

Before Starting the CoC Application

The CoC Consolidated Application is made up of two parts: the CoC Application and the CoC Priority Listing, with all of the CoC's project applications either approved and ranked, or rejected. The Collaborative Applicant is responsible for submitting both the CoC Application and the CoC Priority Listing in order for the CoC Consolidated Application to be considered complete.

The Collaborative Applicant is responsible for:

1. Reviewing the FY 2017 CoC Program Competition NOFA in its entirety for specific application and program requirements.
2. Ensuring all questions are answered completely.
3. Reviewing the FY 2017 CoC Consolidated Application Detailed Instructions, which gives additional information for each question.
4. Ensuring all imported responses in the application are fully reviewed and updated as needed.
5. The Collaborative Applicant must review and utilize responses provided by project applicants in their Project Applications.
6. Some questions require the Collaborative Applicant to attach documentation to receive credit for the question. This will be identified in the question.

- Note: For some questions, HUD has provided documents to assist Collaborative Applicants in filling out responses. These are noted in the application.

- All questions marked with an asterisk (*) are mandatory and must be completed in order to submit the CoC Application.

For CoC Application Detailed Instructions click [here](#).

1A. Continuum of Care (CoC) Identification

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

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

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

1A-3. CoC Designation: UFA

1A-4. HMIS Lead: Community Shelter Board

1B. Continuum of Care (CoC) Engagement

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1B-1. From the list below, select those organization(s) and/or person(s) that participate in CoC meetings. Using the drop-down boxes, indicate if the organization(s) and/or person(s): (1) participate in CoC meetings; and (2) vote, including selection of CoC Board members. Responses should be for the period from 5/1/16 to 4/30/17.

Organization/Person Categories	Participates in CoC Meetings	Votes, including electing CoC Board Members
Local Government Staff/Officials	Yes	Yes
CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes
Law Enforcement	Yes	Yes
Local Jail(s)	Yes	Yes
Hospital(s)	Yes	Yes
EMT/Crisis Response Team(s)	No	No
Mental Health Service Organizations	Yes	Yes
Substance Abuse Service Organizations	Yes	Yes
Affordable Housing Developer(s)	Yes	Yes
Disability Service Organizations	Yes	Yes
Disability Advocates	No	No
Public Housing Authorities	Yes	Yes
CoC Funded Youth Homeless Organizations	Yes	Yes
Non-CoC Funded Youth Homeless Organizations	No	No
Youth Advocates	Yes	Yes
School Administrators/Homeless Liaisons	Yes	Yes
CoC Funded Victim Service Providers	Not Applicable	No
Non-CoC Funded Victim Service Providers	Yes	Yes
Domestic Violence Advocates	No	No
Street Outreach Team(s)	Yes	Yes
Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	No	No
LGBT Service Organizations	No	No
Agencies that serve survivors of human trafficking	Yes	Yes
Other homeless subpopulation advocates	Yes	Yes
Homeless or Formerly Homeless Persons	Yes	Yes
Other:(limit 50 characters)		

Veterans organizations	Yes	Yes
Faith-based organizations	Yes	Yes
Business & universities	Yes	Yes

Applicant must select Yes, No or Not Applicable for all of the listed organization/person categories in 1B-1.

1B-1a. Describe the specific strategy(s) the CoC uses to solicit and consider opinions from organizations and/or persons that have an interest in preventing or ending homelessness. (limit 1000 characters)

The CoC governing body includes a wide array of entities. For example, active participation in public CoC meetings from Veterans Administration and Veteran Service Commission representatives has helped reduce veteran homelessness to the point where we expect to end veteran homelessness this year. Affordable housing developers help develop PSH strategies, including strategies for tax credits. The UFA actively participates in all community discussions that may impact homelessness. Family, single adult, and veteran workgroups meet weekly for case conferencing. PSH providers meet monthly to discuss common issues. A youth committee and youth advisory board are developing and implementing a community plan to end youth homelessness. The Citizens Advisory Council—composed of homeless and formerly homeless individuals—meets monthly and has two representatives on the governing body. Feedback and ideas from these groups are routinely funneled to the governing body to inform decision making.

1B-2. Describe the CoC's open invitation process for soliciting new members, including any special outreach. (limit 1000 characters)

The CoC governing body issues a call for nominations—both individuals and organizations—annually via a website posting and email to a large number of stakeholders and partners. The Chair of the CoC Board also promptly requests nominations when there is an unexpected vacancy. The governing body accepts nominations from any source. The CoC Board reviews the nominations, considers additional individuals and organizations that would improve community perspective and expertise, and makes recommendations to the governing body. The Chair speaks with each prospective new member before they accept the CoC's invitation to ensure that they understand the responsibilities. The governing body works with the Citizens Advisory Council – which meets monthly and consists of homeless and formerly homeless individuals – to designate two representatives to serve on the governing body. These routine and proactive measures ensure that the governing body can provide a comprehensive response to homelessness.

1B-3. Describe how the CoC notified the public that it will accept and consider proposals from organizations that have not previously received CoC Program funding in the FY 2017 CoC Program Competition, even if the CoC is not applying for new projects in FY 2017. The response must

**include the date(s) the CoC made publicly knowing they were open to proposals.
(limit 1000 characters)**

Community Shelter Board (CSB) in February 2017 solicited Concept Papers for new Permanent Housing proposals for the governing body to consider for the FY17 competition. CSB sent an email to a wide array of organizations, including organizations that have not previously received CoC funding. CSB also posted the call for Concept Papers on its website. The governing board reviewed the Concept Papers and invited all projects to submit more detailed Project Plans for consideration. The CoC advertised the FY17 Notice of Funding Availability on CSB's website on July 17, 2017 and again invited any entity interested in applying to contact CSB. The CoC determined which projects would be included in the competition based on the CoC Review, Score, and Ranking Procedures attached to this application and the available reallocation and bonus funding. The CoC welcomes participation from entities that have not previously received CoC funds and proactively seeks opportunities to involve more partners.

1C. Continuum of Care (CoC) Coordination

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1C-1. Using the chart below, identify the Federal, State, Local, Private and Other organizations that serve homeless individuals, families, unaccompanied youth, persons who are fleeing domestic violence, or those at risk of homelessness that are included in the CoCs coordination; planning and operation of projects. Only select "Not Applicable" if the funding source(s) do not exist in the CoC's geographic area.

Entities or Organizations the CoC coordinates planning and operation of projects	Coordinates with Planning and Operation of Projects
Housing Opportunities for Persons with AIDS (HOPWA)	Yes
Temporary Assistance for Needy Families (TANF)	Yes
Runaway and Homeless Youth (RHY)	Yes
Head Start Program	Yes
Housing and service programs funded through Department of Justice (DOJ) resources	Yes
Housing and service programs funded through Health and Human Services (HHS) resources	Yes
Housing and service programs funded through other Federal resources	Yes
Housing and service programs funded through state government resources	Yes
Housing and service programs funded through local government resources	Yes
Housing and service programs funded through private entities, including foundations	Yes
Other:(limit 50 characters)	

1C-2. Describe how the CoC actively consults with Emergency Solutions Grant (ESG) recipient’s in the planning and allocation of ESG funds. Include in the response: (1) the interactions that occur between the CoC and the ESG Recipients in the planning and allocation of funds; (2) the CoCs participation in the local Consolidated Plan jurisdiction(s) process by providing Point-in-Time (PIT) and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions; and (3) how the CoC ensures local homelessness information is clearly communicated and addressed in Consolidated Plan updates. (limit 1000 characters)

City of Columbus and Franklin County (ESG recipients) grant all ESG allocations to CSB (UFA). CSB consults with the City and County on ESG allocations in accordance with the CoC Plan and Consolidated Plan. The CoC

governing body – which includes City and County representatives – approves all allocations. CSB develops annual ESG performance standards for CoC approval. CoC, City, and County receive quarterly performance evaluations based on these standards and interact at least monthly on performance. CSB is the collaborative applicant and recipient of all State ESG rapid re-housing funding in the county, which is allocated in the same way described above. The CoC serves on the State Advisory Board on homelessness and provides input on objectives. The CoC provides HIC/PIT data – specifically system capacity by program type and a gap analysis based on forecasted demand – to support the Consolidated Plan. Constant collaboration ensures that local issues are addressed in Plan updates.

1C-3. CoCs must demonstrate the local efforts to address the unique needs of persons, and their families, fleeing domestic violence that includes access to housing and services that prioritizes safety and confidentiality of program participants. (limit 1000 characters)

Coordinated Point of Access (CPoA) intake staff asks about domestic violence during every call. If warranted, staff immediately conducts a warm transfer to CHOICES domestic violence shelter for victims of domestic violence to ensure safety and privacy. CPoA does not collect data on the caller. Households can also call the CHOICES hotline directly, bypassing the homeless system. CHOICES serves households in a secure building and collects data outside HMIS to keep it private. The CoC only uses the first name and the last initial to coordinate care. CHOICES households that do not enter the homeless system have access to CoC and ESG financial assistance for rent and utilities to move into any housing, based on individual choice and safety considerations. Victims are entered into HMIS anonymously if they choose to participate in a CoC- or ESG-funded housing program. CHOICES also leverages other public and private funding sources to provide emergency shelter, legal advice, and counseling.

1C-3a. CoCs must describe the following: (1) how regular training is provided to CoC providers and operators of coordinated entry processes that addresses best practices in serving survivors of domestic violence; (2) how the CoC uses statistics and other available data about domestic violence, including aggregate data from comparable databases, as appropriate, to assess the scope of community needs related to domestic violence and homelessness; and (3) the CoC safety and planning protocols and how they are included in the coordinated assessment. (limit 1,000 characters)

Our CPoA adheres to system protocols regarding those fleeing or attempting to flee domestic violence. Victims of domestic violence are immediately assisted in contacting CHOICES, our domestic violence shelter. CPoA does not collect data and the warm transfer ensures privacy. Households can also call the CHOICES hotline directly. CHOICES accommodates all households in a secure building and offers applicable services. CHOICES collects data in a comparable database outside HMIS. The CoC governing body uses Point-in-Time Count data from CHOICES and HMIS data on domestic violence experiences in reporting to examine domestic violence needs. CHOICES households that do

not enter the homeless system have access to financial assistance managed by the CoC to facilitate movement to safe, stable housing. CPoA and shelter staff receives training annually to help identify and assist victims of domestic violence, including Trauma Informed Care, and when to refer to CHOICES for additional services.

1C-4. Using the chart provided, for each of the Public Housing Agency’s (PHA) in the CoC’s geographic area: (1) identify the percentage of new admissions to the Public Housing or Housing Choice Voucher (HCV) Programs in the PHA’s that were homeless at the time of admission; and (2) indicate whether the PHA has a homeless admission preference in its Public Housing and/or HCV program.

Attachment Required: If the CoC selected, "Yes-Public Housing", "Yes-HCV" or "Yes-Both", attach an excerpt from the PHA(s) written policies or a letter from the PHA(s) that addresses homeless preference.

Public Housing Agency Name	% New Admissions into Public Housing and Housing Choice Voucher Program during FY 2016 who were homeless at entry	PHA has General or Limited Homeless Preference
Columbus Metropolitan Housing Authority	24.00%	Yes-HCV

If you select "Yes--Public Housing," "Yes--HCV," or "Yes--Both" for "PHA has general or limited homeless preference," you must attach documentation of the preference from the PHA in order to receive credit.

1C-4a. For each PHA where there is not a homeless admission preference in their written policies, identify the steps the CoC has taken to encourage the PHA to adopt such a policy. (limit 1000 characters)

N/A

1C-5. Describe the actions the CoC has taken to: (1) address the needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals and their families experiencing homelessness, (2) conduct regular CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity, including Gender Identify Equal Access to Housing, Fina Rule; and (3) implementation of an anti-discrimination policy. (limit 1000 characters)

CoC policy ensures shelter and housing assistance is available to any individual or group presenting for assistance together with or without children, regardless of marital status or relationship, actual or perceived sexual orientation, or

gender identity, and irrespective of age, relationship, or whether a member of the household has a disability. Community Shelter Board, the UFA, monitors all homeless assistance programs annually for adherence to this policy and to the 2016 HUD final rule Equal Access in Accordance with an Individual's Gender Identity in Community Planning and Development Programs. CoC efforts to address the needs of LGBT individuals and their families include annual staff training to understand issues and supports related to sexual orientation and gender identity, including issues of privilege related to both. Staff also receives annual training on providing culturally competent care for LGBTQ youth. We implemented a CoC-wide anti-discrimination policy in 1999.

1C-6. Criminalization: Select the specific strategies implemented by the CoC to prevent the criminalization of homelessness in the CoC's geographic area. Select all that apply.

Engaged/educated local policymakers:	<input checked="" type="checkbox"/>
Engaged/educated law enforcement:	<input checked="" type="checkbox"/>
Engaged/educated local business leaders	<input checked="" type="checkbox"/>
Implemented communitywide plans:	<input checked="" type="checkbox"/>
No strategies have been implemented	<input type="checkbox"/>
Other:(limit 50 characters)	
Outreach strategy incl. the City Police Department	<input checked="" type="checkbox"/>
Crisis Intervention Team training of police	<input checked="" type="checkbox"/>
	<input type="checkbox"/>

When "No Strategies have been implemented" is selected no other checkbox may be selected.

1D. Continuum of Care (CoC) Discharge Planning

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1D-1. Discharge Planning-State and Local: Select from the list provided, the systems of care the CoC coordinates with and assists in state and local discharge planning efforts to ensure those who are discharged from that system of care are not released directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>
Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

1D-1a. If the applicant did not check all the boxes in 1D-1, provide: (1) an explanation of the reason(s) the CoC does not have a discharge policy in place for the system of care; and (2) provide the actions the CoC is taking or plans to take to coordinate with or assist the State and local discharge planning efforts to ensure persons are not discharged to the street, emergency shelters, or other homeless assistance programs. (limit 1000 characters)

N/A

1D-2. Discharge Planning: Select the system(s) of care within the CoC’s geographic area the CoC actively coordinates with to ensure persons who have resided in any of the institutions listed below longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs. Check all that apply.

Foster Care:	<input checked="" type="checkbox"/>
Health Care:	<input checked="" type="checkbox"/>

Mental Health Care:	<input checked="" type="checkbox"/>
Correctional Facilities:	<input checked="" type="checkbox"/>
None:	<input type="checkbox"/>

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

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

1E-1. Using the drop-down menu, select the appropriate response(s) that demonstrate the process the CoC used to rank and select project applications in the FY 2017 CoC Program Competition which included (1) the use of objective criteria; (2) at least one factor related to achieving positive housing outcomes; and (3) included a specific method for evaluating projects submitted by victim service providers.

Attachment Required: Public posting of documentation that supports the process the CoC used to rank and select project application.

Used Objective Criteria for Review, Rating, Ranking and Section	Yes
Included at least one factor related to achieving positive housing outcomes	Yes
Included a specific method for evaluating projects submitted by victim service providers	No

1E-2. Severity of Needs and Vulnerabilities

**CoCs must provide the extent the CoC considered the severity of needs and vulnerabilities experienced by program participants in their project ranking and selection process. Describe: (1) the specific vulnerabilities the CoC considered; and (2) how the CoC takes these vulnerabilities into account during the ranking and selection process. (See the CoC Application Detailed Instructions for examples of severity of needs and vulnerabilities.)
(limit 1000 characters)**

The CoC's Unified Supportive Housing System (USHS) fills all new and vacated PSH units according to HUD Notice CPD-16-11, prioritizing individuals and families experiencing homelessness based on homeless time and severity of service needs and vulnerabilities. USHS uses the same order of priority for dedicated chronic homeless units and non-dedicated units. Providers assess severity of service needs via a Vulnerability Assessment that includes chronic homelessness, homeless time, criminal history, disabilities, current/past substance abuse, mental/physical health, low/no income, and violence/victimization. Families with children, pregnant women, and youth are also prioritized. To determine project application priority, the CoC prioritizes renewal PSH and new PSH for 100% chronically homeless populations. By prioritizing PSH projects that adhere to CPD-16-11, the CoC ensures prioritization of projects that serve the most vulnerable populations with the

most severe service needs.

1E-3. Using the following checklist, select: (1) how the CoC made publicly available to potential project applicants an objective ranking and selection process that was used for all project (new and renewal) at least 2 days before the application submission deadline; and (2) all parts of the CoC Consolidated Application, the CoC Application attachments, Priority Listing that includes the reallocation forms and Project Listings that show all project applications submitted to the CoC were either accepted and ranked, or rejected and were made publicly available to project applicants, community members and key stakeholders.

Attachment Required: Documentation demonstrating the objective ranking and selections process and the final version of the completed CoC Consolidated Application, including the CoC Application with attachments, Priority Listing with reallocation forms and all project applications that were accepted and ranked, or rejected (new and renewal) was made publicly available. Attachments must clearly show the date the documents were publicly posted.

Public Posting	
CoC or other Website	<input checked="" type="checkbox"/>
Email	<input checked="" type="checkbox"/>
Mail	<input type="checkbox"/>
Advertising in Local Newspaper(s)	<input type="checkbox"/>
Advertising on Radio or Television	<input type="checkbox"/>
Social Media (Twitter, Facebook, etc.)	<input type="checkbox"/>

1E-4. Reallocation: Applicants must demonstrate the ability to reallocate lower performing projects to create new, higher performing projects. CoC's may choose from one of the following two options below to answer this question. You do not need to provide an answer for both.

Option 1: The CoC actively encourages new and existing providers to apply for new projects through reallocation.

Attachment Required - Option 1: Documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Option 2: The CoC has cumulatively reallocated at least 20 percent of the CoC's ARD between FY 2013 and FY 2017 CoC Program Competitions.

No Attachment Required - HUD will calculate the cumulative amount based on the CoCs reallocation forms submitted with each fiscal years Priority Listing.

Reallocation: Option 1

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

1E-5. If the CoC rejected or reduced project application(s), enter the date the CoC and Collaborative Applicant notified project applicants their project application(s) were being rejected or reduced in writing outside of e-snaps. 09/12/2017

Attachment Required: Copies of the written notification to project applicant(s) that their project application(s) were rejected. Where a project application is being rejected or reduced, the CoC must indicate the reason(s) for the rejection or reduction.

1E-5a. Provide the date the CoC notified applicant(s) their application(s) were accepted and ranked on the Priority Listing, in writing, outside of e-snaps. 09/12/2017

Attachment Required: Copies of the written notification to project applicant(s) their project application(s) were accepted and ranked on the Priority listing.

Reallocation Supporting Documentation

Attachment Required - provide documentation that shows the CoC actively encouraged new and existing providers to apply for new projects through reallocation.

Document Type	Required?	Document Description	Date Attached
Reallocation Supporting Documentation	No	Reallocation Supp...	08/07/2017

Attachment Details

Document Description: Reallocation Supporting Documentation

2A. Homeless Management Information System (HMIS) Implementation

Intructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2A-1. Does the CoC have in place a Governance Charter or other written documentation (e.g., MOU/MOA) that outlines the roles and responsibilities of the CoC and HMIS Lead? Yes

Attachment Required: If “Yes” is selected, a copy of the sections of the Governance Charter, or MOU/MOA addressing the roles and responsibilities of the CoC and HMIS Lead.

2A-1a. Provide the page number(s) where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document(s) referenced in 2A-1. In addition, indicate if the page number applies to the Governance Charter or MOU/MOA. HMIS Governance Charter pages 1-5

2A-2. Does the CoC have a HMIS Policies and Procedures Manual? Attachment Required: If the response was “Yes”, attach a copy of the HMIS Policies and Procedures Manual. Yes

2A-3. What is the name of the HMIS software vendor? Mediware (formerly Bowman Systems)

2A-4. Using the drop-down boxes, select the HMIS implementation Coverage area. Single CoC

2A-5. Per the 2017 HIC use the following chart to indicate the number of beds in the 2017 HIC and in HMIS for each project type within the CoC. If a particular project type does not exist in the CoC then enter "0" for all cells

in that project type.

Project Type	Total Beds in 2017 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ESG) beds	1,104	34	1,051	98.22%
Safe Haven (SH) beds	0	0	0	
Transitional Housing (TH) beds	125	23	98	96.08%
Rapid Re-Housing (RRH) beds	392	0	365	93.11%
Permanent Supportive Housing (PSH) beds	2,732	0	2,239	81.95%
Other Permanent Housing (OPH) beds	0	0	0	

2A-5a. To receive partial credit, if the bed coverage rate is below 85 percent for any of the project types, the CoC must provide clear steps on how it intends to increase this percentage for each project type over the next 12 months.

(limit 1000 characters)

The bed coverage rate for permanent supportive housing is slightly below 85% because all VASH vouchers have not been entered into HMIS. The local Veterans Affairs (VA) office continues its efforts to enter all VASH units into HMIS and expects to complete the process in the next 12 months. Data coverage in HMIS for VASH units is currently 86 percent.

2A-6. Annual Housing Assessment Report (AHAR) Submission: How many Annual Housing Assessment Report (AHAR) tables were accepted and used in the 2016 AHAR? 12

2A-7. Enter the date the CoC submitted the 2017 Housing Inventory Count (HIC) data into the Homelessness Data Exchange (HDX). (mm/dd/yyyy) 04/21/2017

2B. Continuum of Care (CoC) Point-in-Time Count

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2B-1. Indicate the date of the CoC's 2017 PIT count (mm/dd/yyyy). If the PIT count was conducted outside the last 10 days of January 2017, HUD will verify the CoC received a HUD-approved exception. 01/25/2017

2B-2. Enter the date the CoC submitted the PIT count data in HDX. (mm/dd/yyyy) 04/21/2017

2C. Continuum of Care (CoC) Point-in-Time (PIT) Count: Methodologies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

2C-1. Describe any change in the CoC’s sheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specifically, how those changes impacted the CoCs sheltered PIT count results. (limit 1000 characters)

N/A

2C-2. Did your CoC change its provider coverage in the 2017 sheltered count? No

2C-2a. If “Yes” was selected in 2C-2, enter the change in provider coverage in the 2017 sheltered PIT count, including the number of beds added or removed due to the change.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-3. Did your CoC add or remove emergency shelter, transitional housing, or Safe-Haven inventory because of funding specific to a Presidentially declared disaster resulting in a change to the CoC's 2017 sheltered PIT count? No

2C-3a. If "Yes" was selected in 2C-3, enter the number of beds that were added or removed in 2017 because of a Presidentially declared disaster.

Beds Added:	0
Beds Removed:	0
Total:	0

2C-4. Did the CoC change its unsheltered PIT count implementation, including methodology and data quality changes from Yes

**2016 to 2017?
CoCs that did not conduct an unsheltered count in 2016 or did not report unsheltered PIT count data to HUD in 2016 should compare their efforts in 2017 to their efforts in 2015.**

2C-4a. Describe any change in the CoC’s unsheltered PIT count implementation, including methodology and data quality changes from 2016 to 2017. Specify how those changes impacted the CoC’s unsheltered PIT count results. See Detailed Instructions for more information. (limit 1000 characters)

In the 2017 unsheltered PIT count we included for the first time unsheltered households served by our local PATH program and VA-funded outreach, as reported in HMIS and verified with staff. These inclusions increased the number of unsheltered individuals counted compared to the 2016 count. We did not include the PATH program in the 2016 unsheltered count because we were working with the program to enter data into HMIS. We did not include VA-funded outreach in the 2016 unsheltered count because we were working with the VA to verify and incorporate the relevant data. As an added quality check layer, a Community Shelter Board staff member met with outreach providers and reviewed each person with an open HMIS record in the respective outreach program to confirm status during the night of the count.

2C-5. Did the CoC implement specific measures to identify youth in their PIT count? Yes

2C-5a. If "Yes" was selected in 2C-5, describe the specific measures the CoC; (1) took to identify homeless youth in the PIT count; (2) during the planning process, how stakeholders that serve homeless youth were engaged; (3) how homeless youth were engaged/involved; and (4) how the CoC worked with stakeholders to select locations where homeless youth are most likely to be identified. (limit 1000 characters)

The 2017 PIT count had a special focus on identifying homeless youth. Organizations that serve homeless youth and others that provide supports for youth were involved in the PIT planning process. Youth outreach (Huckleberry House) and our local youth drop-in center (Star House) helped recruit youth volunteers to administer surveys on the night of the count. Columbus City Schools and Project Connect – a program that helps families experiencing homelessness keep children in their home school – also helped administer surveys to any literally homeless youth identified in school the day of the count. Our CoC’s youth providers helped identify and map locations where youth were staying and worked with local gathering points to create “come be counted” locations for those who were not engaged in the early morning count.

2C-6. Describe any actions the CoC implemented in its 2017 PIT count to better count individuals and families experiencing chronic homelessness,

**families with children, and Veterans experiencing homelessness.
(limit 1000 characters)**

Along with the normal emphasis on canvassing all known locations and target areas, this year the CoC fully incorporated outreach data from our local PATH program and VA-funded outreach, along with other outreach provider data to ensure all chronically homeless individuals, veterans, and families were included in the count. We also continued to include all local VA HCHV community contract beds, GPD beds, and data on Veterans in general population programs for veteran-focused information. Our community has made a commitment to ensuring access to shelter and rapid re-housing assistance for all families with children and veterans. Because of this, very few families or veterans are unsheltered and all in shelter are included in HMIS.

3A. Continuum of Care (CoC) System Performance

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3A-1. Performance Measure: Reduction in the Number of First-Time Homeless. Describe: (1) the numerical change the CoC experienced; (2) the process the CoC used to identify risk factors of becoming homeless for the first time; (3) the strategies in place to address individuals and families at risk of becoming homeless; and (4) the organization or position that is responsible for overseeing the CoC's strategy to reduce or end the number of individuals and families experiencing homelessness for the first time. (limit 1000 characters)

The number of first-time homeless increased in our CoC from 6,813 in FY15 to 7,459 in FY16. Primary risk factors identified in a comprehensive 2015 report are significantly reduced TANF benefits and a tight rental market. The CoC conducts an annual evaluation to examine self-reported factors contributing to homelessness and uses that data to inform community efforts to strengthen and target prevention efforts. To address increased first-time family homelessness, a public/private task force developed a plan to improve existing family prevention services and create new services. CPoA diversion staff connects people to community supports when homelessness prevention is possible. Stable Families prevention programs identify at-risk families via community engagement and provide financial assistance and services. A new collaboration between Community Shelter Board (CSB) and Franklin County Children Services added prevention resources starting July 1, 2017. CSB oversees this strategy.

3A-2. Performance Measure: Length-of-Time Homeless. CoC 's must demonstrate how they reduce the length-of-time for individuals and families remaining homeless. Describe (1) the numerical change the CoC experienced; (2) the actions the CoC has implemented to reduce the length-of-time individuals and families remain homeless; (3) how the CoC identifies and houses individuals and families with the longest length-of-time homeless; and (4) identify the organization or position that is responsible for overseeing the CoC's strategy to reduce the length-of-time individuals and families remain homeless. (limit 1000 characters)

The average length-of-time (LOT) homeless decreased from 54 in FY15 to 50 in FY16. The locally-measured average LOT in shelter for our FY17 is 34 days for families, 46 days for single adult women, and 50 days for single adult men. Multiple initiatives continue to reduce this metric in our CoC. Our recently

refined rapid re-housing (RRH) program for single adults focuses on serving those with high service needs and the longest LOT homeless, pregnant women, transition-age youth, and veterans. Shelter staff assists those with fewer barriers. The single adult program uses HMIS data and weekly case conferencing with shelter staff to identify and prioritize high need individuals. RRH case managers develop housing plans, work with landlords, remove barriers, and provide aftercare. Families in shelter receive housing services from family RRH programs that also include use of weekly case conferencing and HMIS data. Community Shelter Board oversees the strategy to reduce LOT homeless.

3A-3. Performance Measures: Successful Permanent Housing Placement and Retention

Describe: (1) the numerical change the CoC experienced; (2) the CoCs strategy to increase the rate of which individuals and families move to permanent housing destination or retain permanent housing; and (3) the organization or position responsible for overseeing the CoC’s strategy for retention of, or placement in permanent housing. (limit 1000 characters)

Successful exits from outreach to permanent housing increased from 153 (55%) in FY15 to 238 (76%) in FY16. Exits from ES, TH, and RRH to permanent housing rose from 4,432 (47%) to 4,776 (49%). Exits to/retention of housing for PSH increased from 2,396 to 2,756(93%). Our Collaborative Outreach Program engages people living outdoors and in places not meant for human habitation and coordinates with multiple agencies to provide engagement, assessment, housing, and services. Outreach works with CPoA to link people to resources and connect those with no housing options to shelter. Shelters and tailored RRH programs collaborate to quickly house people, link them to resources and services, and provide aftercare to ensure stability. PSH providers maintain close contact with residents so they can identify anyone who may become precariously housed. PSH providers assess residents’ readiness and willingness to move to independent housing annually. Community Shelter Board oversees this strategy.

3A-4. Performance Measure: Returns to Homelessness.

Describe: (1) the numerical change the CoC experienced, (2) what strategies the CoC implemented to identify individuals and families who return to homelessness, (3) the strategies the CoC will use to reduce additional returns to homelessness, and (4) the organization or position responsible for overseeing the CoC’s efforts to reduce the rate of individuals and families’ returns to homelessness. (limit 1000 characters)

Returns to homelessness decreased from 1,969 (32%) in FY15 to 1,735 (29%) in FY16. Community Shelter Board (CSB) tracks returns using our open HMIS data system. Our recently refined rapid re-housing program focuses on serving those with the highest barriers (those with high service needs and the longest LOT homeless, pregnant women, transition-age youth, veterans). After people are housed, case managers provide aftercare services to stabilize people in housing. Housed individuals are encouraged to contact their former case manager if they encounter a housing crisis, even after services end, to problem-

solve and reduce the likelihood they will return to homelessness. CPoA staff link people to diversion resources to prevent repeat homelessness. If a family re-contacts the CPoA, staff assesses their eligibility for prevention programs and diversion resources. All PSH and RRH programs have eviction prevention procedures. CSB oversees the CoC's effort to reduce returns to homelessness.

3A-5. Performance Measures: Job and Income Growth

Describe: (1) the strategies that have been implemented to increase access to employment and mainstream benefits; (2) how the CoC program-funded projects have been assisted to implement the strategies; (3) how the CoC is working with mainstream employment organizations to help individuals and families increase their cash income; and (4) the organization or position that is responsible for overseeing the CoC's strategy to increase job and income growth from employment, non-employment including mainstream benefits. (limit 1000 characters)

Shelter and housing providers make available to program participants various employment and income resources, including job search and application support. Several providers have implemented successful employment programs that include training, workshops, and employer collaboration. Each provider is required to have certified staff who can apply for income assistance through the Ohio Benefits Bank, an online portal for public benefit applications. Some providers also have SOAR-trained staff. Case managers, with client permission, apply for assistance on behalf of the client, expediting the process. These efforts have increased participants' income. Community Shelter Board (CSB) monitors these efforts for compliance and tracks income changes via HMIS. The CoC governing body added a representative from Workforce Development Board of Central Ohio, which is refocusing services to better help people experiencing homelessness. CSB oversees and monitors the implementation of these strategies.

3A-6. Did the CoC completely exclude a geographic area from the most recent PIT count (i.e. no one counted there, and for communities using samples in the area that was excluded from both the sample and extrapolation) where the CoC determined there were no unsheltered homeless people, including areas that are uninhabitable (deserts, forests). Yes

3A.6a. If the response to 3A-6 was "Yes", what was the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoCs unsheltered PIT count? (limit 1000 characters)

Outreach providers and other community partners are consulted each year as part of the CoC's PIT count planning process to determine geographic areas to include in the PIT unsheltered count. This process examines areas within Franklin County where unsheltered people have been reported in the prior year

and areas where there have been no reports and there is no indication of people who are unsheltered at that location. Based on this examination, certain areas are excluded from canvassing on the night of the count. Instead, a post-night of count, service-based approach is used with providers serving those areas.

3A-7. Enter the date the CoC submitted the System Performance Measures data in HDX, which included the data quality section for FY 2016. 05/23/2017
(mm/dd/yyyy)

3B. Continuum of Care (CoC) Performance and Strategic Planning Objectives

Instructions

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

3B-1. Compare the total number of PSH beds, CoC program and non CoC-program funded, that were identified as dedicated for yes by chronically homeless persons in the 2017 HIC, as compared to those identified in the 2016 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.	796	1,006	210

3B-1.1. In the box below: (1) "total number of Dedicated PLUS Beds" provide the total number of beds in the Project Allocation(s) that are designated ad Dedicated PLUS beds; and (2) in the box below "total number of beds dedicated to the chronically homeless:, provide the total number of beds in the Project Application(s) that are designated for the chronically homeless. This does not include those that were identified in (1) above as Dedicated PLUS Beds.

Total number of beds dedicated as Dedicated Plus	0
Total number of beds dedicated to individuals and families experiencing chronic homelessness	2,072
Total	2,072

3B-1.2. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH projects as described in Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing. Yes

3B-2.1. Using the following chart, check each box to indicate the factor(s) the CoC currently uses to prioritize households with children based on need during the FY 2017 Fiscal Year.

History of or Vulnerability to Victimization	<input checked="" type="checkbox"/>
Number of previous homeless episodes	<input checked="" type="checkbox"/>

Unsheltered homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad credit or rental history (including not having been a leaseholder)	<input checked="" type="checkbox"/>
Head of Household with Mental/Physical Disability	<input checked="" type="checkbox"/>

3B-2.2. Describe: (1) the CoCs current strategy and timeframe for rapidly rehousing every household of families with children within 30 days of becoming homeless; and (2) the organization or position responsible for overseeing the CoC’s strategy to rapidly rehouse families with children within 30 days of becoming homeless. (limit 1000 characters)

The CoC strives to rapidly rehouse every family with children experiencing homelessness within 30 days. In our FY17, the locally-measured average LOT in shelter was 34 days. The CoC expects to reduce the LOT to 30 days or less by the end of FY18 through improved targeting of existing rapid re-housing assistance. Guided by Housing First, shelter staff works with each family as they enter shelter to determine the most appropriate assistance needed to quickly obtain housing. This determination is made soon after shelter admission, allowing the family to execute their housing plan in a timely manner. Shelter staff engages rapid re-housing providers early and work closely with families on their exit strategy. CoC, ESG, and local resources are available to quickly move families from shelter into housing. The Family System Operations Workgroup meets monthly to discuss strategies, trends, and system improvements. Community Shelter Board provides oversight for this strategy.

3B-2.3. Compare the number of RRH units available to serve families from the 2016 and 2017 HIC.

	2016	2017	Difference
Number of CoC Program and non-CoC Program funded PSH units dedicated for use by chronically homelessness persons identified on the HIC.	95	92	-3

3B-2.4. Describe the actions the CoC is taking to ensure emergency shelters, transitional housing, and permanent supportive housing (PSH and RRH) providers within the CoC adhere to anti-discrimination policies by not denying admission to, or separating any family members from other members of their family or caregivers based on age, sex, gender, LGBT status, marital status or disability when entering a shelter or Housing. (limit 1000 characters)

Community Shelter Board (CSB) monitors each provider annually, including standards that prohibit denying admission to shelter or housing, or separating family members based on age, sex, gender, LGBT status, marital status, or disability. Providers must demonstrate implementation of a written nondiscrimination policy for staff, trustees, volunteers, and persons served. For

family shelters, a family includes dependent children in the legal custody of one or more adults who live together and cooperatively care for the children. For RRH and TH, family includes but is not limited to any group with or without children, regardless of marital status, actual or perceived sexual orientation, or gender identity, and irrespective of age, relationship, or disability. The same definition applies to PSH except that one family member must have a disability. All providers have a formal grievance process. CSB is the ombudsman for the system and acts promptly on any concerns, including discrimination.

