (Optional)	IHSP

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: Score	3
Housing 1: Upload	
Housing_1.pdf	
Housing 1: Comments (Optional)	Case notes showing client agreeing to then declining SUD treatment
Housing 2: Substance use is not a reason for termination	Definition: Participants are only terminated from the program for violations in the lease or occupancy agreements, as applicable. Occupancy agreements or an addendum to the lease do not include conditions around 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: Score	3
Housing 2: Upload	
Housing_2.pdf	
Housing 2: Comments (Optional)	Case notes showing a positive drug test but also showing continued engagement and housing.
Housing 3: The rules and regulations of the program are centered on participants' rights	Definition: Program staff have realistic expectations and policies. Rules and regulations are designed to support safe and stable communities and should never interfere with a life in the community. Participants have 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: Score	3
Housing 3: Upload	
Housing_3.pdf	
Housing 3: Comments (Optional)	NCR community rules

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: Score	3

Program 2: Upload	

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

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: Score	3

Program 3: Upload	

Program_3_CAC_BM_Meeting_-_2024-03-12T14-24-24.741Z.pdf

Program 3: Comments (Optional)	Blended Management Meeting Minutes

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.

OH-503 Columbus & Franklin County, Ohio Continuum of Care

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	HIgh	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

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 Network

Project Name: Briggsdale

Grant 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

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	Housing Stability	At least standard below or greater if prior year(s) achievement was greater • 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
Basic needs met in a non-congregate environment	Successful housing outcomes (%)	At least 90% successful housing outcomes for PSH and 77% successful housing outcomes for	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	
CoC or HUD Standards	Program Occupancy Rate (%)	Full occupancy (>95%).	95	98	Yes
	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, Median 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 100%

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

OH-503 Columbus and Franklin County Continuum of Care

1E-5. Notification of Projects Rejected-Reduced

No projects were rejected or reduced.

Local Competiton Selection Results

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

communityshelterboard
Until everyone has a place to call home

OH-503 Columbus & Franklin County, Ohio Continuum of Care

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

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:

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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 useer 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.

V 2024.42.1

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	☑	☑	☑	☑	☑	☑	☑	☑	☑
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 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 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 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.

Metric	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	
	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 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 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 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 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 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 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 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 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 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 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 ty 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 occ are displayed. Additional reports can be requested via AAQ for any CoCs that have been subsumed into other CoCs.

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 Counselling Services
700 Brooksedge Blvd
Westerville OH 43081

CONCORD
COUNSELING SERVICES

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 Counselling Services
700 Brooksedge Blvd
Westerville OH 43081

Before Starting the Project Listings for the CoC Priority Listing

The CoC Consolidated Application requires TWO submissions. Both this Project Priority Listing AND the CoC Application MUST be completed and submitted prior to the CoC Program Competition submission deadline stated in the NOFO.

The CoC Priority Listing includes:
- Reallocation forms – must be completed if the CoC is reallocating eligible renewal projects to create new projects or if a project applicant will transition from an existing component to an eligible new component.
- Project Listings:

- New;
- Renewal;
- UFA Costs;
- CoC Planning;
- YHDP Renewal; and
- YHDP Replacement and Reallocation.
- Attachment Requirement

- HUD-2991, Certification of Consistency with the Consolidated Plan – Collaborative Applicants must attach an accurately completed, signed, and dated HUD-2991.

Things to Remember:
- New and Renewal Project Listings – all CoC project applications must be reviewed, approved and ranked, or rejected based on the local CoC competition process.
- Project applications on the following Project Listings must be approved and are not ranked per the FY 2024 - FY 2025 CoC Program Competition NOFO:

- UFA Costs Project Listing;
- CoC planning Project Listing;
- YHDP Renewal Project Listing (All Rounds); and
- YHDP Replacement and Reallocation Project Listing.
- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND ranked or approved BEFORE submitting the CoC Priority Listing to HUD in e-snaps.

 Additional training resources are available online on HUD's website.
https://www.hud.gov/program_offices/comm_planning/coc/competition

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing the CoC Priority listing, please reference the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide on HUD's website.
 https://www.hud.gov/program_offices/comm_planning/coc/competition.

Collaborative Applicant Name: Community Shelter Board

2. Reallocation

Instructions:

For guidance on completing the CoC Priority listing, please reference the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide on HUD's website.
https://www.hud.gov/program_offices/comm_planning/coc/competition

2-1 Is the CoC reallocating funds from one or more eligible renewal grant(s) that will expire in Calendar Year 2025 into one or more new projects?   No

Continuum of Care (CoC) New Project Listing

Instructions:

Prior to starting the New Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all new project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of new projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the New Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make the necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps. https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Project Name	Date Submitted	Comp Type	Applicant Name	Budget Amount	Grant Term	PH/Realloc	Rank	PSH/RRH	Expansion
CSB 2024 HMIS Exp...	2024-09-03 22:27:...	HMIS	Community Shelter...	$100,000	1 Year	CoC Bonus	E37		Yes
Netcare SSO-CE	2024-09-16 14:55:...	SSO	Community Shelter...	$180,000	1 Year	CoC Bonus	38		
CHN 2024 Deer Hil...	2024-09-19 10:51:...	PH	Community Shelter...	$543,803	2 Years	CoC Bonus	35	PSH	

CSB 2024 RRH	2024-09-19 10:06:...	PH	Community Shelter...	$1,855,966	1 Year	CoC Bonus	36	RRH	
RI-NCH 2024 DV RRH	2024-09-23 22:47:...	PH	Community Shelter...	$733,457	1 Year	DV Bonus	D39	RRH	
RI-NCH 2024 DV SS...	2024-09-23 22:28:...	SSO	Community Shelter...	$993,393	1 Year	DV Bonus	DE40		Yes

Continuum of Care (CoC) Renewal Project Listing

Instructions:

Prior to starting the Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

   To upload all renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of renewal projects submitted by project applicant(s) to your CoC in the e-snaps system. You may update each of the Project Listings simultaneously. To review a project on the Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.
 https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid re-housing projects listed on the Renewal Project Listing.	X
The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.	X
The Collaborative Applicant does not have any renewal permanent supportive housing or rapid re-housing renewal projects.	

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Rank	PSH/RRH	Comp Type	Consolidation Type	Expansion Type
CSB 2024 HMIS	2024-09-03 22:15:...	1 Year	Community Shelter...	$164,070	E32		HMIS		Expansion
Huckleberry House...	2024-09-10 09:31:...	1 Year	Community Shelter...	$232,135	30		TH		
NCR 2024 Commons ...	2024-09-12 07:19:...	1 Year	Community Shelter...	$172,375	18	PSH	PH		
NCR 2024 Van Bure...	2024-09-12 07:05:...	1 Year	Community Shelter...	$64,200	21	PSH	PH		
YMCA 2024 Touchst...	2024-09-16 14:42:...	1 Year	Community Shelter...	$237,170	24	PSH	PH		
YMCA 2024 DV RRH ...	2024-09-16 14:34:...	1 Year	Community Shelter...	$1,592,806	34	RRH	PH		
HFF 2024 Job2Housing	2024-09-16 13:22:...	1 Year	Community Shelter...	$355,997	14	RRH	PH		
YWCA 2024 WINGS I	2024-09-17 14:49:...	1 Year	Community Shelter...	$257,848	31	PSH	PH		
CHN 2024 Safe Haven	2024-09-17 22:14:...	1 Year	Community Shelter...	$188,951	10	PSH	PH		
CHN 2024 Southpoi...	2024-09-17 22:15:...	1 Year	Community Shelter...	$213,546	11	PSH	PH		
CHN 2024 Wilson A...	2024-09-17 22:19:...	1 Year	Community Shelter...	$66,279	27	PSH	PH		

CHN 2024 Marsh Br...	2024-09-17 22:11:...	1 Year	Community Shelter...	$254,000	25	PSH	PH		
Equitas Health 20...	2024-09-17 22:20:...	1 Year	Community Shelter...	$1,025,343	13	PSH	PH		
NCR 2024 Commons ...	2024-09-17 23:31:...	1 Year	Community Shelter...	$172,376	19	PSH	PH		
NCR 2024 Commons ...	2024-09-17 23:32:...	1 Year	Community Shelter...	$172,375	20	PSH	PH		
CHN 2024 Briggsda ...	2024-09-17 22:03:...	1 Year	Community Shelter...	$185,605	6	PSH	PH		
CHN 2024 East Fif...	2024-09-17 22:04:...	1 Year	Community Shelter...	$232,914	7	PSH	PH		
CHN 2024 Family H...	2024-09-17 22:05:...	1 Year	Community Shelter...	$13,310	8	PSH	PH		
CHN 2024 Inglewoo ...	2024-09-17 22:07:...	1 Year	Community Shelter...	$60,247	9	PSH	PH		
CHN 2024 Knoll Vi...	2024-09-17 22:08:...	1 Year	Community Shelter...	$262,551	1	PSH	PH		
CHN 2024 Terrace ...	2024-09-17 22:17:...	1 Year	Community Shelter...	$135,549	12	PSH	PH		
CHN 2024 Parsons ...	2024-09-17 22:13:...	1 Year	Community Shelter...	$331,658	26	PSH	PH		
LSS CHOICES 2024 ...	2024-09-23 22:12:...	1 Year	Community Shelter...	$1,006,648	3		Joint TH & PH-RRH		
Homefull 2024 Lea...	2024-09-26 13:37:...	1 Year	Community Shelter...	$1,967,688	28	PSH	PH		
Homefull 2024 Isa...	2024-09-26 13:35:...	1 Year	Community Shelter...	$2,450,660	15	PSH	PH		

Homefull 2024 TRA...	2024-09-26 13:35:...	1 Year	Community Shelter...	$867,351	33	PSH	PH		
CHN 2024 Poplar Fen	2024-09-26 16:44:...	1 Year	Community Shelter...	$252,064	2	PSH	PH		
Maryhaven 2024 Su...	2024-09-26 16:47:...	1 Year	Community Shelter...	$183,196	17	PSH	PH		
NCR 2024 Berwyn East	2024-09-26 16:48:...	1 Year	Community Shelter...	$338,633	4	PSH	PH		
VOA 2024 Permanen...	2024-09-26 16:49:...	1 Year	Community Shelter...	$626,653	23	PSH	PH		
YMCA 2024 McKinle...	2024-09-26 16:49:...	1 Year	Community Shelter...	$262,450	5	PSH	PH		
RI-NCH 2024 DV SS...	2024-09-26 16:51:...	1 Year	Community Shelter...	$195,057	E22		SSO		Expansion
Homefull 2024 SRA	2024-09-30 17:14:...	1 Year	Community Shelter...	$1,276,437	16	PSH	PH		
Homefull 2024 TRA	2024-09-30 17:19:...	1 Year	Community Shelter...	$3,222,108	29	PSH	PH		

Continuum of Care (CoC) UFA Costs Project Listing

Instructions:

Prior to starting the CoC UFA Costs Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide, available on HUD's website.

To upload the UFA Costs project application submitted to this Project Listing, click the "Update List" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. To review the UFA Costs Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

Only one UFA Costs project application can be submitted and only by the Collaborative Applicant designated by HUD as UFA (UFA designation was determined during the FY 2024 CoC Registration process) and must match the Collaborative Applicant information on the CoC Applicant Profile.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
CSB 2024 UFA	2024-09-03 22:31:...	1 Year	Community Shelter...	$669,942	Yes

Continuum of Care (CoC) Planning Project Listing

Instructions:

Prior to starting the CoC Planning Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

  To upload the CoC planning project application submitted to this Project Listing, click the "Update List" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. To review the CoC Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

  Only one CoC planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile.
  https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Accepted?
CSB 2024 CoC Plan...	2024-09-03 22:06:...	1 Year	Community Shelter...	$1,116,570	Yes

Continuum of Care (CoC) YHDP Renewal Project Listing

Instructions:

Prior to starting the YHDP Renewal Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP Renewal project applications submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP Renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the Project simultaneously. To review a project on the YHDP Renewal Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps. .

As stated in the FY 2024 - FY 2025 NOFO, YHDP Renewal and YHDP Replacement applications must not be ranked.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

The Collaborative Applicant certifies that there is a demonstrated need for all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing.	X
The Collaborative Applicant certifies all renewal permanent supportive housing and rapid rehousing projects listed on the YHDP Renewal Project Listing comply with program requirements and appropriate standards of quality and habitability.	X
The Collaborative Applicant does not have any renewal permanent supportive housing or rapid rehousing YHDP renewal projects.	

The CoC Project Listing is currently being updated by e-snaps. Due to the complexity of this process, the system may take several minutes. It will take longer based upon the number of projects that have been submitted to the CoC. You can either work on another parts of the CoC Project Listing or log out of e-snaps and come back later to view the updated list.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Accepted?	PSH/RRH	Consolidation Type
YHDP 2024 CARR Team	2024-09-16 11:55:...	Community Shelter...	$224,000	SSO	1 Year	Yes		
YHDP NCR 2024 You...	2024-09-19 23:40:...	Community Shelter...	$212,283	PH	1 Year	Yes	PSH	
YHDP HFF 2024 TAY...	2024-09-16 13:35:...	Community Shelter...	$976,447	PH	1 Year	No	RRH	
YHDP HFF 2024 TAY...	2024-09-23 22:52:...	Community Shelter...	$1,744,369	JOINT TH-RRH	1 Year	Yes		
YHDP CHN 2024 You...	2024-09-26 13:34:...	Community Shelter...	$134,058	PH	1 Year	Yes	PSH	
YHDP HFF 2024 TAY...	2024-09-26 21:31:...	Community Shelter...	$976,447	PH	1 Year	Yes	RRH	

Project Applicant Project Details

Project Name:	YHDP 2024 CARR Team
Project Number:	215680
Date Submitted:	2024-09-16 11:55:32.848
Applicant Name	Community Shelter Board
Budget Amount	$224,000
Project Type	SSO
Program Type	SSO
Component Type	SSO
Grant Term	1 Year
Priority Type	SSO

Instructions

This form provides the basic information for the YHDP Renewal project applications that were selected for review.

YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

Answer "Yes" or "No" to the question "Do you want to submit this project?"

If "Yes" is selected, click "Save & Back to List."
If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project?   Yes
(Make selection and click the 'save' button below)

Project Applicant Project Details

Project Name:	YHDP NCR 2024 Youth PSH
Project Number:	215684
Date Submitted:	2024-09-19 23:40:50.797
Applicant Name	Community Shelter Board

Budget Amount	$212,283
Project Type	PH
Program Type	PH
Component Type	PH
Grant Term	1 Year
Priority Type	PH

Instructions

This form provides the basic information for the YHDP Renewal project applications that were selected for review.

YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

Answer "Yes" or "No" to the question "Do you want to submit this project?"

If "Yes" is selected, click "Save & Back to List."
If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project? Yes
(Make selection and click the 'save' button below)

Project Applicant Project Details

Project Name:	YHDP HFF 2024 TAY RRH
Project Number:	215682
Date Submitted:	2024-09-16 13:35:13.777
Applicant Name	Community Shelter Board
Budget Amount	$976,447
Project Type	PH
Program Type	PH
Component Type	PH
Grant Term	1 Year
Priority Type	Rejected

Instructions

This form provides the basic information for the YHDP Renewal project applications that were selected for review.

YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

Answer "Yes" or "No" to the question "Do you want to submit this project?"

If "Yes" is selected, click "Save & Back to List."
If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project?   No
(Make selection and click the 'save' button below)

Reason for project rejection: Duplicate project submission

Project Applicant Project Details

Project Name: YHDP HFF 2024 TAY Transition to Home
Project Number: 215683
Date Submitted: 2024-09-23 22:52:20.925
Applicant Name   Community Shelter Board
Budget Amount $1,744,369
Project Type   JOINT TH-RRH
Program Type   JOINT TH-RRH
Component Type   JOINT TH-RRH
Grant Term   1 Year
Priority Type   JOINT TH-RRH

Instructions

This form provides the basic information for the YHDP Renewal project applications that were selected for review.

YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

Answer "Yes" or "No" to the question "Do you want to submit this project?"

If "Yes" is selected, click "Save & Back to List."
If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project? Yes
(Make selection and click the 'save' button below)

Project Applicant Project Details

Project Name:	YHDP CHN 2024 Youth PSH
Project Number:	216838
Date Submitted:	2024-09-26 13:34:02.689
Applicant Name	Community Shelter Board
Budget Amount	$134,058
Project Type	PH
Program Type	PH
Component Type	PH
Grant Term	1 Year
Priority Type	PH

Instructions

This form provides the basic information for the YHDP Renewal project applications that were selected for review.

YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

Answer "Yes" or "No" to the question "Do you want to submit this project?"

If "Yes" is selected, click "Save & Back to List."
If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project? Yes
(Make selection and click the 'save' button below)

Project Applicant Project Details

Project Name:	YHDP HFF 2024 TAY RRH

Project Number:	223505
Date Submitted:	2024-09-26 21:31:55.513
Applicant Name	Community Shelter Board
Budget Amount	$976,447
Project Type	PH
Program Type	PH
Component Type	PH
Grant Term	1 Year
Priority Type	PH

Instructions

 This form provides the basic information for the YHDP Renewal project applications that were selected for review.

 YHDP Renewal project applications will renew noncompetitively and must not be ranked in the FY 2024 - FY 2025 CoC Program and YHDP Competition.

 Answer "Yes" or "No" to the question "Do you want to submit this project?"

 If "Yes" is selected, click "Save & Back to List."
 If "No" is selected, click "Save." A new drop-down menu will appear asking for the reason the CoC rejected the project application. Select the appropriate response from the list and then click "Save & Back to List."

Do you want to submit this project?   Yes
(Make selection and click the 'save' button below)

Continuum of Care (CoC) YHDP Replacement and YHDP Reallocation Listing

Instructions:

Prior to starting the YHDP Replacement and YHDP Reallocation Project Listing, review the CoC Priority Listing Detailed Instructions and CoC Priority Listing Navigational Guide available on HUD's website.

To upload all YHDP Replacement project and YHDP Reallocation project applications, submitted to this Project Listing, click the "Update List" button. This process may take a few minutes based upon the number of YHDP renewal projects submitted by project applicant(s) to your CoC in the e-snaps system.

You may update each of the projects simultaneously. To review a project on the YHDP Replacement and YHDP Reallocation Project Listing, click on the magnifying glass next to each project to view project details. To view the actual project application, click on the orange folder. If you identify errors in the project application(s), you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked (if applicable) or rejected on this project listing BEFORE submitting the CoC Priority Listing in e-snaps.

As stated in the FY 2024 - FY 2025 NOFO, YHDP Renewal, YHDP Reallocation and YHDP Replacement applications must not be ranked.
https://www.hud.gov/program_offices/comm_planning/coc/competition.

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is accepting.

Project Name	Date Submitted	Applicant Name	Budget Amount	Comp Type	Grant Term	Funding Type	Accepted?
This list contains no items							

Funding Summary

Instructions

This page provides the total budget summaries for each of the project listings after you approved and ranked or rejected new and renewal project applications. You must review this page to ensure the totals for each of the categories is accurate.

The "Total CoC Request" indicates the total funding request amount your CoC will submit to HUD for funding consideration. As stated previously, only 1 UFA Cost project application (for UFA designated Collaborative Applicants only) and only 1 CoC Planning project application can be submitted and only the Collaborative Applicant designated by the CoC is eligible to request these funds.

Title	Total Amount
CoC Renewal Amount	$19,040,250
New CoC Bonus and CoC Reallocation Amount	$2,679,769
New DV Bonus Amount	$1,726,850
New DV Reallocation Amount	$0
CoC Planning Amount	$1,116,570
UFA Costs Amount	$669,942
YHDP Renewal and Replacement Amount	$3,291,157
YHDP Reallocation Amount	
Rejected Amount	$976,447
TOTAL CoC REQUEST	$28,524,538

Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan (HUD-2991)	Yes	OH-503 Certificat...	10/07/2024
Other	No		
Other	No		
Project Rating and Ranking Tool (optional)	No		

Attachment Details

Document Description: OH-503 Certification of Consistency with the Consolidated Plan

Attachment Details

Document Description:

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

WARNING: The FY 2024 - FY 2025 CoC Consolidated Application requires submissions of CoC Priority Listings AND the CoC Application.

As stated in the FY 2024 - FY 2025 CoC and YHDP Program NOFO, for FY 2024 funding, CoCs must submit the FY 2024 - 2025 CoC Application and the FY 2024 Priority Listing by the FY 2024 Application Submission Deadline.

