# 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:
- Reviewing the FY 2016 CoC Program Competition NOFA in its entirety for specific application and program requirements.
- Using the CoC Application Detailed Instructions while completing the application in e-snaps.
- Answering all questions in the CoC application. It is the responsibility of the Collaborative Applicant to ensure that all imported and new responses in all parts of the application are fully reviewed and completed. When doing this keep in mind:

- This year, CoCs will see that a few responses have been imported from the FY 2015 CoC Application.
- For some of the questions HUD has provided documents to assist Collaborative Applicants in completing responses.
- For other questions, the Collaborative Applicant must be aware of responses provided by project applications in their Project Applications.
- Some questions require the Collaborative Applicant to attach a document to receive credit. This will be identified in the question.
- 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 form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**1A-1. CoC Name and Number:** OH-504 - Youngstown/Mahoning County CoC

**1A-2. Collaborative Applicant Name:** City of Youngstown

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Catholic Charities Regional Agency

# 1B. Continuum of Care (CoC) Engagement

## Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 1B-1. From the list below, select those organizations and persons that participate in CoC meetings. Then select "Yes" or "No" to indicate if CoC meeting participants are voting members or if they sit on the CoC Board. Only select "Not Applicable" if the organization or person does not exist in the CoC's geographic area.

| Organization/Person Categories | Participates in CoC Meetings | Votes, including electing CoC Board | Sits on CoC Board |
|---|---|---|---|
| **Local Government Staff/Officials** | Yes | Yes | Yes |
| **CDBG/HOME/ESG Entitlement Jurisdiction** | Yes | Yes | Yes |
| **Law Enforcement** | No | No | No |
| **Local Jail(s)** | No | No | No |
| **Hospital(s)** | Yes | Yes | No |
| **EMT/Crisis Response Team(s)** | No | No | No |
| **Mental Health Service Organizations** | Yes | Yes | Yes |
| **Substance Abuse Service Organizations** | Yes | Yes | Yes |
| **Affordable Housing Developer(s)** | Yes | Yes | No |
| **Public Housing Authorities** | Yes | Yes | Yes |
| **CoC Funded Youth Homeless Organizations** | No | No | No |
| **Non-CoC Funded Youth Homeless Organizations** | Yes | Yes | Yes |
| **School Administrators/Homeless Liaisons** | Yes | Yes | No |
| **CoC Funded Victim Service Providers** | Yes | Yes | Yes |
| **Non-CoC Funded Victim Service Providers** | Yes | Yes | Yes |
| **Street Outreach Team(s)** | Yes | Yes | Yes |
| **Youth advocates** | Yes | Yes | Yes |
| **Agencies that serve survivors of human trafficking** | Yes | Yes | No |
| **Other homeless subpopulation advocates** | Yes | Yes | Yes |
| **Homeless or Formerly Homeless Persons** | Yes | Yes | Yes |
| | | | |
| | | | |
| | | | |

**1B-1a. Describe in detail how the CoC solicits and considers the full range of opinions from individuals or organizations with knowledge of homelessness or an interest in preventing and ending homelessness in the geographic area. Please provide two examples of organizations or individuals from the list in 1B-1 to answer this question.**

The CoC considers the full range of opinions by conducting, at minimum, a quarterly meeting of all organizations/persons listed in 1B-1. These meeting are open to the public and are communicated via the CoC's listserve and website calendar. Sign ups for the listserve or membership are encouraged and provided on the website. During meetings, the CoC addresses the coordination of services, homelessness and housing, and streamlining the referral process for clients. This provides the knowledge and opinions to best serve the CoC as well as the homeless population. One group that participates is Mercy Health (medical center/hospital)which sponsors CoC outreach events and provides medical care to the homeless population. Another group is The Mahoning County Mental Health and Recovery Board, who serve and support the homeless population with their Shelter Plus Care vouchers and assist providers with funding for mental health services.

**1B-1b. List Runaway and Homeless Youth (RHY)-funded and other youth homeless assistance providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.
Then select "Yes" or "No" to indicate if each provider is a voting member or sits on the CoC Board.**

| Youth Service Provider (up to 10) | RHY Funded? | Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 20, 2016. | Sat on CoC Board as active member or official at any point between July 1, 2015 and June 20, 2016. |
|---|---|---|---|
| Daybreak Youth Crisis Shelter | Yes | Yes | Yes |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**1B-1c. List the victim service providers (CoC Program and non-CoC Program funded) who operate within the CoC's geographic area.
Then select "Yes" or "No" to indicate if each provider is a voting member**

**or sits on the CoC Board.**

| Victim Service Provider for Survivors of Domestic Violence (up to 10) | Participated as a Voting Member in at least two CoC Meetings between July 1, 2015 and June 30, 2016 | Sat on CoC Board as active member or official at any point between July 1, 2015 and June 30, 2016. |
|---|---|---|
| Sojourner House Domestic Violence Program | Yes | Yes |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**1B-2. Explain how the CoC is open to proposals from entities that have not previously received funds in prior CoC Program competitions, even if the CoC is not applying for new projects in 2016. (limit 1000 characters)**

Applications for new projects are open to all organizations, private or public, regardless of prior funding experience. The CoC sent out an email notification on June 29, 2016, which incudes private and public entities not previously funded. Organizations interested in new housing are also linked to HUD resources via the Collaborative Applicant's website. The CoC also keeps an open dialogue within the CoC to encourage agencies/organizations to participate in the CoC Program Competition. As an example, Ursuline Sisters HIV/AIDS program was introduced to the CoC, become a member in 2015 and subsequently applied for and received CoC funding that year. Future notifications will include press releases, website postings and legal ads regarding proposals to help encourage new application submissions.

**1B-3. How often does the CoC invite new members to join the CoC through a publicly available invitation?** Monthly

# 1C. Continuum of Care (CoC) Coordination

## Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 1C-1. Does the CoC coordinate with Federal, State, Local, private and other entities serving homeless individuals and families and those at risk of homelessness in the planning, operation and funding of projects? Only select "Not Applicable" if the funding source does not exist within the CoC's geographic area.

| Funding or Program Source | Coordinates with Planning, Operation and Funding 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 Federal, State and local government resources.** | Yes |

### 1C-2. The McKinney-Vento Act, requires CoC's to participate in the Consolidated Plan(s) (Con Plan(s)) for the geographic area served by the CoC. The CoC Program Interim rule at 24 CFR 578.7 (c) (4) requires the CoC to provide information required to complete the Con Plan(s) within the CoC's geographic area, and 24 CFR 91.100(a)(2)(i) and 24 CFR 91.110 (b)(2) requires the State and local Con Plan jurisdiction(s) consult with the CoC. The following chart asks for the information about CoC and Con Plan jurisdiction coordination, as well as CoC and ESG recipient coordination.

CoCs can use the CoCs and Consolidated Plan Jurisdiction Crosswalk to assist in answering this question.

| | Number |
|---|---|
| **Number of Con Plan jurisdictions with whom the CoC geography overlaps** | 1 |
| **How many Con Plan jurisdictions did the CoC participate with in their Con Plan development process?** | 1 |
| **How many Con Plan jurisdictions did the CoC provide with Con Plan jurisdiction level PIT data?** | 1 |
| **How many of the Con Plan jurisdictions are also ESG recipients?** | 1 |
| **How many ESG recipients did the CoC participate with to make ESG funding decisions?** | 5 |
| **How many ESG recipients did the CoC consult with in the development of ESG performance standards and evaluation process for ESG funded activities?** | 5 |

**1C-2a. Based on the responses provided in 1C-2, describe in greater detail how the CoC participates with the Consolidated Plan jurisdiction(s) located in the CoC's geographic area and include the frequency and type of interactions between the CoC and the Consolidated Plan jurisdiction(s). (limit 1000 characters)**

Bill D'Avignon, Director of Community Development for the City of Youngstown, serves on the Executive Board. The City of Youngstown serves as the Collaborative Applicant. The City of Youngstown is responsible for the 2015-2019 Consolidated Plan for Mahoning County and got input from community stakeholders through a series of 13 listening sessions between February to March 2014. The CoC and its members actively participated in the sessions and provided demographic and statistical information for the Plan. At each meeting, target goals are discussed as well as constant monitoring and reporting status of each working committee and subgroup. This ensures the CoC continues to meet set goals and benchmarks of HUD and the Consolidated Plan. Additionally, the CoC participates in a number of area meetings including Youngstown School Board Meetings, City Council meetings, County Commissioner's Meeting and The Geo-Veterans Workgroup Meeting.

**1C-2b. Based on the response in 1C-2, describe how the CoC is working with ESG recipients to determine local ESG funding decisions and how the CoC assists in the development of performance standards and evaluation of outcomes for ESG-funded activities. (limit 1000 characters)**

The CoC works with ESG recipients to determine funding and performance standards by monitoring statistical data, quarterly, which is produced via the CAPER Report and HMIS specific reporting. The City of Youngstown monitors the contractual and fiscal requirements. The CoC monitors HMIS and program performance. The CoC's Evaluation Committee reviews and recommends ESG funding allocations to the Community Development Agency (CDA). Performance and Outcomes Committee and HMIS committees both develop and monitor the performance standards, based on HUD guidelines, for both CoC and ESG funded projects.

**1C-3. Describe how the CoC coordinates with victim service providers and non-victim service providers (CoC Program funded and non-CoC funded) to ensure that survivors of domestic violence are provided housing and services that provide and maintain safety and security. Responses must address how the service providers ensure and maintain the safety and security of participants and how client choice is upheld. (limit 1000 characters)**

The CoC coordinates with victim and non-victim service providers by educating and providing information and resources about housing and services. The CoC also provides a coordinated entry system ensuring client personal identifying information (PII)is kept confidential. The CoC has programs including Rapid Rehousing, Confidential shelters and transitional housing/beds for these victims including Meridian's Women Center South, Sojourner House, etc. Providers

offer confidential client-centered services including housing, legal services, counseling, and advocacy. Client-choice is upheld by all providers when offering services. The CoC works closely with local hospitals, law enforcement and Crisis Response Teams to ensure total autonomy and safety of victims.

**1C-4. List each of the Public Housing Agencies (PHAs) within the CoC's geographic area. If there are more than 5 PHAs within the CoC's geographic area, list the 5 largest PHAs. For each PHA, provide the percentage of new admissions that were homeless at the time of admission between July 1, 2015 and June 30, 2016 and indicate whether the PHA has a homeless admissions preference in its Public Housing and/or Housing Choice Voucher (HCV) program.**

| Public Housing Agency Name | % New Admissions into Public Housing and Housing Choice Voucher Program from 7/1/15 to 6/30/16 who were homeless at entry | PHA has General or Limited Homeless Preference |
|---|---|---|
| Youngstown Metropolitan Housing Authority | 16.00% | Yes-Both |
| | | |
| | | |
| | | |
| | | |

**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-5. Other than CoC, ESG, Housing Choice Voucher Programs and Public Housing, describe other subsidized or low-income housing opportunities that exist within the CoC that target persons experiencing homelessness.**
**(limit 1000 characters)**

Other subsidized or low-income housing opportunities that exist include private landlords and Veteran Services, including HUD-VASH and SSVF. Multiple Veteran service providers target homeless Veterans by linking them to mainstream resources and housing. CoC providers work with local landlords to provide appropriate placement for clients through rapid rehousing, scattered permanent housing and housing vouchers.

**1C-6. Select the specific strategies implemented by the CoC to ensure that homelessness is not criminalized in the CoC's geographic area. Select all that apply.**

| | |
|---|---|
| **Engaged/educated local policymakers:** | X |

| | |
|---|---|
| **Engaged/educated law enforcement:** | X |
| **Implemented communitywide plans:** | X |
| **No strategies have been implemented** | |
| **Other:(limit 1000 characters)** | |
| Project Connect | X |
| Cold Weather Program | X |
| | |

# 1D. Continuum of Care (CoC) Discharge Planning

## Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 1D-1. Select the system(s) of care within the CoC's geographic area for which there is a discharge policy in place that is mandated by the State, the CoC, or another entity for the following institutions? Check all that apply.

| | |
|---|---|
| **Foster Care:** | X |
| **Health Care:** | X |
| **Mental Health Care:** | X |
| **Correctional Facilities:** | X |
| **None:** | |

### 1D-2. Select the system(s) of care within the CoC's geographic area with which the CoC actively coordinates with to ensure institutionalized persons that have resided in each system of care for longer than 90 days are not discharged into homelessness. Check all that apply.

| | |
|---|---|
| **Foster Care:** | X |
| **Health Care:** | X |
| **Mental Health Care:** | X |
| **Correctional Facilities:** | X |
| **None:** | |

### 1D-2a. If the applicant did not check all boxes in 1D-2, explain why there is no coordination with the institution(s) that were not selected and explain how the CoC plans to coordinate with the institution(s) to ensure persons

**discharged are not discharged into homelessness.**
**(limit 1000 characters)**

Not Applicable

# 1E. Centralized or Coordinated Assessment (Coordinated Entry)

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**The CoC Program Interim Rule requires CoCs to establish a Centralized or Coordinated Assessment System which HUD refers to as the Coordinated Entry Process. Based on the recent Coordinated Entry Policy Brief, HUD's primary goals for the coordinated entry process are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present for assistance.**

**1E-1. Explain how the CoC's coordinated entry process is designed to identify, engage, and assist homeless individuals and families that will ensure those who request or need assistance are connected to proper housing and services.**
**(limit 1000 characters)**

Homeless individuals are identified, engaged and assisted through the Mahoning County Coordinated Entry process (CEARS). Clients are identified through: Mahoning County CoC funded Outreach programming, client calls to 211, or client presents at a CoC agency. CEARS utilizes a Vulnerability Index to assess individuals/households experiencing homelessness. The MCHCoC has established priority for each project type based on chronic homelessness, length of homelessness and severity of needs. CoC providers make enrollment determinations on the basis of the Housing First Model. CEARS allows the CoC to strategically, with improved accuracy, streamline assessment and housing placement with follow-up and case management for additional housing stability. COACH, PATH and Rescue Mission outreach workers focus on the entire CoC geographical area.

**1E-2. CoC Program and ESG Program funded projects are required to participate in the coordinated entry process, but there are many other organizations and individuals who may participate but are not required to do so. From the following list, for each type of organization or individual, select all of the applicable checkboxes that indicate how that organization or individual participates in the CoC's coordinated entry process. If there are other organizations or persons who participate but are not on this list, enter the information in the blank text box, click "Save" at the bottom of the screen, and then select the applicable checkboxes.**

| Organization/Person Categories | Participates in Ongoing Planning and Evaluation | Makes Referrals to the Coordinated Entry Process | Receives Referrals from the Coordinated Entry Process | Operates Access Point for Coordinated Entry Process | Participates in Case Conferencing | Does not Participate | Does not Exist |
|---|---|---|---|---|---|---|---|
| **Local Government Staff/Officials** | X | X | | | | | |
| **CDBG/HOME/Entitlement Jurisdiction** | X | | X | | | | |
| **Law Enforcement** | | X | | | | | |
| **Local Jail(s)** | | X | | | X | | |
| **Hospital(s)** | X | X | | | X | | |
| **EMT/Crisis Response Team(s)** | | X | | | | | |
| **Mental Health Service Organizations** | X | X | X | X | X | | |
| **Substance Abuse Service Organizations** | X | X | X | X | X | | |
| **Affordable Housing Developer(s)** | X | | | | | | |
| **Public Housing Authorities** | X | X | X | | X | | |
| **Non-CoC Funded Youth Homeless Organizations** | X | X | | | X | | |
| **School Administrators/Homeless Liaisons** | | X | | | X | | |
| **Non-CoC Funded Victim Service Organizations** | | X | | | | | |
| **Street Outreach Team(s)** | X | X | | | X | | |
| **Homeless or Formerly Homeless Persons** | X | X | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

## Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 1F-1. For all renewal project applications submitted in the FY 2016 CoC Program Competition complete the chart below regarding the CoC's review of the Annual Performance Report(s).

| | |
|---|---|
| **How many renewal project applications were submitted in the FY 2016 CoC Program Competition?** | 9 |
| **How many of the renewal project applications are first time renewals for which the first operating year has not expired yet?** | 0 |
| **How many renewal project application APRs were reviewed by the CoC as part of the local CoC competition project review, ranking, and selection process for the FY 2016 CoC Program Competition?** | 9 |
| **Percentage of APRs submitted by renewing projects within the CoC that were reviewed by the CoC in the 2016 CoC Competition?** | 100.00% |

### 1F-2 - In the sections below, check the appropriate box(es) for each selection to indicate how project applications were reviewed and ranked for the FY 2016 CoC Program Competition. Written documentation of the CoC's publicly announced Rating and Review procedure must be attached.

| **Performance outcomes from APR reports/HMIS:** | |
|---|---|
| **% permanent housing exit destinations** | X |
| **% increases in income** | X |

| **Monitoring criteria:** | |
|---|---|
| **Utilization rates** | X |
| **Drawdown rates** | X |
| **Frequency or Amount of Funds Recaptured by HUD** | X |

| **Need for specialized population services:** |
|---|

| | |
|---|---|
| **Youth** | X |
| **Victims of Domestic Violence** | X |
| **Families with Children** | X |
| **Persons Experiencing Chronic Homelessness** | X |
| **Veterans** | X |

| | |
|---|---|
| **None:** | |

**1F-2a. Describe how the CoC considered the severity of needs and vulnerabilities of participants that are, or will be, served by the project applications when determining project application priority.**
**(limit 1000 characters)**

The CoC considered the severity of needs and vulnerabilities of participants served by Project Applicants by analyzing HMIS data. This data indicates types of clients (population and sub-population) served, bed capacity, utilization rates, services offered and performance outcomes based on CoC priorities. These priorities include chronic homelessness, Families with Children, Domestic Violence and the new projects that target populations that are underserved and/or not currently served.