3B-2.5. From the list below, select each of the following the CoC has strategies to address the unique needs of unaccompanied homeless youth.

Human trafficking and other forms of exploitation?	Yes
LGBT youth homelessness?	Yes
Exits from foster care into homelessness?	Yes
Family reunification and community engagement?	Yes
Positive Youth Development, Trauma Informed Care, and the use of Risk and Protective Factors in assessing youth housing and service needs?	Yes

3B-2.6. From the list below, select each of the following the CoC has a strategy for prioritization of unaccompanied youth based on need.

History or Vulnerability to Victimization (e.g., domestic violence, sexual assault, childhood abuse)	<input checked="" type="checkbox"/>
Number of Previous Homeless Episodes	<input checked="" type="checkbox"/>
Unsheltered Homelessness	<input checked="" type="checkbox"/>
Criminal History	<input checked="" type="checkbox"/>
Bad Credit or Rental History	<input checked="" type="checkbox"/>

3B-2.7. Describe: (1) the strategies used by the CoC, including securing additional funding to increase the availability of housing and services for youth experiencing homelessness, especially those experiencing unsheltered homelessness; (2) provide evidence the strategies that have been implemented are effective at ending youth homelessness; (3) the measure(s) the CoC is using to calculate the effectiveness of the strategies; and (4) why the CoC believes the measure(s) used is an appropriate way to determine the effectiveness of the CoC's efforts. (limit 1500 characters)

The CoC is participating in the 100 Day Challenge to End Youth Homelessness and is receiving HUD technical assistance to assess our youth system and develop a comprehensive plan. Strategies include a by-name list and improving shelter and outreach to better meet youth needs. Our RRH program targets youth as a priority population and is developing tailored RRH for youth guided by Positive Youth Development. The CoC recently expanded one of our PSH

programs with an emphasis on parenting youth. We measure length of stay in shelter, successful housing outcomes, and returns to homelessness to evaluate strategy effectiveness. We are also exploring measurements on stable housing, permanent connections, education, employment, and well-being. We identified multiple funding sources in the process of applying for the HUD Youth Homelessness Demonstration Program and will continue to leverage those resources. Ultimately, we seek to meet federal criteria and benchmarks for ending youth homelessness.

3B-2.8. Describe: (1) How the CoC collaborates with youth education providers, including McKinney-Vento local educational authorities and school districts; (2) the formal partnerships the CoC has with these entities; and (3) the policies and procedures, if any, that have been adopted to inform individuals and families who become homeless of their eligibility for educational services. (limit 1000 characters)

Columbus City Schools Project Connect works with social service agencies that provide shelter and housing services to families. These agencies identify children living in transition and refer them to Project Connect to keep children in their school of origin or ensure immediate enrollment in the school serving the family’s temporary address. City school buses provide daily transportation for children staying in the two family shelters, taking children to and from their school of origin. The CoC governing body includes a representative from Project Connect to ensure coordinated efforts and has adopted a system-wide policy to protect the educational rights of children and their families. Community Shelter Board monitors each agency on behalf of the CoC to ensure adherence to system standards and ensure agencies inform individuals and families of their eligibility for educational services and try to house families as close to their school of origin as possible to minimize disruption.

3B-2.9. Does the CoC have any written formal agreements, MOU/MOAs or partnerships with one or more providers of early childhood services and supports? Select “Yes” or “No”.

	MOU/MOA	Other Formal Agreement
Early Childhood Providers	No	No
Head Start	No	Yes
Early Head Start	No	No
Child Care and Development Fund	No	No
Federal Home Visiting Program	No	No
Healthy Start	No	No
Public Pre-K	No	No
Birth to 3	No	No
Tribal Home Visiting Program	No	No
Other: (limit 50 characters)		
YWCA Safe and Sound program	No	Yes

**3B-3.1. Provide the actions the CoC has taken to identify, assess, and refer homeless Veterans who are eligible for Veterans Affairs services and housing to appropriate resources such as HUD-VASH and Supportive Services for Veterans Families (SSVF) program and Grant and Per Diem (GPD).
(limit 1000 characters)**

CPoA and Outreach identify homeless veterans and immediately refer and prioritize them to shelter, including HCHV community contract beds or regular shelter beds. SSVF screens homeless veterans within 72 hours of eligibility determination. Veterans not interested in or eligible for SSVF are connected to other housing assistance. SSVF and other RRH providers house veterans using market rate housing, HUD-VASH, or other PSH, based on availability and need. Veterans who desire and need service-intensive transitional housing or have other clinical needs are offered GPD services. Providers and the VA coordinate via weekly operations and case conferencing meetings. An HMIS-based master by-name list is used to track veterans, including those prioritized for HUD-VASH and other PSH. Veterans have access to all CoC-funded programs and locally-funded PSH that exclusively serves veterans. Our CoC expects to meet federal criteria and benchmarks for ending veteran homelessness by the end of 2017.

3B-3.2. Does the CoC use an active list or by name list to identify all Veterans experiencing homelessness in the CoC? Yes

3B-3.3. Is the CoC actively working with the VA and VA-funded programs to achieve the benchmarks and criteria for ending Veteran homelessness? Yes

3B-3.4. Does the CoC have sufficient resources to ensure each Veteran is assisted to quickly move into permanent housing using a Housing First approach? Yes

4A. Continuum of Care (CoC) Accessing Mainstream Benefits and Additional Policies

Instructions:

For guidance on completing this application, please reference the FY 2017 CoC Application Detailed Instructions and the FY 2017 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

4A-1. Select from the drop-down (1) each type of healthcare organization the CoC assists program participants with enrolling in health insurance, and (2) if the CoC provides assistance with the effective utilization of Medicaid and other benefits.

Type of Health Care	Yes/No	Assist with Utilization of Benefits?
Public Health Care Benefits (State or Federal benefits, e.g. Medicaid, Indian Health Services)	Yes	Yes
Private Insurers:	No	No
Non-Profit, Philanthropic:	Yes	Yes
Other: (limit 50 characters)		
	No	No

4A-1a. Mainstream Benefits

CoC program funded projects must be able to demonstrate they supplement CoC Program funds from other public and private resources, including: (1) how the CoC works with mainstream programs that assist homeless program participants in applying for and receiving mainstream benefits; (2) how the CoC systematically keeps program staff up-to-date regarding mainstream resources available for homeless program participants (e.g. Food Stamps, SSI, TANF, substance abuse programs); and (3) identify the organization or position that is responsible for overseeing the CoCs strategy for mainstream benefits. (limit 1000 characters)

CoC standards require that each agency have employees certified by Ohio Benefits Bank (OBB) to help people complete benefit applications (Ohio Works First, Healthy Start, WIC, Public Child Care, Head Start, SNAP, Medicaid, Medicare, SSI, and SSDI). Agencies must produce evidence that clients routinely use this service during annual monitoring. Some agencies also have or work with SOAR-trained personnel. Housing providers deliver or contract with organizations that deliver Medicaid-reimbursable services and services of the local Alcohol, Drug, and Mental Health Board to PSH tenants. The CoC uses these funding streams as match. System partners discuss mainstream cash assistance, non-cash benefits, and mental health and substance abuse treatment during weekly system operations workgroup meetings. The Community Shelter Board (CSB) System Manager contacts local organizations

that provide mainstream benefits to present at system meetings. CSB is responsible for overseeing this strategy.

4A-2. Low Barrier: Based on the CoCs FY 2017 new and renewal project applications, what percentage of Permanent Housing (PSH) and Rapid Rehousing (RRH), Transitional Housing (TH), Safe-Haven, and SSO (Supportive Services Only-non-coordinated entry) projects in the CoC are low-barrier?

Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO project applications in the FY 2017 competition (new and renewal)	32.00
Total number of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2017 competition.	32.00
Percentage of PH (PSH and RRH), TH, Safe-Haven and non-Coordinated Entry SSO renewal and new project applications in the FY 2017 competition that will be designated as "low barrier"	100.00%

4A-3. Housing First: What percentage of CoC Program Funded PSH, RRH, SSO (non-coordinated entry), safe-haven and Transitional Housing; FY 2017 projects have adopted the Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH project applications in the FY 2017 competition (new and renewal).	32.00
Total number of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications that selected Housing First in the FY 2017 competition.	32.00
Percentage of PSH, RRH, non-Coordinated Entry SSO, Safe Haven and TH renewal and new project applications in the FY 2017 competition that will be designated as Housing First.	100.00%

4A-4. Street Outreach: Describe (1) the CoC's outreach and if it covers 100 percent of the CoC's geographic area; (2) how often street outreach is conducted; and (3) how the CoC has tailored its street outreach to those that are least likely to request assistance. (limit 1000 characters)

Our Outreach program proactively engages people living in places not meant for human habitation. The program coordinates across multiple agencies to provide engagement, assessment, housing, and services. Outreach works with the CPoA to link people to community resources and connect those with no housing options to shelter. Workers conduct street outreach daily and work with the City of Columbus, Columbus Mayor's Office, Special Improvement Districts, and businesses to identify and engage unsheltered individuals on the streets and in camps, vehicles, and abandoned buildings throughout 100% of the CoC's geographic area. Outreach staff repeat contact and engagement attempts regularly. Outreach staff can access translators for households that speak languages other than English and workers have training and expertise on how to communicate with those with cognitive and physical disabilities. Outreach staff contact households without transportation options or phone/internet access in person.

**4A-5. Affirmative Outreach
Specific strategies the CoC has implemented that furthers fair housing as**

detailed in 24 CFR 578.93(c) used to market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, gender identify, sexual orientation, age, familial status, or disability; who are least likely to apply in the absence of special outreach.

Describe: (1) the specific strategies that have been implemented that affirmatively further fair housing as detailed in 24 CFR 578.93(c); and (2) what measures have been taken to provide effective communication to persons with disabilities and those with limited English proficiency. (limit 1000 characters)

Community Shelter Board (UFA) monitors programs annually to ensure that agencies affirmatively market program(s) and assess results of the marketing strategy. Actions include events, panels, forums, trainings, conferences, community engagement, or other instances in which agencies raise awareness of programs. CPoA and all CoC programs, including rapid re-housing and permanent supportive housing, market programs to eligible people regardless of race, color, national origin, sex, religion, familial status, or disability. System initiatives related to addressing racism and homelessness and to better support youth, particularly LGBTQ youth, support efforts to affirmatively market homeless assistance programs and ensure staff are appropriately trained and have requisite cultural competency. CoC standards also require every agency to have a cultural competency plan and procedures that assure client access to translation services and other adaptive communication technologies as needed.

4A-6. Compare the number of RRH beds available to serve populations from the 2016 and 2017 HIC.

	2016	2017	Difference
RRH beds available to serve all populations in the HIC	436	392	-44

4A-7. Are new proposed project applications requesting \$200,000 or more in funding for housing rehabilitation or new construction? No

4A-8. Is the CoC requesting to designate one or more SSO or TH projects to serve homeless households with children and youth defined as homeless under other Federal statues who are unstably housed (paragraph 3 of the definition of homeless found at 24 CFR 578.3). No

4B. Attachments

Instructions:

Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site:
<https://www.hudexchange.info/resource/3118/creating-a-zip-file-and-capturing-a-screenshot-resource>

Document Type	Required?	Document Description	Date Attached
01. 2016 CoC Consolidated Application: Evidence of the CoC's communication to rejected participants	Yes	Evidence of the C...	09/12/2017
02. 2016 CoC Consolidated Application: Public Posting Evidence	Yes		
03. CoC Rating and Review Procedure (e.g. RFP)	Yes	CoC Rating and Re...	08/07/2017
04. CoC's Rating and Review Procedure: Public Posting Evidence	Yes	CoC's Rating and ...	08/07/2017
05. CoCs Process for Reallocating	Yes	CoCs Process for ...	08/07/2017
06. CoC's Governance Charter	Yes	CoC's Governance ...	08/07/2017
07. HMIS Policy and Procedures Manual	Yes	HMIS Policy and P...	08/07/2017
08. Applicable Sections of Con Plan to Serving Persons Defined as Homeless Under Other Fed Statutes	No		
09. PHA Administration Plan (Applicable Section(s) Only)	Yes	PHA Administratio...	08/08/2017
10. CoC-HMIS MOU (if referenced in the CoC's Governance Charter)	No	CoC-HMIS MOU	09/12/2017
11. CoC Written Standards for Order of Priority	No	CoC Written Stand...	08/07/2017
12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable)	No		
13. HDX-system Performance Measures	Yes	HDX-system Perfor...	08/10/2017
14. Other	No		
15. Other	No		

Attachment Details

Document Description: Evidence of the CoC's communication to rejected participants

Attachment Details

Document Description:

Attachment Details

Document Description: CoC Rating and Review Procedure

Attachment Details

Document Description: CoC's Rating and Review Procedure: Public Posting Evidence

Attachment Details

Document Description: CoCs Process for Reallocating

Attachment Details

Document Description: CoC's Governance Charter

Attachment Details

Document Description: HMIS Policy and Procedures Manual

Attachment Details

Document Description:

Attachment Details

Document Description: PHA Administration Plan

Attachment Details

Document Description: CoC-HMIS MOU

Attachment Details

Document Description: CoC Written Standards for Order of Priority

Attachment Details

Document Description:

Attachment Details

Document Description: HDX-system Performance Measures

Attachment Details

Document Description:

Attachment Details

Document Description:

Submission Summary

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

Page	Last Updated
1A. Identification	08/22/2017
1B. Engagement	08/25/2017
1C. Coordination	08/22/2017
1D. Discharge Planning	08/22/2017
1E. Project Review	08/25/2017
1F. Reallocation Supporting Documentation	08/22/2017
2A. HMIS Implementation	08/22/2017
2B. PIT Count	08/22/2017
2C. Sheltered Data - Methods	08/22/2017
3A. System Performance	09/05/2017
3B. Performance and Strategic Planning	09/07/2017

4A. Mainstream Benefits and Additional Policies	08/22/2017
4B. Attachments	Please Complete
Submission Summary	No Input Required

From: Heather Notter

Sent: Friday, February 10, 2017 8:38 AM

To: 'Lois Hochstetler'; joe.geary@alvis180.org; David Swetnam; 'Kristina Elkins'; Patty Devlin; Peggy Anderson (peggyanderson@equitashealth.com); Kristin Coburn; 'Fikru Nigusse'; Scott Priddy; 'Annette McCormick'; 'Sherry Inskeep, MSW, LISW-S (SherryInskeep@arcohio.org)'; 'Andrea Ropp, LISW-S, LCDC III'; Julie Embree; 'Pam Ferrell'; 'Courtney Elrod, MSW, LSW'; Anthony Penn (apenn@columbus-area.com); 'Linville, Ursula'; DeWitt Harrell; 'Whiteside, Ebony'; 'Robin Peterfy'; Mary Kirkman-Powell (mpowell@columbus-area.com); Stephanie Lunceford (slunceford@columbus-area.com); Danielle McKnight-Zellner (dzellner@columbus-area.com); Perry, Craig; sshuler@chninc.org; Teresa Black; Demetra Sanderfer; 'lwilson@chninc.org'; 'Tiffany Nobles'; 'asponhaltz@chninc.org'; rcassell@chninc.org; Noel Welsh (nwelsh@chninc.org); Tonya Fransen; Becky Westerfelt (rwesterfelt@huck-house.org); 'Michelle Slappy'; 'Alex Murphy'; Lynda LeClerc (lleclerc@huck-house.org); Amanda Glauer (aglauer@huck-house.org); 'Shawn Holt'; 'Robert Davis'; Luke Sutherland; James Alexander (jalexander@maryhaven.com); 'Charles Williams'; Steve Albanese (salbanese@maryhaven.com); 'dwillis@nationalchurchresidences.org'; 'Amy McFarlan'; 'Mike Miller (mmiller@nationalchurchresidences.org)'; Wilhelmina Spinner (wspinner@nationalchurchresidences.org); 'Marsha Zimmerman'; Amy Rosenthal; Colleen Bain (cbain@nationalchurchresidences.org); 'Robyn Haycook'; Major Steven Ashcraft (Steven.Ashcraft@use.salvationarmy.org); Debra.Ashcraft@USE.SALVATIONARMY.ORG; Kelly.Browning@USE.SalvationArmy.Org; 'Linda.Goldberg@USE.SalvationArmy.Org'; 'MHannan@use.salvationarmy.org'; 'Brittani.Perdue@USE.SalvationArmy.Org'; Dennis J. Kresak (Dennis.Kresak@voago.org); Diane Podowski; Harry B. Cool II (harry.cool@voago.org); Joan Deever; 'Scott Jackson'; Andrew Roberts; Susan Reamsnyder (Susan.Reamsnyder@voago.org); Kim Eberst (Kim.Eberst@voago.org); Laura Brenner (Laura.brenner@voago.org); Stephen Ives (stephen.ives@ymcacolumbus.org); 'Mary Buck'; 'bmccain@ymcacolumbus.org'; Thelma Young; 'Nicholas Winslow'; 'Todd Lebeau (todd.lebeau@ymcacolumbus.org)'; Amanda Owen (afrankl@ymcacolumbus.org); Sue Darby (sdarby@ymcacolumbus.org); Art Heldoerfer (aheldoerfer@ymcacolumbus.org); Regina Burns; 'tneiswonger@ymcacolumbus.org'; Elfi Di Bella (edibella@ywcacolumbus.org); 'Lora Knight'; 'Marc Otte'; 'Alex Dull'; Faith Williams (fwilliams@ywcacolumbus.org); Angela Stoller-Zervas (astoller-zervas@ywcacolumbus.org); 'Dedra Smith'; Michelle Chieffo (mchieffo@ywcacolumbus.org)

Cc: Lianna Barbu; Janet Bridges

Subject: HUD funding available - Concept Papers due Mar 15

Good afternoon,

We have **\$116,850** in HUD funding to reallocate for next fiscal year. **This funding can only be used to expand an existing CoC-funded project** – it cannot be used to create an entirely new project.

- > The funds can be used for any Budget Line Item. Administration is limited to 7% of the award. The activities funded by this award must be used to expand the unit capacity of a currently existing CoC project and/or expand the services of a currently existing CoC project.
- > The funds will be available **7/1/2017 – 6/30/2018**.
- > The expansion project will be considered a renewal project in future CoC funding competitions (funding is expected to continue in future years – this is not a one-time funding opportunity).
- > Spending must be for HUD-eligible expenses, and CSB will monitor eligibility and reasonableness of these funds the same way we monitor current funding.

- > The same Match requirements will apply for this funding as applies to your other CoC funding (25% of the total, minus Leasing).

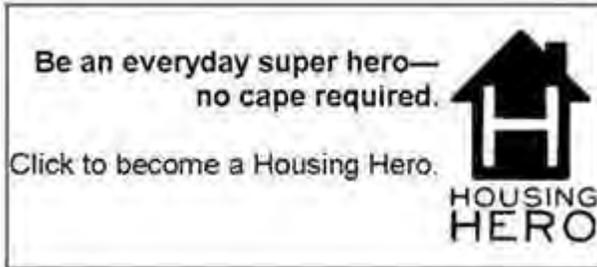
To apply for these funds, please submit a Concept Paper. The Concept Paper format is attached and available on our website here: <http://www.csb.org/providers/applying-for-funds>. **Submit Concept Papers to me no later than Wednesday, March 15.**

Please let us know if you have any questions – we are happy to help.

Thank you,
Heather



Heather Notter
Grants Administrator
Community Shelter Board
111 Liberty Street, Suite 150
Columbus, OH 43215
614-715-2534 desk
www.csb.org



From: Heather Notter

Sent: Thursday, March 23, 2017 8:51 AM

To: 'Lois Hochstetler'; joe.geary@alvis180.org; 'David Swetnam'; 'Kristina Elkins (kelkins@amethyst-inc.org)'; 'Patty Devlin'; Peggy Anderson (peggyanderson@equitashealth.com); Kristin Coburn; 'Fikru Nigusse'; 'Scott Priddy'; 'Annette McCormick'; 'Sherry Inskip, MSW, LISW-S (SherryInskip@arcoho.org)'; 'Andrea Ropp, LISW-S, LCDC III'; 'Pam Ferrell'; Courtney Elrod, MSW, LSW; Anthony Penn (apenn@columbus-area.com); 'Linville, Ursula'; DeWitt Harrell; Whiteside, Ebony; Robin Peterfy; Sandra Depugh; Mary Kirkman-Powell (mpowell@columbus-area.com); Stephanie Lunceford (slunceford@columbus-area.com); Danielle McKnight-Zellner; sshuler@chninc.org; Teresa Black; Demetra Sanderfer; Laurie Wilson; 'Tiffany Nobles'; 'asponhaltz@chninc.org'; rcassell@chninc.org; Noel Welsh (nwelsh@chninc.org); Tonya Fransen; Becky Westerfelt (rwesterfelt@huck-house.org); 'Michelle Slappy'; 'Alex Murphy'; Lynda LeClerc (lleclerc@huck-house.org); Amanda Glauer (aglauer@huck-house.org); 'Shawn Holt'; Robert Davis; 'Luke Sutherland'; James Alexander (jalexander@maryhaven.com); 'Charles Williams'; Steve Albanese (salbanese@maryhaven.com); 'dwillis@nationalchurchresidences.org'; 'Amy McFarlan'; 'Mike Miller (mmiller@nationalchurchresidences.org)'; Wilhelmina Spinner (wspinner@nationalchurchresidences.org); 'Marsha Zimmerman'; Amy Rosenthal; Colleen Bain (cbain@nationalchurchresidences.org); 'Robyn Haycook'; Major Steven Ashcraft (Steven.Ashcraft@use.salvationarmy.org); Debra.Ashcraft@USE.SALVATIONARMY.ORG; Kelly.Browning@USE.SalvationArmy.Org; 'Linda.Goldberg@USE.SalvationArmy.Org'; 'MHannan@use.salvationarmy.org'; 'Brittani.Perdue@USE.SalvationArmy.Org'; Dennis J. Kresak (Dennis.Kresak@voago.org); 'Diane Podowski'; Harry B. Cool II (harry.cool@voago.org); Joan Deever; 'Scott Jackson'; Andrew Roberts; Susan Reamsnyder (Susan.Reamsnyder@voago.org); Kim Eberst (Kim.Eberst@voago.org); Laura Brenner (Laura.brenner@voago.org); Stephen Ives (stephen.ives@ymcacolumbus.org); 'Mary Buck'; 'bmccain@ymcacolumbus.org'; Thelma Young; 'Nicholas Winslow'; 'Todd Lebeau (todd.lebeau@ymcacolumbus.org)'; Amanda Owen (afrankl@ymcacolumbus.org); Sue Darby (sdarby@ymcacolumbus.org); Art Helderfer (ahelderfer@ymcacolumbus.org); 'tneiswonger@ymcacolumbus.org'; Elfi Di Bella (edibella@ywcacolumbus.org); 'Lora Knight'; Marc Otte; 'Alex Dull'; Faith Williams (fwilliams@ywcacolumbus.org); Angela Stoller-Zervas (astoller-zervas@ywcacolumbus.org); 'Dedra Smith'; Michelle Chieffo (mchieffo@ywcacolumbus.org)

Cc: Lianna Barbu; Tom Albanese; Janet Bridges

Subject: HUD funding available - Concept Papers due Apr 28

Good afternoon,

We have **\$484,079** in HUD funding to reallocate for next fiscal year. **This funding can only be used to expand an existing CoC-funded project** – it cannot be used to create an entirely new project.

- > The funds can be used for any Budget Line Item. Administration is limited to 7% of the award.
- > The activities funded by this award must be used to expand the unit capacity of a currently existing CoC project and/or expand the services of a currently existing CoC project.
- > The funds will be available **7/1/2017 – 6/30/2018**. This is a one-time only funding opportunity – these funds are not renewable.
- > Spending must be for HUD-eligible expenses, and CSB will monitor eligibility and reasonableness of these funds the same way we monitor current funding.

- > The same Match requirements will apply for this funding as applies to your other CoC funding (25% of the total, minus Leasing).

To apply for these funds, please submit a Concept Paper. The Concept Paper format is attached and available on our website here: <http://www.csb.org/providers/applying-for-funds>. **Submit Concept Papers to me no later than 5pm Friday, April 28.**

I know we've sent out several funding opportunities lately, and it's a bit confusing. A summary of the current funding opportunities is below. If you submit a Concept Paper for one of the opportunities, you can also request that the RLFC consider that Concept Paper for one of the other opportunities. You don't need to re-submit the Concept Paper – just let us know if you want the RLFC to consider your Concept Paper for more than one of these funding opportunities.

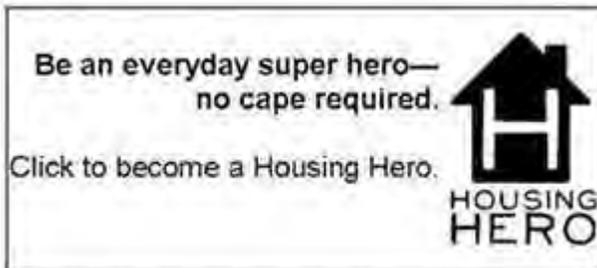
Amount	Availability	Type	Concept Papers due	Restrictions
\$ 116,850	7/1/17 - 6/30/18	renewable	3/15/2017	expand current CoC projects on
\$ 484,079	7/1/17 - 6/30/18	one year only	4/28/2017	expand current CoC projects on
TBD	7/1/18 - 6/30/19	renewable	4/21/2017	new PSH or RRH

Please let us know if you have any questions – we are happy to help.

Thank you,
Heather



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From: Heather Notter

Sent: Friday, February 24, 2017 8:36 AM

To: Elfi Di Bella (edibella@ywcacolumbus.org); 'Lora Knight'; 'Marc Otte'; 'Alex Dull'; Faith Williams (fwilliams@ywcacolumbus.org); Angela Stoller-Zervas (astoller-zervas@ywcacolumbus.org); 'Dedra Smith'; Michelle Chieffo (mchieffo@ywcacolumbus.org); Stephen Ives (stephen.ives@ymcacolumbus.org); 'Mary Buck'; 'bmccain@ymcacolumbus.org'; Thelma Young; 'Nicholas Winslow'; 'Todd Lebeau (todd.lebeau@ymcacolumbus.org)'; Amanda Owen (afrankl@ymcacolumbus.org); Sue Darby (sdarby@ymcacolumbus.org); Art Heldoerfer (aheldoerfer@ymcacolumbus.org); Regina Burns; 'tneiswonger@ymcacolumbus.org'; Dennis J. Kresak (Dennis.Kresak@voago.org); Diane Podowski; Harry B. Cool II (harry.cool@voago.org); Joan Deever; 'Scott Jackson'; Andrew Roberts; Susan Reamsnyder (Susan.Reamsnyder@voago.org); Kim Eberst (Kim.Eberst@voago.org); Shameikia Smith (Shameikia.smith@voago.org); Teresa Ploesser (Teresa.ploesser@voago.org); Betsy McGraw; Michael E. Salois; 'debra.byrd@voago.org'; Laura Brenner (Laura.brenner@voago.org); Bill Lee (leeb@southeastinc.com); atwoods@southeastinc.com; 'Hickman, Charles'; Antonio Caffey (caffeya@southeastinc.com); Wendy Williams (williamsw@southeastinc.com); Tuttamore, Leah; Mathais Kendricks (kendricksm@southeastinc.com); Miranda Cox (cox@southeastinc.com); Major Steven Ashcraft (Steven.Ashcraft@use.salvationarmy.org); Debra.Ashcraft@USE.SALVATIONARMY.ORG; Kelly.Browning@USE.SalvationArmy.Org; 'Linda.Goldberg@USE.SalvationArmy.Org'; 'MHannan@use.salvationarmy.org'; 'Brittani.Perdue@USE.SalvationArmy.Org'; 'dwillis@nationalchurchresidences.org'; 'Amy McFarlan'; 'Mike Miller (mmiller@nationalchurchresidences.org)'; Wilhelmina Spinner (wspinner@nationalchurchresidences.org); 'Marsha Zimmerman'; Amy Rosenthal; Colleen Bain (cbain@nationalchurchresidences.org); 'Robyn Haycook'; 'Shawn Holt'; 'Robert Davis'; Luke Sutherland; James Alexander (jalexander@maryhaven.com); 'Charles Williams'; Steve Albanese (salbanese@maryhaven.com); Becky Westerfelt (rwesterfelt@huck-house.org); 'Michelle Slappy'; 'Alex Murphy'; Lynda LeClerc (lleclerc@huck-house.org); Amanda Glauer (aglauer@huck-house.org); 'Beth Fetzer-Rice'; Marsha McDonald (mmcdonald@homelessfamiliesfoundation.org); Tiffany McCoy; Joy E. Chivers (joy.chivers@sbcglobal.net); Kevin Ballard (Keeevin@aol.com); Mardi Ciriaco (mardiciria@aol.com); sshuler@chninc.org; Teresa Black; Demetra Sanderfer; 'lwilson@chninc.org'; 'Tiffany Nobles'; 'asponhaltz@chninc.org'; rcassell@chninc.org; Noel Welsh (nwelsh@chninc.org); Tonya Fransen; Anthony Penn (apenn@columbus-area.com); 'Linville, Ursula'; DeWitt Harrell; Ebony Whiteside; 'Robin Peterfy'; Mary Kirkman-Powell (mpowell@columbus-area.com); Stephanie Lunceford (slunceford@columbus-area.com); Danielle McKnight-Zellner; Peggy Anderson (peggyanderson@equitashealth.com); Kristin Coburn; 'Fikru Nigusse'; Scott Priddy; 'Annette McCormick'; 'Sherry Inskeep, MSW, LISW-S (SherryInskeep@arcohio.org)'; 'Andrea Ropp, LISW-S, LCDC III'; Julie Embree; 'Pam Ferrell'; Courtney Elrod, MSW, LSW; Lois Hochstetler (lhochstetler@amethyst-inc.org); joe.geary@alvis180.org; 'David Swetnam'; 'Kristina Elkins (kelkins@amethyst-inc.org)'; Patty Devlin; John Johnson (drj@accessoh.com); 'Cantrell Butler'; William Allyn (william.allyn@accessoh.net); Dawn Astolas; 'chelsea.macciomei@accessoh.net'; Naomi Richards; Larry Crowell (lcrowell@lssco.org); Schwalbe, Leah; Phil Helser (phelser@lssco.org); Frasure, Chris; Vic Ward (vward@lssco.org); Sue Villilo (svillilo@lssco.org)

Cc: Lianna Barbu; Janet Bridges

Subject: Request for New Permanent Housing Project Proposals - due Apr 21

Good afternoon,

It's time again to consider proposals for new Permanent Supportive Housing (PSH) projects or Rapid Re-Housing (RRH) projects. The Information Packet and the Concept Paper Application are located on our website here: <http://www.csb.org/providers/applying-for-funds>. If you would like to propose a new PSH or RRH project, please submit a Concept Paper to CSB by **5pm Friday, April 21, 2017**.

The prioritization previously established by the Rebuilding Lives Funder Collaborative (RLFC) will remain intact for PSH projects that have not yet been funded. The RLFC will prioritize additional projects after these previously-prioritized projects. We do not know yet how much new funding we will be able to apply for in the FY17 CoC application. We want to have projects lined up so we can take full advantage of the opportunity to apply for whatever funds are available.

Current CoC Application Prioritization

CHN Briggsdale II
 CHN SRA IV

The general timeline for the process is below. We won't know the exact timing for Project Plans/CoC project applications until HUD announces CoC Application deadlines.

April 21, 2017	Concept Papers due to CSB
May 11, 2017	Concept Papers discussed at Rebuilding Lives Funder Collaborative (RLFC) Board meeting
May 16, 2017	Concept Papers discussed/approved at Rebuilding Lives Funder Collaborative (RLFC) meeting
TBD (based on CoC application schedule)	Project Plans/CoC project applications due to CSB
TBD (based on CoC application schedule)	Project Plans/CoC project applications presented at RLFC Board meeting
TBD (based on CoC application schedule)	Project Plans/CoC project applications presented/approved at RLFC meeting
TBD	FY 2017 Continuum of Care (CoC) application
February 2018	OHFA tax credit application

Please let me know if you have any questions.

Thank you,
 Heather



Heather Notter
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APPLYING FOR FUNDS

[Home](#) > [Providers](#) > [Applying For Funds](#)

Gateway Application Materials

[FY18 CSB Gateway Application](#)

APPLICATION INFORMATION FORMS

[FY18 CSB Gateway - Applicant Information and Authorization](#)

[FY18 CSB Gateway - Table of Contents and Application Submission Checklist](#)

[FY18 CSB Gateway - Environmental Review Address Form](#)

BUDGET

[FY18 CSB Gateway - Budget](#)

[FY18 CSB Gateway - Appeal Process FY18 Funding Award](#)

PROGRAM DESCRIPTION FORM

[FY18 CSB Gateway - Program Description Form](#)

[FY18 CSB Gateway - Program Description Update Form](#)

PROGRAM OUTCOMES PLAN

[FY18 Program Outcomes Plan Overview](#)

[FY18 Program Evaluation Methodology](#)

[FY18 Program Performance Measurement](#)

[FY18 Program Performance Standards](#)

[FY18 CSB Gateway - Appeal Process FY18 Program Outcomes Plan](#)

Permanent Housing Project Proposals

It's time again to consider proposals for new Permanent Supportive Housing (PSH) projects or Rapid Re-Housing (RRH) projects. The Information Packet and the Concept Paper Application are located below. If you would like to propose a new PSH or RRH project, please submit a Concept Paper to Heather Notter (hnotter@csb.org) at CSB by 5pm Friday, April 21, 2017.

Navigator Case Management Program - Request for Proposals

Navigator RFP Guidelines

Navigator RFP Application

Permanent Housing Development Process

Information Packet

Privacy and Data Security Policy

Concept Paper Application

Full Project Plan Proposal

Community Acceptance Guidelines

PROVIDERS

OTHER COMMUNITY PARTNERS

APPLYING FOR FUNDS

FINANCIAL TOOLS

HOUSING MATERIALS

SHELTER MATERIALS

CSB HEARTH OPERATING POLICIES

MONITORING

COLUMBUS SERVICEPOINT

TRAINING - BEST AND PROMISING PRACTICES

LOGOS AND COMMUNITY RELATIONS MATERIALS

PRIVACY AND DATA SECURITY POLICY



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 [@CommShelterBoard](#) - Nov 15
#GivingTuesday proves that the world gives as good as it gets. Join the worldwide movement on Tue 11/29 @GivingTues
<https://t.co/c9sSyBcYmk>

Community Shelter Board
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Community Shelter Board receives support from the City of Columbus, the Franklin County Board of Commissioners, the United Way of Central Ohio, The Columbus Foundation, Nationwide Foundation, American Electric Power Foundation, the U.S. Department of Housing and Urban Development, the State of Ohio, and many other public and private investors.

Heather Notter

From: Heather Notter
Sent: Tuesday, September 12, 2017 11:09 AM
To: Sam Shuler; Ryan Cassell; Noel Welsh
Cc: Lianna Barbu
Subject: RLFC rejection of CoC application for Briggsdale II

Good morning CHN,

Per your ongoing discussions with CSB, the RLFC (the CoC governing body) will reject the CoC project application for Briggsdale II. HUD has approved transfer of funding previously allocated for National Church Residences Permanent Supportive Housing Commons at 161 to CHN for Briggsdale II and a 20-unit scattered sites rental assistance project. Since Briggsdale II is now fully funded, the RLFC will reject the CoC application.