Page	Last Updated
Before Starting	No Input Required
1A. Identification	08/20/2024
2. Reallocation	08/30/2024
5A. CoC New Project Listing	10/08/2024
5B. CoC Renewal Project Listing	10/03/2024
5C. UFA Costs Project Listing	09/30/2024
5D. CoC Planning Project Listing	09/30/2024

5E. YHDP Renewal Project Listing	09/30/2024
5F. YHDP Replacement and YHDP Reallocation Project Listing	No Input Required
Funding Summary	No Input Required
Attachments	10/07/2024
Submission Summary	No Input Required

OH-503 Columbus and Franklin County Continuum of Care

Form HUD-2991 Certification of Consistency with Consolidated Plan

Certification of Consistency with the Consolidated Plan	U.S. Department of Housing and Urban Development	OMB Number. 2501-0044 Expiration Date: 2/28/2027

Public Reporting Burden Statement: This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Community Shelter Board

Project Name: Please see attached

Location of the Project: Columbus and Franklin County, Ohio

Name of the Federal Program to which the applicant is applying:
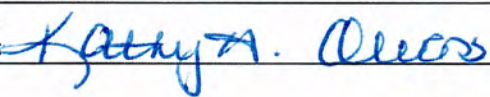
Continuum of Care Program

Name of Certifying Jurisdiction: City of Columbus

Certifying Official of the Jurisdiction
Name: Kathy A. Owens

Title: Director, Department of Finance and Management

Signature: _Kathy A. Owens_   Date: 9-3-24

form **HUD-2991**

Columbus and Franklin County Continuum of Care (OH-503) 2024 Application

Agency Name	Project Name	Address	City	Zip Code
Community Housing Network	Briggsdale Apartments	1670 Harrisburg Pike	Columbus	43223
Community Housing Network	East Fifth Avenue Apartments	3005 - 3025 East Fifth Avenue	Columbus	43219
Community Housing Network	Family Homes	Scattered site units throughout Columbus and Franklin County		
Community Housing Network	Inglewood Court	3720 Sullivant Avenue	Columbus	43228
Community Housing Network	Marsh Brook Place	5955 Chatterton Road	Columbus	43232
Community Housing Network	Parsons Avenue	354 E. Barthman Avenue	Columbus	43207
Community Housing Network	Safe Haven	749 East Broad Street	Columbus	43205
Community Housing Network	Southpoint Place Apartments	4111 Southpoint Blvd	Columbus	43207
Community Housing Network	Terrace Place Apartments	81 East 9th Avenue	Columbus	43201
Community Housing Network	Wilson Apartments	33 Wilson Avenue	Columbus	43205
Community Housing Network	Poplar Fen Place	5921 Chatterton Rd	Columbus	43232
Community Housing Network	Deer Hill Place	3245 Morse Road, Columbus, Ohio 43224	Columbus	43224
Community Housing Network	Knoll View Place	913 E. Mound Street	Columbus	43205
Community Housing Network	Youth PSH	5955 Chatterton Road	Columbus	43232
Community Shelter Board	HMIS	n/a - continuum-wide project		
Community Shelter Board	HMIS Expansion	n/a - continuum-wide project		
Community Shelter Board	CoC Planning	355 E. Campus View Blvd, Suite 250	Columbus	43235
Community Shelter Board	UFA	355 E. Campus View Blvd, Suite 250	Columbus	43235
Community Shelter Board	RRH	Scattered site units throughout Columbus and Franklin County		
Equitas Health	TRA	Scattered site units throughout Columbus and Franklin County		
Home for Families	TAY RRH	Scattered site units throughout Columbus and Franklin County	Columbus	43219
Home for Families	TAY Transition to Home	1748 Kenmore Road and scattered site units		
Home for Families	Job2Housing	Scattered site units throughout Columbus and Franklin County		
Homefull	TRA Mainstream/EHV	Scattered site units throughout Columbus and Franklin County		
Homefull	Leasing	Scattered site units throughout Columbus and Franklin County		
Homefull	SRA	Scattered site units throughout Columbus and Franklin County		
Homefull	TRA	Scattered site units throughout Columbus and Franklin County		
Homefull	Isaiah Project	1421 Hamlet Street	Columbus	43201
Huckleberry House	Transitional Living Program	1748 Kenmore Road	Columbus	43219
Huckleberry House	TAY Coordinated Access and Rapid Resolution Team	Scattered site units throughout Columbus and Franklin County		
Lutheran Social Services	CHOICES Joint TH-RRH Program	5500 Millerfield Drive	Columbus	43232
Maryhaven	Supportive Housing Project	328 Buckingham Street	Columbus	43215
National Church Residences	Commons at Buckingham	398 S. Grant Avenue	Columbus	43215
National Church Residences	Commons at Grant	1280 Norton Avenue	Columbus	43212
National Church Residences	Commons at Third	3341 East Livingston Avenue	Columbus	43229
National Church Residences	Berwyn Place East	590 Van Buren Drive	Columbus	43223
National Church Residences	Van Buren Village PSH	5500 Millerfield Drive	Columbus	43232
National Church Residences	Youth PSH	700 Childrens Dr	Columbus	43205
Nationwide Childrens Hospital Foundation	DV Coordinated Entry	700 Childrens Dr	Columbus	43205
Nationwide Childrens Hospital Foundation	DV Coordinated Entry Expansion	Scattered site units throughout Columbus and Franklin County		
Nationwide Childrens Hospital Foundation	DV RRH	199 S. Central Ave. Columbus Ohio, 43223	Columbus	43223
Netcare Access	Coordinated Entry	Scattered site units throughout Columbus and Franklin County		
Volunteers of America	Permanent Supportive Housing for Families	2565 Lockbourne Road	Columbus	43207
YMCA	Touchstone Field	Scattered site units throughout Columbus and Franklin County		
YMCA	DV RRH	1040 West Broad Street	Columbus	43222
YMCA	McKinley Manor	65 South 4th Street	Columbus	43215
YWCA	WINGS			

Certification of Consistency with the Consolidated Plan	U.S. Department of Housing and Urban Development	OMB Number. 2501-0044 Expiration Date: 2/28/2027

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I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: Community Shelter Board

Project Name: Please see attached

Location of the Project: Columbus and Franklin County, Ohio

Name of the Federal Program to which the applicant is applying:

Continuum of Care Program

Name of Certifying Jurisdiction: Franklin County

Certifying Official of the Jurisdiction
Name: Kenneth N. Wilson

Title: County Administrator

Signature: _[signature]_

Date: 9/25/2024

form **HUD-2991**

Columbus and Franklin County Continuum of Care (OH-503) 2024 Application

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YWCA	WINGS			

Certificate Of Completion

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Source Envelope:

Document Pages: 2	Signatures: 1	Status: Completed
Certificate Pages: 1	Initials: 0	Envelope Originator:
AutoNav: Enabled		Jeanine J. Hummer
EnvelopeId Stamping: Enabled		373 S. High Street
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		jhummer@franklincountyohio.gov
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9/25/2024 12:00:51 PM	jhummer@franklincountyohio.gov	
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Storage Appliance Status: Connected	Pool: Franklin County, Ohio	Location: DocuSign

Signer Events	Signature	Timestamp
Kenneth N. Wilson	*Kenneth N Wilson*	Sent: 9/25/2024 12:02:08 PM
knwilson@franklincountyohio.gov		Viewed: 9/25/2024 12:09:04 PM
County Administrator		Signed: 9/25/2024 12:09:20 PM
Franklin County Board of Commissioners		
Security Level: Email, Account Authentication (Optional)	Signature Adoption: Uploaded Signature Image	
	Using IP Address: 166.137.163.33	
	Signed using mobile	
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

In Person Signer Events	Signature	Timestamp

Editor Delivery Events	Status	Timestamp

Agent Delivery Events	Status	Timestamp

Intermediary Delivery Events	Status	Timestamp

Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Witness Events	Signature	Timestamp

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	9/25/2024 12:02:08 PM
Certified Delivered	Security Checked	9/25/2024 12:09:04 PM
Signing Complete	Security Checked	9/25/2024 12:09:20 PM
Completed	Security Checked	9/25/2024 12:09:20 PM

Payment Events	Status	Timestamps

Columbus and Franklin County, Ohio
Continuum of Care Board

**Resolution to Recommend Approval of 2024 Continuum of Care Application and
Project Ranking**

WHEREAS, Community Shelter Board (CSB), on behalf of the Columbus and Franklin
County Continuum of Care (CoC), has prepared the CoC Consolidated Application for the
2024 U.S. Department of Housing and Urban Development (HUD) CoC competition, per
HUD guidelines and instructions;

WHEREAS, CSB has coordinated the preparation and submission of 47 Project
Applications from non-profit provider agencies (33 renewal applications, 5 Youth
Homelessness Demonstration Program renewal applications, 6 new applications, 1
Homeless Management Information System (HMIS) application, 1 CoC Planning
application, and 1 Unified Funding Agency application);

WHEREAS, CSB developed the ranking of the Project Applications in accordance with
the local 2024 CoC Scoring, Ranking, and Prioritization Procedures document to be
considered by the CoC Board when making recommendations to the CoC;

WHEREAS, HUD provided the opportunity for the CoC to apply for new permanent
supportive housing (PSH) projects, rapid re-housing (RRH) projects, new coordinated
entry (CE) projects, new HMIS projects, and projects that serve survivors of domestic
violence (DV), in addition to the renewal funding availability;

WHEREAS, the CoC Board received, ranked, and accepted one PSH project, one RRH
project, one CE project to expand the Homeless Hotline, and one HMIS expansion project
for the CoC Application;

WHEREAS, the CoC Board received two applications for the DV population, one for RRH
and one to expand the DV CE project, and ranked and accepted both projects for the CoC
Application;

THEREFORE, be it resolved that the CoC Board recommends the approval of the
Consolidated Application and proposed project ranking for renewal and new projects for
consideration by the CoC at the October 23, 2024 meeting and recommends inclusion of
47 projects in the Consolidated Application.

Approved by voice vote.

Witnessed by:

_____   October 15, 2024
Michael Wilkos, Chair   Date

FOCUS
strategies

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OUR PROMISE

We provide communities with strategic, data-informed solutions to homelessness. Skilled systems thinkers, we offer the expertise needed to objectively assess current efforts and achieve systems transformation and high-impact objectives. We promise to deliver incisive analysis and expert advice and perform with the highest integrity.

We help lead inclusive community processes and produce engaging and accessible written materials for a wide range of audiences. We assist our client communities to use the power of analytics to design and implement housing-focused, equity-informed, and person-centered solutions that reduce homelessness.

SERVICES WE OFFER

We are passionate about helping communities to reduce homelessness strategically. We provide the full spectrum of technical assistance services to help communities address the crisis of homelessness with urgency. With an expert team of multi-disciplinary professionals, we help communities ask the right questions, develop data-driven strategies, and implement powerful solutions.

Find out more about our services at **https://focusstrategies.net/services/**

EXECUTIVE SUMMARY

The homelessness response system in Columbus and Franklin County, led by Community Shelter Board (CSB), has seen significant success over the years. Notable achievements include:

- CSB has been a national leader in collecting and reporting data, and CSB has been looked to as a model for using performance management and data-driven decision-making in homelessness response.

- CSB's design as a centralized funding structure for the region's homelessness response system was innovative when first implemented and is still seen as an advantageous model for ensuring a coordinated and efficient allocation of resources.

- The Columbus and Franklin County community has had sustained success in reducing homelessness – especially unsheltered homelessness – among families and pregnant people.

Despite the system's strong history and foundation, homelessness has increased in recent years[1] because the community context has changed. The region is experiencing an affordable housing crisis that is more acute than national trends:

Median gross rent has increased by 34%, from $887 in 2017 to $1,186 in 2022. Over the same period, the national median gross rent increased less steeply, by 29%.[2]

Rental vacancy rates fell by 40% from 6.3% in 2017 to 3.8% in 2022. Over the same period, national vacancy rates fell less severely, by 19%.[3]

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[1] From 2013 to 2024, the number of people counted in the annual Point-in-Time increased from 1,472 individuals to 2,380, a 62% increase. Unsheltered homelessness has more than doubled, from 244 individuals in 2013 to 514 individuals in 2024. Point-in-Time estimates are published by CSB and can be accessed at **https://www.csb.org/how-we-do-it/point-in-time-count**.
[2] U.S. Census Bureau, ACS 2017 and ACS 2022 5-year estimates, B25064: Median Gross Rent (Dollars), accessed March 6, 2024, www.data.census.gov; U.S. Census Bureau, ACS 2017 and ACS 2022 5-year estimates, B25031: Median Gross Rent by Bedrooms, accessed February 26, 2024, www.data.census.gov.
[3] U.S. Census Bureau, "Housing Vacancies and Homeownership: Annual Statistics: 2022, Table 6," accessed February 21, 2024, https://www.census.gov/housing/hvs/data/prevann.html; U.S. Census Bureau, "Housing Vacancies and Homeownership: Annual Statistics: 2022, Table 3," accessed February 26, 2024, **https://www.census.gov/housing/hvs/data/prevann.html**.

Only 26 housing units are available per 100 extremely low-income households compared with 34 housing units nationally.[4]

Amid these changes, CSB on behalf of key funders in the region, commissioned Focus Strategies to conduct a Comprehensive Community Assessment ("Assessment") to describe the current state of the homelessness response system and recommend changes to move the community toward its desired future state. This desired future state includes being a community that:

- Grows in a way that works for all;

- Maximizes livability and quality life for all; and,

- Has an equitable, stable, and dynamic homelessness response system to respond to the community's current and anticipated needs.

Findings from the Assessment indicate the homelessness response system must be scaled to align with the changing housing market and population dynamics.

In addition to the community and economic shifts that necessitate scaling the homelessness response system to match current and forecasted needs, several other challenges need to be addressed. Currently, Black households are overrepresented in the homelessness response system. Creating the equitable and livable community desired requires addressing this disparity. In addition, although the system is right-sized[5] for families, it is not scaled for adults without children, the largest population of people experiencing homelessness. Finally, the system, and particularly the shelters, relies on one-time and expiring funding, impacting the system's and providers' sense of stability and ability to plan to effectively address homelessness in the coming years.

Recommendations included here are designed to scale the homelessness response system to meet the needs of a growing homeless population given projected market conditions. These recommendations include taking each intervention type to scale and optimizing the homelessness response system.

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[4] National Low Income Housing Coalition, "The Gap: A Shortage of Affordable Homes," March 2024, **https://nlihc.org/gap**.
[5] "Right-sized" means that there are enough safe and dignified shelter and housing opportunities to meet the needs of the population, as indicated by no family sleeping outside or in vehicles.

CSB and providers are making several changes to increase the capacity of the homelessness response system and update program models to better meet community needs, which the homelessness response system can build on. Recommendations are tailored to address identified challenges, build on system strengths, and make progress toward the desired future state, including strategies to:

Move upstream by diverting more people from experiencing homelessness

Optimize the system by improving performance within critical interventions and expanding subsidies available

Scale housing by adding units of rapid rehousing and permanent supportive housing

Enhance equity, engagement, and learning throughout the system

The region has a history of conducting extensive planning and research, but it has not always achieved the alignment required to follow through on needed efforts. If action is not taken, the homelessness response system is likely to continue to struggle to meet current demand and continue to fall short on the goal of reducing homelessness.

A bias toward taking action is needed to hedge against the risk of serious decline in existing system capacity and to support changes needed to more effectively address homelessness. CSB, funders, and community leaders will be best positioned to make progress toward becoming a community that is livable, equitable, and promotes well-being for all, by recommitting to the current funding structure, identifying stable funds to replace the one-time funding supporting system operations, and swiftly creating opportunities to implement the recommendations in this Assessment.

TABLE OF CONTENTS

INTRODUCTION

Community Shelter Board (CSB), on behalf of key funders and leaders of homelessness response in the region – the City of Columbus, Franklin County, and the Columbus Partnership - commissioned Focus Strategies to conduct a Comprehensive Community Assessment for Columbus and Franklin County. The community is facing an affordable housing crisis, with only 26 housing units available for every 100 extremely low-income households,[6] and is on a growth trajectory, with the Franklin County population projected to increase more than 25% between 2020 and 2050.[7] With the community at an inflection point, leaders recognized the need to analyze current trends, project future needs, and lay the groundwork for achieving the future they envision.

> *"We're growing…We're getting bigger. We're attracting more attention. We're attracting more industry. So, we want to do this right."*
> - *Steering Committee member*

This Comprehensive Community Assessment (referred to as the Assessment in this report) describes and analyzes the community's homelessness response system, the coordinated response to prevent homelessness and connect people experiencing homelessness to safe shelter and permanent housing options. The homelessness response system in Columbus and Franklin County is coordinated by CSB and relies on the partnership and collaboration of 16 contracted service and housing providers to administer a range of homeless-targeted interventions including diversion and prevention, outreach, emergency shelter, rapid rehousing (RRH), transitional housing, and permanent supportive housing (PSH) programs.

For this Assessment, Focus Strategies analyzed the design and functioning of the homelessness response system, including performance strengths and weaknesses within the current and anticipated local housing market context. The Assessment was guided by a Steering Committee, composed of 18 community leaders representing various sectors and organizations. A list of the Steering Committee members is included in the **Appendix**.

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[6] National Low Income Housing Coalition, "The Gap: A Shortage of Affordable Homes," March 2024, https://nlihc.org/gap.
[7] Mid-Ohio Regional Planning Commission, "2020 to 2050 County Forecasts," accessed August 21, 2024, **https://experience.arcgis.com/experience/cd446109151f474db74b13fa0795023c/page/County-Forecasts**/.

Findings and corresponding recommendations were informed by a series of data collection efforts and analyses including:

- a review and analysis of population and housing market data and projections;

- reviews of local planning documents and reports;

- interviews, focus groups, and surveys with community members and stakeholders;

- an analysis comparing the proportion of shelter and permanent housing over time in Columbus/Franklin County and comparable communities;

- an analysis of the structure of the homelessness response system; and,

- quantitative analyses and system modeling using local Homeless Management Information System (HMIS) data.

Using data from these sources and a community-engagement process,[8,9] the Assessment seeks to answer the following questions:

- What is the current state of the homelessness response system in Franklin County, as articulated by representative community stakeholders and as reflected in the data?

- What are the primary concerns about activities and strategies currently underway to respond to homelessness and the housing needs of extremely low-income residents?

- What could work better to more equitably, efficiently, and effectively respond to homelessness now and into the future?

- What are the community's options for investing resources? What are the estimated impacts of those choices on the size of the unhoused population?

- What is the community's vision for its homelessness response in the future? What strategies are most likely to realize that vision?

In answering these questions, the Assessment focuses on what it would take to scale the homelessness response system to match corresponding community growth in light of the

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[8] A complete description of the Assessment process and methodology is included in the Technical Report.
[9] RAMA Consulting led community engagement efforts for the Assessment. A Key Themes Report, detailing findings and input from engagement strategies is included in the Technical Report.

housing crisis. While increasing the supply of affordable housing is regularly identified as a community priority, the need is great, and housing takes time to develop. Even if significant efforts occur to expand the affordable housing supply, in the immediate and near future, homelessness is expected to rise. The costs of addressing unmet housing needs related to homelessness are typically cumulative. Each year that more people remain homeless leads to additional unmet needs in the following year, leading to a larger unhoused population with increasingly higher service needs associated with longer durations of homelessness. To avoid developing intractable unsheltered homelessness as the community grows, preventing homelessness from rising in the coming years is critical.

Predictive modeling was used to estimate the projected increase in homelessness given anticipated trends of continued population growth and even lower vacancy rates and higher rents. To address the projected rise in homelessness, predictive modeling results were used to estimate costs for adding housing and related programs and supports as well as adjusting program models within the homelessness response system to yield improved outcomes.[10] Feedback from stakeholders was used to refine the models and to develop recommendation for changes to program models.

Many stakeholders also shared insights related to the need for a community-wide transformation, broader than improvements to homelessness response, which are briefly addressed in this report. This report is accompanied by a Technical Report which includes additional details and information developed through the Assessment process that may be of greatest use to those charged with implementing the recommendations.[11, 12]

[10] The cost estimates included do not account for the full costs to maintain the homelessness response system as it currently operates or costs to create the changes recommended. Types of costs not estimated are included in the section on Outcomes and Costs of System Changes.
[11] Additional information about the Assessment methodology and process can be found in the Technical Report.
[12] Focus Strategies has created a standalone document for the Assessment recommendations, which includes information contained in this report along with additional guidance for CSB and the community to consider as they begin the implementation process. This is included in the Technical Report.

COMMUNITY CONTEXT

The Columbus and Franklin County community is at a critical crossroads. The region is experiencing notable population growth. From 1990 to 2020, Franklin County grew from 965,600 to 1,324,414, a 37% increase.[13] Projections from the Mid-Ohio Regional Planning Commission indicate Franklin County will see continued growth in the coming decades. By 2050, Franklin County population is projected to reach 1.666 million residents, an increase of over 25% from 2020 population estimates.[14]

At the same time, the housing market is becoming more constrained. Compared to national trends, the Columbus metropolitan region has experienced more acute challenges with housing affordability over the past several years.

Median gross rent has increased by 34%, from $887 in 2017 to $1,186 in 2022. Over the same period, the national median gross rent increased less steeply, by 29%.[15]

Rental vacancy rates fell by 40% from 6.3% in 2017 to 3.8% in 2022. Over the same period, national vacancy rates fell less severely, by 19%.[16]

Only 26 housing units are available per 100 extremely low-income households compared with 34 housing units nationally.[17]

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[13] Mid-Ohio Regional Planning Commission, "2020 to 2050 County Forecasts," accessed August 21, 2024, **https://experience.arcgis.com/experience/cd446109151f474db74b13fa0795023c/page/County-Forecasts/**.
[14] Ibid.
[15] U.S. Census Bureau, ACS 2017 and ACS 2022 5-year estimates, B25064: Median Gross Rent (Dollars), accessed March 6, 2024, www.data.census.gov; U.S. Census Bureau, ACS 2017 and ACS 2022 5-year estimates, B25031: Median Gross Rent by Bedrooms, accessed February 26, 2024, www.data.census.gov.
[16] U.S. Census Bureau, "Housing Vacancies and Homeownership: Annual Statistics: 2022, Table 6," accessed February 21, 2024, https://www.census.gov/housing/hvs/data/prevann.html; U.S. Census Bureau, "Housing Vacancies and Homeownership: Annual Statistics: 2022, Table 3," accessed February 26, 2024, **https://www.census.gov/housing/hvs/data/prevann.html**.
[17] National Low Income Housing Coalition, "The Gap: A Shortage of Affordable Homes," March 2024, **https://nlihc.org/gap**.

With continued population growth, low-income residents will increasingly struggle to access affordable housing, and homelessness will increase without substantial intervention. The community has invested in several strategies to address the need for additional affordable housing. Columbus voters passed bond packages in 2019 and 2022 to fund affordable housing development. Franklin County founded the Affordable Housing Magnet Fund in 2019 to provide gap financing for eligible affordable

> *"We're an economically strong community. We're growing. There's great prosperity in our community. Unfortunately, what that leads to is…an affordable housing crisis. We don't have enough houses being built to keep the affordable price at a point where we're not growing the number of folks who need [homeless] services."*
> - *Steering Committee member*

housing developments. The City of Columbus updated its zoning code, known as Zone In,[18] in part to help increase the number of new housing units developed. Even with these efforts, the community is not developing affordable units at the rate required to begin to close the affordable housing gap.

As the community seeks to transform its homelessness response system, there are several factors that will shape the work. In Columbus and Franklin County, as across the nation, Black households are overrepresented in the homeless population. Fifty-three percent of people counted during the 2024 Point-in-Time Count identified as Black or African American,[19] compared to 26% of the overall population.[20] Preventing and ending homelessness, therefore, is a matter of equity. Throughout the Assessment process, community leaders, stakeholders, and members expressed a desire to create an equitable community and promote well-being and fairness for all. A few Steering Committee members interviewed for the Assessment theorized that because homelessness and housing insecurity disproportionately impacts Black neighborhoods and households, it is not recognized as a significant community issue in the same way it might be if it affected all neighborhoods and populations equally. Without community-wide recognition of the scale of the problem, these Steering Committee members noted it may be more difficult to create community buy-in for additional investments.

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[18] Columbus City Council enacted a new zoning code on July 29, 2024. Additional information on Zone In can be found at https://zone-in-columbus.hub.arcgis.com/.
[19] The 2024 Point-in-Time Count report can be accessed at **https://www.csb.org/how-we-do-it/point-in-time-count**.
[20] American Community Survey, 1 Year Estimates, Table DP05, accessible at **https://data.census.gov/table/ACSDP1Y2022.DP05?q=franklin%20county,%20oh**.

The homelessness response system in Columbus and Franklin County, led by CSB, has been recognized over the years for several innovations, including its dedication to strategic data collection and reporting, centralized and carefully leveraged funding and resource allocation strategies, and an overt and significantly successful commitment to eliminating homelessness among families and pregnant people. The track record and infrastructure in place are admirable – it is worthy of note that many communities are working toward the centralized and leveraged funding model that CSB has been fortunate to have for many years. However, the local housing market has changed dramatically, and changes are needed to match programs and practices to current housing market dynamics and scale the homelessness response system to meet current and anticipated needs.