**1F-3. Describe how the CoC made the local competition review, ranking, and selection criteria publicly available, and identify the public medium(s) used and the date(s) of posting. Evidence of the public posting must be attached.**
**(limit 750 characters)**

The CoC released the local competition and selection criteria to the public on May 1, 2016 via electronic mail. On June 29, 2016, the NOFA announcement was distributed. The CoC then made the final review and ranking publicly available through the Collaborative Applicant, The City of Youngstown via the City of Youngstown website on August 19, 2016. The CoC also made the final information available to all stakeholders via electronic mail August 10, 2016. Future announcements will include press releases and legal ads regarding the review, ranking and selection of Project Applicants.

**1F-4. On what date did the CoC and Collaborative Applicant publicly post all parts of the FY 2016 CoC Consolidated Application that included the final project application** 09/09/2016

| | |
|---|---|
| **ranking? (Written documentation of the public posting, with the date of the posting clearly visible, must be attached. In addition, evidence of communicating decisions to the CoC's full membership must be attached).** | |
| **1F-5. Did the CoC use the reallocation process in the FY 2016 CoC Program Competition to reduce or reject projects for the creation of new projects? (If the CoC utilized the reallocation process, evidence of the public posting of the reallocation process must be attached.)** | Yes |
| **1F-5a. If the CoC rejected project application(s), on what date did the CoC and Collaborative Applicant notify those project applicants that their project application was rejected? (If project applications were rejected, a copy of the written notification to each project applicant must be attached.)** | 08/09/2016 |
| **1F-6. In the Annual Renewal Demand (ARD) is the CoC's FY 2016 CoC's FY 2016 Priority Listing equal to or less than the ARD on the final HUD-approved FY2016 GIW?** | Yes |

# 1G. Continuum of Care (CoC) Addressing Project Capacity

### Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 1G-1. Describe how the CoC monitors the performance of CoC Program recipients.
### (limit 1000 characters)

The CoC currently monitors the performance of CoC Program recipients through quarterly reviews by the Performance and Outcome and HMIS Advisory Committees. The Performance and Outcome Committee's Performance Management Plan identifies Project and System Performance goals and measures, monitors and implements benchmarks for projects. If necessary, a Quality Improvement Plan (QIP)can be implemented to work with providers on corrective actions to meet set benchmarks within a specified time frame. The CoC HMIS Advisory Committee reviews and monitors specific Programmatic and System Performance benchmarks and data quality. which are reviewed quarterly and reported to the CoC Executive Board to ensure compliance.

| | |
|---|---|
| **1G-2. Did the Collaborative Applicant include accurately completed and appropriately signed form HUD-2991(s) for all project applications submitted on the CoC Priority Listing?** | Yes |

# 2A. Homeless Management Information System (HMIS) Implementation

**Intructions:**

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

| | |
|---|---|
| **2A-1. Does the CoC have a Governance Charter that outlines the roles and responsibilities of the CoC and the HMIS Lead, either within the Charter itself or by reference to a separate document like an MOU/MOA? In all cases, the CoC's Governance Charter must be attached to receive credit, In addition, if applicable, any separate document, like an MOU/MOA, must also be attached to receive credit.** | Yes |
| **2A-1a. Include the page number where the roles and responsibilities of the CoC and HMIS Lead can be found in the attached document referenced in 2A-1. In addition, in the textbox indicate if the page number applies to the CoC's attached governance charter or attached MOU/MOA.** | Page 3 HMIS Governance Charter and page 11 CoC Governance Charter |
| **2A-2. Does the CoC have a HMIS Policies and Procedures Manual? If yes, in order to receive credit the HMIS Policies and Procedures Manual must be attached to the CoC Application.** | Yes |
| **2A-3. Are there agreements in place that outline roles and responsibilities between the HMIS Lead and the Contributing HMIS Organization (CHOs)?** | Yes |
| **2A-4. What is the name of the HMIS software** | ServicePoint |

**used by the CoC (e.g., ABC Software)?**

**2A-5. What is the name of the HMIS software vendor (e.g., ABC Systems)?** Bowman Systems

# 2B. Homeless Management Information System (HMIS) Funding Sources

## Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2B-1. Select the HMIS implementation coverage area:** Single CoC

*** 2B-2. In the charts below, enter the amount of funding from each funding source that contributes to the total HMIS budget for the CoC.**

### 2B-2.1 Funding Type: Federal - HUD

| Funding Source | Funding |
|---|---|
| **CoC** | $67,056 |
| **ESG** | $0 |
| **CDBG** | $0 |
| **HOME** | $0 |
| **HOPWA** | $0 |
| **Federal - HUD - Total Amount** | $67,056 |

### 2B-2.2 Funding Type: Other Federal

| Funding Source | Funding |
|---|---|
| **Department of Education** | $0 |
| **Department of Health and Human Services** | $0 |
| **Department of Labor** | $0 |
| **Department of Agriculture** | $0 |
| **Department of Veterans Affairs** | $0 |
| **Other Federal** | $0 |
| **Other Federal - Total Amount** | $0 |

### 2B-2.3 Funding Type: State and Local

| Funding Source | Funding |
|---|---|

| | |
|---|---|
| **City** | $0 |
| **County** | $0 |
| **State** | $0 |
| **State and Local - Total Amount** | $0 |

## 2B-2.4 Funding Type: Private

| Funding Source | Funding |
|---|---|
| **Individual** | $0 |
| **Organization** | $0 |
| **Private - Total Amount** | $0 |

## 2B-2.5 Funding Type: Other

| Funding Source | Funding |
|---|---|
| **Participation Fees** | $0 |
| **Other - Total Amount** | $0 |

| | |
|---|---|
| **2B-2.6 Total Budget for Operating Year** | $67,056 |

# 2C. Homeless Management Information System (HMIS) Bed Coverage

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**2C-1. Enter the date the CoC submitted the 2016 HIC data in HDX, (mm/dd/yyyy):** 05/02/2016

**2C-2. Per the 2016 Housing Inventory Count (HIC) Indicate the number of beds in the 2016 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 2016 HIC | Total Beds in HIC Dedicated for DV | Total Beds in HMIS | HMIS Bed Coverage Rate |
|---|---|---|---|---|
| **Emergency Shelter (ESG) beds** | 200 | 16 | 184 | 100.00% |
| **Safe Haven (SH) beds** | 0 | 0 | 0 | |
| **Transitional Housing (TH) beds** | 108 | 0 | 108 | 100.00% |
| **Rapid Re-Housing (RRH) beds** | 71 | 0 | 71 | 100.00% |
| **Permanent Supportive Housing (PSH) beds** | 340 | 0 | 340 | 100.00% |
| **Other Permanent Housing (OPH) beds** | 0 | 0 | 0 | |

**2C-2a. If the bed coverage rate for any project type is below 85 percent, describe how the CoC plans to increase the bed coverage rate for each of these project types in the next 12 months. (limit 1000 characters)**

Not Applicable

**2C-3. If any of the project types listed in question 2C-2 above have a coverage rate below 85 percent, and some or all of these rates can be attributed to beds covered by one of the following program types, please indicate that here by selecting all that apply from the list below.**

| | |
|---|---|
| **VA Grant per diem (VA GPD):** | ☐ |
| **VASH:** | ☐ |

| | |
|---|---|
| **Faith-Based projects/Rescue mission:** | |
| **Youth focused projects:** | |
| **Voucher beds (non-permanent housing):** | |
| **HOPWA projects:** | |
| **Not Applicable:** | X |

**2C-4. How often does the CoC review or assess its HMIS bed coverage?** Monthly

# 2D. Homeless Management Information System (HMIS) Data Quality

## Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

## 2D-1. Indicate the percentage of unduplicated client records with null or missing values and the percentage of "Client Doesn't Know" or "Client Refused" within the last 10 days of January 2016.

| Universal Data Element | Percentage Null or Missing | Percentage Client Doesn't Know or Refused |
|---|---|---|
| **3.1 Name** | 0% | 0% |
| **3.2 Social Security Number** | 2% | 5% |
| **3.3 Date of birth** | 3% | 0% |
| **3.4 Race** | 5% | 0% |
| **3.5 Ethnicity** | 4% | 0% |
| **3.6 Gender** | 4% | 0% |
| **3.7 Veteran status** | 1% | 0% |
| **3.8 Disabling condition** | 1% | 0% |
| **3.9 Residence prior to project entry** | 2% | 0% |
| **3.10 Project Entry Date** | 0% | 0% |
| **3.11 Project Exit Date** | 0% | 0% |
| **3.12 Destination** | 18% | 2% |
| **3.15 Relationship to Head of Household** | 18% | 0% |
| **3.16 Client Location** | 3% | 0% |
| **3.17 Length of time on street, in an emergency shelter, or safe haven** | 12% | 0% |

## 2D-2. Identify which of the following reports your HMIS generates. Select all that apply:

| | |
|---|---|
| **CoC Annual Performance Report (APR):** | X |
| **ESG Consolidated Annual Performance and Evaluation Report (CAPER):** | X |
| **Annual Homeless Assessment Report (AHAR) table shells:** | X |
| | |

| | |
|---|---|
| **None** | |

**2D-3. If you submitted the 2016 AHAR, how many AHAR tables (i.e., ES-ind, ES-family, etc) were accepted and used in the last AHAR?** 4

**2D-4. How frequently does the CoC review data quality in the HMIS?** Monthly

**2D-5. Select from the dropdown to indicate if standardized HMIS data quality reports are generated to review data quality at the CoC level, project level, or both.** Both Project and CoC

**2D-6. From the following list of federal partner programs, select the ones that are currently using the CoC's HMIS.**

| | |
|---|---|
| **VA Supportive Services for Veteran Families (SSVF):** | X |
| **VA Grant and Per Diem (GPD):** | |
| **Runaway and Homeless Youth (RHY):** | X |
| **Projects for Assistance in Transition from Homelessness (PATH):** | X |
| | |
| **None:** | |

**2D-6a. If any of the Federal partner programs listed in 2D-6 are not currently entering data in the CoC's HMIS and intend to begin entering data in the next 12 months, indicate the Federal partner program and the anticipated start date.**
**(limit 750 characters)**

Not Applicable

# 2E. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**The data collected during the PIT count is vital for both CoC's and HUD. HUD needs accurate data to understand the context and nature of homelessness throughout the country, and to provide Congressand the Office of Management and Budget (OMB) with information regarding services provided, gaps in service, and performance. Accurate, high quality data is vital to inform Congress' funding decisions.**

| | |
|---|---|
| **2E-1. Did the CoC approve the final sheltered PIT count methodology for the 2016 sheltered PIT count?** | Yes |
| **2E-2. Indicate the date of the most recent sheltered PIT count: (mm/dd/yyyy)** | 01/26/2016 |
| **2E-2a. If the CoC conducted the sheltered PIT count outside of the last 10 days of January 2016, was an exception granted by HUD?** | Not Applicable |
| **2E-3. Enter the date the CoC submitted the sheltered PIT count data in HDX: (mm/dd/yyyy)** | 05/02/2016 |

# 2F. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Methods

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 2F-1. Indicate the method(s) used to count sheltered homeless persons during the 2016 PIT count:

| | |
|---|---|
| **Complete Census Count:** | X |
| **Random sample and extrapolation:** | |
| **Non-random sample and extrapolation:** | |
| HMIS | X |

### 2F-2. Indicate the methods used to gather and calculate subpopulation data for sheltered homeless persons:

| | |
|---|---|
| **HMIS:** | X |
| **HMIS plus extrapolation:** | |
| **Interview of sheltered persons:** | X |
| **Sample of PIT interviews plus extrapolation:** | |
| | |

### 2F-3. Provide a brief description of your CoC's sheltered PIT count methodology and describe why your CoC selected its sheltered PIT count methodology. (limit 1000 characters)

The CoC provided a training on January 19, 2016 that helped instruct providers to correctly collect and record proper census information. During the training, the CoC Director passed out all instructions and survey materials and explained

each aspect. Comprehensive data sources were used to ensure accuracy and efficiency during the PIT Count.

**2F-4. Describe any change in methodology from your sheltered PIT count in 2015 to 2016, including any change in sampling or extrapolation method, if applicable. Do not include information on changes to the implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the PIT count). (limit 1000 characters)**

There was no change in methodology from the sheltered PIT count in 2015 to 2016.

**2F-5. Did your CoC change its provider coverage in the 2016 sheltered count?** No

**2F-5a. If "Yes" in 2F-5, then describe the change in provider coverage in the 2016 sheltered count. (limit 750 characters)**

Not Applicable

# 2G. Continuum of Care (CoC) Sheltered Point-in-Time (PIT) Count: Data Quality

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 2G-1. Indicate the methods used to ensure the quality of the data collected during the sheltered PIT count:

| | |
|---|---|
| **Training:** | X |
| **Follow-up:** | X |
| **HMIS:** | X |
| **Non-HMIS de-duplication techniques:** | X |
| | |

### 2G-2. Describe any change to the way your CoC implemented its sheltered PIT count from 2015 to 2016 that would change data quality, including changes to training volunteers and inclusion of any partner agencies in the sheltered PIT count planning and implementation, if applicable. Do not include information on changes to actual sheltered PIT count methodology (e.g. change in sampling or extrapolation methods). (limit 1000 characters)

The CoC worked with the Rescue Mission Emergency Shelters to identify specific HMIS end-users in order to capture and report accurate emergency shelter information. Prior to the PIT count, the CoC contracted with COHHIO to analyze our HMIS data system and recommended ways to improve data quality and reporting. The assessment lead to an ongoing contract with COHHIO to manage our HMIS system.

# 2H. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**HUD requires CoCs to conduct an unsheltered PIT count every 2 years (biennially) during the last 10 days in January; however, HUD also strongly encourages CoCs to conduct the unsheltered PIT count annually at the same time that they conduct annual sheltered PIT counts. HUD required CoCs to conduct the last biennial PIT count during the last 10 days in January 2015.**

| | |
|---|---|
| **2H-1. Did the CoC approve the final unsheltered PIT count methodology for the most recent unsheltered PIT count?** | Yes |
| **2H-2. Indicate the date of the most recent unsheltered PIT count (mm/dd/yyyy):** | 01/26/2016 |
| **2H-2a. If the CoC conducted the unsheltered PIT count outside of the last 10 days of January 2016, or most recent count, was an exception granted by HUD?** | Not Applicable |
| **2H-3. Enter the date the CoC submitted the unsheltered PIT count data in HDX (mm/dd/yyyy):** | 05/02/2016 |

# 2I. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Methods

## Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 2I-1. Indicate the methods used to count unsheltered homeless persons during the 2016 or most recent PIT count:

| | |
|---|---|
| **Night of the count - complete census:** | X |
| **Night of the count - known locations:** | X |
| **Night of the count - random sample:** | |
| **Service-based count:** | |
| **HMIS:** | |
| | |

### 2I-2. Provide a brief descripton of your CoC's unsheltered PIT count methodology and describe why your CoC selected this unsheltered PIT count methodology. (limit 1000 characters)

The CoC strategically scheduled 21 volunteers, over a 24-hour period on January 26, 2016 to conduct the PIT count. To ensure coverage of the entire count period, as well as the geographical area, the CoC utilized CoC providers, community volunteers, church programs, in cooperation with local law enforcement and hospitals. Participants included (but not limited to): Youngstown State University students, US Reservists, and local community residents that targeted abandoned houses, bridges, buildings and other known local areas where homeless congregate.

### 2I-3. Describe any change in methodology from your unsheltered PIT count in 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016, including any change in sampling or extrapolation method, if

**applicable. Do not include information on changes to implementation of your sheltered PIT count methodology (e.g., enhanced training or change in partners participating in the count).**
**(limit 1000 characters)**

There has been no change in methodology from the unsheltered PIT count in 2015 to present.

