communityshelterboard

AGENDA

Continuum of Care Steering Committee Meeting

Tuesday, April 10, 2012
11:30 am – 1:30 pm
Community Shelter Board

Time	Item	Presenter	Action Item
11:30 am	**Welcome, Introductions & Agenda Review**		
	• New Steering Committee Members – Anthony Penn & Suzanne Seifert	Michelle Heritage	
	• Agenda Review	Michelle Heritage	
11:40 am	**Administrative Issues**		
	• Notes from 11/9/11 Meeting (A)	Michelle Heritage	✓
	• Semi-Annual System & Program Indicator Report (A)	Lianna Barbu	
	• 2012 Point in Time Count Results (A)	Lianna Barbu	✓
	• 2012 Unmet Need (A)	Lianna Barbu	✓
	• 2012 Housing Inventory Chart (A)	Lianna Barbu	✓
12:40 pm	**Strategic Issues**		
	• HEARTH Update	Michelle Heritage/Lianna Barbu	
	• Ad hoc Committee on RLFC/Continuum of Care Structure	Michelle Heritage/Lianna Barbu	
	• Proposed 2012 CoC Policy Statements (A)	Lianna Barbu	
	• FY11 & FY12 Emergency Solutions Grant Allocation Plans (A) (R)	Lianna Barbu	✓ ✓
	• FY13 Performance Measures (A)	Lianna Barbu	
	• CoC Check Up & Action Plan (A)	Lianna Barbu	✓ ✓
1:20 pm	**Closing**	Michelle Heritage	
1:30 pm	**Adjourn**		

Next Meeting: TBD

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

communityshelterboard

Meeting Minutes

Continuum of Care Steering Committee Meeting

Wednesday, November 9, 2011
11:30 am – 12:30 pm
Community Shelter Board

Attendees:
Continuum of Care Steering Committee Members: Michelle Heritage, Jacci Graves, Dave Simmons, Susan Lewis Kaylor, Sheila Prillerman, Tom Dobies, Caroline Reed, Mike Tynan, Emily Crabtree, Kim Stands, Mark Paxson, Ronald Baecker, Mary Jane Quick, Adam Ruege, Ted Jones, Michelle Morgan, Don Strasser, Emily Savors and Carl Landry

Community Shelter Board staff: Lianna Barbu, Amy Price and Tiffany Nobles

Guests: Anthony Penn, Ron Kadylak, Ryan Cassell, Colleen Bain, Michelle Norris and Dave Kayuha

Welcome & Introductions
Michelle Heritage welcomed the group and all gave name and affiliation introductions. Michelle reminded the group that the purpose of today's special meeting was to consider National Church Residences Commons at Livingston II as the priority project for the 2012 Ohio Housing Finance Agency (OHFA) tax credit process. Items related to the tax credits will be the only business considered today.

Review National Church Residences Response to the HUD Technical Review Committee Recommendations
Ted Jones presented the HUD Technical Review Committee (TRC) recommendations regarding National Church Residences (NCR) Commons at Livingston II (CAL II) and NCR's response to each recommendation.

The HUD TRC recommends that NCR CAL II be awarded the priority project designation for the 2012 OHFA tax credits contingent upon NCR agreeing to the following conditions:

- Condition 1: NCR will designate 10 units out of the 15 non-homeless units for ADAMH consumers.
    - NCR response: NCR and ADAMH came to agreement about the 10 units designated for ADAMH consumers but occupants must be veterans. Per the revised concept paper submission "Of the remaining 15 units, 10 will be designated for ADAMH veteran consumers, and the remaining 5 will serve VA-eligible veterans who require supportive housing to remain stably housed."
- Condition 2: The target population for the 35 Rebuilding Lives units will be for the most vulnerable individuals as identified by the Unified Supportive Housing System independent of their veteran status.

- NCR Response: Per the revised concept paper submission "The project will include 35 units designated for veterans meeting the Rebuilding Lives definition. Of the 35 RL units, 7 will be designated for veterans meeting the HUD definition for chronic homelessness. Up to 25 of the 35 Rebuilding Lives units will be available to veterans who are not eligible for VA services ...The VA and NCR believe there is still a need for supportive housing for veterans in our community, and will work closely together with NCR and the USHS to identify candidates for vacancies as soon as we know a unit will become available. Please note: if a viable veteran cannot be identified within 7 days of notification to USHS of expected vacancy, an otherwise qualified non-veteran candidate will be considered. (If a candidate is referred and doesn't work out for whatever reason; the process will start over with 7 days to identify a qualified veteran before moving on to another eligible non-veteran candidate.)"

- Condition 3: NCR will submit preliminary budgets for services, operating and capital costs to the Community Shelter Board by Wednesday, October 12, 2011.
  - NCR Response: Budgets were received November 3, 2011.

Discussion on recommendations and NCR response:

- It was noted that the phrase "due to discharge status" should not be used in the eligibility criteria to avoid any confusion.
- Ronald Baecker cited concern that the project will serve non-veterans since Phase I of the project was designated for veterans. Michelle H. responded that the HUD TRC was concerned about serving the most vulnerable individuals in the Rebuilding Lives units independent of their veteran status. NCR's response to the condition was an attempt to keep with the veterans' priority and also meet the needs of the community to serve the most vulnerable individuals if a veteran cannot be found.
- A question was asked about veteran eligibility. Adam Ruege explained that the VA does not consider an individual who has been dishonorably discharged as a veteran who is eligible for VA services.
- Mike Tynan commented that he assumes the conversation between ADAMH and NCR included a discussion around whether there are enough veterans in the ADAMH pool to fill the 10 units.

Review Capital, Operations and Services Requests

Lianna Barbu presented the capital, operations and services funding requests for CAL II. The following information was noted:

- The estimated total project cost (for all 50 units) is $7,183,650 with a cost per unit amount of $143,673.
- The total annual services cost request (for the 35 Rebuilding Lives (RL) units) is $114,814. This includes a $32,000 RLFC request, a $43,000 HUD Supportive Housing Project (SHP) request through the Continuum of Care application process, $36,470 in VA funding and $3,344 in other funding. These totals are for the first full year of the RL units being in operation. The costs will increase by 3% each year following. It was noted that the RLFC request refers to City of Columbus and Franklin County funding.
- The total annual operations cost (for all 50 units) is $340,547 in revenue from Section 8 and tenant rent. There will be $278,607 in expenses and net operating income used towards reserves and debt service.
- The total development/capital cost (for all 50 units) is $6,679,121 with 20% in local/federal funding. This total includes a $1,000,000 RLFC request and an estimated $344,000 in HUD-SHP Share Construction funding.

- Timeline: If the project receives the tax credits in 2012, construction will begin in early 2013 and be completed by November 2013. NCR expects to have the project fully occupied in the first quarter of 2014.

Lianna presented a summary of local capital funding used to date for RL supportive housing projects.

- The funding pool started with a $12 million pledge from the City of Columbus and Franklin County.
- It was noted that Commons at Livingston II is in line with other projects.
- It was noted that the costs for CAL II will be lower because it is part of CAL I.
- It was noted that after the CAL II request, the remaining RL capital funding is $6,350,000.
- It was noted that we will have to request additional funding from the City and County once the original $12 million pledge is expended.

Lianna also presented an analysis of RL PSH ongoing services and operations funding requests comparing CAL II to NCR Commons at Livingston I, NCR Commons at Third and Community Housing Network Inglewood Court.

In the analysis, it was noted that no use of Medicaid for services costs is proposed. Colleen Bain mentioned that NCR is hopeful that Medicaid would be a revenue source but they do not think it will be a reliable source because many veterans are not eligible for Medicaid.

Presentation of Future Demand for Permanent Supportive Housing for Veterans
Lianna presented projections for homeless and disabled veterans. Data on those served was presented from calendar year 2005 through calendar 2010 and projections were for calendar year 2011 through calendar 2022.

The following highlights were noted:

- From calendar year 2009 to calendar year 2010 there was a 21% decrease in the number of veterans served as a percentage of the emergency shelter and outreach population but the reason for the decrease is unknown.
- From calendar year 2005 to calendar year 2010, the decrease in projections for eligible disabled veterans has grown from year to year. Likewise, the project of eligible veterans decreases from year to year for the forecast of calendar year 2011 through calendar year 2022.
- At the current rate of additional projects being added, our community will have 48 units designated for veterans as of calendar year 2012 if no new units are added. This number includes general permanent supportive housing units that are 12% occupied by veterans.
- Adam Ruege noted that the Veterans Affairs Supportive Housing (VASH) vouchers are for a 13 county area.
- Clarification was made that these projections are to ensure that the committee has all available information to make decisions.
- Clarification was made that it is possible that individuals can enter shelter without indicating veteran status because it is not a requirement.
- Adam mentioned that all data is not captured in the analysis and as a result he is not sure if the projections are completely accurate. The VA has grant per diem programs and street outreach programs that serve veterans so they never have to touch the shelter system. He also mentioned that it is impossible to know exactly how many veterans would not be eligible for services from the VA.
- It was noted that VA data on outreach and VASH is not included in HMIS.

Vote on Priority Designation for 2012 Ohio Housing Finance Agency Tax Credits
Susan Lewis Kaylor made a motion to designate NCR Commons at Livingston II as the priority project for the 2012 Ohio Housing Finance Agency tax credits process. Dave Simmons seconded the motion. The motion was unanimously approved with one abstention from Adam Ruege.

Other
Kim Stands announced that a Community Development Neighborhood Summit would be held on January 24, 2012 at Veterans Memorial. A copy of the flyer will be distributed to the group via email.

Adjourn

System & Program Level Indicator Report

FY2012
7/1/11 – 12/30/11

communityshelterboard

Our Mission

To end homelessness, CSB innovates solutions, creates collaborations, and invests in quality programs.

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

TABLE OF CONTENTS

Overview 1

System Level Indicators
- Family Emergency Shelter 2
- Men's Emergency Shelter 3
- Women's Emergency Shelter 4
- Emergency Shelter (Family, Men's & Women's) 5
- Permanent Supportive Housing 6
- Total Permanent Supportive Housing (CSB & non-CSB funded) 7
- Direct Housing/Rapid Re-housing 8
- Prevention 9

Program Level Indicators
- Single Adult Emergency Shelters 10
- Family Emergency Shelters 11
- Permanent Supportive Housing 12
- Continuum of Care Programs 13
- Direct Housing/Rapid Re-housing, Prevention and Outreach Programs 14
- Other and HPRP Programs 15

Overview

System and Program Indicators Reports are published quarterly and furnished to CSB trustees, the Rebuilding Lives Funder Collaborative, and the Continuum of Care Steering Committee. All reports are posted to www.csb.org. Results are also shared with CSB funders consistent with funding contracts and agreements.

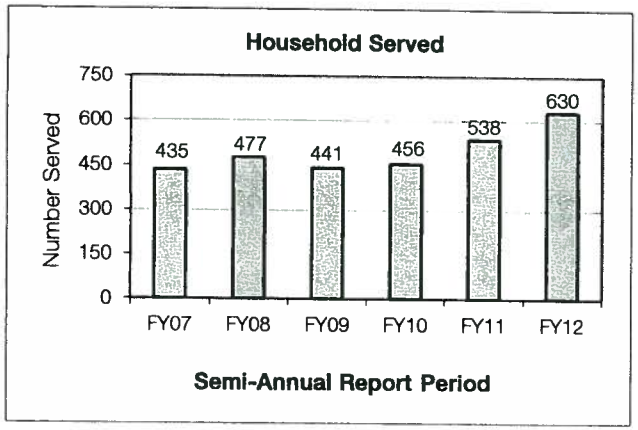
The System and Program Indicator Report monitors the current CSB funded shelter, services and permanent supportive housing programs and other Continuum of Care, non-CSB funded programs. The report evaluates each system and program based on a system or program goal, actual performance data, variances, 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:

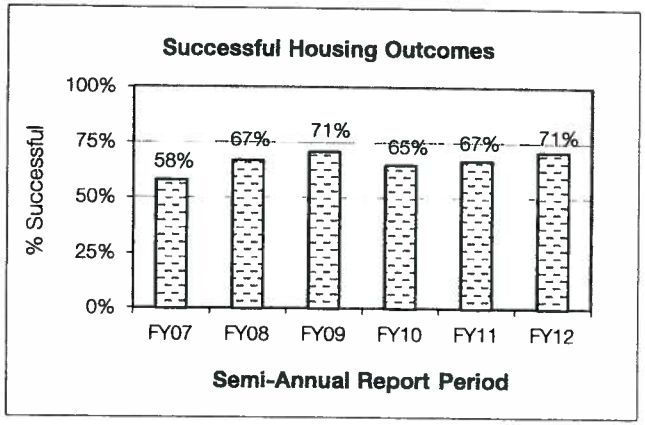
Outcome Achievement:	Key
Outcome achieved	√
Outcome not achieved	≠
Outcome goal not applicable	N/A

All data generated from the Columbus ServicePoint (CSP) and used in the report met CSB quality assurance standards, which require current and accurate data and a 95% completion rate for all required CSP data variables.

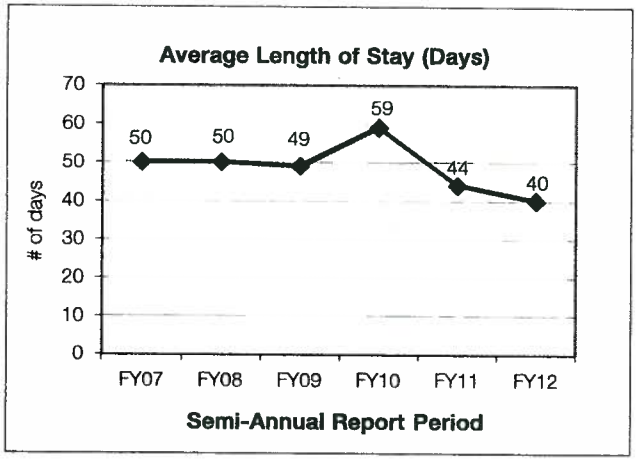
Data included in the report is analyzed per the Evaluation Definitions and Methodology document that can be found at www.csb.org under the Publications section.

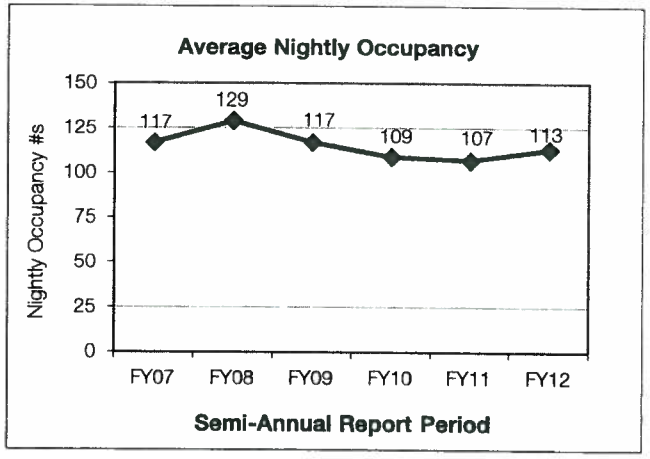
FY12 EMERGENCY SHELTER	Households Served			Nightly Occupancy		Average Length of Stay (Days)			Successful Housing Outcomes						System of Concern
7/1/2011-12/31/2011	Goal	Actual	Outcome Achievement	Capacity	Actual	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Yes or No
FAMILY SYSTEM	400	630	√	96	113	45	40	√	213	408	√	70%	71%	√	No





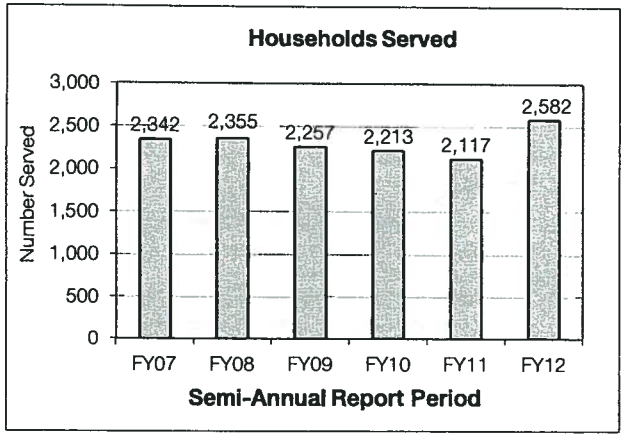
DEMOGRAPHICS	Family
Households Served	630
Percent Newly homeless	54%
Clients Served	2,052
Average Age (HoH)	29
Gender - Male (HoH)	8%
Gender - Female (HoH)	92%
Veterans (U.S. Military) all adults	2%
Avg. Monthly Household Income	$524
Percent Working at Entry (HoH)	25%
Race - White (HoH)	28%
Race - Black (HoH)	70%
Race- Other (HoH)	2%
Hispanic (HoH)	2%
Non-Hispanic (HoH)	98%
Adults Served	802
Children Served	1,250
Mean Family Size	3.3
Average Number of Children	2.0
Children 0 - 2 years	27%
Children 3 - 7 years	38%
Children 8 - 12 years	22%
Children 13 - 17 years	13%

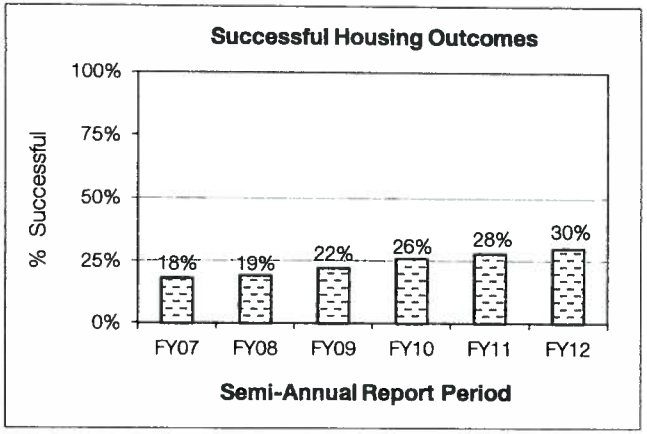




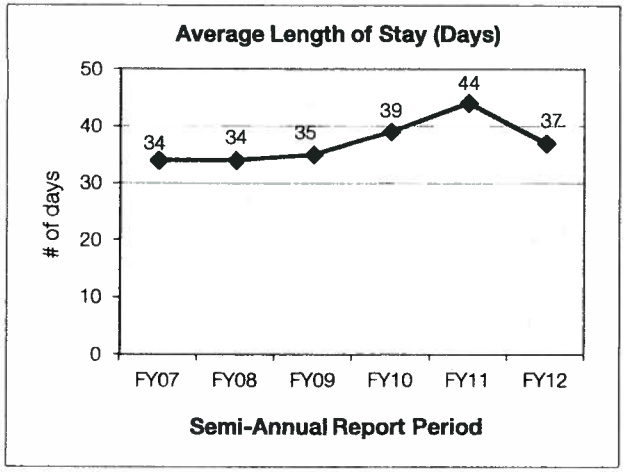
The Family System served 17% more households than during the same period of time last year, continues to have heavy overflow and maintains a good performance overall. FY10 to FY12 Average Length of Stay calculations are based on a new, improved methodology. The new capacity of the emergency shelter system for families, as of 1/1/2012, will become 50, as a result of the Tier II shelters fully transitioning to direct housing.

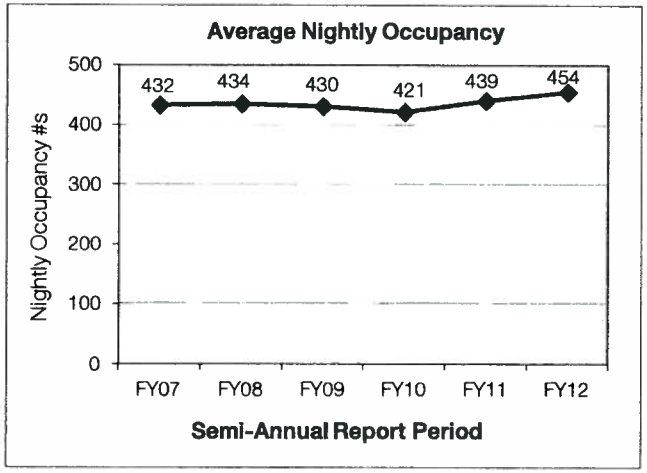
FY12 EMERGENCY SHELTER	Households Served			Nightly Occupancy		Average Length of Stay (Days)			Successful Housing Outcomes						System of Concern
7/1/2011-12/31/2011	Goal	Actual	Outcome Achievement	Capacity	Actual	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Yes or No
MEN'S SYSTEM	2,250	2,582	√	443	454	30	37	≠	458	618	√	25%	30%	√	No





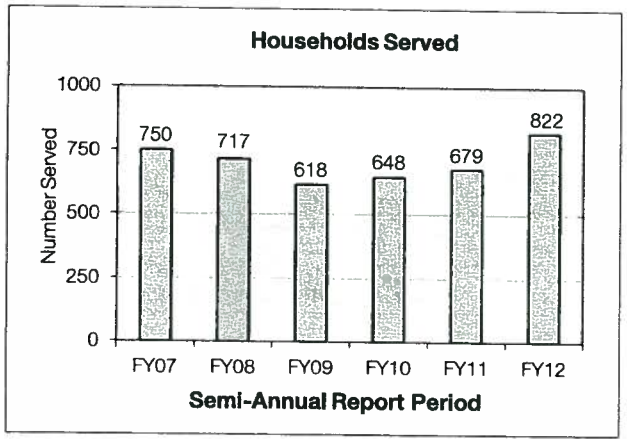
DEMOGRAPHICS	Men
Households Served	2,582
Percent Newly homeless	35%
Average Age (HoH)	42
Men as a percent of total single adults served	76%
Veterans (U.S. Military) all adults	15%
Avg. Monthly Household Income	$231
Percent Working at Entry (HoH)	15%
Race - White	38%
Race - Black	59%
Race- Other (HoH)	3%
Hispanic	3%
Non-Hispanic	97%
Clients Served	2,582
Adults 18 - 24 years	10%
Adults 25 - 34 years	20%
Adults 35 - 44 years	23%
Adults 45 - 55 years	35%
Adults 56 - 61 years	8%
Adults 62+	4%

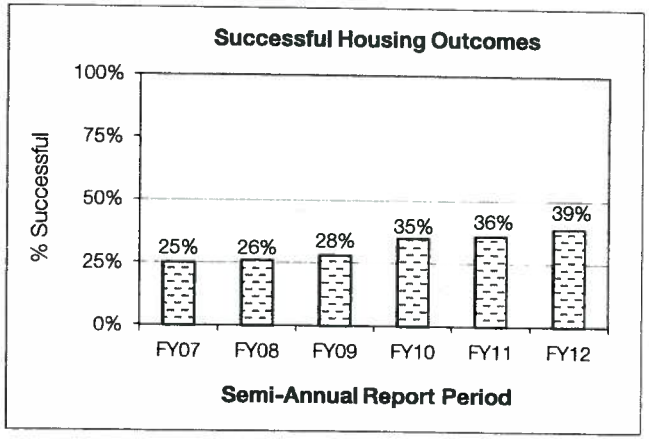




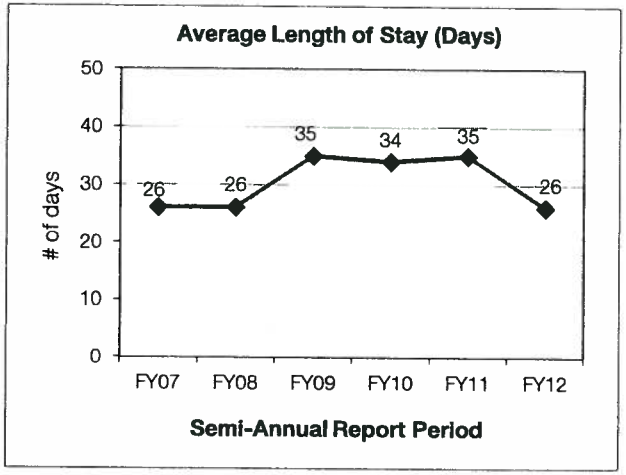
The system experienced an increase in the number of individuals served at 22%. The increase in successful outcomes for the system is very encouraging and we are attributing this increase to the availability of the HPRP funds. The significant decrease in the average length of stay is a reflection of the new policies implemented throughout the system as of 7/1/2011. FY10 to FY12 Average Length of Stay calculations are based on a new, improved methodology. The capacity for the system increased by 26 units with the addition of the VOAGO & LSS VA Emergency Housing beds.