In recent years, the Columbus and Franklin County community has developed multiple plans and reports to understand and address pressing community issues, including the affordable housing crisis, equitable economic recovery and prosperity, and poverty.[21] The community appears to be comfortable collecting and examining data and discussing problems and the need for change, but frank discussion of racial inequities in the community is not common. Through the course of the Assessment, community leaders and members identified creating an equitable community as a goal, but generally did not speak directly to the impact of racism and segregation on community wellbeing, even when prompted to discuss racial disparities in outcomes.

The community's sophistication with research and planning has not been matched with comparable action. Focus Strategies reviewed dozens of community documents, plans, and reports during the Assessment process. These documents focused on the current status of community issues, goals, and intentions to resolve challenges including affordable housing development, economic recovery, and poverty. However, information on the implementation of these plans and reports, including what efforts had been made, the impacts of those actions, and any pivots the community made given what they learned during the implementation process, were scarce.

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[21] Focus Strategies conducted a comprehensive document review as part of the Assessment. While most comparably sized communities provide a handful of documents as part of a document review process, Columbus and Franklin County had dozens of relevant planning documents, assessments, and reports to review. The Document Review Summary, completed for the Assessment, is included in the Technical Report.

Making substantial system- or community-wide changes requires participation from multiple sectors, organizations, and stakeholders. Community leaders have historically taken an approach to decision-making known as "The Columbus Way."[22] The Columbus Way emphasizes the public and private sectors coming together to solve community issues. However, some Steering Committee members reported a cultural value of agreeableness within The Columbus Way that can discourage people from raising alternate points of view. New leaders expressed a desire to create more transparent, open, and inclusive spaces where ideas can be challenged, and solutions developed. By embracing disagreement and different ideas, The Columbus Way could support established and new leaders to create more diverse ideas and solutions.

SYSTEM PROJECTIONS

A homelessness response system is a coordinated response to prevent homelessness and connect people experiencing homelessness to safe shelter and permanent housing options. The Columbus and Franklin County system includes the coordinated delivery of street outreach, diversion and coordinated entry, prevention, shelter, rapid rehousing, transitional housing, and permanent supportive housing. The system is led by CSB and implemented by 16 contracted community providers. More than 15,000 individuals are assisted each year.[23]

The homelessness response system is divided into family, single adult, and youth subsystems. Each of these subpopulations follows different processes to enter the system and, often, are served by different providers and programs. Shelter is a substantial portion of the system's inventory (see Table 1).

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[22] The term "Columbus Way" was coined in a 2015 Harvard Business Review case study examining Columbus's model of public-private partnerships and approach to development and investment.
[23] Community Shelter Board, "Annual Report FY2023," p. 9. Accessed August 21, 2024 at **https://www.csb.org/cdn/file-CSB-Annual-Report-FY2023.pdf**.

Table 1. System Capacity[24]

| Program Type	Number of Beds/Slots
Emergency shelter and transitional housing	1,321
Rapid rehousing	545
Permanent supportive housing	3,486

According to the community's 2023 Housing Inventory Count, Columbus and Franklin County had around 1,300 year-round shelter and transitional housing beds available and more than 4,000 beds of permanent housing including both permanent supportive housing beds and rapid rehousing slots.

Permanent housing opportunities are needed for people to move out of shelters and out of homelessness. Permanent supportive housing is designed to promote long-term housing retention and have little turnover. Rapid rehousing is designed to turnover regularly, but there are relatively few rapid rehousing slots in the Columbus homelessness response system compared to the capacity of other program types. Given the greatest capacity is in shelter and in permanent supportive housing with low rates of turnover, there are limited opportunities for people experiencing homelessness to access permanent housing support through the system.

Figure 1 illustrates an optimized homelessness response system. In an optimized system, people are diverted from the system into other safe housing options whenever possible, and those who are not diverted move quickly through the system and back into permanent housing. The visual demonstrates there are various paths that can be taken to access permanent housing, but all components of the system are ultimately designed to ensure people are housed as quickly and equitably as possible. The red boxes are interventions that provide key leverage points in the homelessness response system; improving the performance and/or growing the capacity of these leverage points can affect the rate of homelessness.

[24] HUD 2023 Continuum of Care Homeless Assistance Programs: Housing Inventory Count, OH-503: Columbus/Franklin County CoC. Accessed July 10, 2024 at **https://files.hudexchange.info/reports/published/CoC_HIC_CoC_OH-503-2023_OH_2023.pdf**

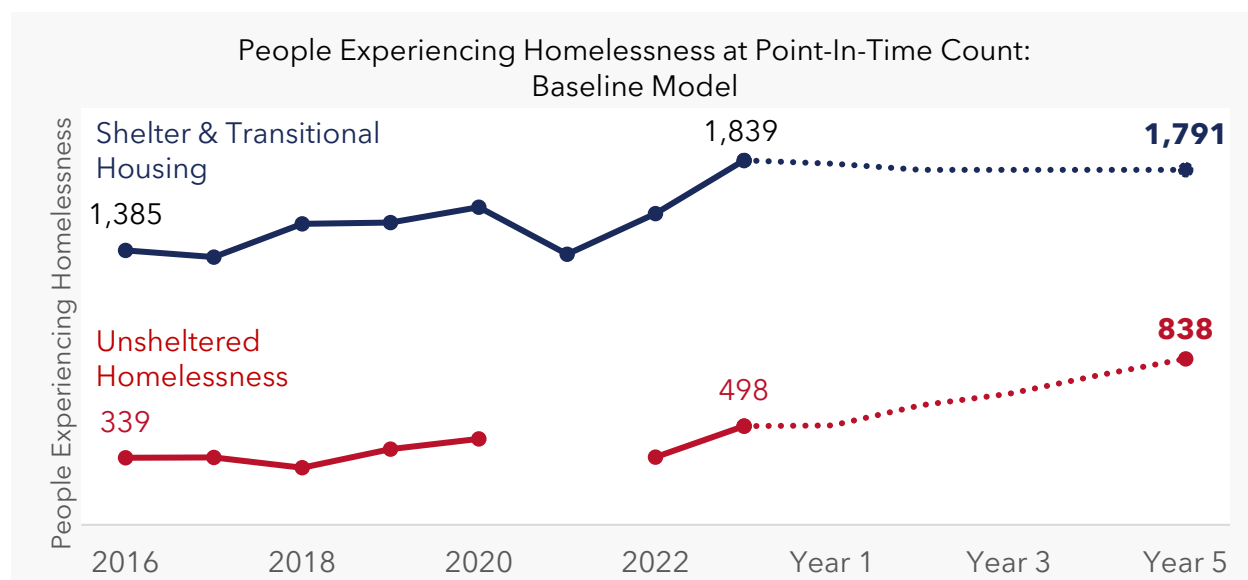**Figure 1. Optimized Homelessness Response System**
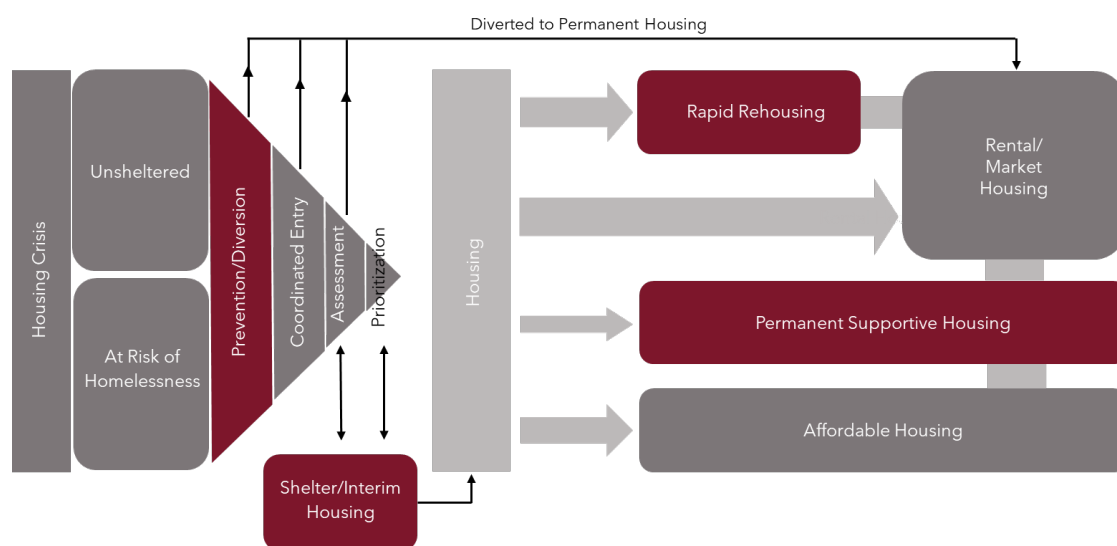
The different components of the homelessness response system are interconnected, as people move through different interventions depending on their needs and availability. System modeling explores this interconnectedness, using local data to estimate future rates of homelessness. Looking at the entire homelessness response system, rather than distinct components like the shelter system or rapid rehousing programs in isolation, enables community leaders to understand how investing in different strategies can yield different outcomes. Importantly, system modeling illustrates that the greatest impact comes from investing in a system-level strategy that involves changes to multiple components.

Focus Strategies developed a *baseline model* and several *future state models* for this Assessment. The baseline model uses current system performance and assumes that the community's housing affordability crisis drives a decline in program outcomes and an increase in the number of people entering homelessness each year. Future state models illustrate how rates of homelessness may change from the baseline model if the system invests in different strategies. A summary of the baseline model is included as Figure 2. It projects an increase in homelessness, including a 68% increase in unsheltered homelessness over five years if the community continues on the current path.[25]

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[25] Additional information on the system modeling completed for the Assessment is included in this report, along with supplemental documents in the Technical Report.

Figure 2. Baseline Model for Columbus and Franklin County

People Experiencing Homelessness at Point-In-Time Count: Baseline Model

Community factors such as rental costs and vacancy rates impact rates of homelessness but are outside of the control of the homelessness response system. Therefore, targeted efforts within the system are needed to scale and optimize the system to counter these market dynamics and achieve the desired outcomes.

The community has expanded shelter over the past decade. Between 2013 and 2022, the number of shelter beds increased by 54% while permanent housing beds grew by 47%. This nearly 1:1 ratio is out of step with approaches in other communities and with what is known about system dynamics which show that housing must increase at greater rates than shelter to reduce homelessness. Other communities with comparable population growth, housing markets, and homelessness response systems have invested more heavily in housing. Their number of shelter beds have remained flat or fallen slightly between 2013 and 2022 while their number of permanent housing beds have increased, in some cases almost 250%.[26]

Local data indicate the homelessness response system requires a different resource strategy to yield different outcomes. In recent years, the performance of the shelter system has declined as the housing market has become more expensive with fewer vacancies. From fiscal year 2015 to fiscal year 2023, the average number of days households used shelter increased

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[26] An Analysis of Comparable Communities, analyzing the resource strategies of Columbus and Franklin County compared to other key cities is included in the Technical Report.

from 49 days to 69 days while the percentage of successful housing outcomes across all populations decreased from 32% to 18%.[27] As the community has invested in increasing its shelter capacity and outcomes for shelter have declined, people are not able to move out of the shelters and out of homelessness into housing. Adjusting the approach for Columbus and Franklin County should include shifting the proportion of investments in different system components, specifically increasing diversion and permanent housing, as well as investing in strategies to improve performance throughout the system. These recommended shifts are detailed in the section on **Recommendations for Homelessness Response System Change**.

SYSTEM FINDINGS

This section summarizes key findings about the system's performance strengths and weaknesses within the current and anticipated local housing market context. Outcomes of the baseline model along with findings from other analyses conducted during the Assessment illustrate how the homelessness response system is currently functioning and indicate where changes can be made to improve system efficacy.

A. System Overview

A right-sized system means that there are enough safe and dignified shelter and housing opportunities in the community so that no one is sleeping outside or in vehicles. Analyses indicate the system is right-sized for families but not for single adults. For several years, the community has committed to ending homelessness for families, a commitment expressed in documents analyzed during the Assessment process and referenced by some CSB staff members and Steering Committee members in meetings, interviews, and other discussions. CSB has followed through on its commitment to families and has created and maintained a system in which families can reliably access shelter and few families experience unsheltered homelessness. Based on the outcomes seen for families, the family system is right-sized. Some Steering Committee members emphasized funding is not provided through a reliable, stable, and sustainable mechanism, such that maintaining the system the community has worked hard to achieve is not secure.

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[27] Community Shelter Board, "System & Program Indicator Report, FY2023: 7/1/22 – 6/30/23," accessed August 21, 2024 at **https://www.csb.org/cdn/files-FY2023-Annual-Programs-Indicator-Report.pdf**. CSB's report defines the average length of shelter stay as the average cumulative days of shelter use by unduplicated households.

The system serving single adults[28] is not comparably scaled. Over 95% of people (490 out of 514) staying in unsheltered locations on the night of the 2024 Point-in-Time Count were single adults. CSB has made efforts to provide more access to shelter for single adults, and the proportion of single adults who were sheltered increased between 2023 and 2024, however, there is still a significant gap in shelter resources to serve this population.[29]

Community perception aligns with local data that indicates the system is not scaled for single adults. Community members surveyed perceived single adults and couples without children as among the most underserved in the community. Given the current and anticipated housing market conditions, the system must sustain the progress made with families and greatly invest in strategies for single adults to meet the current need as well as prevent a rise in unsheltered homelessness.

Structural strengths are leverageable

To make these changes, the homelessness response system has strengths that can be built upon, including its funding structure. CSB's structure is advantageous. As the lead agency for the Continuum of Care and the homelessness response system, CSB has been designated as a Unified Funding Agency by the Department of Housing and Urban Development. In this role, CSB holds responsibility for securing federal funds and contracting with local providers. The Unified Funding Agency designation makes CSB and the community eligible to access more federal resources than comparable communities.[30]

The involvement of the private sector is an additional advantage of the current structure. The private sector is a major funder of solutions and is heavily involved in community discussions and planning. Having private funding available is a significant advantage which increases system scale and flexibility. However, depending on the source, private funding is often directed toward specific funder goals and priorities, which may not match where the greatest needs are. For example, in Columbus and Franklin County, the commitment to end homelessness among families and pregnant people has been supported with substantial

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[28] Single adults are people who are experiencing homelessness without minor children with them. They are not necessarily single or not parents.
[29] The full 2024 Point-in-Time Count report can be accessed on CSB's website at **https://www.csb.org/how-we-do-it/point-in-time-count**.
[30] A brief titled "Local Context and Funding Models Summary" that overviews the funding model used in Columbus and Franklin County to secure and allocate federal funding for homelessness is included in the Technical Report.

private funding. While families and pregnant people need assistance, many other populations are experiencing homelessness and single adults comprise the largest proportion of the population. Given the anticipated rise in homelessness among individuals, the flexibility of private resources may be required at new levels to ensure community goals are met.

In recent years, some funders have facilitated and managed their own funding processes rather than directing resources to CSB as the lead agency of the community's homelessness response system. This has made it more difficult to align resources across the community and invest strategically to achieve greater impact. In addition, homelessness response organizations report relying on one-time and year-to-year funding. Providers report growing uncertainty that impacts the stability of programs and the non-profits that deliver them.

Current efforts can be built upon

Several changes are already underway to increase the capacity of the homelessness response system and update program models to better meet community needs. Findings in the following sections acknowledge the work to-date and identify areas of opportunity. These findings are presented with consideration for the desired future state for the Columbus and Franklin County community, articulated by the Steering Committee: being a community that grows in a way that works for all, in which livability and quality of life are maximized, and that includes an equitable, stable, and dynamic homelessness response system.

Figure 3. Diagram of System Findings
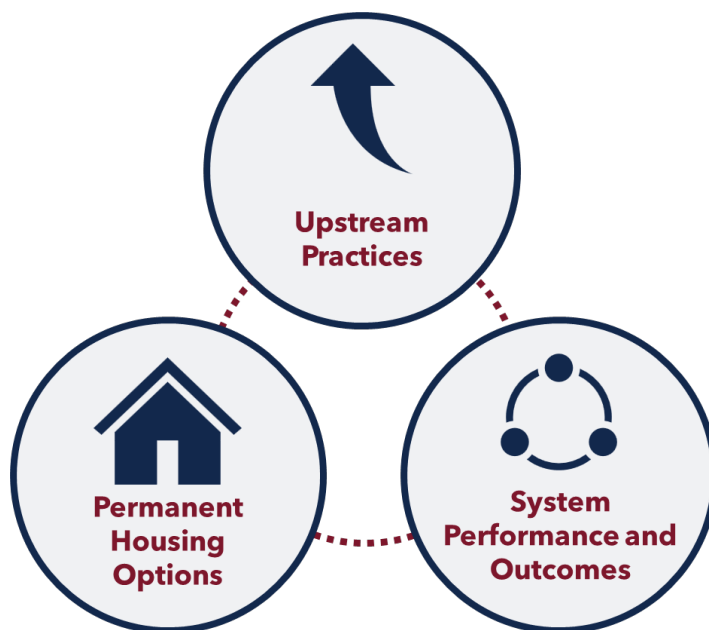
As illustrated in Figure 3, achieving this desired future state requires examining upstream practices to prevent homelessness, performance and outcomes of the system, and the capacity of permanent housing options. In addition, it includes understanding practices that span the system and impact how stakeholders are engaged, and information is used to drive system change. Findings in each of these components are detailed in the next sections.

B. Upstream Practices

The desired future state for Columbus and Franklin County includes creating an equitable community that maximizes livability and quality of life for all. Given there are pronounced disparities in who experiences homelessness, with Black households disproportionately represented in the homelessness response system, addressing upstream practices that can prevent people from experiencing homelessness is an equity issue.

Robust diversion with flexible funding assistance is a best practice for helping households avoid homelessness. In Columbus and Franklin County, there is a lack of robust diversion with flexible financial assistance for single adults. A newly homeless family is offered support multiple times to help them obtain safe housing outside of the shelter system if possible, including access to financial assistance to prevent or end their homelessness. Single adults do not receive comparable offers of assistance.

Based on the baseline system model, inflow into the homelessness response system is projected to continue increasing, with single adults comprising the largest proportion of newly homeless households. Helping more single adults to connect with other safe housing options and avoid entering the homelessness response system can effectively reduce overall rates of homelessness. The desire to move solutions upstream and adopt a more preventative approach was also expressed by several Steering Committee members during interviews.[31]

In addition to gaps in diversion, options to support households to rapidly exit homelessness are limited. Although some funding is available to help households quickly resolve homelessness, more flexibility is needed. Direct Client Assistance (DCA) provides a centralized source of funding for various programs to use. It centralizes several different

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[31] The desire to move upstream was expressed by many Assessment Steering Committee members in interviews conducted as part of the Assessment. The Steering Committee Interview Summary is included in the Technical Report.

funding sources[32] into a single pot that providers can access for eligible households or individuals. Program guidelines indicate that, depending on the source used, DCA can be used to help divert households from homelessness as well as support households to regain permanent housing. Examples of eligible assistance includes, but is not limited to, application fees, moving expenses, security deposits, short-term rental assistance, utility payments, and landlord incentives. This type of flexible program is a prized resource in most communities because a specific short-term financial barrier to housing for many households can often be resolved. However, DCA includes a requirement that to receive assistance a household must prove they will immediately be able to sustain the housing costs, which makes the resource harder to use.

The centralized nature of DCA, in which CSB ensures the household requesting assistance meets eligibility requirements and all required documentation is in place, helps ensure compliance with program eligibility and reporting requirements. However, data on the DCA program is not being collected and reported in a manner that allows for performance and outcome reporting. For example, a household may receive initial assistance through DCA and then ongoing assistance through another program, but data is not collected about DCA recipients in a way that allows for reporting on who received DCA, who received DCA and another program, or whether outcomes are different for those who receive DCA versus those who did not. It is also not possible to know whether receiving DCA assistance makes the difference in terms of who gets housed and who remains homeless.

DCA funds have been underspent recently. CSB staff attribute this to challenges identifying affordable and available units on the private market. Despite these funds being underutilized, providers interviewed indicated more flexible funding is needed to meet the needs of the households they serve. This finding indicates there is an opportunity to restructure DCA to better meet both diversion and rehousing needs (covered in the recommendations below).

[32] At the time data was gathered for the Assessment, 11 funding sources were centralized in the DCA program. This number can fluctuate as different funding sources become available.

C. System Performance and Outcomes

An important aspect of understanding the current state of the homelessness response system includes assessing performance and outcomes across system components. Findings in this section focus on aspects of shelter and rapid rehousing impacting the performance and projected outcomes of the system.

Input from community leaders indicates shelters are relying on one-time funding. Columbus and Franklin County, like many communities in the country, are currently using COVID-19 related funding sources to fund core homeless system operations, such as emergency shelter. Those funds expire in 2026 and there are no additional federal resources anticipated to fill those gaps.

While CSB and partners are working to identify funds to replace current one-time funding, CSB has also started exploring transitioning to more non-congregate shelter solutions. Many communities across the country are moving toward non-congregate shelter options as they afford greater privacy, may feel safer, and can make shelter an option for people with obligations and ties inconsistent with a congregate shelter environment (such as allowing couples to stay together, accepting pets, and having space for possessions). People experiencing homelessness reported desiring safe shelter options. Increasing the community's ability to provide non-congregate shelter units may help meet this community need and create opportunities to house more people more quickly.

Within rapid rehousing, there are also opportunities to improve performance. As reported in system performance reports published on the CSB website,[33] RRH performance, as measured by the number of people ending the program with housing, has declined over recent years. Program providers and CSB staff tie the decreases in performance to difficulties in securing rental properties that are affordable to the household, which is consistent with findings across the country in communities with significantly rising rental costs. As rents increased and vacancies decreased, the system did not initially adjust the four-month program model to reflect the current housing market. Today, CSB is leading an effort with RRH providers to extend the average length of stay of households enrolled in RRH programs to an average of eight months, recognizing additional time may be needed for households to identify housing

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[33] System performance reports and other publications are available at **https://www.csb.org/news-and-publications/publications**.

and increase income to enable them to retain the housing once they are no longer enrolled. CSB reports that with this change, RRH programs are beginning to show improved outcomes.

These adjustments indicate the system is beginning to make changes to align with the current housing market. Although some changes have been made, system modeling indicates the rapid rehousing program model is not yet calibrated to the current housing market and additional changes (covered in the recommendations below) can further improve performance.