**2I-4. Has the CoC taken extra measures to identify unaccompanied homeless youth in the PIT count?** Yes

**2I-4a. If the response in 2I-4 was "no" describe any extra measures that are being taken to identify youth and what the CoC is doing for homeless youth.**
**(limit 1000 characters)**

Not Applicable

# 2J. Continuum of Care (CoC) Unsheltered Point-in-Time (PIT) Count: Data Quality

## Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 2J-1. Indicate the steps taken by the CoC to ensure the quality of the data collected for the 2016 unsheltered PIT count:

| | |
|---|---|
| **Training:** | X |
| **"Blitz" count:** | X |
| **Unique identifier:** | X |
| **Survey questions:** | X |
| **Enumerator observation:** | X |
| | |
| **None:** | |

### 2J-2. Describe any change to the way the CoC implemented the unsheltered PIT count from 2015 (or 2014 if an unsheltered count was not conducted in 2015) to 2016 that would affect data quality. This includes changes to training volunteers and inclusion of any partner agencies in the unsheltered PIT count planning and implementation, if applicable. Do not include information on changes in actual methodology (e.g. change in sampling or extrapolation method). (limit 1000 characters)

The change made by the CoC from 2015 to 2016 was the use of personal identifiers such as clothing and specific location(s) which included streets and/or addresses to avoid duplication of count.

# 3A. Continuum of Care (CoC) System Performance

## Instructions

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

## 3A-1. Performance Measure: Number of Persons Homeless - Point-in-Time Count.

### * 3A-1a. Change in PIT Counts of Sheltered and Unsheltered Homeless Persons
### Using the table below, indicate the number of persons who were homeless at a Point-in-Time (PIT) based on the 2015 and 2016 PIT counts as recorded in the Homelessness Data Exchange (HDX).

| | 2015 PIT (for unsheltered count, most recent year conducted) | 2016 PIT | Difference |
|---|---|---|---|
| **Universe: Total PIT Count of sheltered and unsheltered persons** | 368 | 346 | -22 |
| **Emergency Shelter Total** | 206 | 221 | 15 |
| **Safe Haven Total** | 0 | 0 | 0 |
| **Transitional Housing Total** | 88 | 87 | -1 |
| **Total Sheltered Count** | 294 | 308 | 14 |
| **Total Unsheltered Count** | 74 | 38 | -36 |

### 3A-1b. Number of Sheltered Persons Homeless - HMIS.
### Using HMIS data, enter the number of homeless persons who were served in a sheltered environment between October 1, 2014 and September 30, 2015 for each category provided.

| | Between October 1, 2014 and September 30, 2015 |
|---|---|
| **Universe: Unduplicated Total sheltered homeless persons** | 721 |
| **Emergency Shelter Total** | 524 |
| **Safe Haven Total** | 0 |
| **Transitional Housing Total** | 221 |

## 3A-2. Performance Measure: First Time Homeless.

### Describe the CoC's efforts to reduce the number of individuals and families who become homeless for the first time. Specifically, describe what the CoC is doing to identify risk factors of becoming homeless.

**(limit 1000 characters)**

The CoC's efforts to reduce the number of first time homeless individuals/families focuses on: homeless prevention through mediation with Mahoning Valley Dispute Resolution, Catholic Charities through ESG funding and Coordinated Entry that refers to agencies that provide housing and services to clients to prevent homelessness. The CoC also coordinates with local church and community agencies that aid with eviction prevention through CEARS which include: Mahoning County Children's Services, Protestant Family, Legal Aid, MYCAP providing PIP and HEAP utility assistance and JFS that provides PRC for families. CoC transition planning strategies prevent discharge from service systems into homelessness.

**3A-3. Performance Measure: Length of Time Homeless.**

**Describe the CoC's efforts to reduce the length of time individuals and families remain homeless. Specifically, describe how your CoC has reduced the average length of time homeless, including how the CoC identifies and houses individuals and families with the longest lengths of time homeless.**
**(limit 1000 characters)**

The CoC's efforts to reduce the length of time individuals and families remain homeless comes through the implementation of the CoC's creation of CEARS (Coordinated Entry Assessment Referral System) by utilizing the VI-SPDAT. This allows for prioritization of those with the highest vulnerability and longest homeless episodes for permanent housing. The CoC has reduced reliance on Transitional Housing programs by converting transitional housing to permanent housing programs. The CoC is measuring, monitoring and holding providers more accountable for client length of stay, permanent housing destination and homeless recidivism. The CoC has expanded PSH by adding new projects that target CH individuals/families and utilizes Catholic Charities Regional Agency, a state funded CoC Agency, for rapid re-housing.

*** 3A-4. Performance Measure: Successful Permanent Housing Placement or Retention.**

**In the next two questions, CoCs must indicate the success of its projects in placing persons from its projects into permanent housing.**

**3A-4a. Exits to Permanent Housing Destinations:**
**Fill in the chart to indicate the extent to which projects exit program participants into permanent housing (subsidized or non-subsidized) or the retention of program participants in CoC Program-funded permanent supportive housing.**

| | Between October 1, 2014 and September 30, 2015 |
|---|---|
| **Universe: Persons in SSO, TH and PH-RRH who exited** | 57 |

| | |
|---|---|
| **Of the persons in the Universe above, how many of those exited to permanent destinations?** | 47 |
| **% Successful Exits** | 82.46% |

### 3A-4b. Exit To or Retention Of Permanent Housing: In the chart below, CoCs must indicate the number of persons who exited from any CoC funded permanent housing project, except rapid re-housing projects, to permanent housing destinations or retained their permanent housing between October 1, 2014 and September 31, 2015.

| | **Between October 1, 2014 and September 30, 2015** |
|---|---|
| **Universe: Persons in all PH projects except PH-RRH** | 333 |
| **Of the persons in the Universe above, indicate how many of those remained in applicable PH projects and how many of those exited to permanent destinations?** | 308 |
| **% Successful Retentions/Exits** | 92.49% |

### 3A-5. Performance Measure: Returns to Homelessness: Describe the CoCs efforts to reduce the rate of individuals and families who return to homelessness. Specifically, describe strategies your CoC has implemented to identify and minimize returns to homelessness, and demonstrate the use of HMIS or a comparable database to monitor and record returns to homelessness. (limit 1000 characters)

The CoC's efforts to reduce returns to homelessness include implementation of performance measures that identify the rate of return for specific programs as well as system wide. We generate quarterly reports from HMIS that measure exits to permanent destinations that return within 24 months. This also includes exits to temporary destinations or homelessness and share with the CoC to improve understanding and determine whether there are program design challenges impacting the rates of return. By conducting training on Housing First fidelity and holding agencies accountable for implementation of the model, we are able to facilitate transfers to other permanent housing programs to avoid returns.

### 3A-6. Performance Measure: Job and Income Growth. Performance Measure: Job and Income Growth. Describe the CoC's specific strategies to assist CoC Program-funded projects to increase program participants' cash income from employment and non-employment non-cash sources. (limit 1000 characters)

The CoC participates in the SOAR partnership with COHHIO to improve access to disability benefits. We access the Ohio Benefit Bank by trained agency professionals that assist clients in accessing mainstream resources. We partner with our local workforce board to introduce and share resource opportunities; we participated in training by CSH or ODMHAS on strategies to increase

employment and breakdown barriers to combining benefits with earned income.

**3A-6a. Describe how the CoC is working with mainstream employment organizations to aid homeless individuals and families in increasing their income.**
**(limit 1000 characters)**

The CoC is working with mainstream employment organizations and companies to aid homeless individuals and families by referring clients to targeted employment companies that are willing to embrace the population in securing employment by relaxing hiring standards and reducing barriers for employment. Continuous supported community employment includes (but not limited to): vocational trainings by MYCAP,YWCA, Goodwill Industries and Compass; bi-annual job fairs hosted by Youngstown State University and CIRV for re-entry clients; and VXI Global Solutions, local call center, as a coordinated supported employment company. Peer Specialist through CABHI enhance job readiness with possible employment.

**3A-7. What was the the criteria and decision-making process the CoC used to identify and exclude specific geographic areas from the CoC's unsheltered PIT count?**
**(limit 1000 characters)**

The CoC's decision making process was to identify targeted and specific known key areas where homeless individuals and families may congregate as well as all CoC geographical service areas. The CoC consulted with Street Outreach Teams and Peer Specialists provided by CABHI who works specifically within client outreach to vulnerable homeless individuals and hard-to-serve clients. The program caseworkers ensure a broad spectrum covering the entire CoC geographical area to ensure an inclusive homeless count. The CoC did not exclude any area from the unsheltered PIT count to ensure that no individual/family would go uncounted.

| | |
|---|---|
| **3A-7a. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. disasters)?** | No |

**3A-7b. Did the CoC completely exclude geographic areas from the the most recent PIT count (i.e., no one counted there and, for communities using samples the area was excluded from both the sample and**

**extrapolation) where the CoC determined that there were no unsheltered homeless people, including areas that are uninhabitable (e.g. deserts, wilderness, etc.)?**
**(limit 1000 characters)**

The CoC did not exclude any geographical areas from the most recent PIT count.

| | |
|---|---|
| **3A-8. Enter the date the CoC submitted the system performance measure data into HDX. The System Performance Report generated by HDX must be attached. (mm/dd/yyyy)** | 08/15/2016 |

**3A-8a. If the CoC was unable to submit their System Performance Measures data to HUD via the HDX by the deadline, explain why and describe what specific steps they are taking to ensure they meet the next HDX submission deadline for System Performance Measures data.**
**(limit 1500 characters)**

Not Applicable

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

## Objective 1: Ending Chronic Homelessness

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**To end chronic homelessness by 2017, HUD encourages three areas of focus through the implementation of Notice CPD 14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.**

**1. Targeting persons with the highest needs and longest histories of homelessness for existing and new permanent supportive housing;**
**2. Prioritizing chronically homeless individuals, youth and families who have the longest histories of homelessness; and**
**3. The highest needs for new and turnover units.**

### 3B-1.1. Compare the total number of chronically homeless persons, which includes persons in families, in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

| | | 2015 (for unsheltered count, most recent year conducted) | 2016 | Difference |
|---|---|---|---|---|
| Universe: Total PIT Count of sheltered and unsheltered chronically homeless persons | | 49 | 43 | -6 |
| Sheltered Count of chronically homeless persons | | 21 | 28 | 7 |
| Unsheltered Count of chronically homeless persons | | 28 | 15 | -13 |

### 3B-1.1a. Using the "Differences" calculated in question 3B-1.1 above, explain the reason(s) for any increase, or no change in the overall TOTAL number of chronically homeless persons in the CoC, as well as the change in the unsheltered count, as reported in the PIT count in 2016 compared to 2015.
**(limit 1000 characters)**

The CoC is rapidly identifying clients who are most vulnerable by utilizing the CoC's Coordinated Entry System CEARS (Coordinated Entry Assessment Referral System) with the VI-SPDAT. By utilizing the assessment tool and matching data with HMIS, this allows the CoC to determine the length of time homeless thus successfully prioritizing and housing the most vulnerable.

**3B-1.2. Compare the total number of PSH beds (CoC Program and non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count, as compared to those identified on the 2015 Housing Inventory Count.**

| | 2015 | 2016 | Difference |
|---|---|---|---|
| **Number of CoC Program and non-CoC Program funded PSH beds dedicated for use by chronically homelessness persons identified on the HIC.** | 26 | 91 | 65 |

**3B-1.2a. Explain the reason(s) for any increase, or no change in the total number of PSH beds (CoC program funded or non-CoC Program funded) that were identified as dedicated for use by chronically homeless persons on the 2016 Housing Inventory Count compared to those identified on the 2015 Housing Inventory Count.**
**(limit 1000 characters)**

The reason for the increase in PSH beds was as beds became available, units were prioritized for chronically homeless persons. Agencies have increased efforts to better prioritize bed usage through Coordinated Entry. The CoC also added SPC Vouchers, through the Mental Health and Recovery Board, that targeted chronically homeless.

**3B-1.3. Did the CoC adopt the Orders of Priority into their standards for all CoC Program funded PSH as described in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status?**

Yes

**3B-1.3a. If “Yes” was selected for question 3B-1.3, attach a copy of the CoC’s written standards or other evidence that clearly shows the incorporation of the Orders of Priority in Notice CPD 14-012 and indicate the page(s) for all documents where the Orders of Priority are found.**

CEARS CE p 5-6

**3B-1.4. Is the CoC on track to meet the goal of ending chronic homelessness by 2017?** Yes

This question will not be scored.

**3B-1.4a. If the response to question 3B-1.4 was "Yes" what are the strategies that have been implemented by the CoC to maximize current resources to meet this goal? If "No" was selected, what resources or technical assistance will be implemented by the CoC to reach to goal of ending chronically homelessness by 2017?**
**(limit 1000 characters)**

The strategies implemented to maximize current resources to meet the goal of ending chronic homelessness by 2017 is by identifying clients who are most vulnerable quickly, assessing client needs and housing placement through MCHCoC CEARS (Coordinated Entry Assessment Referral System) and including wrap-around services and housing plans to ensure client housing stability. The CoC utilizes: Homeless outreach through PATH and CABHI; Ohio Mental Health & Addiction Services continuous conferring to maintain target goals; State of Ohio, local foundation and private dollars to support efforts to support stability; Agency case managers and Peer Specialist to provide hands-on assistance and vocational training to increase housing stability. Beatitude House's transitional housing has been restructured to a PH project dedicated for CH individuals/families. The CoC has the new agency construction of Marian Commons consisting of 40 beds, using project based vouchers from PHA, to house CH with substance abuse and/or mental illness.

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

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

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**HUD will evaluate CoC's based on the extent to which they are making progress to achieve the goal of ending homelessness among households with children by 2020.**

### 3B-2.1. What factors will the CoC use to prioritize households with children during the FY2016 Operating year? (Check all that apply).

| | |
|---|---|
| **Vulnerability to victimization:** | X |
| **Number of previous homeless episodes:** | X |
| **Unsheltered homelessness:** | X |
| **Criminal History:** | X |
| **Bad credit or rental history (including not having been a leaseholder):** | |
| **Head of household has mental/physical disabilities:** | X |
| | |
| | |
| **N/A:** | |

### 3B-2.2. Describe the CoC's strategies including concrete steps to rapidly rehouse every household with children within 30 days of those families becoming homeless.
**(limit 1000 characters)**

The CoC's strategies to rapidly rehouse include: Utilizing Coordinated Entry to ensure program resources are best targeted to those households; Ensuring households have an individualized service plan in place as well as supports to move into housing within a defined time period; Coordinating and consulting with appropriate shelter providers to focus on moving clients into housing immediately (as availability permits). Clients are prioritized, based on vulnerability, and are rapidly rehoused generally in less than 30 days. The program works to overcome barriers of insufficient income and rental history by working to increase income and mediate landlord/tenant issues.

### 3B-2.3. Compare the number of RRH units available to serve families from the 2015 and 2016 HIC.

| | 2015 | 2016 | Difference |
|---|---|---|---|
| **RRH units available to serve families in the HIC:** | 71 | 71 | 0 |

### 3B-2.4. How does the CoC ensure that emergency shelters, transitional housing, and permanent housing (PSH and RRH) providers within the CoC do not deny admission to or separate any family members from other members of their family based on age, sex, gender or disability when entering shelter or housing? (check all strategies that apply)

| | |
|---|---|
| **CoC policies and procedures prohibit involuntary family separation:** | X |
| **There is a method for clients to alert CoC when involuntarily separated:** | X |
| **CoC holds trainings on preventing involuntary family separation, at least once a year:** | X |
| | |
| | |
| **None:** | |

### 3B-2.5. Compare the total number of homeless households with children in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

### PIT Count of Homelessness Among Households With Children

| | 2015 (for unsheltered count, most recent year conducted) | 2016 | Difference |
|---|---|---|---|
| **Universe: Total PIT Count of sheltered and unsheltered homeless households with children:** | 51 | 43 | -8 |

| | | | |
|---|---|---|---|
| **Sheltered Count of homeless households with children:** | 45 | 40 | -5 |
| **Unsheltered Count of homeless households with children:** | 6 | 3 | -3 |

### 3B-2.5a. Explain the reason(s) for any increase, or no change in the total number of homeless households with children in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The unsheltered number difference within the MCHCoC geographical area is that the CoC is quickly identifying unsheltered households to rapidly place them into housing thus lowering the number in 2016. Utilization of a combination of resources such as street outreach, 211, local police departments and schools were used to quickly identify families/households. Also, families/households applying for RRH self-identified thus aiding in the continued rapid placement of households/families into housing.