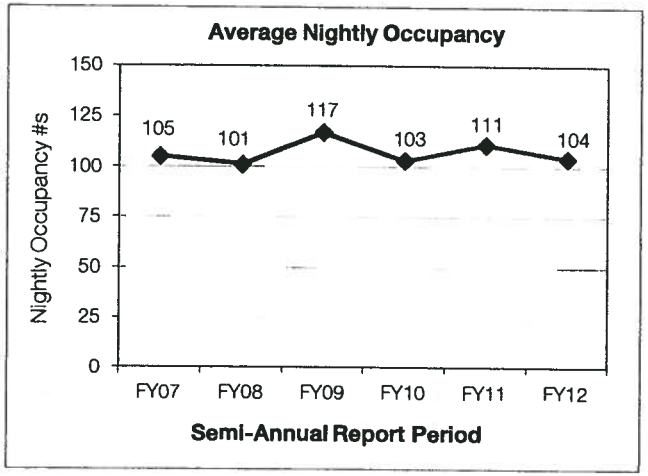
FY12 EMERGENCY SHELTER	Households Served			Nightly Occupancy		Average Length of Stay (Days)			Successful Housing Outcomes						System of Concern
7/1/2011-12/31/2011	Goal	Actual	Outcome Achievement	Capacity	Actual	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Yes or No
WOMEN'S SYSTEM	650	822	√	101	104	30	26	√	138	270	√	25%	39%	√	No





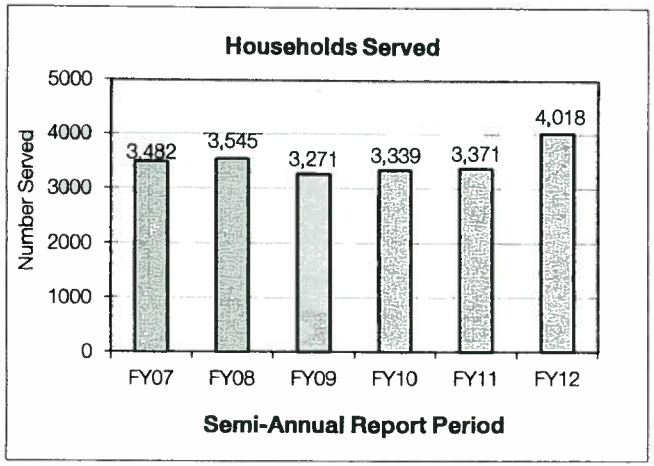
DEMOGRAPHICS	Women
Households Served	822
Percent Newly homeless	46%
Average Age (HoH)	39
Women as a percent of total single adults served	24%
Veterans (U.S. Military) all adults	2%
Avg. Monthly Household Income	$216
Percent Working at Entry (HoH)	9%
Race - White	41%
Race - Black	58%
Race- Other (HoH)	1%
Hispanic	1%
Non-Hispanic	99%
Clients Served	822
Adults 18 - 24 years	16%
Adults 25 - 34 years	23%
Adults 35 - 44 years	22%
Adults 45 - 55 years	31%
Adults 56 - 61 years	6%
Adults 62+	2%

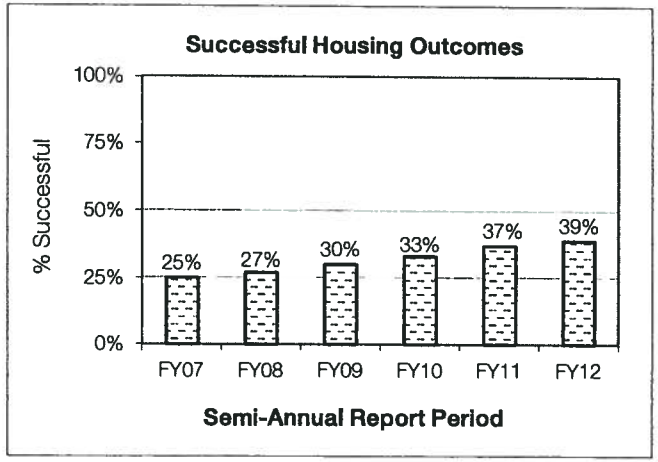


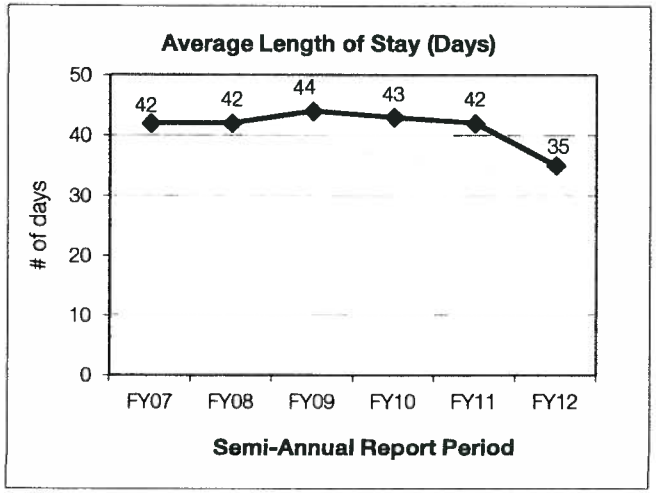


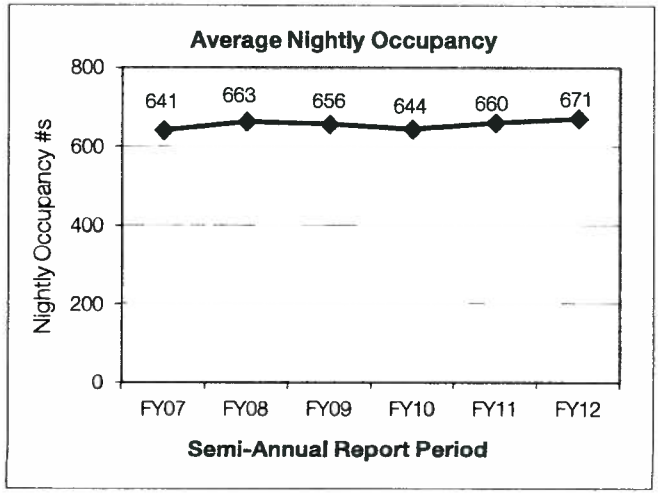
The system experienced an increase in the number of individuals served at 21%. The increase in successful outcomes for the system is very encouraging and we are attributing this increase to the availability of the HPRP funds. The significant decrease in the average length of stay is a reflection of the new policies implemented throughout the system as of 7/1/2011. FY10 to FY12 Average Length of Stay calculations are based on a new, improved methodology. The capacity of the system increased by 4 units with the addition of the LSS VA Emergency Housing beds.

FY12 EMERGENCY SHELTER	Households Served			Nightly Occupancy		Average Length of Stay (Days)			Successful Housing Outcomes						System of Concern
7/1/2011-12/31/2011	Goal	Actual	Outcome Achievement	Capacity[2]	Actual	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Yes or No
Emergency Shelter System[1]	3,300	4,018	√	640	671	30	35	≠	942	1,294	√	35%	39%	√	No









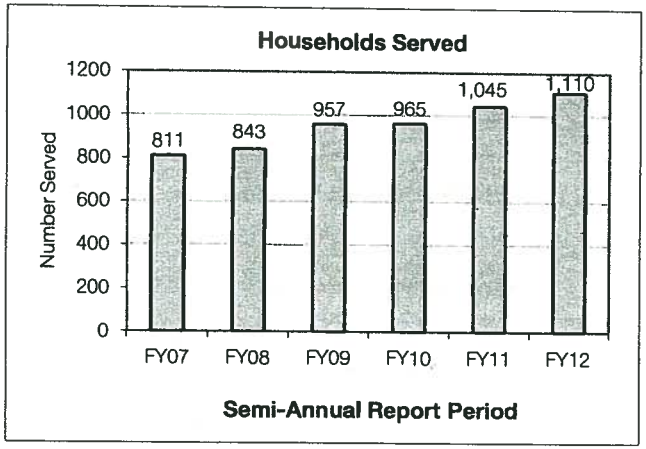
DEMOGRAPHICS	Shelter
Households Served	4,018
Clients Served	5,435
Adults Served	4,185
Children Served	1,250
Average Age (HoH)	29
Gender - Male (HoH)	65%
Gender - Female (HoH)	35%
Percent Newly homeless	40%
Veterans (U.S. Military) (All Adults)	10%
Avg. Monthly Household Income	$275
Percent Working at Entry	16%
Race - White (HoH)	37%
Race - Black (HoH)	61%
Race- Other (HoH)	2%
Hispanic (HoH)	2%
Non-Hispanic (HoH)	98%

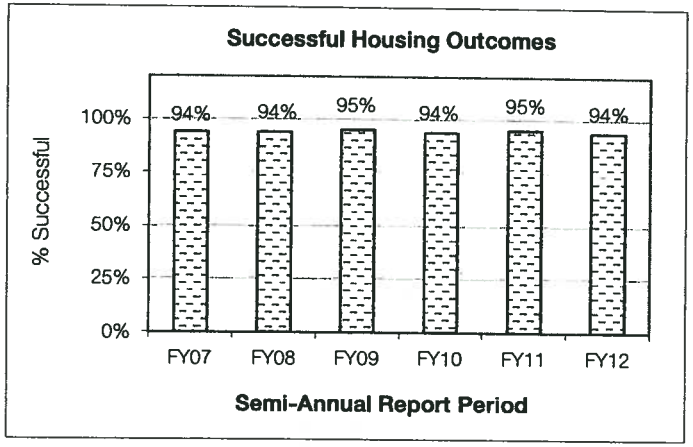
We are reporting a 19% increase in the number of households served compared to the same period last year. The increase in successful outcomes for the system is very encouraging and we are attributing this increase to the availability of the HPRP funds. The significant decrease in the average length of stay is a reflection of the new policies implemented throughout the system as of 7/1/2011. Historical numbers for the entire shelter system were recreated using the same methodology as for FY2012, for all metrics.

[1] System includes single adult and family shelters.

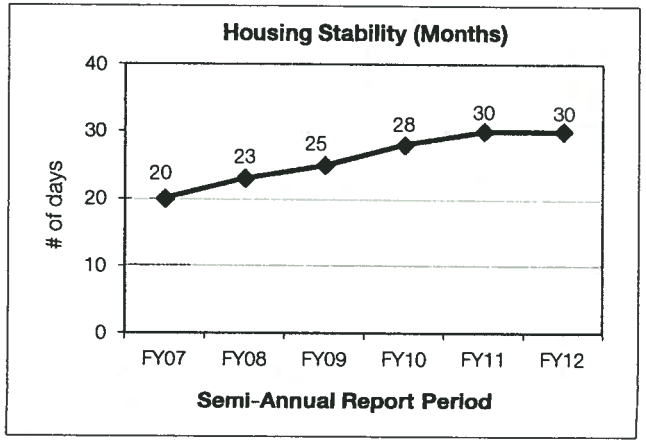
[2] Overflow capacity is not included.

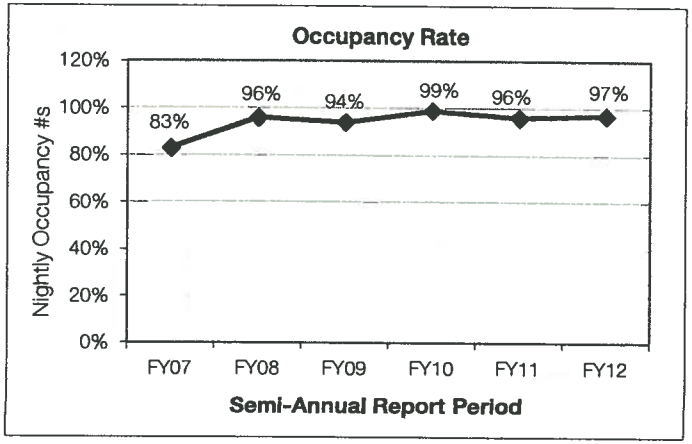
FY12 Permanent Supportive Housing (PSH) - Rebuilding Lives Units	Households Served			Occupancy Rate			Housing Stability (Months)			Successful Housing Outcomes						System of Concern
7/1/2011-12/31/2011	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Yes or No
PSH SYSTEM	1,062	1,110	√	95%	97%	√	24	30	√	956	1,048	√	90%	94%	√	No



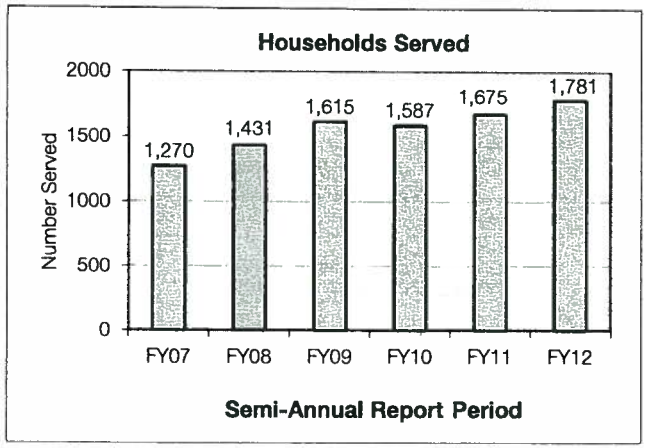


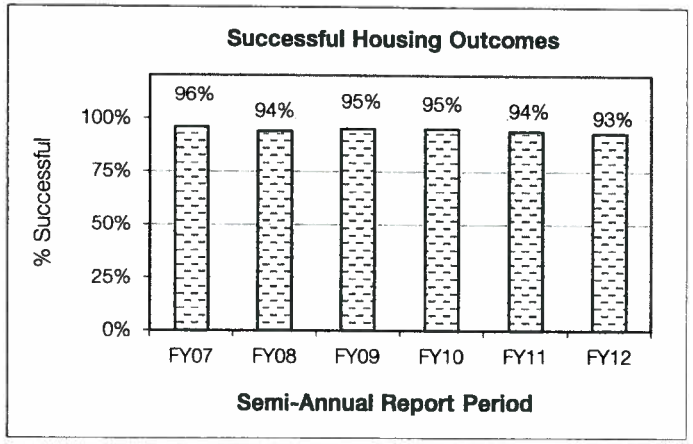
The PSH System continues to perform well. The lease-up of Commons at Livingston was completed in July. The inventory as of 12/31/2011 is 990 units of Rebuilding Lives Permanent Supportive Housing.



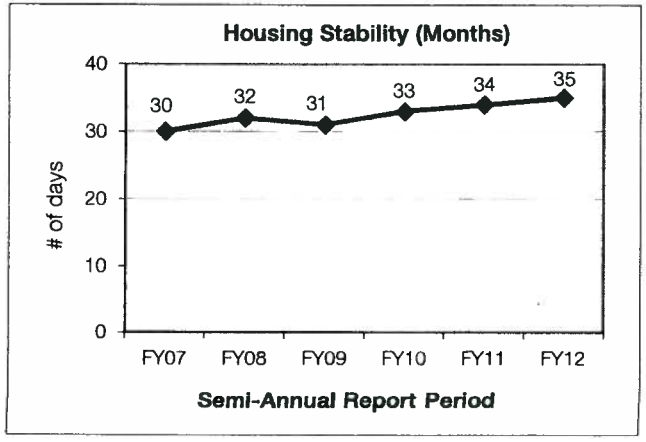


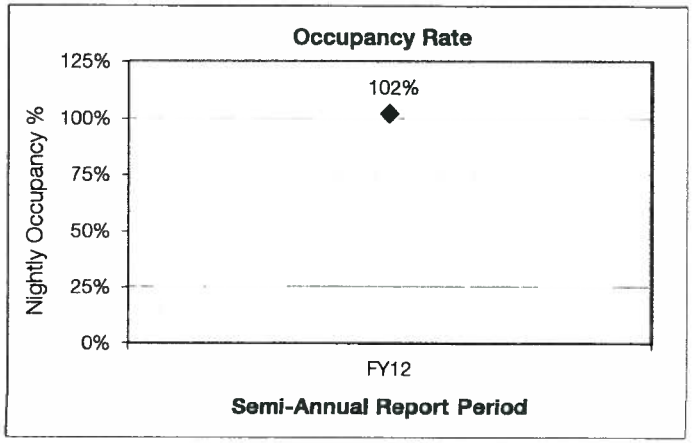
FY12 Permanent Supportive Housing (PSH) - Rebuilding Lives (RL) and Non RL units combined	Households Served			Occupancy Rate			Housing Stability (Months)			Successful Housing Outcomes						System of Concern
7/1/2011-12/31/2011	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Yes or No
Total PSH System[1]	1,682	1,781	√	95%	102%	√	24	35	√	1346	1,665	√	80%	93%	√	No





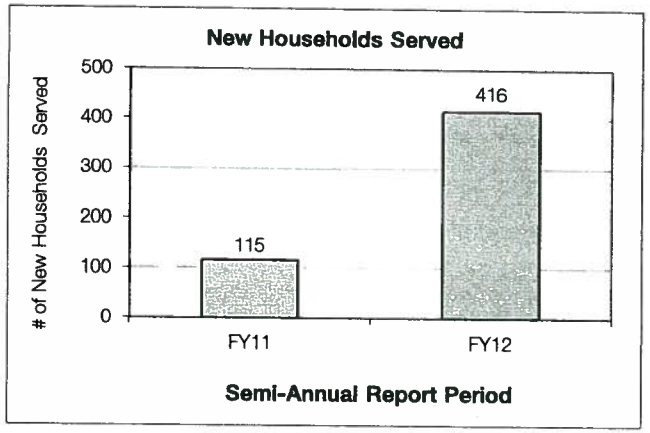
CSB is reporting out on all supporting housing projects as a whole. All historical numbers for the entire system were recreated using the same methodology as for FY2012 for all applicable metrics. The occupancy rate was not calculated because of significant changes in the system capacities from year to year. The current capacity of Permanent Supportive Housing units is 1554. The occupancy rate exceeds 100% as several SPC programs operate over capacity.

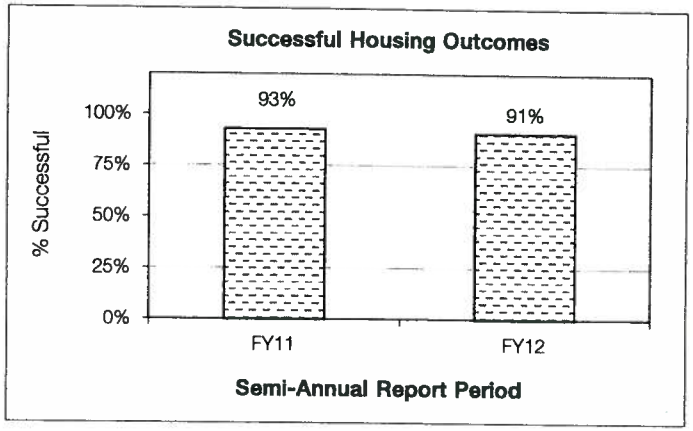


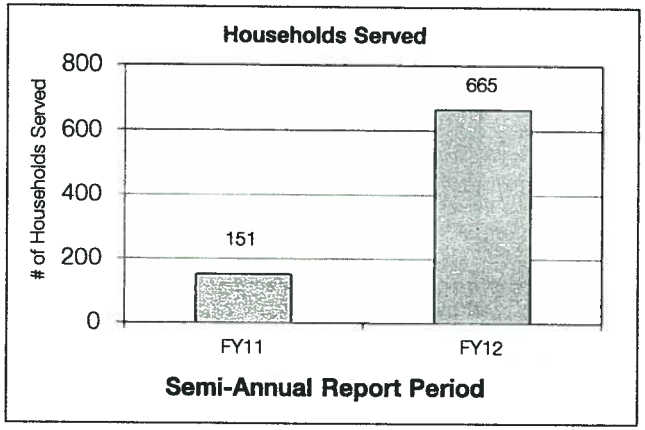


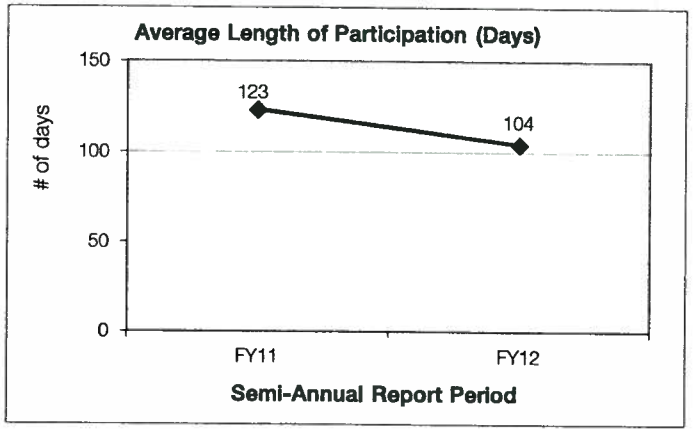
[1] System includes CSB and non-CSB funded PSH & SPC programs.

FY12 Direct Housing/Rapid Re-housing	New Households Served			Households Served			Average Length of Participation (Days)			Successful Housing Outcomes						System of Concern
7/1/2011-12/31/2011	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Yes or No
Direct Housing Rapid Re-housing System[1]	395	416	√	535	665	√	100	104	√	301	366	√	90%	91%	√	No









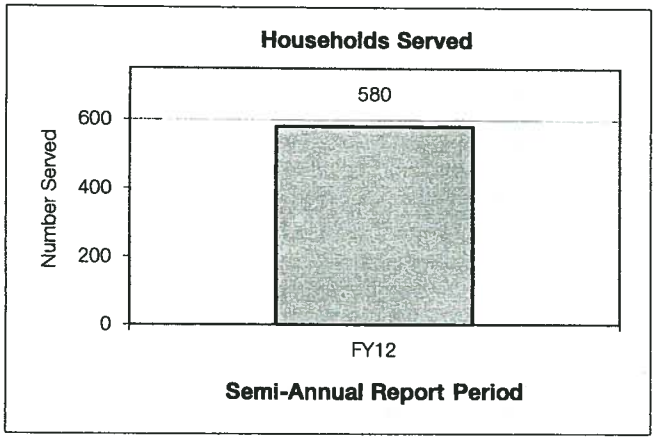
DEMOGRAPHICS	Family & Adults
Households Served	665
Percent New Households Served	45%
Clients Served	1,530
Average Age for Families (HoH)	29
Average Age for Single Adults	43
Gender - Male (HoH)	32%
Gender - Female (HoH)	68%
Veterans (U.S. Military) all adults	9%
Avg. Monthly Household Income	$680
Percent Working at Entry (HoH)	39%
Adults Served	763
Children Served	767
Race - White (HoH)	25%
Race - Black (HoH)	73%
Race- Other (HoH)	2%
Hispanic (HoH)	3%
Non-Hispanic (HoH)	97%
Mean Family Size[2]	3.2
Average Number of Children[2]	2.0
Children 0 - 2 years[2]	27%
Children 3 - 7 years[2]	38%
Children 8 - 12 years[2]	22%
Children 13 - 17 years[2]	13%

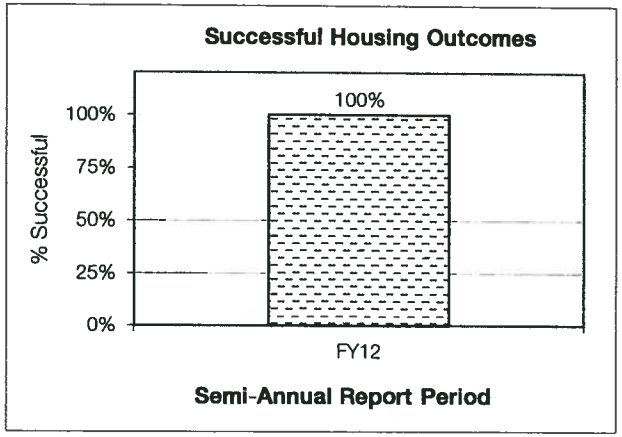
CSB is reporting out on all direct housing/rapid re-housing programs as a whole to establish a baseline for performance.

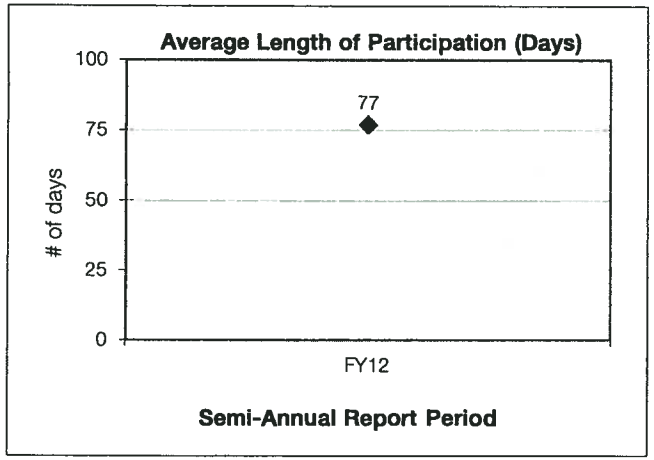
[1]System includes HFF Rolling Stock, VOAGO TIP, VOAGO Rapid-Re-housing Single Adults, TSA Direct Housing, TSA J2H,CSS Rapid Re-housing, CHN Placement, CHN In-Reach Single Adults. CSB Transition and HPRP Transition are excluded.

[2]Data only refers to the families served.

FY12 Prevention	Households Served			Average Length of Participation (Days)			Successful Housing Outcomes						System of Concern
7/1/2011-12/31/2011	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Yes or No
Prevention System[1]	382	580	√	120	77	√	286	485	√	90%	100%	√	No







DEMOGRAPHICS	Family & Adults
Households Served	580
Clients Served	1,278
Average Age (HoH)	34
Gender - Male (HoH)	37%
Gender - Female (HoH)	63%
Veterans (U.S. Military) all adults	3%
Avg. Monthly Household Income	$775
Percent Working at Entry (HoH)	38%
Race - White (HoH)	51%
Race - Black (HoH)	48%
Race- Other (HoH)	1%
Hispanic (HoH)	3%
Non-Hispanic (HoH)	97%
Adults Served	719
Children Served	559
Mean Family Size[2]	3.3
Average Number of Children[2]	1.9
Children 0 - 2 years[2]	17%
Children 3 - 7 years[2]	33%
Children 8 - 12 years[2]	28%
Children 13 - 17 years[2]	22%

[1]System includes CIS Stable Families, Gladden Community House Prevention, GCH Single Adult Prevention, CHN ADAMH Prevention and CHN Prevention.

[2] Data only refers to the families served.

EMERGENCY SHELTER --Single Adult Programs	Households Served				Nightly Occupancy		Average Length of Stay (Days)			Successful Housing Outcomes						Movement	Program of Concern
7/1/2011-12/31/2011	Goal (#)	Actual (#)	Variance	Outcome Achievement	Capacity[1]	Actual	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Actual (%) Goal 15%	Yes or No
MEN																	
Faith Mission on 6th [2]	N/A	1,055	N/A	N/A	110	118	N/A	24	N/A	N/A	173	N/A	N/A	19%	N/A	30%	N/A
Faith Mission on 8th [2]	N/A	679	N/A	N/A	95	94	N/A	29	N/A	N/A	122	N/A	N/A	21%	N/A	31%	N/A
Friends of the Homeless - Men's Shelter	808	911	103	√	130	129	30	30	√	170	169	√	25%	22%	√	37%	No
VOAGO Men's Shelter	306	385	79	√	40	41	30	22	√	67	62	√	25%	18%	≠	43%	No
YMCA Men's Overflow[5]	247	241	(6)	√	130	69	30	13	√	N/A	N/A	N/A	N/A	N/A	N/A	53%	No
WOMEN																	
Faith Mission - Nancy's Place [2]	N/A	417	N/A	N/A	42	45	N/A	22	N/A	N/A	151	N/A	N/A	41%	N/A	17%	N/A
Friends of the Homeless - Rebecca's Place	292	407	115	√	47	49	30	25	√	61	104	√	25%	30%	√	37%	No
YWCA Women's Overflow[5]	75	54	(21)	√	30	11	30	9	√	N/A	N/A	N/A	N/A	N/A	N/A	63%	No
INEBRIATE																	
Maryhaven Engagement Center	851	694	(157)	≠	50	40	11	11	√	144	154	√	18%	23%	√	17%	No
VA EMERGENCY HOUSING																	
VOAGO VA Emergency Housing[3]	26	61	35	√	13	13	90	55	√	7	39	√	25%	81%	√	0%	No
LSS - VA Men & Women[4]	34	49	15	√	17	9	90	34	√	17	11	≠	50%	33%	≠	21%	No
AGENCY																	
Lutheran Social Services - Faith Mission [2]	1,536	2,045	509	√	247	256	30	26	√	322	443	√	25%	25%	√	29%	No

[1] Capacity does not include overflow.