Engaging landlords is another component of successfully implementing housing programs that require renting on the private market, such as rapid rehousing. CSB already incentivizes and engages private landlords. Landlords are paid a one-time incentive of $300 for each studio, $500 for each one- or two-bedroom unit, and $750 for each three-bedroom or larger unit upon lease up for committing the unit to house participants in CSB's housing programs for at least two years. Participating landlords may also access a risk mitigation fund that can pay for unit damages, lost rent, or unpaid utilities beyond the rent deposit. Mitigation assistance is capped at twice the Fair Market Rent amount for a one-bedroom unit in the area. For FY 2024, this equals $2,130.

CSB convenes quarterly learning exchanges for participating property owners and managers. These provide an opportunity for CSB to bring resources, such as information on local building codes or the housing inspection process, to participating landlords. These forums also provide an opportunity for landlords to share their experiences and ideas for program improvement with CSB staff. Recently, participating landlords requested CSB provide training to housing participants on acting as a good tenant, including communicating issues related to property damage or pest control needs in a timely manner.

D. Permanent Housing Options

It is recognized across the community that Columbus and Franklin County has an affordable housing crisis. Housing market factors, such as rental costs, are strong predictors of rates of homelessness. With fewer affordable units, more extremely low-income households are at risk of losing their housing. For those currently experiencing homelessness, it has become more difficult to secure permanent housing and retain that housing over time. Because the gap is severe, rates of homelessness may continue to increase even as the community accelerates the creation of new affordable housing.

Within the homelessness response system, permanent housing resources include rapid rehousing and permanent supportive housing. From 2013 to 2022, the homelessness response system increased the number of permanent housing units by about 47%, from 2,529 to 3,725.[34] Despite increases in permanent housing resources within the homelessness response system, because of challenges in the housing market, homelessness increased during the same time period.

E. Equity, Engagement, and Learning

The Assessment also examined system improvement practices, including how CSB, providers, and stakeholders use information to design and implement a system that is grounded in community and geared toward learning. As the lead agency for Columbus and Franklin County's homelessness response system, CSB is responsible for convening the Continuum of Care (CoC). A CoC is a group of organizations and individuals charged with coordinating activities of the community's homelessness response system. The CoC is responsible for allocating the majority of federal funding for homelessness in the region in a manner that advances local goals and aligns with federal priorities.[35] The Columbus and Franklin County CoC has several committees overseeing different CoC responsibilities. Two committees, the Citizens Advisory Council and the Youth Action Board, are comprised of people with lived experience of homelessness and provide opportunities for members to review and comment on plans, policies, program standards, system strategy materials, and funding applications. The CoC reserves seats on the CoC and on the CoC Board for representatives from the Citizen Advisory Council and the Youth Action Board. Even with these opportunities, engagement options for people with lived experience are limited.

Nationally, engaging people with lived experience of homelessness is a recognized best practice and communities are testing different methods to more effectively involve people with lived experience in the design, implementation, and evaluation of the homelessness response system. When engaged during the Assessment, people with lived experience of homelessness reported the homelessness response system is challenging to navigate and

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[34] Additional information on changes in system inventory and rates of homelessness can be found in a Comparable Communities Analysis in the Technical Report.
[35] The Continuum of Care Program is administered at the federal level by the Department of Housing and Urban Development. Additional information on the Continuum of Care Program can be found at **https://www.hudexchange.info/programs/coc/**. More information on the Columbus and Franklin County CoC can be found at **https://www.columbusfranklincountycoc.org/**.

repetitive (e.g., needing to complete similar forms multiple times). There is an opportunity for CSB, the CoC, and community partners to implement a range of strategies to better engage people with lived experience and create a homelessness response system that equitably represents the community.

During interviews with Steering Committee members, some raised the issue of pay equity for people working in the homelessness response system. Frontline staff may not be paid a living wage at all organizations and may be at risk themselves of losing their housing. Individuals who lead provider organizations noted frontline workers, as compared to management and executive staff, are disproportionately women of color. As a result, pay equity in the homelessness response system is a matter of racial and gender equity.

Assessment findings also indicate data can be better geared toward learning. CSB has been a national leader in collecting and reporting data. As the homelessness response field started emphasizing performance management and data-driven decision-making as effective practices, CSB was often looked to as a model. CSB has sustained their commitment to compiling and publishing system data. Community members and stakeholders can find a wealth of data and reports easily accessible on CSB's website, including monthly occupancy reports, system indicator reports, Youth Homelessness Demonstration Program (YHDP) impact reports, comparison reports using national and local Point-in-Time and system data, program evaluation reports, organizational annual reports, and an interactive data dashboard.

Despite the volume and nature of data published, the data reports available do not foster engagement and facilitate learning. The number of reports available and volume of content in each report can be overwhelming for a community member or stakeholder to locate information or understand what the results mean and how the information relates to system improvement efforts or targets. In addition, many reports are packed with quantitative data but lack qualitative data, particularly feedback from people accessing the homelessness response system that could be used to better understand program and system performance. Finally, some data points are not reported or visualized so the reader can easily understand the outputs and outcomes of the system.

For example, if a community member wanted to understand how well the homelessness response system is serving Black residents, they may turn to the System Performance Indicator Report (SPIR). The SPIR reports select outcomes for different demographic groups (e.g., 59% of Black households successfully exited from shelter). However, the report does not include a

comparable demographic breakdown for participants. Without this information, it is impossible to understand how big of a population that 59% success rate applies to. The information may be provided elsewhere, but the reader must gather information from various reports to begin to understand how well the homelessness response system is serving Black residents.

Some modifications to data reports have been made to be more digestible and engaging for readers, and CSB has started investing in program evaluations to measure program efficacy and identify opportunities for improvement. These are positive steps, and additional modifications to current reporting practices can ensure data collected, analyzed, and published encourages learning and can inform decision-making.

RECOMMENDATIONS FOR HOMELESSNESS RESPONSE SYSTEM CHANGE

Recommendations included in this section are informed by the system modeling projections and system findings. As discussed earlier, the baseline model projects growth in homelessness, including a 68% increase in unsheltered homelessness if the community continues on its current path. An iterative process was used to develop the future state model informed by local data and best practices, feedback from the Assessment Steering Committee, and input from hundreds of community stakeholders engaged through interviews, focus groups, and surveys.[36] The future state modeling process built on the baseline model to project the impacts of making changes in program capacity and program outcomes for prevention and diversion, shelter, rapid rehousing, and permanent supportive housing programs. Changing any of these system components can have impact, but transformation requires coordinated adjustments across multiple components of the homelessness response system. The future state modeling targets for system capacity and performance are summarized in Table 2.

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[36] Additional information on the models developed for the Assessment are included in the Technical Report.

Table 2. Future State Modeling Targets

Move Upstream	Divert at least 25% of single adult households per year from further services within the homelessness response system
Optimize the System	Move to non-congregate shelter options for families and repurpose existing semi-congregate spaces
	Achieve an average length of time for a discrete stay in shelter of 30 days
	Increase the percentage of single adults accessing permanent housing from shelter to 25%
	Increase utilization rates for rapid rehousing to at least 90%
	Extend the average length of stay in rapid rehousing to 12 months
	Increase the percentage of households who exit from rapid rehousing to permanent housing to 80%
Scale Housing	Add at least 250 slots of rapid rehousing for single adults over a five-year period
	Add at least 375 units of permanent supportive housing for single adults over a five-year period

Recommendations reflect changes in capacity and performance in the homelessness response system that can result in reductions in rates of homelessness from the baseline model, improve the efficacy of the homelessness response system, advance equity, and ensure the homelessness response system's design and implementation is grounded in and responsive to the community. They include strategies to realize the community's desired future state, organized around moving upstream, optimizing the performance and outcomes of the system, scaling permanent housing options, and expanding practices of continuous learning, engagement with the community, and exploring opportunities to improve equity (see Figure 4).

Figure 4. Diagram of Recommendations
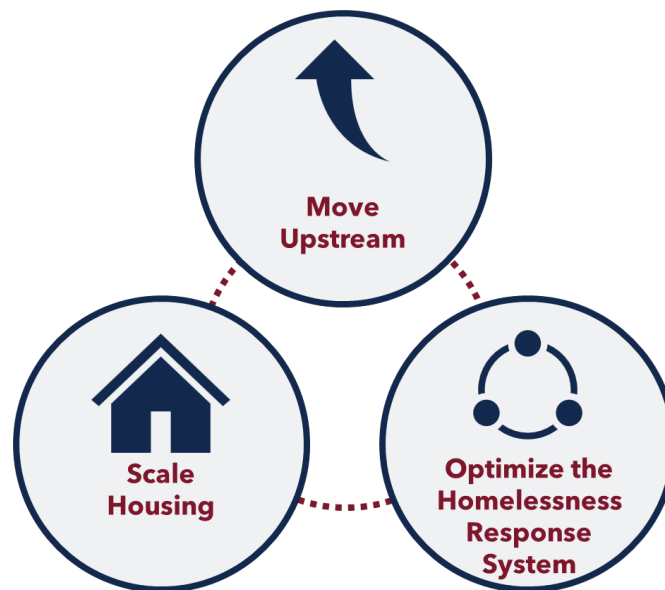
A. Move Upstream

Recommendation 1: *Implement evidence-based diversion practices for single adults, to divert at least 25% of households per year from further services within the homelessness response system*

Thousands of households each year enter the homelessness response system. One of the most efficient methods to reduce homelessness is ensuring fewer people become homeless and access the homelessness response system. Diversion is an evidence-based practice that involves supporting households seeking shelter or assistance from the homelessness response system to find safe alternatives to shelter to resolve their housing crisis. Resolutions often include one-time financial assistance for deposits, rental arrears, or moving expenses. If a household is staying with friends or family members, financial assistance can be used to pay for groceries, gas, or a share of utilities to help and incentivize the host household.

The current system includes multiple opportunities to divert families; comparable opportunities for single adults do not exist. To decrease the rate of homelessness overall, robust diversion is needed to decrease inflow into the homelessness response system. It is

recommended the system implement evidence-based diversion practices, specifically for single adults.

In addition to implementing robust diversion, many households experiencing homelessness do not require long-term supportive services to gain and retain housing. These households could benefit from a rapid exit strategy. Rapid exit operates similarly to diversion but focuses on people already staying in shelters or staying outside in unsheltered locations. Providing housing-focused services and short-term financial assistance can be enough for many households to resolve their own homelessness. Both families and single adults can benefit from diversion and rapid exit strategies. To scale the homelessness response system to meet current needs, implementing these strategies specifically for single adults is needed.

Recommendation 2: *Use underutilized Direct Client Assistance funds to support additional diversion and to expand rapid exit strategies for single adults*

One possible source of funding to expand diversion and rapid exit strategies is the Direct Client Assistance (DCA) program. DCA funds have been underspent. Redirecting any flexible DCA funds for diversion and rapid exit, particularly for single adults, can fill a gap in the system and ensure resources are fully utilized. This may require updating program guidelines for DCA assistance by expanding the allowable costs to include items like grocery cards or minor home repairs for a host household. In addition, this requires lowering requirements for accessing funds including removing the program requirement that households must demonstrate they can sustain housing once assistance ends. Some people may not be able to identify a clear path to sustain housing while they are searching, but once in housing they find a way to continue to pay for their housing expenses.

B. Optimize the System

Optimize the Homelessness Response System

System optimization involves improving performance and outcomes of the system. These changes can increase the number of people served and supported to move back into permanent housing by improving the flow through the system, ensuring that if people must stay in shelter those stays are short and people are connected quickly to permanent housing. Recommendations focus on opportunities to optimize system performance and outcomes in shelter and rapid rehousing.

Optimize the Shelter System

Recommendation 3: *Achieve an average length of time for a discrete stay in shelter of 30 days and improve the proportion of single adults accessing permanent housing from shelter to 25%*

Improving performance of shelters requires achieving an *average* length of a discrete stay of 30 days for all households.[37] This would be achieved by implementing strategies to help people in shelters move quickly out of shelter and into permanent housing. This should be treated as an average and not a limit; some people may require more time in shelters, and stays should not be capped.

A 30-day average length of a discrete stay is an increase of seven days over the current average stay for single adults but is consistent with the goal of increasing exits to permanent housing by ensuring people in shelter have time to be supported to access and move into permanent housing. The average length of stay for families is based on estimates developed by staff from CSB as part of a 2024 funding request to the City of Columbus and Franklin County and reflect a gradual reduction from 75 days to 30 days by Year 5 of the model. To complement this length of stay target, shelter providers should also aim for at least 25% of single adults accessing shelter to exit the shelter into permanent housing. Combined, these recommended performance targets reflect a shelter model in which households have safe places to stay temporarily and are able to move relatively quickly out of shelter and into permanent housing, ensuring available shelter units can turnover for the next household in need.

Recommendation 4: *Move to non-congregate shelter options for families, using motels and hotels, and repurpose existing semi-congregate spaces to shelter couples, LGBTQ+, and other vulnerable individuals*

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[37] CSB's published reports define the average length of shelter stay as the average cumulative days of shelter usage by unduplicated households. This means that all days for people with multiple stays in shelter are included in the numerator, while each household is only included once in the denominator. In effect, this is the average number of days households were engaged with any shelter during the period, rather than the average length of each separate enrollment (or stay) as is more typically used in the field, For the purposes of this report, we use the term "average length of a stay in shelter" where relevant for clarity for local readers.

Optimizing the shelter system also includes ensuring shelter options are safe and accessible to a diverse population. The desire for safe shelter was expressed by people experiencing homelessness engaged during the Assessment. Expanding shelter options to include non-congregate and semi-congregate spaces can better meet varied community preferences.

Making these changes to shelter configurations will result in a temporary increase in shelter capacity while the system scales permanent housing options. Over time, the system can reduce shelter capacity for families while also reducing rates of homelessness because of corresponding investments upstream and in permanent housing.

Recommendation 5: *Identify replacement funds for expiring and one-time shelter funding*

An optimized homelessness response system requires ensuring the system can operate at its existing capacity and scale to meet the current and future needs of the community. The homelessness response system, and the shelter system specifically, is relying on one-time funding to maintain current operations. It is recommended community funders identify sustainable, reliable funding to ensure the current shelter capacity is retained and to prevent disruptions to services while working to scale the homelessness response system.

Optimize the Permanent Housing System

CSB providers and staff state that as rents have increased, it has become more difficult for housing programs relying on the private rental market, including rapid rehousing and scattered site permanent supportive housing, to support people to access and retain housing. This is a common experience across the country as rental markets have gotten more expensive and vacancy rates have continued to tighten. To improve program performance to the degree needed to achieve the outcomes illustrated in the future state model, program models must be calibrated to housing market conditions. This includes updating strategies for housing subsidies, including extending the duration of the subsidy available and developing shallow subsidies that can be added after rapid rehousing (RRH) is over for some households.

Recommendation 6: *Improve performance of rapid rehousing including increasing utilization rates to at least 90%, extending the average length of stay to 12 months, and improving the percentage of households who exit the program to permanent housing to 80%*

Households in time-limited subsidy programs are requiring more time to stabilize in housing and increase their income to assume full responsibility for rental expenses. In addition, providing longer term subsidies may encourage more landlords to rent to households using temporary rental assistance because payment over a longer period of time is assured. The future state model calls for encouraging longer lengths of stay in rapid rehousing programs overall, with an average length of stay of 12 months. Some households may require less support, and others will require more than 12 months of support. Extending the potential duration of these subsidies may improve households' opportunities for success and improve program outcomes.

To complement changes in the length of stay in RRH programs, it is recommended to increase utilization rates of RRH to at least 90% and improve exits from RRH to at least 80%. These performance standards align with nationally-adopted best practices.

Recommendation 7: *Implement shallow subsidies*

Given rising housing costs and the lack of dedicated affordable units, some households may require longer-term financial support to retain housing. Shallow subsidies refer to subsidies that are generally either a fixed monthly amount or cover a percentage of the rent. These are compared to "deep" subsidies that are associated with programs like the Housing Choice Voucher program in which households pay a percentage of their income toward rent and the program pays the difference. Deep subsidies usually provide more financial assistance than shallow ones and change as a household's income changes, while shallow subsidies tend to be smaller and do not change with income. Shallow subsidies can be provided for a defined or indefinite length of time. A shallow subsidy program can be used by households requiring less subsidy to maintain their housing and can be used as a step-down from rapid rehousing programs.

Recommendation 8: *Increase landlord engagement strategies*

To achieve the performance outcomes included in the predictive model, strong partnerships with landlords are needed. Increasing participation of landlords may require increasing incentives and expanding risk mitigation funds available to landlords to repair units from damage and wear. Adjustments to landlord engagement strategies should be sized to the housing market, with deeper incentives required for a market that is more expensive with fewer vacancies. CSB is actively working to respond to landlord concerns, including by

developing a training for tenants to promote timely communication, as landlords have suggested. Building on these efforts to implement strategies to respond to landlord needs can strengthen the system's ability to recruit and retain landlords. As with other recommended strategies, landlord engagement strategies should be regularly assessed and adjusted to ensure the types and size of incentives provided to landlords are calibrated to the housing market and are contributing to improved program outcomes.

C. Scale Housing

Recommendation 9: *Add at least 250 slots of rapid rehousing over a five-year period*

Recommendation 10: *Add at least 375 units of permanent supportive housing over a five-year period*

Sufficient permanent housing resources are needed for people to move out of homelessness. This includes rapid rehousing and permanent supportive housing. As rapid rehousing turns over more frequently, scaling rapid rehousing will help ensure there is more continuous flow through the homelessness response system. Scaling permanent supportive housing contributes to community-wide efforts to increase the supply of affordable housing as each unit is typically restricted as deeply affordable for at least 20 years. Adding these resources for single adults will help scale the system to more closely match current and anticipated needs.

Recommendation 11: *Over time, shift the resource strategy to invest more heavily in permanent housing solutions*

Adding the new units of housing recommended above will help shift the focus of the system to invest more heavily in permanent housing strategies. Over time, the community should maintain a commitment to investing in permanent housing options to yield desired outcomes.

Recommendation 12: *Leverage the benefits of having a Unified Funding Agency*

To ensure an efficient and coordinated effort to scale the system, community partners should leverage the benefits of having a Unified Funding Agency, and recommit to a centralized, focused approach in which local and federal funds are invested under local control to achieve local goals. Using CSB to channel new and existing resources, report results, and be held

accountable for scaling the system as the community grows can aid the community to strategically and collaboratively invest in the interventions needed to reach community targets.

D. Enhance Equity, Learning, and Engagement

Recommendations to enhance equity, learning, and engagement focus on engaging people with lived experience in system design and implementation, implementing strategies to advance equity, and restructuring data reporting to promote continuous system improvement.

Recommendation 13: Engage a diverse group of people with lived experience in the design and implementation of system components, processes, and procedures

As previously described, the homelessness response system has some opportunities for people with lived experience of homelessness to inform decision-making. One of the first findings from the Assessment was a recognition the system is not regularly providing opportunities for communities disproportionately impacted by homelessness and people with lived experience of homelessness to participate in the design, implementation, and evaluation of the homelessness response system. This finding led to CSB revising the scope of the Assessment to integrate more opportunities to engage the community. While the engagement activities completed as part of the Assessment are a good step, regular and authentic engagement is needed as a core element of system decision making. Including these perspectives can help the homelessness response system identify how to streamline and improve system practices and processes to make the system easier to navigate, more responsive to community needs, and more efficient.

Communities across the country are exploring different strategies to engage people with lived experience of homelessness. Examples include developing employment pathways and creating incentives to hire people with lived experience of homelessness who may require additional training to develop other job skills; restructuring processes for developing policies and procedures so people with lived experience are involved early in the process; and hiring people with lived experience as consultants to liaise with other people experiencing homelessness, allowing the organization to bring more people into community processes. CSB should examine the participation rates and the efficacy of its currently available

engagement opportunities and begin implementing other strategies as needed to achieve robust participation.

Recommendation 14: *Examine workforce pay practices and identify strategies to improve pay equity*

During the Assessment process, Steering Committee members expressed concern that frontline workers in the homelessness response system may not make a living wage. In addition, frontline staff are often women of color, making pay equity a matter of race and gender equity. Additional exploration is needed to understand the extent of pay equity issues in the homelessness response system, with the goal of implementing strategies to improve pay equity and build a more stable workforce.

Recommendation 15: *Restructure data reporting and evaluations to reflect the information needed to drive system and program improvements*

Using data effectively requires reporting metrics and findings from evaluations in a manner that is easy to digest and directs the reader to identify areas of potential growth or opportunity. CSB has a long-established commitment to collecting and reporting on outcomes. Two recommendations to begin improving data reporting with the goals of learning and system improvement involve:

> 1) integrating qualitative data, and;

> 2) reporting metrics in ways that more clearly demonstrate disparities and inequities in the system.

Current reporting focuses on quantitative analysis but lacks perspectives from people enrolled in programs and accessing services through the homelessness response system. Qualitative input, including the impact of current practices on individuals and families is critical to identify needed program and system improvements. An effort to expand reporting in this way is consistent with the recommendation regarding better engaging people with lived experience in the design, implementation, and evaluation of the system.

In addition, data on outcomes for different demographic groups is not presented in a way that is easily interpretable. Community leaders have expressed a desire to create a community that is equitable. Understanding inequities in the homelessness response system from different

angles is needed to develop strategies that can advance equity and contribute to this important community goal. Reporting demographic breakdowns across metrics will provide more useful information about where the system may be reducing disparities and where inequities may currently be exacerbated.

Along with improvements to regular reporting structures, periodic evaluations of system programs and components can allow CSB, providers, and stakeholders to analyze each program type or system component in greater detail and identify modifications to achieve outcome goals and meet the needs of the community. As pointed out in this assessment, local program models and system components have continued to operate without much change, though housing market conditions and national best practices have shifted in some areas. Regular, robust evaluation can identify areas in need of improvement earlier. With each modification, the system should continuously monitor, evaluate, and assess what further adjustments are needed to optimize the system. By going through this process, the system can adopt a culture of learning that is grounded in action. Funder expectations and resources for evaluation do not appear to be in place currently but will be needed to successfully scale.

OUTCOMES AND COSTS OF SYSTEM CHANGES

The ambitious changes described in the previous section can deliver high impact results compared to the current path. As illustrated in Figure 5, these combined actions could result in the following impacts[38] after five years compared to the baseline:

- 38% decrease in total homelessness (about 1,000 fewer people)

- 79% decrease in unsheltered adults

- 44% decrease in sheltered families

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[38] Predictive modeling cannot predict the future. There is an element of mathematical uncertainty when modeling as many factors impacting rates of homelessness cannot be perfectly predicted and cannot be controlled.