### 3B-2.6. From the list below select the strategies to the CoC uses to address the unique needs of unaccompanied homeless youth including youth under age 18, and youth ages 18-24, including the following.

| | |
|---|---|
| **Human trafficking and other forms of exploitation?** | Yes |
| **LGBTQ 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 |
| **Unaccompanied minors/youth below the age of 18?** | Yes |

### 3B-2.6a. Select all strategies that the CoC uses to address homeless youth trafficking and other forms of exploitation.

| | |
|---|---|
| **Diversion from institutions and decriminalization of youth actions that stem from being trafficked:** | X |
| **Increase housing and service options for youth fleeing or attempting to flee trafficking:** | X |
| **Specific sampling methodology for enumerating and characterizing local youth trafficking:** | |
| **Cross systems strategies to quickly identify and prevent occurrences of youth trafficking:** | X |
| **Community awareness training concerning youth trafficking:** | X |
| | |

| | |
|---|---|
| **N/A:** | ☐ |

### 3B-2.7. What factors will the CoC use to prioritize unaccompanied youth including youth under age 18, and youth ages 18-24 for housing and services during the FY 2016 operating year? (Check all that apply)

| | |
|---|---|
| **Vulnerability to victimization:** | X |
| **Length of time homeless:** | X |
| **Unsheltered homelessness:** | X |
| **Lack of access to family and community support networks:** | ☐ |
| | ☐ |
| | ☐ |
| **N/A:** | ☐ |

### 3B-2.8. Using HMIS, compare all unaccompanied youth including youth under age 18, and youth ages 18-24 served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2014 (October 1, 2013-September 30, 2014) and FY 2015 (October 1, 2014 - September 30, 2015).

| | FY 2014 (October 1, 2013 - September 30, 2014) | FY 2015 (October 1, 2014 - September 30, 2105) | Difference |
|---|---|---|---|
| **Total number of unaccompanied youth served in HMIS contributing programs who were in an unsheltered situation prior to entry:** | 1 | 3 | 2 |

### 3B-2.8a. If the number of unaccompanied youth and children, and youth-headed households with children served in any HMIS contributing program who were in an unsheltered situation prior to entry in FY 2015 is lower than FY 2014 explain why. (limit 1000 characters)

The CoC has strategically given priority to identify and shelter unaccompanied youth/children and youth-headed households with children as per HUD guidelines. The CoC has utilized Street Outreach workers such as PATH and CABHI outreach to identify, engage and assess this sub-population to immediately house. The numbers reflected in 3B-2.8 identifies that the CoC is diligently working to identify, serve and house this sub-population.

### 3B-2.9. Compare funding for youth homelessness in the CoC's geographic area in CY 2016 and CY 2017.

| | Calendar Year 2016 | Calendar Year 2017 | Difference |
|---|---|---|---|
| **Overall funding for youth homelessness dedicated projects (CoC Program and non-CoC Program funded):** | $568,945.00 | $576,932.00 | $7,987.00 |
| **CoC Program funding for youth homelessness dedicated projects:** | $0.00 | $0.00 | $0.00 |
| **Non-CoC funding for youth homelessness dedicated projects (e.g. RHY or other Federal, State and Local funding):** | $568,945.00 | $576,932.00 | $7,987.00 |

### 3B-2.10. To what extent have youth services and educational representatives, and CoC representatives participated in each other's meetings between July 1, 2015 and June 30, 2016?

| Cross-Participation in Meetings | # Times |
|---|---|
| **CoC meetings or planning events attended by LEA or SEA representatives:** | 2 |
| **LEA or SEA meetings or planning events (e.g. those about child welfare, juvenille justice or out of school time) attended by CoC representatives:** | 7 |
| **CoC meetings or planning events attended by youth housing and service providers (e.g. RHY providers):** | 12 |

### 3B-2.10a. Based on the responses in 3B-2.10, describe in detail how the CoC collaborates with the McKinney-Vento local educational authorities and school districts. (limit 1000 characters)

The CoC collaborates with the McKinney-Vento local educational authorities and school districts by working with the school homeless LEA and the HOPE Program. The Hope Program is a Youngstown City School program that link homeless children to resources. Identified case management staff work directly with school and/or the LEA to provide identified services such as: transportation, supplies, school clothes, and advocacy.

**The CoC collaborates with local education liaisons by attending local planning/awareness events and/or meetings to ensure strategic targeting of vulnerable/at risk youth as well as parent advocacy groups that work in conjunction with the local juvenile court system within its Youth Diversion Program.

### 3B-2.11. How does the CoC make sure that homeless individuals and families who become homeless are informed of their eligibility for and receive access to educational services? Include the policies and procedures that homeless service providers (CoC and ESG Programs) are required to follow.

**(limit 2000 characters)**

The CoC ensures that homeless individuals and families are informed of their eligibility and receive access to educational services via policies and procedures during the provider intake process. All incoming clients are given their rights, disclosures and/or release forms in writing that is included with the intake procedure. Each provider is required to work with an education liaison (if applicable) to ensure education and transportation to/from the educational institution for qualified school-aged and eligible youth. Shelter staff are in constant communication with the LEA and 211 to provide transportation services, Head Start, and additional identified services.

**3B-2.12. Does the CoC or any HUD-funded projects within the CoC have any written agreements with a program that services infants, toddlers, and youth children, such as Head Start; Child Care and Development Fund; Healthy Start; Maternal, Infant, Early Childhood Home Visiting programs; Public Pre-K; and others?**
**(limit 1000 characters)**

The CoC does not have any written agreements with programs that service infants, toddlers and/or young children; however, agencies designate liaisons/staff that coordinate and work with the LEA, Head Start, Healthy Start and other services.

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

## Objective 3: Ending Veterans Homelessness

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**Opening Doors outlines the goal of ending Veteran homelessness by the end of 2016. The following questions focus on the various strategies that will aid communities in meeting this goal.**

### 3B-3.1. Compare the total number of homeless Veterans in the CoC as reported by the CoC for the 2016 PIT count compared to 2015 (or 2014 if an unsheltered count was not conducted in 2015).

| | 2015 (for unsheltered count, most recent year conducted) | 2016 | Difference |
|---|---|---|---|
| Universe: Total PIT count of sheltered and unsheltered homeless veterans: | 32 | 30 | -2 |
| Sheltered count of homeless veterans: | 3 | 27 | 24 |
| Unsheltered count of homeless veterans: | 29 | 3 | -26 |

### 3B-3.1a. Explain the reason(s) for any increase, or no change in the total number of homeless veterans in the CoC as reported in the 2016 PIT count compared to the 2015 PIT count. (limit 1000 characters)

The variance in numbers from the 2015 PIT versus the 2016 PIT count is that formalized strategic efforts were made to target, identify and house homeless Veterans. Working and collaborating with the Veteran's Administration in identifying Veterans, street outreach and concentrated work on the Mayor's Challenge to End Veteran Homelessness, specific areas were targeted thus identifying more Veterans and providing shelter and services to those in need.

### 3B-3.2. Describe how the CoC identifies, assesses, and refers homeless veterans who are eligible for Veterean's Affairs services and housing to appropriate reources such as HUD-VASH and SSVF.

**(limit 1000 characters)**

With the implementation of the MCHCoC CEARS (Coordinated Entry Assessment Referral System), Veterans can be easily identified and referred to: Veteran's Administration which has two specialized outreach workers to engage, identify and assist Veterans who can ensure all Veterans; United Methodist Community Center Veteran Resource Center; Youngstown State University's Veteran Center; Mahoning County Veteran Outreach with specialized staff to identify and engage Veterans for services.

**3B-3.3. Compare the total number of homeless Veterans in the CoC and the total number of unsheltered homeless Veterans in the CoC, as reported by the CoC for the 2016 PIT Count compared to the 2010 PIT Count (or 2009 if an unsheltered count was not conducted in 2010).**

| | 2010 (or 2009 if an unsheltered count was not conducted in 2010) | 2016 | % Difference |
|---|---|---|---|
| **Total PIT Count of sheltered and unsheltered homeless veterans:** | 16 | 30 | 87.50% |
| **Unsheltered Count of homeless veterans:** | 1 | 3 | 200.00% |

**3B-3.4. Indicate from the dropdown whether you are on target to end Veteran homelessness by the end of 2016.** Yes

This question will not be scored.

**3B-3.4a. If "Yes", what are the strategies being used to maximize your current resources to meet this goal? If "No" what resources or technical assistance would help you reach the goal of ending Veteran homelessness by the end of 2016?**
**(limit 1000 characters)**

The strategies being used to maximize current resources to meet the goal of ending Veteran homelessness by the end of 2016 is by continuing to quickly identify homeless Veterans, assess the needs of the Veteran and rapidly match the Veteran individual and/or family to appropriate housing. Also by ensuring that safe available housing is open for vacancy when an individual needs placement, prioritized by vulnerability and length of homelessness, and that any Veteran on the by name Master Wait List is housed within a specified time frame.

# 4A. Accessing Mainstream Benefits

### Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

**4A-1. Does the CoC systematically provide information to provider staff about mainstream benefits, including up-to-date resources on eligibility and program changes that can affect homeless clients?** Yes

**4A-2. Based on the CoC's FY 2016 new and renewal project applications, what percentage of projects have demonstrated they are assisting project participants to obtain mainstream benefits? This includes all of the following within each project: transportation assistance, use of a single application, annual follow-ups with participants, and SOAR-trained staff technical assistance to obtain SSI/SSDI?**

**FY 2016 Assistance with Mainstream Benefits**

| | |
|---|---|
| **Total number of project applications in the FY 2016 competition (new and renewal):** | 13 |
| **Total number of renewal and new project applications that demonstrate assistance to project participants to obtain mainstream benefits (i.e. In a Renewal Project Application, "Yes" is selected for Questions 2a, 2b and 2c on Screen 4A. In a New Project Application, "Yes" is selected for Questions 5a, 5b, 5c, 6, and 6a on Screen 4A).** | 13 |
| **Percentage of renewal and new project applications in the FY 2016 competition that have demonstrated assistance to project participants to obtain mainstream benefits:** | 100% |

**4A-3. List the organizations (public, private, non-profit and other) that you collaborate with to facilitate health insurance enrollment, (e.g., Medicaid, Medicare, Affordable Care Act options) for program participants. For each organization you partner with, detail the specific outcomes resulting from the partnership in the establishment of benefits. (limit 1000 characters)**

SOAR - SSI/SSDI Project
Mercy Health - Medicaid
Ohio Benefit Bank - Medicaid
Access Health Mahoning Valley - Affordable Healthcare / Marketplace
Veteran's Administration - Healthcare benefits

In collaboration with the aforementioned agencies, there has been a steady increase of program participant enrollment with less denials of

application/enrollment with minimal time without coverage.

### 4A-4. What are the primary ways the CoC ensures that program participants with health insurance are able to effectively utilize the healthcare benefits available to them?

| | |
|---|---|
| **Educational materials:** | X |
| **In-Person Trainings:** | X |
| **Transportation to medical appointments:** | X |
| MOU's with other Heathcare/Treatment Providers | X |
| | |
| | |
| **Not Applicable or None:** | |

# 4B. Additional Policies

## Instructions:

For guidance on completing this form, please reference the FY 2016 CoC Application Detailed Instructions and the FY 2016 CoC Program Competition NOFA. Please submit technical questions to the HUD Exchange Ask A Question.

### 4B-1. Based on the CoCs FY 2016 new and renewal project applications, what percentage of Permanent Housing (PSH and RRH), Transitional Housing (TH), and SSO (non-Coordinated Entry) projects in the CoC are low barrier?

### FY 2016 Low Barrier Designation

| | |
|---|---|
| **Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO project applications in the FY 2016 competition (new and renewal):** | 13 |
| **Total number of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications that selected "low barrier" in the FY 2016 competition:** | 13 |
| **Percentage of PH (PSH and RRH), TH and non-Coordinated Entry SSO renewal and new project applications in the FY 2016 competition that will be designated as "low barrier":** | 100% |

### 4B-2. What percentage of CoC Program-funded Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH), SSO (non-Coordinated Entry) and Transitional Housing (TH) FY 2016 Projects have adopted a Housing First approach, meaning that the project quickly houses clients without preconditions or service participation requirements?

### FY 2016 Projects Housing First Designation

| | |
|---|---|
| **Total number of PSH, RRH, non-Coordinated Entry SSO, and TH project applications in the FY 2016 competition (new and renewal):** | 13 |
| **Total number of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications that selected Housing First in the FY 2016 competition:** | 13 |
| **Percentage of PSH, RRH, non-Coordinated Entry SSO, and TH renewal and new project applications in the FY 2016 competition that will be designated as Housing First:** | 100% |

### 4B-3. What has the CoC done to ensure awareness of and access to housing and supportive services within the CoC's geographic area to persons that could benefit from CoC-funded programs but are not currently participating in a CoC funded program? In particular, how does the CoC reach out to for persons that are least likely to request housing or services in the absence of special outreach?

| | |
|---|---|
| **Direct outreach and marketing:** | X |

| | |
|---|---|
| **Use of phone or internet-based services like 211:** | X |
| **Marketing in languages commonly spoken in the community:** | |
| **Making physical and virtual locations accessible to those with disabilities:** | |
| | |
| | |
| | |
| **Not applicable:** | |

### 4B-4. Compare the number of RRH units available to serve populations from the 2015 and 2016 HIC.

| | 2015 | 2016 | Difference |
|---|---|---|---|
| **RRH units available to serve all populations in the HIC:** | 71 | 71 | 0 |

**4B-5. Are any new proposed project applications requesting $200,000 or more in funding for housing rehabilitation or new construction?** No

**4B-6. If "Yes" in Questions 4B-5, then describe the activities that the project(s) will undertake to ensure that employment, training and other economic opportunities are directed to low or very low income persons to comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 135?**
**(limit 1000 characters)**

Not Applicable

**4B-7. Is the CoC requesting to designate one or more of its SSO or TH projects to serve families with children and youth defined as homeless under other Federal statutes?** No

**4B-7a. If "Yes", to question 4B-7, describe how the use of grant funds to serve such persons is of equal or greater priority than serving persons**

**defined as homeless in accordance with 24 CFR 578.89. Description must include whether or not this is listed as a priority in the Consolidated Plan(s) and its CoC strategic plan goals. CoCs must attach the list of projects that would be serving this population (up to 10 percent of CoC total award) and the applicable portions of the Consolidated Plan.**
**(limit 2500 characters)**

Not Applicable

**4B-8. Has the project been affected by a major disaster, as declared by the President Obama under Title IV of the Robert T. Stafford Disaster Relief and Emergency Assistanct Act, as amended (Public Law 93-288) in the 12 months prior to the opening of the FY 2016 CoC Program Competition?**

No

**4B-8a. If "Yes" in Question 4B-8, describe the impact of the natural disaster on specific projects in the CoC and how this affected the CoC's ability to address homelessness and provide the necessary reporting to HUD.**
**(limit 1500 characters)**

Not Applicable

**4B-9. Did the CoC or any of its CoC program recipients/subrecipients request technical assistance from HUD since the submission of the FY 2015 application? This response does not affect the scoring of this application.**

Yes

**4B-9a. If "Yes" to Question 4B-9, check the box(es) for which technical assistance was requested.**

This response does not affect the scoring of this application.

| | |
|---|---|
| **CoC Governance:** | X |
| **CoC Systems Performance Measurement:** | X |
| **Coordinated Entry:** | X |
| **Data reporting and data analysis:** | |
| **HMIS:** | |

| | |
|---|---|
| **Homeless subpopulations targeted by Opening Doors: veterans, chronic, children and families, and unaccompanied youth:** | |
| **Maximizing the use of mainstream resources:** | |
| **Retooling transitional housing:** | |
| **Rapid re-housing:** | |
| **Under-performing program recipient, subrecipient or project:** | |
| Strategic Planning | X |
| **Not applicable:** | |

## 4B-9b. Indicate the type(s) of Technical Aassistance that was provided, using the categories listed in 4B-9a, provide the month and year the CoC Program recipient or sub-recipient received the assistance and the value of the Technical Assistance to the CoC/recipient/sub recipient involved given the local conditions at the time, with 5 being the highest value and a 1 indicating no value.

| Type of Technical Assistance Received | Date Received | Rate the Value of the Technical Assistance |
|---|---|---|
| System Performance | 07/12/2016 | 4 |
| | | |
| | | |
| | | |
| | | |