[2] Lutheran Social Services is evaluated at the agency level rather than at the individual program level. Inclusive programs are Faith Mission on 6th, Faith Mission on 8th and Nancy's Place.

[3] Program implemented 11/1/2010. Non-CSB funded program.

[4] Program implemented 9/1/2011. Non-CSB funded program.

[5] YMCA and YWCA provide overflow services in FY12 for men and women, respectively.

EMERGENCY SHELTER--Tier I Family Program	Households Served				Nightly Occupancy [2]			Average Length of Stay (Days)			Successful Outcomes						Successful Housing Outcomes						Average Transition Time (Days) [3]			Program of Concern
7/1/2011-12/31/2011	Goal (#)	Actual (#)	Variance	Outcome Achievement	Capacity [1]	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Goal	Actual	Outcome Achievement	Yes or No
YWCA Family Center	400	589	189	√	50	85	√	20	29	≠	245	378	√	70%	71%	√	159	343	√	65%	91%	√	7	18	≠	No
YWCA Diversion[4]	N/A	738	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	171	N/A	39%	22%	≠	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

[1] Capacity does not include overflow.

[2] Occupancy goal is applicable only to Tier II Shelters.

[3] The Average Transition Time measures the average number of days households receive shelter services from shelter entry to entry/enrollment into the Direct housing/Rapid Re-housing program.

[4] Successful outcomes represent successfully diverted households that did not enter the YWCA Family Center.

EMERGENCY SHELTER--Tier II Family Programs	Households Served				Nightly Occupancy [2]			Average Length of Stay (Days)			Successful Housing Outcomes						Program of Concern
7/1/2011-12/31/2011	Goal (#)	Actual (#)	Variance	Outcome Achievement	Capacity	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Yes or No
Homeless Families Foundation[6]	70	70	0	√	N/A	27	N/A	80	110	≠	49	61	√	70%	87%	√	No
VOAGO Family Shelter[6]	26	4	(22)	√[7]	N/A	1	N/A	80	109	≠	12	4	√[7]	70%	100%	√	No

[6] Entire capacity transitioning to direct housing/rapid re-housing.

[7] VOAGO units transferred to Direct Housing faster than scheduled.

SUPPORTIVE HOUSING		Households Served				Program Occupancy [1]			Housing Stability (Months)			Successful Housing Outcomes						Program of Concern
7/1/2011-12/31/2011	Capacity	Goal (#)	Actual (#)	Variance	Outcome Achievement	Actual (#)	Actual (%)	Attainment of Goal (95%)	Goal (# of months)	Actual (# of months)	Attainment of Goal	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Yes or No
Community Housing Network - Briggsdale	25	27	27	0	√	25	100%	√	22	31	√	24	26	√	90%	96%	√	No
Community Housing Network - Cassady	10	11	12	1	√	10	100%	√	24	33	√	10	12	√	90%	100%	√	No
Community Housing Network - Community ACT	42	46	48	2	√	41	98%	√	14	25	√	41	46	√	90%	96%	√	No
Community Housing Network - East 5th Avenue	38	42	46	4	√	36	95%	√	24	29	√	38	43	√	90%	93%	√	No
Community Housing Network - North 22nd Street	30	33	33	0	√	29	97%	√	24	34	√	30	33	√	90%	100%	√	No
Community Housing Network - North High Street	33	36	36	0	√	32	97%	√	24	37	√	32	36	√	90%	100%	√	No
Community Housing Network - Parsons [2]	25	27	27	0	√	24	96%	√	24	34	√	24	26	√	90%	96%	√	No
Community Housing Network - RLPTI [2]	108	119	123	4	√	107	99%	√	24	32	√	107	111	√	90%	90%	√	No
Community Housing Network - Safe Havens [3]	13	17	18	1	√	14	108%	√	24	50	√	15	16	√	90%	94%	√	No
Community Housing Network - Southpoint Place [6]	46	51	55	4	√	47	102%	√	17	24	√	46	52	√	90%	95%	√	No
Community Housing Network - St. Clair [6]	26	29	37	8	√	31	119%	√	20	17	≠	26	37	√	90%	100%	√	No
Community Housing Network - Leased Supportive Housing	25	27	28	1	√	24	96%	√	6	7	√	23	25	√	85%	89%	√	No
Maryhaven Commons at Chantry	50	55	58	3	√	47	94%	√	22	23	√	50	52	√	90%	90%	√	No
National Church Residences - Commons at Grant	50	55	55	0	√	50	100%	√	24	46	√	50	52	√	90%	95%	√	No
National Church Residences - Commons at Buckingham	75	82	93	11	√	73	97%	√	9	13	√	74	87	√	90%	94%	√	No
National Church Residences - Commons at Livingston [5]	25	26	25	(1)	√	23	92%	N/A	N/A	6	N/A	23	25	√	90%	100%	√	No
Southeast - Scattered Sites [2]	120	132	126	(6)	√	114	95%	√	24	42	√	119	116	√	90%	92%	√	No
YMCA - 40 West Long Street	105	116	115	(1)	√	104	99%	√	24	31	√	104	111	√	90%	97%	√	No
YMCA - Sunshine Terrace	75	83	78	(5)	√	72	96%	√	24	46	√	75	75	√	90%	96%	√	No
YWCA - WINGS [4]	69	76	71	(5)	√	61	88%	≠	24	27	√	68	68	√	90%	96%	√	No

[1] Occupancy rates are calculated by dividing the occupancy number, which is rounded off to the nearest whole number, by the program capacity. The goal is 95% for the occupancy rate.

[2] The following PSH programs house clients that are receiving CHN Shelter Plus Care subsidies: CHN-Parsons (SRA/17 households); RLPTI (TRA/22 households, SRA/1 household); Southeast Scattered Sites (TRA/ 2 households).

[3] Three of the 13 units can house up to two individuals and these units are frequently but not always assigned to couples in which both partners are Rebuilding Lives eligible.

[4] Eligibility for the program was 100% Chronic Homeless women. HUD approved in April and September 2011 a change in the program's eligibility criteria, for 80% of the units to meet Rebuilding Lives eligibility criteria.

[5] Program lease-up started in July 2011.

[6] Program served RL individuals in non-RL units or eligible roommates/couples.

HUD CoC FUNDED PROGRAMS [1]		Households Served				Program Occupancy Rate[2]			Housing Stability (Months)			Successful Housing Outcomes						Program of Concern
7/1/2011-12/31/2011	Capacity	Goal (#)	Actual (#)	Variance	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Yes or No
Transitional Housing																		
Amethyst - RSvP	8	23	45	22	√	85%	88%	√	2	1	√	14	30	√	77%	81%	√	No
Huckleberry House - Transitional Living Program	24	36	36	0	√	98%	100%	√	10	9	√	9	8	≠	77%	57%	≠	No
Friends of the Homeless - New Horizons	36	69	63	(6)	√	95%	97%	√	4	5	√	21	15	≠	77%	56%	≠	No
VOAGO - Veterans[3]	40	50	144	94	√	95%	100%	√	4	3	√	37	39	√	77%	38%	≠	No
Maryhaven Women's Program	5	5	10	5	√	80%	100%	√	4	7	√	2	4	√	50%	57%	√	No
YMCA - ADAMH Pilot[6]	5	18	18	0	√	80%	180%	√	4	4	√	2	7	√	50%	88%	√	No
Permanent Supportive Housing																		
Community Housing Network - Family Homes[4]	15	17	18	1	√	95%	100%	√	24	29	√	14	17	√	80%	94%	√	No
Community Housing Network - Wilson	8	9	8	(1)	≠	95%	100%	√	24	104	√	7	8	√	80%	100%	√	No
VOAGO - Family Supportive Housing	30	33	34	1	√	95%	97%	√	24	35	√	26	31	√	80%	91%	√	No
Shelter Plus Care																		
Amethyst - SPC	92	110	121	11	√	95%	84%	≠	20	20	√	88	90	√	80%	74%	≠	No
ARCO - TRA[5, 7]	89	97	97	0	√	95%	102%	√	24	67	√	78	94	√	80%	97%	√	No
Community Housing Network - SRA SPC[4, 5]	172	189	222	33	√	95%	107%	√	24	41	√	151	206	√	80%	93%	√	No
Community Housing Network - TRA SPC[4, 5]	149	164	222	58	√	95%	135%	√	24	33	√	131	220	√	80%	99%	√	No
Faith Mission - Shelter Plus Care	9	10	9	(1)	√	95%	89%	≠	24	47	√	8	8	√	80%	89%	√	No
Total Shelter Plus Care	511	570	671	101	√	95%	110%	√	N/A	N/A	N/A	456	618	√	80%	92%	√	No

[1] Programs are non-CSB funded. Goals for these programs were set by each agency/program in accordance to the CoC set standards, if applicable.

[2] Occupancy rates are calculated by dividing the occupancy number, which is rounded off to the nearest whole number, by the program capacity.

[3] VOAGO- Veterans is not a HUD COC funded program but receives VA funding. As of 01/01/2011 it is mandatory for this program to participate in CSP.

[4] The following programs house clients that are receiving CHN Shelter Plus Care subsidies: CHN-Family Homes (SRA/ 9 households); CHN-Parsons (SRA/ 17 households); RLPTI (TRA/ 22 households, SRA/ 1 household); Southeast Scattered Sites (TRA/ 2 households).

[5] Occupancy rate exceeds 100% because CMHA allowed providers to over lease.

[6] Program capacity fluctuates based on need and available capacity, up to 15 units.

[7] Agency name changed to AIDS Resource Center Ohio as of 7/1/2011.

DIRECT HOUSING/RAPID RE-HOUSING	New Households Served			Total Households Served			Average Length of Stay (Days)			Average Length of Participation (Days)			Successful Housing Outcomes						Usage of CSB DCA (Average $)			Usage of CSB DCA (%)[1]			Program of Concern
7/1/2011-12/31/2011	Goal (#)	Actual (#)	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Yes or No
Direct Housing - The Salvation Army	116	107	√	153	148	√	13	16	≠	100	88	√	97	94	√	90%	94%	√	$1,200	$1,105	√	90%	95%	√	No
Job2Housing - The Salvation Army	40	40	√	65	68	√	15	14	√	180	201	≠	23	29	√	90%	97%	√	$4,000	$2,146	√	100%	97%	√	No
Direct Housing - Homeless Families Foundation	44	69	√	52	83	√	15	19	≠	100	90	√	5	22	√	90%	88%	√	$1,000	$1,057	√	90%	76%	≠	No
Direct Housing - VOAGO Families	28	34	√	44	67	√	15	14	√	100	114	≠	26	34	√	90%	87%	√	$1,000	$1,319	≠	90%	69%	√[5]	No
Direct Housing - VOAGO Rapid Re-housing Single Adults[3]	66	62	√	99	118	√	15	26	≠	100	121	≠	50	65	√	75%	81%	√	$1,300	$1,309	√	90%	81%	≠	N/A
Direct Housing - CHN In-Reach Single Adults[4]	120	58	≠	135	99	≠	19	14	√	60	69	≠	79	86	√	75%	95%	√	$1,142	$777	√	90%	91%	√	No
Direct Housing - Catholic Social Services Rapid Re-housing[6]	12	10	≠	23	13	≠	15	13	√	180	30	√	21	11	≠	90%	85%	√	$1,200	$1,190	√	90%	69%	≠	No
Transition - CSB Transition Program[1]	N/A	N/A	N/A	400	773	√	N/A	N/A	N/A	N/A	N/A	N/A	392	767	√	98%	99%	√	$1,000	$997	√	98%	99%	√	No

PREVENTION	New Households Served			Total Households Served			Average Length of Stay (Days)			Average Length of Participation (Days)			Successful Housing Outcomes						Usage of CSB DCA (Average $)			Usage of CSB DCA (%)[1]			Program of Concern
7/1/2011-12/31/2011	Goal (#)	Actual (#)	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Yes or No
Prevention - Gladden Community House[7]	N/A	N/A	N/A	160	142	≠	N/A	N/A	N/A	N/A	N/A	N/A	155	132	≠	97%	100%	√	N/A	N/A	N/A	N/A	N/A	N/A	No
Stable Families - Communities In Schools[2]	68	53	≠	98	75	≠	N/A	N/A	N/A	90	77	√	58	50	≠	90%	100%	√	$1,000	$986	√	90%	100%	√	Yes
Stable Families - CIS Weinland Park Expansion	34	16	≠	49	28	≠	N/A	N/A	N/A	90	79	√	31	19	≠	90%	95%	√	N/A	$972	N/A	N/A	10%	N/A	Yes

OUTREACH	New Households Served			Total Households Served			Successful Outcomes						Successful Housing Outcomes						Usage of CSB DCA (%)			Program of Concern
7/1/2011-12/31/2011	Goal (#)	Actual (#)	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Yes or No
Maryhaven Outreach	150	188	√	170	209	√	105	83	≠	70%	72%	√	53	54	√	50%	65%	√	25%	28%	√	No

[1] Includes households served with HPRP and non-HPRP funding.

[2] Exclusive of Weinland Park activity.

[3] Program implemented as of November 2010, using HPRP funds. HPRP Programs are not rated. Four clients were excluded from the Average Length of Stay (ALOS) calculation.

[4] New program implemented January 2011. Sixteen clients were excluded from ALOS calculation.

[5] Some clients did not need DCA at their exit from program.

[6] New program implemented January 2011. Three clients were excluded from the ALOS calculation. Households served is lower than the goal in part due to lower carryover into FY13.

[7] Program did not receive EFSP funds until October 2011 and was unable to serve the forecasted number of households.

Other	New Households Served			Total Households Served			Submitted SSI/SSDI Applications						Successful SSI/SSDI Applications			Submitted Other Applications						Program of Concern
7/1/2011-12/31/2011	Goal (#)	Actual (#)	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Yes or No
Benefits Partnership-YWCA	178	139	≠	205	326	√	86	103	√	42%	32%	≠	40%	30%	≠	86	50	≠	42%	15%	≠	Yes

HPRP Programs	Total Households Served			Average Length of Participation (Days)			Successful Housing Outcomes						Usage of CSB DCA (Average $)			Usage of CSB DCA (%)		
7/1/2011-12/31/2011	Goal (#)	Actual (#)	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Goal	Actual	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement
Community Housing Network - ADAMH Prevention	45	74	√	180	240	≠	25	73	√	83%	100%	√	N/A	$1,515	N/A	N/A	93%	N/A
Community Housing Network - Placement	30	70	√	N/A	113	N/A	17	41	√	85%	100%	√	$1,250	$362	√	100%	95%	√
Community Housing Network - Prevention	30	137	√	90	117	≠	17	83	√	85%	99%	√	$1,167	$279	√	100%	98%	√
Gladden Community House - Single Adult Prevention	N/A	139	N/A	N/A	29	N/A	N/A	138	N/A	N/A	100%	N/A	N/A	$1,027	N/A	N/A	83%	N/A
VOAGO Rapid Re-housing Single Adults	99	118	√	100	121	≠	50	65	√	75%	81%	√	$1,300	$1,309	√	90%	81%	≠

	Total Households Served			Shelter Linkage			Successful Diversion Outcomes					
7/1/2011-12/31/2011	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement	Goal (#)	Actual (#)	Outcome Achievement	Goal (%)	Actual (%)	Outcome Achievement
Lutheran Social Services - Centralized Point of Access (CPOA)	3,200	3,256	√	80%	88%	√	736	242	≠	20%	6%	≠

communityshelterboard

111 liberty street, suite 150 I columbus, ohio 43215 I 614 221 9195/ main I 614 221 9199/ fax

The City of Columbus
Mayor Michael B. Coleman

THE COLUMBUS FOUNDATION

United Way
Member Agency

Franklin County
Where Government Works

Nationwide
On Your Side

2012 PIT COUNT

2012 PIT COUNT (1/27)	Total	PIT Count Breakdown					
		Families	Family Members	Individuals	Youth		
					Families with only children	Persons in Families with only children	Unaccompanied Youth
Emergency Shelters	1,003	74	229	763	0	0	11
Transitional Housing	249	42	137	107	0	0	5
Total Sheltered	1,252	116	366	870	0	0	16
Unsheltered	182	0	0	182	0	0	0
Total Homeless	1,434	116	366	1052	0	0	16

2012 Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Families with Children (Family Households):	74	42	0	116
1. Number of Persons in Families with Children:	229	137	0	366
2. Number of Single Individuals and Persons in Households without Children:	763	107	182	1,052
3. Unaccompanied Youth	11	5	0	16
(Add Lines Numbered 1 & 2) Total Persons:	1,003	249	182	1,434

Part 2: Homeless Subpopulations	Sheltered	Unsheltered	Total
1. Chronically Homeless (For sheltered, list persons in emergency shelter only)	174	137	311
2. Severely Mentally Ill	237	*Optional for Unsheltered*	
3. Chronic Substance Abuse	253		
4. Veterans	126	7	133
5. Persons with HIV/AIDS	28	*Optional for Unsheltered*	
6. Victims of Domestic Violence	120		
7. Unaccompanied Youth (Under 18 years of age)	16		

2012 PIT COUNT

2012 PIT COUNT (1/27)	PIT Count Breakdown														
	Total 2012	2011	Difference	Families 2012	2011	Difference	Family Members	2011	Difference	Individuals 2012	2011	Difference	Youth 2012	2011	Difference
Emergency Shelters	1,003	1081	-78	74	101	-27	229	320	-91	763	759	4	11	2	9
Transitional Housing	249	193	56	42	28	14	137	75	62	107	112	-5	5	6	-1
Total Sheltered	1,252	1,274	-22	116	129	-13	366	395	-29	870	871	-1	16	8	8
Unsheltered	182	144	38	0	0	0	0	0	0	182	144	38	0	0	0
Total Homeless	1,434	1,418	16	116	129	-13	366	395	-29	1,052	1015	37	16	8	8
			1.1%			-10.1%			-7.3%			3.6%			100.0%

2012 Continuum of Care Homeless Population and Subpopulations Chart

Part 1: Homeless Population	Sheltered						Unsheltered			Total		
	Emergency 2012	2011	Difference	Transitional 2012	2011	Difference	2012	2011	Difference	2012	2011	Difference
Number of Families with Children (Family Households):	74	101	-27	42	28	14	0	0	0	116	129	-13
1. Number of Persons in Families with Children:	229	320	-91	137	80	57	0	0	0	366	400	-34
2. Number of Single Individuals and Persons in Households without Children:	763	759	4	107	112	-5	182	144	38	1,052	1015	37
3. Unaccompanied Youth	11	2	9	5	1	4	0	0	0	16	3	13
(Add Lines Numbered 1, 2 & 3) Total Persons:	1,003	1,081	-78	249	193	56	182	144	38	1,434	1,418	16
			-7.2%			29.0%			26.4%			1.1%

Part 2: Homeless Subpopulations	Sheltered	2011	Difference	Unsheltered	2011	Difference	Total	2010	Difference
1. Chronically Homeless (For sheltered, list persons in emergency shelter only)	174	173	1	137	130	7	311	303	8
						5.4%			2.6%
2. Severely Mentally Ill	237	231	6	*Optional for Unsheltered*					
3. Chronic Substance Abuse	253	259	-6						
4. Veterans	126	116	10	7	29	-22	133	145	-12
5. Persons with HIV/AIDS	28	28	0	*Optional for Unsheltered*					
6. Victims of Domestic Violence	120	126	-6						
7. Unaccompanied Youth (Under 18 years of age)	16	3	13						
(Add Lines Numbered 1 through 7) Total Persons:	954	936	18						
			1.9%						

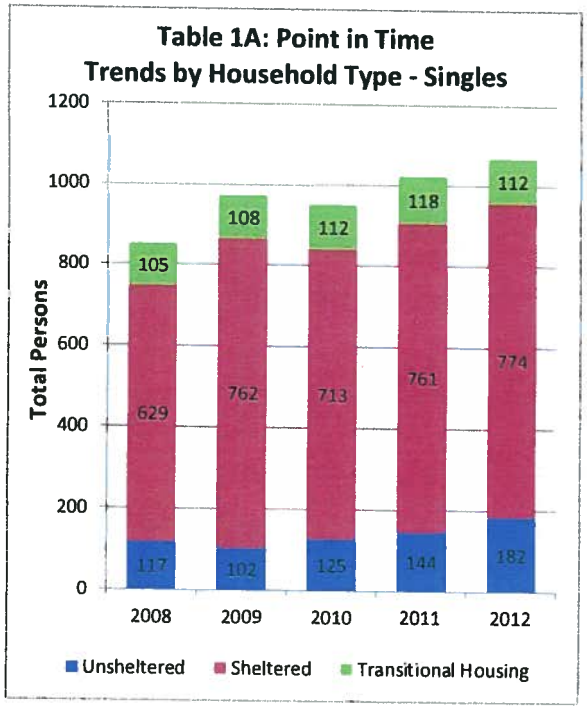


Table 1A: Point in Time
Trends by Household Type - Singles
Total Persons
1200
1000
800
600
400
200
0
2008
2009
2010
2011
2012
105
108
112
118
112
629
762
713
761
774
117
102
125
144
182
Unsheltered
Sheltered
Transitional Housing

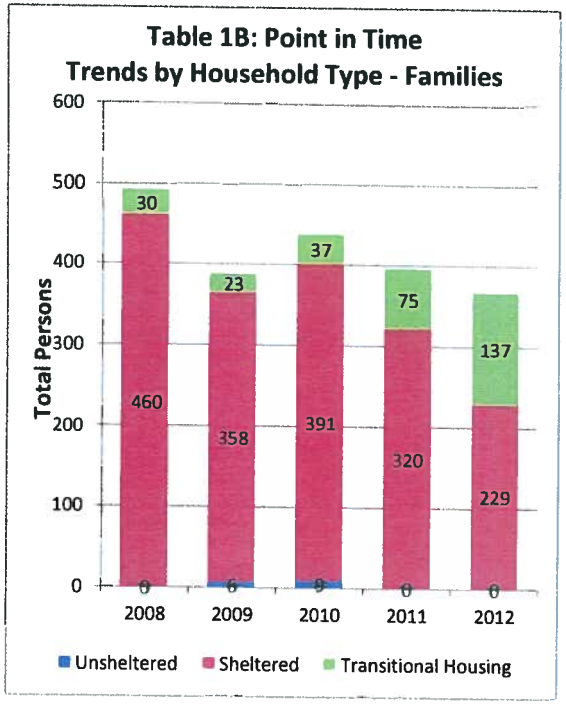


Table 1B: Point in Time
Trends by Household Type - Families
Total Persons
600
500
400
300
200
100
0
2008
2009
2010
2011
2012
30
23
37
75
137
460
358
391
320
229
0
6
9
0
0
Unsheltered
Sheltered
Transitional Housing

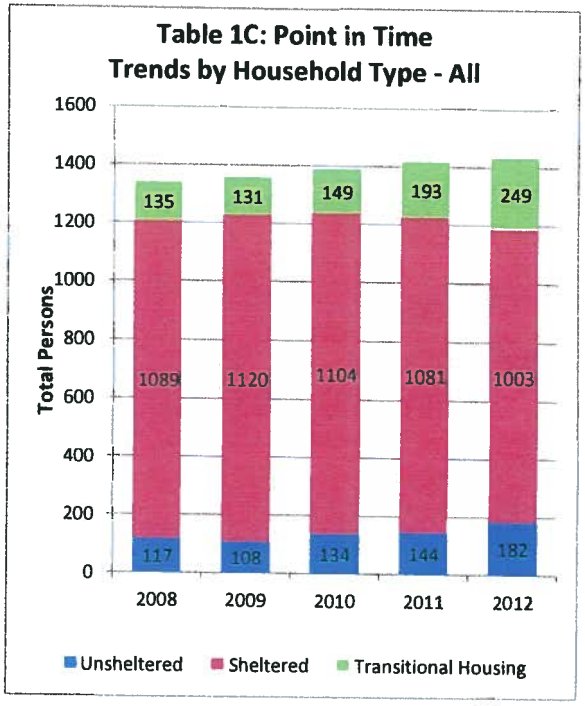


Table 1C: Point in Time
Trends by Household Type - All
Total Persons
1600
1400
1200
1000
800
600
400
200
0
2008
2009
2010
2011
2012
135
131
149
193
249
1089
1120
1104
1081
1003
117
108
134
144
182
Unsheltered
Sheltered
Transitional Housing

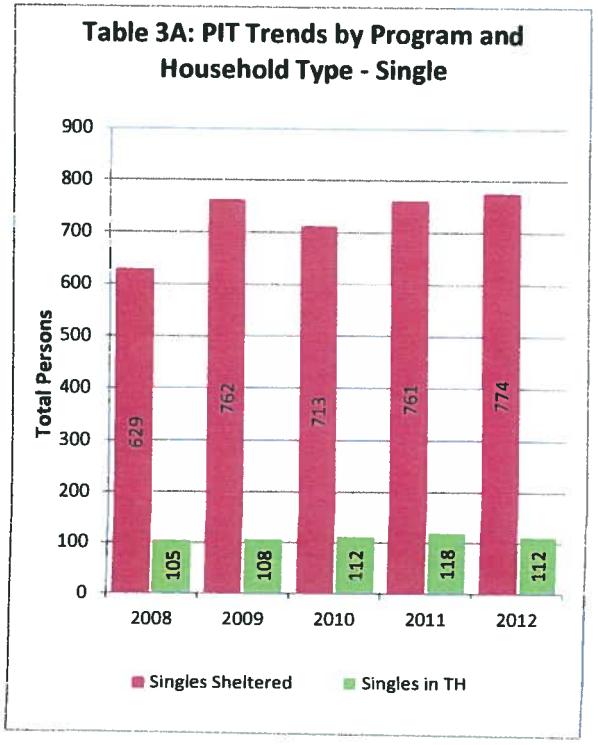


Table 3A: PIT Trends by Program and
Household Type - Single
Total Persons
900
800
700
600
500
400
300
200
100
0
2008
2009
2010
2011
2012
629
762
713
761
774
105
108
112
118
112
Singles Sheltered
Singles in TH