Figure 5. Future State Model

People Experiencing Homelessness at Point-In-Time Count:
Baseline and Future State Models

Baseline **1,791**

Shelter & Transitional Housing

1,839

1,385

Future State **1,454**

Baseline **838**

Unsheltered Homelessness

498

339

Future State **179**

People Experiencing Homelessness

2016   2018   2020   2022   Year 1   Year 3   Year 5
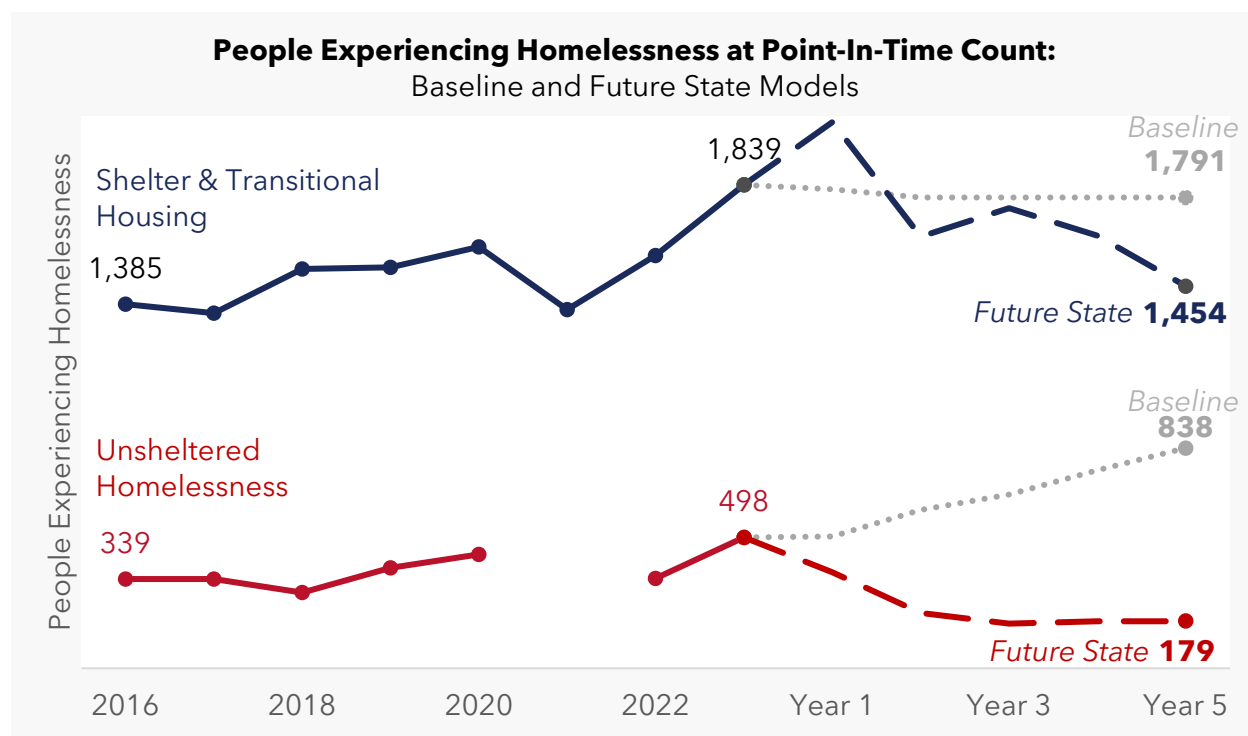
Implementing these system changes will require approximately $137 million in one-time development capital costs and about $21 million in *new* annual operating and services resources beyond current system resources.[39] In addition, it is important to note that Columbus and Franklin County, like most communities in the country, are currently using COVID-19 related funding sources to fund core homeless system operations, such as emergency shelter. Those funds expire in 2026 and there are no additional federal resources anticipated to fill those gaps. The recommendations in the Assessment require additional resources beyond the currently funded level. In other words, to reduce homelessness over the coming years, funding currently provided by COVID-19 related resources will have to be replaced, as well as significant additional resources committed to homelessness prevention/diversion, system updates and improvements, and housing and related services costs. Implementation of the recommended system changes to achieve these targets will require a coordinated funding strategy, with commitment from the City of Columbus, Franklin County, the private sector, CSB, and other community funders and partners.

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[39] Additional information on the costs to implement the recommended predictive model, including breakdowns by system component per year, are included in the Technical Report.

Besides the direct investments in new or expanded interventions, successfully transforming the system will require additional resources to support change initiatives. Examples of these costs include:

- Investment in procurement processes, system capacity building, training for staff, and technical assistance to implement recommended strategies

- Modifications to operations of other system components including street outreach, coordinated entry and the Homeless Hotline, and the Homeless Management Information System (HMIS)

- Cost of living adjustments

- Costs of conducting regular program and system evaluations

- Costs to engage in a continuous learning process to assess the impact and success of implemented system changes

NEXT STEPS

This Assessment is an initial step in the process of scaling the community system to better respond to homelessness. System improvements can be made with existing resources in some cases, but significant additional resources are needed to scale the homelessness response system. CSB, with support from local funders, can start this work, taking initial steps to align efforts and progress with community goals.

Achieving the vision of wellbeing for all and avoiding "big city problems" as the community grows requires scaling systems and infrastructure, such as transportation, anti-poverty systems and programs, and removing barriers to housing development, and connecting progress to those larger community goals.

> *"We don't want the stories that are told about [other cities], about their growth trajectories that have also had this tough underbelly of poverty. We don't want that story told about us."*
> - *Steering Committee member*

The homelessness response system can advance community-wide goals by accurately evaluating work and measuring progress, refining communication strategies to inform leaders and stakeholders of results and future plans, and creating space in all activities to understand and articulate how efforts to reduce homelessness are serving larger community efforts. Through this process, the homelessness response system can promote community wellbeing and fairness for all and contribute to the community vision.

Success requires the community to adopt a bias toward action. As stated previously, this community has invested in extensive reports, analyses, and plans about homelessness and related issues, but implementation appears to occur slowly. Committing to quickly determining the initial steps needed to implement recommendations may be helpful, including:

- Deciding who the decision-makers are and what is needed to achieve a commitment to moving forward

- Identifying any endorsement or adoption process that would allow implementation to move forward

- Deciding what the accountability and reporting mechanisms will be

Moving swiftly to put in place decision making structures and expectations will help Columbus and Franklin County leadership implement the recommendations to meet current challenges and prepare for anticipated, growing needs.

APPENDIX: STEERING COMMITTEE MEMBERS

Barabara Benham, Huntington

Carlie Boos, Affordable Housing Alliance of Central Ohio

Susan Carroll-Boser, White Castle

Elizabeth Brown, YWCA Columbus

Tony Collins, YMCA of Central Ohio

Lisa Courtice, United Way of Central Ohio

The Honorable Erica Crawley, Franklin County Board of Commissioners

The Honorable Shannon Hardin, Columbus City Council

Stephanie Hightower, Columbus Urban League

Shannon TL Isom, Community Shelter Board

Chad Jester, Nationwide

Erika Clark Jones, ADAMH

Rachel Lustig, Lutheran Social Services of Central Ohio

Jeff Polesovsky, Columbus Partnership

Sheila Prillerman, Retired Veteran and Homeless Advocate

Sherrice Sledge-Thomas,[40] Columbus Chamber of Commerce

Michael Stevens, City of Columbus

Sonya Thesing, Huckleberry House

Kenneth Wilson, Franklin County Board of Commissioners

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[40] Sherrice Sledge-Thomas served on the Assessment Steering Committee in her role of Vice-President of Diversity, Equity, Inclusion, and Access for the Columbus Chamber of Commerce. She transitioned into the role of Chief People + Culture Officer at Community Shelter Board in 2024.

SYSTEM INDICATOR REPORT

FY2024
7/1/23 – 6/30/24

communityshelterboard

Until everyone has a place to call home

Our Mission
To lead a coordinated, community effort to make sure
everyone has a place to call home.

We thank our Partner Agencies for their assistance in collecting data
and ensuring data accuracy for our community reports.

Way to go!

These programs met all outcomes for numbers served, length of service, and successful outcomes.

GLADDEN COMMUNITY HOUSE

Family Diversion, Family Homelessness Prevention and Family FCCS Prevention

Homefull

PSH EHV, Leasing

National Church Residences
EXCELLENCE THAT TRANSFORMS LIVES

Commons at Buckingham, Commons at Grant, Commons at Livingston, Commons at Third, Van Buren Village

Home for Families

Homelessness Prevention and RRH - ODH TAY, Homelessness Prevention for Expectant Mothers

NETCARE ACCESS

Homeless Hotline for Families

eliminating racism empowering women YWCA

Wings

COMMUNITY HOUSING NETWORK

Briggsdale, Cassady, Creekside, East 5th Ave, Inglewood Ave, Marsh Brook Pl, North 22nd St, Parsons Pl, Safe Haven, Southpoint Pl, Terrace Pl, Wilson, Family Homes

the Y YMCA

Franklin Station, McKinley Manor, Scattered Sites HOME

TABLE OF CONTENTS

Overview

System and Program Indicator Reports are published quarterly and furnished to CSB trustees and the Continuum of Care. All reports are posted to www.csb.org. Results are also shared with CSB funders consistent with funding contracts and agreements.

The System and Program Indicator Report monitors the current CSB funded programs and some non-CSB funded programs that participate in our data system. The report evaluates each system and program based on a system or program goal, actual performance data, variances, and outcome achievements. Outcome achievement is defined as 90% or better of numerical goal or within 5 percentage points of a percentage goal, except where a lesser or greater value than this variance also indicates an achieved goal. Systems or programs which meet less than one-half of outcome goals are considered to be a "program of concern". The following key is used to express outcome achievement status for each indicator:

Outcome Achievement:	Key
Outcome achieved	√
Outcome not achieved	≠
Outcome goal not applicable	N/A

System-level race and gender-based outcome disparities are included in the report. A disparity is defined as a demographic achieving a successful exit that is at least five percentage points less than the respective percentage of the demographic population served in each system.

All data generated from the Homeless Management Information System (HMIS) and used in the report met CSB quality assurance standards, which require current and accurate data and a 95% completion rate for all required HMIS data variables.

Data included in the report is analyzed per the Evaluation Definitions and Methodology document that can be found at www.csb.org under the Publications section.

communityshelterboard
Until everyone has a place to call home

FY24 EMERGENCY SHELTER	Households Served			Nightly Occupancy		Average Length of Stay (Days)[3]			Successful Housing Outcomes[2]					
7/1/2023 - 6/30/2024	Goal	Actual	Outcome Achievement	Capacity[1]	Actual	Goal	Actual	Outcome Achievement	Goal (#)	Actual	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement
Family System[4]	1,000	714	√[1]	114	164	54	102	N/A	275[1]	214	≠	50%	39%	≠

Annual Household Served (#)

Year	Value
FY07	748
FY08	786
FY09	718
FY10	756
FY11	876
FY12	1,126
FY13	1,251
FY14	1,570
FY15	1,426
FY16	1,433
FY17	1,098
FY18	1,026
FY19	1,151
FY20	1,035
FY21	598
FY22	709
FY23	854
FY24	714

Annual Successful Housing Outcomes (%)[2]

SHO | SHO + Permanent Exit to Family/Friends

Year	SHO	SHO + Permanent Exit to Family/Friends
FY07	62%	
FY08	67%	
FY09	67%	
FY10	67%	
FY11	67%	
FY12	73%	
FY13	68%	
FY14	59%	
FY15	57%	57%
FY16	60%	60%
FY17	66%	66%
FY18	51%	71%
FY19	49%	51%
FY20	46%	49%
FY21	34%	46%
FY22	34%	34%
FY23	35%	35%
FY24	39%	39%

Annual Average Length of Stay (Days)

Year	Value
FY07	55
FY08	58
FY09	63
FY10	59
FY11	46
FY12	31
FY13	20
FY14	24
FY15	24
FY16	26
FY17	39
FY18	50
FY19	51
FY20	55
FY21	61
FY22	73
FY23	77
FY24	102

Annual Average Nightly Occupancy (#)

Year	Value
FY07	113
FY08	124
FY09	105
FY10	105
FY11	101
FY12	84
FY13	64
FY14	99
FY15	89
FY16	100
FY17	111
FY18	131
FY19	152
FY20	143
FY21	88
FY22	130
FY23	154
FY24	164

| DEMOGRAPHICS	FY24 Δ	Family
Households Served	↓	714
Recidivism[5]	↓	1%
Percent Newly Homeless	↓	78%
Clients Served	↓	2,477
Adults Served	↓	971
Children Served	↓	1,506
Children 0 - 5 years	-	42%
Mean Family Size	↓	3.5
Average Number of Children	↓	2.1
Average Age (HoH)	-	34
Gender - Female (HoH)	↑	94%
Gender - Male (HoH)	-	6%
Veterans (U.S. Military) served	↓	5
Veterans % of all adults	-	1%
Precent of Households with No Income	-	49%
Percent Working at Entry	↑	34%
Average Monthly Household Income	↑	$873
Average Monthly Income for Households with Income	-	$1,711
Race/Ethnicity - Black (HoH)[6]	-	68%
Race/Ethnicity - White (HoH)[6]	-	18%
Race/Ethnicity - Multi-Racial (HoH)[6]	-	7%
Race/Ethnicity - Hispanic (HoH)[6]	↑	8%
Race/Ethnicity - Other (HoH)[6]	-	0%
Adults 18-24 years (HoH)	↑	14%
Children 0 - 2 years[6]	-	22%
Children 3 - 7 years[6]	-	34%
Children 8 - 12 years[6]	-	27%
Children 13 - 17 years[6]	-	18%
Pregnant Women Served	-	83
Self-reported Disability (HoH)	↓	39%
Franklin County Residents	-	84%
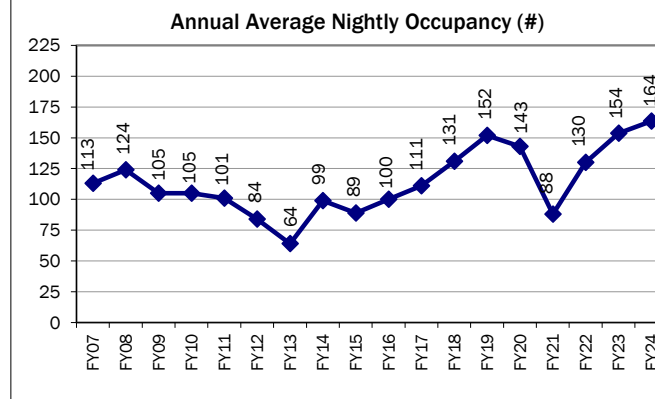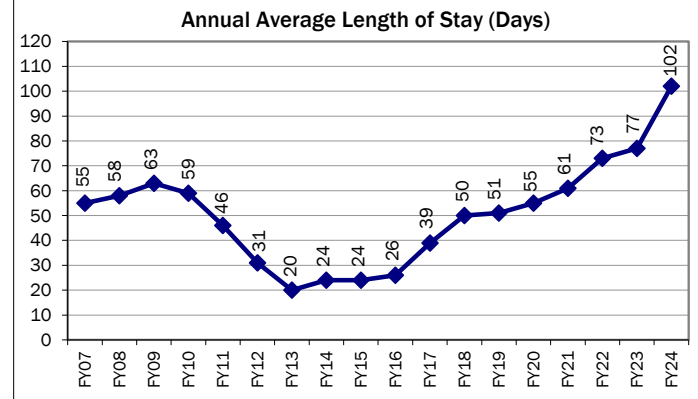
When compared to the prior fiscal year 16% less households needed shelter. The success rate at exit from shelters increased 4 percentage points to 39%. The average length of shelter stay increased by 25 days to 102 days, the highest level recorded historically. While the number of families served decreased, the family system is reporting the highest average nightly occupancy at 164 families. Lack of available safe, decent, affordable housing is making it difficult to successfully exit shelter quickly. The employment rate at entry increased from the FY23 annual rate of 27% to 34% currently and the average income increased to $873 (FY23 $652). 13% of families (96) had more than one shelter stay during the timeframe. The number of pregnant women served remained flat when compared to FY23 (84). An additional 274 families (134% increase compared to FY23) stayed in the Overnight shelter program only, waiting for a face-to-face shelter eligibility assessment. These families were subsequently either helped to find an alternative to shelter or self-resolved.

[1] Overflow capacity is not included. The family emergency shelter system will expand capacity as necessary to meet the shelter needs of homeless families. System served all families that needed shelter. System goals recalculated.

[2] Starting 7/1/15, Successful Housing Outcomes include permanent exits to family. Starting 7/1/18, Successful Housing Outcomes include permanent exits to friends.

[3] The rating/achievement of average length of shelter stay has been suspended for shelter providers for FY2024.

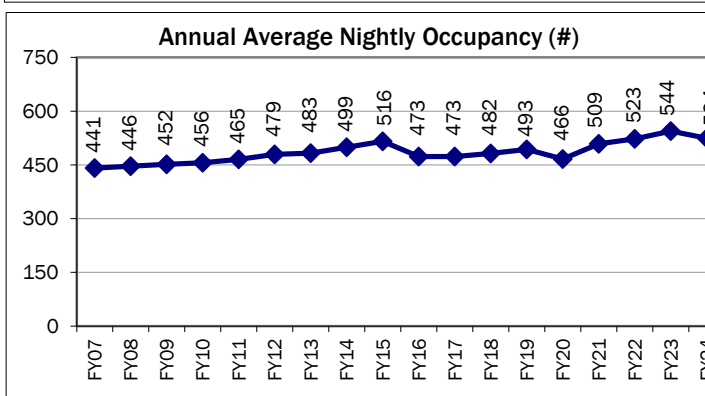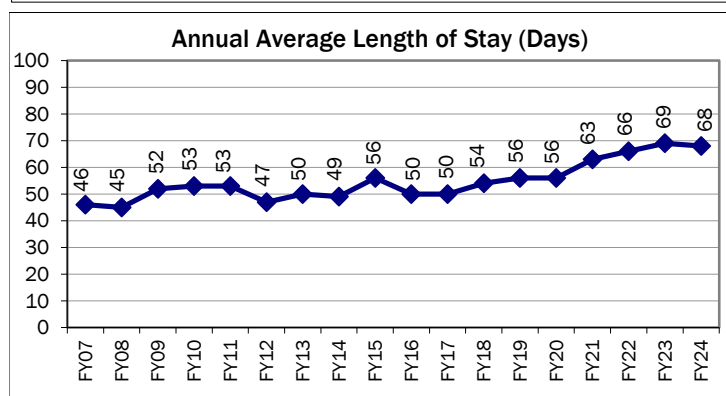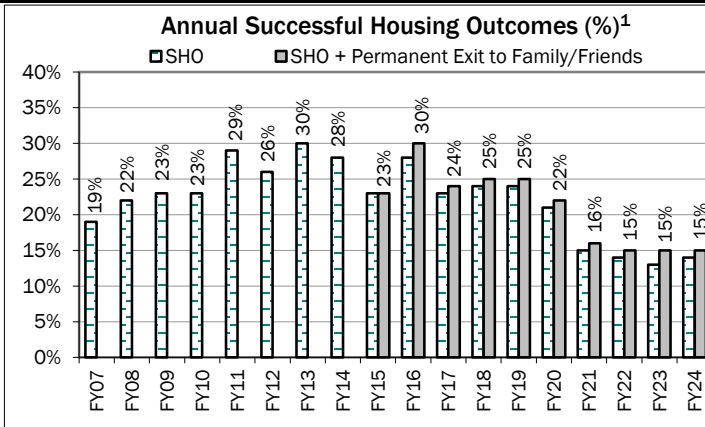[4] 5 households were served in the family system that had adult youth (age 18) with disabilities and no children (age 0-17). These households may be counted as single adults in other areas of this report.

[5] Recidivism calculated for successful housing exits between reporting period of 7/1/23-12/31/23.

[6] Due to rounding percentages do not add up to 100%.

System Level: Family Emergency Shelter

System and Program Indicator Report

FY24 EMERGENCY SHELTER	Households Served			Nightly Occupancy		Average Length of Stay (Days)[3]			Successful Housing Outcomes[1]					
7/1/2023 - 6/30/2024	Goal	Actual	Outcome Achievement	Capacity[2]	Actual	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement
Men's System	3,300	3,211	√	427	524	45	68	N/A	718	414	≠	25%	15%	≠

Annual Households Served (#)

FY07 3,462; FY08 3,646; FY09 3,452; FY10 3,425; FY11 3,445; FY12 3,956; FY13 3,800; FY14 4,005; FY15 3,546; FY16 3,878; FY17 3,755; FY18 3,505; FY19 3,539; FY20 3,374; FY21 3,249; FY22 3,249; FY23 3,328; FY24 3,211

Annual Successful Housing Outcomes (%)[1]
SHO / SHO + Permanent Exit to Family/Friends

Annual Average Length of Stay (Days)

FY07 46; FY08 45; FY09 52; FY10 53; FY11 53; FY12 47; FY13 50; FY14 49; FY15 56; FY16 50; FY17 50; FY18 54; FY19 56; FY20 56; FY21 63; FY22 66; FY23 69; FY24 68

Annual Average Nightly Occupancy (#)

FY07 441; FY08 446; FY09 452; FY10 456; FY11 465; FY12 479; FY13 483; FY14 499; FY15 516; FY16 473; FY17 473; FY18 482; FY19 493; FY20 466; FY21 509; FY22 523; FY23 544; FY24 524

DEMOGRAPHICS	FY24 Δ	Men
Households Served	↓	3,211
Recidivism[4]	-	4%
Percent Newly Homeless	-	69%
Average Age	↑	46
Men as a percent of total single adults served	↓	68%
Veterans (U.S. Military) served	↑	342
Veterans % of all adults	↑	11%
Percent of Households With No Income	-	49%
Percent Working at Entry	↑	24%
Average Monthly Household Income	↑	$768
Average Monthly Income for Households with Income	-	$1,500
Average Daily Waitlist Number	↑	224
Race/Ethnicity - Black (HoH)	↓	58%
Race/Ethnicity - White (HoH)	-	30%
Race/Ethnicity - Multi-racial (HoH)	↓	4%
Race/Ethnicity - Hispanic (HoH)	↑	6%
Race/Ethnicity - Other (HoH)	-	2%
Adults 18 - 24 years[5]	↓	5%
Adults 25 - 34 years[5]	-	22%
Adults 35 - 44 years[5]	-	22%
Adults 45 - 55 years[5]	-	23%
Adults 56 - 61 years[5]	-	13%
Adults 62+ years[5]	↑	14%
Self-reported Disability (HoH)	↑	64%
Franklin County Residents	↑	85%

The number of single men sheltered decreased 4% when compared to the prior fiscal year due to slow turnover of beds. The success rate at exit from shelters and average length of time homeless remained flat at 15% and 68 respectively. Lack of available safe, decent, affordable housing is making it difficult to successfully move individuals out of shelter quickly. The employment rate at entry increased 4 percentage points to 24% when compared to the FY23 annual rate of 20%, and the average income increased to $768 (FY23 $592). 51% of men (1,634) had multiple stays in shelter during the timeframe. The rate of adults aged 62+ increased by 2 percentage points to 14% when compared to the FY23 annual rate (12%). The number of veterans served increased by 86 (34%), compared to the prior fiscal year (FY23 256).