# 4C. 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 | Meridian Project ... | 09/06/2016 |
| 02. 2016 CoC Consolidated Application: Public Posting Evidence | Yes | | |
| 03. CoC Rating and Review Procedure (e.g. RFP) | Yes | CoC NOFA Competit... | 09/06/2016 |
| 04. CoC's Rating and Review Procedure: Public Posting Evidence | Yes | CoC Procedure Pos... | 09/07/2016 |
| 05. CoCs Process for Reallocating | Yes | Final Reallocatio... | 09/06/2016 |
| 06. CoC's Governance Charter | Yes | MCHCoC Governance... | 09/01/2016 |
| 07. HMIS Policy and Procedures Manual | Yes | HMIS Policies & P... | 09/01/2016 |
| 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... | 09/06/2016 |
| 10. CoC-HMIS MOU (if referenced in the CoC's Goverance Charter) | No | CoC HMIS MOU | 09/07/2016 |
| 11. CoC Written Standards for Order of Priority | No | CEARS (CE) Priori... | 09/06/2016 |
| 12. Project List to Serve Persons Defined as Homeless under Other Federal Statutes (if applicable) | No | MCHCoC Homeless A... | 09/09/2016 |
| 13. HDX-system Performance Measures | Yes | HDX Sys PM | 09/06/2016 |
| 14. Other | No | HMIS Governance C... | 09/01/2016 |
| 15. Other | No | | |

# Attachment Details

**Document Description:** Meridian Project Application Rejection Letter

# Attachment Details

**Document Description:** CoC Funding Posting

# Attachment Details

**Document Description:** CoC NOFA Competition Manual pp 6-9 & 15-25

# Attachment Details

**Document Description:** CoC Procedure Posting

# Attachment Details

**Document Description:** Final Reallocation Process

# Attachment Details

**Document Description:** MCHCoC Governance Charter

# Attachment Details

**Document Description:** HMIS Policies & Procedures Manual

# Attachment Details

**Document Description:**

# Attachment Details

**Document Description:** PHA Administration Plan pp 11-17

# Attachment Details

**Document Description:** CoC HMIS MOU

# Attachment Details

**Document Description:** CEARS (CE) Prioritization pp 5-6 & 11-13

# Attachment Details

**Document Description:** MCHCoC Homeless Access Housing Chart

# Attachment Details

**Document Description:** HDX Sys PM

# Attachment Details

**Document Description:** HMIS Governance Charter

# Attachment Details

**Document Description:** FY2016 HUD Approved GIW

# Submission Summary

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

| Page | Last Updated |
|---|---|
| **1A. Identification** | 08/24/2016 |
| **1B. CoC Engagement** | 09/01/2016 |
| **1C. Coordination** | 09/09/2016 |

| | |
|---|---|
| **1D. CoC Discharge Planning** | 08/21/2016 |
| **1E. Coordinated Assessment** | 09/06/2016 |
| **1F. Project Review** | 09/06/2016 |
| **1G. Addressing Project Capacity** | 09/01/2016 |
| **2A. HMIS Implementation** | 08/22/2016 |
| **2B. HMIS Funding Sources** | 08/23/2016 |
| **2C. HMIS Beds** | 09/08/2016 |
| **2D. HMIS Data Quality** | 09/08/2016 |
| **2E. Sheltered PIT** | 09/06/2016 |
| **2F. Sheltered Data - Methods** | 09/06/2016 |
| **2G. Sheltered Data - Quality** | 09/01/2016 |
| **2H. Unsheltered PIT** | 09/06/2016 |
| **2I. Unsheltered Data - Methods** | 09/06/2016 |
| **2J. Unsheltered Data - Quality** | 09/06/2016 |
| **3A. System Performance** | 09/08/2016 |
| **3B. Objective 1** | 09/08/2016 |
| **3B. Objective 2** | 09/08/2016 |
| **3B. Objective 3** | 09/06/2016 |
| **4A. Benefits** | 08/29/2016 |
| **4B. Additional Policies** | 09/08/2016 |
| **4C. Attachments** | Please Complete |
| **Submission Summary** | No Input Required |

# MAHONING COUNTY HOMELESS CONTINUUM OF CARE

**Youngstown/Mahoning County Homeless CoC Director**

**Andrelita D. Paramore**
20 West Federal Street
Suite #602
Youngstown, Ohio 44503
Voice: (330) 951-7275
Fax: (800) 811-3101
mahoningcocdirector@gmail.com

August 8, 2016

Meridian Healthcare
527 North Meridian Road
Youngstown, Ohio 44509

Dear Meridian Healthcare:

The Mahoning County Continuum of Care, as per its posted guidelines for the submission, evaluation and ranking process for the FY2016 NOFA Competition for Project Applicants, has completed its process and projects for approved funding.

I am sorry to inform you that based on your submitted Project Application and funding availability for New Projects, your project was not selected to receive Bonus Funding for FY2016.

The competition this year was very rigorous. As you know, as need increases, funding decreases. The CoC has to award based on outlined criteria as well as maximizing funding within the CoC geographical area.

I encourage you to apply for funding next year during the FY2017 NOFA Competition. If you feel that this decision for funding has been reached in error, you have the right to appeal the CoC's decision based on the posted outlined Appeals Process.

If you have any additional questions or concerns regarding your application and/or its funding, please feel free to contact me.

Thank you,

Andrelita Paramore

Andrelita Paramore, Director
Mahoning County Continuum of Care

Site Map

# CITY OF YOUNGSTOWN, Ohio

Founded 1796
Incorporated 1867

Home | City Hall | Business Incentives | Neighborhood Improvement | About Youngstown | F.A.Q.

Home

John A. McNally
Mayor

Connect | Follow

## Mayor's Calendar Highlights

**Staff Meeting**
Mon. Aug 8, 2016 at 9:00am

**Summer Movie Series - Endless Summer**
Mon. Aug 8, 2016 at 8:15pm

**Dialogue on Racism**
Thu. Aug 11, 2016 at 8:00am @ Our Lady of Mt. Carmel Church Hall

**One Health Ohio - 30th Anniv. Dinner**
Thu. Aug 11, 2016 at 7:25pm @ Avalon Inn

Get ADOBE® READER®

Windows Media Player 11

## Welcome to Youngstown

Welcome to the City of Youngstown website. This truly is an exciting time in Youngstown, as many positive projects and developments are underway in the City. We invite you to browse the website to learn more about what Youngstown has to offer.

## Public Notices

- 2016 Holiday Sanitation Schedule
- Press Release - Wellington Ave. Closure
- 08-20-16 - Rabies Shot Clinic-Dogs, Cats, Ferrets
- 2016 Summer Day Camp
- Press Release - Natural Gas Program Opt Out
- City Sanitation Homestead Exemption Application

**CoC Recommends $1,626,837 Funding**

(August 5, 2016) - The Youngstown/Mahoning Continuum of Care is providing a list of funding recommendations for the FY 2016 HUD CoC program Competition. Public review and 15 day comment period begins now.

**Public Input Meeting**

(August 5, 2016) - A meeting will be held on August 11th, 3PM-5PM, at the Covelli Centre Community Room to gather input regarding the City of Youngstown Center City Infrastructure Prioritization Plan. Citizens are encouraged to attend and provide insight into challenges, opportunities, and experiences associated with the Center City.

**Water Customer Parking Lot Closed for Event**

(August 4, 2016) - Due to the "Downtown Shutdown" event scheduled for Friday, August 5th, the Water Customer Parking Lot will be closed all day Friday, reopening for customer usage on Monday, August 8th.

**City's New Trash Carts**

(July 8, 2016) - City issued trash carts will begin being delivered to residents beginning on July 13th. This is an automated trash collection program that will be picked up by a mechanical arm from our new sanitation trucks. Every participating household will receive a 96-gallon trash cart. Our carts have tight fitting lids so the debris can't get out and animals cannot get in. Our carts give the added benefits of improved community safety, appearance, and collection efficiency. Please click here

## Mayor's Weekly Spotlight

DOYO LIVE

DOYO Live Conference in Youngstown, Ohio

DOYO Live is a digital marketing and interactive design conference being held in Youngstown on Thursday, August 4th, 8:00AM to 6:30PM, at YSU's Williamson College of Business, 221 N. Hazel St. DOYO Live is dedicated to educating marketing, design, business and sales professionals on marketing strategy. Their goal is to grow this into a world class event and stimulate the Youngstown economy. Click the following link for more event, registration, and ticketing information: Event website

More Spotlights

## Youngstown in the News

**February 8, 2015** - "Choffin cadets learn to fight fires from the pros", (*The Vindicator*)

**November 20, 2014** - "3D Printer Testing at America Makes: An Old-Fashioned American Shootout", (makezine.com)

**November 14, 2014** - "A 3D World Cup", (makezine.com)

**September 16, 2014** - The Youngstown Business Incubator earns the UBI Index top rank for 2014: "Global Top 10 University Associated Business Incubators 2014", (ubiindex.com)

## Meetings & Events

**Downtown Shutdown: Featuring The Hillbilly Way**
Fri. Aug 5, 2016 from 7:00pm - 11:00pm

**Youngstown Cinema Summer Movie Series: Endless Summer (1966)**
Mon. Aug 8, 2016 from 8:15pm - 11:00pm

**Youngstown C.I.R.V. Increase the Peace Rally**
Tue. Aug 9, 2016 from 6:00pm - 8:00pm

**Public Input Meeting**
Thu. Aug 11, 2016 from 3:00pm - 5:00pm

More Events

Event Street Closures

Video Tour of Youngstown

COVELLI CENTRE
Upcoming Events!

OPEN FINANCE PORTAL - CITY OF YOUNGSTOWN

The Mahoning/Youngstown Homeless Continuum of Care evaluation committee and executive committee have approved $1,626,837 of recommended renewal funding for the FY 2016 (July 2017-June 2018) Continuum of Care Program Competition and $81,342 of bonus funding (see 2016 NOFA Project Evaluation & Ranking chart below). Funding is allocated to those agencies that have responded to the Notice of Funding Availability and meet the needs of providing shelter and assistance to homeless or near homeless individuals and families. Any comments in regards to the final funding recommendations should be directed to William A D'Avignon, Director of Community Development 20 W Federal St, Suite 602 Youngstown, OH 44503 or email wadavignon@youngstownohio.gov.

# Mahoning County Homeless Continuum of Care

# FY2016 CoC NOFA Competition – Final Project Ranking & Budget

**Purpose of This Message**
This listserve message and posting serves to inform providers funded or seeking funding through HUD's Continuum of Care (CoC) NOFA Competition of changes to the project ranking and budget in the FY2016 CoC Competition.

**Target Audience**
Current CoC funded and approved New CoC Projects as well as the Full CoC and community.

**Background Information**
On June 29, 2016, HUD released the FY2016 CoC Competition Notice of Funding Availability (NOFA) after which the MCHCoC released its preliminary project ranking and budget for Renewal, New and Permanent Housing Bonus Projects.

**FY2016 CoC NOFA Competition Final CoC Project Ranking**
In FY2016, HUD requires all CoC's to rank all Renewal and New Projects within two (2) Tiers. Projects ranked in Tier 2 are then selected for funding by HUD based on the following:

**HUD's Tier 2 Scoring**

- ✓ *CoC Score: Up to 50 points available in direct proportion to the score received on the CoC application.*
- ✓ *CoC Project Ranking: Up to 35 points for the CoC's ranking of the Project Application*
- ✓ *Project Type:*
  - *Five (5) points for Permanent Housing, HMIS or Coordinated Entry Projects*
  - *Three (3) points for Transitional Housing Projects*
- ✓ *Commitment to Policy Priorities: Up to 10 points for how the project commits to the Housing First Model.*

HUD released its FY2016 Final NOFA ARD posting on August 8, 2016. Because of the approach to HUD's Tier processes and the final released budget postings, previously identified priorities within the PH Bonus Project funding and ranking is reflected differently than the preliminary ranking currently released. The final project ranking and budget list is reflected in Appendix A.

The MCHCoC's Board Project Ranking goal and priorities are as follows:

- ✓ Project Ranking Goal: The Ranking Goal was to rank the CoC's New and Renewal Projects in such a way that maximizes CoC Program funds, helps the CoC continue to efficiently and effectively meet homeless needs within the CoC geographical area, and ensure ongoing national competitiveness.
- ✓ The following priorities, in no particular order, ensures the guided development of a final ranking approach:

- The CoC may seek to preserve low-ranking Permanent Housing (PH) projects, at risk of losing funding, where those projects represent the only CoC Program serving a specific homeless population or subpopulation within the CoC geographical area.
- The CoC may prioritize projects that have clearly demonstrated the use of The Housing First Model.
- The CoC may consider reducing funding requests for the lowest ranked projects as a means to preserve funding for higher ranked projects, if needed, keeping in line with other priorities.
- The CoC may consider ranking New Projects higher than some renewal projects where the CoC believes doing so will better assist the CoC meet the aforementioned goals.
- The CoC may consider reallocation of funds based on performance and ranking to best maximize CoC funding sources as well as maximizing resources to best suit the needs of the CoC geographical area while adhering to HUD requests of funding reallocation.
- The CoC may consider funding projects categorized as Permanent Housing (PH) Bonus Projects based on:
    - Population or sub-population served in the community
    - Amount of HUD allocated funds
    - CoC geographical homeless needs
    - Number of project available housing available to serve homeless needs

HUD has required CoC's to rank ninety- three percent (93%) of the Annual renewal Demand (ARD) in Tier One (1) and seven percent (7%) in Tier Two (2). HUD has made less money available through the Permanent Housing (PH) Bonus in FY2016. Because of the HUD changes, MCHCoC has fewer projects ranked in Tier 2 this year than in FY2015.

Meeting notes from the MCHCoC Board Meeting where ranking methodology and New Project funding was discussed along with the results of the CoC Board votes on the aforementioned items will be available in the coming weeks.

### Questions

Questions regarding this message can be directed to Angie Paramore, CoC Director, at MahoningCoCDirector@gmail.com.

# 2016 NOFA Project Evaluation & Ranking

**ARD - $1,626,837.00**
**PH Bonus Funds - $81,342.00**

| Rank | Agency Name | Project Name | Grant Exp. Date | Project Evaluation Score | Amount Requested | Reallocation Amount (3%) | Amount Awarded |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| **Renewals** | | | | | | | |
| **Tier 1 = $1,512,958** | | | | | | | |
| 1 | YWCA | YWCA Scattered Site | 5/31/2017 | 113 | $201,223 | $5,031 | $196,192 |
| 2 | Beatitude House | Beatitude House PSH | 9/30/2017 | 111 | $368,268 | $9,207 | $359,061 |
| 3 | City of Youngstown | Homeless Solutions SRO | 6/30/2017 | 111 | $262,253 | $6,557 | $255,696 |
| 4 | Meridian Healthcare | Homestead House | 4/30/2017 | 101 | $11,410 | $286 | $11,124 |
| 5 | MCMHRB | SPC Prorata Funds (10) | 3/31/2017 | 99 | $81,689 | $3,268 | $78,421 |
| 5 | MCMHRB | New SPC Vouchers (5) | 6/30/2017 | **** | $44,570 | $1,783 | $42,787 |
| 6 | Meridian Healthcare | SRO II | 4/30/2017 | 99 | $83,131 | $3,325 | $79,806 |
| 7 | YWCA | YWCA PH | 9/30/2017 | 96 | $352,956 | $14,118 | $338,838 |
| 8 | Meridian Healthcare | Phoenix Court | 1/31/2017 | 95 | $133,857 | $5,354 | $128,503 |
| 9 | Meridian Healthcare | Samaritan Housing PRA | 9/1/2017 | other | $87, 480 | $0 | $22,530 |
| | | | | | | | |
| | | | | Totals | $1,626,837 | $48,929 | $1,512,958 |
| **Tier 2 = $113,879** | | | | | | | |
| 9 | Meridian Healthcare | Samaritan Housing PRA | 9/1/2017 | | $87,480 | | $64,950 |
| | | | | | | | |
| **New Project(s) *Reallocation & **Bonus Funds** | | | | | | | |
| 1 | Beatitude House** | CH PSH | N/A | N/A | $89,193 | | $81,342 |
| 2 | Help Hotline* | Coordinated Entry SSO | N/A | N/A | N/A | | $33,929 |
| 3 | Catholic Charities* | HMIS | N/A | N/A | $149,195 | | $15,000 |
| | | | | | | | |
| | | | | Totals | $238,388 | | $158,311 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Bonus Projects (Amount Available - $81,342)** | | | | | | | |
| | Beatitude House | CH PSH | N/A | N/A | $89,193 | | |
| | Meridian Healthcare | Meridian Men's Center South | N/A | N/A | $147,388 | | |
| | Meridian Healthcare | Meridian Women's Ctr South | N/A | N/A | $128,646 | | |

# THE MAHONING COUNTY HOMELESS CONTINUUM OF CARE

## Governance Charter

**Approved: August 10, 2016.**

**Table of Contents**

Article I – Name .....3

Article II – Mission, Vision, Purpose .....3

Article III – Establishing the Mahoning County Homeless Continuum of Care .....4

Article IV – Membership in the Mahoning County Homeless Continuum of Care .....4

Article V – Establishing the Mahoning County Homeless Continuum of Care Executive Board .....6

Article VI - Establishing the Mahoning County Homeless Continuum of Care Committees .....9

Article VII – Staff Roles .....11

Article VIII – Mediation .....12

Article IX – Reviewing and Updating the Charter .....12

Appendix I – Responsibilities of Continuum of Care Entities .....13

## Article I – Name

Section 1 The Mahoning County Homeless Continuum of Care (Continuum) shall be the name of this organization.