Thank you for your hard work and flexibility in this situation, and for your continued dedication to rebuilding lives.

Heather



Heather Notter
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www.csb.org



OCTOBER 27, 2017 • 6 - 9 PM
HOSTED AT THE COLUMBUS MUSEUM OF ART

2017 CoC Review, Score and Ranking Procedures

Date CoC Application Opened: July 14, 2017
 CoC Application Due Date to HUD: September 28, 2017
 Columbus/Franklin County Annual Renewal Demand (ARD): \$11,516,849 (\$10,977,268 with NCR Commons at 161 removal as a renewal)

2017 HUD Funding Available (may change based on HUD clarifications)

Tier 1	(94% of ARD)	\$10,825,838 (\$10,318,632)
Tier 2	(6% of ARD plus bonus funding)	\$1,382,022 (\$1,317,272)
Permanent Housing Bonus	(6% of ARD, included in Tier 2):	\$691,011 (\$658,636)
CoC Planning Funding	(not ranked)	\$345,505 (\$329,318)
UFA Funding	(not ranked)	\$230,337 (\$219,545)

The Rebuilding Lives Funder Collaborative awards the highest priority to PSH, RRH and TH programs serving youth. The following **Priority Guideline** will be used (both Tier 1 and 2):

1. Renewal PSH, RRH, and TH for youth
2. New PSH through reallocation or bonus for 100% CH
3. New RRH through reallocation
4. SSO for CPOA
5. Renewal HMIS
6. All other SSO or other project types

Rebuilding Lives Funder Collaborative Scoring Process

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

Renewal projects	Points Available	Description
1st Priority – New or reallocated projects renewing for the first time		
Program Evaluation ranking		HUD emphasizes performance of funded programs. The latest program evaluation available (FY2017) ranks each project based on its performance for the period 7/1/2016 – 12/31/2016. Program Evaluation rankings are determined by measuring outputs and outcomes inclusive of Households Served, Successful Housing Outcomes, Housing Stability, Occupancy, Recidivism, Change in Income and annual Program Review and Certification to confirm compliance with HUD and local regulations. Participant Eligibility is ensured and enforced via the Unified Supportive Housing System and, therefore, is not incorporated into the Program Evaluation. The Program Performance Measurement and Program Performance Standards sections of this document detail the performance ranking.
High	9	
Medium	5	
Low/Not rated	1	

Usage of HUD grant funds		HUD emphasizes effective utilization of funds. Programs will be scored based on the total grant amount and the amount that was drawn down from HUD for the most recent closed grant cycle (6/30/2017).
100% funds used	10	
80-99% funds used	8	
60-79% funds used	5	
40-59% funds used	2	
0-39% funds used	0	
Maximum possible points	19	
Minimum possible points	1	

Rebuilding Lives Funder Collaborative Ranking process

The Rebuilding Lives Funder Collaborative Board and the Rebuilding Lives Funder Collaborative will review a number of ranking options each year, detailed below. The Rebuilding Lives Funder Collaborative Board will analyze each option and discuss which option fits better for the CoC with each CoC application cycle. The Rebuilding Lives Funder Collaborative will review the option proposed by the Rebuilding Lives Funder Collaborative Board and will give final approval.

Below are listed the general raking guidelines.

- < Under Tier 1 ranking, first time renewal projects (new or reallocated) will be ranked first.
- < Projects will be ranked in descending order, based on the accumulated total points and ranking options.
- < If two or more projects receive the same number of points, the ranking will be randomized by project.
- < Under Tier 1 ranking, the HMIS project will be ranked last (unless HUD prioritization trumps this option).
- < The Priority Guideline, any HUD prioritization criteria and, all else equal, the funding impact on the entire continuum of care will govern the ranking positions in any options considered.

Special Projects

- < Projects serving families and youth

Option 1 (descending score based, renewals prioritized)

- < List all renewal projects (including first time renewals and HMIS project as detailed above) in the order of their scoring for Tier 1, up to Tier 1 amount or closest amount.
- < If there is a tie for the last ranked, renewal, non-special project in Tier 1, the tiebreaker is the amount of the grant. The program that has a grant amount that will have the least impact on the overall continuum of care level funding amount (less funding is risked) will be moved to the first ranking(s) in Tier 2.
- < All other projects are listed in Tier 2, in the order of the Priority Guidelines and their score.
- < List reallocation projects in Tier 2 (unless gap permits Tier 1).

Option 2 (descending score based, reallocation in Tier 1)

- < List all renewal projects (including first time renewals and HMIS project as detailed above) in the order of their scoring for Tier 1, up to Tier 1 amount or closest amount less the amount allocated for the next bullet.
- < Capture any reallocation project(s) in Tier 1, after the renewal projects.
- < If there is a tie for the last ranked, renewal, non-special project in Tier 1, the tiebreaker is the amount of the grant. The program that has a grant amount that will have the least impact on the overall, continuum of care level funding amount (less funding is risked) will be moved to the first ranking(s) in Tier 2.

< All other projects are listed in Tier II, in the order of the Priority Guidelines and their score.

Option 3 (descending performance based, prioritize any reallocations)

- < List all renewal projects in the order of their performance (HIGH, MEDIUM, LOW) and Priority Guidelines, (including first time renewals and HMIS project as detailed above) in Tier 1, up to Tier 1 amount or closest amount less the amount allocated for the next bullet.
- < Capture the reallocation project(s) in Tier 1, after the renewal projects.
- < If there is a tie for the last ranked, renewal, non-special project in Tier 1, the tiebreaker is the amount of the grant. The program that has a grant amount that will have the least impact on the overall, continuum of care level funding amount (less funding is risked) will be moved to the first ranking(s) in Tier 2.
- < Projects rated as “LOW” performers based on the FY17 Program Evaluation are listed in Tier 2 in the order of Priority Guidelines (renewal).
- < If the amount is not sufficient to meet the minimum amount of Tier 2 amount needed for Tier 2 ranking, renewal projects rated as “MEDIUM” will be listed in descending order of their score. If there is a tie for the last ranked, the tiebreaker is the amount of the grant. The program that has a grant amount that will have the least impact on the overall, continuum of care level funding amount (less funding is risked) will be moved last.

Option 4 (program priority based) – WILL NOT BE USED IN 2017

- < List all renewal projects (including first time renewals and HMIS project as detailed above) in the order of their scoring for Tier 1, up to Tier 1 amount or closest amount less the amount allocated for the next two bullets.
- < Identify lower priority projects, based on any HUD guidance, and remove from Tier 1.
- < Capture any reallocation project(s) in Tier 1, after the renewal projects.
- < If there is a tie for the last ranked, renewal, non-special project in Tier 1, the tiebreaker is the amount of the grant. The program that has a grant amount that will have the least impact on the overall, continuum of care level funding amount (less funding is risked) will be moved to the first ranking(s) in Tier 2.
- < The identified Tier 2 projects, lower priority, will be moved in Tier 2
 - o Transitional housing projects, (non-youth serving) are listed in Tier 2 in order of scoring
 - o Other projects are listed in Tier 2 in the order of HUD’s prioritization

Option 5 (spread the cuts across all programs) – WILL NOT BE USED IN 2017

- < List all renewal projects (include first time renewals and HMIS project as detailed above) in the order of their scoring.
- < List reallocation project(s) in Tier 1, after all renewal projects.
- < Apply the HUD published funding decrease (amount at risk in Tier 2) to all renewal and reallocation projects, by decreasing funding across the board, by a calculated percentage.

Option 6 (spread the cuts across all programs that scored low) – WILL NOT BE USED IN 2017

- < List all renewal projects (include first time renewals and HMIS project as detailed above) in the order of their scoring for Tier 1, up to Tier 1 amount or closest amount.
- < List reallocation project(s) in Tier 1, after all renewal projects.
- < Apply the HUD published funding decrease (amount at risk in Tier 2) to all renewal projects that scored below a certain level (10 points), by decreasing funding across these projects, by a calculated percentage.

Program Performance Measurement

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

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

Each program is assigned a performance rating¹ of High, Medium, or Low as determined by overall program achievement of performance outcomes for the evaluation period. Ratings are based on the following:

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

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 RLFC Board for handling (if the program is solely funded by HUD and not CSB). The provider will be given an opportunity to present its case, if the RLFC Board decision is being appealed, to the RLFC before a final decision is made by the RLFC.

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

¹ In some instances, the program was too new to evaluate; therefore, a performance rating was not assigned.

² If serious and persistent program non-performance issues existed prior to evaluation, then the program was assigned a lower rating than what its program achievement of performance outcomes would otherwise warrant.

FY2018 Program Performance Standards³ (in alpha order)

Based on CSB Governance Ends Policies, HUD standards, Rebuilding Lives Funder Collaborative - RLFC (CoC) local standards and best practices program performance.

Bolded measurements denote CSB Board established Ends Policies.

Homelessness Prevention

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.
Access to resources and services to maintain and stabilize housing	Successful housing outcomes (%)	At least 90% will maintain or obtain housing.
	Successful housing outcomes (#)	Calculated based on the Successful housing outcomes % measurement.
	Housing Affordability at Exit (%) (Stable Families programs only)	At least 50% of successful households have their housing affordability ratio, measured as cost of housing (rent and utilities) divided by the household's income at exit, lower than 50%.
	Financial Stability at Exit (Stable Families programs only)	At least 40% of households that exit the program achieve financial stability.
	If applicable, usage of CSB Direct Client Assistance (\$)	Average DCA will be consistent with program design.
	If applicable, usage of CSB Direct Client Assistance (%)	% of households that receive CSB DCA will be consistent with prior performance and/or program design.
Not enter the emergency shelter system	Recidivism (%)	≤5% of those who have successful housing outcomes will enter shelter within 365 days of program exit.
Efficient and effective use of a pool of community resources	Cost per household	Cost per household will be consistent with budget. Evaluated semi-annually and presented to the RLFC.
	Pass program certification	Provide access to and coordination with community resources and services to prevent homelessness.

³ Additional system performance measures will be calculated based on HUD guidance.

	Average length of participation	Based on program design, an average of 180 days for Stable Families Gladden program program and 365 days for Stable Families LSS program.
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Emergency Shelter – Coordinated Point of Access

Ends	Measurement	Annual Metrics
Efficient number of households served	Households served (#)	Set based on system demand.
Access to resources to address immediate housing need	Successful diversion outcome (%)	At least 25% of single adults and 40% of families contacting the central point of access will be diverted to other community resources.
	Pass program certification	Provide access to and coordination with community resources and services to prevent homelessness.
	Shelter Linkage (%)	At least 95% of those referred for intake into an emergency shelter will enter shelter.
Not re-enter the emergency shelter system	Diversion Recidivism (%)	<10% of those diverted will enter shelter within 30 days of diversion.
Efficient and effective use of a pool of community resources	Pass program certification	Provide access to resources and services to end homelessness.
	Cost per household	Cost per household will be consistent with budget. Evaluated semi-annually and presented to the RLFC.

Emergency Shelter

Ends	Measurement	Annual Metrics
Efficient number of households served	Households served (#)	Set based on prior year(s) attainment, fair share of system demand, facility capacity, and funds available to program.
	Occupancy rate (%)	Set at 100% to ensure efficient use of available capacity. Measured for adult Tier 2 ⁴ shelters only.

⁴ Tier 2 shelters include LSS Faith Mission shelters, Southeast Friends of the Homeless and VOAGO Men's shelters, YMCA Women's shelter and Maryhaven Shelter2Housing shelter. Overflow and triage homeless shelters are not included.

Access to resources to address immediate housing need	Successful housing outcomes (%)	Obtain housing at standard below or greater if prior year(s) achievement was greater: <ul style="list-style-type: none"> • At least 33% for adult Tier 2 shelters • At least 70% for family shelters.
	Successful housing outcomes (#)	Calculated based on the Successful housing outcomes % measurement.
	Successful outcomes (%) (Triage and Safety shelters only)	The percent of distinct clients who exit from the Triage shelter to Tier 2 shelters or other successful destinations, at least 60%. (Monitored only.) The percent of distinct clients who exit from the Maryhaven Safety shelter to adult Tier 2 shelters or other successful destinations, at least 30%.
	Successful outcomes (#) (Safety shelter only)	Calculated based on the Successful outcomes % measurement.
	Usage of CSB Direct Client Assistance (%) (family shelters only)	% of households that receive CSB DCA will be consistent with prior performance and/or program design.
	Usage of CSB Direct Client Assistance (#) (family shelters only)	# of households that receive CSB DCA will be consistent with prior performance and/or program design.
Basic needs met in secure, decent environment	Pass program certification	Provide secure, decent shelter.
Temporary, short-term stay	Average length of stay	Not to exceed standard below or average for prior year(s) if less than standard below: <ul style="list-style-type: none"> • 7 days for adult Triage shelters • 30 days for adult Tier 2 shelters • 20 days for family shelters • 12 days for Safety shelter.
	Average Engagement Time (family shelters and adult Tier 2 shelters)	Not to exceed standard based on the policies and procedures (less or equal to 7 days)
Not re-enter the emergency shelter system	Recidivism	<10% of those who obtain housing will return to homelessness within 180 days of exit. Not applicable to Overflow shelters.
	Movement (%) (Adult Tier 2 shelters only)	<15% of those who exit the Tier 2 emergency shelter will immediately re-enter another Tier 2 shelter. (Monitored only.)
	Detox exits (Safety shelter only)	At least 10% of Safety shelter exits will enter a detoxification program.

Efficient and effective use of a pool of community resources	Cost per household	Cost per household will be consistent with budget. Evaluated semi-annually and presented to the RLFC.
	Pass program certification	Provide access to resources and services to end homelessness.

Outreach Programs

Ends	Measurement	Annual Metrics
Efficient number of households served	Households served (#)	Set based on prior year(s) attainment and funds available.
	New households served (#)	Set based on prior year attainment and funds available.
Access to resources to address immediate housing need	Usage of CSB Direct Client Assistance (%)	At least 25% will receive CSB DCA.
Basic human needs met in secure, decent environment	Successful outcomes (%)	At least 75% successful housing/shelter outcomes.
	Successful outcomes (#)	Calculated based on the Successful outcomes % measurement.
	Successful housing outcomes (%)	At least 55% of successful outcomes obtain housing.
	Successful housing outcomes (#)	Calculated based on the Successful housing outcomes % measurement.
	Exited Households to PSH (#)	Set based on anticipated vacancies and prior year(s) attainment.
Do not re-enter the emergency shelter system	Recidivism (%)	<u>≤10%</u> of those who obtain housing will return to homelessness within 180 days.
Efficient and effective use of a pool of community resources	Cost per household	Cost per household will be consistent with budget. Evaluated semi-annually and presented to the RLFC.
	Pass program certification	Provide access to resources and services to address immediate housing or shelter needs.

Supportive Housing

PSH – Permanent Supportive Housing; TH = Transitional Housing;

Ends	Measurement	Annual Metrics
Efficient number of households served	Households served (#)	Set based on prior year(s) attainment and program capacity.
Access to resources/services to move to and stabilize housing	Housing Stability	At least standard below or greater if prior year(s) achievement was greater <ul style="list-style-type: none"> At least 12 months for PSH (goal to be set not to exceed 24 months, actual attainment may be greater than goal) Up to 4 months for TH
	Housing Affordability at Exit (%) (PSH only)	At least 50% of successful households have their housing affordability ratio, measured as cost of housing (rent and utilities) divided by the household's income at exit, lower than 50%. (Monitored only.)
Basic needs met in a non-congregate environment	Successful housing outcomes (%)	At least 90% successful housing outcomes for PSH and 77% successful housing outcomes for TH.
	Successful housing outcomes (#)	Calculated based on the Successful housing outcomes % measurement.
	Successful housing exits (%) (PSH only)	At least 50% of exits are successful housing outcomes.
Not re-enter the emergency shelter system	Exit to Homelessness (%)	<u><10%</u> of those who obtain housing will return to homelessness within 180 days of exit.
Efficient and effective use of a pool of community resources	Cost per household	Cost per household will be consistent with budget. Evaluated semi-annually and presented to the RLFC.
	Cost per unit	Cost per unit will be consistent with budget. Evaluated semi-annually and presented to the RLFC.
	Program Occupancy Rate (%)	Full occupancy (>95%). For rental assistance units the occupancy goal is 100%.
	Turnover Rate (%) (PSH only)	Set based on prior year(s) attainment, an annual 20% turnover rate is desirable. (Monitored only.)
	Pass program certification	Provide access to resources and

Ends	Measurement	Annual Metrics
		services to end homelessness.
RLFC or HUD Standards	Negative Reason for leaving (%)	Less than 20% leave for non-compliance or disagreement with rules
	Increase in cash income, other than employment, from entry to exit or end of reporting period (%)	At least 30% of adults will increase income from other sources than employment from entry to exit or end of reporting period.
	Increase in income from employment, from entry to exit or end of reporting period (%)	At least 15% of adults will have increased employment income from entry to exit or end of reporting period.

Direct Housing/Rapid Re-housing/Navigator Program

Ends	Measurement	Annual Metrics
Efficient number of households served	Households served (#)	Set based on program capacity, prior year(s) attainment and funds available.
	New households served (#)	Set based on program capacity, prior year(s) attainment and funds available.
	Average length of participation	Not to exceed standard below: <ul style="list-style-type: none"> • 100 days for all family programs except J2H • 90 days for the navigator program • 180 days for J2H
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 Engagement Time (Navigator Program only)	Average stay in emergency shelter not to exceed 7 days from the date of shelter entry to Navigator engagement.
	Average length of shelter stay	Average stay at Emergency Shelter not to exceed: <ul style="list-style-type: none"> • 15 days for families • 23 days for single adults (calculated from the date of program entry to shelter exit).
	Housing Affordability at Exit (%) (Family programs only)	At least 50% of successful households have their housing affordability ratio, measured as cost of housing (rent and utilities) divided by the household's

Ends	Measurement	Annual Metrics
		income at exit, lower than 50%.
	Increase in cash income, other than employment, from entry to exit or end of reporting period (%) (J2H only)	At least 30% of adults will increase income from other sources than employment from entry to exit or end of reporting period.
	Increase in income from employment, from entry to exit or end of reporting period (%) (J2H only)	At least 15% of adults will have increased employment income from entry to exit or end of reporting period.
Basic needs met in a non-congregate environment	Successful housing outcome (%)	At least 90% successful housing outcomes for families and 50% for single adults exiting the Navigator Program. At least 33% successful housing outcomes for single adults exiting Tier 2 emergency shelter (Navigator Program only).
	Successful housing outcome (#)	Calculated based on the Successful housing outcomes % measurement.
Not re-enter the emergency shelter system	Recidivism (%)	<10% of those who obtain housing will return to homelessness within 180 days of program exit.
	Movement (%) (Navigator Program only)	<15% of clients served who exit the emergency shelter will immediately re-enter another shelter. (Monitored only)
	Average Number of Service Instances (Navigator Program only)	Average number of shelter stays per distinct clients served within 12 months. Not to exceed 2.3.
Efficient and effective use of a pool of community resources	Cost per household	Cost per household will be consistent with budget. Evaluated semi-annually and presented to the RLFC.
	Pass program certification	Provide resources and services to end homelessness.

Transition Program Direct Client Assistance

Ends	Measurement	Annual Metrics
Efficient number of households served	Households served (#)	Set based on prior year(s) attainment and funds available to program.
Access to resources/services to move to and stabilize housing	Usage of CSB Direct Client Assistance (%)	At least 95% will receive financial assistance
	Usage of CSB Direct Client assistance (\$)	Average DCA amount will be consistent with prior performance, funds available and /or program design.
Basic needs met in a non-congregate environment	Successful housing outcomes (%)	At least 98% successful housing outcomes.
	Successful housing outcomes (#)	Calculated based on the Successful housing outcomes % measurement.
Not re-enter the emergency shelter system	Recidivism (%)	<u>≤10%</u> of those who obtain housing will return to homelessness within 180 days of exit.
Efficient and effective use of a pool of community resources	Cost per household	Cost per household will be consistent with budget. Evaluated semi-annually and presented to the RLFC.
	Pass program certification	Provide access to resources and services to end homelessness.

As directed by the RLFC, this document was created by CSB, the CoC Lead.

Last reviewed and approved by the continuum of care on 11/08/16.

REBUILDING LIVES FUNDER COLLABORATIVE

[Home](#) > [How We Do It](#) > **Rebuilding Lives Funder Collaborative**



The Rebuilding Lives Funder Collaborative is the local continuum of care for Columbus and Franklin County's programs funded by the U.S. Department of Housing and Urban Development. The Rebuilding Lives Funder Collaborative provides stewardship for all the strategies developed under the Rebuilding Lives plan, our community's strategic plan to respond to homelessness. The Funder Collaborative oversees capital, services and operating funding for homeless programs in Columbus and Franklin County, coordinates activities for the Rebuilding Lives plan, promotes collaboration to achieve goals and strategies, and secures resources for programs and projects.

Membership on the Rebuilding Lives Funder Collaborative is broad and inclusive, with representation from the private sector, public sector, homeless service providers, faith-based organizations, public housing agencies, schools, hospitals, mental health agencies, law enforcement and other stakeholders. For information about the nomination process, contact Lianna Barbu at lbarbu@csb.org.

RLFC Members

HUD required membership	Organization	Member
Non-profit homeless assistance providers (rotating consideration)	Community Shelter Board	Michelle Heritage
	YMCA of Central Ohio	Sue Darby
Youth homeless organizations (rotating consideration)	Huckleberry House	Rebecca Westerfelt
Victim service providers (rotating consideration)	The Center for Family Safety and Healing	Karen Days
Faith-based organizations (rotating consideration)	Church and Community Development for All People	Reverend John Edgar
Local Governments	Columbus City Council	Priscilla Tyson
	Columbus Mayor's Office	Emerald Hernandez
	City of Columbus	Kim Stands
	Franklin County	James Schimmer
Street Outreach (rotating consideration)	Capital Crossroads and Discovery SID	Lisa Defendiefer
Businesses (rotating consideration)	The Columbus Foundation	Emily Savors
	CSB Board Member, White Castle	Susan Carroll-Boser
	CSB Board Member, Porter, Wright, Morris & Arthur	Joyce Edelman, Esq.
	CSB Board Member, Hexion	Karen Koster

HUD required membership	Organization	Member
Advocates and other homeless subpopulation advocates (rotating consideration)	Columbus Coalition for the Homeless	Mary Wehrle
	Corporation for Supportive Housing	Terri Power
	Legal Aid Society of Columbus	Donna Mayer
	Youth Advisory Board	TBD
Agencies that serve survivors of human trafficking (rotating consideration)	Freedom a la Cart	Paula Haines
Public Housing Authorities	Columbus Metropolitan Housing Authority	Charles Hillman
School Administrators/Homeless Liaisons	Columbus Public Schools – Project Connect	Foster Ugbana
Employment Services (rotating consideration)	Workforce Development Board of Central Ohio	Lisa Patt-McDaniel
Social Service Providers	Franklin County Children Services & Committee to End Youth Homelessness	Chip Spinning
	Franklin County Dept of Job and Family Services	Robin Harris
	Franklin County Office on Aging	Antonia Carroll
	Franklin County Board of Developmental Disabilities	Jeff Pattison
	United Way of Central Ohio	Lisa Courtice
Mental Health and Substance Abuse Service Organizations	ADAMH Board	David Royer
	Twin Valley Behavioral Healthcare	Veronica Lofton

HUD required membership	Organization	Member
Hospitals (rotating consideration)	OhioHealth	Christy Hendricks
Universities	Columbus State Community College	Nancy Case
Affordable Housing Developers	Affordable Housing Trust Corporation Ohio Capital Corporation for Housing	Steven Gladman Jonathan D. Welty
Law Enforcement	Columbus Police Department	Cmdr. Rhonda Grizzell
Local Jail	Franklin County Jail	Chief Deputy Geoff Stobart
Veterans Organizations	Veterans Administration Veterans Service Commission	Carl Landry Robert Bramlish
Homeless or formerly homeless persons (rotating consideration)	Citizens Advisory Council Citizens Advisory Council	Steve Sielschott Jerome Johnson / Sally Shaffer

RLFC Board

Organization	Member
City of Columbus	Kim Stands
Franklin County	Jim Schimmer
Citizens Advisory Council	Steve Sielschott

Organization

Member

ADAMH

David Royer

Columbus Metropolitan Housing Authority

Charles Hillman

United Way of Central Ohio

Lisa Courtice

The Columbus Foundation

Emily Savors

Columbus Coalition for the Homeless

Mary Wehrle

Affordable Housing Trust Corporation

Steven Gladman

Ohio Capital Corporation for Housing

Jonathan D. Welty

Community Shelter Board

Michelle Heritage



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2016-2017 MEETING SCHEDULE

   [May 16, 2017 Minutes](#)

[May 16, 2017 Agenda](#)

[January 26, 2017 Minutes](#)

[January 26, 2017 Agenda](#)

[November 14, 2016 Minutes](#)

[November 14, 2016 Agenda](#)

[September 7, 2016 Minutes](#)

[September 7, 2016 Agenda](#)

2015-2016 MEETING SCHEDULE

[June 1, 2016 Minutes](#)

[June 1, 2016 Agenda](#)

January 8, 2016 Minutes

January 8, 2016 Agenda

~~November 17, 2015 Minutes~~

November 17, 2015 Agenda

2014-2015 MEETING SCHEDULE

June 3, 2015 Agenda

June 3, 2015 Minutes

December 9, 2014 Agenda

December 9, 2014 Minutes

October 21, 2014 Agenda

October 21, 2014 Minutes

September 8, 2014 Agenda

September 8, 2014 Minutes

2013-2014 MEETING SCHEDULE

May 29, 2014 Agenda

May 29, 2014 Minutes

January 28, 2014 Agenda

January 28, 2014 Minutes

December 9, 2013 Agenda

December 9, 2013 Minutes

August 27, 2013 Agenda

August 27, 2013 Minutes

2012-2013 MEETING SCHEDULE

May 16, 2013 Agenda

May 16, 2013 Minutes

January 11, 2013 Agenda

January 11, 2013 Minutes

August 30, 2012 Agenda

August 30, 2012 Minutes

April 10, 2012 Minutes

2011-2012 MEETING SCHEDULE

May 30, 2012 Agenda

May 30, 2012 Minutes

May 17, 2012 Agenda

May 17, 2012 Minutes

February 23, 2012 Agenda

February 23, 2012 Minutes

April 28, 2011 Agenda

March 15, 2011 Agenda

March 15, 2011 Minutes

2010-2011 MEETING SCHEDULE

May 19, 2011 Agenda

February 17, 2011 Agenda

February 17, 2011 Minutes

November 18, 2010 Agenda

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August 19, 2010 Agenda

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March 16, 2010 Agenda

March 16, 2010 Minutes

2009-2010 MEETING SCHEDULE

May 20, 2010 Agenda

May 20, 2010 Minutes

February 18, 2010 Agenda

February 18, 2010 Minutes

December 17, 2009 Agenda

December 17, 2009 Minutes

November 2, 2009 Agenda

November 2, 2009 Minutes

August 27, 2009 Agenda

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August 6, 2009 Agenda

August 6, 2009 Minutes

July 23, 2009 Agenda

July 23, 2009 Minutes

March 17, 2009 Agenda

March 17, 2009 Minutes

HUD Continuum of Care application

FY 2017 Notice of Funding Availability

The U.S. Department of Housing and Urban Development (HUD) has released the FY 2017 Continuum of Care (CoC) Program Competition Notice of Funding Availability. The CoC Program is designed to promote a community-wide commitment to the goal of ending homelessness; to provide funding for efforts by non-profit providers, State, and local governments to quickly re-house homeless individuals, families, persons fleeing domestic violence, and youth while minimizing the trauma and dislocation caused by homelessness; to promote access to and effective utilization of mainstream programs by homeless; and to optimize self-sufficiency among those experiencing homelessness. CoC's were required to designate a Collaborative Applicant to submit a consolidated CoC application for funding for the community as a whole, and the Community Shelter Board (CSB) is Franklin County's collaborative applicant. Please see the below Prioritization document for information on how the Franklin County CoC ranks projects for inclusion in the CoC application. Please contact CSB if you have a new, eligible program that you would like to discuss for this year's CoC application.

2017

2017 Continuum of Care Application Schedule

2017 Continuum of Care Review, Score and Ranking Procedures

2017 Continuum of Care Process for Funding Reallocation

2016

FY16 Continuum of Care Application

FY16 Continuum of Care Priority Listing

FY16 Continuum of Care Project Rankings

2016 Continuum of Care Prioritization Options

2016 Continuum of Care Process for Funding Reallocation

2016 Continuum of Care Application Schedule

2015

2015 Continuum of Care Process for Funding Reallocation

2015 Continuum of Care Application Schedule

Match and Leverage for Continuum of Care Projects

2015 Continuum of Care Application Final Ranking

FY 2015 Continuum of Care Application

FY 2015 Continuum of Care Project Priority Listing

2015 RLFC Prioritization Options

2014

2013

Additional Documents

Continuum of Care Governance Structure

2017-2018 Columbus/Franklin County RLFC Annual Plan

HOW WE DO IT

POINT-IN-TIME COUNT

REBUILDING LIVES FUNDER COLLABORATIVE

REBUILDING LIVES PLAN



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 **@CommShelterBoard** - *Jul 19*
@Nationwide collected 8k hygiene items for homeless & those affected by domestic violence. Thx for rock-solid commi...
<https://t.co/Y8P1m3im8f>

Community Shelter Board
111 Liberty Street, Ste 150
Columbus, Ohio 43215
p: 614.221.9195
f: 614.221.9199

Community Shelter Board receives support from the City of Columbus, the Franklin County Board of Commissioners, the United Way of Central Ohio, The Columbus Foundation, Nationwide Foundation, American Electric Power Foundation, the U.S. Department of Housing and Urban Development, the State of Ohio, and many other public and private investors.

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CoC Process for Funding Reallocation

Policy

HUD CoC funding reallocation can occur following the scenarios below:

1. Sub-recipient no longer interested in continuing the project or part of the project. The procedure below is implemented as soon as the CoC or Community Shelter Board is made aware by the current sub-recipient of the intent to close or decrease the size of the project.
2. Sub-recipient no longer needs the CoC funding as other funding is available for the project or part of the project. The procedure below is implemented as soon as the CoC or Community Shelter Board is made aware by the current sub-recipient that HUD funding is no longer needed for the project or part of the project.
3. Sub-recipient underperforms and the Rebuilding Lives Funder Collaborative (RLFC) (CoC) and its board decide to reallocate the full or partial funding of the project to a new sub-recipient. The procedure below is implemented as soon as the RLFC and the RLFC Board make the decision to defund a current sub-recipient, a project or part of a project due to underperformance. Underperformance is defined as any of the following:
 - a. Continued underperformance as it relates to local and federal performance outcomes
 - b. Continued underperformance as it relates to efficient use of available project capacity, the project is not using its available capacity
 - c. Continued underperformance as it relates to full drawdowns of allocated HUD CoC funds
 - d. Continued underperformance as it relates to compliance with local and federal project review and certification standards
 - e. Misuse of federal funds and not following federal legislation with no plans to come in compliance are grounds for immediate defunding. In this case Community Shelter Board, on behalf of the RLFC will take immediate steps to accelerate the procedure below as to not put at risk the households served by the underperforming project.

Procedure

Community Shelter Board, on behalf of the RLFC, issues an electronic Request for Proposals for new projects interested in receiving HUC CoC funds, as soon as it is determined that funding is available for reallocation. The electronic request for proposals is issued broadly, to all providers serving the homeless population. A Concept Paper that can be found on CSB's website at <http://csb.org/providers/applying-for-funds> is required to be submitted by all entities interested in applying. The Concept Paper can be replaced by the CoC Project Application if HUD funding application timing is such that the normal development steps cannot be followed.

The RLFC Board will review the Concept Paper at their scheduled meeting and will recommend implementation of a single or multiple projects, dependent on the funding availability.

If a site-based PSH development is proposed, the project development steps must be followed, as detailed in the Information Packet posted on CSB's website at <http://csb.org/providers/applying-for-funds>.

The RLFC has final decision making authority on all new projects created through reallocation. A resolution confirming their decision is voted on by members of the RLFC.

Columbus & Franklin County Continuum of Care Governance and Policy Statements

Overview

Continuum of Care Structure under the HEARTH Act

The Continuum of Care (CoC) is the group composed of representatives of relevant organizations ...that are organized to plan for and 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 or at risk of homelessness persons for a specific geographic area. The Continuum is responsible for coordinating and implementing a system for its geographic area to meet the needs of the homeless population and subpopulations within the geographic area.

The CoC primary responsibilities under the HEARTH Act include the following:

- < Operating the CoC
- < Designating and operating an HMIS
- < CoC planning

In Columbus and Franklin County the CoC role and responsibilities is fulfilled by a committee called the 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 annually review and approve its membership, inclusive of new members.

An RLFC Board 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 39 members shall be annually approved for participation. The RLFC Board will recommend annually members for participation on the RLFC and rotation of members will be considered if and when appropriate, using the table below. Regular attendance is expected by the RLFC representative or their delegate, as long as the delegate holds decision making authority. If a delegate is needed for a meeting, the official member must inform Community Shelter Board (CSB) as soon as possible ahead of the meeting so that CSB can assure there are no conflicts of interest. CSB's Executive Director shall chair the RLFC and the RLFC Board.

RLFC Structure	Organizational Representative
Non-profit homeless providers (rotating consideration)	Community Shelter Board YMCA
Youth homeless organizations (rotating consideration)	Huckleberry House
Victim service providers (rotating consideration)	The Center for Family Safety and Healing
Faith-based organizations (rotating consideration)	Church and Community Development for All People
Governments	City of Columbus Columbus Mayor's Office Columbus City Council Franklin County
Street Outreach (rotating consideration)	Capital Crossroads and Discovery SID
Businesses (rotating consideration)	The Columbus Foundation CSB Board Member CSB Board Member CSB Board Member
Advocates and other homeless subpopulation advocates	Columbus Coalition for the Homeless Corporation for Supportive Housing Legal Aid Society of Columbus Youth Advisory Board
Agencies that serve survivors of human trafficking (rotating consideration)	Freedom a la Cart

Public Housing Authorities	Columbus Metropolitan Housing Authority
School administrators/Homeless liaisons	Columbus City Schools – Project Connect
Employment services (rotating consideration)	Workforce Development Board of Central Ohio
Social Service Providers (rotating consideration)	Franklin County Children Services and Committee to Address Youth Experiencing Homelessness Franklin County Dept of Job and Family Services Franklin County Office on Aging Franklin County Board of Developmental Disabilities United Way of Central Ohio
Mental Health and Substance Abuse Service Organizations	ADAMH Board Twin Valley Behavioral Healthcare
Hospitals (rotating consideration)	OhioHealth
Universities (rotating consideration)	Columbus State Community College
Affordable Housing Developers	Affordable Housing Trust Corporation Ohio Capital Corporation for Housing
Law Enforcement	Columbus Police Department
Local Jail	Franklin County Jail
Veterans Organizations	Veterans Administration Veterans Service Commission
Homeless or formerly homeless persons (rotating consideration)	Citizens Advisory Council (CAC) Citizens Advisory Council (CAC)

The RLFC is expected to meet in May, August, and November of each year, in open meetings.

CSB staff shall give notice of each meeting of the RLFC, to each member of the RLFC, by mailing or emailing the same to each member at least seven (7) days prior to the holding of such meeting and posting the meeting agenda on CSB’s website.

CSB provides staff support for the RLFC.