[1] Starting 7/1/15, Successful Housing Outcomes include permanent exits to family. Starting 7/1/18, Successful Housing Outcomes include permanent exits to friends.

[2] Overflow capacity is not included. Additional overflow capacity opened as of 11/08/23. Warming center capacity opened as of 12/1/23. Warming centers closed to new clients as of 3/31/24. Overflow capacity closed on 4/14/24.

[3] The rating/achievement of average length of shelter stay has been suspended for shelter providers for FY2024.
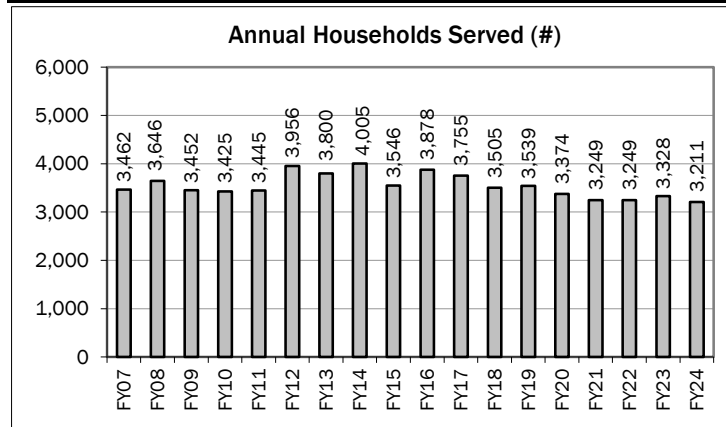
[4] Recidivism calculated for successful housing exits between reporting period of 7/1/23-12/31/23.

[5] Due to rounding percentages do not add up to 100%.

System Level: Men's Emergency Shelter

System and Program Indicator Report

FY24 EMERGENCY SHELTER	Households Served			Nightly Occupancy		Average Length of Stay (Days)[3]			Successful Housing Outcomes[1]					
7/1/2023 - 6/30/2024	Goal	Actual	Outcome Achievement	Capacity[2]	Actual	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement
Women's System	1,600	1,482	√	208	238	45	69	N/A	348	253	≠	25%	20%	√
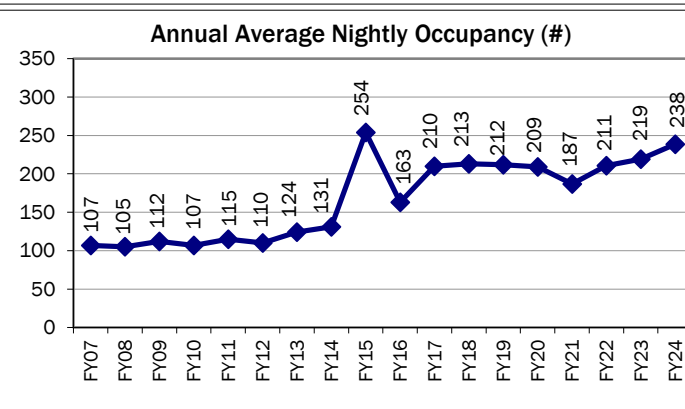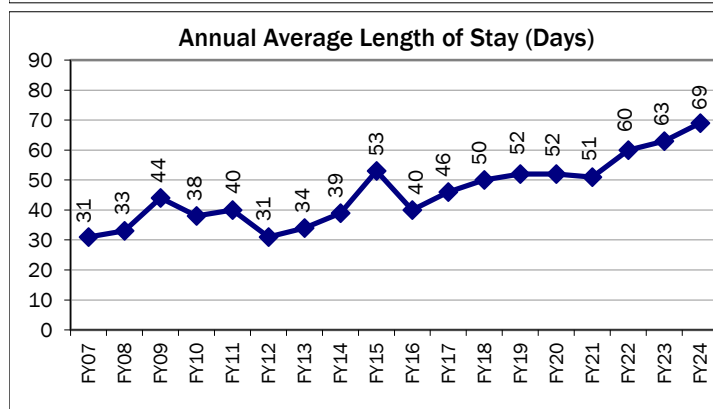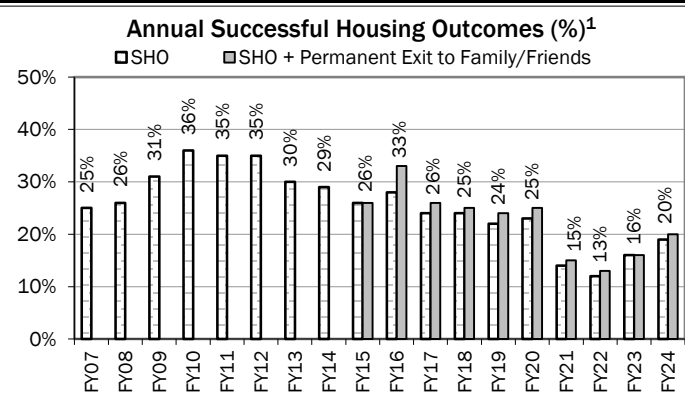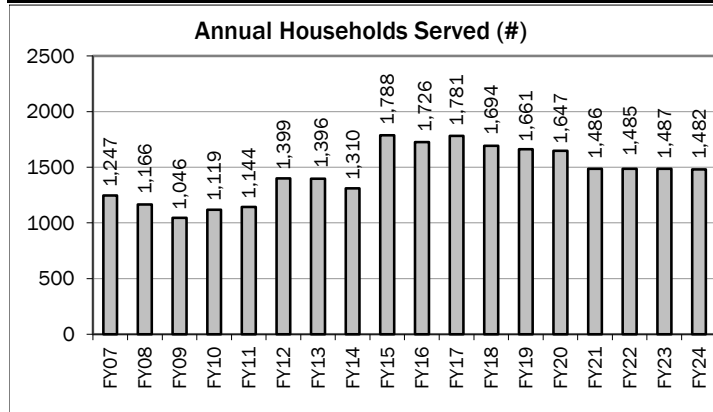
DEMOGRAPHICS	FY24 Δ	Women
Households Served	↓	1,482
Recidivism[4]	↓	1%
Percent Newly Homeless	↑	76%
Average Age	↑	44
Women as a percent of total single adults served	↑	32%
Veterans (U.S. Military) served	-	19
Veterans % of all adults	-	1%
Percent of Households With No Income	-	45%
Percent Working at Entry	↑	22%
Average Monthly Household Income	↑	$710
Average Monthly Income for Households with Income	-	$1,294
Average Daily Waitlist Number	↑	107
Race/Ethnicity - Black (HoH)	↓	53%
Race/Ethnicity - White (HoH)	-	36%
Race/Ethnicity - Multi-racial (HoH)	↓	6%
Race/Ethnicity - Hispanic (HoH)	↑	4%
Race/Ethnicity - Other (HoH)	-	1%
Adults 18 - 24 years	↑	10%
Adults 25 - 34 years	-	22%
Adults 35 - 44 years	-	23%
Adults 45 - 55 years	-	22%
Adults 56 - 61 years	-	12%
Adults 62+ years	↑	11%
Pregnant Women Served	↑	117
Self-reported Disability (HoH)	↑	71%
Franklin County Residents	↑	83%

The number of single women sheltered remained flat when compared to the previous fiscal year. The success rate at exit increased 4 percentage points to 20%. The average length of time homeless increased by 6 days to the highest level recorded historically. Lack of available safe, decent, affordable housing is making it difficult to successfully move individuals out of shelter quickly. The employment rate at entry increased by 2 percentage points to 22% when compared to the FY23 annual rate of 20%, and the average income increased to $710 (FY23 $618). 46% of women (1,482) had multiple stays in shelter during the timeframe. The number of pregnant women served increased by 4% (5) compared to FY23 (112). The rate of adults aged 62+ increased by 1 percentage point to 11% when compared to the FY23 annual rate (10%).

[1] Starting 7/1/15, Successful Housing Outcomes include permanent exits to family. Starting 7/1/18, Successful Housing Outcomes include permanent exits to friends.

[2] Overflow capacity is not included. Additional overflow capacity opened as of 11/08/23. Warming center capacity opened as of 12/1/23. Warming centers closed to new clients as of 3/31/24. Overflow capacity closed on 4/8/24.

[3] The rating/achievement of average length of shelter stay has been suspended for shelter providers for FY2024.

[4] Recidivism calculated for successful housing exits between reporting period of 7/1/23-12/31/23.

System Level: Women's Emergency Shelter

System and Program Indicator Report

FY24 EMERGENCY SHELTER	Households Served			Nightly Occupancy		Average Length of Stay (Days)[3]			Successful Housing Outcomes[2]					
7/1/2023 - 6/30/2024	Goal	Actual	Outcome Achievement	Capacity	Actual	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement
Emergency Shelter System[1]	5,600	5,388	√	749	930	54	73	N/A	1,455	885	≠	30%	19%	≠

Annual Households Served (#)

Annual Successful Housing Outcomes (%)[2]
☐ SHO   ☐ SHO + Permanent Exit to Family/Friends

Annual Average Length of Stay (Days)

Annual Average Nightly Occupancy (#)

DEMOGRAPHICS	FY24 Δ	Family & Adults
Households Served	↓	5,388
Recidivism[4]	↓	2%
Percent Newly Homeless	↑	73%
Clients Served	↓	7,142
Adults Served	↓	5,636
Children Served	↓	1,506
Average Age (HoH)	↑	44
Gender - Male (HoH)	-	60%
Gender - Female (HoH)	-	39%
Gender - Other (HoH)	-	1%
Veterans (U.S. Military) served	↑	366
Veterans % of all adults	↑	6%
Percent of Households With No Income	-	48%
Percent Working at Entry	↑	24%
Average Monthly Household Income	↑	$751
Average Monthly Income for Households with Income	-	$1,522
Average Daily Waitlist Number	↑	331
Race/Ethnicity - Black (HoH)[5]	↓	58%
Race/Ethnicity - White (HoH)[5]	-	30%
Race/Ethnicity - Multi-racial (HoH)[5]	↓	5%
Race/Ethnicity - Hispanic (HoH)[5]	↑	6%
Race/Ethnicity - Other (HoH)[5]	-	2%
Adults 18-24 years (HoH)	-	8%
Pregnant Women Served[1]	↑	198
Self-reported Disability (HoH)	↑	63%
Franklin County Residents	↑	84%

The number served by the system decreased 5% when compared to the prior fiscal year due to the low turnover in beds for single adults, impacted by the increase in the length of shelter stay. On average, 331 people were not able to gain access to shelter and were on the waitlist when overflow shelter capacity wasn't open. The successful housing outcome rate increased 1 percentage point to 19%. The average length of time homeless increased by 4 days to 73 days, the highest level recorded historically. The average income increased to $751 when compared to the FY23 annual rate of $589. The system served 75 more (26% increase) veterans and 5 more (3% increase) pregnant women when compared to the previous year (291, 196).

[1] Includes single adult shelters, family shelters, and couples in warming center shelters. Excludes Huckleberry House Emergency Shelter and YMCA Family Overnight. Total distinct households served including the youth shelter and overnight program is 6,054; total pregnant women is 201.

[2] Starting 7/1/15, Successful Housing Outcomes include permanent exits to family. Starting 7/1/18, Successful Housing Outcomes include permanent exits to friends.
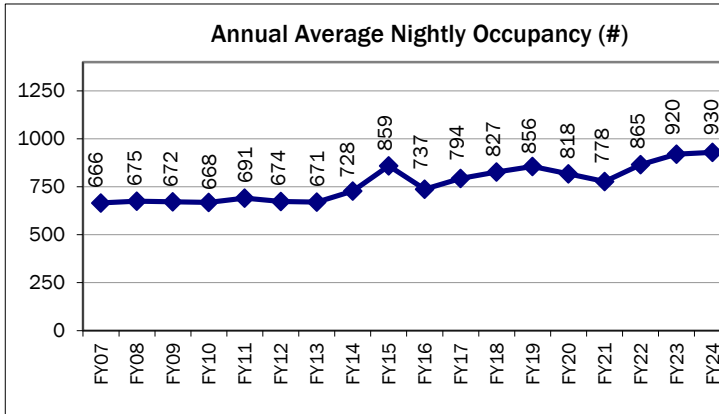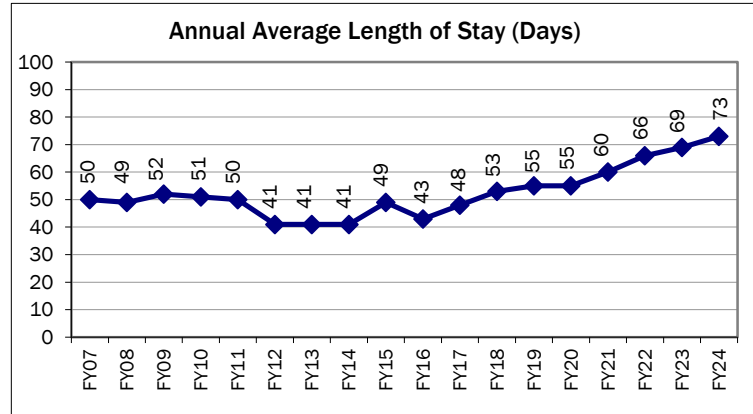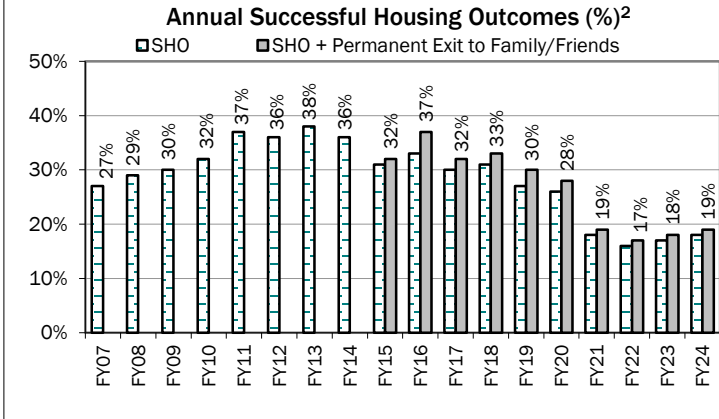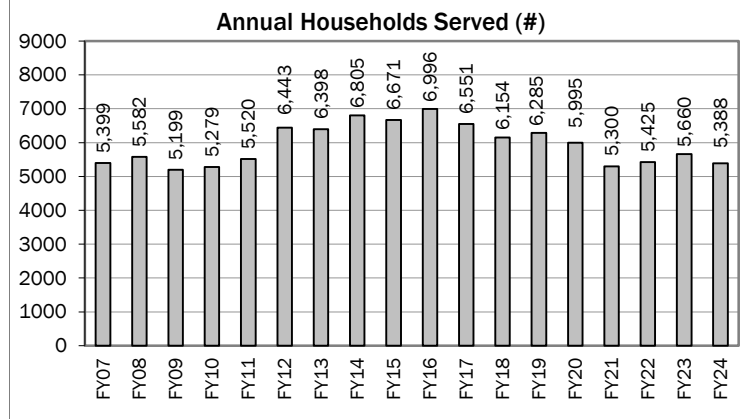
[3] The rating/achievement of average length of shelter stay has been suspended for shelter providers for FY2024.

[4] Recidivism calculated for successful housing exits between reporting period of 7/1/23-12/31/23.

[5] Due to rounding percentages do not add up to 100%.

System Level: Emergency Shelter

System and Program Indicator Report

communityshelterboard
Until everyone has a place to call home

FY24 Prevention	New Households Served			Households Served			Average Length of Participation (Days)			Successful Housing Outcomes[3]					
7/1/2023 - 6/30/2024	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement
Prevention System[1]	812	876	√	1,082	1,175	√	150	127	√	666	703	√	80%	88%	√

Annual New Households Served (#)

Year	Value
FY11	426
FY12	643
FY13	521
FY14	911
FY15	697
FY16	357
FY17	255
FY18	418
FY19	482
FY20	367
FY21	703
FY22	1,105
FY23	765
FY24	876

Annual Successful Housing Outcomes (%)[3]

☐ SHO   ☐ SHO + Permanent Exit to Family/Friends

Year	SHO
FY11	98%
FY12	99%
FY13	96%
FY14	95%
FY15	94%
FY16	85%
FY17	85%
FY18	86%
FY19	77%
FY20	91%
FY21	88%
FY22	91%
FY23	89%
FY24	88%

Annual Households Served (#)

Year	Value
FY11	1,148
FY12	862
FY13	558
FY14	947
FY15	845
FY16	443
FY17	347
FY18	501
FY19	590
FY20	499
FY21	831
FY22	1,323
FY23	1,116
FY24	1175

Annual Average Length of Participation (Days)

Year	Value
FY11	49
FY12	74
FY13	84
FY14	83
FY15	103
FY16	123
FY17	122
FY18	119
FY19	96
FY20	108
FY21	84
FY22	95
FY23	157
FY24	127

DEMOGRAPHICS	FY24 Δ	Family & Adults
Households Served	↑	1,175
Recidivism[4]	↑	5%
Clients Served	↑	3,568
Adults Served	↑	1,359
Children Served	↑	2,209
Average Age (HoH)	-	35
Gender - Female (HoH)	↓	86%
Gender - Male (HoH)	-	14%
Veterans (U.S. Military) served	↑	119
Veterans % of all adults	↑	8%
Percent of Households With No Income	-	35%
Percent Working at Entry	↑	47%
Average Monthly Household Income	↑	$1,036
Average Monthly Income for Households with Income	-	$1,604
Race/Ethnicity - Black (HoH)	↓	73%
Race/Ethnicity - White (HoH)	-	17%
Race/Ethnicity - Multi-racial (HoH)	↑	6%
Race/Ethnicity - Hispanic (HoH)	↓	3%
Race/Ethnicity - Other (HoH)	-	1%
Mean Family Size[2]	-	3.5
Average Number of Children[2]	-	2.3
Adults 18 - 24 years (HoH)[5]	↓	19%
Adults 25 - 34 years (HoH)[5]	-	42%
Adults 35 - 44 years (HoH)[5]	-	23%
Adults 45 - 55 years (HoH)[5]	-	10%
Adults 56 - 61 years (HoH)[5]	-	2%
Adults 62+ years (HoH)[5]	-	3%
Self-reported Disability (HoH)	↑	30%
Pregnant Women Served	↓	128

The number of households served increased 5% and the number of new households served increased by 15% when compared to the prior fiscal year. The successful housing outcome rate decreased by 1 percentage point to 88% and the average length of participation in the program significantly decreased to 127 days. At exit, 64% of households are stable in their own housing and 24% decided to permanently move in with family/friends. The percent working at entry increased compared to the FY23 annual rate of 44% to 47% currently. The number of veterans served increased by 43 (57% increase) and the number of pregnant women served decreased by 12 (9%) when compared to FY23 (76, 140). FY23 marked the termination of the Homelessness Prevention for Pregnant Women program, which explains the decrease in pregnant women served and average length of participation.

[1] System includes Gladden Community House prevention programs, Home for Families prevention programs, and VOAOI SSVF program for veterans.

[2] Data refers to the families served.