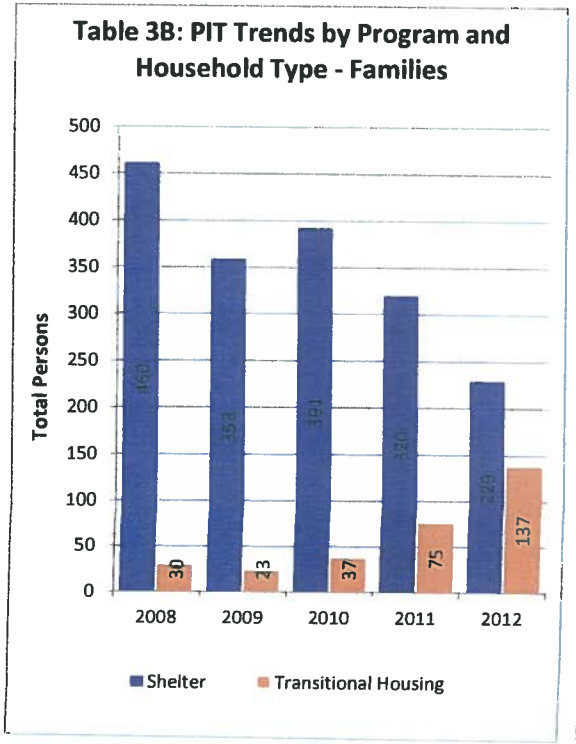


Table 3B: PIT Trends by Program and
Household Type - Families
Total Persons
500
450
400
350
300
250
200
150
100
50
0
2008
2009
2010
2011
2012
460
358
391
320
229
30
23
37
75
137
Shelter
Transitional Housing

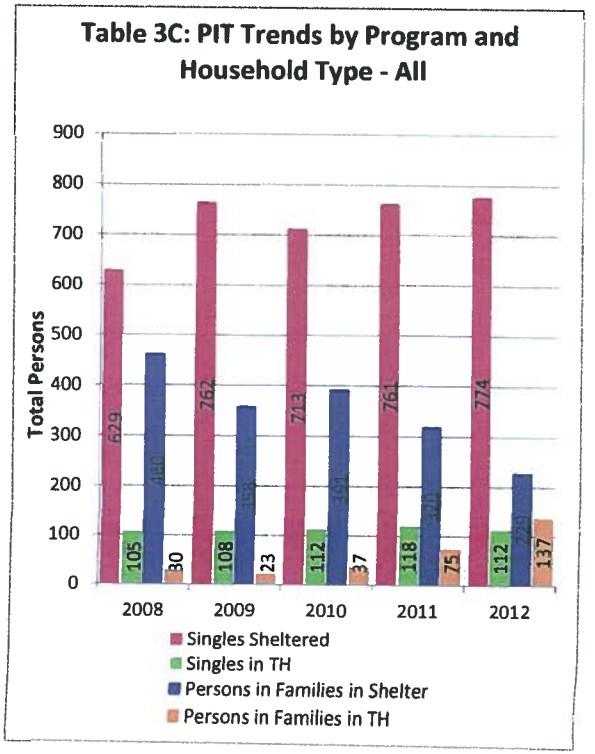


Table 3C: PIT Trends by Program and
Household Type - All
Total Persons
900
800
700
600
500
400
300
200
100
0
2008
2009
2010
2011
2012
629
762
713
761
774
105
108
112
118
112
460
358
391
320
229
30
23
37
75
137
Singles Sheltered
Singles in TH
Persons in Families in Shelter
Persons in Families in TH

Table 4A: PIT Trends by Program and Household Type - Singles in Shelter

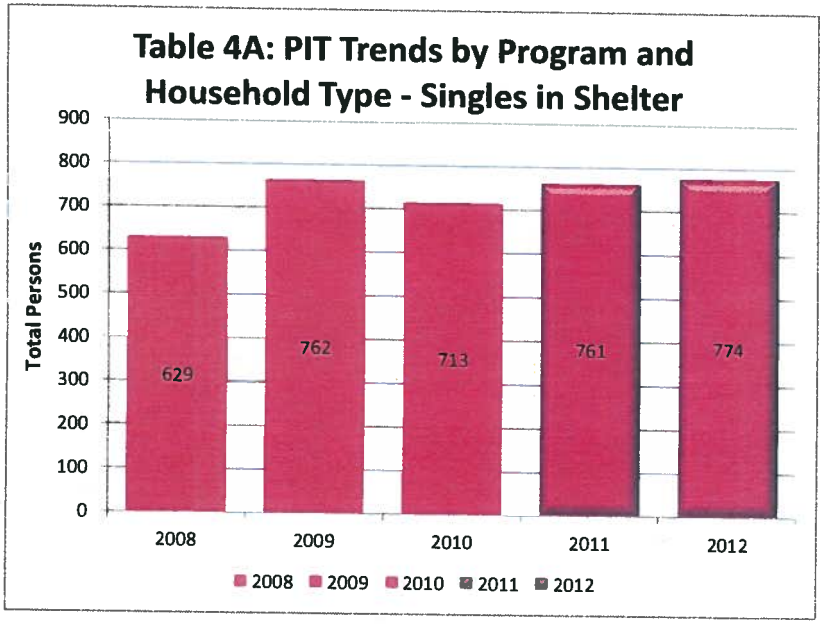


Table 4B: PIT Trends by Program and Household Type - Singles in TH

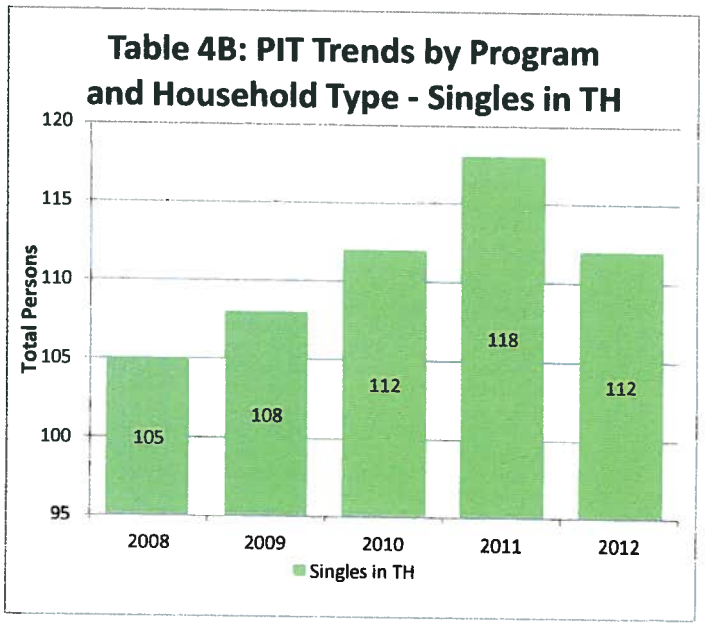


Table 4C: PIT Trends by Program and Household Type - Families in Shelters

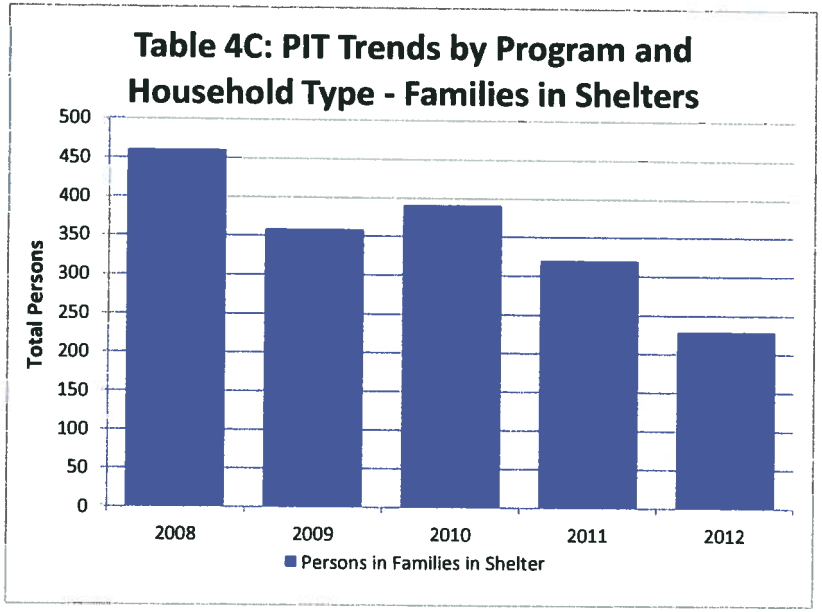
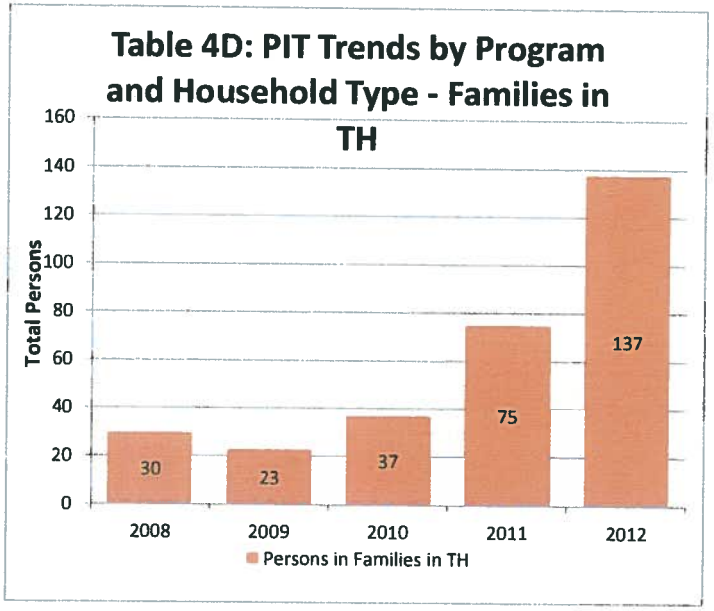


Table 4D: PIT Trends by Program and Household Type - Families in TH



Point In Time Summary for OH-503 - Columbus/Franklin County CoC

Date of PIT Count: 1/27/2012
Population: Sheltered and Unsheltered Count

Persons in Households with at least one Adult and one Child

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	74	42	0	116
Number of persons (Adults & Children)	229	137	0	366

Persons in Households without Children

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Number of Households	763	107	0	182	1,052
Number of Persons (Adults)	763	107	0	182	1,052

Persons in Households with only Children

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	11	5	0	16
Number of Persons (Age 17 or under)	11	5	0	16

Total Households and Persons

	Sheltered			Unsheltered	Total
	Emergency	Transitional	Safe Haven		
Total Households	848	154	0	182	1,184
Total Persons	1,003	249	0	182	1,434

Chronically Homeless and Veteran Subpopulations

	Sheltered		Unsheltered	Total
	Emergency Shelters	Safe Havens		
Chronically Homeless Individuals	174	0	137	**311**
Chronically Homeless Families	0		0	**0**

	Sheltered	Unsheltered	Total
	Veterans in emergency shelters, transitional housing and safe havens		
Veterans	126	7	**133**

Other Homeless Subpopulations

	Sheltered	Unsheltered	Total
	Persons in emergency shelters, transitional housing and safe havens		
Severely Mentally Ill	237	0	**237**
Chronic Substance Abuse	253	0	**253**
Persons with HIV/AIDS	28	0	**28**
Victims of Domestic Violence	120	0	**120**
Unaccompanied Child (Under 18)	16	0	**16**

HIC - Unmet Need

All Year-Round Beds/Units						Seasonal	Overflow
Beds for Households with at Least One Adult and One Child	Units for Households with at Least One Adult and One Child	Beds for Households without Children	Beds for Households with Only Children	Units for Households with Only Children	Total Year-Round Beds	Total Seasonal Beds	Overflow Beds
Emergency Shelter							
0	0	0	0	0	0	0	0
Transitional Housing							
0	0	0	0	0	0		
Safe Haven							
		0			0		
Permanent Supportive Housing							
0	0	525	0	0	525		

Calculating Unmet Need for Unaccompanied Homeless Individuals

Section A

Name of Project	Number of homeless individuals at point-in-time	Percent of individuals in need of ES (1)	Percent of individuals in need of TH (2)	Percent of individuals in need of PSH (3)	Number of individuals in need of ES	Number of individuals in need of TH	Number of individuals in need of PSH
Emergency Shelter							
HUD ES Example	*100*	*25%*	*25%*	*50%*	*25*	*25*	*50*
All Emergency Shelters (1)	763	35%	10%	55%	267	76	420
Subtotal	***763***				***267***	***76***	***420***
Transitional Housing							
HUD TH Example	*100*		*50%*	*50%*		*50*	*50*
Amethyst Rapid Stabilization Program (RSvP) (2)	8		0%	100%		0	8
FoH New Horizons (2)	35		0%	100%		0	35
Huck House Transitional Living Program (3)	13		90%	10%		12	1
Maryhaven Women's (2)	2		0%	100%		0	2
CHN Transitional Housing for Homeless (2)	9		0%	100%		0	9
VOA Support, Recovery, & Education (4)	40		45%	55%		18	22
Subtotal	***107***					***30***	***77***
Unsheltered							
Unsheltered Count (5)	182	10%	0%	90%	18	0	164
Subtotal	***182***				***18***	***0***	***164***

(1) Emergency shelter need based on national and local studies that have found that 55% of individuals experiencing homelessness (point-in-time) have chronic problems best addressed through permanent supportive housing. An additional 10% are estimated to need transitional housing (fixed units) and supports.
(2) Estimated that 100% require permanent supportive housing based on target populations served.
(3) Huck House estimate based on target population served.
(4) Estimated that 55% of VOA Support, Recovery, & Education clients need permanent supportive housing based on target population served.
(5) Estimated that 90% of unsheltered individuals are long-term homeless/disabled and need permanent supportive housing.

Section B

Unmet Need for Emergency Shelters (ES)		
# of Individuals Currently in ES who need ES	267	
# of Individuals Currently Unsheltered who need ES	18	
Subtotal	285	
# of ES beds for individuals	567	***Does NOT include seasonal and other overflow for individuals***
# of ES beds for individuals that are under development	0	
Subtotal	567	
Total unmet need for ES	***-282***	***no gap***
Adjusted unmet need for ES	***0***	

Unmet Need for Transitional Housing (TH)		
# of Individuals Currently in ES who need TH	76	
# of Individuals Currently in TH who need TH	30	
# of Individuals Currently Unsheltered who need TH	0	
Subtotal	106	
# of TH beds for individuals	106	
# of TH beds for individuals that are under development	0	
Subtotal	106	
Total unmet need for TH	***0***	***no gap***
Adjusted unmet need for TH	***0***	

Unmet Need for Permanent Supportive Housing (PSH)		
# of Individuals Currently in ES who need PSH	420	
# of Individuals Currently in TH who need PSH	77	
# of Individuals Currently Unsheltered who need PSH	164	
Subtotal	661	
# of **VACANT** PSH beds for individuals	76	***Based on 5% vacancy of 1518 beds per 1/27/12 PIT count.***
# of PSH beds for individuals that are under development	60	***Commons at Third***
Subtotal	136	
Total unmet need for PSH	***525***	***gap***

Calculating Unmet Need for Homeless Family Units

Section A							
Name of Project	Number of homeless Family Units at point-in-time count/survey	Percent of Family Units in need of ES	Percent of Family Units in need of TH	Percent of Family Units in need of PSH	Number of Family Units in need of ES	Number of Family Units in need of TH	Number of Family Units in need of PSH
Emergency Shelter							
All Emergency Shelters (1)	74	90%	0%	10%	67	0	7
Subtotal	***74***				***67***	***0***	***7***
Transitional Housing							
Amethyst Rapid Stabilization Program (RSvP) (2)	0		0%	100%		0	0
Maryhaven Women (2)	1		0%	100%		0	1
Salvation Army Job 2 Housing (4)	37		0%	10%			
Huck House Transitional Living Program (3)	4		90%	10%		4	0
Subtotal	***42***					***4***	***1***
Unsheltered							
Unsheltered Count	0	100%	0%	0%	0	0	0
Subtotal	***0***				***0***	***0***	***0***

(1) Emergency shelter need based on estimate of 10% of families experiencing homelessness have chronic problems best addressed through permanent supportive housing.
(2) Estimated that 100% require permanent supportive housing based on target populations served.
(3) Huck House estimate based on target population served.
(4) Job 2 Housing projection estimates that 10% of population served needs more services in permanent supportive housing.

Section B

Unmet Need for Emergency Shelters (ES)		
# of Family Units Currently in ES who need ES	67	
# of Family Units Currently Unsheltered who need ES	0	
Subtotal	67	
# of ES Family Units	64	
# of ES Family Units that are under development	0	
Subtotal	64	
Total unmet need for ES	***3***	***no gap***
Adjusted unmet need for ES	***0***	

Unmet Need for Transitional Housing (TH)		
# of Family Units Currently in ES who need TH	0	
# of Family Units Currently in TH who need TH	4	
# of Family Units Currently Unsheltered who need TH	0	
Subtotal	4	
# of TH Family Units	10	***J2H not included because rapid re-housing not TH***
# of TH Family Units that are under development		
Subtotal	10	
Total unmet need for TH	***-6***	***no gap***
Adjusted unmet need for TH	***0***	

Unmet Need for Permanent Supportive Housing (PSH)		
# of Family Units Currently in ES who need PSH	7	
# of Family Units Currently in TH who need PSH	1	
# of Family Units Currently Unsheltered who need PSH	0	
Subtotal	9	
# of **VACANT** PSH Family Units	8	***Based on 5% vacancy of 166 units as of 1/27/12 PIT count.***
# of PSH Family Units that are under development	0	
Subtotal	8	
Total unmet need for PSH	***1***	***no gap***
Adjusted unmet need for PSH	***0***	

2012 Estimated Sub-Populations
Sheltered Individuals & Adults in Families

	N from PIT		Calculation/Method (same as for 2008, 2009, 2010, 2011)
Chronically Homeless			
Sheltered	608	141	23.2% of single adult males in emergency shelter PIT (based on RLUS Episodic and Long Stayers)
	150	33	22.2% of single adult females in emergency shelter PIT (based on RLUS Episodic and Long Stayers)
Sheltered Subtotal		**174**	
Unsheltered	182	137	44 ot the 59 day count reported to be CH, for a 75% rate; apply to all; decrease from 90%
TOTAL		**311**	
Chronic Substance Abusers			
	569	104	18.2% of single adult males in Emergency Shelter PIT, based on ADAMH data match (ex MHEC) for AOD
	55	55	100% of MHEC PIT
	134	24	18.2% of single adult females in Emergency Shelter PIT, based on ADAMH data match (ex MHEC) for AOD
	64	4	6.3% of HoH in families in Emergency Shelter PIT (ex Choices) based on ADAMH data match for AOD
	44	13	30% of FoH New Horizons TH PIT and YMCA ADAMH
	53	53	100% of HoH in Amethyst, VOA and MH Womens TH PIT
Sheltered		**253**	
Severely Mentally Ill			
	763	166	21.7% of single adults in Emergency Shelter PIT (incl Choices), based on ADAMH data match for SMD
	74	11	15% total HoH in families in Emergency Shelter PIT (incl Choices), based on ADAMH data match for SMD
	44	44	100% in FoH New Horizons TH PIT
	53	16	30% of HoH Amethyst, VOA and MH Womens TH PIT
Sheltered		**237**	
Veterans			
Sheltered	126	126	CSP data for Emergency shelter and transitional houing PIT
Unsheltered	7	7	PIT Count (only day count information, not collected overnight)
		133	
Persons with HIV/AIDS			
	763	23	3% total singles in ES PIT
	74	2	3% total HoH in families in ES PIT
		0	100% of PN

	94	3	3% total singles in Amethyst, FOH New Horizons, YMCA, Maryhaven and VOA TH PIT
Sheltered		**28**	
Victims of Domestic Violence			
	15	15	100% of HHd CHOICES PIT
	150	75	50% of single adult females ES PIT (excluding CHOICES)
	51	26	50% of HoH in female headed families in ES PIT (80% total HoH) (excluding CHOICES)
	8	4	50% of HoH Amethyst TH PIT
Sheltered		**120**	
Unaccompanied Youth (under 18)			
	11	11	Huck House shelter
	5	5	CSP data for Huck House TLP
Sheltered		**16**	

2012 Housing Inventory Chart PIT Count Data
Emergency Shelter Programs

Organization Name	Program Name	Inventory Type	Target Pop. A	Target Pop. B	McKinney-Vento	Beds HH w/ Children	Units HH w/ Children	Beds HH w/o Children	Beds HH w/ only Children	Year-Round Beds	HMIS Beds HH w/ Children	HMIS Beds HH w/o Children	HMIS Beds HH w/ only Children	% of HMIS Beds HH with Children	% of HMIS Beds HH without Children	Total Seasonal Beds	Seasonal Beds Available in HMIS	Availability Start Date	Availability End Date	Overflow Beds	PIT Count	Utilization Rate
CHOICES	Domestic Violence Shelter	C	SFHC	DV	No	27	14	7	0	34						0	0			0	31	91%
Huckleberry House - Youth	Youth Shelter	C	YMF		No	0	0		16	16	0		0			0	0			0	11	69%
Lutheran Social Services- Faith Mission	Faith on 6th Street	C	SM		Yes			110		110		110			100%	24	24	10/15/2011	4/15/2012	0	134	100%
Lutheran Social Services- Faith Mission	Faith on 8th Street	C	SM		Yes			95		95		95			100%	0	0			0	95	100%
Lutheran Social Services- Faith Mission	Nancy's Place	C	SF		Yes			42		42		42			100%	6	6	10/15/2011	4/15/2012	0	49	102%
Lutheran Social Services- Faith Mission	VADOM Emergency Housing	N	SMF	VET	No			17		17		17			100%						17	100%
Maryhaven	Engagement Center	C	SMF		No			50		50		50			100%	5	5	10/15/2011	4/15/2012	0	55	100%
Southeast Inc. - Friends of the homeless	Men's Shelter	C	SM		Yes			130		130		130			100%	15	15	10/15/2011	4/15/2012	0	146	101%
Southeast Inc. - Friends of the homeless	Rebecca's Place	C	SF		Yes			47		47		47			100%	7	7	10/15/2011	4/15/2012	0	53	98%
Volunteers of America of Greater Ohio	Men's Transitional Residence	C	SM		No			40		40		40			100%	5	5	10/15/2011	4/15/2012	0	45	100%
Volunteers of America of Greater Ohio	VADOM Emergency Housing	C	SM	VET	No			13		13		13			100%						12	92%
YMCA Overflow	Men's Overflow Shelter	N	SM		No			0		0		0				130	130	11/15/2011	3/15/2012		122	94%
YWCA Columbus	Family Center	C	HC		Yes	165	50			165	165			100%		0	0			46	203	96%
YWCA Overflow for Women	Women's Overflow Shelter	N	SF		No			0		0		0				30	30	11/15/2011	3/15/2012		30	100%
						Sum : 192	Sum : 64	Sum : 551	Sum : 16	Sum : 759	Sum : 165	Sum : 544	Sum : 0			Sum : 222	Sum : 222			Sum : 46	Sum : 1003	

2012 Housing Inventory Chart PIT Count Data
Transitional Housing Programs

Organization Name	Program Name	Inventory Type	Target Pop. A	Target Pop. B	McKinney-Vento	Beds HH w/ Children	Units HH w/ Children	Beds HH w/o Children	Beds HH w/ only Children	Year-Round Beds	HMIS Beds HH w/ Children	HMIS Beds HH w/o Children	HMIS Beds HH w/ only Children	% of HMIS Beds HH with Children	% of HMIS Beds HH without Children	PIT Count	Utilization Rate
Amethyst	Amethyst Rapid Stabilization	C	SFHC		Yes	0	0	8		8	0	8			100%	8	100%
Community Housing Network	Transitional Housing for the Homeless	C	SM		No			5		5		5			100%	9	180%
Huckleberry House - Youth	Transitional Living Program	C	SMF+HC		Yes	18	9	10	5	33	18	10	5	100%	100%	27	82%
Maryhaven	Women's Program	C	SFHC		No	3	1	2		5	3	2		100%	100%	5	100%
Salvation Army	Job2Housing Program	C	HC		Yes	66	20			66	66			100%		125	189%
Southeast Inc. - Friends of the Homeless	New Horizons	C	SMF		Yes			36		36		36			100%	35	97%
Volunteers of America of Greater Ohio	GPD Veterans Program (formerly Support Recovery & Education)	C	SM	VET	No			40		40		40			100%	40	100%
						Sum : 87	Sum : 30	Sum : 101	Sum : 5	Sum : 193	Sum : 87	Sum : 101	Sum : 5			Sum : 249	

2012 Housing Inventory Chart PIT Count Data

Permanent Supportive Housing Programs

Organization Name	Program Name	Inventory Type	Target Pop. A	Target Pop. B	McKinney-Vento	Beds HH w/ Children	Units HH w/ Children	Beds HH w/o Children	Beds HH w/ only Children	CH Beds	Year-Round Beds	HMIS Beds HH w/ Children	HMIS Beds HH w/o Children	HMIS Beds HH w/ only Children	% of HMIS Beds HH with Children	% of HMIS Beds HH without Children	PIT Count	Utilization Rate
AIDS Resource Center Ohio (ARCO)	Shelter Plus Care	C	SMF+HC	HIV	Yes	46	16	73		6	119	46	73		100%	100%	131	110%
Amethyst	Shelter Plus Care	C	SFHC		Yes	58	20	72		0	130	58	72		100%	100%	111	85%
CMHA	VASH - Veterans Affairs Supportive Housing	C	SMF+HC	VET	No	22	5	30		0	52	0	0				54	104%
CMHA	VASH - Veterans Affairs Supportive Housing	C	SMF+HC	VET	No	36	8	27		0	63	0	0				59	94%
CMHA	VASH - Veterans Affairs Supportive Housing	C	SMF+HC	VET	No	11	2	23		0	34	0	0				37	109%
CMHA	VASH - Veterans Affairs Supportive Housing	N	SMF+HC	VET	No	0	0	25		0	25	0	0				17	68%
Community Housing Network	1494 North High	C	SMF		Yes			36		26	36		33			92%	34	94%
Community Housing Network	Briggsdale	C	SMF		Yes			25		25	25		25			100%	24	96%
Community Housing Network	Cassady Avenue	C	SM		No			10		0	10		10			100%	10	100%
Community Housing Network	Community ACT	C	SMF		Yes			42		42	42		42			100%	42	100%
Community Housing Network	East 5th Avenue	C	SF		Yes			38		27	38		38			100%	36	95%
Community Housing Network	Family Homes	C	HC		Yes	44	15			0	44	44			100%		42	95%
Community Housing Network	Leasing Supportive Housing	N	SMF		Yes	0	0	25	0	18	25	0	25	0		100%	24	96%
Community Housing Network	North 22nd Street	C	SMF		No			30		0	30		30			100%	30	100%
Community Housing Network	Parsons	C	SM		Yes			25		18	25		25			100%	23	92%
Community Housing Network	Rebuilding Lives Pact Team Initiative	C	SMF		Yes			108		80	108		108			100%	104	96%
Community Housing Network	Safe Haven	C	SMF		Yes			16		12	16		16			100%	13	81%
Community Housing Network	Shelter Plus Care SRA	C	SMF+HC		Yes	35	12	160		32	195	35	160		100%	100%	162	83%