RLFC Responsibilities

Operations of the CoC

- < Adopt and follow a written process to select the RLFC Board (The process must be reviewed, updated and approved at least once every 5 years.)
- < Appoint members to the RLFC Board every two years
- < Renew authority of the RLFC Board
- < Review and approve annual membership inclusive of new members

- < Review and approve the Annual Plan and the RLFC Governance and Policy Statements.
- < Appoint additional committees, subcommittees or work groups
- < Review, as needed, decisions made by the RLFC Board, inclusive of:
 - Performance targets
 - Provider performance and outcomes of ESG and CoC funded programs
 - Actions against poor performers
- < Establish and operate a coordinated assessment system for homeless individuals and families (delegated to CSB)
- < Establish and consistently follow written standards for the provision of ESG and CoC assistance (delegated to CSB)

CoC Planning

- < Receive community and public policy updates relevant to homelessness issues
- < Receive updates on the Rebuilding Lives Plan, the local plan to end homelessness
- < Plan and conduct a sheltered and unsheltered point-in-time count of homeless persons (delegated to CSB)
- < Conduct an annual gaps analyses of the homeless needs and services (delegated to CSB)
- < Provide required information to complete the local Consolidate Plan(s) (delegated to CSB)
- < Review and act on the annual funding allocations, inclusive of ESG and CoC funds and establish funding priorities (delegated to RLFC Board)
- < Review and act on the HUD CoC Application including all relevant charts and tables
- < Review and act on any programs that should be removed from HUD funding and any proposed funding reallocations
- < Review and make final determination on provider appeals, if provider is not in agreement with the RLFC Board determination
- < Review and act annually on the proposed new supportive housing bonus project
- < Designate a Collaborative Applicant
- < Review and act on any other RLFC Board recommendations

HMIS Operations (delegated to the RLFC Board)

- < Designate a single HMIS for the CoC
- < Designate an HMIS Lead
- < Ensure consistent participation in HMIS (delegated to CSB)
- < Ensure the HMIS compliance with HUD requirements (delegated to CSB)
- < Review and approve the HMIS policies and procedures, privacy plan, security plan and data quality plan (delegated to CSB)

Plan to Prevent and End Youth Homelessness

- < Oversee implementation of the local Plan to Prevent and End Youth Homelessness and ensure appropriate and sufficient funding for plan implementation

- < Oversee implementation of the programs under HUD’s Youth Homelessness Demonstration Project (YHDP) grant, if awarded
- < Operate the Committee to Address Youth Experiencing Homelessness as a standing committee under the RLFC.
- < Operate the Youth Advisory Board as a standing committee under the RLFC
- < Monitor the progress of efforts to prevent and end youth homelessness and the performance of programs implemented under the Plan to Prevent and End Youth Homelessness

Decision Making

Quorum: A majority of the RLFC members shall constitute a quorum at all meetings thereof. The meeting will be adjourned if no quorum is present and no voting will occur in such case.

Robert’s Rules of Order will be followed and a simple majority voting is necessary for any resolution of the committee to be passed.

2. RLFC Board

The RLFC Board is formed with representatives of the RLFC. The group meets regularly and is given authority by the RLFC to make decisions on its behalf.

The RLFC Board will be the RLFC’s Executive Committee, comprised of the following representatives:

Organizational Representative
1. City of Columbus
2. Franklin County
3. Citizens Advisory Council (homeless or formerly homeless representative)
4. ADAMH
5. CMHA
6. UWCO
7. The Columbus Foundation
8. The Columbus Coalition for the Homeless
9. Affordable Housing Trust Corporation
10.CSB Board Member
11.CSB Executive Director, Chair

Regular attendance is expected by the RLFC Board representative or their delegate, as long as the delegate holds decision making authority. If a delegate is needed for a meeting, the official member must inform CSB as soon as possible ahead of the meeting so that CSB can assure there are no conflicts of interest.

The RLFC Board is expected to meet in April, August, and November of each year. CSB may, from time to time, request the RLFC Board to meet more frequently to meet HUD requirements.

CSB staff shall give notice of each meeting of the RLFC Board, to each member of the RLFC Board, by mailing or emailing the same to each member at least seven (7) days prior to the holding of such meeting.

CSB provides staff support for the RLFC Board.

RLFC Board Responsibilities

Operations of the CoC

- < Review and recommend annual membership to the RLFC
- < Review and recommend bi-annually membership to the RLFC Board
- < Review and recommend to the RLFC the Annual Plan and the RLFC Governance and Policy Statements

CoC Planning

- < Receive community and public policy updates relevant to homelessness issues
- < Receive updates on the Rebuilding Lives Plan and take actions that will move the plan forward
- < Provide feedback and information, as needed, to the local government (City/County) on their Consolidated Plan
- < Review and act on the annual funding allocations, inclusive of ESG and CoC funds and establish funding priorities
- < Review and recommend RLFC action on the HUD CoC Application including all relevant charts and tables
- < Review and act on provider appeals as necessary
- < Review and act on the annual Point in Time Count
- < Review and act on the annual Housing Inventory Chart and Gap Analyses
- < Review and act on any other HUD mandated activity

Performance Monitoring

- < Review existing projects and programs and recommend actions to the RLFC
- < Review and recommend to the RLFC any programs that should be removed from HUD funding and any proposed funding reallocations
- < Recommend to the RLFC actions against poor performers
- < Review existing projects and make recommendations to the full RLFC for its consideration, action and inclusion in the consolidated HUD CoC application.
- < Review ongoing projects that have participated in QII at the request of the provider and/or CSB
- < Review and approve annual performance standards and evaluation of outcomes for programs funded under the ESG and CoC programs

New Programs

- < Review and incorporate feedback from the RLFC provider group on new projects and any other relevant topics

- < Review and incorporate feedback from the CAC group on new projects and any other relevant topics
- < Hear presentation from any new project developer about its proposal. The project developer will also be asked to make a presentation to the RLFC Board to respond to questions about its proposal.
- < Make recommendations to the full RLFC for its consideration, action and inclusion in the consolidated HUD CoC application of any proposed new supportive housing bonus project
- < Review and recommend the new permanent supportive housing (PSH) priority for consideration by the Ohio Housing Finance Agency

HMIS Operations

- < Designate a single HMIS for the CoC
- < Designate an HMIS Lead
- < Ensure consistent participation in HMIS (delegated to CSB). Monitor that all recipients of financial assistance under the CoC and ESG programs and any programs funded previously through McKinney-Vento Act (SHP, SPC, SRO) are using the HMIS to collect client-level data on persons served.
- < Ensure the HMIS compliance with HUD requirements (delegated to CSB)
- < Review and approve the HMIS policies and procedures, privacy plan, security plan and data quality plan for the operation and administration of the local HMIS

Plan to Prevent and End Youth Homelessness

- < Make recommendations to the full RLFC on implementation of the local Plan to Prevent and End Youth Homelessness and ensure appropriate and sufficient funding for plan implementation
- < Oversee implementation of the programs under HUD's Youth Homelessness Demonstration Project (YHDP) grant, if awarded
- < Monitor the progress of efforts to prevent and end youth homelessness and the performance of programs implemented under the Plan to Prevent and End Youth Homelessness

If the provider is not satisfied with a decision made by CSB (for funded providers) or the RLFC Board (for all providers), the provider may appeal this decision to CSB's Board of Trustees (for funded providers) or the RLFC (for non-funded providers).

Decision Making

Quorum: A majority of the RLFC Board members shall constitute a quorum at all meetings thereof. The meeting will be adjourned if no quorum is present and no voting will occur in such case.

Robert's Rules of Order will be followed and a simple majority voting is necessary for any resolution of the committee to be passed. Voting by proxy is allowed only in circumstances wherein subrecipients of HUD funding request budget amendments. Quorum for a vote by proxy may only constitute the full roster of RLFC Board members.

Voting by proxy may be completed via mail, facsimile, or electronic mail, and the complete record of each vote by proxy shall be collected and maintained by CSB. In order for a budget amendment vote by proxy to be finalized, a majority of all RLFC Board members must represent the leading vote.

No RLFC Board member may participate in or influence discussions or resulting decisions concerning the award of a grant or other financial benefits to the organization that the member represents.

3. 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 also 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 June 30. Members will not be permitted to participate until the statement is on file at CSB.

4. New member elections

For the RLFC membership, the RLFC Board will propose new member participation each year, using the membership composition described in section 1. The RLFC Board will receive recommendations for consideration from the CAC, CSB Board, and the Columbus Coalition for the Homeless for their respective organizations' representation. CSB will post on the CSB website by March 1 of each year that nominations for RLFC membership are open. The nomination period will remain open until the RLFC Board meeting in April. The RLFC Board will consider the nominations and recommendations at their April meeting. The RLFC Board will have to reach consensus when recommending new members for the RLFC. In this context, consensus means that first a unanimous vote will be attempted. If unanimity cannot be achieved, a positive vote by two-thirds (2/3) of the members (7) is needed for a new member to be recommended. The RLFC will vote on the RLFC Board recommendations at its May meeting. These meetings are open to the public. The new membership will take effect July 1 for the following fiscal year.

For the RLFC Board membership, the RLFC Board will propose new member participation every other year. The RLFC Board will receive recommendations for consideration from the CAC, CSB Board, and the Columbus Coalition for the Homeless for their respective organizations' representation. These representatives must be members of the RLFC. The RLFC Board will have to reach consensus when recommending new members for the

RLFC Board. In this context, consensus means that first a unanimous vote will be attempted. If unanimity cannot be achieved, a positive vote by two-thirds (2/3) of the members (7) is needed for a new member to be recommended. The RLFC Board membership will not exceed 11. A minimum of 2 and a maximum of 5 new members will be recommended every two years. In proposing new members, the RLFC Board will be mindful that the RLFC Board membership must be free of any factual or perceived conflict of interest. The recommendations will be made at the April RLFC Board meeting. The RLFC will vote on the RLFC Board recommendations at its May meeting with the new membership taking effect July 1 for the following two fiscal years.

5. **Rebuilding Lives 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 (RL) 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.

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.

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 be responsible for the following:

Operations of the CoC

- < Chair the RLFC and RLFC Board and serve as the fiscal agent
- < Staff the RLFC and RLFC Board and provide support
- < Issue annually a public request for new RLFC member nomination
- < Act as the Collaborative Applicant for the Columbus and Franklin County RLFC, per HUD's HEARTH legislation

- < Act as the Collaborative Applicant for the HUD Youth Homelessness Demonstration Program
- < 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

CoC Planning

- < Implement the requirements of the HEARTH legislation as mandated by HUD
- < Prepare and present to the RLFC Board annual funding allocations, inclusive of ESG, CoC, and YHDP funds and semi-annual updates on funding allocations
- < Provide program and system level performance monitoring and evaluations of outcomes
- < Establish and operate a coordinated assessment system for homeless individuals and families
- < Establish and consistently follow written standards for the provision of ESG and CoC assistance
- < Communicate the RL Plan progress to the community, including an annual Report Card
- < Meet the HUD record keeping requirements, inclusive of CoC records
- < Plan and conduct a sheltered and unsheltered point-in-time count of homeless persons
- < Conduct an annual gaps analyses of the homeless needs and services
- < Provide required information to complete the local Consolidate Plan(s)
- < Certify the applicants/projects for ODSA grants

HMIS Operations

- < Ensure consistent participation in HMIS (delegated to CSB)
- < Ensure the HMIS compliance with HUD requirements (delegated to CSB)
- < Prepare the HMIS policies and procedures, privacy plan, security plan and data quality plan (delegated to CSB)
- < Operate as the HMIS Lead and make system-wide decisions regarding the HMIS that impact all covered homeless organizations. HMIS Lead means the entity designated by the RLFC Board in accordance with 24 CFR part 580 to operate the Continuum's HMIS on the RLFC's behalf.

6. 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 Board will review and approve the Point in Time Count Plan annually and empower CSB to lead coordination efforts to conduct the count.

7. **HUD Application Processes**

The RLFC will meet annually to review and act on the HUD CoC Application including all relevant charts and tables. CSB will coordinate the applicant submission of CoC project applications, prepare the CoC Application, and submit the consolidated application on behalf of the RLFC. CSB will coordinate the submission of YHDP project applications, prepare the YHDP application, and submit the application(s) on behalf of the RLFC.

8. **ODSA Application Processes**

To fulfill the ODSA Homeless Assistance programs application processes, CSB will certify applicants/projects on behalf of the RLFC Board and make recommendations to ODSA. Agencies that disagree with CSB will appeal to the RLFC Board via electronic appeals.

9. **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 Board and CSB. The RLFC Board 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.

10. **Program Performance Standards**

Program performance standards will be established by CSB and recommended to the RLFC Board 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 Board (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 Board.

11. **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 Board for handling. The provider will be given an opportunity to present its case to the RLFC Board 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 Board programs that should not continue to receive funding through the annual HUD application process due to underperformance. All programs rated as “Low” performers through CSB’s annual Program Evaluation will be discussed at the RLFC Board. CSB will recommend the RLFC Board 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.

12. Meeting Support

CSB will provide meeting support for the RLFC and RLFC Board 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 Board 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 Board members and provider agency designees.

13. 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 / 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 Board.

CSB has the following roles:

- < Make decisions about HMIS management and administration
 - < Designate a single information system as the official HMIS software for the geographic area
 - < Develop all policies and plans the HMIS lead is required to develop. Annually update the Security Plan, Data Quality Plan and Privacy Policy
 - < 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.
14. 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.
15. Develop written HMIS policies and procedures for all CHOs for the operation of the HMIS;
16. 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;
17. 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;

18. Monitor and enforce compliance by all CHOs with the requirements of this part and report on compliance to RLFC Board and HUD;
19. The HMIS Lead must submit a security plan, a data quality plan, and a privacy policy to the RLFC Board 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 Board and CHO. The HMIS Lead must implement the plans and policy within 6 months of the date of approval by the RLFC Board.
20. 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.
21. The HMIS Lead must establish a security plan which meets the minimum requirements for a security plan as established by HUD in notice.
22. 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.
23. The HMIS Lead must ensure that each covered homeless organization designates a security officer and conduct workforce security measures.
24. 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.
25. 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.
26. 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 Board, and CHOs and other requirements established by HUD in notice.
27. 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.

28. The HMIS Lead must ensure that each user completes security training at least annually and prior to given access to the HMIS.
29. The HMIS Lead must ensure that each covered homeless organization conducts an annual security review.
30. The HMIS Lead must set data quality benchmarks including bed coverage rates and service-volume coverage rates.
31. The HMIS Lead must develop and implement a data quality plan.
32. The HMIS Lead may archive data in the HMIS but follow standards published in the Federal Register notices.
33. 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.
34. The HMIS Lead shall submit reports to HUD as required.

Provider Activities

35. 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 Board review
- < The opportunity to review and comment on RLFC annual plan, policies, and program standards

36. 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 CoC project application 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 Board
- < Request a waiver from compliance with specific program performance standards
- < Submit Concept Papers and Project Plans for new supportive housing projects, for the consideration of the RLFC Board and the RLFC, in accordance with the standards for development of new projects, found at www.csb.org

37. Committees

The following committees are currently operational. These committees are also staffed by Community Shelter Board representatives.

Adult System Operations Workgroup (ASOW) – a provider group comprised of representatives of non-profit agencies operating emergency shelters for single adults, the coordinated point of access to emergency shelter and outreach providers. The group meets at least monthly, more often during the winter overflow season, to further the provision of services for homeless single adults.

Family System Operations Workgroup (FSOW) – a provider group comprised of representatives of non-profit agencies operating the emergency shelter for families and the front door to the family shelter, the local domestic violence provider, providers of direct housing/rapid re-housing services and providers of family prevention activities. The group meets monthly to further the provision of services for homeless families.

Permanent Supportive Housing Roundtable – a provider group comprised of representatives of non-profit agencies operating the permanent supportive housing programs in the community, the local mental health and substance abuse board and the local housing authority. The group meets quarterly to improve the provision of permanent supportive housing system and services for formerly homeless single adults and families.

HMIS (CSP) Administrators Group - a provider group comprised of representatives of non-profit agencies using the local homeless management information system, Columbus ServicePoint (CSP). Each agency that has access to CSP must have a designated primary and backup administrator. Both are invited to participate at this quarterly meeting where new HMIS developments are discussed and improvements to the system and proposed and implemented.

Citizens Advisory Council (CAC) The Citizens Advisory Council is a CSB sponsored group that has membership comprised of homeless and formerly homeless individuals. This group meets monthly.

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 Board review.
- < The opportunity to review and comment on RLFC annual plan, policies, and program standards.

Point in Time Count Workgroup – a group comprised of representatives of non-profit agencies operating emergency shelters, the coordinated point of access to emergency shelter outreach providers, local homeless advocacy groups and other social service agencies. The group meets starting in the fall of each year and until the annual point in time count occurs and all the counting is finalized. The purpose of the group is to plan and implement the annual point in time count of unsheltered homeless individuals.

Committee to Address Youth Experiencing Homelessness – The Committee oversees implementation of the local plan to prevent and end youth homelessness and coordinates development and submission of project applications for the HUD YHDP. The Committee includes nonprofit organizations that serve youth experiencing homelessness, Franklin County Children Services, the Local Education Agency, City and County governments, recipient(s) of federal Runaway and Homeless Youth funding, the Youth Advisory Board, and CSB.

Youth Advisory Board (YAB) – The YAB is comprised of at least 3 youth members (age 24 and younger), at least two-thirds of whom are homeless or formerly homeless. The YAB plans and participates in the implementation of the local plan to prevent and end youth homelessness. The YAB reviews and approves all project applications submitted under the YHDP grant and provides feedback to the Committee to Address Youth Experiencing Homelessness. YAB is an active member of the Committee to End Youth Homelessness and the RLFC. YAB provides feedback to the Committee and the RLFC on programs implemented through the YHDP and the local plan to prevent and end youth homelessness.

Veteran System Operations Workgroup – The Workgroup oversees implementation of the local policies and procedures to end veteran homelessness. The group includes the U.S. Department of Veterans Affairs, Supportive Services for Veteran Families (SSVF) providers, and other entities that serve veterans experiencing homelessness.

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Community Shelter Board

Columbus ServicePoint

Policies and Procedures

Last Revised: 11/2014

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1. Introduction

1.1 Community Shelter Board

VISION

Ending homelessness in our community.

MISSION

To end homelessness, we...

- Innovate Solutions
- Create Collaborations
- Invest in Quality Programs

1.2 Project Summary

The Columbus ServicePoint (CSP) is used to collect, monitor, and evaluate homeless and housing services in Columbus and Franklin County. Currently, over 120 users in 16 agencies are using CSP to collect data for 50 homeless and housing related programs that cover 2,914 units throughout Franklin County. The CSP project is supported by CSB through a Data and Evaluation Department staffed by a full time CSB Database Administrator, Data and Evaluation Manager, and Operations Director.

HUD requires each local CoC to have an HMIS that complies with the HUD standards, is used by all HUD funded entities in the continuum and is able to produce aggregate reporting at system and community level. CSB's HMIS did not fully comply with these new standards, which led to the need to upgrade the system.

To comply with the above requirements, a community-wide HMIS Selection Committee has been convened and supported by CSB to implement a plan to upgrade the existing HMIS.

The HMIS upgrade project seeks to identify and install an HMIS which is sufficiently robust to meet the current and future data collection, information sharing, and reporting needs of CSB and its partner agencies. The primary considerations were:

- Compliance with HUD standards
- Upgrade/replacement of existing software and system hardware
- Desire for an intuitive user interface which prohibits inadvertent creation of duplicate client records
- Better meet the needs of CSB, partner agencies, funders, and the community for accurate and timely reports on homelessness
- Improved monitoring of system and program outcomes, including ability to analyze trends
- Ability to support a new, Central Intake and Assessment Center for both Emergency Shelter and Permanent Supportive Housing (expected recommendation from the Rebuilding Lives Updated Strategy)

The HMIS Upgrade RFP was issued in January of 2007 and six proposals were received. In May 2007, after a thorough review of the proposals, the HMIS Selection Committee deemed that three

vendors warranted further consideration. A thorough due diligence process was performed for each of the three vendors to determine the best system. The Committee recommended on September 11, 2007 to start contract negotiations with Bowman Systems as the vendor for the upgraded HMIS. The recommendation was presented and adopted by the CoC Steering Committee on October 9, 2007. Implementation of the new system was started in November 2007. The eight-month implementation process was coordinated through a community-wide implementation planning team with representation from all agencies using HMIS. The implementation due date and “go live” date was July 14, 2008.

1.3 Governing Principles

The goal of the Columbus ServicePoint (CSP) is to support the delivery of homeless and housing services in Columbus and Franklin County. The CSP is:

- a benefit to individual clients through enhanced service delivery
- a tool for the provider agencies in managing programs and services
- a guide for CSB and its funders regarding community resource needs and service delivery

While accomplishing these goals, CSB recognizes the primacy of client needs in the design and management of the CSP. These needs include both the need continually to improve the quality of homeless and housing services with the goal of eliminating homelessness in Columbus and Franklin County, and the need vigilantly to maintain client confidentiality, treating the personal data of our most vulnerable populations with respect and care. As the guardians entrusted with this personal data, we have both a moral and a legal obligation to ensure that this data is being collected, accessed and used appropriately. The needs of the people we serve are the driving forces behind the CSP.

With this in mind, the CSP will also be:

- a **confidential and secure environment** protecting the collection and use of client data

1.4 Terminology

Many of the terms used in this Policies and Procedures Manual may be new to many users. Definitions of some of these terms are as follows:

Authentication: The process of identifying a user in order to grant access to a system or resource. Usually based on a username and password.

Bowman Internet Systems: Also known as Bowman. The company who wrote the software used for the CSP.

CSP: Columbus ServicePoint, the specific HMIS utilized in Columbus, Ohio. Currently the HMIS uses software called ServicePoint produced by Bowman Internet Systems.

Contributing HMIS Organization (CHO): Any agency, organization or group who has signed an CSP Agency Agreement with CSB and is allowed access and contributes data to the CSP database. These agencies connect independently to the database via the Internet.

Continuum of Care Project: Project receiving funding from the US Department of Housing and Urban Development through the competitive Continuum of Care application process.

CSB: Community Shelter Board. CSB is an intermediary funding and planning organization in Columbus, Ohio, with the goal of eliminating homelessness in Columbus and Franklin County.

CSB Database Administrator: The job title of the person at CSB who is the System Administrator for the CSP.

Database: An electronic system for organizing data so it can easily be searched and retrieved. Usually organized by fields and records.

Encryption: Translation of data from plain text to a complex code. Only those with the ability to unencrypt the encrypted data can read the data. Provides security.

Firewall: A method of controlling access to a private network, to provide security of data. Firewalls can use software, hardware, or a combination of both to control access.

Partner Agency: Agencies receiving funding from the Community Shelter Board.

Server: A computer on a network that manages resources for use by other computers in the network. For example, a file server stores files that other computers (with appropriate permissions) can access. One file server can “serve” many files to many client computers. A database server stores a data file and performs database queries for client computers.

ServicePoint: A software package written by Bowman Internet Systems which tracks data about people in housing crisis in order to determine individual needs and provide aggregate data for reporting and planning. This software is web-based, and uses a standard graphical user interface similar to Microsoft Windows.

Agency Administrator: The person responsible for system administration at the agency level. Responsible for adding and deleting users, basic trouble-shooting, and organizational contact with the CSB Database Administrator.

System Administrator: The person with the highest level of user access in ServicePoint. This user has full access to all user and administrative functions. The name of the level of access is “System Administrator II.”

User: An individual who uses a particular software package; in the case of the CSP, the ServicePoint software.

User License: An agreement with a software company that allows an individual to use the product. In the case of ServicePoint, user licenses are agreements between CSB and Bowman Internet Systems that govern individual connections to the CSP.

1.5 Ownership

The CSP, and any and all data stored in the CSP, is the property of the Community Shelter Board. CSB has final control over the creation, maintenance and security of the CSP. In order to ensure the integrity and security of sensitive client confidential information and other data maintained in the database, CSB will require all CHOs to sign the CSP Agency Agreement prior to being given access to the CSP. The CSP Agency Agreement includes terms regarding the maintenance of the confidentiality of client information, provisions regarding the duration of access, an

acknowledgement of receipt of the Policies and Procedures Manual, and an agreement to abide by policies and procedures related to the CSP including all security provisions contained therein.

Violations of the CSP Agency Agreement, including without limitation the failure to comply with the policies and procedures related to the CSP, may subject the Contributing HMIS Organization (CHO) to discipline and termination of access to the CSP and/or to termination of other CSB contracts.

2. Implementation Overview

2.1 Relationship to CHOs

Contributing HMIS Organizations (CHOs) are those agencies allowed by CSB to connect to the CSP for the purposes of data entry, data editing and data reporting. These agencies are CSB Partner Agencies, Continuum of Care Projects, and Other Agencies. Partner Agencies are agencies receiving funding directly from the Community Shelter Board. Continuum of Care Projects receive funding from the US Department of Housing and Urban Development through the competitive Continuum of Care application process. Other Agencies choose to participate in the CSP though they do not receive funding from the Community Shelter Board.

Relationships between CSB and CHOs are governed by any standing agency-specific agreements already in place (such as the Program and Master Provider Agreements), the CSP Agency Agreement, and the contents of the Policies and Procedures Manual. All CHOs, regardless of type, are required to abide by the policies and procedures outlined in this manual.

2.2 Relationship to Bowman Internet Systems

CSB contracts with Bowman Internet Systems on an annual basis. Through this contract, Bowman Internet Systems provides software maintenance, application support, and database maintenance and hosting. CSB has purchased software and user licenses, for a one-time fee, to be used in the CSP project. CSB is responsible for maintaining the CSP contract with Bowman Internet Systems, and the CSB Database Administrator is the designated contact to Bowman Internet Systems. The CSB Database Administrator is responsible for providing the main conduit for communications between CHOs and Bowman in order to provide coherent and timely information exchange.

While most communications with Bowman Internet Systems related to the CSP will be channeled through the CSB Database Administrator, CHOs may choose to contract independently with Bowman to acquire further database customization or other services not related to the CSP. In such cases, the individual agency is solely responsible for negotiation of, and payment for, these services, as well as all communication with Bowman regarding these matters.

2.3 Central Server

The CSP is hosted on Bowman's servers, located in a larger office complex with 24-hour security. The Bowman network is protected by strong firewalls, and all traffic is logged and monitored by System Administrators. The database server utilizes RAID disk mirroring to protect data in the event of hard drive failure, and all data is backed up to tape on a nightly basis and secured in an off-site, fire proof storage facility.

ServicePoint is our HMIS software package. ServicePoint was created by Bowman Internet Systems to provide robust client tracking, case management and reporting. This software utilizes a web interface to provide greater accessibility to agencies. ServicePoint grants access only to authorized users and employs a third-party security vendor, Verisign, to provide commercial-grade, 128-bit SSL data encryption. ServicePoint also utilizes username and password authentication, as well as multiple security levels to control the amount of access a valid user can have.

2.4 Security Infrastructure

CSB, by paying a monthly fee, is taking advantage of Bowman's maintenance and hosting services for the CSP. Bowman employs a full time staff of experts dedicated to keeping their clients up, running, and secure, using the latest technology. This technology includes physical security, Cisco firewalls, authentication through Verisign certificates, Windows secure server technology, and 128-bit encryption of usernames, passwords, and all data passing to and from the database. It is the job of the CSB Database Administrator to maintain a point of contact between Bowman and CSB and keep track of security issues at the central database.

This arrangement provides protection against:

Physical Attack: The Bowman servers are located in a physically secure building, where security guards are employed to monitor security from 7:00 a.m. to 7:00 p.m. Monday through Friday, and from 8:00 a.m. to 4:00 p.m. on Saturdays. During off-hours, a card key is required to enter the building. Within the building, the Bowman offices are also locked with a separate key structure.

Network Attack: Bowman uses Cisco firewalls to prevent unauthorized remote access to the database server. A firewall is a software application which blocks all incoming electronic traffic except traffic that is explicitly permitted. Permissions are configured manually by network administrators. This combination of firewalls and virus protection software will detect and prevent most viruses, Trojan horses, worms, malicious mobile codes or email bombs from damaging our database.

Denial of Service: The combination of firewalls and routine monitoring of network traffic by skilled professional (in this case, Bowman network administrator) will detect and prevent an attacker from flooding our server to the point of failure.

Exploitation of Operating System Vulnerabilities: As a part of the maintenance contract, network administrators at Bowman are responsible for updating the server with the latest software patches and fixes of known operating system weaknesses. Keeping abreast of software patches and reports of new vulnerabilities is the best way to avoid falling prey to these attacks.

Exploitation of Software Vulnerabilities: Because we rely on the same company who created the ServicePoint software to host our system, we can be sure that any security holes discovered in the ServicePoint software will be addressed by technicians with access to timely and accurate information about the core program. We will not need to rely on second or third-hand software alerts, or the installation of patches and upgrades by network administrators unfamiliar with the product. This is a great advantage in combating application-specific security issues.

User Falsification: Using a public-key infrastructure and signed digital certificates, the latest security technology available, Verisign provides a safe and reliable method of authenticating users. These methods, which they do employ traditional user names and passwords at their base, encrypt data and provide a software-enabled check and counter-check methodology that make stealing identities or masquerading as an authorized user virtually impossible. In addition, these methods produce one-time use session keys that foil a replay attack, as user credentials will never be signed and encrypted in precisely the same way twice.

Data Traps: Verisign provides 128-bit SSL encryption of all data passing from agency to server, or server to agency. Encryption is the translation of data from a readable "clear text" to an encoded hash using complex mathematical algorithms. SSL, short for secure sockets layer, is a data transport protocol which encrypts data using a public-key infrastructure. 128-bit SSL encryption is the strongest encryption allowed by the U.S. Department of Commerce; it is estimated that data encrypted with 128-bit encryption would take a trillion-trillion years to crack using today's

technology. When data is encrypted, even if packets could be captured or recorded as they travel across the Internet, they could not be decoded and read.

Server Falsification: The public-key infrastructure provided by Verisign provides not only authentication of the agency, but also authentication of the web site, and hence, authentication of the hosting server. Authentication is provided through digital certificates verified by Verisign, and is an integral part of the login process. Mutual authentication prevents a rogue web site from masquerading as our secure web site and drawing sensitive data.

Social Engineering: These are attacks in which a social situation (for example, a customer service call from a third-party company) is manipulated so that an unauthorized user gains access to protected information, such as a client data, or user names and passwords. The biggest deterrent to social engineering is clear policies and procedures. It is much harder for users to be manipulated into providing confidential information if they have clear and thoughtful rules to follow when providing such information. CSB will provide clear and thoughtful policies and procedures around issues of ServicePoint data confidentiality, and confidentiality of user names and passwords. These procedures will be designed to speed problem resolution and minimize the chance of a user being manipulated into divulging confidential data through confusion or a sincere desire to help someone in need.

Misuse of Privileges: ServicePoint provides several levels of user access to the database. Each level has access to a particular subset of information, and particular abilities to manipulate information. CSB will provide clear “job descriptions” for each level of access, to ensure that each user is assigned an appropriate level of access. CSB will also provide clear protocol and procedures for handling data needs and requests that fall outside of a particular user’s job description. Finally, CSB will provide clear procedures for handling changes in access levels and users, as well as for password recovery and other access issues. These procedures will be designed to clarify and streamline the daily work of legitimate users, and minimize the chance of legitimate users misusing privileges even towards legitimate ends.

Local Physical Attack: Agency computers are necessarily more physically vulnerable than our central server. As no ServicePoint data is stored on the local computer, however, the physical vulnerability of these computers does not constitute a significant threat to client confidentiality regarding this data. However, any user access data, such as a password, that is stored on a computer or in a written file, does constitute a risk to client confidentiality. The CSP policies and procedures will include provisions for the appropriate handling of client access data.

3. Roles and Responsibilities

3.1 Project Organization

3.1.1 Project Management

Policy: CSB is responsible for organization and management of the CSP.

Explanation: As the coordinating body for the CSP system, CSB is responsible for all system-wide policies, procedures, communication and coordination. CSB is the primary contact with Bowman Internet Systems, and with its help, will implement all necessary system-wide changes and updates.

Procedure: CSB seeks to provide a uniform CSP which will yield the most consistent data for client management, agency reporting, and service planning. The primary position at CSB for CSP management is the CSB Database Administrator. All system-wide questions and issues should be directed to the CSB Database Administrator. The Database Administrator reports to the CSB Operations Director. The Operations Director will also designate a Back-up Database Administrator. CSB Executive Director, as head of the Community Shelter Board, is ultimately responsible for all final decisions regarding planning and implementation of the CSP.

3.1.2 Agency Administrator

Policy: Each CHO will designate an Agency Administrator. The Agency Administrator must have an email address.

Explanation: The Agency Administrator is the primary CSP contact at the agency. This person will be responsible for:

- Providing a single point of communication between the CHO's end users and the CSB Database Administrator around CSP issues
- Ensuring the stability of the agency connection to the Internet and ServicePoint, either directly or in communication with other technical professionals
- Training agency end-users
- Providing support for the generation of agency reports
- Managing agency user licenses
- Monitoring compliance with standards of client confidentiality and data collection, entry, and retrieval
- Participating in Agency Administrators training and regular meetings
- Participating in CSB's CSP Implementation Team for continuous improvement of the system's functionality and as the advisors and consultants to the CSB Database Administrator

Designating one primary CSP contact and power-user at each agency increases the effectiveness of communication both between and within agencies.

Procedure: Each CHO should designate its Agency Administrator and send that person's name and contact information to the CSB Database Administrator. Changes to that information should be promptly reported to the CSB Database Administrator. Each CHO should designate a back-up Agency Administrator and send the person's information to CSB Database Administrator.

3.1.3 User Access Levels

Policy: All CSP Users will have an appropriate level of access to CSP data.

Explanation: ServicePoint allows multiple levels of user access to data contained in the database. Access is assigned when new users are added to the system and can be altered as needs change. For security purposes, appropriate access levels should be assigned to all users.

Procedure: The Agency Administrator, in consultation with the CSB Database Administrator, will assign appropriate user levels when adding new users. In the interest of client data security, the Agency Administrator will always attempt to assign the most restrictive access which allows efficient job performance.

3.1.4 CSB Communication with CHOs

Policy: The CSB Database Administrator is responsible for relevant and timely communication with each agency regarding the CSP.

Explanation: The CSB Database Administrator will communicate system-wide changes and other relevant information to agencies as needed. The CSB Database Administrator will also maintain a high level of availability to CHOs. While specific problem resolution may take longer, the CSB Database Administrator will strive to respond to CHO questions and issues within one business day of receipt.

Procedure: General communications from the CSB Database Administrator will be directed towards the agency Agency Administrator, most of the time through email communication. Specific communications will be addressed to the person or people involved. The CSB Database Administrator will be available via email, phone, and mail. The CSB website and ServicePoint will also be used to distribute CSP information. Agency Administrators are responsible for ensuring all their agency users are informed of appropriate CSP related communications. Agency Administrators are also responsible for distributing that information to any additional people at their agency who may need to receive it, including, but not limited to, Executive Directors, client intake workers, and data entry specialists.

3.1.5 CHO Communications with CSB

Policy: CHOs are responsible for communicating needs and questions regarding the CSP directly to the CSB Database Administrator.

Explanation: CHOs will communicate needs and questions directly to the CSB Database Administrator.

Procedure: Users at CHOs will communicate needs, issues and questions to their Agency Administrator. If the Agency Administrator is unable to resolve the issue, the Agency Administrator will contact the CSB Database Administrator via email, phone or mail. The goal of the CSB Database Administrator is to respond to CHO needs within one business day of the first contact.