## Article II – Mission, Vision, Purpose

Section 1 The mission of the Continuum is to end homelessness in the community. It will assist all persons and families who are homeless and/or near homeless in obtaining housing, economic stability and an enhanced quality of life through planning, education, advocacy and other comprehensive services.

Section 2 The vision of the Continuum is that all persons and families experiencing homelessness or the possibility of homelessness in Mahoning County will have a permanent, safe, decent and affordable place to call home.

Section 3 The purpose of the Continuum is to assist service providers in the coordination and development of services for all persons and families who are homeless and/or near homeless and low-income persons with housing needs through planning, education and advocacy.

Section 4 The Homeless Prevention and Response System encompasses:

Outreach, engagement, and assessment;
Homelessness prevention and diversion strategies; and
Shelter, housing, and supportive services.

Section 5 This Governance Charter outlines the roles and responsibilities of the Mahoning County Homeless Continuum of Care, the Mahoning County Homeless Continuum of Care Executive Board, Continuum of Care Committee(s), the City of Youngstown, the Collaborative Applicant and the Homeless Management Information System (HMIS) Lead.

This Governance Charter was developed by the Continuum of Care in consultation with the Collaborative Applicant and the HMIS Lead.

The Mahoning County Homeless Continuum of Care's primary responsibilities include the following:

- Establishing the Continuum of Care
- Operating the Continuum of Care
    - Continuum of Care Governance and Management
    - System and Project-Level Performance
    - Coordinated Entry Process
    - Written Performance Standards
- Designating an HMIS Lead for the Continuum of Care
- Planning for the Continuum's Geographic Area
    - Coordinated System of Care

## Article III - Establishing the Mahoning County Homeless Continuum of Care

Section 1 Representatives from relevant organizations within all incorporated and unincorporated areas of Mahoning County, Ohio shall establish a Continuum of Care for the geographic area to carry out the duties outlined in this Governance Charter.

Section 2 Principles: The mission is based on a set of principles which will guide our actions as a collective body. These principles are:

A. We focus on collaborative actions that advance our work to end homelessness and achieve the most success.
B. We work to align our work to best serve our goals.
C. We welcome all who share our goals to join and be a part of the decision making process
D. We utilize participative decision-making as the best way to move our entire community's effort forward. This means that we practice inclusiveness, openness and transparency.
E. We treat people with dignity and respect, regardless of their housing status.

## Article IV - Membership in the Mahoning County Homeless Continuum of Care

Section 1 Membership in the Continuum of Care is open to all those individuals and organizations wishing to participate in the community's efforts to end homelessness in our community. Membership is representative of the entire geographic area covered by the Mahoning County Homeless Continuum of Care. Membership shall be comprised of individuals, agencies and organizations interested in the mission, vision and purpose of the Continuum. Membership is open and shall include but not limited to:

- Non-Profit Homeless Assistance Providers
- Victim Service Providers
- Faith-Based Organizations
- Federal, state, and local government agencies, including the Mahoning County Mental Health and Recovery Board, Mahoning County Job and Family Services
- Businesses
- Advocates
- Public Housing Agencies
- School Districts
- Social Service Providers
- Mental Health Agencies
- Hospitals
- Universities
- Affordable Housing Developers
- Law Enforcement
- Veteran Service Organizations
- Persons who are/have experienced homelessness

Section 2 The Mahoning County Homeless Continuum of Care invites new members to join at least annually. The invitation is made public by announcements through a listserv, which is open to all who wish to join, and by publication on the MCHCoC's website and local media outlets. In order to become a member of the Mahoning County Homeless Continuum of Care, an individual/organization must take the following steps:

- *Complete an Application Form*
- *Attend a meeting*

Section 3 Members in good standing are entitled to the following benefits (*Reference Article IV, Section 7*):

- Voting rights (*Reference Article IV, Section 9)*
- Letters of support and proof of membership.
- Serve on Committee(s).
- Distribute and receive Continuum and related information and updates via contact list.

Section 4 Membership and contact list shall be updated annually.

Section 5 Members may be required to pay dues and assessments for Continuum expenses as determined by the Executive Board. The Executive Board reserves the right to waive dues and assessments for members by request. Homeless persons are exempt from paying dues or assessments.

Section 6 Meetings: The Mahoning County Homeless Continuum of Care will hold meetings at least semi-annually of the full membership. The agendas must be distributed at least two (2) weeks in advance of the meeting date and placed on the website. Meetings are open to the public.

Section 7 Attendance requirements: Voting members (funded and non-funded) are required to attend at least fifty percent (50%) of all Continuum general membership meetings.

Section 8 Decision-Making: Robert's Rules of Order will be followed and a simple majority of the voting members present is necessary for any resolution or vote to pass.

Section 9 Voting: Each organization shall have only one authorized voting representative. Individuals have one vote.

In the event that a formal vote is necessary or called for by a member by a motion that is seconded and approved by a majority of those present, the chair shall preside over the formal vote. Each individual member and organization in good standing shall have one vote upon any motion. A formal vote is required for the following:

- Approval of the mission, vision, purpose and direction of the Continuum;
- Approval of the Governance Charter
- Approval of the Continuum's Strategic Plan to End Homelessness
- Election of members to the Executive Board
- Election of Officers

Section 10 Quorum: A majority (51%) of the membership constitute a quorum at all meetings of the Mahoning County Homeless Continuum of Care. If 51% of the membership is not in attendance at a meeting no votes may take place during the meeting.

Section 11 Electronic voting: For purposes of time-sensitive and/or critical votes an email vote may be used. Electronic voting may be taken in the event:

- The action is within the authority of the Mahoning County Continuum of Care;

- Notice is provided;
- It is approved via email or other electronic means (or letter when email is unavailable) by a majority of all Mahoning County CoC voting members who are entitled to vote on that matter

Section 12 Code of Conduct / Conflict of Interest / Recusal Process: No 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. Therefore, 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 discussion and voting on any issue in which they may have a conflict. An individual with a conflict of interest, who is the committee chair, shall yield that position during discussion and abstain from voting on the item.

Annual written disclosure statements will be provided by each member by the Annual meeting in October. Members will not be permitted to participate in a discussion or a vote until the statement is on file. All voting members shall have the right to recuse themselves from voting on a matter without providing excuse.

Section 13 Responsibilities: The Mahoning County Homeless Continuum of Care has specific responsibilities as outlined in the Continuum of Care Interim Rule. The responsibilities required by the Continuum of Care Interim Rule are outlined in Appendix I, page 13 of this Governance Charter. The Mahoning County Homeless Continuum of Care retains all of the responsibilities listed, even if it designates eligible applicants other than itself to apply for funds. Responsibilities extend to approval of the Continuum of Care Program application for funding.

Additional responsibilities set forth by the Continuum of Care include:

- Receive community and public policy updates relevant to homelessness issues.
- Receive updates on the Plan to Prevent and End Homelessness
- Review and act on the annual funding allocations.
- Review and act on additional HUD required activities.
- Review and act on any programs that should be removed from HUD funding and any proposed funding reallocations.
- Create an appeal process for providers.
- Review and make final determination on provider appeals
- Delegate specific decision-making responsibilities to the Executive Board.

## Article V - Establishing the Mahoning County Homeless Continuum of Care Executive Board

Section 1 Requirements: The Mahoning County Homeless Continuum of Care is required to establish a Board that is made up of the Continuum of Care and it must act on behalf of the Mahoning County Homeless Continuum of Care. The Board provides oversight to the planning responsibilities of the Continuum, ensures the cooperation of members, timely submission of

reports and funding applications as required by HUD, and the development of necessary procedures to implement policies or decisions ratified by the Continuum. The Board coordinates efforts to ensure that the community's Strategic Plan to End Homelessness is updated as necessary and that the plan's action steps are implemented.

Section 2 Board Membership shall include at least the following:

A. Lead Agency/Collaborative Applicant representative: The Lead Agency and the Collaborative Applicant (if different) shall each appoint a representative to serve on the Executive Board. (Appointed)
B. City of Youngstown representative, if not the Collaborative Applicant (Appointed)
C. Mahoning County representative (Appointed)
D. Department of Veterans Affairs representative (Appointed)
E. Youngstown Metropolitan Housing Authority representative (Appointed)
F. Mahoning County Mental Health and Recovery Board (Appointed)
G. Philanthropy representative (Elected)
H. At large members (Elected)
I. Homeless or formerly homeless person

Section 3 Representation: There shall be every effort taken to ensure that at least 50% of the Board members are neither employees nor Directors of organizations that receive funding from the Continuum of Care. Membership must be representative of relevant organizations and projects serving homeless sub-populations within the geographic area and must include at least one homeless or formerly homeless individual. The following entities must have a voting position:

- *At least 1 position for Provider*
- *1 position for ESG Grantee*

Section 4 A nominating committee shall be formed (Ad Hoc) at the direction of the Executive Board Chair to develop a slate of candidates to be presented for election at the October meeting of the full Continuum. The nominating committee shall make every effort to present candidates that represent a range of backgrounds and interests that reflect the full range of geographic and subpopulation characteristics served by the Continuum of Care. The nominating committee shall further make effort to present candidates that will offer complementary knowledge and skills that can help advance the Strategic Plan goals, which may include the higher education/research community, legal aid, hospital systems, law enforcement, and the school system (as examples).

Section 5 Review: These written procedures for selecting Board Members will be reviewed, updated and approved at least once every 5 years.

Section 6 Membership Maximum: The Mahoning County Homeless Continuum of Care Board consists of 13 - 19 members.

Section 7 Elections/Appointments: Unless otherwise noted above, Members of the Board are nominated and elected by the voting members of the Mahoning County Homeless Continuum of Care. Nominations are due one week before the Annual Meeting. Elections are held during the Annual Meeting in October of each year.

The Mahoning County Homeless Continuum of Care will elect a Chairperson, Vice Chairperson,

Secretary and Treasurer from the elected and appointed members of the Board. The Chair person will chair the Mahoning County Homeless Continuum of Care Board Meetings.

Section 8 Elected Board Terms: The term of all elected to the Executive Board is for two years, with a maximum of two consecutive terms and the term commencing in January. An elected member of the Executive Board fulfilling an immediate term vacancy remains eligible to serve two (2) consecutive elected terms. Executive Board members may be subject to removal at any time at the recommendation of a member of the Executive Board and a two-thirds (2/3) affirmative vote of the Executive Board. Vacancies shall be filled upon the Nominating Committee's recommendation to the Executive Board and shall be ratified by the full Continuum.

Section 9 Meetings: The Mahoning County Homeless Continuum of Care Board will hold meetings at least four (4) times per year. Meetings are open to the public.

Section 10 Quorum: A majority of 51% of the membership constitute a quorum at all meetings of the Mahoning County Homeless Continuum of Care Board. If 51% of the membership is not in attendance at a meeting no votes may take place during the meeting.

Section 11 Decision-Making: Robert's Rules of Order will be followed and a simple majority of the members present is necessary for any resolution or vote to pass.

Section 12 Electronic voting: For purposes of time-sensitive and/or critical votes an email vote may be used.

Electronic voting may be taken in the event:

- The action is within the authority of the Mahoning County Continuum of Care;
- Notice is provided;
- It is approved via email or other electronic means (or letter when email is unavailable) by a majority of all Mahoning County CoC voting members who are entitled to vote on that matter

Section 13 Code of Conduct / Conflict of Interest / Recusal Process: No 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. Therefore, 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 recuse themselves from *discussion and* voting on any issue in which they may have a conflict. An individual with a conflict of interest, who is the committee chair, shall yield that position during discussion and abstain from voting on the item.

Annual written disclosure statements will be provided by each member by the third Tuesday in February. Members will not be permitted to participate in any discussion or vote until the statement is on file. All voting members shall have the right to recuse themselves from voting on the matter without providing excuse.

Section 14 Responsibilities: The Mahoning County Homeless Continuum of Care gives authority to the Mahoning County Homeless Continuum of Care Board for specific responsibilities. The responsibilities required by the Continuum of Care Interim Rule are outlined in Appendix I of this Governance Charter. Additional responsibilities required by the Continuum of Care include:

- *Selecting the nominating committee*
- *Approval of all contracts*
- *Evaluating systems and service performance of staff working on behalf of the Continuum*
- *Administrative decisions on behalf of the Continuum*

Section 15 Officers: The officers of the Executive Board shall consist of the Chair, one or more Vice Chairs, Secretary and Immediate Past Chair who shall perform the duties that usually pertain to their respective offices including:

A. Chair: The Chair shall call, preside over all meetings, and approve agendas for all Continuum meetings. The Chair shall call special meetings of the Continuum. (Elected)
B. Vice Chair(s): The Vice Chair(s) shall assume all duties of the Chair in the event of his/her absence. The Vice Chair(s) will be responsible for membership and such other duties as assigned by the Chair. (Elected)
C. Secretary: The Secretary shall be responsible for the preparation of reports as required and assuring an accurate record of the transactions and minutes of the Continuum. (Elected)
D. Treasurer: The Treasurer shall be responsible for all monies received and disbursed. Any financial transaction shall require the authorization of any two officers of the Continuum. The Treasurer shall be responsible for the Continuum budget and ensure the review of all application budgets.
E. Immediate Past Chair: The Immediate Past Chair shall assist and advice the Chair and the other Officers in the performance of their duties for one year following his/her term as Chair.

Section 16 Officer Terms and Vacancies. The term of all Officers is for two years, with a maximum of two consecutive terms and the term commencing in January. An Officer fulfilling an immediate term vacancy remains eligible to serve two (2) consecutive elected terms. Officers may be subject to removal at any time at the recommendation of a member of the Executive Board and a two-thirds (2/3) affirmative vote of the Executive Board. Officer vacancies shall be filled upon the Nominating Committee's recommendation to the Executive Board and shall be ratified by the full Continuum.

## Article VI - Establishing the Mahoning County Homeless Continuum of Care Committees

Section 1 Responsibilities: The Mahoning County Homeless Continuum of Care may establish Committees, Subcommittees, or Work Groups that are made up of the Continuum of Care members to act on behalf of the Mahoning County Homeless Continuum of Care.

Section 2 Committees: The following Committees are established by the Mahoning County Homeless Continuum of Care:

- *Governance Committee*
- *CoC Planning Committee*

- *Membership Committee*
- *Nominating Committee*
- *HMIS Advisory Committee*
- *Coordinated Entry Committee*
- *Performance and Outcomes Committee*
- *Evaluation Committee*
- *Project Connect Committee*
- *Point-in Time Committee*

Section 3 Committee membership: All Mahoning County Continuum of Care voting members are required to serve on at least one committee. Sign-ups are circulated at the Annual meeting, but all committees are open to interested persons who may join by attending and indicating interest to the Committee chair at any time.

Section 4 Committee leadership: Each Committee will elect a chair person and secretary.

Section 5 Meetings: Each Committee will hold meetings at least four (4) times a year or as approved by the Executive Board**.**

Section 6 Quorum: A majority of 51% of the membership constitute a quorum at all meetings of the Committees. If 51% of the membership is not in attendance at a meeting no votes may take place during the meeting.

Section 7 Decision-Making: Robert's Rules of Order will be followed and a simple majority of the members present is necessary for any resolution or vote to pass. All formal decisions must be ratified by the Board of Directors.

Section 8 Electronic voting: For purposes of time-sensitive and/or critical votes an email vote may be used.

Electronic voting may be taken in the event:

- The action is within the authority of the Mahoning County Continuum of Care;
- Notice is provided;
- It is approved via email or other electronic means (or letter when email is unavailable) by a majority of all Mahoning County CoC voting members who are entitled to vote on that matter

Section 9 Code of Conduct / Conflict of Interest / Recusal Process: No 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. Therefore, 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 recuse themselves from discussion and voting on any issue in which they may have a conflict. An individual with a conflict of interest, who is the committee chair, shall yield that position during discussion and abstain from voting on the item.

Annual written disclosure statements will be provided by each member by *the annual meeting*.

Members will not be permitted to participate in any discussion or vote until the statement is on file. All voting members shall have the right to recuse themselves from voting on the matter without providing excuse.

Section 10 Responsibilities: The Mahoning County Homeless Continuum of Care gives authority to the Mahoning County Homeless Continuum of Care Committees for specific responsibilities. The responsibilities required by the Continuum of Care Interim Rule are outlined in Appendix I of this Governance Charter.