2012 Housing Inventory Chart PIT Count Data

Permanent Supportive Housing Programs

Organization Name	Program Name	Inventory Type	Target Pop. A	Target Pop. B	McKinney-Vento	Beds HH w/ Children	Units HH w/ Children	Beds HH w/o Children	Beds HH w/ only Children	CH Beds	Year-Round Beds	HMIS Beds HH w/ Children	HMIS Beds HH w/o Children	HMIS Beds HH w/ only Children	% of HMIS Beds HH with Children	% of HMIS Beds HH without Children	PIT Count	Utilization Rate
Community Housing Network	Shelter Plus Care TRA	C	SMF+HC		Yes	78	27	122		0	200	78	122		100%	100%	183	92%
Community Housing Network	Southpoint Place	C	SMF+HC		Yes	44	15	10		10	54	44	10		100%	100%	69	128%
Community Housing Network	St. Clair	C	SMF		Yes			30		22	30		30			100%	36	120%
Community Housing Network	Wicklow Road - Southpoint Place	C	SMF+HC		Yes	17	6	15		15	32	17	15		100%	100%	32	100%
Community Housing Network	Wilson House	C	SMF		Yes			8		0	8		8			100%	8	100%
Lutheran Social Services	Shelter Plus Care	C	SMF		No			9		0	9		9			100%	7	78%
Maryhaven/National Church Residences	Commons at Chantry	C	SMF+HC		Yes	25	10	40		40	65	25	40		100%	100%	61	94%
National Church Residences	Commons at Buckingham	C	SMF		Yes			75		16	75		75			100%	73	97%
National Church Residences	Commons at Grant	C	SMF		Yes			50		50	50		50			100%	48	96%
National Church Residences	Commons at Livingston	N	SMF	VET	No			25			25		25			100%	24	96%
National Church Residences	Commons at Third	U	SMF		Yes			60		12	60							
Southeast Inc.	RL Leasing	C	SMF		Yes			30		30	30		30			100%	38	127%
Southeast Inc.	Scattered Site Apartments	C	SMF		No			90		0	90		90			100%	85	94%
Volunteers of America	Family Supportive Housing	C	HC		Yes	87	30			0	87	87			100%		99	114%
WCA	40 West Long Street	C	SM		No			105		0	105		105			100%	110	105%
WCA	Sunshine Terrace	C	SMF		No			75		0	75		75			100%	72	96%
WCA	Shelter Plus Care SRA	C	SF		Yes			25		5	25		25			100%	21	84%
WCA	WINGS I	C	SF		Yes			28		6	28		28			100%	25	89%
WCA	WINGS II	C	SF		Yes			16		3	16		16			100%	15	94%
						Sum : 503	Sum : 166	Sum : 1578	Sum : 0	Sum : 495	Sum : 2081	Sum : 434	Sum : 1410	Sum : 0			Sum : 1959	

2012 Housing Inventory Chart PIT Count Data
Homelessness Prevention Rapid Re-Housing Programs (HPRP)

Organization Name	Program Name	Inventory Type	Target Pop. A	Target Pop. B	McKinney-Vento	Beds HH w/ Children	Units HH w/ Children	Beds HH w/o Children	Beds HH w/ only Children	Year-Round Beds	HMIS Beds HH w/ Children	HMIS Beds HH w/o Children	% of HMIS Beds HH with Children	% of HMIS Beds HH without Children	PIT Count	Utilization Rate
Volunteers of America of Greater Ohio	Rapid Re-Housing	Current	SMF		No			29		29		29		100%	29	100%
						Sum :	Sum :	Sum : 29	Sum :	29	Sum :	Sum : 29			29	

Columbus & Franklin County Continuum of Care Governance and Policy Statements

Overview

Continuum of Care Structure under HEARTH

The Continuum of Care (CoC) is the group composed of representatives of relevant organizations …that are organized to plan for an provide, as necessary, a system of outreach, engagement, and assessment; emergency shelter; rapid re-housing; transitional housing; permanent housing; and prevention strategies to address the various needs of homeless persons at risk of homelessness for a specific geographic area.

In Columbus and Franklin County the CoC role is fulfilled by a committee called Rebuilding Lives Funder Collaborative (RLFC). The RLFC provides stewardship for all the strategies developed under the Rebuilding Lives (RL) Plan and provides funding for the capital, services and operations of supportive housing in Columbus & Franklin County, coordinates activities for the new plan, promotes collaboration to achieve goals and strategies, and secures resources for programs and projects. For purposes of clarity, RLFC will be used when referring to CoC activities.

The policy statements below govern the work of the RLFC. The policies are organized into different areas. The RLFC will meet annually to review and approve its annual plan and policies.

The categories are:

- Structure
- HUD Mandated Activities
- RL Plan Activities
- Community Shelter Board Activities
- Homeless or Formerly Homeless Citizens Activities
- Provider Activities
- Other Activities

Structure

1. Membership

The RLFC membership will comport with HUD requirements as listed below. The RLFC will meet annually to review and act on the annual funding allocations, HUD Exhibit 1 including all relevant charts and tables and the Housing Inventory Chart. The RLFC will annually review and approve its membership.

A Steering Committee will be formed with representatives of the RLFC that will meet regularly and is given authority by the RLFC to make decisions on its behalf.

A total of 35 members shall be annually approved for participation in the RLFC Steering Committee. Regular attendance is expected by the RLFC representative or it's delegate, as long as the delegate holds decision making authority. The Community Shelter Board (CSB) Executive Director shall chair the RLFC and the RLFC Steering Committee.

New RLFC Structure	**Organizational Representative**	**Individual Representative**
Non-profit homeless providers	Community Shelter Board Community Housing Network	Michelle Heritage Anthony Penn
Victim service providers	Columbus Coalition against Family Violence	TBD
Faith-based organizations	Vineyard Columbus	Dan Franz
Governments	City of Columbus Columbus Mayor's Office Columbus City Council Franklin County	Kim Stands Erika Clark Jones Hearcel Craig Jim Schimmer
Businesses	The Columbus Foundation Mid-Ohio Regional Planning Commission CSB Board Members (3)	Emily Savors Kathy Werkmeister TBD (3)
Advocates	Columbus Coalition for the Homeless Corporation for Supportive Housing Legal Aid Society of Columbus	Don Strasser Sally Luken Emily Crabtree
Public Housing Agencies	Columbus Metropolitan Housing Authority	Charles Hillman
School districts	Columbus Public Schools – Project Connect	Mary Jane Quick
Social Service Providers	Central Ohio Workforce Investment Corporation Franklin County Children Services Franklin County Dept of Job and Family Services Franklin County Office on Aging Franklin County Board of Developmental Disabilities United Way of Central Ohio	Suzanne Coleman – Tolbert Chip Spinner Anthony Trotman Antonia Carroll Jed Morison Janet Jackson
Mental Health Agencies	ADAMH Board Twin Valley Behavioral Healthcare	David Royer TBD
Hospitals	Columbus Public Health	Teresa Long
Universities	Ohio State University	Dawn Tyler
Affordable Housing Developers	Affordable Housing Trust Corporation	Steve Gladman

	Ohio Capital Corporation for Housing	Jonathan Wealthy
Law Enforcement	Columbus Police Department	Lt. Chris Bowling
Organizations that serve homeless and formerly homeless veterans	Veterans Administration Veterans Service Commission	John Glacken Douglas Lay
Homeless and formerly homeless persons	Citizens Advisory Council (2)	TBD (2)

2. **Conflict of Interest**
Any individual participating in or influencing decision making must identify actual or perceived conflicts of interest as they arise and comply with the letter and spirit of this policy. Disclosure should occur at the earliest possible time and if possible, prior to the discussion of any such issue. Individuals with a conflict of interest should abstain from voting on any issue in which they may have a conflict. An individual with a conflict of interest who is the committee chair, shall yield that position during discussion and abstain from voting on the item.
Annual written disclosure statements will be provided by each committee member by March 31. Members will not be permitted to participate until the statement is on file at CSB.

3. **RLFC Steering Committee**
Annually, the RLFC Steering Committee (RLFC SC) will review existing and new projects and make recommendations to the full RLFC for its consideration, action and inclusion in the consolidated HUD application. The RLFC SC will also establish the new permanent supportive housing (PSH) priority for consideration by the Ohio Housing Finance Agency. As part of the process, new projects will be presented to the RLFC provider group and the CAC. Both groups will provide recommendations to the RLFC SC prior to its decision. The project developer will also be asked to make a presentation to the RLFC SC to respond to questions about its proposal.
The RLFC SC will be the RLFC's Executive Committee, comprised of the following representatives:

Organizational Representative	Individual Representative
1. City of Columbus	Kim Stands
2. Franklin County	Jim Schimmer
3. Citizens Advisory Council	TBD
4. ADAMH	David Royer
5. CMHA	Charles Hillman
6. UWCO	Janet Jackson
7. The Columbus Foundation	Emily Savors
8. The Columbus Coalition for the Homeless	Don Strasser
9. CSB Board Member	TBD
10. CSB Executive Director, Chair	Michelle Heritage

The RLFC SC is expected to meet quarterly, in February, May, August and November of each year. CSB may, from time to time, request the RLFC SC to meet more frequently to meet HUD imposed requirements.
CSB will provide staff support for the committee.

The RLFC SC will also review ongoing projects that have participated in QII at the request of the provider and/or CSB. The RLFC will act on recommendations from the RLFC SC.

HUD Mandated Activities

4. The RLFC SC will provide feedback to the local government (City/County) on their Consolidated Plan.

5. (regarding ESG) The RLFC SC will provide feedback to the local government (City/County) in:
   - Determining how to allocate the ESG funding for eligible activities
   - Developing the performance standards
   - Evaluating outcomes

   This feedback will be provided as part of the annual funding allocations.

6. **Columbus ServicePoint Implementation**
   CSB, as the RLFC designated HMIS Lead will maintain the community's Homeless Management Information System (HMIS) – Columbus ServicePoint – in compliance with HUD standards and coordinate all related activities including training, maintenance and technical assistance to agencies. Each participating agency or Contributing HMIS Organization (CHO) will be expected to participate in the CSP Administrators Group which oversees CSP operations. Annually, CSB will conduct an anonymous Administrator/User survey and provide the results of that survey to the RLFC SC.

   Related to HMIS activities, the RLFC SC will have to role of:

   - Developing funding and policies and procedures for the operation and administration of the local HMIS, Columbus ServicePoint (CSP).
   - Monitoring that all recipients of financial assistance under the Continuum of Care program and the Emergency Solutions Grant program and any programs funded previously through McKinney-Vento Act (SHP, SPC, SRO) are using the HMIS to collect client-level data on persons served.
   - Responsible for making decisions about HMIS management and administration.
   - Designate a single information system as the official HMIS software for the geographic area.
   - Designate the HMIS Lead and give authority to make system-wide decisions regarding the HMIS that impact all covered homeless organizations. HMIS Lead means the entity designated by the RLFC in accordance with 24 CFR part 580 to operate the Continuum's HMIS on the RLFC's behalf.
   - Review, revise and approve all policies and plans the HMIS lead is required to develop.
   - Develop a governance charter and document all assignments and designations consistent with the governance charter. The charter is to contain, at the minimum:
     - A requirement that the HMIS Lead enter into written HMIS Participation Agreements with each Contributing Homeless Organization (CHO) requiring the CHO to comply with this part and imposing sanctions for failure to comply;
     - The participation fee charged by the HMIS; and
     - Such additional requirements as may be issued by notice from time to time.

- Annually review and approve the HMIS Lead developed Security Plan, Data Quality Plan and Privacy Policy.

7. **Point in Time Count Plan**
   Consistent with HUD requirements and in concert with the Ohio Count, an annual Point In Time Count will be conducted. Participation in the Homeless Count Work Group will be open to all interested. The RLFC SC will review and approve the Point in Time Count Plan annually and empower CSB to lead coordination efforts to conduct the count.

8. **HUD Application Process**
   The RLFC will meet annually to review and act on Exhibit 1 including all relevant charts and tables and the Housing Inventory Chart. CSB will coordinate the applicant submission of Exhibit 2s, prepare Exhibit 1 and submit the consolidated application on behalf of the RLFC.

RL Plan Activities

The RLFC will not serve as the convener for the plan's strategies, but will provide stewardship and oversight for the overall community plan to end homelessness, the Rebuilding Lives Plan.

The role of the Strategy Conveners is as follows:

- Form a planning group
- Identify resources for planning
- Report progress to the RLFC
- May (or may not) serve as lead implementing agency
- Suggest resources for implementation
- Assist the RLFC with securing resources.

Community Shelter Board Activities

The Community Shelter Board will be the primary organization supporting all of the groups involved with moving the RL Plan forward. In addition to its roles as a convener of some of the RL Plan strategies, CSB will:

- Chair the RLFC and RLFC SC and serve as the fiscal agent
- Act as the Collaborative Applicant for the Columbus and Franklin County RLFC, per HUD's HEARTH legislation
- Act as the Unified Funding Agency for the Columbus and Franklin County RLFC, per HUD's HEARTH legislation
- Act as the HMIS Lead for the Columbus and Franklin County RLFC, per HUD's HEARTH legislation
- Act as the subrecipient of the Emergency Solutions Grant (ESG) funds for the Columbus and Franklin County RLFC
- Implement the requirements of the HEARTH legislation as mandated by HUD
- Provide program and system level evaluations
- Communicate the plan progress to the community, including an annual Report Card

Throughout the implementation of the RL Plan, evaluation efforts will assess the degree to which the plan is executed and will track the success of each strategy. Columbus ServicePoint (CSP) our community's Homeless Management Information System (HMIS) will be used as the primary data source. CSP will be used for enhancing data collection activities related to the RL Plan. It will also be used as a monitoring, outcomes measurement and performance-based contracting tool across systems and to inform the community about the progress of the RL Plan and meet HUD requirements.

9. Program Performance Standards

Program performance standards will be established by CSB and recommended to the RLFC SC for approval and will incorporate HUD requirements and local standards. CSB will incorporate these standards into annual program agreements with each provider agency. An annual Program Outcome Plan (POP) will be part of the agreement. If CSB and the agency disagree on the annual POP, the agency may appeal to the RLFC SC (if not CSB-funded) or CSB Board Chair (if CSB-funded). CSB will monitor program performance and provide monthly, quarterly, semi-annual and annual data reports. Program performance standards will be reviewed annually by the RLFC SC.

10. Quality Improvement Intervention

CSB will address programs of ongoing concern through a Quality Improvement Intervention (QII) process. The QII process is based on quarterly one-on-one dialogues between CSB and the provider agency and considers agency plans and progress on addressing program issues. CSB and provider agency enter into quarterly QII if a program experiences long-standing and/or serious program issues and/or systemic agency concerns. If the agency and/or CSB find that the QII process is not working, either may refer the concerns/issues to the RLFC SC for handling. The provider will be given an opportunity to present its case to the RLFC SC before it makes its recommendation to the RLFC.

Through its evaluative work, CSB will establish performance ratings every year of each HUD and CSB funded programs. Based on these ratings, CSB will recommend the RLFC SC programs that should not continue to receive funding through the annual HUD application process due to underperformance. CSB will recommend the RLFC SC any funding reallocations that should occur based on program performance and need.

The RLFC will be the final decision maker regarding any programs that should be removed from HUD funding and any proposed funding reallocations.

11. Meeting Support

CSB will provide meeting support for the RLFC and RLFC SC and all other committee meetings by scheduling meetings, developing agendas, issuing meeting materials and posting all relevant documents to www.csb.org.

- RLFC and RLFC SC members may suggest agenda items
- Agenda and meeting materials will be released one week prior to scheduled meetings.
- The agenda will be reviewed and adopted at the start of the meeting; changes may be offered for consideration.

- Meeting notes will be produced and distributed within 30 days of the meeting.
- Materials will be distributed electronically or through mail to all RLFC and RLFC SC members and provider agency designees.

12. Costs

Every effort will be made to keep process costs to the minimum necessary to achieve full funding. CSB will work to raise funds to support the processes of the RLFC, including central administrative requirements related to HMIS and the PIT Count.

HMIS/CSP Lead Roles and Activities

13. Ensure the operation of and consistent participation by recipients of funds from the Emergency Solutions Grants Program and from the other programs authorized by Title IV of the McKinney-Vento Act. Duties include establishing the HMIS; conducting oversight of the HMIS; and taking corrective action, if needed, to ensure that the HMIS is compliant with all HUD requirements; Ensure that all recipients of financial assistance under the Continuum of Care program and the Emergency Solutions Grant program and any programs funded previously through McKinney-Vento Act (SHP, SPC, SRO) are using the HMIS to collect client-level data on persons served.

14. Develop written HMIS policies and procedures for all CHOs for the operation of the HMIS;

15. Execute a written HMIS Participation Agreement with each CHO, which includes the obligations and authority of the HMIS Lead and CHO, the requirements of the security plan with which the CHO must abide, the requirements of the privacy policy with which the CHO must abide, the sanctions for violating the HMIS Participation Agreement (e.g., imposing a financial penalty, requiring completion of standardized or specialized training, suspending or revoking user licenses, suspending or revoking system privileges, or pursuing criminal prosecution), and an agreement that the HMIS Lead and the CHO will process Protected Identifying Information consistent with the agreement. The HMIS Participation Agreement may address other activities to meet local needs;

16. Serve as the applicant to HUD for grant funds to be used for HMIS activities for the Continuum of Care's geographic area, as directed by the RLFC, and, if selected for an award by HUD, enter into a grant agreement with HUD to carry out the HUD-approved activities;

17. Monitor and enforce compliance by all CHOs with the requirements of this part and report on compliance to RLFC SC and HUD;

18. The HMIS Lead must submit a security plan, a data quality plan, and a privacy policy to the RLFC SC for approval within [the date that is 6 months after the effective date of the final rule to be inserted at final rule stage] and within 6 months after the date that any change is made to the local HMIS. The HMIS Lead must review and update the plans and policy at least annually. During this process, the HMIS Lead must seek and incorporate feedback from the RLFC SC and CHO. The HMIS Lead must implement the plans and policy within 6 months of the date of approval by the RLFC SC.

19. The HMIS Lead must develop a privacy policy. At a minimum, the privacy policy must include data collection limitations; purpose and use limitations; allowable uses and disclosures; openness description; access and correction standards; accountability standards; protections for victims of domestic violence, dating violence, sexual assault, and stalking; and such additional information and standards as may be established by HUD in notice.

20. The HMIS Lead must establish a security plan which meets the minimum requirements for a security plan as established by HUD in notice.

21. The HMIS Lead must designate a security officer to be responsible for ensuring compliance with applicable security standards. The HMIS Lead must designate one staff member as the HMIS security officer.

22. The HMIS Lead must ensure that each covered homeless organization designates a security officer and conduct workforce security measures.

23. The HMIS Lead must conduct workforce security screening; The HMIS Lead must ensure that each CHO conduct criminal background checks on the HMIS security officer and on all administrative users. Unless otherwise required by HUD, background checks may be conducted only once for administrative users.

24. The HMIS Lead must report security incidents. Each HMIS Lead must implement a policy and chain of communication for reporting and responding to security incidents, including a HUD-determined predefined threshold when reporting is mandatory, as established by HUD in notice.

25. The HMIS Lead must establish a disaster recovery plan. The HMIS Lead must develop a disaster recovery plan, which must include at a minimum, protocols for communication with staff, the RLFC SC, and CHOs and other requirements established by HUD in notice.

26. The HMIS Lead must conduct an annual security review. Each HMIS Lead must complete an annual security review to ensure the implementation of the security requirements for itself and CHOs. This security review must include completion of a security checklist ensuring that each of the security standards is implemented in accordance with the HMIS security plan.

27. The HMIS Lead must ensure that each user completes security training at least annually and prior to given access to the HMIS.

28. The HMIS Lead must ensure that each covered homeless organization conducts an annual security review.

29. The HMIS Lead must set data quality benchmarks including bed coverage rates and service-volume coverage rates.

30. The HMIS Lead must develop and implement a data quality plan.

31. The HMIS Lead may archive data in the HMIS but follow standards published in the Federal Register notices.

32. The HMIS Lead must, at least annually, or upon request from HUD submit an unduplicated count of clients served and an analysis of unduplicated counts.

33. The HMIS Lead shall submit reports to HUD as required.

Homeless and Formerly Homeless Citizens Activities

Citizens Advisory Council (CAC)

The Citizens Advisory Council is a CSB sponsored group that had membership comprised of homeless and formerly homeless individuals.

The RLFC values input and participation by the CAC in all processes. These shall include:

- Designated seats on committees.
- The opportunity to review and comment on new projects prior to RLFC SC review.
- The opportunity to review and comment on RLFC annual plan, policies, and program standards.

Provider Activities

34. Provider Input

The RLFC values input and participation by the HUD providers in all processes. These shall include:

- Designated seats on all committees.
- The opportunity to review and comment on new projects prior to RLFC SC review.
- The opportunity to review and comment on RLFC annual plan, policies, and program standards.

35. Provider Program Requirements and Rights

Provider agencies are the cornerstone of success for the implementation of the RL Plan. A collaborative, streamlined system with clear goals and objectives will result in continued success for provider agencies. Provider agency roles include the following:

- Continue to develop and implement high-quality programs and services
- Work together with conveners, collaborators, and funders to build support for programs
- Share and implement best practices and collaborate with other providers
- Work together with funders to evaluate programs and engage in quality improvement activities
- Participate in advocacy efforts

The RLFC expects that Providers will meet requirements to receive HUD Funding and intends to treat all providers fairly in evaluating performance.

Requirements:

- Meet relevant program and HUD standards and achieve program outcome goals.
- Submit an annual program outcome plan in line with HUD and RLFC requirements and update program descriptions through the annual CSB Gateway process.
- Submit Exhibit 2 per HUD timeline.

- Submit required data through Columbus ServicePoint.
- Submit a copy of HUD APR to CSB concurrent with submission to HUD.

Rights:

- Participate in Quality Improvement Intervention (QII) prior to HUD funds being reduced or eliminated by the RLFC.
- Appeal to the RLFC if it disagrees with a recommendation by the RLFC SC.
- Request a waiver from compliance with specific program performance standards.

Other Activities

36. Annual Plan

The RLFC will meet annually to review and approve its annual plan and policies which will govern the work of the RLFC.

37. ODOD Application Processes

To fulfill the ODOD Homeless Assistance Program and Homelessness Prevention and Rapid Re-Housing Program Application Processes, the RLFC SC will review applicants/projects and make recommendations to ODOD. CSB will review requests for approval on behalf of the RLFC SC. Agencies that disagree with CSB will appeal to the RLFC SC via electronic appeals.

38. Letter of Support and Certification

Programs and services which meet the needs of homeless families and individuals in Franklin County, Ohio are eligible to request letters of support or certification from the RLFC SC and CSB. The RLFC SC will only provide letters of support or certification to agencies which have a record of providing quality services to persons who are homeless or at risk of homelessness, and for projects that are consistent with the local priorities established by the RLFC. New agencies must demonstrate the ability to provide high quality services. Projects may receive letters of support or certification if they:

- Document the need for the program;
- Provide a clearly defined program with attainable outcomes;
- Demonstrate collaboration with other community-based organizations;
- Demonstrate the provision of high quality services; and
- Deliver services in a highly cost-effective manner.

Columbus & Franklin County Continuum of Care Steering Committee
111 Liberty Street, Suite 150
Columbus, OH 43215

Resolution of the Continuum of Care Steering Commitee
April 10, 2012

FY2011 & FY2012 Emergency Solutions Grant Allocation Plans

Resolution

WHEREAS, the new Emergency Solutions Grant (ESG) Interim Rule was released by HUD in November 2011 and became effective January 2012;

WHEREAS, in order for our community to receive the second allocation of ESG funds for FY2011 and the ESG allocation for FY2012 a Substantial Amendment to the Consolidated Plan needs to be submitted by the City of Columbus and Franklin County, as the grant recipients of ESG funds;

WHEREAS, per the new HUD guidelines, a jurisdiction that receives an Emergency Solutions Grant program funds must consult with the Continuum of Care in determining how to allocate its ESG grant funds for eligible activities; in developing the performance standards for, and evaluating the outcomes of, projects and activities assisted by ESG funds; and in developing funding, policies, and procedures for the operation and administration of the HMIS;

WHEREAS, HUD is encouraging grantees to use the additional ESG funds for rapid re-housing purposes;

WHEREAS, the proposed uses for FY11 and FY12 ESG funds is attached;

WHEREAS, the City of Columbus, Franklin County and the Community Shelter Board (CSB) are recommending allocation of the additional ESG funds towards rapid re-housing and HMIS activities.

WHEREAS, performance standards and evaluation methodologies for rapid re-housing programs are already in place for programs funded through CSB;

WHEREAS, the City of Columbus, Franklin County and CSB are recommending approval of the existing performance standards and evaluation methodologies for the rapid re-housing programs per the attached document;

WHEREAS, policies and procedures for the operation and administration of the local HMIS are already in place for programs participating in the local implementation;

WHEREAS, the City of Columbus, Franklin County and CSB are recommending approval of the existing policies and procedures for the local HMIS;

THEREFORE, be it resolved that the Continuum of Care Steering Committee voted to accept the proposed FY2011 and FY2012 Emergency Solutions Grant allocation plans, performance and evaluation standards and HMIS policies and procedures as presented.