3.1.6 System Availability

Policy: CSB and Bowman Internet Systems will provide a highly available database server and will inform users in advance of any planned interruption in service.

Explanation: It is the intent of CSB and Bowman Internet Systems that the CSP database server will be available 24 hours a day, 7 days a week, 52 weeks a year to incoming connections. However, no computer system achieves 100% uptime. In the event of planned server downtime, the CSB Database Administrator will inform agencies as much in advance as possible in order to allow CHOs to plan their access patterns accordingly.

Procedure: In the event that the database server is or will be unavailable due to disaster or routine maintenance, Bowman Internet Systems will contact the CSB Database Administrator. The CSB Database Administrator will contact Agency Administrators and inform them of the cause and duration of the interruption in service. The CSB Database Administrator will log all downtime for purposes of system evaluation.

3.1.7 Ethical Data Use

Policy: Data contained in the CSP will only be used to support the delivery of homeless and housing services in Columbus and Franklin County. Each CSP User will affirm the principles of ethical data use and client confidentiality contained in the CSP Policies and Procedures Manual and the CSP User Agreement.

Explanation: CSB recognizes that the specific purpose for which the CSP was created limits the uses of the data it contains to those which conform to this initial purpose. The data collected in the CSP is the personal information of people in the Columbus and Franklin County community who are experiencing a housing crisis. It is the responsibility of the guardians of that data to ensure that it is only used to the ends to which it was collected.

Procedure: All CSP users will sign an CSP User Agreement before being given access to the CSP. Any individual or CHO misusing, or attempting to misuse, CSP data will be denied access to the database, and his/her/its relationship with CSB will be terminated.

3.1.8 CHO Grievances

Policy: CHOs will contact the CSB Database Administrator to resolve CSP problems.

Explanation: CSB is responsible for the operation of the CSP. Any problems with the operation or policies of the CSP are to be discussed with the Community Shelter Board. CSB has final decision-making power over all aspects of the CSP.

Procedure: CHOs will bring CSP problems to the attention of the CSB Database Administrator. If these problems cannot be resolved by the CSB Database Administrator, the CSB Database Administrator will take them to the CSB Operations Director, and finally to the CSB Executive Director. CSB Executive Director shall have the final say in all matters regarding the CSP.

3.1.9 Client Grievance

Policy: Clients will contact the CHO with which they have a grievance for resolution of CSP problems. CHOs will report all CSP-related client grievances to the Community Shelter Board.

Explanation: Each agency is responsible for answering questions and complaints from their own clients regarding the CSP. CSB is responsible for the overall use of the CSP, and will respond if users or agencies fail to follow the terms of the CSP agency agreements, breach client confidentiality, or misuse client data. Agencies are obligated to report all CSP-related client problems and complaints to the Community Shelter Board, which will determine the need for further action.

Procedure: Clients will bring CSP complaints directly to the agency with which they have a grievance. Agencies will provide a copy of the CSP Policies and Procedures Manual upon request, and respond to client issues. Agencies will send copies of all client grievance forms recording CSP-related client problems and complaints to the CSB Database Administrator. The CSB Database Administrator will record all grievances and will report these complaints to the CSB Operations Director, who will take any necessary action. CSB will keep a log of all complaints and concerns, and will respond to individual complaints and patterns of concern with appropriate actions. These actions might include further investigation of incidents, clarification or review of policies, or sanctioning of users and agencies if users or agencies are found to have violated standards set forth in CSP Agency Agreements or the Policies and Procedures Manual.

3.1.10 CHO Hardware/Software Requirements

Policy: CHOs will provide their own computer and method of connecting to Internet, and thus to the CSP.

Explanation: Because ServicePoint is a web-enabled software, all that is required to use the database is a computer, a valid username and password, and the ability to connect to the Internet by broadband or other high-speed connection using Microsoft Internet Explorer or Mozilla Firefox. There is no unusual hardware or additional ServicePoint-related software or software installation required. Bowman guidelines are:

WORKSTATIONS

ServicePoint 5 relies on the client machine more than previous versions. Therefore, faster machines will have better results; where in the past most of the performance was related to the server and connection speed. Fast internet connection and browser speed are still important, which is why Internet Explorer 8 and 9 are recommended over IE7. Some performance tests indicate IE8 can double the speed of IE7.

MEMORY

If Win7 – 4 Gig recommended, (2 Gig minimum)

If Vista – 4 Gig recommended, (2 Gig minimum)

If XP – 2 Gig recommended, (1 Gig minimum)

MONITOR

Screen Display - 1024 by 768 (XGA) or higher (1280x768 strongly advised)

PROCESSOR

Avoid using single-core CPUs

INTERNET CONNECTION

Broadband

BROWSER

Firefox is recommended; IE is acceptable; still experiencing issues with Chrome

Procedure: It is the responsibility of the CHO to provide a computer and connection to the Internet. If desired by the CHO, the CSB Database Administrator will provide advice as to the type of computer and connection.

3.1.11 CHO Technical Support Requirements

Policy: CHOs will provide their own technical support for all hardware and software employed to connect to the CSP.

Explanation: The equipment used to connect to the CSP is the responsibility of the CHO.

Procedure: Agencies will provide internal technical support for the hardware, software and Internet connections necessary to connect to the CSP according to their own organizational needs.

3.1.12 CSP Documentation (Policies & Procedures, User's Manual, QA Standards & Data Dictionary, and CSP related forms) Updates

Policy: CSB will provide a CSP Policies & Procedures Manual for all CSP Agency Administrators, and a CSP Users' Manual, QA Standards & Data Dictionary, and relevant forms for all CSP users. These documents will be kept up to date and in compliance with all HUD policies and requirements.

Explanation:

The purpose of the CSP policies and procedures is to provide Agency Administrators with guidance in maintaining compliance with HUD and Continuum of Care requirements and standards. They include information about how the software product is to be managed from an Agency Administrator perspective and the roles and responsibilities of an Agency Administrator and their CHO. CSB will provide an electronic copy of the Policies and Procedures Manual containing procedures that are held in common for all CHOs.

An internal users' manual provides software users with information about how the software product is used in a particular community. CSB will provide an electronic Users' Manual containing procedures that are held in common for all CHOs and common CSP related forms. The CSP Users' Manual will provide specific technical instruction to CSP users about how to use ServicePoint. The QA Standards & Data Dictionary provides users with detailed information on the quality assurance standards and the data requirements for all programs and CHOs. CSB will provide an electronic copy of the QA Standards & Data Dictionary for all CHOs.

Procedure: The CSB Database Administrator will update the Policies & Procedures, CSP Users' Manual, QA Standards & Data Dictionary and commons CSP related forms annually, by the beginning of each new fiscal year. The CSP documents will be reviewed and kept up to date and in compliance with all HUD policies and requirements. In the event HUD issues interim changes to the requirements, affected policies and procedures and related documentation will be reviewed and updated at that time as well. The updates will be reviewed and approved by the CSB Operations Director. The updates will be communicated and discussed with the CSP Agency Administrators during the quarterly CSP Administrator meetings. If HUD requirements necessitate immediate implementation of changes, this will be communicated to all Agency Administrators electronically, as soon as available. Regular CSP trainings will include an overview of these documents and their role. These documents will be available for download at www.csb.org. The CSP User's Manual will be password protected, please inquire of the CSB Database Administrator for the current password.

3.2 Security

3.2.1 User Access

Policy: Agency Administrators will provide unique usernames and initial passwords to each agency user. Usernames will be unique for each user and will be comprised of the initial of the user's first name and the user's full last name, all lower case. Usernames and passwords may not be exchanged or shared with other users. The CSB Database Administrator will have access to the list of usernames.

Explanation: Unique usernames and passwords are the most basic building block of data security. Not only is each username assigned a specific access level, but in order to provide to clients an accurate record of who has altered his or her record, when it was altered, and what the changes were, it is necessary to log a username with every change. Exchanging usernames seriously compromises security and accountability to clients.

Procedure: Agency Administrators will provide unique usernames comprised of the user's first initial and full last name, all lower case, and initial passwords to each user upon completion of training and signing of a confidentiality agreement and receipt of the Policies and Procedures Manual. The sharing of usernames will be considered a breach of the CSP Agency Agreement.

3.2.2 User Changes

Policy: The CHO Agency Administrator will make any necessary changes to the role of CHO users.

Explanation: The Agency Administrator has the ability to add/delete user accounts and re-distribute user licenses to accommodate agency reorganization.

Procedure: The Agency Administrator will make any necessary changes to the list of agency users. Changes in Agency Administrators and backup Agency Administrators must be reported to the CSB Database Administrator.

3.2.3 Passwords

Policy: Users will have access to the CSP via a username and password. Passwords will be reset every 45 days. Passwords must consist of at least 8 characters and include at least two digits. Users will keep passwords confidential.

Explanation: Users will have access to the CSB CSP via a username and password. These methods of access are unique to each user and confidential. Users are responsible for keeping their passwords confidential. For security reasons, passwords will automatically be reset every 45 days.

Procedure: The CHO Agency Administrator will issue a username and password to each new user who has completed training directed by the CHO. Every 45 days, passwords are reset automatically. On the 45th day, when the user logs in, the system will require the user to create a new password and enter it twice before accessing the database.

3.2.4 Password Recovery

Policy: The CHO Agency Administrator will reset a user's password in the event the password is forgotten. CSB's Database Administrator will reset an Agency Administrator's password in the event the password is forgotten.

Explanation: In the event of a forgotten password, the CHO Agency Administrator will reset that password, deleting the old password and allowing the user to connect using a new temporary password.

Procedure: In the event of a forgotten password, the user whose password is forgotten will contact the Agency Administrator. The Agency Administrator will reset the user password, and issue a temporary password to allow the user to login and choose a new password. The new password will be valid from that time forward, until the next forced change.

3.2.5 Extracted Data

Policy: CSP users will maintain the security of any client data extracted from the database and stored locally, including all data used in custom reporting. CSP users will not electronically transmit any unencrypted client data across a public network.

Explanation: The custom report-writer function of ServicePoint and ART allows client data to be downloaded to an encrypted file on the local computer. Once that file is unencrypted by the user, confidential client data is left vulnerable on the local computer, unless additional measures are taken. Such measures might include restricting access to the file by adding a password. For security reasons, unencrypted data may not be sent over a network that is open to the public. For example, while unencrypted data might be stored on a server and accessed by a client computer within the private local area network, the same unencrypted data may not be sent via email to a client computer not within the same local area network. CSP users should apply the same standards of security to local files containing client data as to the CSP database itself.

Procedure: Data extracted from the database and stored locally will be stored in a secure location and will not be transmitted outside of the private local area network unless it is properly protected. Security questions will be addressed to the CSB Database Administrator.

3.2.6 Data Access Location

Policy: Users will ensure the confidentiality of client data, following all security policies in the CSP Policies and Procedures Manual and adhering to the standards of ethical data use, regardless of the location of the connecting computer.

Explanation: Because ServicePoint is web-enabled software, users could conceivably connect to the database from locations other than the agency itself, using computers other than agency-owned computers. If such a connection is made, the highest levels of security must be applied, and client confidentiality must still be maintained. For situations where this type of access may be needed regularly, please see the Remote Access Policy 3.2.8.

Procedure: All Policies and Procedures and security standards will be enforced regardless of the location of the connecting computer.

3.2.7 Hardware & Software Security Measures

Policy: The Agency Administrator will ensure all hardware and software used to access and/or store CSP data is in a secure location where access is restricted to authorized staff. The Agency Administrator will also ensure all computers used to access and/or store CSP data employ software security and access restriction measures.

Explanation: Because ServicePoint enables authorized users to download raw client-level data via the Custom ReportWriter or ART to their hard drive or other electronic media, access to such computers and/or disks must be restricted to authorized personnel only.

Procedure: The Agency Administrator will ensure that any computers used to access ServicePoint and any disks used to store custom report information are located in a secure area where access is available to authorized personnel only. The Agency Administrator will also ensure that these same computers and disks utilize the following security measures listed below.

Computers:

- Locking screen savers
- Virus protection with auto update
- Individual network firewalls

Storage disks:

- Encryption (Examples of software which can be used for file encryption are special-purpose software (e.g., GNU Privacy Guard and PGP), file archivers, and even some text editors (e.g., emacs or vi)
- Password protected

3.2.8 Multiple Log-on Restriction Policy

Policy: Individual CSP users must not be able to log on to the CSP from more than one workstation at a time, or be able to access client level data (Protected Personal Information) from more than one location at a time.

Explanation: Columbus ServicePoint provides the ability to run reports *and download client-level data to local computer networks*. To ensure the security and accountability for such data, users must not be able to log on to more than one workstation at a time.

Procedure: There are two acceptable scenarios for compliance:

1. When user logs on at the 2nd workstation, the system can provide a message notifying the user that they must first log off of the 1st workstation, or
2. When the user logs on at the 2nd workstation, the system can automatically log the user off of the 1st workstation and allow access at the 2nd workstation.

3.2.9 Remote Access Policy

Explanation: Because ServicePoint enables authorized users to access client-level data via the internet on web-capable devices, remote access must be restricted to authorized personnel and uses only.

Policy: Columbus ServicePoint (CSP) is intended to be accessed only on-site from the CHO's network, desktops, laptops and mini-computers that are web capable.

In special circumstances user access from remote locations may be permitted after application and approval by both the Agency and System Administrators.

The Remote Access Policy and Agreement is an extension of the User Agreement and CSP Policies and Procedures manual. The USER shall comply with all Policies, Procedures, Agreements and all rules governing CSP.

The Agency Administrator has the responsibility to assure the user is in compliance with this and all other Policies, Procedures, Agreements and rules governing CSP. The Agency Administrator will regularly, at least annually, audit remote access by associating dates and times to the user's time sheet.

All staff that access CSP remotely must meet the standards detailed in the System Security policies and procedures (see Policy and Procedures) and may only access it for activities directly related to their job.

Examples of Remote Access:

1. CHO offices on secure networks to support agency use of the system.
2. Training Centers on secure networks when providing services or training in the field.
3. Private Homes office on secure networks to provide client assistance and real-time data entry of client data.
4. Agency Administrators or System Administrators only: Private Home office on secure networks to provide system support as needed.

Continued on next page.

Procedure: Requirements for Remote Access of CSP include (This policy covers access by individuals under items 3 and 4 above.):

- Remote access will only be allowed on secure networks. (User will not access CSP on any non-protected, free, or other network or Wi-Fi).
- Remote access is allowed only through a Virtual Private Network (VPN)
- Data from CSP will not be downloaded to any remote access site at any time for any reason.
- All CSP data (hardcopy) will be securely stored and/or disposed of in such a manner as to protect the information.
- Monitors need to be equipped with security screens at all times.
- System security provisions will apply to all systems where CSP is accessed and the CHO employing the User will certify such systems for compliance.
- User must certify compliance with all CSP Policies, Procedures and Agreements.
- User must follow all confidentiality and privacy rules.
- User must assure access only for activities directly related to their job.
- User must allow for direct inspection of the remote access location by the Agency Administrator and compliance will be certified by the CHO.
- User must access CSP remotely from a private home office area.
- User must access CSP remotely from a dedicated computer station, used for work purposes only and certified as such by the CHO.
- User must keep Agency Administrator informed of any IP address changes in a timely manner.
- Agency Administrators must inform the System Administrator of any IP address changes in a timely manner.
- Agency and System Administrators must keep an up to date log of Remote Access Users' IP Addresses.

Remote Access Authorization

Application for remote access must be made by completing the CSP Remote Access Agreement and submitting a completed form to the Agency Administrator.

Upon receipt the Agency Administrator will review and confirm the need for the applicant to have remote access. The signed agreement will then be forwarded to the System Administrator for final approval.

The System Administrator will sign and retain the CSP Remote Access Agreement, thus authorizing remote access for the identified user. The System Administrator will advise both the Agency Administrator and the User that approval has been granted.

Violation of this or any CSP policy or agreement may result in the termination of the User License or Agency Participation.

3.3.0 Digital Data Retention Policy

Policy: Client PPI stored on any digital medium will be purged, if no longer in use, 7 years after the data was created or last changed (unless a statutory, regulatory, contractual or other requirement mandates longer retention). Also, when digital medium where client PPI has been stored is to be decommissioned, it will be reformatted more than once before reusing or disposing of the medium.

Explanation: PPI that is no longer needed must be removed in such a way as to reliably ensure the data cannot be retrieved by unauthorized persons. Because digital medium cannot be reliably erased via single reformatting, multiple (at least twice) reformatting is necessary to ensure the data cannot be retrieved.

Procedure: Every three years digital files where PPI is stored will be reviewed and client PPI that is no longer needed will be deleted or otherwise removed in such a way as to reliably ensure the data cannot be restored.

At any time digital medium (computers, servers, data storage devices, etc.) where PPI has been stored is to be decommissioned, IT will be instructed to reformat the medium at least twice prior to repurposing or disposing of said medium.

4. Standard Operations

4.1 Access to the CSP

4.1.1 CSP Agency Agreements

Policy: The Executive Director (or other empowered officer) of any agency wishing to connect to the CSP will sign an CSP Agency Agreement with CSB before any member of that agency will be granted access.

Explanation: Only agencies that have agreed to the terms set out in the CSP Agency Agreement will be allowed access to the CSP. The CSP Agency Agreement will include terms and duration of access, an acknowledgement of receipt of the Policies and Procedures Manual, and an agreement to abide by all provisions contained therein.

Procedure: CHOs will be given a copy of the CSP Agency Agreement, the Policies and Procedures Manual, and any other relevant paperwork in time for adequate review and signature. Once that paperwork has been reviewed and signed, agency users will be trained to use ServicePoint. Once training has been completed, each user will be issued a username and password. Signing of the Agency Agreement is a precursor to training and user access.

4.1.2 New User Licenses

Policy: If necessary, CHOs will purchase additional User Licenses from Bowman Internet Systems through the Community Shelter Board. The cost for User Licenses will be determined by Bowman Internet Systems, and will not be changed by the Community Shelter Board.

Explanation: As CHOs grow and the number of CSP users increases, CHOs may need to purchase additional User licenses. This purchase can be made at any time. Licenses are purchased online, through the ServicePoint program, by the user with System Administrator privileges – the CSB Database Administrator. Bowman then invoices CSB for the cost of the licenses.

Procedure: CHOs wishing to purchase additional User Licenses will complete a License Request Form included as an attachment to the CSP Policies and Procedures Manual. The CHO will return this form, with a check to cover the costs of the licenses, to the CSB Database Administrator. The CSB Database Administrator will purchase the User Licenses from Bowman and forward the check and copy of the request form to the CSB Finance Department for the deposit. The CSB Database Administrator will then notify the CHO when the additional licenses are available.

4.1.3 Existing Licenses Redistribution

Policy: CSB will conduct an annual reallocation process of unused licenses, to start in May of each year for the next FY.

Explanation: Based on the contract that CSB has with Bowman System the annual maintenance fee for each license is \$270, while the purchase cost for a new license is \$225. Given the high cost of purchasing and maintaining the licenses, it is not feasible for the agencies and CSB to keep a large amount of unused licenses in stock and it is more cost effective to reallocate licenses if they are needed, throughout the system.

Procedure: CSB has an annual reallocation process of unused licenses, to start in May of each year for the next FY, per the following schedule:

Date	Step
May15	Agencies receive email from CSB asking them for number of licenses that agency would need for next FY.
May15 – June 1	Agencies respond back to CSB using the License Relinquishment form, or the License Request Form. If the agency is requesting new licenses for the new FY, a check for the appropriate amount must accompany the completed and signed request form.
June 5	Agencies receive email from CSB with summary of licenses needed for next FY and the available pool of unused licenses.
June 10 - June 15	CSB re-allocates relinquished licenses to agencies who have requested new licenses for the new FY on a lottery basis, 1 license/agency, based on the available pool, until the pool is exhausted. Re-allocated licenses will be made available on July 1 st . Those agencies who receive a re-allocated license will be reimburse for the price of that license.
June15 – June 19	If there are still licenses left in the pool, CSB will ask Bowman to remove these licenses from the Columbus ServicePoint contract. If more licenses are needed, the respective agencies will be informed and the licenses ordered from Bowman. Re-allocated and newly purchased licenses will be made available on July 1 st .
July 1	CSB will invoice each agency for the annual maintenance cost, based on the number of current licenses for the upcoming FY.

At any point in the FY, or if there are no available “reallocation” licenses agencies can purchase new licenses for \$225/license. In addition to the “new license fee” the agencies will also have to contribute the agreed upon annual maintenance fee/license, based on the current number of licenses, starting with the next FY.

4.1.4 CSP License Invoicing

Policy: CSB will invoice each agency for each new license at the time of purchase and CSB will invoice the applicable annual CSP license support fees at the start of each fiscal year.

Explanation: Bowman Systems charges a one-time purchase fee for each license due at time of purchase and an annual support fee for each license purchased which they bill on a quarterly basis to CSB .

Procedure: The CSB Database Administrator will calculate and submit to the CSB Finance and Grants Department the total amount to be invoiced to each agency for applicable license support fees at the beginning of each fiscal year. The applicable fees will be re-examined in May of each year per CSB's license redistribution policy. When an agency purchases a new license CSB Database Administrator will submit to the CSB Finance and Grants Department the total of the one time purchase price to be invoiced to the agency immediately. CSB Database Administrator will issue the new license upon receipt of payment from the agency.

4.1.5 User Activation

Policy: Each new user will be issued a username and password to access the CSP upon approval by the CHO and completion of ServicePoint training directed by the CHO and signing of the CSP User Agreement.

Explanation: CHOs will determine which of their employees will have access to the CSP. Every user must receive appropriate ServicePoint training before being issued a username and password.

Procedure: Agency Administrators will distribute user licenses for their CHO, adding and deleting users as needed. The CSB Database Administrator and the Agency Administrators will be responsible for training new users. The CSB Database Administrator will provide training to Agency Administrators and will supplement this training as necessary. The initial username and password will be temporary and the user will have to be CSP certified within 30 days of his/her CSP access in order to continue operations in CSP.

4.1.6 CSP User License Ownership

Policy: CSB maintains ownership of user licenses when a program terminates or discontinues use of the CSP or when CHOs decide to reduce their number of CSP licenses. Licenses will be redistributed yearly, through a CSB directed process.

Explanation: CSB retains ownership rights of all CSP user licenses in the event that a program terminates or is otherwise discontinued from CSP participation or when CHOs decide to reduce their number of CSP licenses.

Procedure: When a program discontinues CSP participation or wishes to reduce their number of CSP users/licenses the CSB Database Administrator will delete all user accounts affected and reallocate the licenses back to CSB for termination or redistribution. The CSB Database Administrator is responsible for managing the allocation of all user licenses within the CSP.

4.1.7 CSP User Agreements

Policy: Each CHO User will sign a CSP User Agreement before being granted access to the CSP.

Explanation: Before being granted access to the CSP, each user must sign an CSP User Agreement, stating that he or she has received training, will abide by the CSP Policies and Procedures Manual, will appropriately maintain the confidentiality of client data, and will only collect, enter and retrieve data in the CSP relevant to the delivery of services to people in housing crisis in Columbus and Franklin County.

Procedure: The CHO Agency Administrator will distribute CSP User Agreements to new CSP Users for signature. The user will sign the CSP User Agreement. The Agency Administrator will collect and store signed CSP User Agreements for all users. The existence of signed CSP User Agreements will be verified in the annual CSP on-site review.

4.1.8 CSP User Authorization

Policy: All CSP users are required to have a signed CSP User Agreement on file at CSB. All CSP users are required to have a CSP certification on file at CSB.

Explanation: It is necessary to ensure that only authorized and trained personnel with a signed CSP User Agreement on file with CSB receives access to the CSP.

Procedure: Agency Administrators are required to file a signed CSP User Agreement for each user with CSB prior to the user receiving access to the CSP. Agency Administrators are also required to delete a user's account and notify CSB immediately by fax or email when a user's need for access changes (i.e. termination or employment, taking a new position, etc.). CSB's Database Administrator will maintain a file for these user agreements and reconcile the active user list in the CSP to the hard copy files of signed CSP User Agreement at least once each month. If it is found that there are users in the system that do not have a signed agreement on file those user accounts will be immediately deactivated and an email notification sent to the Agency Administrator. An agency found to be noncompliant in this regard will require corrective action to be taken. For the sake of expedience it is acceptable to fax a copy of the agreement and mail the original to CSB. The fax should consist of the signed user agreement marked "NEW USER". Agency Administrators and CSB are required to keep a copy of the user's CSP certification on file. No end-user will be permitted to access CSP more than 30 days, without having CSP certification.

4.1.9 CSP User Agreement Breach

Policy: CSB will take corrective action when a breach of the CSP User Agreement is discovered.

Explanation: CSB will enforce the CSP Agreements signed by CHO Executive Directors, Agency Administrators, and end users.

Procedure: When a breach is detected the user account of the person or persons involved will immediately be deactivated by the CSB Database Administrator and notification sent to the Agency Administrator and/or the Agency Executive Director if necessary. All agency users may be deactivated for a serious breach. The CSB Database Administrator is responsible for notifying the Operations and the CSB Executive Director of the agency breach.

4.1.10 Training

Policy: CSB will provide adequate and timely ServicePoint training.

Explanation: CSB will provide training in the ServicePoint software.

Procedure: The CSB Database Administrator will provide training to all new users. Agency Administrators will be given additional training relevant to their position. Agency Administrators are expected to train new agency staff with the assistance of the CSB Database Administrator. The CSB Database Administrator will provide periodic training updates and refreshers for all users, based on need.

Monthly virtual user trainings will be scheduled by the CSB Database Administrator. New CSP users will be required to attend a CSB virtual training within 30 days from their CSP access. Successful completion of the virtual training and a test will be followed by CSP Certification of the user. If the user fails to become certified within 30 days of its CSP access, his/her access to CSP will be turned off.

4.2 Data Collection

4.2.1 Required Data Collection/Fields

Policy: CHOs will collect and enter into CSP a required set of data variables for each client which will be specified in the CSP Agency Agreement.

Explanation: Each CSP Agency Agreement will specify the data elements which must be collected for each client contact. CHOs may choose to collect and enter more client information for their own case management and planning purposes as is permissible under applicable law.

Procedure: The CSP Agency Agreement will contain a listing of data elements to be collected and entered in CSP for each client contact.

4.2.2 Appropriate Data Collection

Policy: CSP users will only collect client data relevant to the delivery of services to people in housing crises in Columbus and Franklin County.

Explanation: The purpose of the CSP is to support the delivery of homeless and housing services in Columbus and Franklin County. The database should not be used to collect or track information not related to serving people in housing crises or planning for the elimination of homelessness.

Procedure: CSP users will ask CSB Database Administrator for any necessary clarification of appropriate data collection. CSB will periodically audit pick-lists and agency specific fields to ensure the database is being used appropriately.

4.2.3 CSP Protected Personal Data Collection and Privacy Protection

Policy: CSB and CHO will ensure that all required client data will be captured in the CSP while maintaining the confidentiality and security of the data in conformity with all current regulations related to the client's rights for privacy and data confidentiality.

Explanation: Clients have the right to expect provider agencies to collect and manage their protected personal data in a manner that is secure and maintains their privacy. Clients have the right to know why agencies are electronically collecting their information and how it will be used.

Procedures:

1. The CHO shall have a privacy notice sign posted at each intake desk, minimally the one provided by CSB . The sign will be posted in an area accessible and easily viewed by clients.
2. The CHO shall have a written privacy policy, minimally the one provided by CSB , to cover the electronic data collection, use and maintenance of the client's protected personal information. Clients should be made aware of the privacy policy. The policy shall be posted on the agency's website and shared with the client upon request. The policy should be reviewed at least annually and updated as needed.
3. The CHO will present each client with a Client Acknowledgement for Electronic Data Collection form and inform the client about the provisions of the form. The CHO shall attempt to obtain a signed Client Acknowledgement for Electronic Data Collection form from each client before data is entered into the database and will maintain this form on file at the agency, in the client's file.
4. In case the acknowledgment form is not signed, the CHO will still have to electronically collect in the CSP any and all CSP required data elements provided by the client to the agency. The agency may also elect to implement a more restrictive client privacy policy than the one provided by CSB with respect to other data that is not CSP required data elements. Based on current HUD regulations, CSB does not require client consent for the electronic data collection.
5. If the CHO has a more restrictive privacy policy than the one provided by CSB that disallows the collection and/or entry of the protected personal information (name, birth date and social security number) in CSP without written client consent and the client refuses to provide written consent, the agency must enter the by creating an Unnamed record for tracking purposes. This a function within CSP which involves entering the client's protected personal information (name, birth date and social security number) which the system then uses to create a unique record identifier. The system then strips PPI out of the record. If the client consents with the electronic data collection, the agency must electronically collect in the CSP any and all CSP required data elements provided by the client to the agency. Generally, the more restrictive CSP related privacy policy should be implemented only by agencies that by law are required to have privacy standards more restrictive than the HUD standards (i.e. HIPAA, etc).
6. The agency must provide CSB with its client privacy policy at the beginning of each CSB program year, with any updates made throughout the previous program year.

4.2.4 Educating Clients of Privacy Rights

Policy: The Agency Administrator will maintain a current privacy policy and a privacy notice which includes the uses and disclosures of information.

Explanation: Clients have a right to expect service agencies to collect and manage their protected personal data in a manner that is secure and maintains their privacy.

Procedure: The Agency Administrator will ensure that a written privacy policy and a privacy notice is in place and up to date. The Agency Administrator will also ensure that the privacy notice is posted in an area accessible and easily viewed by clients. The clients should be informed of their rights under the privacy policy and should receive the policy if requested. This policy should be reviewed at least annually and updated as needed. CSB will provide, as part of the Policies and Procedure Manual, the most current Privacy Policy and Privacy Notice. The CHOs should minimally adopt the documents provided by CSB.

4.2.5 Scanned Document Management

Policy: CSB is responsible for organization and management of the CSP. It is necessary to standardize the way the document upload feature is utilized in order to ensure the information uploaded is usable system-wide.

Explanation: CSB desires that essential client documentation be scanned and uploaded to CSP. CSP, as a client document repository will be a useful tool to case managers helping clients exit quickly from emergency shelters into stable housing. Client documentation will be available quickly avoiding delays in client services.

Procedure: CSB seeks to provide a uniform CSP which will yield the most consistent data for client management, agency reporting, and service planning. To this end, CSB is providing the following standards as guidelines for the utilization of the document upload feature.

Classification of Uploaded Documents:

- Permanent Documents (Birth Certificate, Social Security Card, Photo ID, Certification of Disability, etc.)
- Temporary Documents (DCA Applications, Point-In-Time Eligibility Determination Documentation, etc.)

Security on Uploaded Documents:

- Permanent Documents OPEN
- Temporary Documents CLOSED

Documents to be uploaded:

- Only documents relevant to achieving goal plan and accessing housing and services should be uploaded, for example DCA Applications uploaded should include (but are not limited to):
 - Lease
 - Eviction Notice
 - Income Documentation
 - Check Request
 - Calculations Sheet
 - Prevention or Rapid Re-housing Assessment form
 - W-9
 - Property Management Agreement
 - Income sources form
 - Client signature form
 - Proof of Tenancy form
 - Verification of prospective housing
 - Homeless Certification
 - Self-declaration of housing status
 - Application checklist
 - Project welcome Home form
 - Furniture Bank Request
 - Printout from county auditor's website
 - Utility notice
- Avoid duplication; if the document is already uploaded don't upload again.

Naming Standards for uploading documents:

- Format: Client ID#. Document Title. Date Saved
- Example: 77045. DCA Application Rent and Deposit. 120409

Uploaded Document retention:

- Permanent Documents: In perpetuity or until client profile is inactive for 7 years or more as per the current data archiving standard.
- Temporary Documents
 - DCA Applications will be deleted by CSB DCA Program Manager once downloaded.
 - Other: deleted by provider when client exits the program.
- Older documents should not be deleted when an updated version is uploaded.

4.3 Data Entry

4.3.1 ShelterPoint Data Entry (applies only to emergency shelters)

Policy: The ShelterPoint module in CSP is meant to serve as a tracking tool for actual shelter bed use. Clients admitted in shelter will be entered in ShelterPoint.

Explanation: To ensure consistency in how emergency shelter beds are used, all clients admitted into the emergency shelter will be entered in CSP, via the ShelterPoint module.

Procedure: All clients served by the shelter must be entered into ServicePoint and ShelterPoint.

- Clients who receive overnight accommodation must be checked into ShelterPoint no later than 9:00 a.m. the next day.
- All clients who do not return for shelter (no show) or who otherwise did not use their bed (e.g. out on pass) MUST BE CHECKED OUT of ShelterPoint by 9:00 a.m. the next morning.
- Client status in ShelterPoint *must not be changed* between 9:00 a.m. to 11:00 a.m., Monday through Friday, as this is when CSB will be generating reports from ShelterPoint for the prior evening.
 - The report that is generated by CSB each day is called the Daily Bedlist Report. It is the Agency Administrator's task to review this report each day and verify the accuracy of the numbers posted.
 - Agency Administrators should notify CSB promptly when inaccuracies in the Daily Bedlist Report are identified and give an estimated time for corrections within ServicePoint to be completed.
- Clients who exit the shelter, after having slept in a bed the previous night, must only be checked out of ShelterPoint and have an exit date entered in ServicePoint *after* 11:00 a.m.

Example

John Doe receives an intake and begins his stay at the shelter on Monday. On Wednesday evening he misses curfew and is a no show. He returns on Thursday at 6:00 p.m. and is readmitted to the shelter and then exits the following Monday.

In this situation,

- Mr. Doe will be entered into ServicePoint and ShelterPoint on Monday (by no later than 9:00 a.m. Tuesday morning). If for some reason data entry cannot be done real-time it will be necessary to back-date the record to the client's actual date and time of entry.
- Since he didn't return Wednesday evening, he would be checked out of ShelterPoint Thursday, no later than 9:00 a.m. (the system will automatically apply the Exit to the client's EntryExit record as well.)
- After returning on Thursday he is then checked back into ShelterPoint (and ServicePoint if exited previously) no later than Friday at 9:00 a.m.
- The following Monday, he is checked out from ShelterPoint on Monday (after 11:00 a.m.).

4.3.2 Customizations

Policy: CHOs will have the option of collecting additional data elements in CSP.

Explanation: Custom, additional assessments might be created by the CSB Database Administrator at the request of CHO. Custom Assessments will contain questions that will be used to collect the additional data elements.

Procedure: CSB Database Administrator, at the request and in collaboration with the Agency Administrators will create custom assessments for CHOs.

4.3.3 Additional Customization

Policy: CHOs will purchase any additional database customization directly from Bowman Internet Systems. CSB will not provide additional customization. However any proposed customizations must be approved by CSB.

Explanation: It is the responsibility of individual agencies to determine the best way to use ServicePoint for internal data collection, tracking, and reporting. This may include purchasing additional customization directly from Bowman. CSB must review and approve any proposed customizations to ensure the integrity of the overall system.

Procedure: CHOs will provide a proposal to CSB and contact Bowman Internet Systems directly with additional customization needs.

4.3.4 Data Corrections

Policy: Data should not be changed once the System and Program Indicator Report (SPIR) has been published.

Explanation: Once data has been found compliant through the quarterly Quality Assurance review process the data is then utilized for funder, Continuum of Care, Board and Community Reporting. To maintain the integrity of this reporting it is necessary to be able to provide numbers and statistics consistently over time.