## Article VII - Staff Roles

Section 1 Continuum of Care *Lead Agency:* The Mahoning County Homeless Continuum of Care may appoint a *Lead Agency* that will provide meetings for the Mahoning County Homeless Continuum of Care, Board and all other committees. The Lead Agency is responsible for scheduling meetings, developing agendas in consultation with the Executive Board Chair, issuing meeting materials and posting all relevant documents to the Mahoning County Homeless Continuum of Care website. All responsibilities are documented in the Mahoning County Homeless Continuum of Care *Lead Agency Memorandum of Understanding*. The designation of the Lead Agency is valid for a maximum of 4 years before the designation must be reviewed and renewed by the Mahoning County Homeless Continuum of Care.

Section 2 Collaborative Applicant: The Continuum of Care must designate a legal entity who is also a Continuum of Care Program eligible applicant to serve as the Collaborative Applicant. The Collaborative Applicant is responsible for collecting and combining the required application information from all Continuum of Care Program funded projects within the geographic area. The Collaborative Applicant is also responsible for submitting the annual application to HUD for Continuum of Care Program funding and to apply for Continuum of Care Planning dollars. These and any additional responsibilities are documented in the Mahoning County Homeless Continuum of Care *Collaborative Applicant Memorandum of Understanding*. The designation of the Collaborative Applicant is valid for a maximum of 4 years before the designation must be reviewed and renewed by the Mahoning County Homeless Continuum of Care.

Before the submission of the annual application to HUD for Continuum of Care Program funding, the Collaborative Applicant must submit a final draft of the application to the Mahoning County Homeless Continuum of Care for approval. Depending on the timing of the submission to HUD, the Mahoning County Homeless Continuum of Care Board and Collaborative Applicant will create a timeline for submission to the Mahoning County Homeless Continuum of Care.

Section 3 HMIS Lead: The Continuum of Care must designate a legal entity who is also a Continuum of Care Program eligible applicant to serve as the Homeless Management Information System (HMIS) Lead. The HMIS Lead will maintain the community's HMIS in compliance with HUD standards and coordinate all related activities including training, maintenance and the provision of technical assistance to contributing organizations. Responsibilities required by the Continuum of Care Interim Rule are outlined in Appendix I of this Governance Charter. These and any additional responsibilities are documented in the Mahoning County Homeless Continuum of Care *Homeless Management Information System Lead Memorandum of Understanding*. The designation of the HMIS Lead is valid for a maximum of 4 years before the designation must be reviewed and renewed by the Mahoning County Homeless Continuum of Care.

## Article VIII – Mediation

Section 1 For unresolved differences within the Continuum, a third party mediator will be chosen by the Executive Board.

## Article IX - Reviewing and Updating the Charter

Section 1 Process for Updating the Charter: Once every year the Mahoning County Homeless Continuum of Care must review this Governance Charter in consultation with the Collaborative Applicant and HMIS Lead. Members of the Mahoning County Homeless Continuum of Care, Mahoning County Homeless Continuum of Care Board, Collaborative Applicant, Lead Agency, or HMIS Lead may make suggestions for updating. It is the *Collaborative Applicants* responsibility to review HUD rules, regulations, and guidance and to suggest updates to the Governance Charter. The updates must be presented on the agenda two (2) weeks prior to the meeting. Updates to the Governance Charter require a 2/3rds vote.

Section 2 Review and Updating History: The history and dates of Charter review shall be recorded and filed by the Lead Agency/Collaborative Applicant.

**APPENDIX I: Responsibilities of Continuum of Care Entities**

| Responsibility Category | Responsibility | Responsible Party |
|---|---|---|
| Establishing CoC | Define membership of Continuum of Care | Continuum of Care |
| Establishing CoC | Invite new members annually | Continuum of Care (Membership Committee) |
| Operating CoC | Hold meetings of full membership, with published agenda, at least semi-annually | Continuum of Care |
| CoC Governance and Management | Establish a Continuum of Care Board | Continuum of Care |
| CoC Governance and Management | Review the Written Selection Process for the Board | Continuum of Care (Governance Committee) |
| CoC Governance and Management | Designate a Collaborative Applicant | Continuum of Care (Executive Board) |
| Overall and Project-Level Performance | Designate Responsibilities to the CoC Board, HMIS Lead, and Collaborative Applicant | Continuum of Care (Executive Board) |
| Overall and Project-Level Performance | Approve HUD NOFA/CoC Applications | Continuum of Care (Executive Board) |
| Overall and Project-Level Performance | Apply for NOFA/CoC Planning Funds | Collaborative Applicant |
| Overall and Project-Level Performance | Appoint Committees / Sub-Committees | Continuum of Care (Executive Board) |
| Coordinated Assessment System | Develop a Governance Charter | Continuum of Care (Executive Board, Governance Committee) |
| Coordinated Assessment System | Review Governance Charter Annually | Continuum of Care (Governance Committee) |
| Designate an HMIS | Establish performance targets in consultation with recipients/sub-recipients | Continuum of Care (Executive Board, Performance & Outcomes Committee) |
| Designate an HMIS | Monitor recipient/sub-recipient performance | Continuum of Care (Performance & Outcomes Committee) |
| Designate an HMIS | Evaluate outcomes for CoC Projects and report to HUD | Continuum of Care (Executive Board, Evaluation Committee) |
| Designate an HMIS | Take action against poor performers | Continuum of Care (Executive Board) |
| Designate an HMIS | Measure system performance | Continuum of Care (Executive Board, Performance & Outcomes Committee) |
| Designate an HMIS | Operate a Coordinated Entry System in consultation with ESG | Continuum of Care (Executive Board, Coordinated Entry Committee) |
| Designate an HMIS | Develop a policy for how Coordinated Entry System and Housing and Service System will address needs of Domestic Violence | Continuum of Care (Executive Board, Coordinated Entry Committee) |
| Designate an HMIS | Designate a Single HMIS for the entire CoC Geographic Area | Continuum of Care (Executive Board; HMIS Committee) |
| Plan for the CoC | Designate a Single HMIS Lead | Continuum of Care (Executive Board; HMIS Committee) |

| Responsibility Category | Responsibility | Responsible Party |
|---|---|---|
| Plan for the CoC | Review, revise and approve the HMIS privacy plan, security plan and data quality plan | Continuum of Care (Executive Board; HMIS Committee) |
| Plan for the CoC | Ensure HMIS is in compliance with HUD requirements | Continuum of Care (Executive Board; HMIS Committee) |
| Plan for the CoC | Ensure consistent participation of recipients and sub-recipients in HMIS | Continuum of Care (Executive Board; HMIS Committee) |
| Plan for the CoC | Develop HMIS privacy plan, security plan and data quality plan | HMIS Lead; HMIS Committee |
| Plan for the CoC | Execute participation agreements with contributing HMIS organizations | HMIS Lead |
| Plan for the CoC | Execute user agreements with all HMIS users | HMIS Lead |
| Plan for the CoC | Plan and Conduct a Point-in-Time Study | Continuum of Care (Executive Board; Point-in Time Committee) |
| Plan for the CoC | Conduct an annual gaps analysis of homeless needs and services | Continuum of Care (Executive Board; HMIS Committee) |
| Plan for the CoC | Participate in the Consolidated Plan | Continuum of Care |
| Plan for the CoC | Consult with ESG Recipients[+] | Collaborative Applicant; Continuum of Care |
| Plan for the CoC | Submit annual application to HUD for Continuum of Care Program funding | Collaborative Applicant |

*Written Standards for:

- Eligibility policies and procedures
- Determining and prioritizing eligible persons for TH, RRH, and resources (consistent with coordinated assessment protocols)
- Determining levels of RRH assistance and participant rent contribution (across projects)
- Administering homeless prevention, if designated as High-Performing Community

[+] Consult with ESG Recipients:

- Coordinated Assessment
- Consolidated Plan homelessness strategy and goals
- Allocation of ESG funding
- ESG performance standards
- ESG sub-recipient participation in HMIS
- ESG and CoC Program written standards
- Evaluate performance of ESG recipients/sub-recipients

i. Drug Related or Violent Criminal Activity as well as Sex Offender Background Checks.

j. Consent to collect information by YMHA

k. Prior history with YMHA or other HUD Housing Programs

- Third party written verification including Upfront Income Verification (UIV) is the preferred form of documentation to substantiate applicant or resident claims. If attempts to obtain third party written verification are unsuccessful, YMHA may also use (1) phone verifications with the results recorded in the file, dated, and signed by YMHA staff, (2) review of documents, and, if no other form of verification is available, (3) applicant certification. Applicants must cooperate fully in obtaining or providing the necessary verifications.
- Verification of eligible immigration status shall be carried out pursuant to **24 CFR § 5.5**. Citizens are permitted to certify to their status.
- For employment income, YMHA will utilize EIV plus four current consecutive pay stubs or letter from employer on company letterhead indicating pay rate, hours and contact information.
- Self-certifications or income tax returns signed by the family may be used for the verifying self-employment income, or income form tips and other gratuities.
- INSTRUCTION: For some self-employment types, where there is the potential for substantial income, self-certification should be unacceptable.
- If an applicant/resident is operating a licensed day care business, income will be verified ass with any other business.
- If the applicant/resident is operating a "cash and carry" operation (which may or may not be licensed), the PHA will require that the applicant/resident complete a form for each customer which indicates: name of person(s) whose child (children) is/are being cared for, phone number, number of hours child is being cared for, method of payment (check/cash), amount paid and signature of person.
- If the family has filed a tax return, the family will be required to provide it. If child care services were terminated, a third-party verification will be sent to the parent whose child was cared for.

3. Applicants reporting zero income will be asked to complete a family expense form to document how much they spend on: food, transportation, health care, child care, debts, household items, etc. and what the source of income is for these expenses.
4. YMHA's applications will be available online at YMHA's website for admission to public housing shall indicate for each application the date and time of receipt; applicant's Equal Employment Opportunity Commission (EEOC) information; determination by YMHA as to eligibility of the applicant; when eligible, the unit size(s) for which eligible; preference, if any; and the date, location, identification, and circumstances of each vacancy offered and accepted or rejected31.

## E. The Preference System

1. **Admission Preferences**

An admission preference does not guarantee admission. Preferences establish the order of placement on the waiting list. Every applicant must still meet YMHA's Selection Criteria before being offered a unit.

2. **Factors Other than Preferences**

Factors other than preferences that affect the selection of applicants from the waiting list 32 include the date and time of the application.

Before applying its preference system, YMHA will match the characteristics of the available unit to the applicants available on the waiting list. Unit size, accessibility features, or type of project limit the admission of families to households whose characteristics "match" the vacant unit available.

By matching unit and family characteristics, families lower on the waiting list may receive an offer of housing before families with an earlier date and time of application or families with a higher preference (e.g. the next unit available is an accessible unit and the only applicant family needing such features is in the non-preference pool, i.e. having no preference).

Factors other than the preference system that affect applicant selection are described below:

(a) When selecting a family for a unit with **accessible features**, YMHA will give a preference to families that include persons with disabilities who can benefit from the unit's features. First preference will be given to existing tenant families seeking a transfer and second preference will be given to applicant families.

If no family needing accessible features can be found for a unit with such features, YMHA will house a family not needing the unit features, but a non-disabled family in an accessible unit will be required to move so that a family needing the unit features can take advantage of the unit.

Preferences will be granted to applicants who are otherwise qualified and who, at the time of the unit offer (prior to execution of a lease); meet the definitions of the preferences described below.

3. **Target Income Requirements**

For Public Housing, there is one local preference to accommodate the income-targeting requirement in effect based on ranges of income. Applicants will be grouped as follows:

- **Tier I:** Families with incomes between 0% and 30% of area median income (this group **must** constitute at least 40% of all admissions in any year);
- **Tier II:** Families with incomes between 31% and 80% of area median income (the target for this group is 60% of all admissions in any year).

For Low Income Tax Credit Housing the following will apply:

Tenants renting LIHTC only units must qualify for the units based on their calculated incomes as a percentage of Area Median Gross Income (AMGI), adjusted for family size, in accordance with IRS Section 42 rules for the LIHTC program. LIHTC only units will be available at the Village at Arlington I and II for tenants with incomes at or below some or all of the following income tiers: 35% of AMGI, 50% of AMGI, and 60% of AMGI.

Income limits at these tiers are established for the LIHTC program in accordance with IRS guidelines, based on the applicable MTGSP and HUD income data for the county or location of the property. The current income limits are verified by property management staff using LIHTC and HUD resources. A LIHTC rent and income calculator tool providing income tiers based on family size is available at http://www.novoco.com/products/rentincome.php.

4. **Ranking Preference**

There is one ranking preference used by YMHA in effect with five equal elements that are of equal weight and shall not be aggregated. The ranking preference is the Upward Mobility/Working Preference, Veterans Preference, Foster Children Preference, Homelessness Preference and the Displacement Preference.

Upward Mobility/Working shall be defined as:

- Families with an adult member who is and has been continuously working at least 20 hours per week for the past 90 days (or for families in which all adult members are unable to work because of disability) or an adult member who is attending an educational program, skills training, or other governmentally sponsored program designed to lead to self-sufficiency on a full-time basis, or a combination of employment and educational programs on a full or part-time basis.

Veteran Preference shall be defined as:

- Families with an adult member who is/was a Veteran or Serviceperson receiving an honorable discharge.

Foster Children Preference shall be define as:

- Referrals from Mahoning County Children's Services for individual 18 years of age coming out of the foster care system.

Homelessness Preference shall be defined as described in the table below:

| 1. Core Definition | |
|---|---|
| Definition | Documentation Requirements |
| An individual or family who lacks a fixed, regular, and adequate nighttime residence, which includes a primary nighttime residence of:<br>• Place not designed for or ordinarily used as a regular sleeping accommodation (including car, park, abandoned building, bus/train station, airport, or camping ground)<br>• Publicly or privately operated shelter or transitional housing, including a hotel or motel paid for | Acceptable evidence documenting homelessness in a place not ordinarily used as sleeping accommodation or shelter includes:<br>• Certification from individual or head of household seeking assistance;<br>• Written documentation from an outreach worker as to where the individual or family was living before; or<br>• Written referral by another |

| | |
|---|---|
| by government or charitable organizations;<br>In addition, a person is considered homeless if he or she is being discharged from an institution where he or she has been a resident for 90 days or less and the person resided in a shelter (but not transitional housing) or place not meant for human habitation immediately prior to entering that institution. | housing or service provider.<br>In addition, documentation that a person was in an institution for 90 days or less includes discharge paperwork or a written/oral referral from a social worker, case manager, or other appropriate official that explains the entry and exit dates. If the intake worker is unable to obtain such a statement, documentation of his/her due diligence in attempting to obtain one, along with a certification from the individual, is acceptable. |

| **2. Imminently Losing Primary Nighttime Residence** | |
|---|---|
| New Definition | New Documentation Requirements |
| Individual or family is being evicted within 14 days from their primary nighttime residence and:<br>• No subsequent residence has been identified; and<br>• The household lacks the resources or support networks (i.e. family, friends, faith-based or other social networks) needed to obtain other permanent housing. | 1. At least one of the following stating that the household must leave within 14 days:<br>A court order resulting from an eviction notice or equivalent notice, or a formal eviction notice;<br>For individuals in hotels or motels that they are paying for, evidence that the individual or family lacks the necessary financial resources to stay for more than 14 days; or<br>An oral statement by the individual or head of household stating that the owner or renter of the residence will not allow them to stay for more than 14 days. The intake worker must verify the statement either through contact with the owner or renter, or documentation of due diligence in attempting to obtain such a statement.<br>2. Certification by the individual or head of household that no subsequent residence has been identified.<br>3. Self-certification or other written documentation that the individual or head of household lacks the financial resources and support networks to obtain other housing. |

**3. Persistent Housing Instability**

| Definition | Documentation Requirements |
|---|---|
| People with ALL of these characteristics:<br><br>1. Unaccompanied youth (less than 25 years of age) or family with children and youth;<br>2. Defined as homeless under other federal statutes (for example the definition used by the Department of Education) who do not otherwise qualify as homeless under HUD's definition;<br>3. Has not had a lease, ownership interest, or occupancy agreement in permanent housing in the 60 days prior to applying for assistance.<br>4. Has moved two or more times in the 60 days immediately prior to applying for assistance;<br>5. Has one or more of the following:<br>chronic disabilities,<br>chronic physical or mental health conditions,<br>substance addiction histories of domestic violence or childhood abuse | 1. A nonprofit, state, or local government entity that administers the other federal statute must certify that household qualifies as homeless under that statute's definition.<br>2. To document that the individual has not had a lease, occupancy agreement, or ownership interest in housing in the last 60 days, certification by the individual or head of household, written observation by an outreach worker, or referral by a provider.<br>3. To document that the individual or family has moved two times in the past 60 days, a certification from the individual and supporting documentation, including records or statements from each owner or renter of housing, shelter or housing provider, or social worker, case worker, or appropriate official or an institution where the individual or family resided. Where these statements are unobtainable, the intake worker should include a written record of his or her due diligence in attempting to obtain them.<br>4. Evidence of barriers includes:<br>• Written diagnosis from a licensed professional, employment records, department of corrections records, literacy, and English proficiency tests.<br>• For Disability, any of the above written verification from the Social Security Administration (or a disability check receipt), or observation of the intake worker of disability, which must be confirmed within 45 days by an appropriate professional. |

**4. Fleeing Domestic Violence**

| Definition | Documentation Requirements |
|---|---|
| Any individual or family who:<br><br>• Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence;<br><br>• Has no other residence and;<br><br>• Lacks the resources or support networks to obtain other permanent housing. | • Acceptable Evidence for Individuals Fleeing Domestic Violence:<br><br>• Oral statement by the individual or head of household seeking assistance, that is certified by the individual or head of household; and<br><br>• Where the safety of the household is not in jeopardy:<br><br>  ○ Written observation by intake worker; or<br><br>  ○ Written referral by a housing or service provider, social worker, or other organization from whom the household has sought assistance for domestic violence.<br><br>If the individual or family is being admitted to a domestic violence shelter or is receiving services from a victim service provider, the oral statement need only be documented by a certification of the individual or head of household, or by the intake worker. |

Displacement Preference shall be defined as:

- YMHA defines Displacement Preference to include applicants who can document that they have been displaced by a natural disaster declared by the President of the United States, displaced, through no fault of their own, by governmental action.