Approved by voice vote:

Witnessed by:

_____ _____

Michelle Heritage, Chair Date

7/1/12-6/30/13 Detailed Budget Table

First Allocation	$0.00
Second Allocation	$159,208.00
Grant Amount	$159,208.00
Total Administration	$33,168

FY 2011
Emergency Shelter Grants/Emergency Solutions Grants Program Allocations

	Eligible Activities	First Allocation: Activity Amount	First Allocation: Reprogrammed Amount	Second Allocation: Activity Amount	Total Fiscal Year 2011: Activity Amount
Emergency Shelter Grants Program	Homeless Assistance	$0.00	$0.00		$0.00
	Rehab/Conversion				$0.00
	Operations				$0.00
	Essential Services				$0.00
	Homelessness Prevention				$0.00
	Administration				$0.00
	Emergency Shelter Grants Subtotal	$0.00	$0.00		$0.00
Emergency Solutions Grants Program	Emergency Shelter**			$0.00	$0.00
	*Renovation***			$0.00	$0.00
	*Operation***			$0.00	$0.00
	*Essential Service***			$0.00	$0.00
	*URA Assistance***			$0.00	$0.00
	Street Outreach - Essential Services**			$0.00	$0.00
	HMIS				$0.00
	Rapid Re-housing		$0.00	$126,040.00	$126,040.00
	Housing Relocation and Stabilization Services			$126,040.00	$126,040.00
	Tenant-Based Rental Assistance				$0.00
	Project-Based Rental Assistance				$0.00
	Homelessness Prevention		$0.00	$0.00	$0.00
	Housing Relocation and Stabilization Services				$0
	Tenant-Based Rental Assistance				$0
	Project-Based Rental Assistance				$0.00
	Administration			$33,168.00	$33,168.00
	Emergency Solutions Grants Subtotal		$0.00	$159,208.00	$159,208.00
			Total Grant Amount:		$159,208.00

****Allowable only if the amount obligated for homeless assistance activities using funds from the first allocation is less than the expenditure limit for emergency shelter and street outreach activities (see Section III.B. of this Notice).**

7/1/12-6/30/13 Detailed Budget Table

First Allocation	$283,037.00
Second Allocation	$223,086.00
Grant Amount	$506,123.00
Total Administration	$37,959

FY 2012
Emergency Shelter Grants/Emergency Solutions Grants Program Allocations

	Eligible Activities	First Allocation: Activity Amount	First Allocation: Reprogrammed Amount	Second Allocation: Activity Amount	Total Fiscal Year 2011: Activity Amount
Emergency Shelter Grants Program	Homeless Assistance	**$261,809.00**	**$0.00**		**$261,809.00**
	Rehab/Conversion				$0.00
	Operations	$261,809.00			$261,809.00
	Essential Services				$0.00
	Homelessness Prevention				**$0.00**
	Administration	**$21,228.00**			**$21,228.00**
	Emergency Shelter Grants Subtotal	**$283,037.00**	**$0.00**		**$283,037.00**
Emergency Solutions Grants Program	Emergency Shelter**			$0.00	$0.00
	*Renovation***			$0.00	$0.00
	*Operation***			$0.00	$0.00
	*Essential Service***			$0.00	$0.00
	*URA Assistance***			$0.00	$0.00
	Street Outreach - Essential Services**			$0.00	$0.00
	HMIS				**$0.00**
	Rapid Re-housing		**$0.00**	**$206,355.00**	**$206,355.00**
	Housing Relocation and Stabilization Services			$206,355.00	$206,355.00
	Tenant-Based Rental Assistance				$0.00
	Project-Based Rental Assistance				$0.00
	Homelessness Prevention		**$0.00**	**$0.00**	**$0.00**
	Housing Relocation and Stabilization Services				$0
	Tenant-Based Rental Assistance				$0
	Project-Based Rental Assistance				$0.00
	Administration			**$16,731.00**	**$16,731.00**
	Emergency Solutions Grants Subtotal		**$0.00**	**$223,086.00**	**$223,086.00**
			Total Grant Amount:		**$506,123.00**

****Allowable only if the amount obligated for homeless assistance activities using funds from the first allocation is less than the expenditure limit for emergency shelter and street outreach activities (see Section III.B. of this Notice).**

7/1/12-6/30/13 Detailed Budget Table

First Allocation	$0.00
Second Allocation	$45,099.00
Grant Amount	$45,099.00
Total Administration	$9,395.00

FY2011
Emergency Shelter Grants/Emergency Solutions Grants Program Allocations

	Eligible Activities	First Allocation: Activity Amount	First Allocation: Reprogrammed Amount	Second Allocation: Activity Amount	Total Fiscal Year 2013: Activity Amount
Emergency Shelter Grants Program	Homeless Assistance	$0.00	$0.00		$0.00
	Rehab/Conversion				$0.00
	Operations	$0.00			$0.00
	Essential Services				$0.00
	Homelessness Prevention				$0.00
	Administration	$0.00			$0.00
	Emergency Shelter Grants Subtotal	$0.00	$0.00		$0.00
Emergency Solutions Grants Program	Emergency Shelter**			$0.00	$0.00
	*Renovation***			$0.00	$0.00
	*Operation***			$0.00	$0.00
	*Essential Service***			$0.00	$0.00
	*URA Assistance***			$0.00	$0.00
	Street Outreach - Essential Services**			$0.00	$0.00
	HMIS			$35,704.00	$35,704.00
	Rapid Re-housing		$0.00	$0.00	$0.00
	Housing Relocation and Stabilization Services				$0.00
	Tenant-Based Rental Assistance				$0.00
	Project-Based Rental Assistance				$0.00
	Homelessness Prevention		$0.00	$0.00	$0.00
	Housing Relocation and Stabilization Services				$0
	Tenant-Based Rental Assistance				$0
	Project-Based Rental Assistance				$0.00
	Administration			$9,395.00	$9,395.00
	Emergency Solutions Grants Subtotal		$0.00	$45,099.00	$45,099.00
			Total Grant Amount:		$45,099.00

****Allowable only if the amount obligated for homeless assistance activities using funds from the first allocation is less than the expenditure limit for emergency shelter and street outreach activities (see Section III.B. of this Notice).**

7/1/12-6/30/13 Detailed Budget Table

First Allocation	$80,176.00
Second Allocation	$63,364.00
Grant Amount	$143,540.00
Total Administration	$10,765.00

FY2012
Emergency Shelter Grants/Emergency Solutions Grants Program Allocations

	Eligible Activities	First Allocation Activity Amount	First Allocation Reprogrammed Amount	Second Allocation Activity Amount	Total Fiscal Year 2013 Activity Amount
Emergency Shelter Grants Program	Homeless Assistance	**$74,163.00**	**$0.00**		**$74,163.00**
	Rehab/Conversion				$0.00
	Operations	$74,163.00			$74,163.00
	Essential Services				$0.00
	Homelessness Prevention				**$0.00**
	Administration	**$6,013.00**			**$6,013.00**
	Emergency Shelter Grants Subtotal	**$80,176.00**	**$0.00**		**$80,176.00**
Emergency Solutions Grants Program	Emergency Shelter**			**$0.00**	**$0.00**
	*Renovation**			**$0.00**	**$0.00**
	*Operation**			**$0.00**	**$0.00**
	*Essential Service**			**$0.00**	**$0.00**
	*URA Assistance**			**$0.00**	**$0.00**
	Street Outreach - Essential Services**			**$0.00**	**$0.00**
	HMIS			**$58,612.00**	**$58,612.00**
	Rapid Re-housing		**$0.00**	**$0.00**	**$0.00**
	Housing Relocation and Stabilization Services				$0.00
	Tenant-Based Rental Assistance				$0.00
	Project-Based Rental Assistance				$0.00
	Homelessness Prevention		**$0.00**	**$0.00**	**$0.00**
	Housing Relocation and Stabilization Services				$0
	Tenant-Based Rental Assistance				$0
	Project-Based Rental Assistance				$0.00
	Administration			**$4,752.00**	**$4,752.00**
	Emergency Solutions Grants Subtotal		**$0.00**	**$63,364.00**	**$63,364.00**
			Total Grant Amount:		**$143,540.00**

****Allowable only if the amount obligated for homeless assistance activities using funds from the first allocation is less than the expenditure limit for emergency shelter and street outreach activities (see Section III.B. of this Notice).**

communityshelterboard

Direct Housing/Rapid Re-housing/Rolling Stock
FY2013 Program Performance Standards

Based on CSB Governance Ends Policies, HUD standards, CoC local standards and best practices program performance.

Bolded measurements denote CSB Board established Ends Policies.

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.
	Average length of participation	Based on program design
Access to resources/services to move to and stabilize housing	**Usage of CSB Direct Client assistance ($)**	Average DCA amount will be consistent with prior performance and /or program design.
	Usage of CSB Direct Client Assistance (%)	% of households that receive CSB DCA will be consistent with prior performance and /or program design.
	Average length of shelter stay[1]	Average stay at Emergency Shelter not to exceed 15 days.
	Housing Affordability at Exit (%)	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%.
	If Applicable, Completed Vocational/Other Training (%)	70% of households complete vocational or other training by their exit from the program.
	If Applicable, Employment Status at Exit (%)	65% of households have employment at exit from the program.
	If Applicable, Employment Status at Exit (#)	Calculated based on the Employment Status at Exit % measurement.
Basic needs met in a non-congregate environment	**Successful housing outcome (%)**	At least 90% successful housing outcomes for families and 75% for single adults.
	Successful housing outcome (#)	Calculated based on the Successful housing outcomes % measurement.
Not re-enter the emergency shelter system	**Recidivism (%)**	≤5% of those who obtain housing will return to shelter.
Efficient and effective use of a pool of community resources	**Cost per household**	Cost per household will be consistent with budget.
	Cost per successful housing outcome	Cost per successful housing outcome will be consistent with budget.
	Pass program certification	Provide access to resources and services to end homelessness.

[1] Progressive implementation for single adult population starting with 19 days

communityshelterboard

Proposed FY2013 Program Performance Standards and Reporting for programs that receive HUD funding

Only the metrics that will be "evaluated" in FY2013 will be counted towards the program's performance rating. No changes were made compared to the FY2012 outcomes. CSB is asking the CoC to approve the recommended measurements for FY2013, as described below:

Program Performance Standards and Reporting

Based on HUD standards, CoC local standards and best practices program performance.

PSH – Permanent Supportive Housing; TH = Transitional Housing; SPC = Shelter Plus Care

Measurement	Measured in FY12?	Rationale	Annual Metrics	FY13 Evaluation
Households served	√	HUD required, APR reported	Set based on prior year(s) attainment and program capacity.	Evaluated
Successful housing outcome (%)[1]	√	CoC Local goal for PSH/SPC; HUD required, Exhibit 1 reported for TH	At least standard below or greater if prior year(s) achievement was greater • At least 80% for PSH and SPC • At least 77% for TH	Evaluated
Successful housing outcomes (#)	√	HUD required, APR reported	Calculated based on the Successful housing outcomes % measurement.	Evaluated
Housing Stability	√	CoC Local goal, APR reported	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 • At least 12 months for SPC	Evaluated
Program Occupancy Rate	√	CoC Local goal	Full occupancy (>95%).	Evaluated
Employment status at exit[1]	√	HUD required, Exhibit 1 reported	At least 20% of households exiting will have employment.	Evaluated
Housing Retention	√	CoC Local goal	≤5% of those who obtain housing will return to shelter.	Evaluated

[1] Fixed minimum threshold – no allowable variance as HUD benchmark is fixed.

Measurement	Measured in FY12?	Rationale	Annual Metrics	FY13 Evaluation
Pass program certification	√	HUD required, Exhibit 1 reported	Compliant with all HMIS/CSP standards	Evaluated
Negative Reason for leaving	√	HUD required, APR reported CoC Local goal	Less than 20% leave for non-compliance or disagreement with rules	Evaluated
Interim housing stability[1]	√	HUD required, Exhibit 1reported	• At least 81% of persons remain in permanent supportive housing for at least 6 months	Evaluated
Increase in income from entry to exit	√	CoC Local goal	• At least 45% of tenants in PSH and SPC • At least 50% of clients in TH	Evaluated
Cost per household	√	HUD required, APR reported	Cost per household will be consistent with budget.	Monitored, not evaluated
Cost per successful housing outcome	√	Measure of efficiency	Cost per successful housing outcome will be consistent with budget.	Monitored, not evaluated
Cost per unit	√	HUD required, APR reported, Measure of efficiency	Cost per unit will be consistent with budget.	Monitored, not evaluated
Turnover Rate	√	Measure of success and system planning	Set based on prior year(s) attainment. Some level of turnover is anticipated.	Monitored, not evaluated
Successful Housing Exits	√	HUD required, APR reported	At least 50% of exits are successful housing outcomes.	Evaluated
Housing Affordability at exit	√	Measure of success	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, not evaluated

Measurement Standards

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 indicated an achieved goal, or if the benchmark/metric is fixed. *Not Applicable* is assigned when a performance goal is not assigned; the reason for this will be explained in the footnote for the respective program.

Each program will be assigned a performance rating[2] 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* [3]
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

Programs rated as "Low" or experiencing long-standing and/or serious program issues and/or systemic agency concerns will be handled by CSB through a **Quality Improvement Intervention** (QII) process. This process is based on quarterly one-on-one dialogues between CSB and the provider agency and considers agency plans and progress on addressing program issues. If the agency and/or CSB find that the QII process is not working, either may refer the concerns/issues to the HUD Technical Review Committee (HUD TRC) for handling. The provider will be given an opportunity to present its case to the HUD TRC before it makes its recommendation to the Steering Committee. This process would eliminate special reports and presentations to the Steering Committee by the provider.

For interim (quarterly) reports, programs which meet less than one-half of measured outcome goals will be considered a "program of concern".

---

[2] In some instances, the program is too new to evaluate; therefore, a performance rating is not assigned.

[3] 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.

CoC Check-up

Glossary

I. CoC Governance and Structure

1.1. The CoC has a clear direction and purpose.

The CoC has a written vision, mission and/or purpose statement

- (●) Yes
- ( ) No
- ( ) Unknown

Answer the next three questions if you answered Yes to previous question

The vision/mission/purpose statement clearly states the purpose of the CoC.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	( )	( )	( )	( )	(●)		( )

The vision/mission/purpose statement is understood and supported by CoC stakeholders.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	( )	( )	( )	(●)	( )		( )

The vision/mission/purpose is periodically reviewed and updated.

- (●) Yes
- ( ) No
- ( ) Unknown

Comment:
The current purpose of the Continuum of Care Steering Committee (CoC SC) is to submit an annual application to the US Department of Housing and Urban Development (HUD) for local homeless housing projects and to evaluate ongoing progress in meeting CoC goals.

1.2. The CoC has a governing structure to oversee the CoC, including CoC planning, infrastructure, and CoC projects.

The CoC has a written document describing the roles and responsibilities of the primary decision-making group.

- (●) Yes

- ○ No
- ○ Unknown

The CoC primary decision-making group has a fair and transparent process for selecting CoC administrative agent, fiscal agent and/or UFA (as applicable), and HMIS lead.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	○	○	◉	○		○

The CoC primary decision-making group provides adequate oversight of CoC administration and infrastructure, including CoC staff (administrative and fiscal) and HMIS.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	○	○	○	◉		○

The CoC primary decision-making group has a written agreement with administrative agent/entity employing CoC administrative staff outlining roles and responsibilities of CoC administrative staff.

- ◉ Yes
- ○ No
- ○ Unknown

The CoC primary decision-making group has a written agreement with HMIS lead agency outlining roles and responsibilities of HMIS lead agency.

- ◉ Yes
- ○ No
- ○ Unknown

The CoC has a fair and transparent process for selecting members of the primary decision-making group.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	○	○	○	◉		○

The CoC has committees, sub-committees, and/or working groups to accomplish CoC goals and management.

- ◉ Yes
- ○ No
- ○ Unknown

Only answer the next question is answerd Yes to the previous question.

Committee/sub-committee/working group roles and responsibilities are well-defined and understood by CoC stakeholders.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4○ 5◉ Unknown ○

Comment:
The current purpose of the Continuum of Care Steering Committee (CoC SC) is to submit an annual application to the US Department of Housing and Urban Development (HUD) for local homeless housing projects and to evaluate ongoing progress in meeting CoC goals. The CoC SC developed policy statements to govern its work. The policies are organized into different areas and are intentionally global in scope. The CoC SC meets annually to review and approve its annual plan and policies. The Rebuilding Lives Funder Collaborative (RLFC) is a collaborative of local entities that provides stewardship for all strategies developed under the local 10 year plan to end homelessness, the Rebuilding Lives (RL) Plan. The RLFC provides funding for the capital, services and operations of supportive housing in Columbus & Franklin County, approves the development of new supportive housing, coordinates activities for the plan, promotes collaboration to achieve goals and strategies, and secures resources for programs and projects. The RLFC developed policy statements to govern its work. The policies are organized into different areas. The RLFC meets annually to review and approve its annual plan and policies.

1.3. The CoC primary decision-making group and related committees/subcommittees/working groups have active and diverse membership.

Stakeholders participating in CoC governance include representatives from:

Not sufficient	1	2	3	4	5	Sufficient	Unknown
CoC housing and service providers	1○	2○	3○	4◉	5○		Unknown○
Mental health service providers	1○	2○	3○	4◉	5○		Unknown○
Substance abuse service providers	1○	2○	3○	4○	5◉		Unknown○
Physical health service providers	1○	2○	3○	4○	5◉		Unknown○
Justice/Corrections	1○	2○	3◉	4○	5○		Unknown○
Education (K-12)	1○	2○	3○	4◉	5○		Unknown○
U.S. Department of Veterans Affairs (VA)	1○	2○	3○	4○	5◉		Unknown○
Workforce development/employment assistance providers	1○	2○	3○	4○	5◉		Unknown○

(continued) Stakeholders participating in CoC governance include representatives from:

Not sufficient	1	2	3	4	5	Sufficient	Unknown
Youth/foster-care providers	1○	2○	3○	4◉	5○		Unknown○
Domestic violence providers	1○	2○	3◉	4○	5○		Unknown○
Consumers (persons who are homeless and/or formerly homeless)	1○	2○	3○	4○	5◉		Unknown○
Local government(s)	1○	2○	3○	4○	5◉		Unknown○
Private businesses	1○	2○	3○	4◉	5○		Unknown○
Landlords	1○	2○	3◉	4○	5○		Unknown○
Public Housing Authority(ies)	1○	2○	3○	4○	5◉		Unknown○
ESG/HPRP Grantee(s)	1○	2○	3○	4○	5◉		Unknown○

(continued) Stakeholders participating in CoC governance include representatives from:

Not sufficient	1	2	3	4	5	Sufficient	Unknown

Legal service providers	1○	2○	3○	4◉	5○	Unknown○
Faith-based community	1○	2○	3○	4◉	5○	Unknown○
Academic/research community	1○	2○	3◉	4○	5○	Unknown○
Philanthropic community	1○	2○	3○	4◉	5○	Unknown○
Other public and private service providers	1○	2○	3○	4◉	5○	Unknown○

Comment:
The Continuum of Care Steering Committee membership comports with HUD requirements. The categories of membership are consumers (4), local government (4), providers (6), health care (3), housing (2), veterans (2), philanthropy (2), legal services (1), homeless services planning (1) and K-12 education (1). A total of 26 members are annually approved for participation. Regular attendance is expected. The Community Shelter Board Executive Director is the chair of the Steering Committee. The Rebuilding Lives Funder Collaborative (RLFC) members represent local public and private institutions, which may have one or more designees. Currently there are 24 RLFC members representing the following entities: Alcohol, Drug and Mental Health Board of Franklin County (ADAMH), Affordable Housing Trust Corporation of Columbus & Franklin County, Central Ohio Workforce Investment Corporation, City of Columbus, Administration, Columbus City Council, The Columbus Foundation, Columbus Public Health, Columbus Mayor's Office, Columbus Medical Association Foundation, Columbus Metropolitan Housing Authority, Community Shelter Board, Community Shelter Board - Board of Trustees, Corporation for Supportive Housing, Franklin County Administration, Franklin County Children Services, Franklin County Department of Job & Family Services, Franklin County Office on Aging, Franklin County Board of Developmental Disabilities, Mid-Ohio Regional Planning Commission, Ohio Capital Corporation for Housing, Osteopathic Heritage Foundations, United Way of Central Ohio, Veterans Service Commission, Veterans Administration.

1.4. The CoC primary decision-making group has a formal, fair, and transparent process for governing the CoC and making decisions.

The CoC primary decision-making group has a process for ensuring stakeholders have an opportunity to provide input into the decision-making process
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	1○	2○	3○	4○	5◉		Unknown○

The CoC decision-making process is understood by all stakeholders
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	1○	2○	3○	4◉	5○		Unknown○

The CoC has a written conflict of interest policy

- ◉ Yes
- ○ No
- ○ Unknown

The CoC primary decision-making group actively seeks to prevent/address conflicts of interest
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

The CoC has a clear process for communicating decisions
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4○ 5◉ Unknown ○

The CoC primary decision-making group has a process for evaluating and selecting projects for inclusion in the annual CoC application for federal funding.

◉ Yes
○ No
○ Unknown

Only answer the next five questions if you answered Yes to the previous questions.

The process has been approved by the CoC primary decision-making group.

◉ Yes
○ No
○ Unknown

The process and rating/ranking criteria are described in writing.

◉ Yes
○ No
○ Unknown

Rating/ranking criteria reflect clear linkages to CoC strategic plan and goals.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4○ 5◉ Unknown ○

The process is conducted in a fair and impartial manner
Choose one: 1 - None of the Time; 2 - Sometimes; 3 - Neutral; 4 - Use Most of the Time; 5 - All of the Time

None of the time	1	2	3	4	5	All of the time	Unknown

1○ 2○ 3○ 4○ 5◉ Unknown ○

The process includes a formal opportunity to appeal decisions.

◉ Yes
○ No
○ Unknown

The CoC primary decision-making group sets annual performance goals/targets for ***HUD-funded CoC projects***.

- (●) Yes
- ( ) No
- ( ) Unknown

The CoC primary decision-making group has a process for periodically monitoring and evaluating the performance of ***HUD funded CoC projects*** (apart from evaluation conducted during HUD application process).

- (●) Yes
- ( ) No
- ( ) Unknown

The CoC primary decision-making group sets annual performance goals/targets for ***other non-HUD funded CoC projects***.

- (●) Yes
- ( ) No
- ( ) Unknown

The CoC primary decision-making group has a process for periodically monitoring and evaluating the performance of ***other non-HUD funded CoC projects***.

- (●) Yes
- ( ) No
- ( ) Unknown

The CoC primary decision-making group sets annual performance goals/targets for ***overall CoC*** performance.

- (●) Yes
- ( ) No
- ( ) Unknown

The CoC primary decision-making group has a process for monitoring and evaluating ***overall CoC*** performance.

- (●) Yes
- ( ) No
- ( ) Unknown

Only answer the next three questions if you answered Yes to the previous questions.

The process has been approved by the CoC primary decision-making group.

- (●) Yes
- ( ) No
- ( ) Unknown

The process is described in writing.

- (●) Yes
- ( ) No
- ( ) Unknown

The process is conducted in a fair and impartial manner.
Choose one: 1 - None of the Time; 2 - Sometimes; 3 - Neutral; 4 - Use Most of the Time; 5 - All of the Time

None of the time	1	2	3	4	5	All of the time	Unknown

1○ 2○ 3○ 4○ 5◉ Unknown ○

Comment:
The CoC Steering Committee and RLFC annually reviews and approves their policy statements. All decisions made by the CoC Steering Committee and the RLFC are voted on and a simple majority is required for any resolution that each group reaches. The Roberts Rules of Governance are followed and applied. Any individual participating in or influencing CoC Steering Committee or RLFC decision making identifies actual or perceived conflicts of interest as they arise and comply with the letter and spirit of this policy. Disclosure should occur at the earliest possible time and if possible, prior to the discussion of any such issue. Individuals with a conflict of interest abstain from voting on any issue in which they may have a conflict. An individual with a conflict of interest, who is the committee chair, yields that position during discussion and abstains from voting on the item. Annual written disclosure statements are provided by each committee member.

1.5. The CoC primary decision-making group uses data (PIT, HMIS, other) in a systematic manner to make informed decisions.

The CoC primary decision-making group uses performance data in the annual CoC application review process to evaluate projects and allocate resources
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	1○	2○	3○	4○	5◉		Unknown ○

The CoC primary decision-making group uses data to inform other CoC decision-making (e.g., system design, project funding, provision of technical assistance, etc.)
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	1○	2○	3○	4○	5◉		Unknown ○

The CoC primary decision-making group uses the following data sources to make decisions:

	Don't use at all	1	2	3	4	5	Use when relevant	Unknown
Housing Inventory Data		1○	2○	3○	4○	5◉		Unknown ○
Annual/Biennial Point In Time Data		1○	2○	3○	4○	5◉		Unknown ○
Performance data generated from HMIS		1○	2○	3○	4○	5◉		Unknown ○

Comment:
Program performance standards are established annually by the Continuum of Care Steering Committee (CoC SC) and incorporate HUD requirements and local standards. The Community Shelter Board (CSB) incorporates these standards into annual program agreements with each provider agency. An annual Program Outcome Plan (POP) is part of the agreement that details expected performance on a quarterly basis. If CSB and the agency disagree on the annual POP, the agency may go through an appeals process. CSB monitors program performance using HMIS data and provides monthly, quarterly, semi-annual and annual data reports that are presented and discussed quarterly with the CoC Steering Committee and the RLFC. Program performance standards are reviewed annually by the Steering Committee. Using past performance information, HUD requirements and local priorities, continuous quality improvement is emphasized for all measured outcomes.

II. CoC Plan and Planning Process

2.1. The CoC has a strategic plan to prevent and end homelessness in the CoC and the plan provides direction for the CoC.

The CoC has a written strategic plan to prevent and end homelessness.

- (●) Yes
- ( ) No
- ( ) Under development
- ( ) Unknown

If you answered Yes to previous question then continue with the following questions otherwise skip to Element 3.1.

The CoC strategic plan is also the community's "TenYear Plan" or other community-wide plan to prevent/end homelessness.

- (●) Yes
- ( ) No
- ( ) Unknown

Only answer the next question if you answered No to the previous questions.

The CoC strategic plan and the "Ten Year Plan" or other community-wide plan to prevent/end homelessness are consistent with one another and do not have conflicting goals/objectives, etc.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	( )	( )	( )	( )	( )		( )

The CoC strategic plan is consistent with CoC mission/vision.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	( )	( )	( )	( )	(●)		( )

The plan covers all subpopulations (e.g., chronically homeless, severely mentally ill, Veterans, youth, etc.), rather than just certain subpopulations.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	( )	( )	( )	(●)	( )		( )

Only answer the next question if you answered 1,2or 3 to the previous question.

If the plan does not cover all subpopulations, which subpopulation(s) are excluded? (Check all that apply.)