CSB data entry standards require that all data is completely and accurately entered in the CSP by the 4th working day of the month after which there is a period of Quality Assurance reviews. It is the Agency Administrator's responsibility that data is entered completely and accurately on an ongoing basis through agency-level QA policies and procedures.

If data is found to be incomplete or incorrect during the QA period it is permissible to make changes up through the last day of the designated cure period. After compliance has been achieved no changes or corrections to the data which has been reviewed should be necessary.

Procedure: Agency Administrators will facilitate efficient and accurate data entry through training and monitoring of data entry personnel. Agency Administrators will ensure data is accurately entered in a timely manner through rigorous quality assurance practices. If agency discovers data inconsistencies after the quarterly QA period, administrator should contact CSB's Database Administrator. In agreement with CSB's Database Administrator, changes may be allowed to data.

4.3.5 Annual Data Freeze

Policy: Annually, as of October 1st no changes will be allowed to data records which have an exit date on or before the last day of the previous fiscal year. The fiscal year data will effectively be “frozen” on an annual basis.

Explanation: Once data has been found compliant through the quarterly and annual Quality Assurance review process the data is then utilized for funder, Continuum of Care, Board and Community Reporting. To maintain the integrity of this reporting it is necessary to provide consistent historical numbers and statistics over time.

CSB data entry standards require that all data is completely and accurately entered in the CSP by the 4th working day of the month after which there is a period of Quality Assurance reviews. At the end of a fiscal year, data for the entire year as well as the final quarter is reviewed for QA. It is the Agency Administrator’s responsibility that data is entered completely and accurately on an ongoing basis through agency-level QA policies and procedures.

If CSB and/or agencies discover a major inconsistency in previous fiscal year’s data after October 1st the anomaly will be reviewed by CSB and action decided on a case by case basis.

Procedure: Agency Administrators will ensure through staff training and communication that changes will not be made to previous fiscal year data as of October 1st. Agency Administrators will facilitate efficient and accurate data entry through training and monitoring of data entry personnel. Agency Administrators will ensure data is accurately entered in a timely manner through rigorous quality assurance practices. If an agency discovers data inconsistencies in the previous fiscal year’s data after the October 1st cut off date, the administrator should contact CSB’s Database Administrator. The anomaly will be reviewed by CSB and action decided on a case by case basis.

4.3.6 Data Entry for Couples in Supportive Housing Programs

Procedure:

For HUD Chronically Homeless units, both members of a couple must meet the Chronically Homeless definition and as such both need to be entered in CSP and reported on as individuals.

For Rebuilding Lives (RL) only units, an RL eligible client may share a unit with a nonRL-eligible client. Because only the RL clients must be accounted for, the couple should be entered in CSP as a household with the RL-eligible client as the head of household. By the same token, if both members of the couple are RL-eligible clients, then both need to be entered in CSP and reported on as individuals.

For other, non-HUD Chronic Homeless or Rebuilding Lives units, the couple should be entered in CSP as a household with the HOH as the primary disabled member.

Unit Type	Eligibility	CSP Data Entry
HUD Chronic Homeless (includes RL units designated as such)	Both members of couple must meet HUD Chronic Homeless criteria	Enter as singles
Rebuilding Lives (not HUD Chronic Homeless)	Only one member must meet Rebuilding Lives criteria	a. If only one member is RL eligible, enter as household with the RL-eligible member as HoH; b. If both are RL eligible, enter as singles
HUD (not HUD Chronic Homeless or Rebuilding Lives) - S+C, other	Only one member must meet HUD homeless criteria	Enter as household with the HoH as the primary disabled member Unless the Live-in caregiver is family, a spouse or is also receiving services through the program, it is not necessary to enter a Live-in caregiver in CSP.
HOPWA S+C Units	Live-in caregivers	

Explanation: Couples present a challenge in data entry and reporting as different funders view them differently. The Columbus community encourages programs to serve couples, wherever possible, in the supportive housing programs.

4.4 Quality Control

4.4.1 Data Integrity

Policy: CSP users will be responsible for the accuracy of their data entry.

Explanation: Individual users are responsible for the accuracy and quality of their own data entry.

Procedure: In order to test the integrity of the data contained in the CSP, the CSB Database Administrator will perform regular data integrity checks on the CSP. Any patterns of error will be reported to the Agency Administrator. When patterns of error have been discovered, users will be required to correct data entry techniques and will be monitored for compliance.

4.4.2 Data Integrity Expectations

Policy: CHOs will provide the following levels of data accuracy and timeliness:

- All data entered will be accurate
- Entry Dates and Exit Dates must match intake and exit forms within the client file and must be completed for each individual served.
- Blanks or “unknown” entries in required data fields will not exceed 5% per month
- All services provided will be compatible with providing program
- In all reports of shelter provided for a client, the client must be eligible to receive shelter services from the listed provider
- Entry data will be completed in CSP as real-time as possible. Data entry for all other services provided will be entered within 48 hours. Allowing for quality checks and corrections for any given calendar month-end, these must be completed within CSP by the fourth working day of the following calendar month
- Don’t Know & Refused entries in required data fields will not exceed 5% per month.

Explanation: Users will enter client data as provided by the client and, preferably, confirmed by documents. Of the fields required in the CSP Agency Agreement, less than 5% of the total fields will be left blank in one month. For example, assuming no other required fields are left blank, the last zip code field should not be left blank for more than 5% of clients entered during one month. Similarly, the use of the entry “unknown” must not exceed 5% in any calendar month. When service records are added, no services entered will be entered as provided by programs that do not provide that type of service. For example, rental assistance should not be entered as provided by a program that only provides emergency shelter. When service records for shelter stays are added, the client must meet the most basic requirements of the program listed as providing shelter. For example, no clients listed as women should have shelter stays in shelters restricted to men. Agencies will strive to complete entry data as real-time as possible, other services and items will be entered within 48 hours of provision. Data entry for all services provided in one month must be entered into the CSP by the fourth working day of the following month. For example, if April 30th falls on a Friday, data for April must be entered by close of business Thursday, May 6.

Procedure: The CSB Database Administrator will perform regular data integrity checks on the CSP. Any patterns of error at a CHO will be reported to the Agency Administrator. When patterns of error have been discovered, users will be required to correct data entry techniques and will be monitored for compliance.

4.4.3 Quality Assurance

Policy: CSB will perform at least a quarterly quality assurance process for data entered by each CHO, related to the CSP.

Explanation: To keep the data integrity at the program and system level, CHOs and CSB perform a quality assurance process, at least quarterly, for data entered in CSP.

Procedure:

Starting with FY2010, all agencies are required to run monthly the Client Duplicate report and inform the CSB Database Administrator of any client duplicates found, by the 4th working day following the end of a month (by fax). This report becomes an integral part of the Monthly/Quarterly quality assurance process.

The Monthly QA review roster is based on the results of the initial run of the preceding Quarterly QA run. If an agency receives a noncompliant rating on the initial run of a quarterly QA review that agency will receive monthly reviews for the next two months.

- **The purpose of the Monthly QA is to encourage Agency Administrators to monitor their compliance status and catch problems early. We are also looking to focus an agency's attention on the QA problems.**
- Review for the previous month is run by the Agency Administrator by the 5th working day of the month.
- Results are distributed (or emailed) to CSB Database Administrator by the 6th working day of the month.
- Administrators are expected to set their own schedule to review and effect a cure prior to the end of the third month of the quarter.
- Agencies will not have to do a monthly report for the third month of each quarter as this is when the Quarterly QA is run.

The Quarterly QA review schedule is 2-tiered:

- For the initial run the Agency Administrator and Executive Director receive compliance results.
 - **The purpose of this step is to help Agency Administrators in determining the data integrity problems from the previous quarter and allow them sufficient time to correct the errors prior to inclusion in community reports.**
 - Review is run by the Agency Administrator by the 9th working day of the month following the end of the quarter.
 - Summaries are distributed (emailed or faxed) to the CSB Database Administrator by the 10th working day of the month.
 - Non-compliance will result in the Agency Administrator (and Executive Director) receiving a Non-Compliance Memo by the 11th working day of the month.
 - Noncompliant agencies are given **5** working days to cure.

- All noncompliant agencies on this run will be added to the Monthly QA Roster.
- Compliance will result in a formal letter addressed to the Agency Administrator and their Executive Director.
- The 2nd run is only for those agencies found noncompliant in the 1st run; Agency CSP Administrator and Executive Director receive the results.
 - **The purpose of the 2nd run is to make sure that all agencies are compliant with the minimal CSB data quality standards which in turn allow us to present the agency and system data in community reports and help the planning process to cover the ongoing homelessness related needs of our community.**
 - CSB CSP Administrator will do the 2nd review on the 17th working day of the month.
 - Results are distributed within 3 working days.
 - Compliance will result in a formal letter addressed to the Agency Administrator and their Executive Director.
 - Noncompliance results in a hard-breach letter being issued and signed by CSB's Executive Director.

Any agencies receiving a hard-breach letter may have funding suspended until a cure has been achieved. CSB will not include that agency's data in the Quarterly and/or Semi-Annual System and Program Indicator Report (SPIR) and the program will be listed as a "program of concern". The System Results in the SPIR will be revised after the agency becomes compliant. Agency results will NOT be changed.

CSB will not include the agency data in the SPIR or any other reports if we are not confident in the reliability of that particular agency's data in CSP, independent of the QA results.

CPOA and Quality Assurance Accountability

The Coordinated Point of Access (CPOA) staff collects and enters the majority of the required data elements for each single adult shelter client, however all serving agencies remain accountable for the accurate representation of the client's data within CSP. Programs receiving clients directed to their shelters via CPOA must review all required data elements and ensure all are entered and accurate as of the client's entry. When shelter staff discover an omission or mistake it should be promptly reported to CPOA for entry or correction as needed. Proof of this report should be included in the client's file.

4.4.4 On-Site Review

Policy: CSB will perform annual on-site reviews at each CHO of data processes related to the CSP.

Explanation: On-site reviews enable CSB to monitor compliance with the Policies and Procedures Manual and CSP Agency Agreements.

Procedure: This review will be part of the Annual Program Review and Certification process. The PR&C Administrative Procedures detail the annual on-site review.

4.5 Data Retrieval

4.5.1 Contributing HMIS Organizations (CHOs)

Policy: CHOs will have access to retrieve any individual and aggregate data entered by their own programs. CHOs will not have access to retrieve aggregate data for other agencies or system-wide.

Explanation: Any data entered within an agency is available for reporting. Data entered by other agencies will not be available, unless there are explicit data-sharing agreements in place.

Procedure: When using the report writer or ART module, users will only be able to extract data from those records to which they have access. The report-writer and ART will limit user access and only report data from records to which the individual user has access.

4.5.2 CSB Access

Policy: The Community Shelter Board will have access to retrieve all data in the CSP. CSB will not access individual client data for purposes other than direct client service-related activities, reporting, maintenance, and checking for data integrity.

Explanation: The CSB Data & Evaluation and Programs and Planning departments have access to all data in the database. No other staff member of CSB will have access to client-level data. CSB will protect client confidentiality in all reporting.

Procedure: The CSB Operations Director will be responsible for ensuring that no individual client data is retrieved for purposes other than direct client service, reporting, maintenance, and performing data integrity checks. The CSB Operations Director will oversee all reporting for the Community Shelter Board.

4.5.3 Public Access

Policy: CSB will address all requests for data from entities other than CHOs or clients. Individual client data will be provided, upon request, to the CHO which entered the data, CSB's funder for the specific program for which individual client data is requested, outside organizations under contract with CSB for research, data matching, and evaluation purposes, or the client him or herself. Proper authorization is required for all requests.

Explanation: Any requests for reports or information from an individual or group who has not been explicitly granted access to the CSP will be directed to the Community Shelter Board. No individual client data will be provided to meet these requests without proper authorization.

Procedure: All requests for data from anyone other than a CHO or a client will be directed to the CSB Database Administrator. As part of the mission to end homelessness in Columbus and Franklin County, it is the Community Shelter Board's policy to provide aggregate data on homelessness and housing issues in this area. CSB will also issue periodic public reports about homelessness and housing issues in Columbus and Franklin County. No individual client data will be reported in any of these reports. CSB may share client level data with contracted entities as follows: CSB's funder for the specific program for which individual client data is requested, outside organizations under contract with CSB for research, data matching, and evaluation purposes. The results of this analysis will always be reported in aggregate form, client level data will not be publicly shared under any circumstance.

4.5.4 Data Retrieval Support

Policy: Agencies will create and run agency-level reports. CSB will provide its own reports to agencies for their own use.

Explanation: The Agency Administrator has the ability to create and execute reports on agency-wide data. This allows agencies to customize reports and use them to support agency-level goals.

Procedure: The Agency Administrator will be trained in reporting by Bowman Internet Systems or by the CSB Database Administrator. The CSB Database Administrator will provide the template for reports specifically required by the Community Shelter Board. The CSB Database Administrator will be a resource for report creation.

4.5.5 Appropriate Data Retrieval

Policy: CSP users will only retrieve client data relevant to the delivery of services to people in housing crises in Columbus and Franklin County.

Explanation: The purpose of the CSP is to support the delivery of homeless and housing services in Columbus and Franklin County. The database should not be used to retrieve or report information not related to serving people in housing crises.

Procedure: Agency Administrators will ask the CSB Database Administrator for any necessary clarification of appropriate data retrieval.

4.5.6 Naming ReportWriter Saved Queries

Policy: Users will follow a standard formula when naming a saved query within the ReportWriter tool.

Explanation: Utilizing a standard formula to name saved report queries will allow for quicker look up, repeated use and less duplication of saved queries.

Procedure: Users will utilize the following formula when naming a saved query within the ReportWriter tool: Agency>Program>Reporting Period (or “Template” if meant to be changeable reporting period)>Purpose; see following examples:

CSB Test Program 070105 – 123105 LOS Report

OR

CSB Test Program Template LOS Report

4.5.7 Inter-Agency Data Sharing

Policy: Data included in the Profile, Columbus Assessment (HUD 40118) EntryExit, and Service Transaction section of a client record will be able to be viewed by all users with the exceptions below. CHOs will determine the security settings of the additional information entered in CSP.

Explanation: When new clients and new service records are entered into ServicePoint, the information, by default is open to be viewed by users from other CHOs. Open sections of the record can be seen and changed by users from another CHO, There are a few agencies that are regulated by HIPAA Standards and those Agencies' records, by default, are closed. Closed sections of the record can neither be seen nor changed by users from another CHO. Regardless of status, all sections of each record will appear in aggregate reports

Currently, the following are the agencies that are entering and sharing information in CSP:

Amethyst	Communities In Schools	ARCOhio
Community Housing Network	Faith Mission/Faith Housing	Gladden Community House
Homeless Families Foundation	Huckleberry House	Lutheran Social Services
Maryhaven	National Church Residences	CMHA
The Salvation Army	Southeast, Inc.	Volunteers of America of Greater Ohio
YMCA	YWCA	HOCOhio

Procedure: It is the intent of CSB to allow as much data sharing as appropriate and necessitated by the clients' needs and the services provided to meet those needs. Client profiles are set as "Open", HUD-40118 Assessment data is set as "Open" as are Service Transactions and EntryExit records. HIPAA regulations, as followed by some of the CHOs take precedence over the above Policy and Procedure. HIPAA regulated agencies will have all their clients' data CLOSED.

4.5.8 Agency Data Sharing

Policy: CHOs can share their data for research and data analyses purposes with prior approval by CSB.

Explanation: Columbus ServicePoint provides the ability to run reports and download client-level data by all CHOs. CHOs are encouraged to analyze their data and make programmatic decisions based on the information contained in Columbus ServicePoint. Data sharing must be done in conjunction with careful consideration of data confidentiality and privacy protocols.

Procedure: The following steps are required by each CHO that wishes to share its data with an external contractor or vendor for research and data analysis purposes:

3. Data sharing will have to be approved by CSB
4. The provider will have to submit to CSB the data sharing agreement that will need to contain, at the minimum:
 - a. Scope of the analyses/research that must be limited to the data that pertains to the individuals served by provider
 - b. Information transmittal protocols
 - c. Data confidentiality/privacy protocols
 - d. Data handling after the analyses/research is complete

4.6 Contract Termination

4.6.1 Initiated by CHO

Policy: The termination of the CSP Agency Agreement by the agency will affect other contractual relationships with the Community Shelter Board. In the event of termination of the CSP Agency Agreement, all data entered into the CSP will remain an active part of the CSP, and records will keep their original security settings.

Explanation: While agencies may terminate relationships with CSB and the CSP, the data entered will remain part of the database. This is necessary for the database to provide accurate information over time and information that can be used to guide planning for community services in Columbus and Franklin County. The termination of the CSP Agency Agreement will affect any other contractual relationships with the Community Shelter Board.

Procedure: Partner Agencies are required to participate in the CSP as a condition of their funding. For Partner Agencies, termination of the CSP Agency Agreement will be addressed in the context of the larger contract with CSB. For the other CHOs terminating the CSP Agency Agreement, the person signing the initiating agency contract (or a person in the same position within the agency) will notify the Executive Director of CSB with a date of termination of contract. The Executive Director of CSB will notify the CSB Database Administrator. In all cases of termination of CSP Agency Agreements, the CSB Database Administrator will inactivate all users from that CHO on the date of termination of contract.

4.6.2 Initiated by the Community Shelter Board

Policy: CSB will terminate the CSP Agency Agreement for non-compliance with the terms of that contract upon 30 days written notice to the CHO. CSB will require any CSP violations to be rectified before CSP Agency Agreement termination is final. CSB may also terminate the CSP Agency Agreement with or without cause upon 30 days written notice to the CHO and according to the terms specified in the CSP Agency Agreement. The termination of the CSP Agency Agreement by CSB may affect other contractual relationships with the Community Shelter Board. In the event of termination of the CSP Agency Agreement, all data entered into the CSP will keep their initial security settings.

Explanation: While CSB may terminate the CSP Agency Agreement with the CHO, the data entered by the CHO prior to termination of contract will remain part of the database. This is necessary for the database to provide accurate information over time and information that can be used to guide planning for community services in Columbus and Franklin County. The termination of the CSP Agency Agreement may affect other contractual relationships with the Community Shelter Board.

Procedure: CSB Partner Agencies are required to participate in the CSP as a condition of their funding. For Partner Agencies, termination of the CSP Agency Agreement will be addressed in the context of the larger contract with CSB. When terminating the CSP Agency Agreement, the Executive Director of CSB will notify the person from the CHO who signed the CSP Agency Agreement (or a person in the same position within the agency) within 30 days from the date of termination of contract. The Executive Director of CSB will also notify the CSB Database Administrator. In all cases of termination of CSP Agency Agreements, the CSB Database Administrator will inactivate all users from that CHO on the date of termination of contract.

4.7 Programs in CSP

4.7.1 Adding a New Program in CSP

Policy: Agency Administrators will follow the prescribed procedure to notify CSB 's Database Administrator prior to implementing a new program within the CSP. CSB Database Administrator will follow a standard formula when naming a new program within CSP.

Explanation: When a new program is to be added or activated within CSP the Agency Administrator is required to submit the requested information via the provided form prior to implementation. The CSB Database Administrator will follow a standard pattern when creating a name for new programs being added to the CSP and will obtain approval from the Data & Evaluation department prior to implementation.

Procedure: When a new program is to be added or activated within the CSP, the following steps will occur:

1. At least 60 days prior to the anticipated implementation date, Agency Administrators will complete a "CSP Program Implementation Request Form" and submit it to the CSB Database Administrator.
2. If being newly added in CSP, the CSB Database Administrator will ensure that the following standard formula is used when creating a name within CSP:
Agency (Abbreviation) – CSB Contract/Program Name
Example:
CSB Test Program
3. The CSB Database Administrator will present the completed request form and recommended program name to the Data & Evaluation Department for review and approval.
4. The CSB Database Administrator will notify the Agency Administrator of approval status at least 30 days prior to the requested CSP implementation date.
5. The CSB Database Administrator will assist the Agency Administrator with the CSP implementation as needed.

4.7.2 Making Changes to Existing Programs

Policy: The Agency Administrator will notify the CSB Database Administrator of programmatic changes per the procedure below.

Explanation: Agencies must notify CSB of any program changes which will affect data collection, data entry, data quality and/or data reporting. Agency Administrators will accomplish this via the provided form which requests details such as (but not limited to) funding status, program type, quality assurance participation, program start and end date, capacity, bedlist specifications etc.

Procedure:

1. The Agency Administrator will notify the CSB Database Administrator of any applicable programmatic changes to existing programs which may have an effect on data collection, data entry, data quality or data reporting (i.e. program expansion of capacity or scope; termination; deactivation; discontinuance of CSP participation, etc.) Notification will be made in writing at least 45 business days before the proposed implementation date of the change.
2. CSB's Database Administrator will circulate the completed form to the Department of Data & Evaluation workgroup for review & comment.
3. Recommendations and timeline for assistance will be returned to the agency no fewer than 10 business days prior to the requested implementation date.
4. The CSB Database Administrator will assist with changes within the CSP as necessary.

While the Agency Administrators have the access to make changes to programs within the system, it is required that any changes first be reviewed with the CSB Database Administrator to determine the overall effect of the changes and to allow for documentation of changes as well as the arrangement of any necessary support.

4.7.3 Maintaining a CSP Program Matrix

Policy: The CSB Database Administrator will maintain a complete and up to date Program Matrix of the CSP.

Explanation: The Program Matrix is a complete index of all programs existing in the CSP, their status and other details such as (but not limited to) funding status, program type, quality assurance participation, program start and end date, etc.

Procedure: The CSB Database Administrator will record changes being made to any existing program in the CSP (termination, deactivation, etc.) and the addition of the new program via the Program Matrix, upon receipt of the proper documentation from the Agency Administrator and after the finalization of the implementation plan. The CSB Database Administrator is responsible for ensuring the Program Matrix reflects any and all changes to programs within the CSP. The CSB Database Administrator will review the Program Matrix with the Data & Evaluation workgroup on a monthly basis.



August 3, 2017

Michele Heritage
Community Shelter Board
111 Liberty Street, Suite 150
Columbus, OH 43215

Michele,

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

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

CMHA has 2,253 project-based vouchers allocated to permanent supportive housing projects across Columbus and Franklin County. When clients complete program goals and no longer need the breadth of supportive services they had under PSH, CMHA issues a free-standing voucher to the client so they can find a new affordable housing solution. The PSH development is then able to provide another homeless individual or family with access to stable housing.

CMHA is committed to adding more project based vouchers into new permanent supportive housing programs based on the available HCV capacity. At this time, CMHA is very close to reaching its 20% allocation cap of project based vouchers as regulated by HUD. Recently, however, the Housing Opportunity Through Modernization Act of 2016 was passed that, in part, increased the PBV cap from 20% to 30%. While implementation of this Act will take some time, it ensures that there will be an increase in the supply of PBV vouchers available for use in housing the homeless population.

Sincerely,

Ron Lebsock
SVP Housing Programs

2. CMHA ADMISSION PREFERENCES

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

- A. Under 30% of Area Median Income (HUD 75% Program requirement)
- B. Family Composition Preference
 - 1. Families with 2 or more persons
 - 2. Families that include a person with disabilities.
 - 3. A household headed by a disabled or elderly person (62 years or older)
 - 4. Single persons who are age 62 or older, displaced, homeless or is a person with disabilities.
- C. Families residing in or who have been hired to work in the eight county Columbus Metropolitan Area (Franklin, Union, Delaware, Madison, Pickaway, Licking, Union and Fairfield).
- D. An active duty military or veteran's preference pursuant to the Ohio Revised Code
- E. Families not receiving any permanent rental assistance. Rental assistance is defined as any type of federal, state, or local housing rental assistance payment that is currently received by the family. Examples include, but are not necessarily limited to, HOPWA, HOME, Section 202 rental assistance, Shelter Plus Care, Ohio Department of Alcohol and Drug Addiction Services and/or Mental Health rental assistance, Housing Choice Voucher Project-Based, or Public Housing Programs. Rental Assistance does not include any type of rental assistance that is categorized as temporary or transitional in nature.
- F. Referrals from social service and housing organizations providing supportive services to participants in CMHA's Project-Based Voucher Program.
- G. Referrals from local supportive service organizations that have agreements with CMHA to provide supportive services to homeless, displaced and/or disabled persons and families and other at-risk populations, including referrals from Columbus Community Shelter Board agencies and the Franklin County ADAMH Board.

3. ASSIGNMENT OF ADMISSION PREFERENCE POINTS

As Preliminary Applications are submitted and placed in the Lottery Pool, Admission Preference Points will be assigned without verification on a provisional basis. At the time Full Applications

Columbus and Franklin County Continuum of Care Homeless Management Information System Governance Charter

The Rebuilding Lives Funder Collaborative (RLFC) – the Columbus and Franklin County Continuum of Care (CoC) – operates a Homeless Management Information System (HMIS) to record and store client-level information about the numbers, characteristics, and needs of persons who use homeless housing and services and for persons at risk of homelessness. The RLFC uses the HMIS to aggregate data about the extent and nature of homelessness over time; produce an unduplicated count of homeless persons; understand patterns of service use; and measure the effectiveness of homeless assistance projects and programs. Data produced is used for planning, education and reporting purposes. The goal of the HMIS is to support the delivery of homeless and housing services in Columbus and Franklin County. The HMIS benefits individuals through enhanced service delivery; a tool for provider agencies in managing programs and services; and a guide for the RLFC and funders regarding community resource needs and service delivery.

The RLFC uses the local HMIS as the primary data source to evaluate efforts to implement the Rebuilding Lives (RL) Plan and federal Opening Doors goals. The RLFC uses the HMIS to enhance data collection activities related to the RL Plan and Opening Doors and uses the HMIS as a monitoring, outcomes measurement, and performance-based contracting tool across systems, to inform the community about the progress of the RL Plan, and to meet U.S. Housing and Urban Development (HUD) requirements.

While accomplishing these goals, the RLFC recognizes the primacy of client needs in the design and management of the HMIS, including the need to continually improve the quality of homeless and housing services with the goal of eliminating homelessness in Columbus and Franklin County and the need vigilantly to maintain client confidentiality, treating the personal data of our most vulnerable populations with respect and care. As the guardians entrusted with this personal data, we have both a moral and a legal obligation to ensure that this data is being collected, accessed and used appropriately. The needs of the people we serve are the driving forces behind our CoC's HMIS.

RLFC Responsibilities

The RLFC has HMIS responsibilities as described in the Columbus and Franklin County Continuum of Care Governance and Policy Statements as approved by the RLFC.

1. Designate a single information system as the official HMIS software for the CoC.
2. Designate an HMIS Lead to operate the system.

3. Provide for governance of the HMIS Lead.
4. Maintain documentation demonstrating compliance with governance standards.
5. Review, revise, and approve policies and plans required by federal regulation.

RLFC Board Responsibilities

The RLFC Board has HMIS responsibilities as described in the Columbus and Franklin County Continuum of Care Governance and Policy Statements as approved by the RLFC. The RLFC Board works with the HMIS Lead to:

1. Develop, annually review, and, as necessary, revise a privacy plan, security plan, and data quality plan for the HMIS, and any other HMIS policies and procedures required by HUD.
2. Develop a plan for monitoring the HMIS to ensure that recipients and subrecipients consistently participate in the HMIS; the HMIS satisfies all HUD requirements; and the HMIS Lead is fulfilling the obligations outlined in the written CoC HMIS Policies and Procedures.

Designations

The RLFC designates Mediware's ServicePoint software as the official HMIS for the CoC. The HMIS is also known as Columbus ServicePoint (CSP).

The RLFC designates Community Shelter Board (CSB) as the HMIS/CSP Lead to operate the CoC's HMIS.

HMIS Lead Responsibilities

1. Ensure that the HMIS complies with all HUD requirements and coordinate all related activities including training, maintenance, and technical assistance to Contributing HMIS Organizations (CHO). Monitor and enforce compliance by all CHOs and report on compliance to the RLFC and HUD.
2. Ensure consistent participation in HMIS and monitor HMIS users to ensure that all recipients of financial assistance under the CoC and Emergency Solutions Grant (ESG) programs use the HIMS to collect client-level data on persons served.
3. Develop written policies and procedures and document all assignments and designations consistent with the policy. Annually update the Security Plan, Data

Quality Plan, and Privacy Policy. During these annual updates, the HMIS Lead must incorporate feedback from the RLFC Board and CHOs.

- a. 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.
 - b. The security plan must meet the requirements as established by HUD in notice. The HMIS Lead must designate one staff member as the HMIS security officer and ensure that each CHO designates a security officer. The HMIS Lead must complete an annual security review to ensure the implementation of the security requirements for itself and CHOs. The HMIS Lead must ensure that each user completes security training at least annually and prior to being given HMIS access.
 - c. The HMIS Lead must implement a policy and chain of communication for reporting and addressing security incidents, as established by HUD in notice.
4. Execute a written HMIS Participation Agreement with each CHO, including 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 Participation Agreement (e.g., imposing a financial penalty, requiring completion of standardized or specialized training, suspending or revoking user licenses or 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.
 5. Develop a disaster recovery plan, which must include at a minimum, protocols for communication with staff, the RLFC, and CHOs and other requirements established by HUD in notice.
 6. Develop and implement a data quality plan. Set data quality benchmarks including bed coverage rates and service-volume coverage rates.
 7. The HMIS Lead may archive data in the HMIS, but must follow standards published in Federal Register notices.
 8. Submit reports to HUD as required. At least annually, or upon request from HUD, submit an unduplicated count of clients served and analysis of unduplicated counts.

9. Serve as the applicant to HUD for grant funds to be used for HMIS activities for the CoC, 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.

10. Annually conduct an anonymous Administrator/User survey.

11. Schedule, coordinate, and hold quarterly HMIS Administrators meetings.

Reporting

The HMIS Lead will submit reports to HUD as required and within HUD-established deadlines. The HMIS Lead will oversee and monitor HMIS data collection and production of the following reports at the minimum:

1. Sheltered Point-in-Time Count (PIT Count)
2. Housing Inventory Chart (HIC)
3. Annual Homeless Assessment Report (AHAR)
4. Annual Performance Reports (APR)
5. System Performance Measures (SPM)

HMIS Standards

The HMIS Lead, in contracting with the HMIS vendor, must require the vendor and the software to comply with HMIS standards issued by HUD as part of the contract.

Participation Fee

The HMIS Lead will collectively charge CHOs for a participation fee not to exceed \$11,000 per year, billed annually at the start of each fiscal year, for existing licenses. Each CHO will receive one user license for a \$250 fee. All other user licenses will carry a fee calculated so that altogether the collective participation fee will not exceed \$11,000. In addition, each CHO will receive two reporting licenses at no cost. CHOs may purchase additional reporting licenses, at the cost established by Mediware. CHOs will purchase additional user licenses from Mediware through the HMIS Lead. Mediware determines the cost for user licenses and the HMIS Lead will not change these costs.

Training and Technical Assistance

The HMIS Lead is responsible for the following:

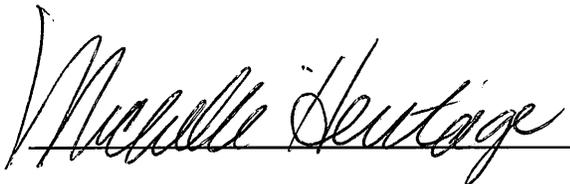
1. Schedule, coordinate, and hold quarterly HMIS Administrator meetings
2. Ensure required basic training is regularly available and accessible to CHOs
3. Ensure that technical assistance is regularly available and accessible to CHOs.

4. Ensure that CHOs have access to the reports, technical assistance, and training required to develop a data quality improvement plan when necessary.

CHO Responsibilities

The RLFC has established an HMIS Administrators Group – a provider group comprised of representatives of agencies using the local HMIS – as a committee under the RLFC. The group discusses and implements developments and improvements to the system. CHOs are expected to participate. Each agency with access to the HMIS must have a designated primary and backup administrator. Both are invited to participate in the quarterly meetings.

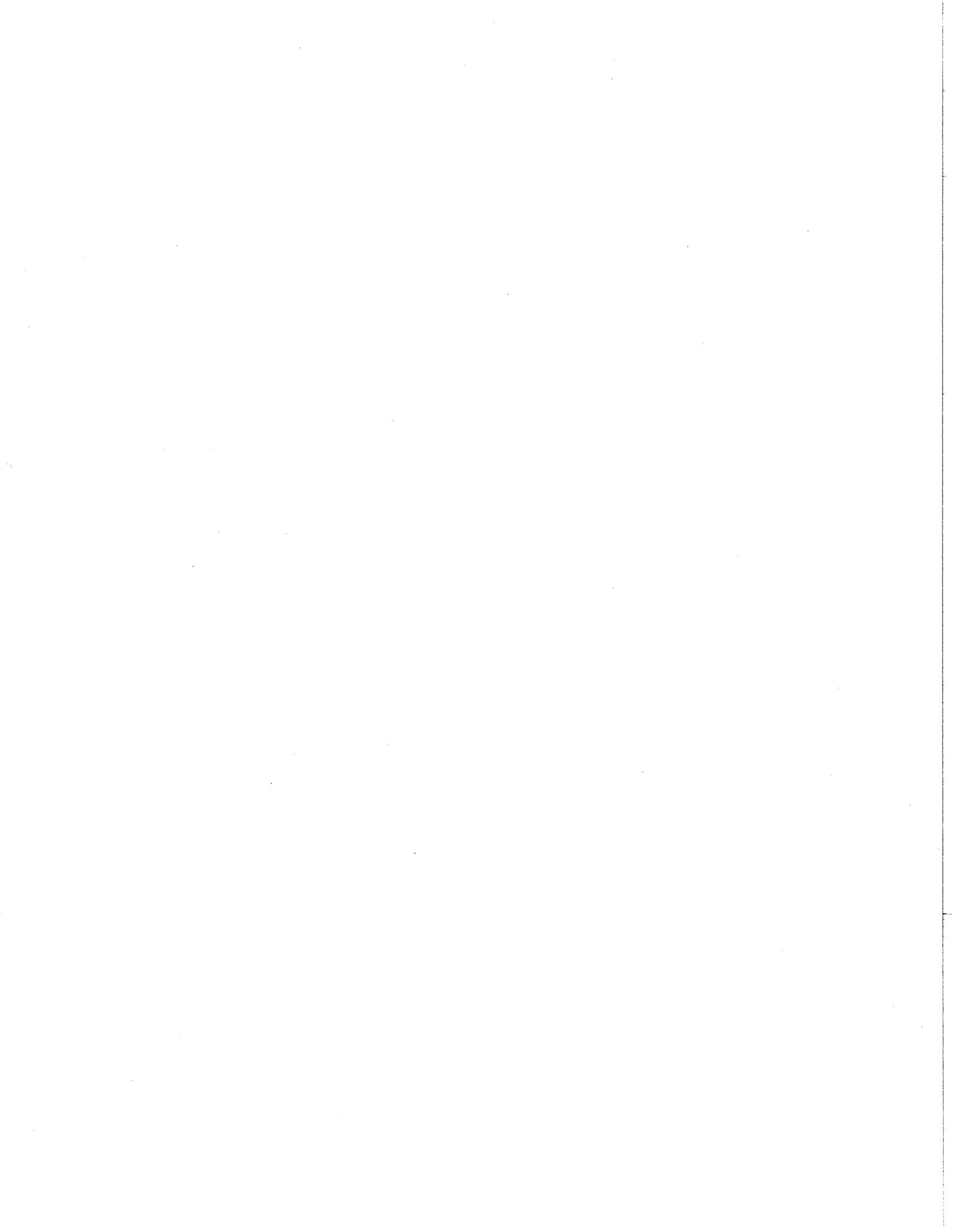
CHOs must comply with federal HMIS regulations and requirements. CHOs must comply with federal, state, and local laws that require additional privacy or confidentiality protections. When a privacy or security standard conflicts with other federal, state, and local laws to which the CHO must adhere, the CHO must contact the HMIS Lead and collaboratively update the applicable policies for the CHO to accurately reflect the additional protections. CHOs must abide by the CoC's written HMIS Policies and Procedures. The HMIS Lead and CHOs are jointly responsible for ensuring that HMIS processing capabilities remain consistent with the privacy obligations of the CHO. CHOs must use the HMIS guidance, documentation, and forms posted on CSB's website (www.csb.org).