Families that do not qualify for either the ranking or the local preference will be categorized as no-preference families.

Applicants deemed ineligible when they reach the top of the waiting list for their category will be placed on the bottom of the seniority list and reconsidered when they again reach the top of the seniority list.

Applicants who cannot move when they are offered a unit due to illness, as documented by a physician's written statement, will be offered the next available unit of appropriate size when they become capable of moving.

YMHA will waive any application fees with respect to Applicants who apply for housing at Arlington Heights Phase I Rental who fall within one of the first two preference groups as outlined above.

For more detailed information regarding eligibility and other requirements for Arlington Heights, please refer the Arlington Heights Phase I and Phase II management plans available at YMHA administrative offices.

The redeveloped properties, The Village at Arlington I and the Village at Arlington II, have a ranking preference for former tenants of the Westlake Terrace public housing community, who were displaced as a result of the Westlake Terrace Revitalization and were in receipt of a 90 day notice dated 7-20-11. For more detailed information regarding eligibility and other requirements at The Villages at Arlington, please refer to The Village at Arlington I and The Village at Arlington II management plans available at the YMHA Administrative Office.

YMHA will give waiting list preference to YMHA Public Housing residents who are displaced due to approved demolition or disposition or due to exigent health and safety conditions that cannot be remediated within 60 days.

5. **Method of Applying Preferences**

To ensure that YMHA admits the statutorily required 40% of applicants per year with incomes in Tier I and, at the same time, does not create concentrations of families by income at any of its properties, YMHA will rank applicants within income tiers and apply the date and time, since YMHA has no additional preferences. Four out of every ten applicants admitted will be from Tier I. Within the qualifying bedroom sizes, offers will be made by oldest application 33.

- YMHA will house applicants from Tiers I and II on the waiting list by selecting the oldest application on file.
- YMHA will also offer units to existing residents on the transfer list. Some types of transfers are processed before new admissions and some types of transfers are processed with new admissions. Transfers do not count toward the 40% Tier I requirement.
- YMHA will not hold units vacant for non-responsive applicants, nor will it relax eligibility or screening criteria to admit otherwise unqualified applicants.

6. **Withholding Preferences**

YMHA will withhold a preference from an applicant if any member of the applicant family is a person evicted from assisted housing during the past three years because of drug-related or criminal activity that threatens the health, safety or peaceful enjoyment of other residents or YMHA staff34. YMHA may grant an admissions preference if it is verified that:

- The evicted person has successfully completed a rehabilitation program approved by YMHA;
- The evicted person clearly did not participate in or know about the drug-related criminal activity; or
- The evicted person no longer participates in any drug-related or criminal activity that threatens the health, safety or right to peaceful enjoyment of other tenants or staff of YMHA.

# MEMORANDUM OF UNDERSTANDING

## BETWEEN CATHOLIC CHARITIES REGIONAL AGENCY

## AND MAHONING COUNTY HOMELESS CONTINUUM OF CARE

**1. Parties.** This Memorandum of Understanding (hereinafter referred to as "MOU") is made and entered into by and between Catholic Charities Regional Agency (CCRA), 319 W. Rayen Ave., Youngstown, OH 44502 and the Mahoning County Homeless Continuum of Care (MCHCoC) whose address is c/o Catholic Charities Regional Agency, 319 W. Rayen Ave., Youngstown, OH 44502, beginning October 1, 2014.

CCRA applies for and receives the Continuum of Care Grants annually from the U.S. Department of Housing and Urban Development (HUD) to be the Lead Agency for the Homeless Management Information System (HMIS) for Mahoning County. This MOU details the responsibilities and roles for both CCRA as the Lead HMIS Agency and the MCHCoC.

**2. Purpose.** The purpose of this Memorandum of Understanding (MOU) is to ensure that all partners have a clear understanding of responsibilities involving the Homeless Management Information System (HMIS) and its role with the Mahoning County Homeless Continuum of Care (MCHCoC).

**3. Term of MOU.** This MOU is effective upon the day and date last signed and executed by the duly authorized representatives of the parties to this MOU and the governing bodies of the parties' respective organizations and shall remain in full force and effect for not longer than one year beyond this date. This MOU may be terminated, without cause, by either party upon a 90 day written notice, which notice shall be delivered by hand or by certified mail to the address listed above.

**4. Responsibilities of CCRA:**

- Apply for HMIS funding and implement the day-to-day operations of the HMIS project (CCRA reserves the right to end the project management at any time after the grant agreements for funding have expired. By doing so, CCRA relinquishes control of continued HUD funding for HMIS and all associated with the HMIS project). CCRA is responsible for project coordination and management, system administration, training and technical support, and data analysis and reporting.
- Enter into an agreement with the software provider for HMIS administration.
- Provide training for HMIS and access to software through licensing to participating agencies.
- Enter into participating user agreements for HMIS implementation.
- Review data quality and monitoring agency requirements for data quality assurance and report to MCHCoC and HMIS Advisory Committee.
- Ensure HMIS software is capable of producing required reporting.
- Generate reports and work with participating agencies to comply with HUD performance measurements.
- Create and update the HMIS policy and procedures manual to meet HUD regulations and goals.

- Monitor each participating agency to ensure compliance with all applicable standards outlined in the policy manual including:
    - Unique user name and password
    - Secure location for equipment
    - Locking Screen Savers
    - Virus protection with auto updates
    - Individual or network firewalls
    - Restrictions on access to HMIS via public forums
    - Compliance with HMIS policy and procedures manual
    - Validation of off-site storage of HMIS data

5. **Responsibilities of MCHCoC**:

- Ensure that a functional HMIS project exists within the community receiving McKinney-Vento Act funding and that HMIS is governed in accordance with MCHCoC expectations.
- Provide on-going outreach to agency and community leadership to cultivate and maintain support and understanding of HMIS issue.
- Determine software application.
- Ensure that, at a minimum, 100% of homeless service providers participate in HMIS.
- Comply with all applicable laws governing HMIS client privacy/confidentiality. Applicable standards include, but are not limited to the following:

    1. Department of Housing and Urban Development's (HUD) "Homeless Management Information Systems (HMIS) Data and Technical Standards Notice" (Docket No. FR 4848-N-02).
    2. Federal, state and local laws that require additional confidentiality protections.
    3. Health Insurance Portability and Accountability Act of 1996, 45 CFR Parts 160 & 164.
    4. Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2.
    5. All laws, statutes, administration, and rules that are specific to the services provided (for example, laws pertaining to mental health, substance abuse, and domestic violence).
    6. Youngstown/Mahoning County HMIS Policies and Procedures and associated agreements *(Partner Agency Participation Agreement, User Agreement, and Agency Administrator/Security Officer Agreement)*.
- Ensure agencies are collecting all necessary data to produce required reporting and aggregating data to a central location.
- Support and protect the rights and privacy of clients.
- Ensure participation of the Annual Homeless Assessment Report (AHAR)
- Support HMIS mandates by supporting ongoing funding and expansion as needed.
- Ensure that participating agencies comply with HUD performance measurements.
- Ensure system wide data quality and an updated policy and procedures manual for HMIS.

7. **General Provisions.**

**A. Amendments.** Either party may request changes to this MOU. Any changes, modifications, revisions or amendments to this MOU that are mutually agreed upon by and between the parties to this MOU shall be incorporated by written instrument and effective when executed and signed by all parties to this MOU.

**B. Applicable Law.** The construction, interpretation and enforcement of this MOU shall be governed by the laws of the State of Ohio. The courts of the State of Ohio shall have jurisdiction over any action arising out of this MOU and over the parties, and the venue shall be the Mahoning County Courts, Ohio.

**C. Authority Granted and Chain of Command.** . Employees of CCRA assigned and performing duties pursuant to this MOU understand there is a dual relationship in reporting: administratively they are responsible to CCRA and operationally are accountable to the MCHCoC.

**D. Entirety of Agreement.** This MOU, consisting of four (4) pages, represents the entire and integrated agreement between the parties and supersedes all prior negotiations, representations and agreements, whether written or oral.

**E. Severability.** If, through any cause CCRA fails to fulfill in a timely manner its obligations under this MOU, the MCHCoC will thereupon have the right to terminate this MOU by giving written notice of such termination and specifying the effective date thereof, at least thirty days before the effective date of such termination. In that event, all finished and unfinished work prepare by CCRA on behalf of this MOU shall become the property of the MCHCoC.

CCRA shall also have the right to terminate this MOU, for cause, by giving a thirty-day written notice of such termination after the HUD grant agreements for funding have expired. In that event, any work completed by CCRA on behalf of this MOU shall become the property of the MCHCoC.

**F. Third Party Beneficiary Rights.** The parties do not intend to create in any other individual or entity the status of a third party beneficiary, and this MOU shall not be construed so as to create such status. The rights, duties and obligations contained in this MOU shall operate only between the parties to this MOU, and shall inure solely to the benefit of the parties to this MOU. The provisions of this MOU are intended only to assist the parties in determining and performing their obligations under this MOU. The parties to this MOU intend and expressly agree that only parties signatory to this MOU shall have any legal or equitable right to seek to enforce this MOU, to seek any remedy arising out of a party's performance or failure to perform any term or condition of this MOU, or to bring an action for the breach of this MOU.

7. **Signatures**. In witness whereof, the parties to this MOU through their duly authorized representatives have executed this MOU on the days and dates set out below, and certify that they have read, understood, and agreed to the terms and conditions of this MOU as set forth herein.

Nancy Voitus

Nancy Voitus
Catholic Charities Regional Agency
319 W. Rayen Avenue
Youngstown, OH 44502

3-11 2015
Date

Anna Marie Barksdale

Anna Marie Barksdale
Chair
Mahoning County Homeless Continuum of Care

3-11-2015
Date

# Performance Measurement Module (Sys PM)

## Summary Report for OH-504 - Youngstown/Mahoning County CoC

## 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.

| | 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 | | 463 | | 216 | | | 64 | |
| 1.2 Persons in ES, SH, and TH | | 651 | | 223 | | | 119 | |

b. Due to changes in DS Element 3.17, metrics for measure (b) will not be reported in 2016.

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.

| | 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 | - | - | - | - | - | - | - | - |
| 1.2 Persons in ES, SH, and TH | - | - | - | - | - | - | - | - |

# 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 (0 - 180 days) | | Returns to Homelessness from 6 to 12 Months (181 - 365 days) | | Returns to Homelessness from 13 to 24 Months (366 - 730 days) | | Number of Returns in 2 Years | |
|---|---|---|---|---|---|---|---|---|---|
| | | # of Returns | % of Returns | # of Returns | % of Returns | # of Returns | % of Returns | # of Returns | % of Returns |
| Exit was from SO | 2 | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Exit was from ES | 126 | 18 | 14% | 6 | 5% | 10 | 8% | 34 | 27% |
| Exit was from TH | 113 | 5 | 4% | 2 | 2% | 5 | 4% | 12 | 11% |
| Exit was from SH | 2 | 0 | 0% | 0 | 0% | 0 | 0% | 0 | 0% |
| Exit was from PH | 83 | 1 | 1% | 1 | 1% | 2 | 2% | 4 | 5% |
| TOTAL Returns to Homelessness | 326 | 24 | 7% | 9 | 3% | 17 | 5% | 50 | 15% |

# Performance Measurement Module (Sys PM)

## Measure 3: Number of Homeless Persons

### Metric 3.1 – Change in PIT Counts

This measures the change in PIT counts of sheltered and unsheltered homeless person as reported on the PIT (not from HMIS).

| | Previous FY PIT Count | 2015 PIT Count | Difference |
|---|---|---|---|
| Universe: Total PIT Count of sheltered and unsheltered persons | 256 | 368 | 112 |
| Emergency Shelter Total | 152 | 206 | 54 |
| Safe Haven Total | 2 | 0 | -2 |
| Transitional Housing Total | 94 | 88 | -6 |
| Total Sheltered Count | 248 | 294 | 46 |
| Unsheltered Count | 8 | 74 | 66 |

### Metric 3.2 – Change in Annual Counts

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

| | Previous FY | Current FY | Difference |
|---|---|---|---|
| Universe: Unduplicated Total sheltered homeless persons | | 720 | |
| Emergency Shelter Total | | 523 | |
| Safe Haven Total | | 0 | |
| Transitional Housing Total | | 221 | |

## 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

| | Previous FY | Current FY | Difference |
|---|---|---|---|
| Universe: Number of adults (system stayers) | | 88 | |
| Number of adults with increased earned income | | 8 | |
| Percentage of adults who increased earned income | | 9% | |

# Performance Measurement Module (Sys PM)

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

| | Previous FY | Current FY | Difference |
|---|---|---|---|
| Universe: Number of adults (system stayers) | | 88 | |
| Number of adults with increased non-employment cash income | | 14 | |
| Percentage of adults who increased non-employment cash income | | 16% | |

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

| | Previous FY | Current FY | Difference |
|---|---|---|---|
| Universe: Number of adults (system stayers) | | 88 | |
| Number of adults with increased total income | | 20 | |
| Percentage of adults who increased total income | | 23% | |

## Metric 4.4 – Change in earned income for adult system leavers

| | Previous FY | Current FY | Difference |
|---|---|---|---|
| Universe: Number of adults who exited (system leavers) | | 86 | |
| Number of adults who exited with increased earned income | | 24 | |
| Percentage of adults who increased earned income | | 28% | |

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

| | Previous FY | Current FY | Difference |
|---|---|---|---|
| Universe: Number of adults who exited (system leavers) | | 86 | |
| Number of adults who exited with increased non-employment cash income | | 14 | |
| Percentage of adults who increased non-employment cash income | | 16% | |

## Metric 4.6 – Change in total income for adult system leavers

| | Previous FY | Current FY | Difference |
|---|---|---|---|
| Universe: Number of adults who exited (system leavers) | | 86 | |
| Number of adults who exited with increased total income | | 34 | |
| Percentage of adults who increased total income | | 40% | |

# 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

| | Previous FY | Current FY | Difference |
|---|---|---|---|
| Universe: Person with entries into ES, SH or TH during the reporting period. | | 491 | |
| 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. | | 54 | |
| 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) | | 437 | |

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

| | Previous FY | Current FY | Difference |
|---|---|---|---|
| Universe: Person with entries into ES, SH, TH or PH during the reporting period. | | 895 | |
| 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. | | 175 | |
| 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.) | | 720 | |

## 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 2016.

# Performance Measurement Module (Sys PM)

## 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

| | Previous FY | Current FY | Difference |
|---|---|---|---|
| Universe: Persons who exit Street Outreach | | 243 | |
| Of persons above, those who exited to temporary & some institutional destinations | | 4 | |
| Of the persons above, those who exited to permanent housing destinations | | 30 | |
| % Successful exits | | 14% | |

Metric 7b.1 – Change in exits to permanent housing destinations

| | Previous FY | Current FY | Difference |
|---|---|---|---|
| Universe: Persons in ES, SH, TH and PH-RRH who exited | | 640 | |
| Of the persons above, those who exited to permanent housing destinations | | 376 | |
| % Successful exits | | 59% | |

Metric 7b.2 – Change in exit to or retention of permanent housing

| | Previous FY | Current FY | Difference |
|---|---|---|---|
| Universe: Persons in all PH projects except PH-RRH | | 451 | |
| Of persons above, those who remained in applicable PH projects and those who exited to permanent housing destinations | | 412 | |
| % Successful exits/retention | | 91% | |