[3] Starting 7/1/15, Successful Housing Outcomes include permanent exits to family. Starting 7/1/18, Successful Housing Outcomes include permanent exits to friends.
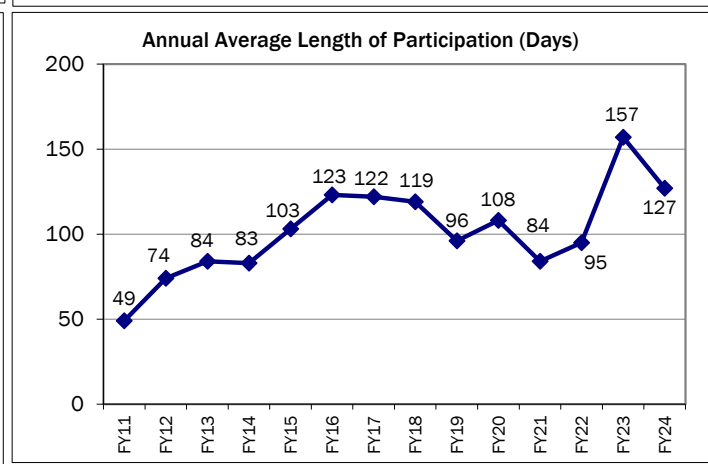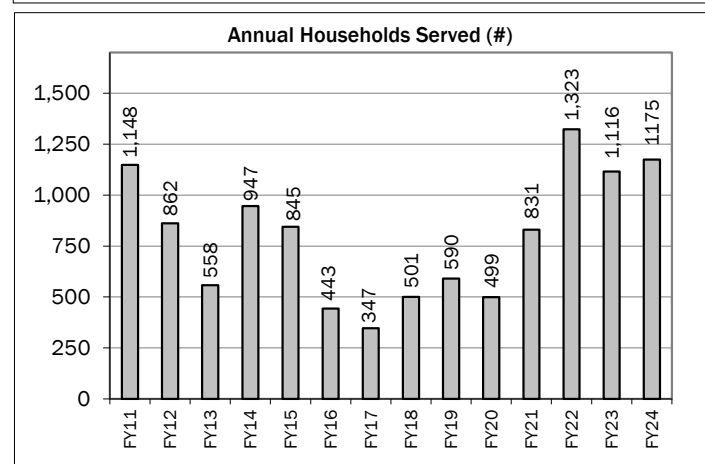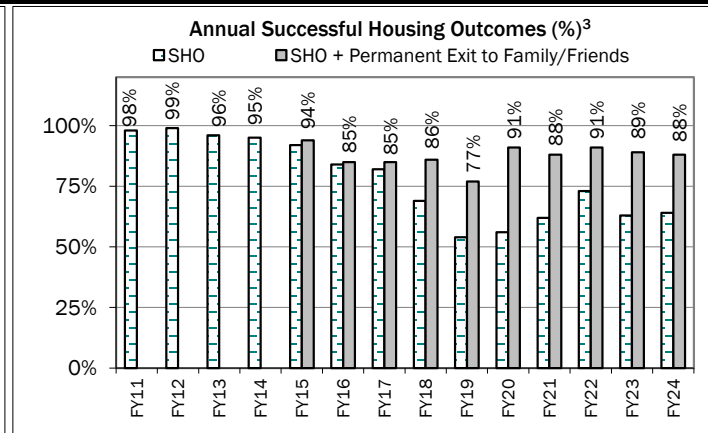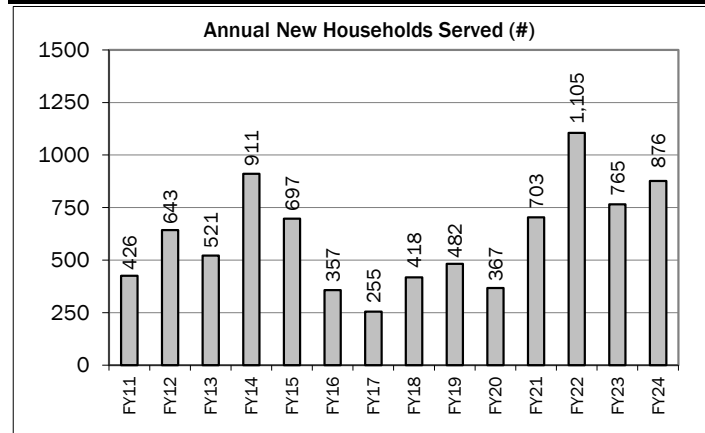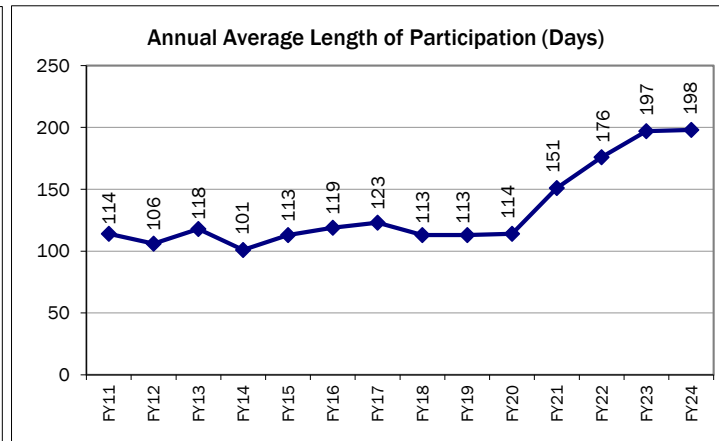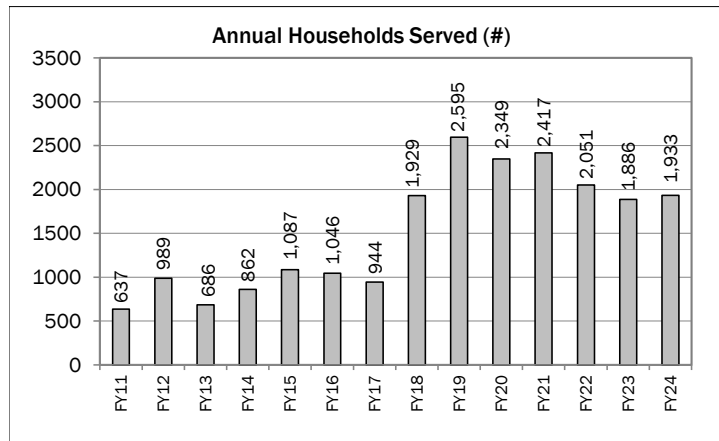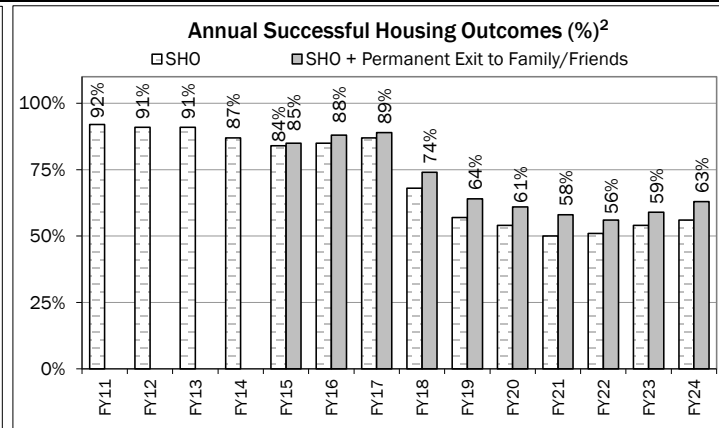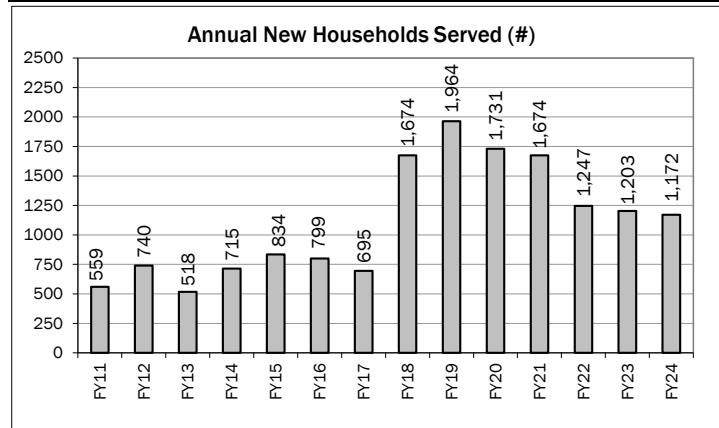
[4] Recidivism calculated for successful housing exits between reporting period of 7/1/22 - 6/30/23.

[5] Due to rounding percentages do not add up to 100%.

System Level: Prevention

System and Program Indicator Report

FY24 Rapid Re-Housing	New Households Served			Households Served			Average Length of Participation (Days)[4]			Successful Housing Outcomes[2]					
7/1/2023 - 6/30/2024	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement
Rapid Re-Housing System[1]	1,945	1,172	≠	2,727	1,933	≠	240	198	N/A	1,184	768	≠	55%	63%	√
Single Adults[3]	-	848	-	-	1,341	-	-	178	-	-	503	-	-	59%	-
Families[3]	-	326	-	-	594	-	-	242	-	-	266	-	-	71%	-

Annual New Households Served (#)

FY11 559, FY12 740, FY13 518, FY14 715, FY15 834, FY16 799, FY17 695, FY18 1,674, FY19 1,964, FY20 1,731, FY21 1,674, FY22 1,247, FY23 1,203, FY24 1,172

Annual Successful Housing Outcomes (%)[2]

□ SHO   □ SHO + Permanent Exit to Family/Friends

FY11 92%, FY12 91%, FY13 91%, FY14 87%, FY15 84%/85%, FY16 88%, FY17 89%, FY18 74%, FY19 64%, FY20 61%, FY21 58%, FY22 56%, FY23 59%, FY24 63%

Annual Households Served (#)

FY11 637, FY12 989, FY13 686, FY14 862, FY15 1,087, FY16 1,046, FY17 944, FY18 1,929, FY19 2,595, FY20 2,349, FY21 2,417, FY22 2,051, FY23 1,886, FY24 1,933

Annual Average Length of Participation (Days)

FY11 114, FY12 106, FY13 118, FY14 101, FY15 113, FY16 119, FY17 123, FY18 113, FY19 113, FY20 114, FY21 151, FY22 176, FY23 197, FY24 198

DEMOGRAPHICS	FY24 Δ	Family	FY24 Δ	Single Adults
Households Served	↓	594	↑	1,341
Recidivism[5]	-	5%	↓	7%
Clients Served	↓	1,995	↑	1,360
Adults Served	↓	717	↑	1,360
Children Served	↓	1,279	-	-
Average Age (HoH)	↓	31	-	47
Gender - Male (HoH)[6]	-	6%	-	66%
Gender - Female (HoH)[6]	↑	94%	↑	32%
Gender - Other (HoH)[6]	-	0%	-	1%
Veterans (U.S. Military) served	-	9	↑	353
Veterans % of all adults	-	1%	-	26%
Percent of Households With No Income	-	36%	-	46%
Percent Working at Entry	↓	31%	↓	23%
Average Monthly Household Income	↓	$616	↓	$728
Average Monthly Income for Households with Income	-	$1,389	-	$1,414
Race/Ethnicity - Black (HoH)[6]	-	73%	↑	60%
Race/Ethnicity - White (HoH)[6]	-	15%	-	29%
Race/Ethnicity - Multi-racial (HoH)[6]	↓	6%	↓	5%
Race/Ethnicity - Hispanic (HoH)[6]	↑	6%	-	4%
Race/Ethnicity - Other (HoH)[6]	-	1%	-	2%
Mean Family Size	↓	3.4	-	-
Average Number of Children	↓	2.2	-	-
Adults 18-24 years (HoH)	↑	33%	↑	15%
Adults 25 - 34 years (HoH)	-	37%	-	14%
Adults 35 - 44 years (HoH)	-	23%	-	16%
Adults 45 - 55 years (HoH)	-	6%	-	23%
Adults 56 - 61 years (HoH)	-	1%	-	13%
Adults 62+ years (HoH)	-	0%	↑	19%
Self-reported Disability (HoH)	↑	48%	↓	74%
Pregnant Women Served	↑	79	↑	31

The number served increased 2% when compared to the previous fiscal year. 8% less families and 8% more single adults were served compared to FY23. Rapid Re-housing providers are reporting continued difficulty securing low-income, affordable housing. CSB believes there are multiple factors impacting the system, including the impact of the Colonial Village project. 270 households exited hotels during April - June 2024. Finding appropriately sized housing units to fit the needs of the households served is difficult. The success rate at exit increased 4 percentage points to 63 percent. The self-reported disability rate increased to 48% (FY23 47%) for families and decreased to 74% (FY23 78%) for single adults. The number of veterans served increased by 8% (27) and the number of pregnant women increased by 12% (12) when compared to prior fiscal year (335, 98).

[1] System includes HFF Rapid Re-housing programs, VOAOI Rapid Re-housing, YMCA Rapid Re-housing programs, YWCA Rapid Re-housing program, Homefull Rapid Re-housing program, LSS SSVF program, and VOAOI SSVF program.

[2] Starting 7/1/15, Successful Housing Outcomes include permanent exits to family. Starting 7/1/18, Successful Housing Outcomes include permanent exits to friends.

[3] No outcome goals are set by subpopulation. Households with only adults are included in the single adult population.
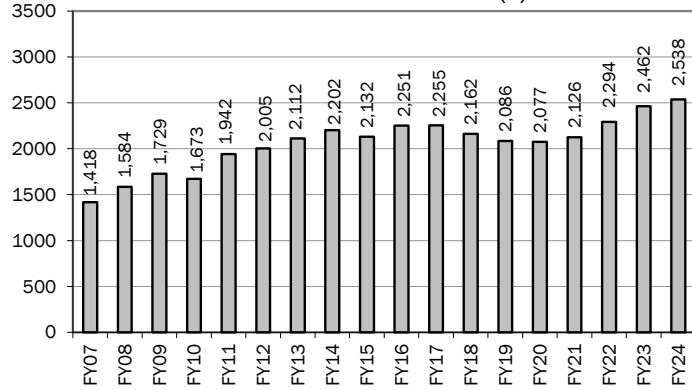
[4] The rating/achievement of average length of participation has been suspended for rapid-rehousing providers for FY2024.

[6] Due to rounding percentages do not add up to 100%.

System Level: Rapid Re-housing

FY24 Permanent Supportive Housing (PSH)	Households Served			Occupancy Rate			Housing Stability (Months)			Successful Housing Outcomes[1]					
7/1/2023 - 6/30/2024	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement
Total PSH System	2,820	2,538	√	95%	91%	√	24	47	√	2,538	2,351	√	90%	95%	√

Annual Households Served (#)

Annual Successful Housing Outcomes (%)[1]
□ SHO ▣ SHO + Permanent Exit to Family/Friends
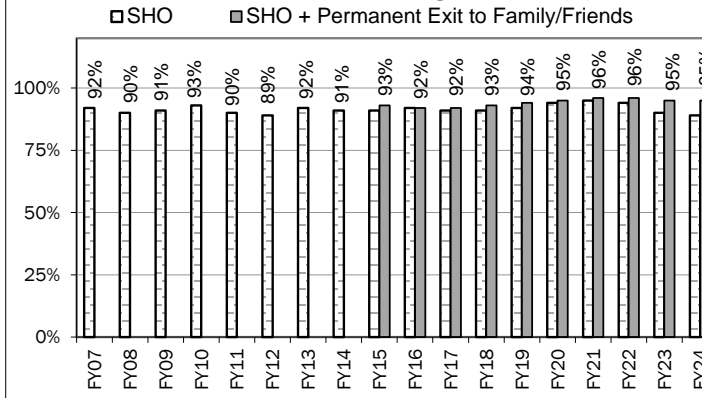
Annual Housing Stability (Months)
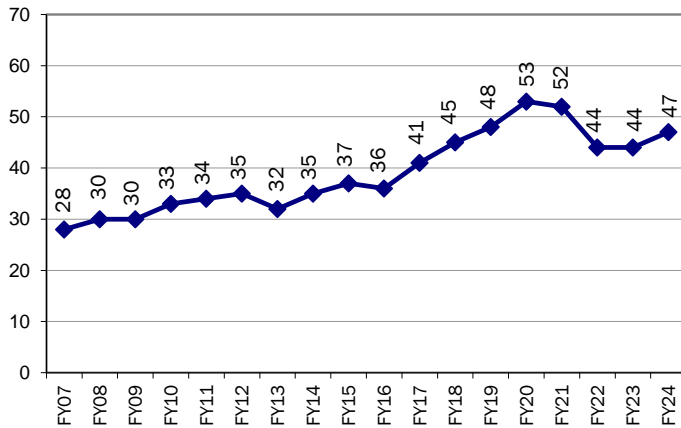
Annual Occupancy Rate (%)
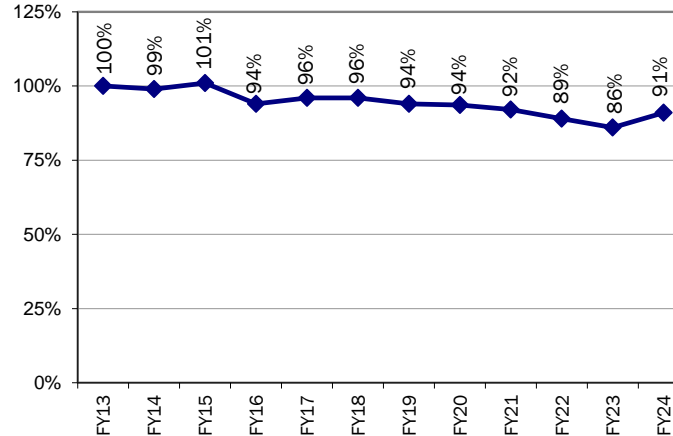
DEMOGRAPHICS	FY24 Δ	Family & Adults
Households Served	↑	2,538
Exit to Homelessness[2]	↑	2%
Clients Served	↑	3,465
Adults Served	↑	2,750
Children Served	↑	715
Average Age (HoH)	-	52
Gender - Male (HoH)	-	57%
Gender - Female (HoH)	↑	42%
Gender - Other (HoH)	-	1%
Veterans (U.S. Military) served	↓	213
Veterans % of all adults	↓	8%
Average Monthly Household Income	↑	$477
Percent Working at Entry	-	8%
Race - Black (HoH)[4]	↓	61%
Race - White (HoH)[4]	-	30%
Race- Multi-racial (HoH)[4]	↓	5%
Race- Hispanic (HoH)[4]	-	2%
Race- Other (HoH)[4]	-	1%
Mean Family Size[3]	↓	3.2
Average Number of Children[3]	-	1.9
Adults 18-24 years (HoH)[4]	↑	4%
Adults 25 - 34 years (HoH)[4]	-	10%
Adults 35 - 44 years (HoH)[4]	-	15%
Adults 45 - 54 years (HoH)[4]	-	23%
Adults 55 - 61 years (HoH)[4]	-	19%
Adults 62+ years (HoH)[4]	↑	28%
Pregnant Women Served	↓	23
Long Term Disability	-	99%

The system had a 3% increase in numbers served. The occupancy rate increased 5 percentage points to 91%. The rate of adults aged 62+ increased by 2 percentage points to 28% when compared to the FY23 annual rate (26%). The capacity of Permanent Supportive Housing units in HMIS and reported on here is 2,383. VA VASH voucher capacity of 377 is not included.

[1] Starting 7/1/15, Successful Housing Outcomes include permanent exits to family. Starting 7/1/18, Successful Housing Outcomes include permanent exits to friends.
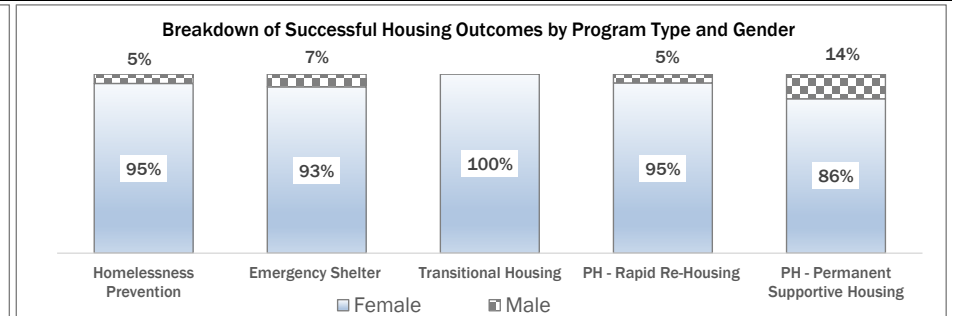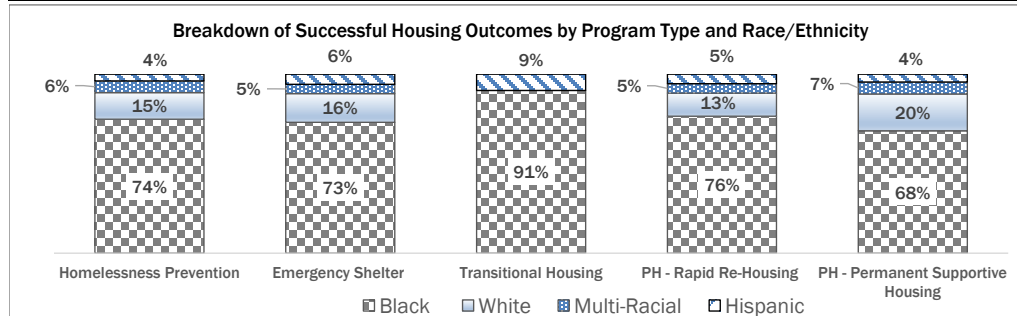
[2] Exit to homelessness is calculated for exits between reporting period of 7/1/23 - 12/31/23.

[3] Data refers to families served.

[4] Due to rounding percentages do not add up to 100%.

Special Populations Served: 7/1/2023 - 6/30/2024		Families Served by Program Type					
Families	Totals	Homelessness Prevention	Street Outreach	Emergency Shelter	Transitional Housing	PH - Rapid Re-Housing[3]	PH - Permanent Supportive Housing
Youth Households (18 - 24)	362	127	2	67	32	157	62
Pregnant Youth Households (18 - 24)	81	35	0	13	4	34	8
Households (25+)	1,674	717	4	573	1	364	327
Pregnant Households (25+)	175	78	0	70	0	45	12
Total Households Served (#)	2,226	950	6	709	37	594	407
Total Households Entered	1,321	713	5	543	17	326	67
Total Households Exited	1,315	697	5	553	25	376	39
Successful Housing Outcomes (#)[1]	N/A	616	4	212	11	266	393
Successful Housing Outcomes (%)[1]	N/A	88%	80%	38%	44%	71%	97%
Average Length of Shelter Stay (Days)[2] Average Length of Participation (Days)[2] Housing Stability (Months)[2]	N/A	121	60	102	10	242	42
		DEMOGRAPHICS					
	Race/Ethnicity - Black (HoH)[4]	74%	50%	68%	84%	73%	67%
	Race/Ethnicity - White (HoH)[4]	15%	50%	18%	8%	15%	21%
	Race/Ethnicity - Multi-racial (HoH)[4]	6%	0%	7%	3%	6%	7%
	Race/Ethnicity - Hispanic (HoH)[4]	4%	0%	8%	5%	6%	4%
	Race/Ethnicity - Other (HoH)[4]	1%	0%	0%	0%	1%	1%
	Gender - Female (HoH)	94%	83%	94%	95%	94%	86%
	Gender - Male (HoH)	6%	17%	6%	5%	6%	14%
	Gender - Other (HoH)	0%	0%	0%	0%	0%	0%
	Self Reported Disability	26%	67%	39%	68%	48%	95%
	Franklin County Residents	90%	83%	85%	86%	85%	94%

Breakdown of Successful Housing Outcomes by Program Type and Race/Ethnicity

Breakdown of Successful Housing Outcomes by Program Type and Gender

The system-wide number of families served remained flat (FY23 2,230) when compared to the prior fiscal year. The number of families receiving homelessness prevention services remained flat (FY23 959). The rate of families served in emergency shelter decreased by 17% (FY23 854) and in rapid re-housing decreased by 8% (FY23 647) during the same timeframe. The number of families in permanent supportive housing increased by 20% (FY23 338) and transition age youth families in permanent supportive housing increased by 59% (FY23 44). The length of time families spent in emergency shelter increased significantly, when compared to FY23 (77). The rate of Black/African American families and women-headed families served system-wide is substantially disproportionate compared to the Franklin County population and to the Franklin County population in poverty. From an outcomes perspective, the homelessness system has no substantial impact on these families.

[1] Successful outcomes measure for Street Outreach.

[2] Average Length of Shelter Stay (Days) is measured for Emergency Shelter. Average Length of Participation (Days) is measured for Street Outreach, PH - Rapid Re-Housing and Homelessness Prevention. Housing Stability (Months) is measured for PH - Permanent Supportive Housing and Transitional Housing.

[3] PH - Rapid Re-Housing households without children were excluded from totals.

[4] Due to rounding, percentages do not add up to 100%.