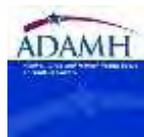
Michelle Heritage
Chair, Rebuilding Lives Funder Collaborative

September 5, 2017

Date



**Unified Supportive Housing System
Vacancy Management and Lease Up
Narrative Manual
and
Policies & Procedures**



**Narrative Manual
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Narrative Manual

A. Purpose

This set of policies and procedures provides administrative guidance and structure for the vacancy management and lease up processes of projects within the Unified Supportive Housing System.

B. Background

The Unified Supportive Housing System (USHS) is a collaborative effort managed by The Alcohol, Drug, and Mental Health Board of Franklin County (ADAMH), the Columbus Metropolitan Housing Authority (CMHA) and the Community Shelter Board (CSB). These partners work together with other agencies in the community including behavioral health, housing, shelter, and outreach providers. Funds from the Osteopathic Heritage Foundation, Fannie Mae and Battelle were used to develop the Unified Supportive Housing System.

C. Goal

A major goal of the system is to coordinate efforts to place the most vulnerable of the community's population into housing.

D. Key Terms and Acronyms

Certification of Disability (COD) – Award letter or print out from the Social Security Administration (SSA) verifying receipt of disability benefits (SSDI or SSI) or a signed Certification of Disability form.

Columbus ServicePoint – Our community's homeless management information system (HMIS). Partner Agencies collect client data and enter it in this electronic database.

Housing Provider – Agencies which manage housing projects within the USHS.

Chronically Homeless (CH) – A homeless household with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the care facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. The individual must have been living as described above continuously for at least 12 months, or on at least 4 separate occasions in the last 3 years, where the combined occasions total a length of at least 12 months and each break in homelessness included at least 7 consecutive nights. (HUD Final Rule: Defining Chronically Homeless, December 4, 2015)

Identifying Documentation – Documentation which discloses the full name, photo, date of birth, alien number and/or social security number. Identifying documentation is required as proof of identification and eligibility for housing. Examples of identifying documentation include copies of birth certificates, social security cards, stated issued IDs, marriage licenses, Permanent Resident Cards, and passports.

Individual Housing Stabilization Plan – Time-defined plan used to identify and prioritize actions related to keeping housing and tenant’s individual goals.

Non-Rebuilding Lives – Household with a disability. Disabled individuals may be homeless or at risk of becoming homeless including those who are exiting institutional settings (treatment programs, hospitals, nursing homes, correctional institutions). This eligibility applies to Veteran, Medical, and Disabled Non-Homeless units.

Notification of Incompatibility (NOI) – The written notification a Provider Agency receives from the USHS Program Manager when a Prospective Applicant is deemed incompatible with USHS Policies & Procedures or Provider Agency’s Tenant Selection Plan, making the obtainment of housing through USHS unlikely.

Permanent Supportive Housing (PSH) – Community-based housing without a designated length of stay, inclusive of supportive services focused on assisting individuals experiencing homelessness with disabilities to live independently. Permanent Supportive Housing can be single or scattered site.

Prospective Applicant – An individual who is literally homeless and meets USHS eligibility guidelines.

Prospective Applicant File – File which includes signed, dated and current ROI, COD, documentation of homelessness (if applicable), copy of current state-issued photo ID with Franklin County address, accurate birth certificate, social security card or printout from the Social Security Administration verifying social security number, Vulnerability Assessment, and proof of all income and eligibility forms. All of the above documentation must be included for Prospective Applicant File to be complete.

Provider Agency – Agency working with USHS that has direct contact with Prospective Applicants such as Emergency Shelters, Outreach Providers and the Navigator Program. For ADAMH units, ADAMH staff working with their Provider Agencies will fulfill these responsibilities; for units that the Housing Provider controls (non-homeless and non-ADAMH), the Housing Provider will fulfill these responsibilities.

Rebuilding Lives (RL) – A homeless household, including an individual or group of persons presenting together with or without children, where the Head of Household is an individual with a disability that has a cumulative length of time spent homeless, whether in shelter or on the street or a combination of the two, totaling at least 120 days or has had at least 4 occasions of homelessness where the combined occasions total at least 120 days and each break in homelessness included at least 7 consecutive nights. Families presenting together with children, living in a direct housing/rapid re-housing unit currently supported by Community Shelter Board are still considered eligible as Rebuilding Lives families if they meet the eligibility criteria.

Release of Information (ROI) – Legal document authorizing the release of Prospective Applicant information.

Severe Service Needs: An individual for whom at least one of the following is true: 1) history of high utilization of crisis services, which include, but are not limited to, emergency rooms, jails, and psychiatric facilities; 2) significant health or behavioral health challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing; 3) for youth and victims of domestic violence, high risk of continued trauma or high risk of harm or exposure to very dangerous living situations; 4) when applicable, an alternate criteria used by Medicaid departments to identify high-need, high-cost beneficiaries. The Vulnerability Assessment is used to determine severity of service needs.

Tenant Selection Plan – Housing Provider’s description of the eligibility requirements for admission into the housing program, including such things as income limits and exclusionary criteria. It is a policy utilized to ensure fair, consistent and equal treatment of Prospective Applicants.

USHS Program Manager – CSB staff member responsible for processing documents to determine preliminary eligibility for housing through vacancy management and lease-up procedures.

Verification of Street Homeless Form – Form utilized by USHS-approved outreach worker to verify street homelessness to be used monthly to document homeless in the absence of a Columbus ServicePoint record.

Vulnerability Assessment – Tool used to measure severity of service needs for individuals experiencing homelessness.

Alcohol, Drug and Mental Health Board (ADAMH)	Date of Birth (DOB)	Permanent Supportive Housing (PSH)	Social Security Insurance (SSI)
Certification of Disability (COD)	Department of Housing and Urban Development (HUD)	Release of Information (ROI)	Social Security Number (SSN)
Columbus Metropolitan Housing Authority (CMHA)	Federal Adjustment Bureau, Inc. (FABCO)	Social Security Administration (SSA)	Temporary Assistance for Needy Families (TANF)
Community Shelter Board (CSB)	Ohio Department of Jobs & Family Services (ODJFS)	Social Security Disability (SSDI)	Unified Supportive Housing System (USHS)

E. General Eligibility

USHS serves single adults, couples and families, where the head of the household has a certified disability. These individuals may be literally homeless or transitioning out of institutional settings, such as hospitals, jails, prisons or nursing homes, where they have resided for less than 90 days and were homeless at time of admission into the institution.

Eligibility for housing is also dependent on household income, and housing project and unit size. The information submitted on the Prospective Applicant’s behalf will be utilized by the USHS Program Manager to determine preliminary eligibility and appropriate placement in USHS housing units. Prospective Applicants cannot be recommended to the Housing Provider prior to USHS eligibility screening and review.

ADAMH and other low-income units may not require homelessness as part of their eligibility guidelines.

Further documentation and eligibility screenings may be requested by the Housing Provider and CMHA (as required) prior to a Prospective Applicant's approval and/or placement in a unit.

F. PSH Unit Eligibility Requirements

1. USHS Units

All persons considered for placement in USHS units must meet the following eligibility, and provide necessary documentation to establish eligibility per the details below:

- a. Disability.** Prospective Applicants must have documentation of a certified disability. The household must provide documentation that one member of the household is disabled. Two forms of documentation will be accepted: (1) Certification of Disability form signed by an Authorized (Licensed) Professional or (2) Social Security Disability Insurance (SSDI) or Social Security Insurance (SSI) printout providing proof of benefits, dated within 90 days from submission.
- b. Proof of Identity, Social Security Number** Prospective Applicants must have verification of each adult household member's identity. All household members 18 or older must provide a clean copy of valid government-issued photo identification or driver's license.

Prospective Applicant must provide a copy of his or her social security card or SSA verification of social security number and birth certificate or letter/form requesting birth certificate for each household member including dependents under the age of 18. Valid U.S. passport is acceptable in place of birth certificate.

- c. Citizenship or Naturalization.** Prospective Applicants must be a United States (U.S.) citizen or national or noncitizen with eligible immigration status in accordance with HUD Notice H-95-55. Supporting documentation includes U.S. birth certificate, U.S. passport, U.S. certification of naturalization, U.S. permanent resident card, or arrival-departure record with one of the annotations found in Appendix 2.
- d. Household Composition.** Prospective Applicants must have verification of household information. All Prospective Applicant households must have a printout from the ODJFS, regardless of current benefit status. This printout is documentation of household composition.
- e. Income Documentation.** All Prospective Applicants must have verification of wages from employment, including self-employment. All adults in the Prospective Applicant's household must provide proof of receipt of benefits which may include, but are not limited to: veteran's benefits (military pay), SSI, SSDI, unemployment, TANF/AFDC (general public assistance), court-ordered or

informal child support, alimony, pensions, educational financial assistance (Financial Aid), or worker's compensation, dated within 30 days from submission.

Prospective Applicants must provide documentation of one month of income. A completed, signed and dated Declaration of Zero Income form is required for all adults who do not have income. Household income cannot exceed that of the HUD defined "extremely low income," 30% of AMI. Income documentation may need to be updated before submission to the Housing Provider.

- f. **Residency.** Prospective Applicants must be residents of Franklin County, Ohio. Residency is established by documentation that the State of Ohio has issued a valid photo ID or Driver's License for the Prospective Applicant with a Franklin County Address.
- g. **Homelessness.** Prospective Applicants must be literally homeless residing in emergency shelter, transitional housing, or place not meant for human habitation. Documentation of homelessness must be from Columbus ServicePoint Entry/Exit Record or Verification of Street Homelessness Form from an Approved Outreach Provider. The only exception to this is a formal verification of residency on letterhead from CHOICES for Victims of Domestic Violence. The Eligibility & Prioritization from along with the Length of Stay Calculator must be used to document duration of homelessness, occasions and homeless prioritization criteria.
- h. **Complete Prospective Applicant File.** All Prospective Applicants must have completed all required forms. Prospective Applicant name, date of birth and gender must be consistent across documentation or documentation of legal name change must be submitted. Acceptable documentation of legal name change is a marriage certificate or abstract, divorce decree, court documentation, or documentation of name correction. In addition to the above, the Prospective Applicant must complete and sign all paperwork. A Prospective Applicant File is active for 6 months from the date of Prospective Applicant's signature.

2. CMHA Subsidy Units

- a. **Drug-Related or Violent Criminal Activity.** Prospective Applicants cannot have conviction of or eviction from CMHA or other federal voucher housing program due to drug-related criminal activity or violent criminal activity (see Appendix 1 for disqualifying offenses) within the past three years of final eligibility determination date, including criminal activity by any family member listed in a family's Prospective Applicant File.
- b. **Exceptions** may be made for Prospective Applicants with criminal convictions of illegal use or possession (without the intent to manufacture, sell or distribute), of a controlled substance occurring more than 18 months before CMHA's decision to terminate or deny assistance. If USHS housing unit has a CMHA voucher or

subsidy, CMHA has sole discretion for exceptions to criminal history of eligibility requirements.

- c. **For units that have Section 8 vouchers.** Prospective Applicants who left the voucher program involuntarily due to eviction or violation of program rules are ineligible for housing for a three-year period after said departure, which begins at the termination date of the previous housing assistance or court-approved eviction date.

This three-year ineligibility is reduced to one year for the Rebuilding Lives program, which includes the chronically homeless population. This eligibility requirement does not apply to units not receiving a voucher; the Housing Provider may make its decision based on its Tenant Selection Plan.

- d. **CMHA life-time ban from housing.** Applies (1) to Prospective Applicants who manufactured or produced methamphetamine on the premises of any federally assisted housing, (2) if a member of the family has committed fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program at any time, and (3) if a family member is subject to a lifetime registration as a sexual offender at any time.
- e. **Outstanding Debt.** Prospective Applicants cannot have an outstanding debt owed to CMHA. Placement in USHS housing units that have CMHA vouchers or subsidies cannot occur until all outstanding debts are paid to CMHA. In the event CMHA has determined that a Prospective Applicant has committed fraud, a lifetime ban is in effect, regardless of repayment. Financial assistance through CSB may be available to assist homeless Prospective Applicants with outstanding debts owed to CMHA. This eligibility requirement does not apply to units not receiving a voucher.
- f. **Violation of Family Obligation.** Prospective Applicants cannot have left previous tenancy under the Section 8 Program in violation of a family obligation under the Housing Choice Voucher Program. Those individuals who have previously left tenancy in violation of a family obligation are not eligible for Section 8 vouchers and are not able to apply for most USHS housing units. This eligibility requirement does not apply to units not receiving a voucher.
- g. **Rental Assistance Programs (formerly Shelter Plus Care).** With the exception of the sexual offender status, this section shall not apply to admission to the Rental Assistance Program.

3. Tax Credit Units

Prospective Applicants must not be currently enrolled as a full-time student, unless Prospective Applicant meets income eligibility criteria as set forth by the housing project and falls under one of the following five exceptions outlined in Section 42 of the IRS Code:

- a. Prospective Applicant is receiving assistance under Title IV of the Social Security Act (e.g., TANF).
- b. Prospective Applicant was previously under the care and placement responsibility of the local county children services agency (i.e., foster care).
- c. Prospective Applicant is enrolled in a government-sponsored job training program.
- d. Prospective Applicant is married and eligible to file a joint income tax return.
- e. Prospective Applicant is a single parent household with at least one dependent child. The parent is not the dependent of another individual and the child is only a dependent of the resident or the other, non-resident parent.

Additionally Prospective Applicants, who are part time students or are pursuing a GED, are eligible for tax credit units.

4. Family Units

Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the following:

- a. A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or
- b. A group of persons residing together, and such group includes, but is not limited to:
 - (i) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family);
 - (ii) An elderly family;
 - (iii) A near-elderly family;
 - (iv) A disabled family;
 - (v) A displaced family; and
 - (vi) The remaining member of a tenant family.

With respect to bedroom size, the existing occupancy requirements of HUD's public and assisted housing programs already address the number of persons who may occupy one bedroom.

5. Miscellaneous Eligibility

May be required for some units, based on Tenant Selection Plans:

- a. Prospective Applicants may not have conviction of a sexual offense or be required to register as a sex offender. Those individuals convicted of any type of

sex offense or required to register as a sex offender are, in most cases, ineligible for units within USHS.

- b. Prospective Applicants may not have conviction for or eviction from housing due to arson. Prospective applicants who left prior housing due to arson are, in most cases, ineligible for units within USHS. Exceptions may be made for prospective applicants by the Housing Provider, based on their Tenant Selection Plan.
- c. Housing program may serve a specific gender. Gender specific housing programs will make reasonable accommodations for transgendered individuals when possible.
- d. Prospective Applicant must have proof of homelessness based on Rebuilding Lives or chronic homelessness criteria and a Vulnerability Assessment.
- e. Prospective Applicant must be Medicaid eligible. Head of Household must have evidence of a disability that qualifies him or her for Medicaid benefits.

G. Eligibility Determination

Provider Agencies will submit a Demographics Form, Release of Information and all required documentation (as outlined in Section F) to the USHS Program Manager. The information in the Prospective Applicant File will be utilized by the USHS Program Manager to determine preliminary eligibility and appropriate placement in USHS housing units. After USHS referral to the Housing Provider, further documentation and eligibility screenings will be conducted by the Housing Provider and CMHA (as required) prior to a Prospective Applicant's approval and/or placement in a unit.

H. Rights & Responsibilities

Provider Agencies are responsible for ensuring Prospective Applicants' rights are protected and that Prospective Applicants are informed of their rights and responsibilities. Participants shall have these rights explained to them verbally and in writing when they fill out the Indications of Interest.

1. Prospective Applicant Rights

Reasonable efforts must be made to ensure that all participants, regardless of language or ability, understand their rights and responsibilities. At a minimum, Prospective Applicant rights should include:

- The right to be treated with dignity and respect;
- The right to privacy;
- The right to be treated with cultural sensitivity;
- The right to have an advocate present during the appeals process;

- The right to request a reasonable accommodation in accordance with the Housing Provider's Tenant Selection Plan;
- The right to accept housing offered or to reject substandard housing; and
- The right to confidentiality and information regarding when confidential information will be disclosed, to whom, and for what purpose, as well as the right to deny disclosure. Prospective Applicants must be informed that participation in USHS requires such information be collected and provided. Prospective Applicants who choose not to release such information are ineligible for placement in USHS units.

2. Nondiscrimination Requirements

Community Shelter Board will comply with the nondiscrimination provisions of federal civil rights laws, including, but not limited to, the Fair Housing Act, Section 504 of the Rehabilitation Act, Title VI of the Civil Rights Act and Title II or III of the Americans with Disabilities Act, as applicable.

A permanent supportive housing program that serves families must serve all types of families and cannot discriminate against any family based on marital status, actual or perceived sexual orientation of the family members, or gender identities of the family members. Therefore, if two adults present together as a family, the recipient or subrecipient must serve the two adults as a family and may not require proof of marriage and may not limit assistance to couples in a heterosexual relationship.

3. Housing Accommodations

If a Prospective Applicant has a physical disability that limits access to the PSH site offered, the Provider Agency will submit a statement by a medical doctor to USHS as soon as access challenges become known. The statement will be on official letterhead and request that the Prospective Applicant be offered the next available unit when he/she is eligible.

Additionally if a PSH unit would put a Prospective Applicant at risk of bodily harm from another resident due to past history of domestic dispute, physical altercation, or abuse, the Provider Agency will provide a statement from the Prospective Applicant to accompany his/her file.

4. Privacy Protections

All information gathered about the Prospective Applicant listing personally identifying information including first and last name, a home or other physical address, contact information, social security number, and any other information, including date of birth, racial or ethnic background, or religious affiliation, that in combination with any other non-personally identifying information would serve to identify any individual will be properly used with the consent of the Prospective Applicant.

I. Provider Agency Expectations

Provider Agencies requesting USHS placement services in homeless units shall utilize the Vulnerability Assessment and duration of homeless time to identify the eligible individuals. These individuals must be literally homeless with certified disability. Provider Agencies are expected to assist in the completion of all necessary forms for housing services. The Provider Agency shall be accountable for the following steps:

1. Observance of all written USHS policies and procedures.
2. Attendance at USHS training sessions.
3. Certification of any staff member who will submit a Prospective Applicant application.
4. Use of current forms to refer Prospective Applicants.
5. Submission of said forms and other necessary documentation to USHS Program Manager.
6. Continuous contact (when possible) with Prospective Applicant so further information or documentation can be collected as needed.
7. Contact with the Housing Provider as needed on Prospective Applicant's behalf.
8. Notification to the Prospective Applicant of his or her status in the process.
9. Serve as the primary contact for the Prospective Applicant while his/her application is in the USHS Pools. (The USHS Program Manager is not intended to have direct contact with applicants.)
10. Initiation of the Review Panel process to settle disputes.
11. Keep all components of the USHS application up to date in order to keep the application active on behalf of the Prospective Applicant, following the schedule below:

Document	Validity
Income Verification	30 days
COD	180 days
Vulnerability Assessment	180 days
ROI	180 days

Prospective Applicant File	180 days
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Table 1

J. Housing Provider Expectations

1. Housing Providers requesting USHS placement services shall identify housing opportunities to ensure that vacancies are filled by the most vulnerable Prospective Applicants.
2. Adhere to all USHS written policies and procedures.
3. Notification to the USHS Program Manager of vacancies, lease-up and Prospective Applicant eligibility.
4. Continuous correspondence with Provider Agency for Prospective Applicant contact and follow up.
5. Notification of housing outcomes (Approval, Barriers or Denial) to the Provider Agency and USHS Program Manager.
6. After a Potential Applicant is approved for housing, the Housing Provider will notify the USHS Program Manager and Provider Agency via email that Potential Applicant has successfully moved into his or her unit.

K. USHS Program Manager Expectations

The USHS Program Manager will follow written policies and procedures to determine Prospective Applicant eligibility, homeless status and vulnerability, to ensure implementation of HUD and local standards. Only the most vulnerable Prospective Applicants matching Housing Provider eligibility will be forwarded to fill vacancies.

1. Adhere to all USHS written policies and procedures.
2. Review of Prospective Applicant File.
3. Determination of eligibility and possible housing incompatibility (i.e., history of arson, conviction of distribution and manufacturing of drugs, sexual offender status or sexual based offenses, recent criminal history, open or unresolved court cases and active warrants).
4. Notification of ineligibility and possible housing barriers to Provider Agencies.
5. Scoring of Vulnerability Assessment.
6. Maintenance of prioritized pool of eligible Prospective Applicants.
7. Follow up with Housing Providers and Provider Agencies as needed.

8. Notification of housing referral to Provider Agency.
9. Provide ongoing training opportunities to Housing Providers and Provider Agencies on utilization of required forms and documentation.

L. Timeline for Prospective Applicant File Processing

1. Upon receipt of Prospective Applicant File, the USHS Program Manager will check the file for completeness. Provider Agencies will be notified by the USHS Program Manager within two (2) business days if the submitted file is incomplete. Provider Agencies will be asked to retrieve the Prospective Applicant File within two (2) business days. Provider Agencies will retrieve the incomplete files from USHS within two (2) business days. Completed files may be resubmitted at any time.
2. The USHS Program Manager will conduct an eligibility screening on all Prospective Applicants within two (2) business days of receipt of a completed file.
3. The USHS Program Manager will send a list of names, DOBs and SSNs to CMHA monthly or more often, as needed. CMHA will complete records checks on Prospective Applicants (including violations and current housing with CMHA) and notify the USHS Program Manager of the results within two (2) business days of CMHA's receipt of the list of names, DOBs, and SSNs from the USHS Program Manager.
4. The USHS Program Manager will also send a list of names, DOBs and SSNs and signed ROIs to ADAMH to match service utilization by noon on the first and third Tuesday of every month. ADAMH will return the results of service utilization data matching to the USHS Program Manager by Thursday of that week, within two (2) business days.
5. The USHS Program Manager will complete a criminal background check on all chronically homeless Prospective Applicants within two (2) business days of file receipt. The USHS Program Manager will complete criminal background check for USHS Non-Rebuilding Lives special populations including Veterans, ADAMH, Medical, and Disabled/Non-Homeless within two (2) business days of file receipt. The USHS Program Manager will complete background checks for Rebuilding Lives Homeless Prospective Applicants before referring a file to the Housing Provider.
6. If, during the determination of eligibility, the USHS Program Manager finds that a Prospective Applicant is unlikely to receive placement within USHS units, the USHS Program Manager will send the Provider Agency a written "Notification of Incompatibility" within two (2) business days of such finding. The Provider Agency will inform the Prospective Applicant within two (2) business days of receipt of such notification from the USHS Program Manager.
7. If a potential vacancy has been identified, the Housing Provider will notify USHS of the vacancy within one (1) business day. Notification will occur by fax or email to the USHS Program Manager using the USHS Unit Vacancy Notification Form.

8. USHS Program Manager will identify the highest prioritized Prospective Applicant from the eligible pool and forward that name to the Housing Provider. If two (2) or more Prospective Applicants have the same, highest priority within the appropriate pool, the USHS Program Manager will randomly select the Prospective Applicant to be forwarded to the Housing Provider.

The prioritization occurs as outlined in the Prospective Applicant Matching & System Prioritization procedure. The USHS Program Manager will attempt to fill the vacancy within two (2) business days. If Prospective Applicants cannot be located within the time frame, USHS will notify the Housing Provider of this delay within two (2) business days of the receipt of the Unit Vacancy Notification Form.

After transferring Prospective Applicant File(s) to the Housing Provider, the USHS Program Manager will send an email to the Prospective Applicant's Provider Agency informing it of the transfer. At this point, the Housing Provider will manage all contact with Provider Agencies and Prospective Applicant(s).

9. The Housing Provider will contact each Prospective Applicant received from USHS within two (2) business days and schedule an interview with such Prospective Applicant.
10. The Housing Provider will interview Prospective Applicants referred from USHS and complete eligibility verification according to Housing Provider's Tenant Selection Plan within ten (10) business days of receipt of Prospective Applicant Files from the USHS Program Manager.
11. Resolution of the Prospective Applicant's situation (either housed or rejected) should occur no later than 30 days from the date that the Prospective Applicant is forwarded to the Housing Provider.
12. If the Housing Provider denies the Prospective Applicant (e.g., based on its Tenant Selection Plan), the Housing Provider must notify the Prospective Applicant and the Prospective Applicant's last known Provider Agency and provide an explanation in writing to the USHS Program Manager within two (2) business days of the date of the denial.
13. If the Prospective Applicant refuses the Housing Provider's unit for any reason, the Housing Provider will notify the Prospective Applicant's last known Provider Agency and provide an explanation in writing to the USHS Program Manager within two (2) business days of the date of refusal.
14. USHS will provide another Prospective Applicant to the Housing Provider within two (2) business days of receipt of Housing Provider's explanation for denial or refusal of the previously referred Prospective Applicant. The process will repeat beginning with step #8.

For all lease-up projects:

1. Six months prior to the intended start of a lease-up project, USHS will notify Provider Agencies of the upcoming availability of units. The unit type, subsidy type, eligibility

criteria and amount of available units will be shared with Provider Agencies. USHS will request additional referrals into the eligible pools to provide referrals to the Housing Provider for lease up.

2. The USHS Program Manager will send a list of names, DOBs and SSNs and signed ROIs to ADAMH to match on service utilization by noon on Tuesday of every week, starting with three (3) months prior to the project's lease-up date. ADAMH will return the results of service utilization data matching to the USHS Program Manager by Thursday of each week or within two (2) business days.
3. USHS will refer eligible Prospective Applicants to the Housing Provider to fill each unit within the Housing Provider's housing project within the planned lease-up timeframe and according to the Tenant Selection Plan.
4. The Housing Provider will notify the USHS Program Manager within one (1) business day of all units at the new project being leased. The USHS Program Manager will contact the Provider Agencies that assisted the remaining Prospective Applicants who did not receive housing within three (3) business days of such notification.
5. After the USHS Program Manager's notification that the project is fully leased, the Provider Agencies will notify immediately or as soon as possible all remaining Prospective Applicants that they have not been accepted for housing at the respective project.
6. The Housing Provider will send a weekly update on Prospective Applicant move-ins to the USHS Program Manager.

M. USHS Appeals Due Process

Prospective Applicants may appeal eligibility decisions of USHS at the system level (if USHS decision), and/or at the Housing Provider level if the Housing Provider denies Prospective Applicants for housing.

Please see **Section O: Prospective Applicant Rejection of Housing**, for guidance on continued eligibility in the pool after a Prospective Applicant rejects housing opportunity.

1. Appeal of USHS Eligibility Determination

Upon submission, USHS will review the Prospective Applicant File for completeness, accuracy, and adherence to program policies and procedures. If the Prospective Applicant is determined to be ineligible for USHS housing, USHS will notify the Prospective Applicant and the Provider Agency. The Provider Agency will notify the Prospective Applicant and provide information on the right to appeal through the USHS Grievance Process and the Appeal to the USHS Review Panel.

2. Appeal of Housing Provider Denial

A Prospective Applicant has the right to appeal the Housing Provider's decision to deny the Prospective Applicant placement at the Housing Provider's housing site. This appeals process will be governed by the Housing Provider's current appeals process. Prospective Applicants who do not meet eligibility and/or are denied service must be informed by designated staff, provided an explanation of the reasons for denial, and told how to appeal the denial per the Housing Provider's current appeals process. Information on the Housing Provider's appeals process will be provided to the Provider Agency and the Prospective Applicant by the Housing Provider.

N. USHS Grievance Process

A Prospective Applicant has the right to file a grievance with the USHS if he or she believes his or her rights were violated during the eligibility screening process. Grievances shall be filed with USHS in writing within five (5) business days of the alleged violation of rights or cause of grievance. Failure to file within this period does not preclude a grievance from being addressed. The Prospective Applicant will be provided an informal hearing with the USHS Program Manager and a system representative (representative of ADAMH, CMHA, or CSB) and the option of a representative from the Prospective Applicant's Provider Agency or other representative of the Prospective Applicant's choice in an effort to resolve the grievance. If a grievance cannot be resolved through this informal process, Prospective Applicant may appeal his or her grievance to the USHS Review Panel.

O. Prospective Applicant Rejection of Housing

USHS will offer up to two housing units to the Prospective Applicant from the housing inventory available within USHS, as all housing within USHS is considered safe, decent, and affordable. If/when a Prospective Applicant rejects housing for the 2nd time his/her file will be returned to the Provider Agency for placement in other suitable community housing outside of the USHS Pool. The Prospective Applicant will be ineligible for USHS housing for a one (1) year period after s/he rejects the 2nd housing unit from the housing inventory available within USHS. Provider Agency will continue to seek appropriate housing for the Prospective Applicant and will follow corresponding shelter guidelines, including but not limited to individualized housing stabilization plans.

The only two exceptions to refusing housing and remaining in the USHS pool are those listed in Section H(3): Housing Accommodations. USHS encourages all Provider Agencies to submit more than one community application for individuals they are working with who are experiencing homelessness.

P. Appeal for Re-entry into the USHS Pool following Prospective Applicant's Rejection of Housing Opportunity

The Provider Agency appeals to the CSB's Director of Programs and Planning presenting extenuating circumstances making the second housing option impossible to accept by the Prospective Applicant. If the Provider Agency is not satisfied with the outcome, the Provider

Agency can request that an appeal be heard by CSB's Executive Director, or designee, for final determination.

Q. Appeal to the USHS Review Panel

The USHS Review Panel will be used when a grievance cannot be resolved through other means. Notice of such an appeal must be made in writing to the USHS Review Panel. The Review Panel will consist of one designee from each of ADAMH, CMHA, CSB, Housing Provider, and the Citizens Advisory Council (CAC). The Review Panel shall meet within ten (10) days of receipt of the appeal to hear the grievance, will make a clear determination at its meeting, and provide written notice of its determination to the Prospective Applicant and the Prospective Applicant's Provider Agency. Thereafter, the Prospective Applicant has the option of pursuing additional redress through any available channels.

Please see Policies & Procedures beginning on page 17 for details on each step within the USHS process.

R. Recordkeeping

1. USHS Program Files

All USHS program files will be maintained onsite for the current and previous fiscal year, then maintained offsite in secure storage for four (4) years.

2. USHS Prospective Applicant Files

All USHS Prospective Applicant Files for individuals and families who were successfully housed through USHS will be maintained onsite for the current and previous three (3) fiscal years and then maintained offsite in secure storage for an additional five (5) years.

Polices & Procedures

Procedure Name: Referrals to USHS

Policy:

Prospective Applicants' referrals to USHS for placement in housing will be accepted by USHS on an ongoing basis.

Procedures:

1. Prospective Applicants who do not sign a Release of Information (ROI) are not eligible and cannot be considered for USHS housing.
2. After the Prospective Applicant File is complete, the Provider Agency will send the completed forms and documentation to USHS.
3. The ROI will expire six (6) months from the date of the Prospective Applicant's signature. The Prospective Applicant will need to sign and submit a new ROI before or when the original ROI expires to maintain active status for housing consideration.

Adopted: March 2010

Revised: October 2014

Procedure Name: Acceptance of Forms

Policy:

The USHS Program Manager will not accept incomplete Prospective Applicant Files. An incomplete file is one that does not adhere to these policies and procedures and includes a file without the following: a signature and/or date, appropriate disability documentation, current and legible applicant documentation or incomplete/missing information.

Procedures:

1. All forms will be organized with the File Submission Checklist as the first page and will be certified as accurate by the Provider Agency representative.
2. Name spelling, date of birth and gender must be consistent across all identifying documentation. If documentation is inconsistent, verification of legal name change must be submitted (i.e. marriage certificate, marriage abstract, divorce decree, adoption paperwork, or other court documentation of name change) or identifying information must be corrected with the appropriate provider (i.e. the Social Security Administration, Office of Vital Statistics or Department of Motor Vehicles, etc.).
3. Only one set of forms will be accepted per household.
4. Provider Agency case workers will be notified within two (2) business days if incomplete forms are received. Provider Agency case workers must pick up incomplete files within two (2) business days or the file will be shredded. Complete files may be resubmitted at any time.

Adopted: March 2010

Revised: January 2016

Procedure Name: Determination of Prospective Applicant Eligibility

Policy:

The USHS Program Manager must review all Prospective Applicants' eligibility for USHS housing units. Prospective Applicants cannot be recommended to the Housing Provider prior to USHS eligibility screening and review.

Procedures:

The USHS Program Manager will:

1. Conduct criminal background screening and national sex offender search using the Ohio Electronic Sex Offender Registration and Notification website (ESORN) and the Franklin County Municipal Court website to check Prospective Applicants' eligibility as files are received, immediately for chronically homeless Prospective Applicants and prior to forwarding Rebuilding Lives or other Prospective Applicants to the Housing Provider.
2. Send a list of names, DOBs, and SSNs to CMHA for records checks by the fourth Monday of each month or as needed. During lease-up, if the eligibility pools are exhausted, a list of potential applicants will be sent to CMHA on a weekly basis.
3. Send a list of names, DOBs, SSNs and ROIs of all new Prospective Applicants and those who previously received a score of zero (0) utilization, to ADAMH for Prospective Applicant data matching on service utilization by noon, the first and third Tuesday of every month. During lease-up, a list of Prospective Applicants will be sent to ADAMH weekly, each Tuesday, starting with three (3) months prior to the project's lease-up date. Data matching will be done only on the Prospective Applicants for the units that have homelessness eligibility criteria.
4. For family units, the USHS Program Manager will verify that a printout from ODJFS used to verify household composition, is present before forwarding Prospective Applicants to the Housing Provider.
5. Conduct credit checks through FABCO to check Prospective Applicants' eligibility.

CMHA will:

1. Compare this list against its database to determine if any of those on the list are not likely to receive a housing subsidy due to prior conduct in other CMHA housing programs, current housing in CMHA units or due to some other offense.
2. Send the results of the record check back to USHS within two (2) business days. During lease-up, the results will be expedited.

ADAMH will:

1. Compare this list against its database to determine service utilization and return a score for each individual, ranging from zero (0) to six (6) dependent on the individual's use of ADAMH services.
2. Send the results of the data match to USHS on Thursdays or within two (2) business days from the service match request.

Adopted: July 2011

Revised: October 2014

Procedure Name: Prospective Applicant Matching & System Prioritization

Policy:

All Prospective Applicants will be prioritized for potential housing placement in their respective eligibility pools, prior to referral to the Housing Provider. USHS uses the order of priority outlined in HUD Notice CPD-16-11 issued July 25, 2016. Individuals and families with a disability and experiencing chronic homelessness, with the longest history of homelessness and the most severe service needs, are given first priority in all PSH projects. This process was created to allow PSH to target individuals with the greatest barriers toward obtaining and maintaining housing on their own, and not on a first come, first serve basis. Individuals and families experiencing chronic homelessness will have priority over non-chronically homeless individuals and families, as defined in HUD Notice CPD-16-11. The purpose of a prioritized and scored pool is to ensure that:

- Chronically homeless Prospective Applicants are prioritized in the USHS process.
- The most vulnerable Prospective Applicants receive a higher score, ensuring that they are housed within their category in order of need.
- All Prospective Applicants receive an equal opportunity for housing consideration based on their service needs and eligibility.