- [ ] Chronically homeless
- [ ] Severely mentally ill

- [ ] Chronic substance abuse
- [x] Veterans
- [x] Persons with HIV/AIDS
- [x] Victims of domestic violence
- [x] Unaccompanied youth (under 18)
- [ ] Unknown

The plan is informed by review of local HMIS, PIT, and other data.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	○	○	○	◉		○

The plan incorporates best practices or evidence-based practices that successfully prevent and end homelessness.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	○	○	◉	○		○

The plan is consistent with the Federal Strategic Plan to prevent and end homelessness ("Opening Doors").
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	○	○	◉	○		○

The plan incorporates local ESG/HPRP resources to accomplish CoC goals/objectives.
Choose one: 1 - Insufficient; 2 - Somewhat Insufficient; 3 - Neutral; 4 - Mostly Sufficient; 5 - Sufficient

Insufficient	1	2	3	4	5	Sufficient	Unknown
	○	○	○	○	◉		○

The plan includes leveraging/coordination with other HUD resources accounted for in local Consolidated Plan(s) (i.e., HOME, CDBG, NSP, and HOPWA) to accomplish CoC goals/objectives. (check all that are included in the plan)

- [x] HOME
- [x] CDBG
- [x] HOPWA
- [x] NSP

☐ Unknown

The plan includes leveraging/coordination with other mainstream systems and resources (e.g. PHA, TANF, job training) to accomplish CoC goals/objectives. (check all that are included in the plan)

- ☑ TANF-funded assistance
- ☑ Workforce dev/Employment supports
- ☑ Substance abuse services
- ☑ Veteran's Administration
- ☑ Social Security Administration
- ☑ Child welfare
- ☑ Mental health services
- ☑ Local Housing Authority
- ☑ SNAP/ Food Stamps
- ☑ Schools/Local Educational Agencies (LEAs)
- ☑ Medicaid/Healthcare services
- ☑ Corrections
- ☐ Other (Identify) [ ]
- ☐ Unknown

Local discharge plans/policies established by **foster care** system are consistent with CoC strategic plan.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	System does not have discharge plan	Unknown
	○	○	○	◉	○		○	○

Local discharge plans/policies established by **healthcare** system are consistent with CoC strategic plan.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	System does not have discharge plan	Unknown
	○	○	○	◉	○		○	○

Local discharge plans/policies established by **mental health** system are consistent with CoC strategic plan.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	System does not have discharge plan	Unknown
	○	○	○	◉	○		○	○

Local discharge plans/policies established by **corrections** system are consistent with CoC strategic plan.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	System does not have discharge plan	Unknown
	○	○	◉	○	○		○	○

The plan includes measurable goals, performance indicators and targets toward achieving identified goals.

- ◉ Yes
- ○ No
- ○ Unknown

Only answer the next five questions if you answered Yes to the previous questions.

Performance targets meet or exceed HUD's national goals/objectives for HUD funded CoC projects.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	○	○	○	◉		○

Performance indicators/targets include outcome-based targets reflecting client, project, and system change vs. activities/outputs.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	○	○	○	◉		○

Performance targets are measurable.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	○	○	○	◉		○

Goals and performance indicators/targets are set for the following: (Check all that apply.)

- ☑ Reducing/ending chronic homelessness
- ☑ Preventing/ending homelessness for Veterans
- ☑ Preventing/ending homelessness for families, children and youth
- ☑ Preventing/ending homelessness for single adults
- ☑ Reducing length of time persons remain homeless
- ☑ Reducing returns homelessness
- ☑ Overall reduction in number of persons who experience homelessness

- [x] Overall reduction in number of persons are homeless for first time
- [x] Increasing employment for persons who experience homelessness
- [x] Increasing income of persons who experience homelessness
- [x] Increasing utilization and/or receipt of mainstream benefits
- [ ] Other (Identify) [ ]
- [ ] Unknown

The plan is recognized and supported by CoC stakeholders.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	○	○	◉	○		○

The plan is recognized and supported by local government and political leadership in the CoC.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	○	○	○	◉		○

The plan includes public relations and communications strategy (i.e., strategy to produce and disseminate annual report or other public information on plan progress for education and advocacy purposes).
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	○	○	◉	○		○

Comment:
The Community Shelter Board leads a strategic community plan called Rebuilding Lives. It's a comprehensive and interrelated set of strategies to decrease the number of people who experience homelessness. The focus is on improving the effectiveness and efficiency of the system, including assuring no duplication of services. We are implementing best practices which emerged from a comprehensive community planning process. The CoC Steering Committee and the RLFC are guided by this plan in their work. Our partner agencies are the cornerstone of success for the Rebuilding Lives plan. CSB staff work closely with providers to continue quality improvements and achieve system benchmarks. We are continuously pressing for innovation, whether it be through our rapid re-housing programs and homelessness prevention efforts or by convening community leaders to work on strategic issues like the transitional age youth and single adult shelter system re-design.

2.2. The CoC has an inclusive and transparent process for development of and/or periodic updating of the CoC strategic plan.

The CoC primary decision-making group has a process for developing and/or reviewing and updating the strategic plan.

- ◉ Yes

- ○ No
- ○ Unknown

Only answer the next question if you answered Yes to the previous question.

The planning process is inclusive and involves key CoC and community stakeholders, including government representatives, business leaders, the philanthropic community, etc.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	○	○	○	●		○

Comment:
The RL Plan to end homelessness was updated in 2008. Through the process, more than 100 citizens volunteered their time to analyze research, evaluate Franklin County's housing and homeless services, and study best practices around the country. In fact, some of Columbus' housing programs are models for other American communities. The result of our two-year planning process is a comprehensive and interrelated set of strategies to decrease the number of people who experience homelessness.

2.3. The CoC has a formal process in place to support implementation of the strategic plan.

The CoC primary decision-making group has tasked a specific committee or other body with overseeing implementation of the plan.

- ● Yes
- ○ No
- ○ Unknown
- ○ N/A

There is a written action plan to support implementation of the strategic plan.

- ● Yes
- ○ No
- ○ Unknown
- ○ N/A

Only answer the next five questions if you answered Yes to the previous question.

The action plan includes specific steps and timelines.

- ● Yes
- ○ No
- ○ Unknown

The action plan identifies responsible entities.

- ● Yes
- ○ No
- ○ Unknown

Actions taken to date are having a positive impact on achievement of CoC goals identified in the CoC strategic plan.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

The action plan is reviewed and updated at least annually.

◉ Yes
○ No
○ Unknown

On what date was the action plan last reviewed and updated?

02/17/2011 *(mm/dd/yyyy)*

Comment:
The Rebuilding Lives Funder Collaborative (RLFC) provides stewardship for all strategies developed under the Rebuilding Lives (RL) Plan. Throughout the implementation of the RL Plan, evaluation efforts assess the degree to which the plan is executed and tracks the success of each strategy. Quarterly updates are given about each strategy included in the plan. An annual report card is issued that summarizes progress on these strategies. The strategy conveners are encouraged to ask the RLFC for guidance in implementing the strategies, as needed.

III. CoC Infrastructure and Administrative Capacity

3.1. Administrative Capacity: The CoC has adequate capacity to manage the administrative responsibilities of the CoC.

Approximate number of CoC staff (paid or volunteer) responsible for regular administrative tasks of the CoC (estimated full-time equivalent (FTE), excluding FTE dedicated to HMIS functions).

2 FTE(s)

The CoC has sufficient staffing (paid or volunteer) to manage the regular administrative tasks of the CoC, relative to the scope and scale of CoC funding and commitments.
Choose one: 1 - Insufficient; 2 - Somewhat Insufficient; 3 - Neutral; 4 - Mostly Sufficient; 5 - Sufficient

Insufficient 1 2 3 4 5 Sufficient Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

CoC staff is knowledgeable of technical assistance resources and opportunities.
Choose one: 1 - Insufficient; 2 - Somewhat Insufficient; 3 - Neutral; 4 - Mostly Sufficient; 5 - Sufficient

Insufficient 1 2 3 4 5 Sufficient Unknown

1○ 2○ 3○ 4○ 5◉ Unknown ○

The CoC has capacity, policies, and procedures in place to monitor and ensure that HUD-funded projects are operating in accordance with HUD provisions and the project design set forth in the application.
Choose one: 1 - Insufficient; 2 - Somewhat Insufficient; 3 - Neutral; 4 - Mostly Sufficient; 5 - Sufficient

Insufficient 1 2 3 4 5 Sufficient Unknown

1○ 2○ 3○ 4○ 5◉ Unknown ○

The CoC seeks to ensure that, to the maximum extent practicable, HUD-funded project sponsors involve individuals and families experiencing homelessness through employment, volunteer services, or otherwise, in constructing, rehabilitating, maintaining, and operating facilities for the project and in providing supportive services for the project as required by Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u).

Choose one: 1 - Insufficient; 2 - Somewhat Insufficient; 3 - Neutral; 4 - Mostly Sufficient; 5 - Sufficient

Insufficient **1** **2** **3** **4** **5** **Sufficient** **Unknown**

1○ 2○ 3○ 4◉ 5○ Unknown ○

The CoC seeks to ensure that CoC projects are protecting individuals and families fleeing or attempting to flee domestic violence by maintaining client record confidentiality and ensuring the secrecy of domestic violence service delivery locations.

Choose one: 1 - Insufficient; 2 - Somewhat Insufficient; 3 - Neutral; 4 - Mostly Sufficient; 5 - Sufficient

Insufficient **1** **2** **3** **4** **5** **Sufficient** **Unknown**

1○ 2○ 3○ 4◉ 5○ Unknown ○

The CoC seeks to ensure that CoC projects serving families with children and unaccompanied youth experiencing homelessness designate a staff person to ensure children are enrolled in school, connected to appropriate services, and placed near their school of origin (or provided transportation to school of origin) to minimize disruption of education.

Choose one: 1 - Insufficient; 2 - Somewhat Insufficient; 3 - Neutral; 4 - Mostly Sufficient; 5 - Sufficient

Insufficient **1** **2** **3** **4** **5** **Sufficient** **Unknown**

1○ 2○ 3○ 4◉ 5○ Unknown ○

The CoC primary decision-making group is aware of and understands fair housing laws.

Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree **1** **2** **3** **4** **5** **Strongly Agree** **Unknown**

1○ 2○ 3○ 4◉ 5○ Unknown ○

The CoC seeks to assure that HUD-funded project sponsors affirmatively further fair housing by periodically reviewing project policies and protocols implemented by CoC projects.

◉ Yes
○ No
○ Unknown

CoC projects seek to affirmatively further fair housing through dissemination of fair housing information to CoC projects and project participants.

◉ Yes
○ No
○ Unknown

Comment:
The CoC, through CSB, has adequate capacity as it relates to the knowledge of staff that has to implement the HUD mandates. Because of the role that CSB has in the community, as the entity in charge of ending homelessness in Columbus and Franklin County, CSB already has in place the majority of the administrative requirements that were issued in the Interim ESG regulations. CSB already monitors all programs regarding standards for services, performance, compliance, etc. CSB manages the local HMIS and reports to HUD on all required reporting.

3.2. Fiscal Capacity: The CoC has adequate capacity to manage the fiscal responsibilities of the CoC.

The CoC has a method for ensuring HUD-funded project sponsors have developed, implemented, and are adhering to appropriate internal fiscal control and fund accounting procedures (e.g., requests audit reports with project applications, self-certification of adequate accounting practices).
Choose one: 1 - Insufficient; 2 - Somewhat Insufficient; 3 - Neutral; 4 - Mostly Sufficient; 5 - Sufficient

Insufficient	1	2	3	4	5	Sufficient	Unknown
	○	○	○	○	◉		○

The CoC helps support a diverse range of funding and cash/inkind match opportunities for HUD-funded project sponsors.
Choose one: 1 - Insufficient; 2 - Somewhat Insufficient; 3 - Neutral; 4 - Mostly Sufficient; 5 - Sufficient

Insufficient	1	2	3	4	5	Sufficient	Unknown
	○	○	○	○	◉		○

The CoC has a procedure in place to review and verify cash/inkind match for HUD-funded projects.
Choose one: 1 - Insufficient; 2 - Somewhat Insufficient; 3 - Neutral; 4 - Mostly Sufficient; 5 - Sufficient

Insufficient	1	2	3	4	5	Sufficient	Unknown
	○	○	○	○	◉		○

In the last three years HUD-funded project sponsors have been able to obligate/expend funds and complete projects within specified timelines (i.e., no funds have been recaptured).
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	○	○	○	◉		○

Based on your current level of understanding, is your CoC considering asking HUD to become a Unified Funding Agency (UFA)?

- ◉ Yes
- ○ No
- ○ Unknown

The CoC has or is working to identify a capable agent, consensually-agreeable to key community partners, to serve as CoC fiduciary for all projects.

- ◉ Yes

○ No

○ Unknown

The CoC has adequate capacity (staffing and other resources) to monitor HUD-funded project sponsor compliance with HUD fiscal regulations, including auditing of financial management and fund accounting procedures.

Choose one: 1 - Insufficient; 2 - Somewhat Insufficient; 3 - Neutral; 4 - Mostly Sufficient; 5 - Sufficient

Insufficient 1 2 3 4 5 Sufficient Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

Comment:
As mentioned under the question related to the administrative requirements, CSB is already performing this function for the CoC on the fiscal side. While CSB is not yet directly receiving the community SHP or SPC grants, it is in charge of submitting the annual Exhibit 1 for the community and already contracts with all of the agencies receiving HUD funding for other types of funding inclusive of ESG and/or participation in the local HMIS.

3.3. Information Management Capacity: The CoC has adequate capacity to manage the HMIS responsibilities of the CoC.

The CoC has policies and procedures in place to ensure the HMIS adheres to the HUD 2004 HMIS Technical Standards.

Choose one: 1 - Insufficient; 2 - Somewhat Insufficient; 3 - Neutral; 4 - Mostly Sufficient; 5 - Sufficient

Insufficient 1 2 3 4 5 Sufficient Unknown

1○ 2○ 3○ 4○ 5◉ Unknown ○

The CoC has policies and procedures in place to ensure the HMIS is in compliance with the 2010 HMIS Data Standards.

Choose one: 1 - Insufficient; 2 - Somewhat Insufficient; 3 - Neutral; 4 - Mostly Sufficient; 5 - Sufficient

Insufficient 1 2 3 4 5 Sufficient Unknown

1○ 2○ 3○ 4○ 5◉ Unknown ○

The CoC has written HMIS participation agreements with organizations that enter client-level data into HMIS.

◉ Yes

○ No

○ Unknown

The CoC has policies and procedures in place to monitor and assure data quality and compliance with data standards.

Choose one: 1 - Insufficient; 2 - Somewhat Insufficient; 3 - Neutral; 4 - Mostly Sufficient; 5 - Sufficient

Insufficient 1 2 3 4 5 Sufficient Unknown

1○ 2○ 3○ 4○ 5◉ Unknown ○

The HMIS lead agency generates regular data quality reports.

- (●) Yes
- ( ) No
- ( ) Unknown

Which types of data quality checks are performed? (Check all that apply.)

- [x] Missing data/null value rate
- [x] Consistency with project target population
- [x] Consistency with project capacity
- [x] Consistency with case file records
- [ ] Unknown

Data quality reports are generated... (Check all that apply.)

- [x] Monthly
- [x] Quarterly
- [x] Semi-Annually
- [x] Annually
- [ ] Other [ ]
- [ ] Unknown

The HMIS lead agency reports or otherwise informs the CoC lead decision-making group of data quality concerns.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	( )	( )	( )	( )	(●)		( )

The CoC primary decision-making group provides ongoing management of and guidance to the HMIS lead agency through a data subcommittee or other formal mechanism.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	( )	( )	( )	(●)	( )		( )

The HMIS lead agency has adequate funding and resources (excluding staffing) to fulfill its responsibilities related to HMIS software vendor management, end user training and technical assistance, data quality, report generation, and other responsibilities.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

The HMIS lead agency has adequate staffing to fulfill its responsibilities.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

In which area(s) does the HMIS lack adequate capacity (funding and/or staffing)? (Check all that apply.)

- ☐ HMIS software vendor management
- ☐ End user training & technical assistance
- ☐ Data quality control
- ☐ Report generation
- ☐ Other responsibilities

CoC participating projects *understand* the data collection requirements of the **2010** HMIS Data Standards.
Choose one: 1 - None of the Time; 2 - Sometimes; 3 - Neutral; 4 - Use Most of the Time; 5 - All of the Time

None of the time	1	2	3	4	5	All of the time	Unknown

1○ 2○ 3○ 4○ 5◉ Unknown ○

CoC participating projects are *compliant* with the data collection requirements of the **2010** HMIS Data Standards.
Choose one: 1 - None of the Time; 2 - Sometimes; 3 - Neutral; 4 - Use Most of the Time; 5 - All of the Time

None of the time	1	2	3	4	5	All of the time	Unknown

1○ 2○ 3○ 4○ 5◉ Unknown ○

CoC participating projects *understand* the Privacy and Security standards in the 2004 HMIS Technical Standards.
Choose one: 1 - None of the Time; 2 - Sometimes; 3 - Neutral; 4 - Use Most of the Time; 5 - All of the Time

None of the time	1	2	3	4	5	All of the time	Unknown

1○ 2○ 3○ 4○ 5◉ Unknown ○

CoC participating projects *adhere* to the Privacy and Security standards of the 2004 HMIS Technical Standards.
Choose one: 1 - None of the Time; 2 - Sometimes; 3 - Neutral; 4 - Use Most of the Time; 5 - All of the Time

None of the time	1	2	3	4	5	All of the time	Unknown

1○ 2○ 3○ 4○ 5◉ Unknown ○

The CoC lead *understands* HUD reporting requirements related to APR's.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
1○	2○	3○	4○	5◉			Unknown ○

The CoC lead *understands* HUD reporting requirements related to the AHAR.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
1○	2○	3○	4○	5◉			Unknown ○

The CoC lead *understands* HUD reporting requirements related to the Homeless Pulse Report.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
1○	2○	3○	4◉	5○			Unknown ○

HUD-funded CoC projects *understand* HUD reporting requirements related to APRs.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
1○	2○	3○	4○	5◉			Unknown ○

Data from the HMIS is generally useful and reliable for the CoC and participating agencies.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
1○	2○	3○	4○	5◉			Unknown ○

The HMIS can generate reports for use in monitoring and evaluating system and project performance.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
1○	2○	3○	4◉	5○			Unknown ○

The HMIS can generate project-level HUD APRs, per HUD reporting requirements and specifications.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	○	○	◉	○		○

The HMIS can generate system level data for the AHAR, per HUD reporting specifications.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	○	◉	○	○		○

The HMIS can generate system level data for the Homeless Pulse Report, per HUD reporting specifications.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	◉	○	○	○		○

The HMIS can generate reports that meaningfully support CoC planning and project development.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	○	○	◉	○		○

The CoC has 75% or more bed coverage in the HMIS for each established AHAR category (i.e., emergency shelter, transitional housing, and permanent supportive housing).

- ◉ Yes
- ○ No
- ○ Unknown

Which categories have less than 75% bed coverage in HMIS (presently or as of last bed coverage analysis)? (Check all that apply.)

- ☐ Emergency shelter-Individuals
- ☐ Emergency shelter-families
- ☐ Transitional housing-individuals
- ☐ Transitional housing-families
- ☐ Permanent supportive housing-individuals
- ☐ Permanent supportive housing-families
- ☐ Unknown

Which data were accepted for inclusion in the AHAR in the most recent AHAR data collection process? (Check all that apply.)

- [x] Emergency shelter-Individuals
- [x] Emergency shelter-families
- [x] Transitional housing-individuals
- [x] Transitional housing-families
- [x] Permanent supportive housing-individuals
- [x] Permanent supportive housing-families
- [ ] No data submitted
- [ ] Unknown

The CoC has maintained the same HMIS software since initial HMIS implementation or two years (which ever is longer).

- (●) Yes
- ( ) No
- ( ) Unknown

The CoC currently has no plans to change HMIS software.

- (●) Yes
- ( ) No
- ( ) Unknown

The CoC has utilized the same HMIS lead agency since initial HMIS implementation or two years (which ever is longer).

- (●) Yes
- ( ) No
- ( ) Unknown

The CoC currently has no plans to change the HMIS lead agency.

- (●) Yes
- ( ) No
- ( ) Unknown

Comment:
The Community Shelter Board (CSB) maintains the community's Homeless Management Information System (HMIS) – Columbus ServicePoint (CSP) – in compliance with HUD standards and coordinates all related activities including training, maintenance, reporting, security monitoring and technical assistance to agencies in the community. Each participating agency is expected to participate in the CSP Administrators Group which oversees CSP operations. CSB publishes annual policies and procedures for CSP management. CSB has extensive experience in managing the HMIS responsibilities of the CoC and has in place a sophisticated performance measurement and reporting system.

IV. CoC Housing and Services

4.1. The housing and services available in the community(ies) served by the CoC are accessible by persons who are homeless or at-risk of homelessness and are sufficient and effective at preventing and ending homelessness.

Targeted homelessness prevention assistance is available across the CoC for persons at-risk of literal homelessness.
Choose one: 1 - None Available; 2 - Some Available; 3 - Neutral; 4 - Mostly Sufficient Amount Available; 5 - Sufficient amount available

None Available	1	2	3	4	5	Sufficient amount availiable	Unknown
	1○	2○	3○	4◉	5○		Unknown ○

Additional targeted homelessness prevention resources are:

- ○ Under Development
- ○ Planned
- ◉ Not Planned Due to Resource Constraints
- ○ Not Planned
- ○ Unknown

Homelessness prevention resources are targeted to persons most at-risk of literal homelessness.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	1○	2○	3○	4○	5◉		Unknown ○

Persons most at-risk of literal homelessness can easily navigate and access homelessness prevention assistance across the CoC.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	1○	2○	3○	4◉	5○		Unknown ○

Homelessness prevention assistance providers are effective at linking persons to community-based and mainstream resources.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	1○	2○	3○	4◉	5○		Unknown ○

Homelessness prevention assistance providers are effective at helping persons to maintain or obtain permanent housing.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	1○	2○	3○	4◉	5○		Unknown ○

Homelessness prevention assistance providers are effective at preventing literal homelessness for persons served.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	1○	2○	3○	4◉	5○		Unknown ○

Local discharge practices of the **foster care** system do not result in direct discharge to homelessness.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	1○	2○	3○	4◉	5○		Unknown ○

Local discharge practices of the **healthcare** system do not result in direct discharge to homelessness.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	1○	2○	3○	4◉	5○		Unknown ○

Local discharge practices of the **mental health** system do not result in direct discharge to homelessness.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	1○	2○	3○	4◉	5○		Unknown ○

Local discharge practices of the **corrections** system do not result in direct discharge to homelessness.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	1○	2◉	3○	4○	5○		Unknown ○

Temporary shelter (i.e., emergency shelter and facility-based transitional housing) is available within the CoC for persons with no other appropriate temporary or permanent housing options.
Choose one: 1 - None Available; 2 - Some Available; 3 - Neutral; 4 - Mostly Sufficient Amount Available; 5 - Sufficient amount available

None Available	1	2	3	4	5	Sufficient amount availiable	Unknown
	1○	2○	3○	4○	5◉		Unknown ○

Additional temporary shelter is:

- ◯ Under Development
- ◯ Planned
- ◯ Not Planned Due to Resource Constraints
- ◯ Not Planned
- ◯ Unknown

Persons experiencing homelessness can easily navigate and access temporary shelter across the CoC.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	◯	◯	◯	◉	◯		◯

Temporary shelter providers assess persons requesting shelter to first determine whether other appropriate temporary or permanent housing options are available.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	◯	◯	◯	◉	◯		◯

Temporary shelter providers divert persons with other appropriate temporary/permanent housing options to homelessness prevention and/or other community resources.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	◯	◯	◯	◉	◯		◯

Temporary shelter is decent, safe and sanitary.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	◯	◯	◯	◉	◯		◯

Temporary shelter providers ensure all persons assisted have a housing goal plan as soon as possible after admission.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	◯	◯	◯	◉	◯		◯

Temporary shelter providers seek to move assisted persons to permanent housing as quickly as possible.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

Temporary shelter providers are effective at linking persons who are homeless to permanent housing options and resources (either directly or via a housing search/placement provider).
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
1○	2○	3○	4◉	5○			Unknown ○

Transitional housing (facility-based) providers only serve persons who cannot otherwise be more appropriately assisted with transitional services in permanent housing.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
1○	2○	3○	4◉	5○			Unknown ○

Re-housing and housing stabilization assistance is available within the CoC for persons experiencing homelessness.
Choose one: 1 - None Available; 2 - Some Available; 3 - Neutral; 4 - Mostly Sufficient Amount Available; 5 - Sufficient amount available

None Available	1	2	3	4	5	Sufficient amount availiable	Unknown
1○	2○	3○	4◉	5○			Unknown ○

Additional re-housing and stabilization resources are:

- ◉ Under Development
- ○ Planned
- ○ Not Planned Due to Resource Constraints
- ○ Not Planned
- ○ Unknown

Persons experiencing homelessness can easily navigate and access a range of re-housing and housing stabilization assistance across the CoC.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
1○	2○	3○	4◉	5○			Unknown ○

Re-housing and housing stabilization assistance providers are effective at linking persons to communitybased services and mainstream resources.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

Re-housing and stabilization providers are effective at linking persons to permanent housing options.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

Re-housing and stabilization providers are effective at ending homelessness for persons served.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

Permanent supportive housing (PSH) is available within the CoC for persons who are homeless, disabled and for whom PSH is the most appropriate housing option.
Choose one: 1 - None Available; 2 - Some Available; 3 - Neutral; 4 - Mostly Sufficient Amount Available; 5 - Sufficient amount available

None Available	1	2	3	4	5	Sufficient amount availiable	Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

Additional permanent supportive housing for persons who are homeless and disabled is:

- ○ Under Development
- ◉ Planned
- ○ Not Planned Due to Resource Constraints
- ○ Not Planned
- ○ Unknown

Persons who are homeless and disabled can easily navigate and access permanent supportive housing across the CoC.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

PSH providers are effective at linking persons to community-based services and mainstream resources.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

PSH providers utilize Medicaid to pay for Medicaid eligible services for residents receiving Medicaid benefits.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

PSH providers partner with local PHA(s) around specific PSH projects (e.g., providing preferences and/or subsidy set-asides for homeless persons, allocating public housing units for PSH use, etc.).
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

PSH providers are effective at assisting PSH residents to move to more independent housing, when desired and appropriate.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

Street outreach is available within the CoC for persons who are homeless and have difficulty accessing services and housing.
Choose one: 1 - None Available; 2 - Some Available; 3 - Neutral; 4 - Mostly Sufficient Amount Available; 5 - Sufficient amount available

None Available	1	2	3	4	5	Sufficient amount availiable	Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

Additional or improved street outreach services are:

- ◉ Under Development
- ○ Planned
- ○ Not Planned Due to Resource Constraints
- ○ Not Planned
- ○ Unknown

Street outreach providers are effective at finding and engaging persons who are literally homeless.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

Street outreach providers ensure all persons assisted have a housing goal plan as soon as possible after contact and engagement.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

Street outreach providers are effective at linking persons to community-based services and mainstream resources.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

Street outreach providers are effective at linking persons to temporary and permanent housing options in the community.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

Street outreach providers are effective at ending homelessness for persons served.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3◉ 4○ 5○ Unknown ○

Comment:
The affordable housing inventory in our community is not sufficient to cover the needs of our population. Public housing vouchers are not nearly enough to cover the need and the market-rate rent units in general are not affordable for a population that has to get by with mostly minimum-wage earnings. On the services side, while our community has extensive experience in providing services to at-risk or homeless populations, available resources prevent us from offering services at optimal levels for all those in need.