Special Populations Served: 7/1/2023 - 6/30/2024		Single Adults Served by Program Type					
Single Adults	**Totals**	**Homelessness Prevention**	**Street Outreach**	**Emergency Shelter**	**Transitional Housing**	**PH - Rapid Re-Housing[3]**	**PH - Permanent Supportive Housing**
Unaccompanied Youth under 18	10	0	5	0	5	0	0
Household with children only under 18	2	0	0	0	2	0	0
Unaccompanied Youth (18 - 24)	583	52	30	281	63	184	96
Pregnant Unaccompanied Youth (18 - 24)	69	8	9	44	3	13	4
Households without Children (18 - 24)	8	1	0	0	0	3	4
Pregnant Households without Children (18 - 24)	2	0	0	0	0	2	0
Single Adult (25+)	7,075	147	676	4,328	25	1,113	2,327
Pregnant Single Adult (25+)	90	4	7	74	0	17	0
Households without Children (25+)	160	13	5	37	0	11	100
Pregnant Households without Children (25+)	6	3	2	0	0	0	1
Total Households Served (#)	7,916	228	730	4,722	98	1,341	2,530
Total Households Entered	4,573	166	563	4,159	34	848	344
Total Households Exited	4,617	109	512	4,054	56	854	394
Successful Housing Outcomes (#)[1]	N/A	90	187	674	41	503	2,332
Successful Housing Outcomes (%)[1]	N/A	83%	37%	17%	73%	59%	95%
Average Length of Shelter Stay (Days)[2] Average Length of Participation (Days)[2] Housing Stability (Months)[2]	N/A	166	107	68	9	178	51
		DEMOGRAPHICS					
Race/Ethnicity - Black (HoH)[4]	68%	32%	56%	76%	60%	59%
Race/Ethnicity - White (HoH)[4]	22%	59%	32%	14%	29%	33%
Race/Ethnicity - Multi-racial (HoH)[4]	5%	4%	5%	4%	5%	4%
Race/Ethnicity - Hispanic (HoH)[4]	3%	3%	5%	5%	4%	2%
Race/Ethnicity - Other (HoH)[4]	3%	2%	2%	1%	2%	1%
Gender - Male (HoH)[4]	48%	57%	68%	54%	66%	69%
Gender - Female (HoH)[4]	50%	43%	31%	44%	32%	30%
Gender - Other (HoH)[4]	2%	1%	1%	2%	1%	1%
Self Reported Disability	50%	99%	81%	84%	74%	98%
Franklin County Residents	89%	85%	86%	88%	84%	94%

Breakdown of Successful Housing Outcomes by Program Type and Race/Ethnicity[1]

Breakdown of Successful Housing Outcomes by Program Type and Gender[1]

The system-wide number of single adults served increased 1% (FY23 7,839) when compared to the prior fiscal year. The number of single adults in emergency shelter decreased by 2% (FY23 4,842) during the same timeframe. The number of single adults in the following types of programs increased: street outreach by 28% (FY23 570), homelessness prevention by 46% (FY23 156), and in rapid re-housing by 8% (FY23 1,241). The number of single adults in permanent supportive housing remained flat (FY23 2,541) when compared to the prior fiscal year. The rate of Black/African American single adults served system-wide is substantially disproportionate compared to the Franklin County population and to the Franklin County population in poverty. From an outcomes perspective, the homelessness system has no substantial impact on these single adults.
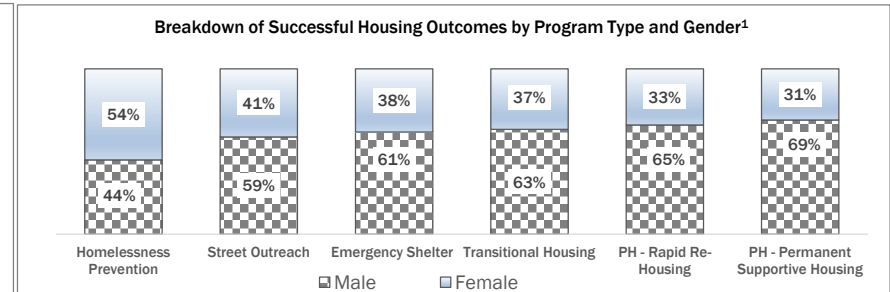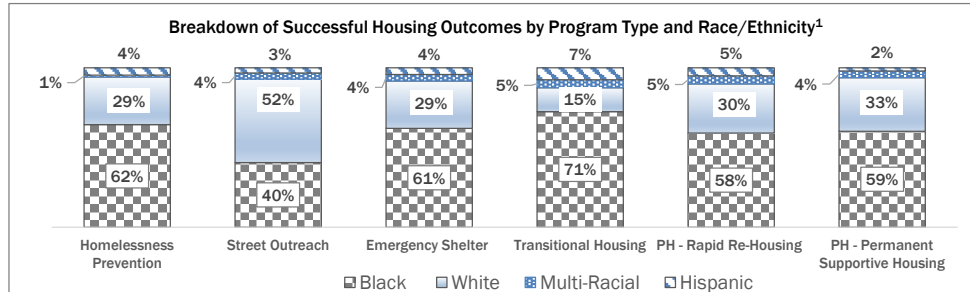
[1] Successful outcomes measure for Street Outreach.

[2] Average Length of Shelter Stay (Days) is measured for Emergency Shelter. Average Length of Participation (Days) is measured for Street Outreach, PH - Rapid Re-Housing and Homelessness Prevention. Housing Stability (Months) is measured for PH - Permanent Supportive Housing and Transitional Housing.

[3] PH - Rapid Re-Housing households without children were included in the totals.

[4] Due to rounding, percentages do not add up to 100%.

Special Populations Served: 7/1/2023 - 6/30/2024		Pregnant Women Served by Program Type					
Pregnant Women	**Totals**	**Homelessness Prevention**	**Street Outreach**	**Emergency Shelter**	**Transitional Housing**	**PH - Rapid Re-Housing**	**PH - Permanent Supportive Housing**
Unaccompanied Youth (under 18)	3	0	0	3	0	0	0
Unaccompanied Youth (18 - 24)	69	8	9	44	3	13	4
Parenting Youth Households (18 - 24)	81	35	0	13	4	34	8
Households without Children (18 - 24)	2	0	0	0	0	2	0
Parenting Households (25+)	176	78	0	70	0	45	12
Single Adults (25+)	90	4	7	74	0	17	0
Households without Children (25+)	6	3	2	0	0	0	1
Total Households Served (#)	402	128	18	201	7	110	24
Total Households Entered	315	98	16	181	2	85	8
Total Households Exited	257	83	15	177	5	45	2
Successful Housing Outcomes (#)[1]	N/A	71	7	31	4	27	23
Successful Housing Outcomes (%)[1]	N/A	86%	47%	18%	80%	60%	96%
Average Length of Shelter Stay (Days)[2] Average Length of Participation (Days)[2] Housing Stability (Months)[2]	N/A	122	76	52	8	160	25
		DEMOGRAPHICS					
	Race/Ethnicity - Black (HoH)[4]	73%	44%	64%	71%	75%	42%
	Race/Ethnicity - White (HoH)[4]	12%	50%	18%	14%	13%	17%
	Race/Ethnicity - Multi-racial (HoH)[4]	6%	6%	7%	14%	8%	25%
	Race/Ethnicity - Hispanic (HoH)[4]	8%	0%	10%	0%	4%	17%
	Race/Ethnicity - Other (HoH)[4]	1%	0%	0%	0%	0%	0%
	Self Reported Disability	80%	78%	34%	86%	44%	96%
	Franklin County Residents	92%	94%	87%	86%	87%	96%

Breakdown of Successful Housing Outcomes by Program Type and Race/Ethnicity[1]

Successful Housing Outcomes Rate by Program Type and Race/Ethnicity[1]

The system-wide number of pregnant women served decreased 2% (FY23 410) when compared to the prior fiscal year. The number of pregnant women served by homelessness prevention decreased by 9% due to the closing of a program dedicated to pregnant women (FY23 140), transitional housing decreased by 53% (FY23 15), and permanent supportive housing decreased by 14% (FY23 28). The number served by emergency shelters increased by 3% (FY23 196), rapid re-housing increased by 12% (FY23 98) and street outreach increased by 125% (FY23 8) when compared to the same reporting period of the prior fiscal year. The rate of Black/African American women served system-wide is substantially disproportionate compared to the Franklin County population and to the Franklin County population in poverty. Also, the rate of BIPOC pregnant women in all program types except street outreach exceeds 80% of the population served in the respective program types. From an outcomes perspective, the homelessness system has no substantial impact on these pregnant women.
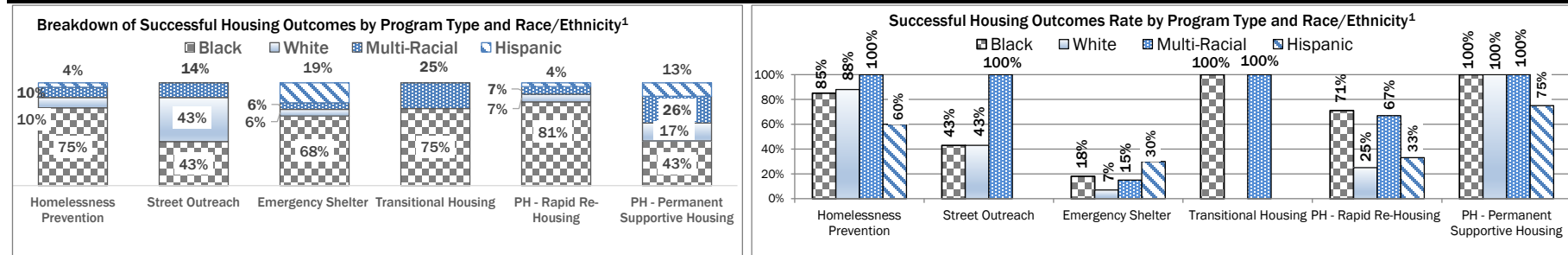
[1] Successful outcomes measure for Street Outreach.

[2] Average Length of Shelter Stay (Days) is measured for Emergency Shelter. Average Length of Participation (Days) is measured for Street Outreach, PH - Rapid Re-Housing and Homelessness Prevention. Housing Stability (Months) is measured for PH - Permanent Supportive Housing and Transitional Housing.

[3] Program didn't have any household exits; unable to calculate measure.

[4] Due to rounding, percentages do not add up to 100%.

Special Populations Served: 7/1/2023 - 6/30/2024		Veterans Served by Program Type					
Veterans (All Adults)	Totals	Homelessness Prevention	Street Outreach	Emergency Shelter	Transitional Housing[5]	PH - Rapid Re-Housing	PH - Permanent Supportive Housing[3]
Unaccompanied Youth (18 - 24)	10	3	0	1	0	5	2
Parenting Youth Households (18 - 24)	3	2	0	0	0	0	1
Single Adults (25+)	1073	100	17	362	25	348	568
Parenting Households (25+)	58	15	0	5	0	9	31
Total Households Served (#)	1137	119	17	366	25	362	602
Total Households Entered	368	80	12	321	2	188	54
Total Households Exited	403	47	15	304	25	170	72
Successful Housing Outcomes (#)[1]	N/A	41	7	108	17	116	545
Successful Housing Outcomes (%)[1]	N/A	87%	47%	36%	68%	68%	97%
Average Length of Shelter Stay (Days)[2] Average Length of Participation (Days)[2] Housing Stability (Months)[2]	N/A	8	116	72	5	282	65
		DEMOGRAPHICS					
	Race/Ethnicity - Black (HoH)[4]	64%	47%	51%	52%	54%	57%
	Race/Ethnicity - White (HoH)[4]	29%	41%	40%	40%	40%	38%
	Race/Ethnicity - Multi-racial (HoH)[4]	4%	6%	4%	4%	2%	2%
	Race/Ethnicity - Hispanic (HoH)[4]	2%	6%	4%	4%	3%	1%
	Race/Ethnicity - Other (HoH)[4]	2%	0%	2%	0%	1%	1%
	Gender - Male (HoH)[4]	79%	94%	94%	100%	95%	90%
	Gender - Female (HoH)[4]	21%	6%	5%	0%	5%	9%
	Gender - Other (HoH)[4]	0%	0%	0%	0%	0%	1%
	Self Reported Disability	62%	94%	72%	56%	56%	87%
	Franklin County Residents	93%	88%	80%	84%	78%	93%

Breakdown of Successful Housing Outcomes by Program Type and Race/Ethnicity
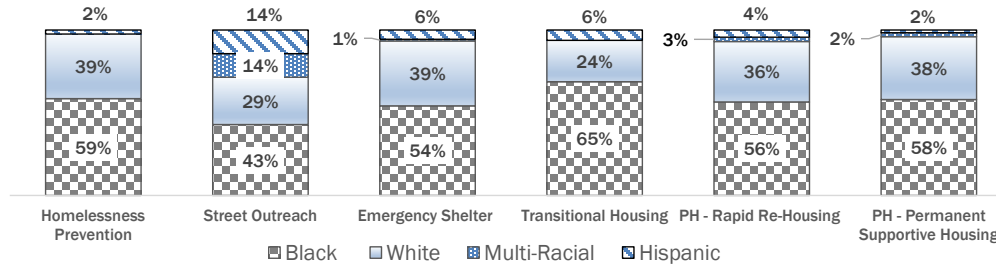
Breakdown of Successful Housing Outcomes by Program Type and Gender
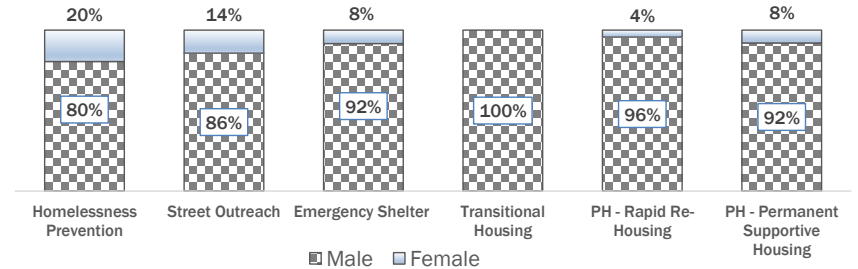
The system-wide number of veterans served increased by 5% when compared to the prior fiscal year (FY23 1078). The number of veterans increased for these program types when compared to the prior fiscal year: prevention services by 57% (FY23 76), rapid re-housing by 8% (FY23 335), and emergency shelter by 26% (FY23 291). The number of veterans served in permanent supportive housing decreased by 6% (FY23 643) when compared to the prior fiscal year. [5]The VOA GPD Transitional Housing program closed as of 9/30/23, decreasing the capacity of veterans programming by 40 beds. The rate of Black/African American veterans served system-wide is substantially disproportionate compared to the Franklin County veteran population. From an outcomes perspective, the homelessness system has no substantial impact on these veterans.

[1] Successful outcomes measure for Street Outreach.

[2] Average Length of Shelter Stay (Days) is measured for Emergency Shelter. Average Length of Participation (Days) is measured for Street Outreach, PH - Rapid Re-Housing and Homelessness Prevention. Housing Stability (Months) is measured for PH - Permanent Supportive Housing and Transitional Housing.

[3] VASH vouchers are included under the PH - Permanent Supportive Housing category.

[4] Due to rounding, percentages do not add up to 100%.

Special Populations Served: 7/1/2023 - 6/30/2024		Transition Age Youth Served by Program Type					
Transition Age Youth[1]	Totals	Homelessness Prevention	Street Outreach	Emergency Shelter	Transitional Housing	PH - Rapid Re-Housing	PH - Permanent Supportive Housing[3]
Unaccompanied Youth under 18	406	0	5	401	5	0	0
Unaccompanied Youth 18 - 24	654	61	38	325	66	200	103
Parenting Youth Households Under 18	2	0	0	0	2	0	0
Parenting Youth Households 18 - 24	427	159	2	79	36	189	70
Total Pregnant Women Served	144	43	9	60	7	48	12
Total Households Served	1448	218	45	795	109	389	172
Total Households Entered	1046	147	42	762	48	230	47
Total Households Exited	1038	163	33	752	56	227	31
Successful Housing Outcomes (#)[2]	N/A	142	11	48	35	148	160
Successful Housing Outcomes (%)[2]	N/A	87%	33%	14%	63%	65%	94%
Average Length of Shelter Stay (Days)[3] Average Length of Participation (Days)[3] Housing Stability (Months)[3]	N/A	133	54	44	11	287	28
		DEMOGRAPHICS					
Race/Ethnicity - Black (HoH)[4]		71%	56%	62%	83%	74%	66%
Race/Ethnicity - White (HoH)[4]		13%	29%	20%	6%	13%	13%
Race/Ethnicity - Multi-racial (HoH)[4]		10%	9%	6%	5%	6%	12%
Race/Ethnicity - Hispanic (HoH)[4]		5%	7%	11%	6%	6%	7%
Race/Ethnicity - Other (HoH)[4]		1%	0%	1%	0%	1%	1%
Gender - Female (HoH)[4]		93%	60%	56%	71%	73%	68%
Gender - Male (HoH)[4]		7%	38%	42%	28%	25%	28%
Gender - Other (HoH)[4]		0%	2%	2%	2%	2%	4%
Self Reported Disability		27%	78%	32%	83%	55%	98%
Franklin County Residents		93%	88%	87%	88%	90%	96%

Breakdown of Successful Housing Outcomes by Program Type and Race/Ethnicity[2]

Breakdown of Successful Housing Outcomes by Program Type and Gender[2]
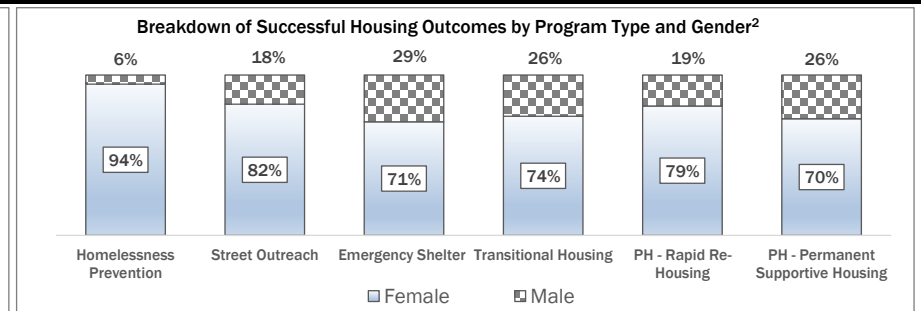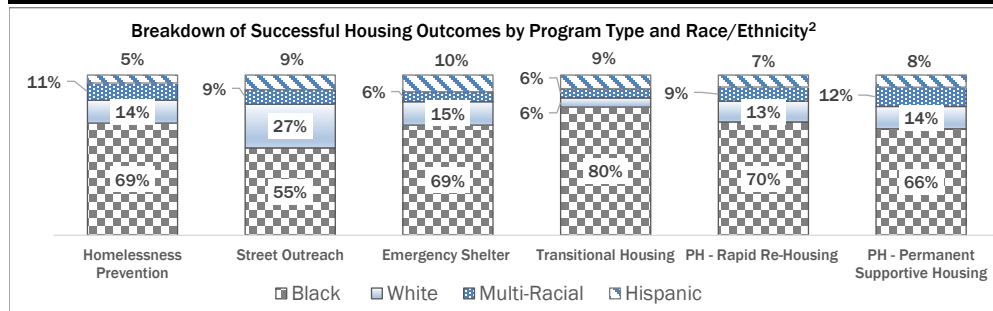
The number of transition age youth served system-wide increased by 9% (FY23 1,331) when compared to the prior fiscal year. The number of youth served by homelessness prevention decreased by 15% (FY23 255), and youth in all other types of programs increased as follows: PSH by 24% (FY23 139), rapid re-housing by 25% (FY23 312), street outreach by 18% (FY23 38), emergency shelters by 10% (FY23 721), and transitional housing by 7% (FY23 102). The number of pregnant youth served systemwide decreased by 8% (FY23 157). The rate of Black/African American youth and female youth served system-wide is substantially disproportionate compared to the Franklin County population and to the Franklin County population in poverty. From an outcomes perspective, the homelessness system has no substantial impact on these youth. In addition, the high rate of homeless Black/African American underage and young adult girls shows a system failure that must be addressed with urgency.

[1] Includes unaccompanied and pregnant/parenting youth where all adult members are between 18 - 24 years of age and unaccompanied/parenting youth under 18.

[2] Successful outcomes measure for Street Outreach. Unaccompanied youth served by Huckleberry House were excluded from Emergency Shelter successful housing outcomes.

[3] Average Length of Shelter Stay (Days) measured for Emergency Shelter. Unaccompanied youth served by Huckleberry House were excluded from Emergency Shelter Average Length of Stay calculation. Average Length of Participation (Days) measured for Street Outreach, PH - Rapid Re-Housing and Homelessness Prevention. Housing Stability (Months) measured for PH - Permanent Supportive Housing and Transitional Housing.

[4] Due to rounding, percentages do not add up to 100%

Emergency Shelter and Rapid Re-housing Trends Appendix : 7/1/2023 - 6/30/2024

FY24 Annual Newly Homeless[1]

	FY18	FY19	FY20	FY21	FY22	FY23	FY24
Emergency Shelter	65%	67%	70%	70%	72%	73%	
Family System	74%	77%	77%	82%	80%	78%	
Men's System	61%	63%	66%	67%	69%	69%	
Women's System	67%	67%	72%	71%	74%	76%	

FY24 Annual Average Monthly Household Income

	FY18	FY19	FY20	FY21	FY22	FY23	FY24
Emergency Shelter	$550	$610	$554	$587	$670	$589	$751
Family System	$712	$768	$847	$821	$764	$652	$873
Men's System	$530	$562	$414	$525	$644	$592	$768
Women's System	$502	$607	$587	$588	$661	$618	$710

FY24 Annual Rapid Re-Housing

	FY19	FY20	FY21	FY22	FY23	FY24
Average Monthly Income	$627	$627	$702	$748	$747	$667
Long Term Disability	35%	36%	37%	45%	52%	51%
Pregnant Women	147	159	94	119	98	110
Annual Recidivism[2]	16%	9%	7%	8%	7%	7%

FY24 Annual Long Term Disability

	FY19	FY20	FY21	FY22	FY23	FY24
Emergency Shelter	35%	37%	37%	43%	42%	47%
Family System	18%	16%	13%	22%	19%	26%
Men's System	44%	51%	47%	49%	49%	53%
Women's System	25%	22%	23%	40%	45%	50%

FY24 Annual Recidivism[2]

	FY18	FY19	FY20	FY21	FY22	FY23	FY24
Emergency Shelter	7%	8%	6%	6%	5%	4%	2%
Family System	3%	5%	2%	1%	1%	4%	1%
Men's System	12%	12%	8%	6%	7%	4%	4%
Women's System	8%	6%	7%	3%	4%	4%	1%

FY24 Annual Pregnant Women Served

	FY18	FY19	FY20	FY21	FY22	FY23	FY24
Emergency Shelter	357	348	266	164	162	196	198
Family System	162	149	125	62	76	84	83
Women's System	203	195	148	102	89	112	117

FY24 Annual Single Adults 62+ Served

	FY22	FY23	FY24
Emergency Shelter	11%	11%	12%
Outreach	11%	10%	8%
Rapid Re-Housing	15%	18%	19%

[1] Did not access a homeless program in the past two years.
[2] Exited successfully but returned to shelter within 180 days of successful exit.

Community Shelter Board leads a coordinated, community effort to make sure everyone has a place to call home in Columbus and Franklin County, Ohio.

CSB was founded in 1986 on the vision that no one should be homeless in our community, for even one night. As the system leader for the prevention of and response to homelessness in Central Ohio, CSB funds and coordinates care across 17 partner agencies providing outreach, homelessness prevention, emergency shelter, and housing programs to help low-income families and single adults facing homelessness in Franklin County regain housing stability. Over the past 10 years alone, CSB's system of care has housed more than 35,000 people.

CSB is funded by the City of Columbus, the Franklin County Board of Commissioners, the U.S. Department of Housing and Urban Development, the State of Ohio, United Way of Central Ohio, The Columbus Foundation, Nationwide Foundation, American Electric Power Foundation, and many other public and private investors.