Procedures:

- 1. Pools:** The USHS Program Manager will sort Prospective Applicants into pools.
 - a. Chronically homeless families presenting together without children where the Head of Household is identified as chronically homeless.
 - b. Chronically homeless families presenting together with children where the Head of Household is identified as chronically homeless.
 - c. Rebuilding Lives families presenting together without children where the Head of Household is identified as Rebuilding Lives eligible.
 - d. Rebuilding Lives families presenting together with children where the Head of Household is identified as Rebuilding Lives eligible.
 - e. Homeless families presenting together with or with children that do not meet Rebuilding Lives criteria.
 - f. Non-Homeless families presenting together with or without children. The Head of Household must be an individual with a disability.

2. USHS Chronically Homeless Prioritization

The USHS Program Manager will sort chronically homeless Prospective Applicants into a separate pool, which will be prioritized in accordance with HUD Notice CPD-16-11, Section III.A. This pool will be prioritized once a month.

Priority Order

1. Chronically homeless households with the **longest history of homelessness** and the **most severe service needs**, based on the Vulnerability Score.
2. Chronically homeless households with the **longest history of homelessness** and **without severe service needs**, based on the Vulnerability Score.

USHS will prioritize chronically homeless households for all vacant PSH beds, regardless of whether those beds are dedicated or prioritized for the chronically homeless population. If there are no chronically homeless individuals in the pool, the USHS Rebuilding Lives and Homeless Prioritization procedure below will be followed.

3. USHS Rebuilding Lives and Homeless Prioritization

The USHS Program Manager will sort Rebuilding Lives Prospective Applicants into a separate pool, which will be prioritized in accordance with HUD Notice CPD-16-11, Section III.B. This pool will be prioritized once a month.

Priority Order

1. A household **with a disability** residing in a place not meant for human habitation, a safe haven, or emergency shelter that does not meet the chronically homeless definition, but where the **cumulative** time homeless is **at least 12 months** and the household has **severe service needs**, based on the Vulnerability Score.
2. A household **with a disability** residing in a place not meant for human habitation, a safe haven, or in an emergency shelter with **severe service needs**, based on the Vulnerability Score. The length of time homeless will also be considered, and USHS will prioritize households that exceed **120 days** or 4 occasions of homelessness, cumulatively totaling more than 120 days, including persons exiting an institution where they have resided for less than 90 days and were homeless prior to entry.
3. A household **with a disability** residing in a place not mean for human habitation, a safe haven, or in an emergency shelter **without severe service needs**, based on the Vulnerability Score. The length of time homeless will also be considered, with priority given to households that exceed **120 days** or 4 occasions of homelessness, cumulatively totaling more than 120 days. This category includes persons exiting an institution where they have resided for less than 90 days and were homeless prior to entry.

4. A household **with a disability** residing in transitional housing, where prior to residing in transitional housing had lived in a place not meant for human habitation, an emergency shelter, or a safe haven. This includes households residing in transitional housing that were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking. Veterans in VA-funded Transitional Housing maintain their Rebuilding Lives Status. Length of time homeless will be considered with priority given to households with longer lengths of homelessness.

4. Non-Homeless Prospective Applicant Prioritization

- a. Non-Homeless Prospective Applicants with a disability will not be scored by the USHS Program Manager when the Housing Provider is exclusively filling vacancies designated for non-homeless, medical or ADAMH units.
- b. Non-Homeless Prospective Applicants will be prioritized depending on Housing Provider. For those units, the Housing Provider will ensure that the USHS Program Manager has sufficient Prospective Applicants to fill available units.
- c. ADAMH Prospective Applicants who are currently residing in residential ADAMH housing will be prioritized by residential length of stay and any other prioritization method that the sponsor for these units prefers to use.

5. Vulnerability Scoring

- a. The USHS Program Manager will evaluate ADAMH service utilization and Applicants vulnerability when allotting each Prospective Applicant a vulnerability score based upon the Vulnerability Assessment. All files will be submitted to a standard evaluation system which is universal and scored based on severe service needs.
- b. Service utilization will be provided through ADAMH data matching and will result in a score for each individual, ranging from zero (0) to six (6) dependent on the Prospective Applicant's use of ADAMH services.
- c. Severity of service need is assessed through the Vulnerability Assessment. All homeless single adults are required to have, as part of the Prospective Applicant File, a Vulnerability Assessment completed within six (6) months from the date of receipt of completed file. The USHS Program Manager will score the Vulnerability Assessment and will assign a score ranging from zero (0) to thirty eight (38) for each Prospective Applicant.
- d. Prospective Applicant needs to provide documentation of a medically confirmed pregnancy at the time of intake submission and at the time her application is identified by the USHS Program Manager.

- e. Prospective Applicant's total scores will be a combination of both components (service utilization and severity of service need), with the highest possible score of thirty eight (38) and the lowest possible score of zero (0).
- f. If there are several Prospective Applicants with the same score and they cannot be prioritized by the length of their homelessness, the priority file will be drawn by randomized pick to determine placement into the open unit. The assignment will be indicated on Prospective Applicant File.

6. Pool Maintenance

The prioritization process will be conducted monthly. During a project lease-up, the prioritization process will be conducted more often, as needed (if the eligible pools are exhausted). A rank list for each pool will be constructed monthly.

Adopted: July 2011

Revised: August 2016

Procedure Name: Refreshing the Eligible Pool

Policy:

Eligible pools will be refreshed monthly and more frequently if needed (if the eligible pools are exhausted) during a new project lease-up. All Prospective Applicant Files will be maintained by the USHS Program Manager after submission to USHS. Prospective Applicant information will be updated as necessary.

Procedures:

The USHS Program Manager will refresh the eligible pool by:

1. Sorting Prospective Applicants into relevant eligible pools based on Prospective Applicant eligibility (monthly and if the pools are exhausted, then weekly).
2. Conducting a data match with ADAMH to determine service utilization (see the Determination of Prospective Applicant Eligibility procedure).
3. Running records checks through CMHA (see the Determination of Prospective Applicant Eligibility procedure).
4. Scoring Prospective Applicants and prioritizing them based on the Prospective Applicant Matching & System Prioritization procedure (monthly and, if the pools are exhausted, then as needed).
5. The pools will be established by the last business day of the month to be used to fill vacancies in the upcoming month. If the pools are exhausted, this process may occur as needed.

Adopted: March 2010

Revised: October 2014

Procedure Name: USHS Referral to Housing Provider

Policy:

The USHS Program Manager will send potentially eligible Prospective Applicants to the Housing Provider from the maintained eligibility pools. Additional requests for Prospective Applicant files will be sent to Provider Agencies, as necessary to prepare for lease up.

Procedures:

1. For homeless units, the USHS Program Manager will first look up the Prospective Applicant's information in the Columbus ServicePoint (CSP) database. If Prospective Applicant meets the current homelessness requirements for the unit, the USHS Program Manager will contact the Prospective Applicant's Provider Agency to determine if the Prospective Applicant is still in need of housing and wishes to move to the open unit.
2. For non-homeless units, the USHS Program Manager will contact Prospective Applicant's Provider Agency to determine if the Prospective Applicant is still in need of housing and wishes to move to the open unit.
3. After establishing Prospective Applicant's interest, the USHS Program Manager will request updated documentation as necessary.

Please see **Section I: Provider Agency Expectations Table 1**, for guidance on validity of documentation.

4. The USHS Program Manager will run a credit check with FABCO.
5. The USHS Program Manager will verify that Prospective Applicant File contains a printout from ODJFS. This printout is used to verify or confirm household composition.
6. The USHS Program Manager will make a copy of the Prospective Applicant File and forward the original file to the Housing Provider.

Adopted: March 2010

Revised: October 2014

Procedure Name: Vacancy Management or Lease-Up

Policy:

The USHS Program Manager will send Prospective Applicants to the Housing Provider for identified vacancies.

Procedures:

1. The USHS Program Manager will fill vacancies by utilizing the prioritized pool.
2. USHS Program Manager will identify the highest prioritized Prospective Applicant from the chronically homeless eligibility pool and forward the file to the Housing Provider.
3. The USHS Program Manager will notify the Provider Agency informing it that its Prospective Applicant was forwarded to the Housing Provider.
4. After the file(s) are given to the Housing Provider to fill the vacancy, the Housing Provider will manage all contact with Prospective Applicant and Provider Agency.
5. The Housing Provider will contact each Prospective Applicant to coordinate placement at the housing project and schedule an interview with the Prospective Applicant.
6. The Housing Provider will interview Prospective Applicant referred from USHS and complete eligibility verification according to Housing Provider's Tenant Selection Plan.
7. Resolution of the Prospective Applicant's situation should occur no later than thirty (30) days from the date that the Prospective Applicant File was forwarded to the Housing Provider. If the Housing Provider does not resolve the situation within thirty (30) days, it will notify the USHS Program Manager and Provider Agency within two (2) days of missed move-in date.
8. The Housing Provider and Provider Agency will directly communicate with the Prospective Applicant in terms of his/her housing application status once the application has been moved forward by the USHS Program Manager.
9. The Housing Provider will notify the USHS Program Manager and the Provider Agency, via email, within two (2) days of Prospective Applicant's move into the open unit.

Adopted: March 2010

Revised: October 2014

Procedure Name: Housing Provider Rejection of Prospective Applicant

Policy:

Housing Providers may deny an eligible Prospective Applicant for any legally permissible reason as outlined in the Housing Provider's Tenant Selection Plan. Prospective Applicants have the right to appeal this denial to the Housing Provider. A Prospective Applicant's denial from placement at one housing site will not preclude the Prospective Applicant from receiving any other housing unit through USHS. Denial from housing will have no disparaging effect on the Prospective Applicant's ability to receive other housing.

Prospective Applicants are given two opportunities to reject a housing unit for any reason. Case workers will continue to seek appropriate housing for them.

Procedures:

1. Housing Providers may deny an eligible Prospective Applicant for any legally permissible reason as outlined in the Housing Provider's Tenant Selection Plan. Housing Provider will return the Prospective Applicant File and a written explanation for this denial to the USHS Program Manager within two (2) days.
2. A Prospective Applicant's denial from placement at one housing site will not preclude the Prospective Applicant from receiving another housing unit through USHS. Denial from housing will have no disparaging effect on the Prospective Applicant's ability to receive other housing.
3. Prospective Applicants have a right to appeal Housing Provider denial by following the Housing Provider's guidelines for appeals.
4. The USHS Program Manager will submit the Housing Provider another eligible Prospective Applicant File to be considered for the vacant unit.

Adopted: June 2011

Revised: October 2014

Procedure Name: Prospective Applicant Rejection of Housing

Policy:

Prospective Applicants are given up to two (2) opportunities to accept a housing opportunity. The selection of a Prospective Applicant from the pool for referral is based on prioritization and eligibility for the available unit. This option will be a safe, decent and affordable housing opportunity with access to supportive services. Accommodations will be made only for reasons found in Section H (3): Housing Accommodations.

If a Prospective Applicant rejects two (2) housing opportunities, he or she will be ineligible for USHS housing for one (1) calendar year. At this time, his or her Provider Agency will continue to seek an appropriate non-USHS housing opportunity.

Procedures:

1. If the Prospective Applicant rejects housing, the Housing Provider will return the Prospective Applicant File and a written explanation for this rejection to the USHS Program Manager within two (2) days of rejection.
2. After the Prospective Applicant has rejected a housing opportunity, his or her file will be returned to the USHS Program Manager for processing.
3. Prospective Applicants have a right to appeal exclusion from the USHS pool in accordance with Section P: Appeal for Re-entry into the USHS Pool following Prospective Applicant's Rejection of Housing Opportunity.

Adopted: June 2011

Revised: October 2014

Procedure Name: Documentation of Homelessness

Policy:

The Prospective Applicant must be homeless at time of application, if applying for homeless housing units. An individual or family is literally homeless if they live or reside in a place not meant for human habitation or an emergency shelter. If an individual is in an institutional situation, they must have met the definition of literal homeless immediately prior to entry and have resided in the institution less than 90 days.

Procedures:

1. Evidence of Homeless Status

Evidence of an individual or head of household's current living situation may be documented by:

- a. Columbus ServicePoint data.
- b. A written monthly observation by an approved outreach worker on a Verification of Street Homelessness form.
- c. For individuals leaving an institutional care facility, the Provider Agency needs to provide exit paperwork from the institution clearly documenting entry, admission and exit/discharge dates.

Prospective Applicants must be literally homeless, and this status must be verified at the following points in the housing process through the USHS:

- At the time the Prospective Applicant File is submitted to the USHS.
- At the time of lease signing with the Housing Provider.

2. Evidence of Homelessness Duration

The duration of homelessness is necessary to determine if the Prospective Applicant is chronically homeless or non-chronically homeless for the purposes of housing prioritization. There must be documentation to establish duration of homeless. Evidence of duration of homelessness can be documented in the following ways:

- a. Print out of Columbus ServicePoint data; and/or
- b. For Prospective Applicants' currently experiencing street homeless, a written observation by an approved outreach worker must be completed monthly to document ongoing street homelessness. The Outreach Worker must physically see the Prospective Applicant living in a place not meant for human habitation at least once during the month, in order to document for that month. This observation may be documented on a Verification of Street Homelessness form.

A single documented encounter with an outreach Provider Agency on a single day within one month is sufficient to consider an individual or family as homeless for the entire month unless there is any evidence that the household has had a break in homeless status during that month (e.g., evidence in Columbus ServicePoint of a stay in transitional housing).

Definitions

- a. The duration of homelessness for a chronically homeless individual is at least 12 months without a break or at least 4 separate occasions of homelessness in the past 3 years where the cumulative total length of the occasions equals at least 12 months.
- b. The duration of homelessness for a non-chronically homeless Rebuilding Lives individual is at least 120 days (4 months) without a break or at least 4 separate occasions of homelessness where the combined occasions total at least 120 days (4 months) and each break in homelessness included at least 7 consecutive nights.
- c. A break in homelessness is considered at least seven (7) or more consecutive nights for which homelessness is not documented. If the break is less than seven (7) days, the time between one occasion and another can be counted towards homeless time. A break in homelessness for seven (7) days or more should be documented. Self-certification is an acceptable method of documentation only as it relates to non-homeless time to verify a specific break in homelessness.

3. Length of Occasions

To properly document the length of time homeless, it is important to document the start and end date of each occasion of homelessness. There is no minimum number of days in which each occasion must occur. An occasion is defined by a break of at least seven (7) days or more for which homelessness is not documented. A break in homelessness for seven (7) days or more should be documented. Self-certification is an acceptable method of documentation only as it relates to non-homeless time to verify a specific break in homelessness. If an individual is in an institutional situation for fewer than 90 days, it does not constitute a break and counts towards total time homeless.

Approved outreach workers must acknowledge any known gaps in street homelessness including entry into shelter, transitional housing or housing. They should not utilize Verification of Street Homelessness form to cover occasions where the Prospective Applicant was not experiencing street homelessness.

Adopted: October 2014

Revised: January 2016

Procedure Name: Determination of Severity of Service Needs or Vulnerability

Policy:

Prospective Applicant must demonstrate a severity of service needs. Severity of service needs, defined as a history of high utilization of crisis services, significant health challenges, behavioral health challenges or functional impairments. These needs require a significant level of support in order to maintain permanent housing. USHS utilizes the Vulnerability Assessment and service matches with the ADAMH to determine severity of service needs.

Procedures:

1. Every Head of Household in USHS will complete a Vulnerability Assessment as a part of the Prospective Applicant File.
2. The USHS Program Manager will use the Vulnerability Assessment in conjunction with the ADAMH service match to score Prospective Applicant File for pool prioritization.

Adopted: October 2014

Procedure Name: Documentation of a Certified Disability

Policy:

For USHS purposes, documentation of a certified disability must be for one or more of the qualifying conditions listed here: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from traumatic brain injury, chronic physical illness or physical disability.

Certification of Disability documentation must include one of the following:

- a. COD from a professional licensed by the state to diagnose and treat the condition;
- b. Written verification of SSI or SSDI from the SSA; or
- c. Copies of a disability check (e.g., SSDI check or Veterans Disability Compensation).

Procedures:

1. COD forms must be signed by an “Authorized Professional,” which is defined by HUD as a physician, advanced nurse practitioner (CNP or CNS), or a state licensed clinician. State licensed clinicians must be independently licensed by the Ohio Counselor, Social Worker and Marriage and Family Therapist Board and can include counselors and/or social workers (LPCC/PCC, LICDC, or LISW).
2. For CMHA housing, disability based solely on any drug or alcohol dependence is not acceptable.

Adopted: March 2010

Revised: October 2014

Procedure Name: Transfers between Programs

Policy:

Current PSH tenants within units managed by USHS are able to transfer to other PSH units within USHS, only when a documented tenant need presents.

Moving a tenant from a more service-intense 24/7 program to a less structured or sober housing model is cost effective for the system. It allows for a more vulnerable individual to be placed in an intensive PSH unit while moving an individual in recovery to a less intensive or structured environment.

When a Provider Agency accepts a transfer from another PSH project, it must keep records on file demonstrating that the tenant:

1. Is transferring from another PSH project;
2. The reason for the transfer; and
3. Met the eligibility requirements for PSH prior to entering the original PSH project. The USHS Program Manager will decide on the tenant's eligibility for housing based on the available vacancies and tenant need.

Procedures:

1. Tenants wishing to transfer from one project to another have to meet the eligibility criteria for the specific program/unit. This eligibility will be checked by the USHS Program Manager. The USHS Program Manager will decide on the tenant's eligibility for housing based on the available vacancies and tenant need.
2. Tenants may be able to transfer from a homeless unit to a non-homeless unit or another homeless unit within USHS. PSH projects may serve individuals and families from other PSH projects who met the eligibility requirements for permanent housing if the program participants were eligible for the original PSH and this eligibility is documented. It is not necessary for clients moving from a homeless unit to a non-homeless unit to complete the transfer process via USHS. The transfer must be documented in CSP.
3. Housing Provider must show that the proposed move is based on the emergent need of and for the benefit of the tenant and keeps in line with their Individual Housing Stabilization Plans and would allow the tenant to achieve more independence.
4. All requests for project transfers must be submitted to USHS for eligibility checks and transfer prioritization. The submission will include, documentation needed to sustain eligibility, per the USHS procedure above. It is not necessary for clients moving from one homeless unit to another homeless unit within the same project to complete the transfer process via USHS.

5. In the case of the elimination of a housing project due to reallocation of funds or other reasons, the Housing Provider must work with tenants to identify alternate placements or work on housing stability and exit plans that will help tenants prepare to exit by the PSH project's closing.
6. If the PSH unit is no longer appropriate for the household size or household composition due to the birth of a child, permanent return of child to a parent or family reunification, the Housing Provider should consider transferring the tenant to another PSH unit within USHS that addresses the tenant's housing and service needs.

HUD doesn't consider two people in a one-bedroom unit to be "overcrowded." Therefore, if the tenant continues to meet all other eligibility criteria for residing in a one-bedroom unit and wishes to continue to reside there, then the tenant may continue to stay.

7. Housing Provider will follow lease terms for tenant deposit refund upon tenant transfer.
8. Tenant will receive deposit refund, in accordance with lease terms. Tenant is ultimately responsible for using deposit refund and/or personal funds to pay deposit to new Housing Provider and any move-related expenses. DCA funds cannot be utilized for this purpose.

Adopted: May 2011

Revised: January 2016

HUD Guidance Received 2014

Appendix 1

Drug Related or Violent Criminal Offenses:

Drug Related Offenses: A violation of section,
2925.02 Corrupting another with drugs.
2925.03 Trafficking, aggravated trafficking in drugs.
2925.04 Illegal manufacture of drugs - illegal cultivation of marihuana -
methamphetamine offenses.
2925.041 Illegal assembly or possession of chemicals for manufacture of drugs.
2925.05 Funding, aggravated funding of drug or marihuana trafficking.
2925.06 Illegal administration or distribution of anabolic steroids.
2925.09 Unapproved drugs - dangerous drug offenses involving livestock.
2925.11 Possession of controlled substances.
2925.12 Possessing drug abuse instruments.
2925.13 Permitting drug abuse.
2925.14 Illegal use or possession of drug paraphernalia.
2925.141 Illegal use or possession of marihuana drug paraphernalia.
2925.22 Deception to obtain a dangerous drug.
2925.23 Illegal processing of drug documents.
2925.24 Tampering with drugs.
2925.31 Abusing harmful intoxicants.
2925.32 Trafficking in harmful intoxicants - improperly dispensing or distributing nitrous
oxide.
2925.33 Possessing nitrous oxide in motor vehicle.
2925.34 Sale of pure caffeine product.
2925.36 Illegal dispensing of drug samples.
2925.37 Counterfeit controlled substance offenses.

Violent Criminal Offenses: A violation of section,
2903.01 Aggravated Murder
2903.02 Murder
2903.03 Voluntary Manslaughter
2903.04 Involuntary Manslaughter
2903.11 Felonious Assault
2903.12 Aggravated Assault
2903.13 Assault
2903.15 Permitting Child Abuse
2903.21 Aggravated Menacing
2903.211 Menacing by Stalking
2903.22 Menacing
2905.01 Kidnapping
2905.02 Abduction
2905.11 Extortion
2905.32 Trafficking in Persons
2907.02 Rape
2907.03 Sexual Battery
2907.05 Gross Sexual Imposition

2909.02 Aggravated Arson
2909.03 Arson
2909.24 Terrorism
2911.01 Aggravated Robbery
2911.02 Robbery
2911.11 Aggravated Burglary
2917.01 Inciting to Violence
2917.02 Aggravated Riot
2917.03 Riot
2917.31 Inducing Panic
2919.25 Domestic Violence
2921.03 Intimidation
2921.04 Intimidation of Attorney, Victim or Witness in Criminal Case or Delinquent Child
Action Proceeding
2921.34 Escape or
2923.161 Improperly Discharging Firearm at or into a Habitation, in a School Safety
Zone or with Intent to Cause Harm or Panic to Persons in a School Building or at a
School Function, of division (A)(1), (2), or (3) of section 2911.12 Burglary, or of division
(B)(1), (2), (3), or (4) of section 2919.22 Endangering Children of the Revised Code

Appendix 2

Noncitizens:

1. A noncitizen with eligible immigration status in the category below:
 - i. A noncitizen lawfully admitted for permanent residence.
 - ii. A noncitizen who entered the US before January 1, 1972 and has continuously maintained residence in the US since then, and who is not eligible for citizenship, but is deemed to be lawfully admitted for permanent residence.
 - iii. A noncitizen who is lawfully present in the US pursuant to the granting of asylum (which has not been terminated).
 - iv. A noncitizen who is lawfully present in the US as a result of an exercise of discretion by the Attorney General.
 - v. A noncitizen who is lawfully present in the US as a result of the Attorney General's withholding deportation.
 - vi. A noncitizen lawfully admitted for temporary or permanent residence due to amnesty granted.

2. Documentation of eligible immigration status;

Admitted as Refugee Pursuant to section 207:

- i. "Section 208" or "Asylum",
- ii. "Deportation Stayed",
- iii. Paroled Pursuant to Sec. 212(d)(5) of the INA, or
- iv. Accompanied by one of the following documents: A final court decision granting asylum (but only if no appeal is taken); A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director grant asylum (if application filed before October 1, 1990); A court decision granting withholding or deportation; or a letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).
- v. Form I-688, Temporary Resident Card, which must be annotated "section 245A" or "section 210"; or
- vi. Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12";
- vii. A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

2017 HDX Competition Report

PIT Count Data for OH-503 - Columbus/Franklin County CoC

Total Population PIT Count Data

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count	1724	1691
Emergency Shelter Total	1244	1,229
Safe Haven Total	0	0
Transitional Housing Total	141	122
Total Sheltered Count	1385	1351
Total Unsheltered Count	339	340

Chronically Homeless PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of Chronically Homeless Persons	160	229
Sheltered Count of Chronically Homeless Persons	44	94
Unsheltered Count of Chronically Homeless Persons	116	135

Homeless Households with Children PIT Counts

	2016 PIT	2017 PIT
Total Sheltered and Unsheltered Count of the Number of Homeless Households with Children	142	129
Sheltered Count of Homeless Households with Children	142	129
Unsheltered Count of Homeless Households with Children	0	0

Homeless Veteran PIT Counts

	2011	2016	2017
Total Sheltered and Unsheltered Count of the Number of Homeless Veterans	145	133	140
Sheltered Count of Homeless Veterans	116	103	119
Unsheltered Count of Homeless Veterans	29	30	21

2017 HDX Competition Report

HIC Data for OH-503 - Columbus/Franklin County CoC

HMIS Bed Coverage Rate

Project Type	Total Beds in 2017 HIC	Total Beds in 2017 HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
Emergency Shelter (ES) Beds	1104	34	1051	98.22%
Safe Haven (SH) Beds	0	0	0	NA
Transitional Housing (TH) Beds	125	23	98	96.08%
Rapid Re-Housing (RRH) Beds	392	0	365	93.11%
Permanent Supportive Housing (PSH) Beds	2732	0	2239	81.95%
Other Permanent Housing (OPH) Beds	0	0	0	NA
Total Beds	4,353	57	3753	87.36%

PSH Beds Dedicated to Persons Experiencing Chronic Homelessness

Chronically Homeless Bed Counts	2016 HIC	2017 HIC
Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homeless persons identified on the HIC	796	1006

Rapid Rehousing (RRH) Units Dedicated to Persons in Household with Children

Households with Children	2016 HIC	2017 HIC
RRH units available to serve families on the HIC	95	92

2017 HDX Competition Report

HIC Data for OH-503 - Columbus/Franklin County CoC

Rapid Rehousing Beds Dedicated to All Persons

All Household Types	2016 HIC	2017 HIC
RRH beds available to serve all populations on the HIC	436	392

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Summary Report for OH-503 - Columbus/Franklin County CoC

For each measure enter results in each table from the System Performance Measures report generated out of your CoCs HMIS System. There are seven performance measures. Each measure may have one or more “metrics” used to measure the system performance. Click through each tab above to enter FY2016 data for each measure and associated metrics.

RESUBMITTING FY2015 DATA: If you provided revised FY 2015 data, the original FY2015 submissions will be displayed for reference on each of the following screens, but will not be retained for analysis or review by HUD.

ERRORS AND WARNINGS: If data are uploaded that creates selected fatal errors, the HDX will prevent the CoC from submitting the System Performance Measures report. The CoC will need to review and correct the original HMIS data and generate a new HMIS report for submission.

Some validation checks will result in warnings that require explanation, but will not prevent submission. Users should enter a note of explanation for each validation warning received. To enter a note of explanation, move the cursor over the data entry field and click on the note box. Enter a note of explanation and “save” before closing.

Measure 1: Length of Time Persons Remain Homeless

This measures the number of clients active in the report date range across ES, SH (Metric 1.1) and then ES, SH and TH (Metric 1.2) along with their average and median length of time homeless. This includes time homeless during the report date range as well as prior to the report start date, going back no further than October, 1, 2012.

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

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

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

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

	Universe (Persons)			Average LOT Homeless (bed nights)				Median LOT Homeless (bed nights)			
	Submitted FY2015	Revised FY2015	Current FY	Submitted FY2015	Revised FY2015	Current FY	Difference	Submitted FY2015	Revised FY2015	Current FY	Difference
1.1 Persons in ES and SH	10318	10394	10972	44	45	42	-3	26	26	27	1
1.2 Persons in ES, SH, and TH	10554	10639	11205	52	54	50	-4	28	29	30	1

b.

This measure includes data from each client's "Length of Time on Street, in an Emergency Shelter, or Safe Haven" (Data Standards element 3.17) response and prepends this answer to the client's entry date effectively extending the client's entry date backward in time. This "adjusted entry date" is then used in the calculations just as if it were the client's actual entry date.

NOTE: Due to the data collection period for this year's submission, the calculations for this metric are based on the data element 3.17 that was active in HMIS from 10/1/2015 to 9/30/2016. This measure and the calculation in the SPM specifications will be updated to reflect data element 3.917 in time for next year's submission.

	Universe (Persons)		Average LOT Homeless (bed nights)			Median LOT Homeless (bed nights)		
	Previous FY	Current FY	Previous FY	Current FY	Difference	Previous FY	Current FY	Difference
1.1 Persons in ES and SH	-	11093	-	138		-	36	
1.2 Persons in ES, SH, and TH	-	11324	-	148		-	39	

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

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

	Total # of Persons who Exited to a Permanent Housing Destination (2 Years Prior)		Returns to Homelessness in Less than 6 Months			Returns to Homelessness from 6 to 12 Months			Returns to Homelessness from 13 to 24 Months			Number of Returns in 2 Years	
	Revised FY2015	# of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	Revised FY2015	# of Returns	% of Returns	# of Returns	% of Returns
Exit was from SO	153	203	11	22	11%	7	10	5%	15	17	8%	49	24%
Exit was from ES	4935	4469	692	485	11%	415	382	9%	544	564	13%	1431	32%
Exit was from TH	368	315	41	28	9%	29	13	4%	34	27	9%	68	22%
Exit was from SH	0	0	0	0		0	0		0	0		0	
Exit was from PH	705	994	47	42	4%	45	61	6%	89	84	8%	187	19%
TOTAL Returns to Homelessness	6161	5981	791	577	10%	496	466	8%	682	692	12%	1735	29%

Measure 3: Number of Homeless Persons

Metric 3.1 – Change in PIT Counts

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

	2015 PIT Count	Most Recent PIT Count	Difference
Universe: Total PIT Count of sheltered and unsheltered persons	1721	1724	3
Emergency Shelter Total	1386	1244	-142
Safe Haven Total	0	0	0
Transitional Housing Total	137	141	4
Total Sheltered Count	1523	1385	-138
Unsheltered Count	198	339	141

Metric 3.2 – Change in Annual Counts

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

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Unduplicated Total sheltered homeless persons	10769	10768	11324	556
Emergency Shelter Total	10445	10445	10967	522
Safe Haven Total	0	0	0	0
Transitional Housing Total	724	723	700	-23

2017 HDX Competition Report FY2016 - Performance Measurement Module (Sys PM)

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

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

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	994	1120	1131	11
Number of adults with increased earned income	40	46	33	-13
Percentage of adults who increased earned income	4%	4%	3%	-1%

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

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	994	1120	1131	11
Number of adults with increased non-employment cash income	125	126	93	-33
Percentage of adults who increased non-employment cash income	13%	11%	8%	-3%

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

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults (system stayers)	994	1120	1131	11
Number of adults with increased total income	156	163	114	-49
Percentage of adults who increased total income	16%	15%	10%	-4%

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Metric 4.4 – Change in earned income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	515	523	448	-75
Number of adults who exited with increased earned income	85	87	87	0
Percentage of adults who increased earned income	17%	17%	19%	3%

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

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	515	523	448	-75
Number of adults who exited with increased non-employment cash income	161	165	112	-53
Percentage of adults who increased non-employment cash income	31%	32%	25%	-7%

Metric 4.6 – Change in total income for adult system leavers

	Submitted FY2015	Revised FY2015	Current FY	Difference
Universe: Number of adults who exited (system leavers)	515	523	448	-75
Number of adults who exited with increased total income	227	233	181	-52
Percentage of adults who increased total income	44%	45%	40%	-4%

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

Measure 5: Number of persons who become homeless for the 1st time

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

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH or TH during the reporting period.	9988	9988	10491	503
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	3174	3175	3032	-143
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time)	6814	6813	7459	646

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

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Person with entries into ES, SH, TH or PH during the reporting period.	10581	10583	10952	369
Of persons above, count those who were in ES, SH, TH or any PH within 24 months prior to their entry during the reporting year.	3563	3564	3323	-241
Of persons above, count those who did not have entries in ES, SH, TH or PH in the previous 24 months. (i.e. Number of persons experiencing homelessness for the first time.)	7018	7019	7629	610

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

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

This Measure is not applicable to CoCs in the FY2016 Resubmission reporting period.

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

Metric 7a.1 – Change in exits to permanent housing destinations

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons who exit Street Outreach	366	376	423	47
Of persons above, those who exited to temporary & some institutional destinations	54	54	83	29
Of the persons above, those who exited to permanent housing destinations	153	153	238	85
% Successful exits	57%	55%	76%	21%

Metric 7b.1 – Change in exits to permanent housing destinations

2017 HDX Competition Report

FY2016 - Performance Measurement Module (Sys PM)

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in ES, SH, TH and PH-RRH who exited	9301	9453	9781	328
Of the persons above, those who exited to permanent housing destinations	4199	4432	4776	344
% Successful exits	45%	47%	49%	2%

Metric 7b.2 – Change in exit to or retention of permanent housing

	Submitted FY 2015	Revised FY2015	Current FY	Difference
Universe: Persons in all PH projects except PH-RRH	2542	2536	2968	432
Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations	2402	2396	2756	360
% Successful exits/retention	94%	94%	93%	-2%

2017 HDX Competition Report **FY2016 - SysPM Data Quality**

OH-503 - Columbus/Franklin County CoC

This is a new tab for FY 2016 submissions only. Submission must be performed manually (data cannot be uploaded). Data coverage and quality will allow HUD to better interpret your Sys PM submissions.

Your bed coverage data has been imported from the HIC module. The remainder of the data quality points should be pulled from data quality reports made available by your vendor according to the specifications provided in the HMIS Standard Reporting Terminology Glossary. You may need to run multiple reports in order to get data for each combination of year and project type.

You may enter a note about any field if you wish to provide an explanation about your data quality results. This is not required.

2017 HDX Competition Report FY2016 - SysPM Data Quality

	All ES, SH				All TH				All PSH, OPH				All RRH				All Street Outreach			
	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016	2012-2013	2013-2014	2014-2015	2015-2016
1. Number of non-DV Beds on HIC	727	732	899	1034	197	131	141	136	2146	2235	2368	2661	383	376	422	378				
2. Number of HMIS Beds	711	716	883	1034	197	131	141	136	1913	1927	2013	2249	383	376	422	378				
3. HMIS Participation Rate from HIC (%)	97.80	97.81	98.22	100.00	100.00	100.00	100.00	100.00	89.14	86.22	85.01	84.52	100.00	100.00	100.00	100.00				
4. Unduplicated Persons Served (HMIS)	9714	10621	10445	10967	761	672	723	700	2715	27282 0	2904	3043	2016	2363	4784	5764	228	243	205	178
5. Total Leavers (HMIS)	8677	9487	9510	9794	565	487	484	599	483	636	581	507	1585	1700	3609	4330	140	144	114	78
6. Destination of Don't Know, Refused, or Missing (HMIS)	438	898	1611	2627	2	6	22	41	20	16	19	37	3	9	829	1159	0	2	42	36
7. Destination Error Rate (%)	5.05	9.47	16.94	26.82	0.35	1.23	4.55	6.84	4.14	2.52	3.27	7.30	0.19	0.53	22.97	26.77	0.00	1.39	36.84	46.15

2017 HDX Competition Report

Date of PIT Count

	Date	Received HUD Waiver
Date CoC Conducted 2017 PIT Count	1/25/2017	

Report Submission Date in HDX

	Submitted On	Met Deadline
2017 PIT Count Submittal Date	4/21/2017	Yes
2017 HIC Count Submittal Date	4/21/2017	Yes
2016 System PM Submittal Date	5/23/2017	Yes