4.2 The CoC functions as an integrated system of housing and services.

CoC projects have written interagency procedures for making streamlined, effective referrals and documenting the referrals in case files.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4◉ 5○ Unknown ○

CoC projects have written procedures for sharing client-level information and coordinating case management and/or client-level services across projects, services, and funding streams.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	○	○	○	●		○

CoC projects effectively coordinate with mainstream systems and resources (e.g., TANF agency, school system, etc.) to identify and link persons/families experiencing a housing crisis to emergency housing assistance (i.e., homelessness prevention assistance or temporary shelter, as appropriate).
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	○	○	○	●		○

Which mainstream systems and resources are the CoC not coordinating with effectively to identify and link persons/families experiencing a housing crisis to emergency housing assistance (i.e., homelessness prevention assistance or temporary shelter, as appropriate)? (Check all that apply.)

- ☐ TANF-funded assistance
- ☐ Workforce dev/Employment supports
- ☐ Substance abuse services
- ☐ Veteran's Administration
- ☐ Social Security Administration
- ☐ Child welfare
- ☐ Mental health services
- ☐ Local Housing Authority
- ☐ Schools/Local Educational Agencies (LEAs)
- ☐ Healthcare services
- ☐ SNAP/Food Stamps
- ☐ Corrections
- ☐ Other
- ☐ Unknown

The CoC has a central point of contact/triage for persons experiencing a housing crisis.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown

1○ 2○ 3○ 4○ 5◉ Unknown ○

The CoC uses a vulnerability assessment or similar assessment tool/process to identify and prioritize persons who are homeless and disabled for permanent supportive housing and/or other appropriate assistance.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	1○	2○	3○	4○	5◉		Unknown ○

The CoC has an affordable housing database and/or housing locator staff to assist persons across CoC projects with housing search and placement, landlord/tenant mediation, etc.
Choose one: 1 - Insufficient; 2 - Somewhat Insufficient; 3 - Neutral; 4 - Mostly Sufficient; 5 - Sufficient

Insufficient	1	2	3	4	5	Sufficient	Unknown
	1○	2○	3○	4○	5◉		Unknown ○

Comment:
As a single coordinating body, the Community Shelter Board brings together extensive and diverse organizations in Franklin County to collaborate and work together as a system rather than as a fragmented set of resources. CSB's role in the community is to lead the CoC and to coordinate all planning and activities in the community related to crisis response services and housing for the homeless population, inclusive of all the local public and private funding dedicated to this scope. The community's Rebuilding Lives Plan to end homelessness established strategies that emphasize coordination of activities system-wide and a systemic approach to end homelessness.

4.3. People who are homeless or at risk of homelessness in the community have access to relevant community-based services and mainstream resources in the community.

CoC projects systematically assess persons who are homeless or at-risk of homelessness for potential referral to community-based services and mainstream resources.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	1○	2○	3○	4◉	5○		Unknown ○

Persons who are homeless or at-risk of homelessness can easily navigate and access (as needed and appropriate):

	Disagree	1	2	3	4	5	Agree	Unknown
Employment training/work supports		1○	2○	3○	4◉	5○		Unknown ○
TANF assistance		1○	2○	3○	4◉	5○		Unknown ○
Food Stamps/Supplemental Nutritional Assistance Program (SNAP)		1○	2○	3○	4◉	5○		Unknown ○
Medicaid		1○	2○	3○	4◉	5○		Unknown ○
Social Security Administration assistance (SSI, SSDI, etc.)		1○	2○	3○	4◉	5○		Unknown ○

Veterans Affairs (VA) general assistance (Medical Benefits, Cash Assistance)	1○	2○	3○	4○	5◉	Unknown○
VA targeted assistance for the homeless (VASH, VA Per Diem)	1○	2○	3○	4○	5◉	Unknown○
Other state/locally funded services for Veterans	1○	2○	3○	4○	5◉	Unknown○

(continued) Persons who are homeless or at-risk of homelessness can easily navigate and access (as needed and appropriate):

Disagree	1	2	3	4	5	Agree	Unknown
Local Housing Authority(ies) rental assistance (Housing Choice Vouchers, Public Housing, etc.)	1○	2○	3○	4◉	5○		Unknown○
Other permanent affordable housing (subsidized or unsubsidized)	1○	2○	3○	4◉	5○		Unknown○
Healthcare for the homeless services	1○	2○	3○	4◉	5○		Unknown○
Other healthcare services	1○	2○	3○	4◉	5○		Unknown○
Mental health services	1○	2○	3○	4◉	5○		Unknown○
Substance abuse treatment services	1○	2○	3○	4◉	5○		Unknown○
Youth services	1○	2○	3○	4◉	5○		Unknown○
Domestic violence services	1○	2○	3○	4◉	5○		Unknown○

Comment:
People who are homeless or at risk of homelessness in our community do not have adequate access to community-based services and mainstream resources for various reasons, including but not limited to the following: - Many systems (mental health and substance abuse) are overwhelmed with need. - The Public Housing Authority needs more vouchers. - The domestic violence shelter has waiting lists. - The Social Security Administration is extremely complex and cumbersome and the wait time for benefits is extremely long. Until these and other community-based services and mainstream resources implement streamlined and more consumer-friendly practices, access will be limited.

4.4. The CoC as a whole has sufficient knowledge and capacity to provide housing and services.

Agencies in the community have sufficient knowledge and capacity to develop and operate services and housing for homeless persons.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	1○	2○	3○	4○	5◉		Unknown○

CoC projects use nationally recognized best practice models and evidence-based practices to provide effective services and housing for homeless persons or persons at-risk of homelessness.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	1○	2○	3○	4○	5◉		Unknown○

CoC projects typically meet or exceed HUD's national performance goals/objectives and local goals/objectives.
Choose one: 1 - Strongly Disagree; 2 - Disagree; 3 - Neither Agree or Disagree; 4 - Agree; 5 - Strongly Agree

Strongly Disagree	1	2	3	4	5	Strongly Agree	Unknown
	○	○	○	◉	○		○

Comment:
The Columbus and Franklin County community has extensive knowledge and experience providing housing and services for the homeless population. Led by CSB, the community adopted the first 10 year plan to end homelessness long before this approach was endorsed by HUD and the National Alliance to End Homelessness. Our community already updated the 10 year plan and adopted a new set of strategies for the future. CSB adopted housing first practices long before the practice became a best practice model. CSB developed and implemented one of the first rapid re-housing programs for families nationwide. We are at the forefront of innovation in services for the homeless population and we have a long track record as documented by the awards we received, the numerous technical assistance visits we hosted for several communities nationwide and the accomplishments our community has.

Columbus and Franklin County
Continuum of Care Action Plan

The Continuum of Care (CoC) Check-up initiated by the Department of Housing and Urban Development (HUD) allowed our community to rate itself around the self assessment domains identified by HUD. The survey was completed by staff from the CoC Lead Agency, Community Shelter Board (CSB), HMIS Administrator, the largest supportive housing provider recipient of HUD funding, a formerly homeless individual and resident of a supportive housing development, representatives from the City of Columbus and Franklin County as the grantees for the Emergency Solutions Grant funds and a representative from the Alcohol, Drug and Mental Health Board of Franklin County that participates in our local planning structures, the Continuum of Care and Rebuilding Lives Funder Collaborative. Each of the participants rated the different domains, elements and indicators independently. Given the diversity of the survey participants, a comprehensive perspective around the local CoC emerged by the aggregation of responses. HUD provided with the aggregate results and a mean rating was created for each of the elements and indicators in the survey, based on the responses received. The rating scale was a 1-5 scale, with 1 representing in general a "strongly disagree" or "none" and 5 representing "strongly agree" or "all of the time". CSB, as the lead CoC in charge of submitting the final rating for all the domains to HUD, decided that the most transparent way to use the community feedback is to submit the final ratings as the mean ratings for each question, per the summary report provided by HUD.

Overall, the results of the survey are positive. The local CoC excels in many domains identified by HUD. The majority of the domains are rated with 4 and 5s, only a few of them have ratings of 3 and 2. CSB decided that domains that scored as 4 or 5 will not be addressed in the CoC Action Plan and the focus will be towards addressing the areas that need improvement, those rated as 2 or 3. In the tables below, the areas for improvement are marked as "needs improvement" and the rest of the elements are marked as "complete".

CoC Check-up Domain/Element		Action Plan Item	Status
Domain I: CoC Governance and Structure			
1.1	Element: The CoC has a clear direction and purpose.	***Mission/Purpose***	Complete
1.2	Element: The CoC has a governing structure to oversee the CoC, including CoC planning, infrastructure, and CoC projects.	***Governing Structure***	Complete
1.3	Element: The CoC primary decision-making group and related committees/subcommittees/working groups have active and diverse membership	***Membership***	Needs Improvement
1.4	Element: The CoC primary decision-making group has a formal, fair, and transparent process for governing the CoC and making decisions.	***Governing & Decision Making Process***	Complete
1.5	Element: The CoC primary decision-making group uses data (PIT, HMIS, other) in a systematic manner to make informed decisions	***Data-Informed Decision Making***	Complete
Domain II: CoC Plan and Planning Process			
2.1	Element: The CoC has a strategic plan to prevent and end homelessness in the CoC and the plan provides direction for the CoC.	***Strategic Plan***	Needs Improvement
2.2	Element: The CoC has an inclusive and transparent process for development of and/or periodic updating of the CoC strategic plan	***Plan Development/Update Process***	Complete
2.3	Element: The CoC has a formal process in place to support	***Plan Implementation***	Complete

	implementation of the strategic plan.	***Process***	
Domain III: CoC Infrastructure and Administrative Capacity			
3.1	Element: Administrative Capacity: The CoC has adequate capacity to manage the administrative responsibilities of the CoC.	***Administrative Capacity***	Complete
3.2	Element: Fiscal Capacity: The CoC has adequate capacity to manage the fiscal responsibilities of the CoC.	***Fiscal Capacity***	Complete
3.3	Element: Information Management Capacity: The CoC has adequate capacity to manage the HMIS responsibilities of the CoC.	***Information Management Capacity***	Needs Improvement
Domain IV: CoC Housing and Services			
4.1	Element: The housing and services available in the community(ies) served by the CoC are accessible by persons who are homeless or at-risk of homelessness and are sufficient and effective at preventing and ending homelessness.	***Housing/Services Accessibility, Sufficiency & Effectiveness***	Needs Improvement
4.2	Element: The CoC functions as an integrated system of housing and services.	***Housing/Services Integration***	Complete
4.3	Element: People who are homeless or at risk of homelessness in the community have access to relevant community-based services and mainstream resources in the community.	***Community-Based Services & Mainstream Resources***	Complete
4.4	Element: The CoC as a whole has sufficient knowledge and capacity to provide housing and services.	***Housing/Services Capacity***	Complete

For the areas that are marked "needs improvement" the Action Plan below was developed to include specific strategies and action steps that will be implemented. In addition, per HUD's request, alignment with the federal plan to end homelessness, Opening Doors is sought as well as meeting the new HEARTH Act performance measures. Both are listed below. Additional goals were developed in the tables below to capture the needed strategies to implement in order for our community to align with the federal strategic plan. **Bolded** strategies represent existing strategies from the community's plan to end homelessness, the Rebuilding Lives Plan.

USICH Federal Strategic Plan Goals (FSP Goals)

A. Finish the job of ending chronic homelessness in 5 years
B. Prevent and end homelessness among Veterans in 5 years
C. Prevent and end homelessness for families, youth, and children in 10 years
D. Set a path to ending all types of homelessness

HEARTH Act CoC Performance Measures (HEARTH PMs)

A. Reduce average length of time persons are homeless
B. Reduce returns to homelessness
C. Improve program coverage
D. Reduce number of families and individuals who are homelessness
E. Improve employment rate and income amount of families and individuals who are homeless
F. Reduce number of families and individuals who become homeless (first time homeless)
G. Prevent homelessness and achieve independent living in permanent housing for families and youth defined as homeless under other Federal statutes.

Columbus and Franklin County
Continuum of Care Action Plan

Goal One: The CoC primary decision making group and related committees/working group have active and diverse membership						
Strategy	**Action Steps**	**Person/ Organization Responsible**	**Timeframe**	***Relevance***		
				CoC Check-up Element(s)	**FSP Goal(s)**	**HEARTH PM(s)**
Restructure the local community planning groups	Plan for combining the two community planning groups, the Continuum of Care (CoC) Steering Committee and the Rebuilding Lives Funder Collaborative (RLFC) into one CoC primary decision making group	CSB	January 2012	1.3		
	Design the new RLFC Governance Structure	CSB and the Ad-Hoc RLFC and CoC Committee	February 2012	1.3		
	Present the new structure at the RLFC and CoC Steering Committee meetings	CSB	May 2012	1.3		
	Approval of the new structure by the CSB Board of Trustees	CSB	May 2012	1.3		
	Implement the new structure	CSB	July 2012	1.3		
Expand the membership of the RLFC	Expand the membership of the RLFC by including representatives from the current CoC Steering Committee	CSB and the Ad-Hoc RLFC and CoC Committee	February 2012	1.3		
	Expand the membership of the RLFC by including new representatives from the domestic violence, faith based, law enforcement and academic/research arena.	CSB and the Ad-Hoc RLFC and CoC Committee	February 2012	1.3		

Columbus and Franklin County
Continuum of Care Action Plan

Goal Two: The CoC has a strategic plan to prevent and end homelessness in the CoC and the plan provides direction to the CoC.						
Strategy	**Action Steps**	**Person/ Organization Responsible**	**Timeframe**	***Relevance***		
				CoC Check-up Element(s)	**FSP Goal(s)**	**HEARTH PM(s)**
Improve the local discharge plans and policies	Bring key stakeholders from other systems of care around the RLFC table	CSB	July 2012	2.1	D	D,F
	Establish improved relationships with the foster care, mental health, healthcare and corrections system to allow for improved discharged policies	CSB	Ongoing	2.1	D	D,F
	Work on continuous improvement of discharge policies between systems of care	CSB	Ongoing	2.1	D	D,F
Continue to implement the Rebuilding Lives Strategy: Advocate with other systems to improve and increase housing placements for people returning to the community	**Continue the implementation of the Rebuilding Lives Plan strategy by working with the mental health, correctional and domestic violence systems to improve the outcomes for individuals exiting these systems and prevent their homelessness.**	**ADAMH, CSH, CSS**	**Ongoing**	**2.1**	**D**	**D,F**
Design a new strategy focused on ending youth homelessness in the context of the new Crisis Response System	Continue the community discussion around youth homelessness	CSB	December 2012	2.1	C	D,F
	Design a new strategy to address youth homelessness	CSB	March 2013	2.1	C	D,F
	Implement the new strategy around youth homelessness; expand the core competencies of the "Navigators" under the new Crisis Response System to address the need of this population	CSB	July 2013	2.1	C	D,F

Columbus and Franklin County
Continuum of Care Action Plan

Goal Three: Information Management Capacity: The CoC has adequate capacity to manage the HMIS responsibilities of the CoC

Strategy	Action Steps	Person/ Organization Responsible	Timeframe	*Relevance*		
				CoC Check-up Element(s)	FSP Goal(s)	HEARTH PM(s)
Create a state-wide, common approach with the HMIS vendor	Agree with the other Ohio Entitlements and Balance of State on the most pressing issues that the HMIS vendor has to address related to accurate reporting from the HMIS on AHAR, Pulse and other HUD mandated reports	CSB and Ohio entitlements/BOS	July 2012	3.3		
	Present the common areas of improvement to the HMIS vendor and ask for immediate resolution	CSB and Ohio entitlements/BOS	August 2012	3.3		
	Follow-up with the vendor as needed	CSB and Ohio entitlements/BOS	Ongoing	3.3		
Improve internal reporting capabilities	Continue to develop internal reporting capabilities to remove completely the reliance on the HMIS vendor	CSB	Ongoing	3.3		
	Develop local business relationship with vendor that can satisfy the reporting needs from the HMIS at a more affordable price and in more efficient approach.	CSB	December 2012	3.3		
	Expand the data and evaluation resources at CSB as needed, based on HUD requirements related to the HEARTH and UFA implementation	CSB	Ongoing	3.3		

Goal Four: The housing and services available in the community served by the CoC are accessible by persons who are homeless or at risk of homelessness and are sufficient and effective at preventing and ending homelessness.

Strategy	Action Steps	Person/ Organization Responsible	Timeframe	*Relevance*		
				CoC Check-up Element(s)	FSP Goal(s)	HEARTH PM(s)
Improve the local discharge plans and policies	Bring key stakeholders from other systems of care around the RLFC table	CSB	July 2012	4.1	D	D,F
	Establish improved relationships with the foster care, mental health, healthcare and corrections system to allow for improved discharged policies and transitions for individuals exiting institutions	CSB	Ongoing	4.1	D	D,F
	Work on continuous improvement of discharge policies between systems of care	CSB	Ongoing	4.1	D	D,F
	Track HMIS data related to discharges from other systems of care and report to the community	CSB	Ongoing	4.1, 1.5	D	D,F
Implement the Rebuilding Lives Strategy: Coordinate emergency aid from community-based assistance programs	**UWCO to reconvene the community planning around this strategy**	**UWCO**	**July 2012**	**4.1**	**B,C,D**	**B, F**
	Design and implement the Rebuilding Lives Plan strategy	**UWCO**	**December 2012**	**4.1**	**B,C,D**	**B, F**

Columbus and Franklin County
Continuum of Care Action Plan

Goal Five: Finish the job of ending chronic homelessness in 5 years						
Strategy	**Action Steps**	**Person/ Organization Responsible**	**Timeframe**	***Relevance***		
				CoC Check-up Element(s)	**FSP Goal(s)**	**HEARTH PM(s)**
Continue to implement the Rebuilding Lives Strategy: Create a unified system for permanent supportive housing to better match people to programs and help tenants "move up" to more independent housing	**Continue to expand USHS to cover all supportive housing projects and new developments**	**CSB and Provider**	**Ongoing**	**2.1, 4.1**	**A**	**A, B, D**
	Continue to prioritize the most vulnerable individuals into permanent supportive housing by using the vulnerability assessment and data matching with other systems of care	**CSB, ADAMH, CMHA**	**Ongoing**	**2.1, 4.1**	**A**	**A, B, D**
Implement the new Crisis Response System	Implement the "Navigator with core service competencies" concept to address long-term homelessness at the forefront of emergency shelter	CSB and Crisis Response System Core Group	July 2013	2.1, 4.1	A	A, B, D
Continue to implement the Rebuilding Lives Strategy: Develop a single point of contact system, with stronger linkage to community resources, for adults experiencing a housing crisis	**Continue the implementation and improvement of the Coordinated Point of Access for single adults.**	**CSB and Provider**	**Ongoing**	**2.1, 4.1**	**A**	**B, C, F**
Continue to implement the Rebuilding Lives Strategy: Create a collaborative system of outreach to persons who are not accessing shelter	**Continue the improvement of the Collaborative Outreach Strategy to effectively work with long-term homeless individuals**	**CSB and Provider**	**Ongoing**	**2.1, 4.1**	**A**	**A, B, D**
	Establish and operate from a best practice service delivery framework and provide community education around street homelessness	**Provider**	**January 2013**	**2.1, 4.1**	**A**	**A, B, D**
Continue to implement the Rebuilding Lives Strategy: Develop and additional 1,400 units of permanent supportive housing for single adults and couples.	**Apply every year for the HUD bonus project**	**CSB, RLFC and provider**	**October 2012**	**4.1**	**A**	**A, B, D**
	Apply for Ohio Housing Finance Agency Tax Credits every year	**CSB, RLFC and Provider**	**October 2012**	**4.1**	**A**	**A, B, D**
	Lease-up a new supportive housing project every year	**CSB, RLFC and Provider**	**Ongoing**	**4.1**	**A**	**A, B, D**

Columbus and Franklin County
Continuum of Care Action Plan

Goal Six: Prevent and end homelessness for families, youth, and children in 10 years						
Strategy	**Action Steps**	**Person/ Organization Responsible**	**Timeframe**	***Relevance***		
				CoC Check-up Element(s)	**FSP Goal(s)**	**HEARTH PM(s)**
Continue the focus on rapid re-housing strategies for homeless families	Increase shelter diversion rate to 39%	CSB	July 2013	4.1	C, D	A, B, D, F
	Maintain the current level of rapid re-housing availability	CSB	Ongoing	4.1	C, D	A, B, D
	Continue to improve the rapid re-housing strategies to decrease the length of time homeless	CSB	Ongoing	4.1	C, D	A, B, D

Goal Seven: Prevent and end Veterans' homelessness by 2016.						
Strategy	**Action Steps**	**Person/ Organization Responsible**	**Timeframe**	***Relevance***		
				CoC Check-up Element(s)	**FSP Goal(s)**	**HEARTH PM(s)**
Improve VA utilization of HMIS to ensure accurate CoC accounting and unified performance measurement	Find an avenue for the VA to contribute data in the HMIS for the VASH projects.	CSB	Ongoing	3.3	B	C
Increase CoC capacity to house veterans in need of PSH	Continue to increase the number of targeted PSH units for Vets through VASH vouchers and opening of the Commons at Livingston Phase II project.	VA, NCR	Ongoing	4.1	B	A, B, D
	Transition the VA Grant Per Diem program to the Transition in Place model	VA, NCR	Ongoing	4.1	B	A, B, D
	Pending grant award, implement the Supportive Services for Veteran Families program	VA, NCR	Ongoing	4.1	B	A, B, D

Columbus and Franklin County
Continuum of Care Action Plan

Goal Eight: Set a path to ending all types of homelessness

Strategy	Action Steps	Person/ Organization Responsible	Timeframe	*Relevance*		
				CoC Check-up Element(s)	FSP Goal(s)	HEARTH PM(s)
Implement the new Crisis Response System	Implement the "Navigator with core service competencies" concept to address homelessness at the forefront of emergency shelter	CSB and Crisis Response System Core Group	July 2013	2.1, 4.1	D	A, B, D, F
	Increase shelter diversion rate to 30% for single adults	CSB and Core Crisis Response System Group	December 2013	2.1, 4.1	D	A, B, D, F
	Reduce the average length of stay in shelter for single adults to 30 days or less	CSB and Core Crisis Response System Group	December 2013	2.1, 4.1	D	A, B, D, F
	Create continuing education training opportunities for provider organizations service staff in order to increase awareness around best practices to help facilitate core competencies development	CSB	TBD	2.1, 4.1	D	A, B, D, F
Continue to implement the Rebuilding Lives Strategy: Create a collaborative system of outreach to persons who are not accessing shelter	**Continue the improvement of the Collaborative Outreach Strategy to effectively work with homeless individuals**	**CSB and Provider**	**Ongoing**	**2.1, 4.1**	**D**	**A, B, D**
	Establish and operate from a best practice service delivery framework and provide community education around street homelessness	**Provider**	**January 2013**	**2.1, 4.1**	**D**	**A, B, D**
Implement the Rebuilding Lives Strategy: Develop 430 long-term rent subsidies for homeless single adults to meet annual need.	**Funding permitting, implement rapid re-housing activities for homeless single adults using the HPRP experience and lessons learned.**	**CSB**	**TBD**	**2.1, 4.1**	**A, D**	**A, B, D**
Continue to implement the Rebuilding Lives Strategy: Coordinate and expand access to community-based employment assistance programs.	**Continue piloting and implementation of programs that address training and employment needs of homeless individuals and families.**	**COWIC and CSB**	**Ongoing**	**2.1, 4.1, 4.2**	**A, B, C, D**	**B, D, E, F**
Continue to implement the Rebuilding Lives Strategy: Provide immediate and systematic access to mainstream benefits and services for persons who are homeless and served by	**Continue funding the Benefits Partnership program that provides specialists who work system-wide to assess and help individuals to apply for public benefits they are eligible for.**	**CSB**	**Ongoing**	**2.1, 4.1, 4.3**	**A, B, C, D**	**B, D, E, F**
	Strengthen partnerships with Veterans Administration and Veterans Service commission in order to enroll veterans experiencing homelessness in appropriate veterans benefit programs related to financial. Healthcare and rental assistance programs	**CSB**	**Ongoing**	**2.1, 4.1, 4.3**	**A, B, C, D**	**B, D, E, F**

the homeless services system						
Continue to implement the Rebuilding Lives Strategy: Develop a single point of contact system, with stronger linkage to community resources, for adults experiencing a housing crisis	**Continue the implementation and improvement of the Coordinated Point of Access for single adults.**	**CSB and Provider**	**Ongoing**	**2.1, 4.1**	**A, B, C, D**	**B, C, F**
Implement the Rebuilding Lives Strategy: Launch a campaign to increase resources for affordable and supportive housing as well as rent subsidies.	**Develop the strategy to address housing affordability and expansion of local affordable housing inventory**	**CSB and City of Columbus**	**July 2013**	**2.1, 4.1**	**A, B, C, D**	**B, F, G**
	Identify local funding to support the creation of affordable housing	**CSB and City of Columbus**	**December 2013**	**2.1, 4.1**	**A, B, C, D**	**B, F, G**
	Implement the strategy around development of affordable housing	**CSB and City of Columbus**	**July 2014**	**2.1, 4.1**	**A, B, C, D**	**B, F, G**
Expand prevention activities	Funding permitting, implement a prevention program for single adults, at risk of homelessness, using the HPRP experience and lessons learned	CSB	TBD	2.1, 4.1	B, D	F